# Bifurcation Stenting: Implications of the Nordic Study

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#### **Bifurcation Restenosis Rate**

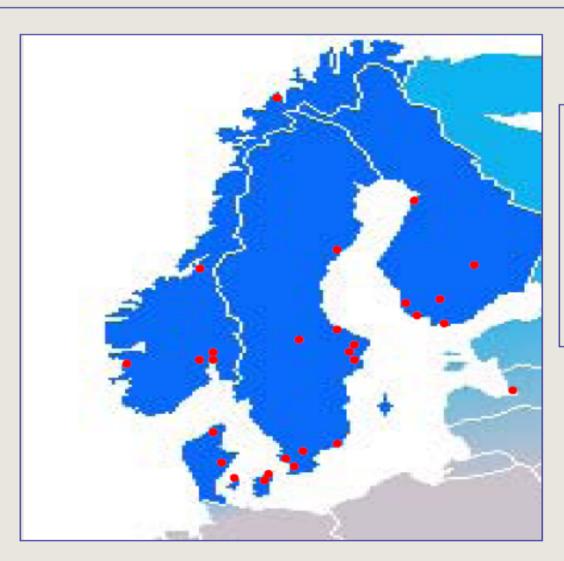
- Lefevre et al. JACC 2005; 46
  - Frontier (BMS)

44.8%

- Tannabe et al AJC 2004; 91
  - Two Cyphers: Various techniques 22.7%
- Colombo et al Circ 2004;109
  - 1 vs 2 Cyphers

25.7%

### Nordic Bifurcation Study 28 Participating Centers – 5 EURopean countries



A prospective, multicenter, large-scale randomized trial of single vs. multiple drugeluting stents in bifurcation lesions

#### Purpose

To compare two stenting strategies in de novo bifurcation lesions using Sirolimus eluting stents:

- Stenting main vessel and optional stenting of side branch (MV)
- Stenting main vessel and side branch (MV+SB)

#### Main treatment principles

#### Optional stenting of side branch (MV)

- Stenting of main vessel
- Side branch balloon angioplasty if TIMI flow <3</li>
- Side branch stenting if TIMI flow = 0 after balloon angioplasty

#### Main treatment principles

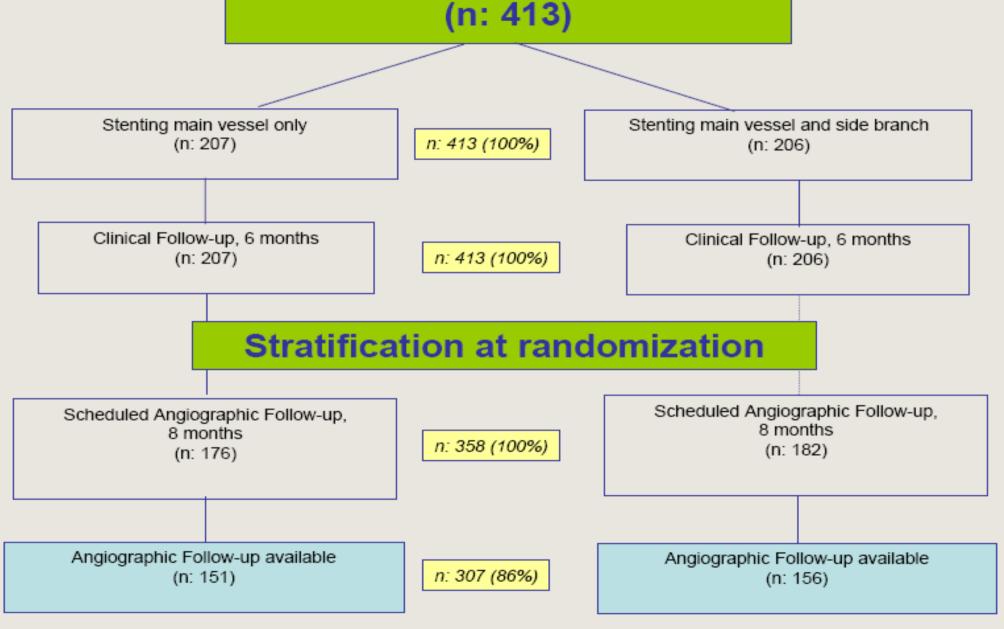
### Stenting main vessel and side branch (MV+SB)

- Stenting of both vessels by "crush", "culotte", "T" or other techniques
- Procedure finalized by "kissing" balloon inflation

#### Inclusion criteria

- Stable or unstable AP or silent ischemia
- Bifurcation lesion of LAD/diagonal, Cx/obtuse marginal, RCA-PDA/posterolateral branch or LM/Cx/LAD in a right dominant system
- Diameter of main vessel by visual estimate ≥2,5 mm
- Diameter of side branch by visual estimate >2,0 mm



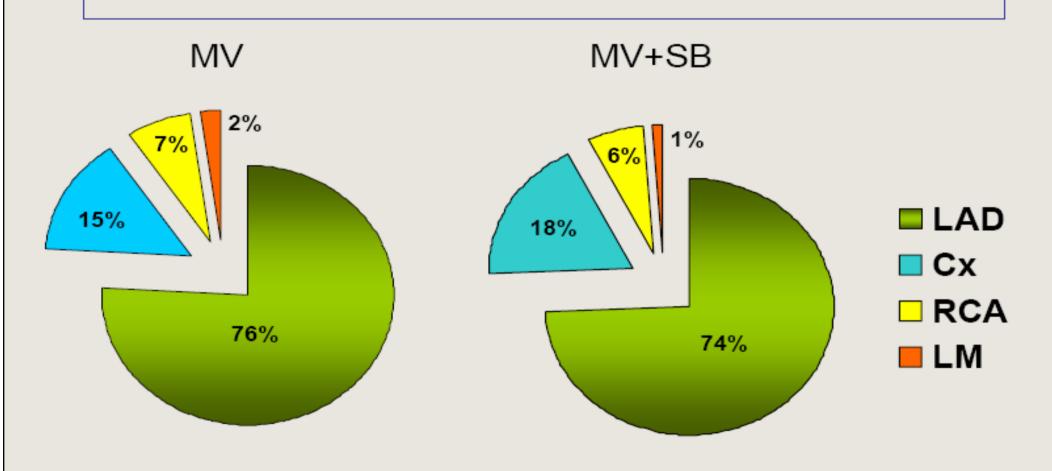


#### Angiographic end points

#### Eight months angiographic follow-up

- In lesion >50% stenosis of MV +/- occlusion of SB
- Minimal luminal diameter (MLD) of MV and SB
- In lesion >50% stenosis in the entire bifurcation lesion
- In lesion >50% stenosis of MV
- In lesion >50% stenosis of SB

#### Vessels treated



#### **Procedural data**

	MV (n=182)	MV+SB (n=176)	p-value
MV stented (%) SB stented (%) Kissing balloon (%)	100 2.7 34	98.9 95.5 74	ns <0.001 <0.001
Tx successful (%)	98	95	ns

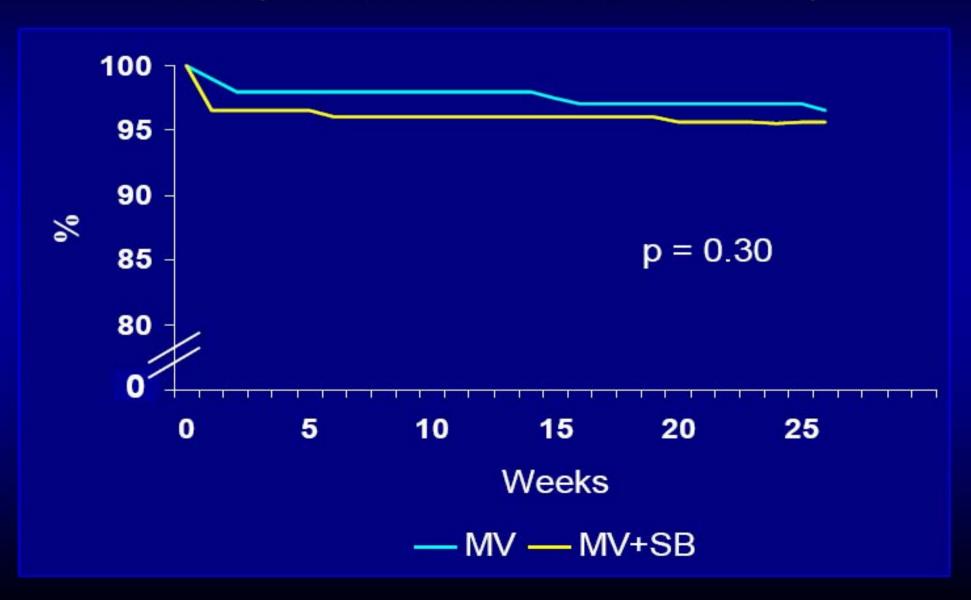
(Residual stenosis <30% of MV + TIMI flow III in SB)

#### Procedural data I

	MV (n=207)	MV+SB (n=206)	P-value
Aspirin Tx (%)	99.5	98.5	ns
Clopidogrel Tx (%)	100	99.5	ns
GPIIb/IIIa Tx (%)	51	51	ns
Procedure time (mi	n)59 ± 30	74 ± 30	< 0.001
Fluoro time (min)	15 ± 9	21 ± 10	< 0.001
Contrast (ml)	233 ± 93	283 ± 117	< 0.001

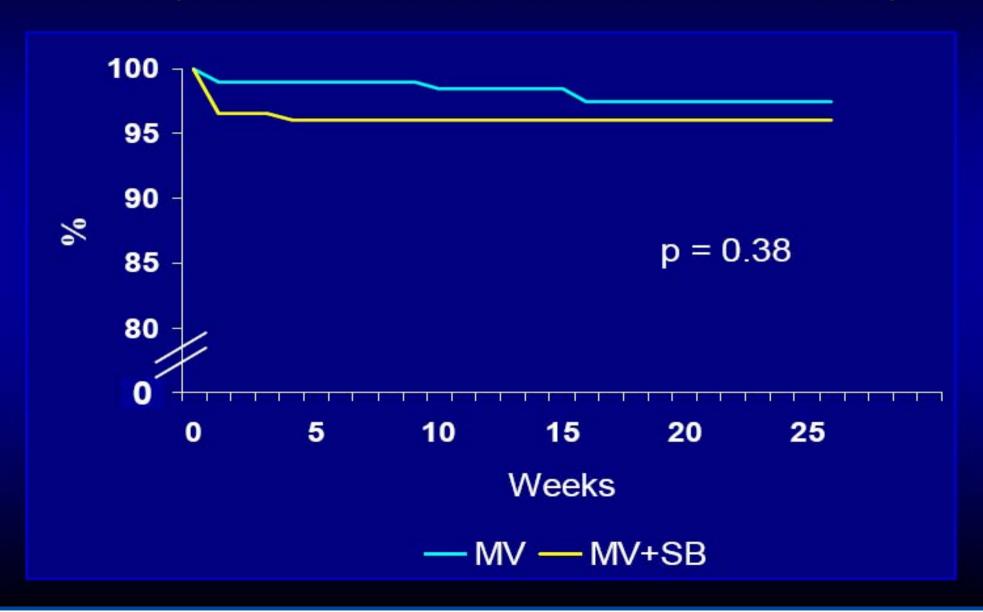
#### **Event free survival**

MACE (cardiac death, MI, TVR, stent thrombosis)



#### **Event free survival**

MACE (cardiac death, index lesion MI, TLR, stent thrombosis)



#### Individual end points after 6 months

	MV (n=207)	MV+SB (n=206)	P-value
Total death (%)	1.0	1.5	ns
Cardiac death (%)	1.0	1.0	ns
Myocardial infarction	(%)1.4	1.0	ns
Index lesion MI (%)	0.0	1.0	ns
TLR (%)	1.4	2.0	ns
TVR (%)	1.4	2.5	ns
Stent thrombosis (%)	1.0	0.0	ns

#### Biomarkers at the procedure

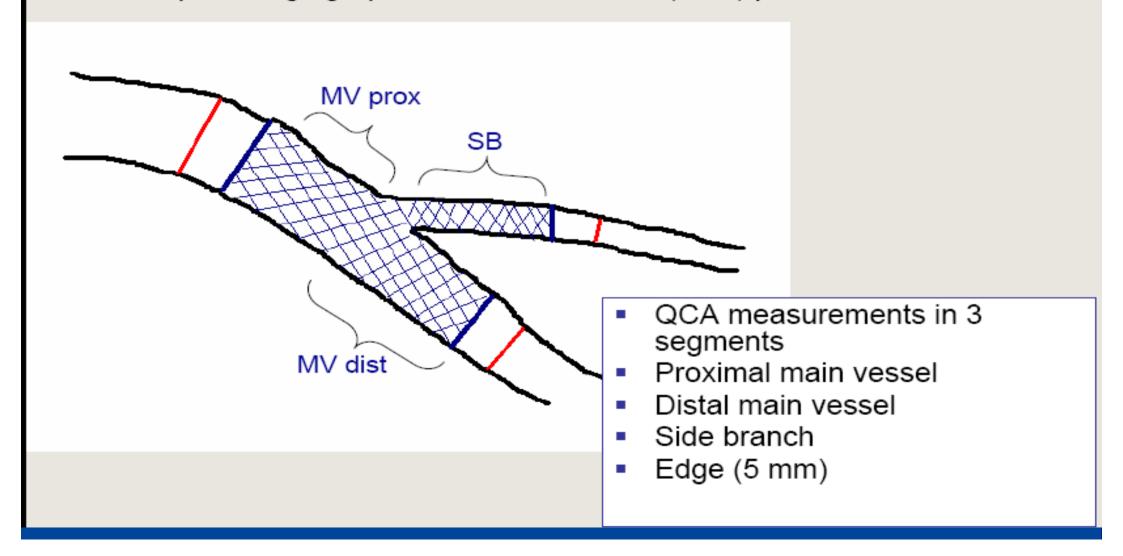
- CKMBmass, Troponin-T or Troponin-I was measured at the procedure and after 12-18 hours
- CKMBmass was used as primary marker, Troponin-T/I only if CKMBm was not available
- Only those with normal markers pre-PCI were included
- Patients with UAP were included, if pre and post procedure markers were normal
- Marker elevation x 3 ULN was considered significant

### Procedure related biomarker elevation (279 patients)

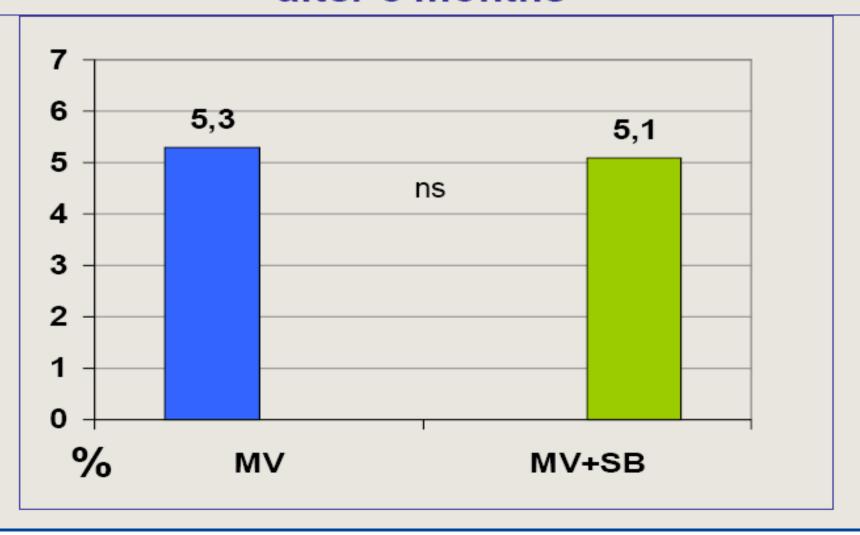
	MV (n=153)	MV+SB (n=126)	P-value	
>3 elevation (%)	8	18	0.011	
>5 elevation (%)	4	13	0.008	
>10 elevation (%)	3	5	ns	

### Angiographic follow-up after 8 months

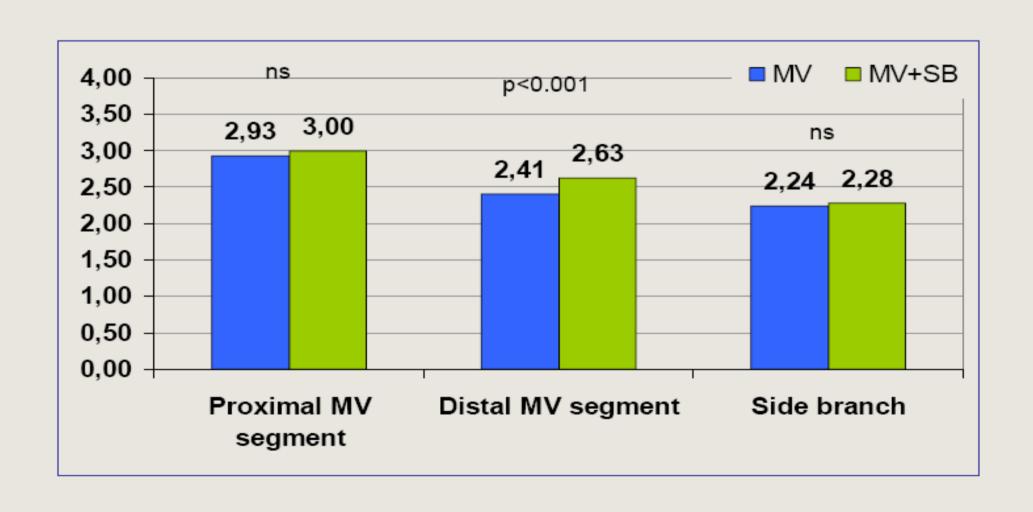
Complete angiographic evaluation in 307 (86%) patients



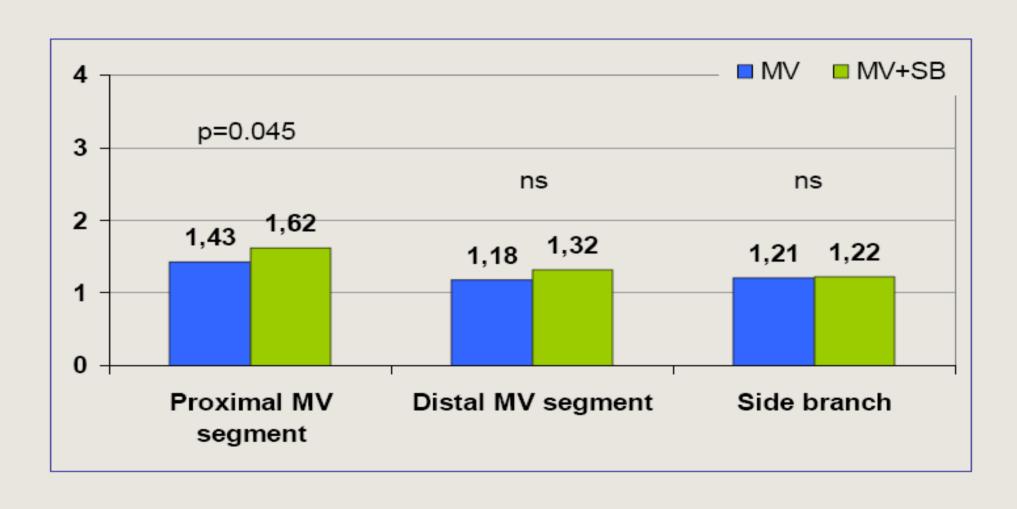
# Rate of main vessel in-lesion diameter stenosis >50% and side branch occlusion after 8 months



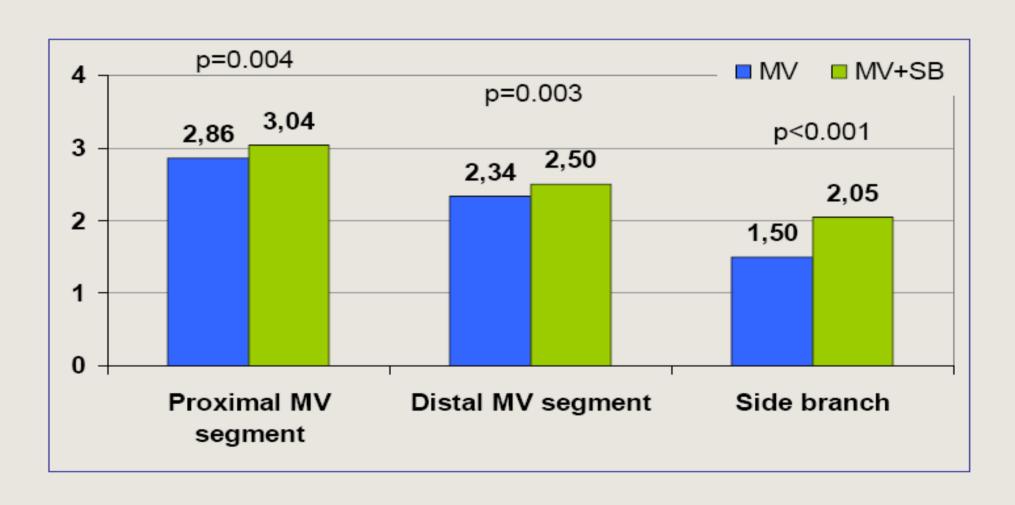
### In-segment reference diameter (mm) before procedure



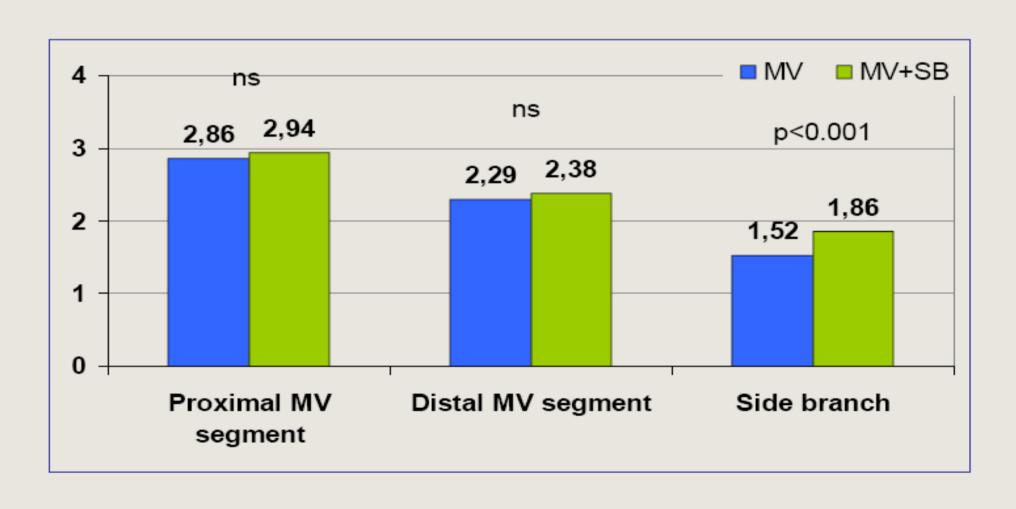
# Minimal lumen diameter (mm) before procedure



# Minimal lumen diameter (mm) after procedure

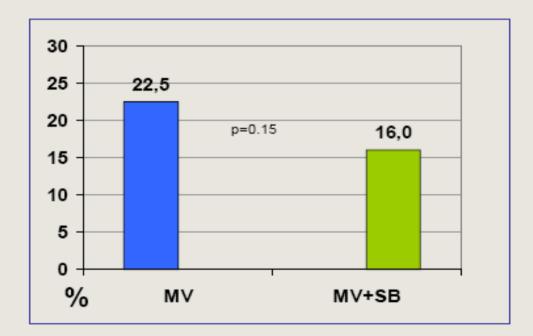


### Minimal lumen diameter (mm) at 8 mo follow-up

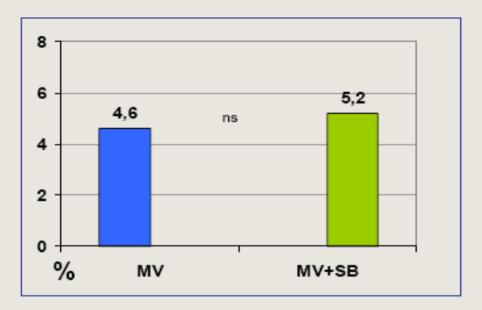


### Angiographic Results after 8 months

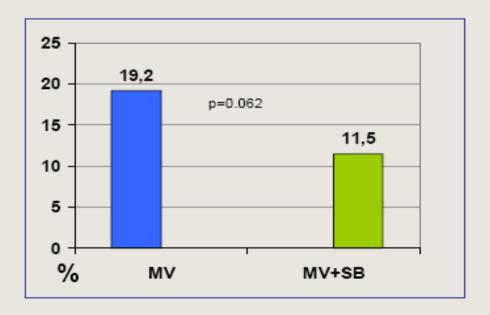
Entire bifurcation lesion diameter stenosis >50%



Main vessel diameter stenosis >50%



Side branch diameter stenosis >50%



### Angiographic follow-up after 8 months

Localization of >50% stenosis (in-stent and side branch)

MV 0.6% 19.2%\* 2.6%

MV+SB

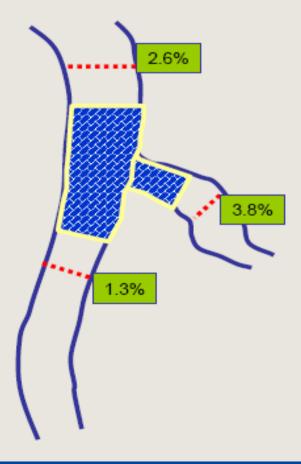


### Angiographic follow-up after 8 months

Localization of >50% stenosis (edge)



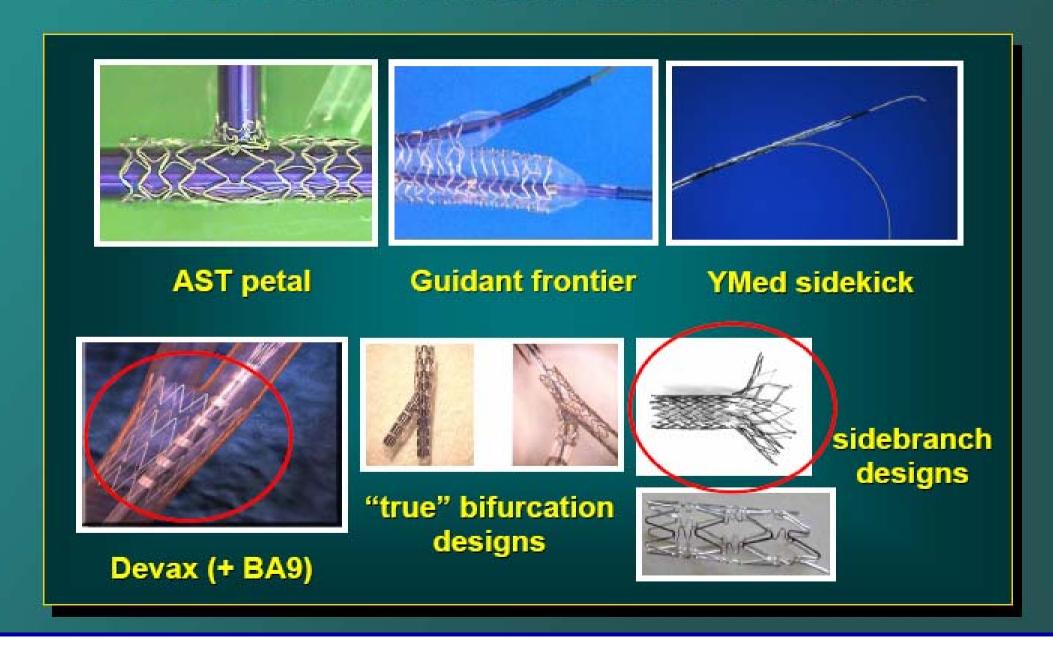
MV+SB



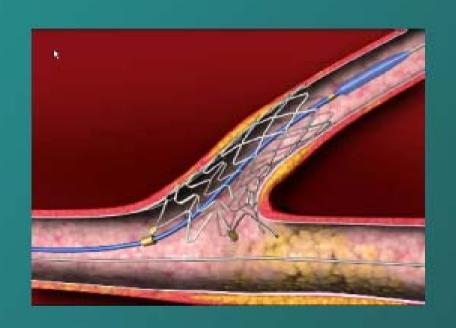
#### True Bifurcation Continues to be a Problem

- Provisional stenting technique (stenting of side branch if necessary) can be used to treat a majority of the patients. Faster and cheaper.
- True bifurcation (e.g. left main) with equally important side branch may not have been enrolled (not all comers!)
- Heavily calcified, long and tortuous SB lesions may not be possible to be treated by provisional stent.
- True bifurcation stent is needed for left main and those lesions with equally large side branch.

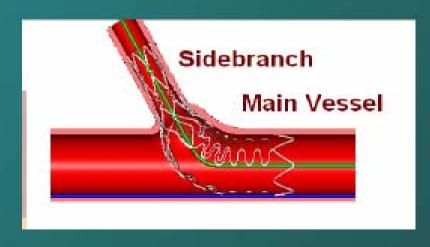
#### **Dedicated Bifurcation Stents**



#### **Dedicated Sidebranch Stents**



Cappella (Facilitated T-stent)



Tryton (Facilitated cullotte stent)

#### **Dedicated Bifurcation Stents**

	Axxess	BSC-AST	Frontier	Ymed	Capella	Tryton
DES Program	Y	Y	Y	N	N	N
FIM/Randomized	Y/Y	Y-P/P	Y/N	Y/N	Y/N	Y/N
Side Branch Angle	Dep	Indep	Dep	Dep	Dep	Indep
Overlap Struts (M/S)	Main	Side	Main	Main	Main	Main
New Carina	Y	N	Y	N	N	N
Marker Bands Align.	Y	Y	N	N	Υ	Y
Accuracy	Y	Y	?	?	?	Y