

Debate: Functional Evaluation is Necessary

Yes, We Need a Function-guidance

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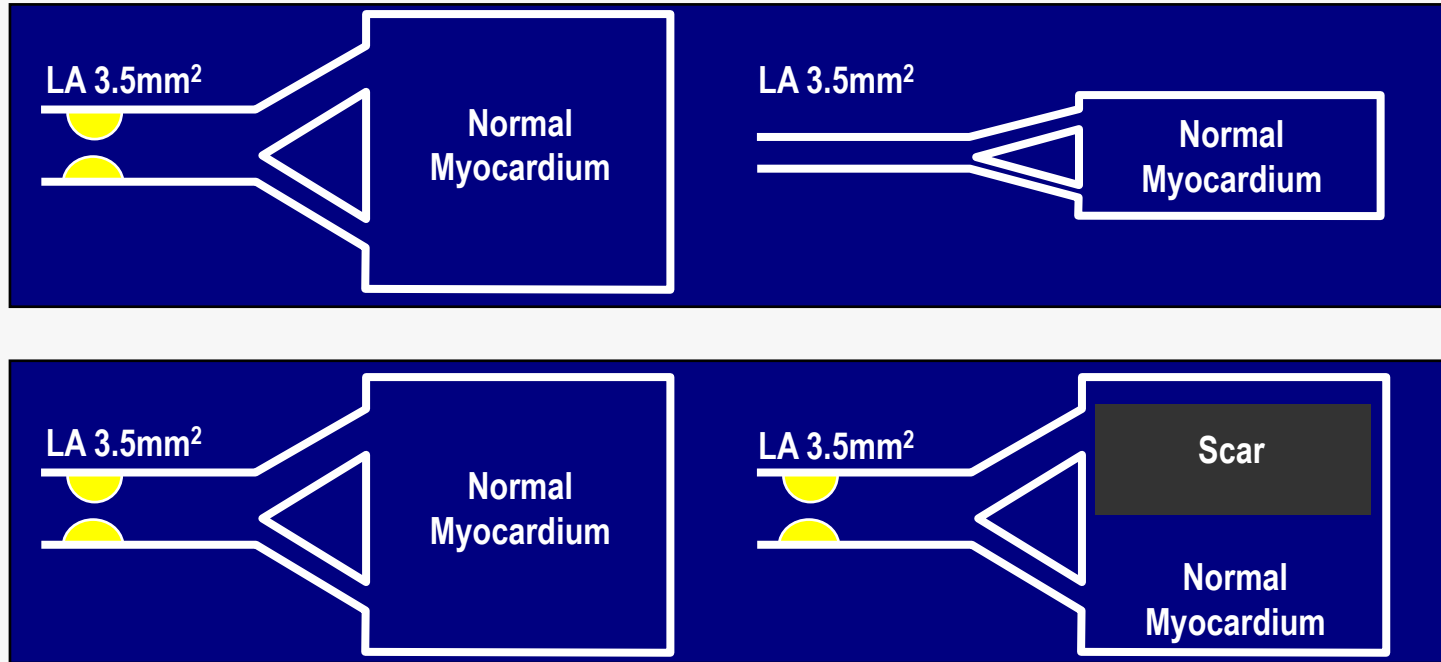


What is a significant stenosis?

: Anatomy

- Stenosis severity by angiography, IVUS, OCT

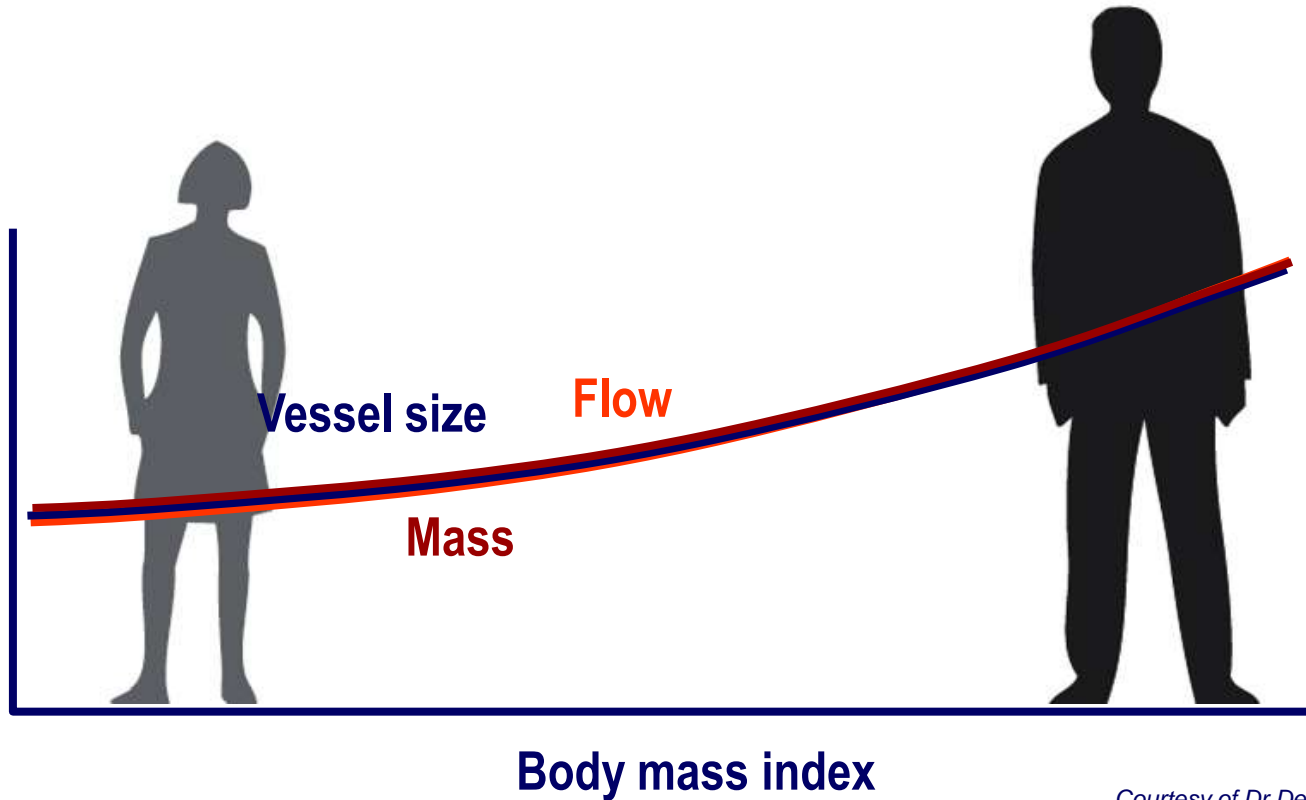
Same stenosis, same significance ?



LA: Lumen cross sectional area

Same stenosis can have a different physiological or functional significance according to lesion characteristics.

Same stenosis, same significance ?

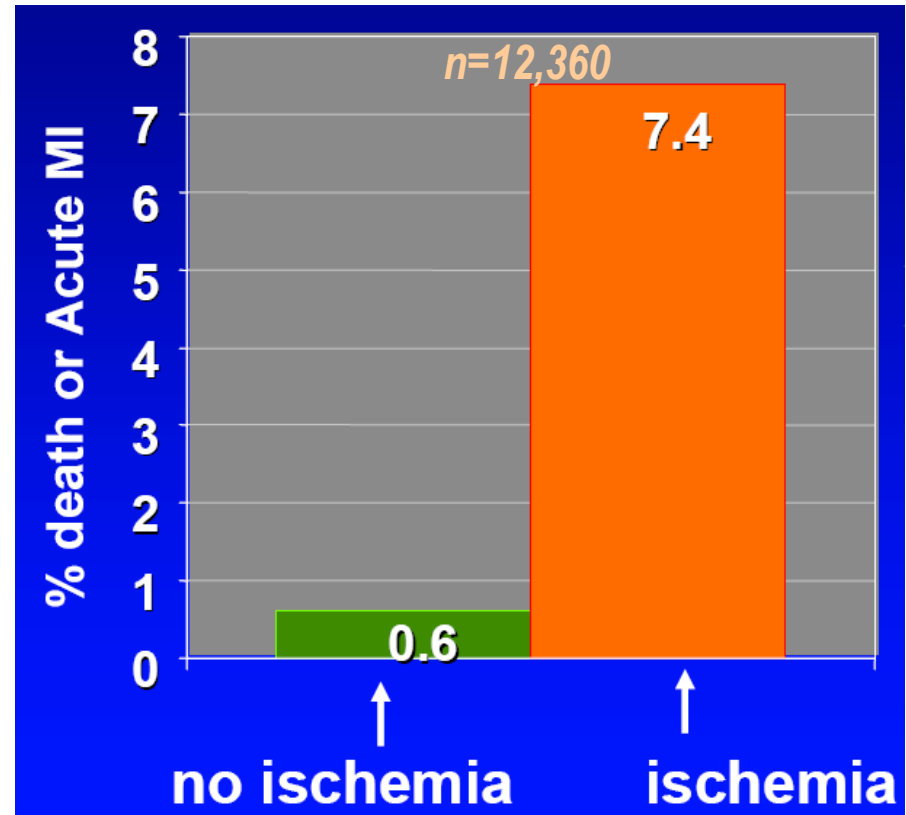


Courtesy of Dr De Bruyne

Same stenosis can have a different physiological or functional significance according to **patient** characteristics.

What is a significant stenosis?

: *Anatomy vs. Ischemia*



Iskander, et al. JACC 1998

Determinants of a significant stenosis?

: *Anatomy* vs. *Ischemia*

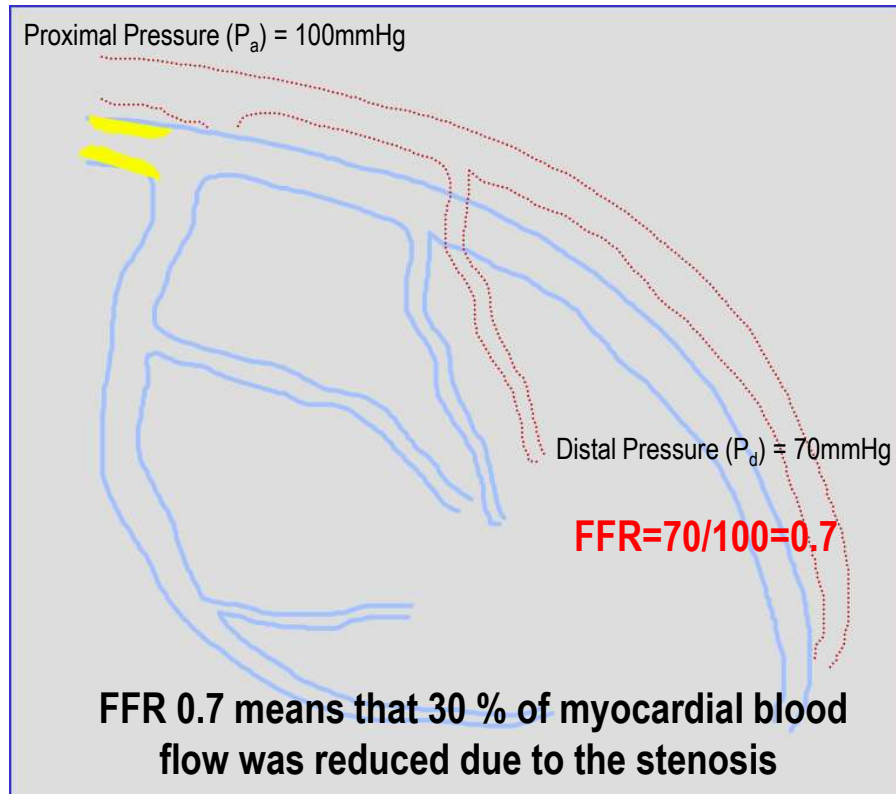
- Stenosis severity by angiography, IVUS, OCT,
- Extent of the perfusion territory (lesion location, height, weight, gender, age.....)
- Presence of myocardial infarction
- Myocardial blood flow including collaterals
- Microvascular function

→ ***Physiological or functional evaluation***

“Fractional Flow Reserve (FFR)”

- Invasive functional test in a cath lab with very high spatial resolution

$$\text{FFR} = \frac{\text{Maximum flow in presence of stenosis}}{\text{Normal maximum flow}} = \frac{Q_{\max}^S}{Q_{\max}^N} = \frac{(P_d - P_v)/R}{(P_a - P_v)/R} = \frac{\text{Distal Pr } (P_d)}{\text{Proximal Pr } (P_a)}$$



Evidences.....

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Interventional Cardiology

Long-Term Clinical Outcome After Fractional Flow Reserve-Guided Percutaneous Coronary Intervention in Patients With Multivessel Disease

Alexandre Berger, MD,* Kees-Joost Botman, MD,* Philip A. MacCarthy, MD, PhD, MRCP,* William Wijns, MD, PhD,* Jozef Bartunek, MD, PhD,* Guy R. Heyndrickx, MD, PhD,* Nico H. J. Pijls, MD, PhD,† Bernard De Bruyne, MD, PhD*

Aalst, Belgium; and Eindhoven, the Netherlands

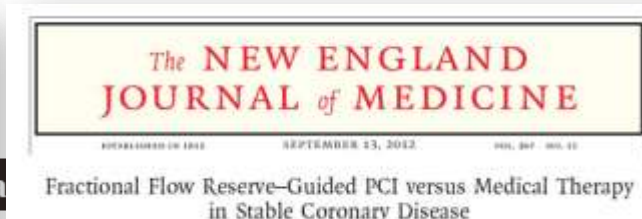
Clinical Significance of Fractional Flow Reserve for Evaluation of Functional Lesion Severity in Stent Restenosis and Native Coronary Arteries*

Stefan Krüger, MD; Karl-Christian Koch, MD; Ira Kaumanns, MD; Marc W. Merx, MD; Peter Hawrath, MD; and Rainer Hoffmann, MD

Interventional Cardiology

Clinical outcome in patients with intermediate equivocal left main coronary artery disease a deferral of surgical revascularization on the basis of fractional flow reserve measurements

Michael Lindstaedt, MD,^a Aydan Yazar, MD,^a Alfred Germing, MD,^a Markus K. Fritz, MD,^b Tim Holland-Letz, MSc,^c Andreas Mügge, MD,^a and Waldemar Bojara, MD^a *Bochum, Germany*



Coronary Pressure Measurement After Stenting Predicts Adverse Events at Follow-Up A Multicenter Registry

Nico H.J. Pijls, MD, PhD; Volker Klauss, MD; Uwe Siebert, MPh, MSc; Eric Powers, MD; Kenji Takazawa, MD; William F. Fearon, MD; Javier Escaned, MD; Yukio Tsurumi, MD; Takashi Akasaka, MD; Habib Samady, MD; Bernard De Bruyne, MD, PhD; for the Fractional Flow Reserve (FFR) Post-Stent Registry Investigators



Reliability of Pressure-Derived Myocardial Fractional Flow Reserve in Assessing Coronary Artery Stenosis in Patients With Previous Myocardial Infarction

Yasuhiro Usui, MD, Taishiro Chikamori, MD, Hidefumi Yanagisawa, MD, Takayuki Morishima, MD, Satoshi Hida, MD, Nobuhiro Tanaka, MD, Kenji Takazawa, MD, and Akira Yamashina, MD

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Physiologic Assessment of Jailed Side Branch Lesions Using Fractional Flow Reserve

Bon-Kwon Koo, MD, PhD,* Hyun-Jai Kang, MD, PhD,* Tae-Jin Youn, MD, PhD,† In-Ho Chae, MD, PhD,† Dong-Joo Choi, MD, PhD,† Hyo-Soo Kim, MD, PhD,* Dae-Won Sohn, MD, PhD,* Byung-Hee Oh, MD, PhD, FACC,* Myoung-Mook Lee, MD, PhD, FACC,* Young-Bae Park, MD, PhD,* Yun-Shik Choi, MD, PhD,* *Seonoo-Iae Table MD PhD†*

Seoul, Seongnam, Gyeonggi-

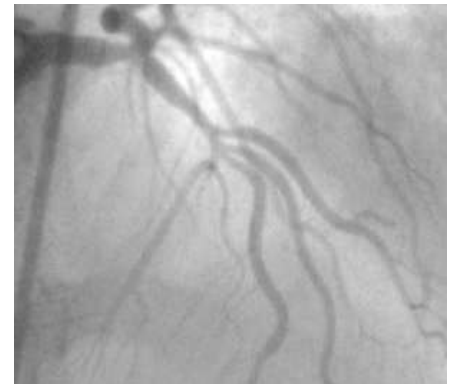
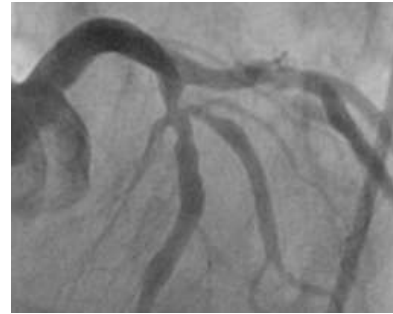
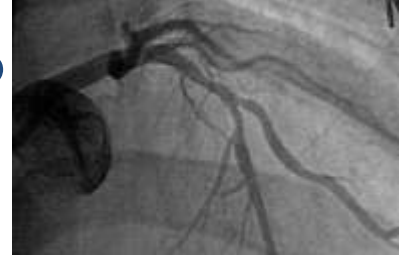
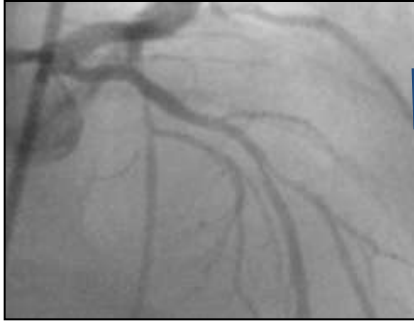
Physiological evaluation of the provisional side-branch intervention strategy for bifurcation lesions using fractional flow reserve

Bon-Kwon Koo¹, Kyung-Woo Park¹, Hyun-Jae Kang¹, Young-Seok Cho², Woo-Young Chung², Tae-Jin Youn², In-Ho Chae², Dong-Ju Choi², Seung-Jae Tahk², Byung-Hee Oh¹, Young-Bae Park¹ and Hyo-Soo Kim^{1*}

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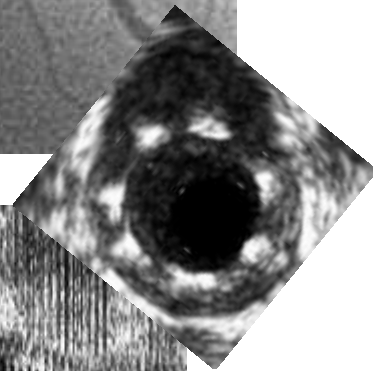
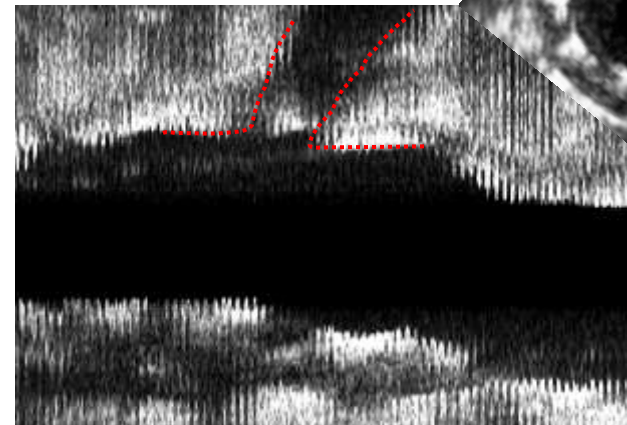
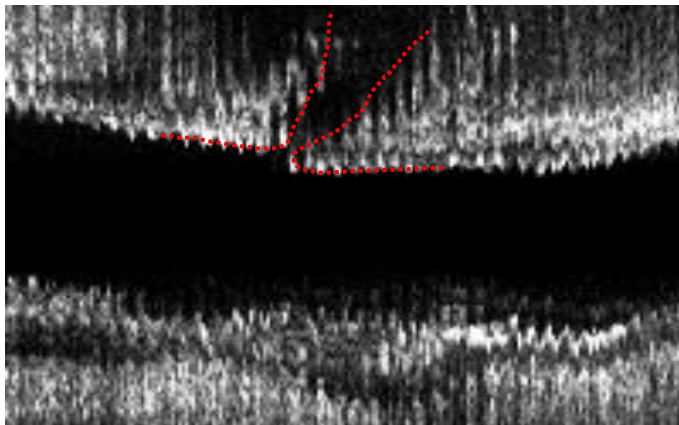
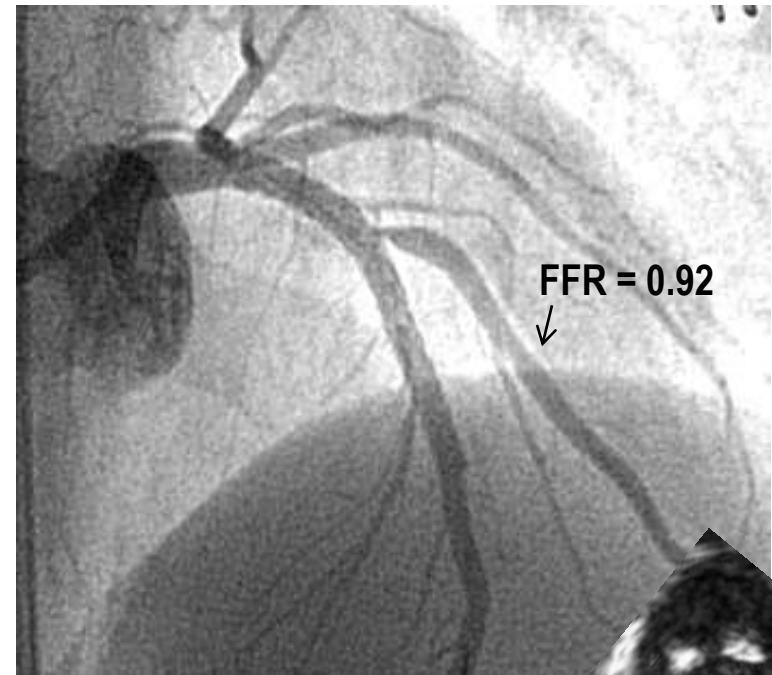
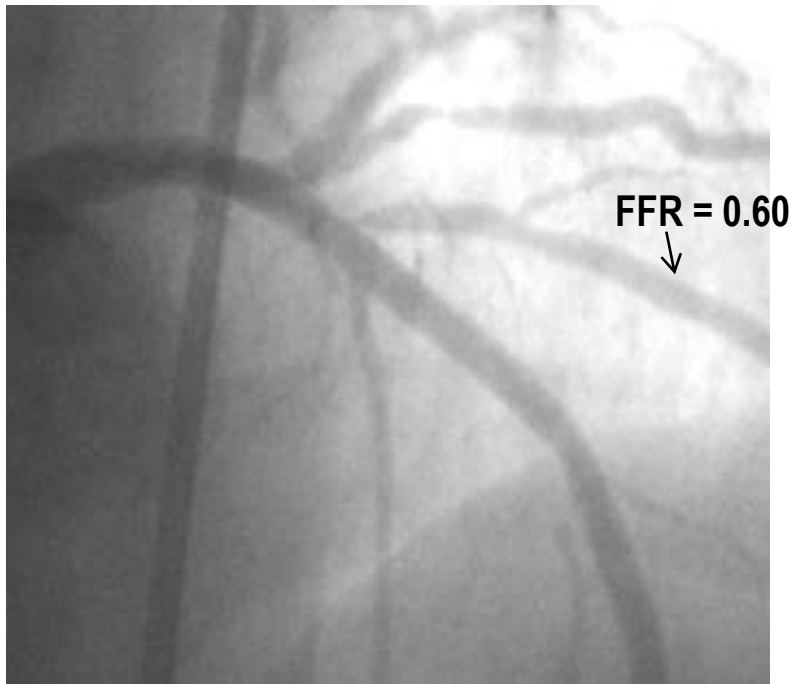
Why FFR in bifurcation lesion?



Pitfalls of anatomical evaluation

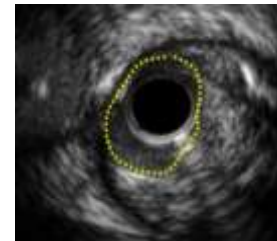
- Angiography
 - Single directional assessment
 - Variability in stenosis assessment
 - No validated criteria for side branch intervention
 - Not physiologic
- IVUS/OCT
 - Difficult to perform in tight stenosis (ex. Jailed side branch)
 - No validated criteria for side branch intervention
 - Not physiologic

True vs. Pseudo-stenosis

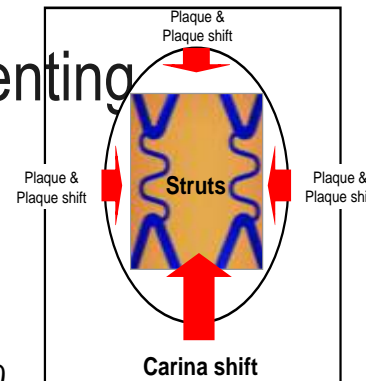


Uniqueness of side branch lesions

- Various size, various amount of supplying myocardium
- Side branch ostial lesion is **unique**
 - Underlying plaque → **Eccentric plaque**
 - Remodeling → **Negative remodeling**
 - Mechanisms of ostial narrowing after main branch stenting



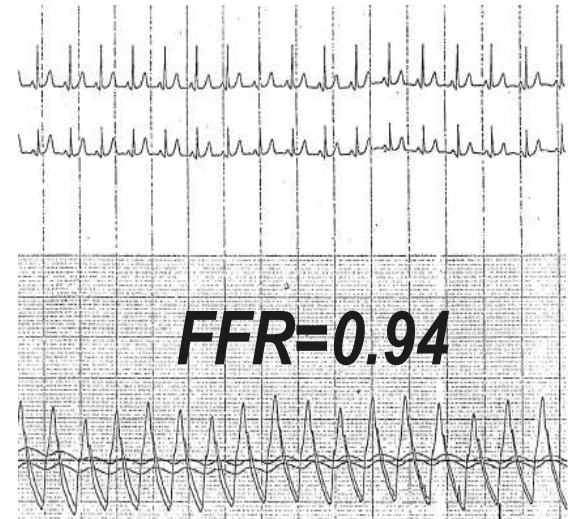
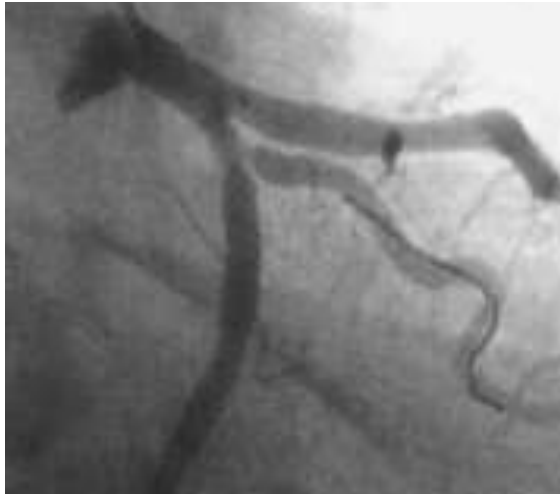
Carina shift, plaque shift, stent struts, thrombus.....



Koo BK. et al, Circ Cardiovasc Interv 2010

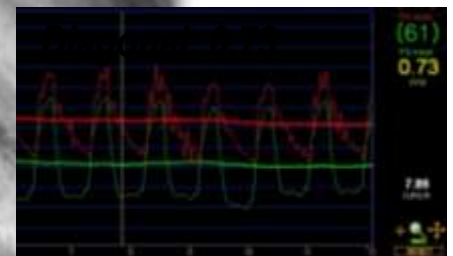
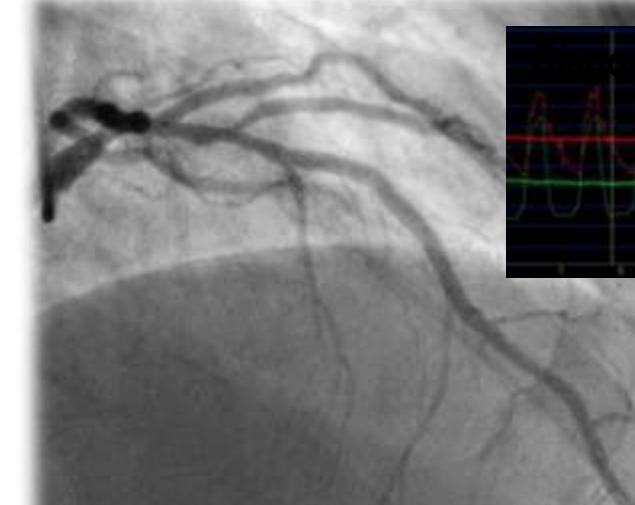
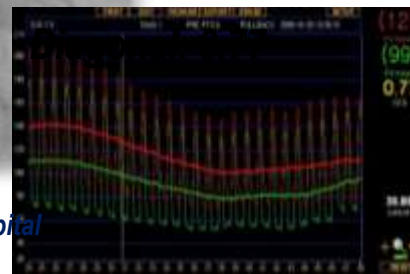
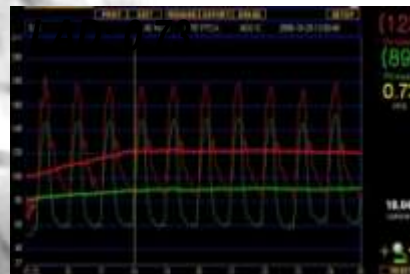
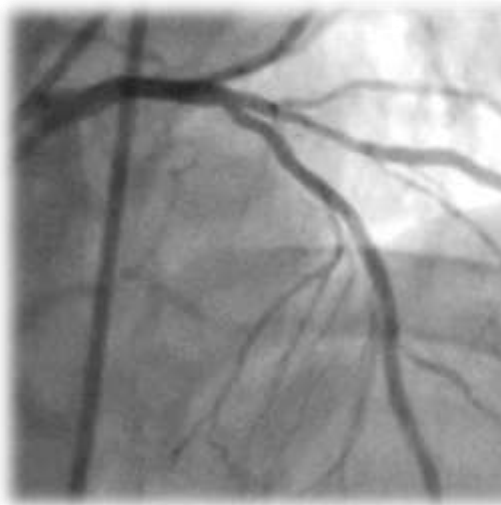
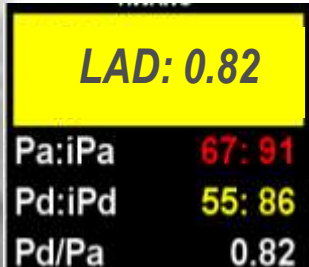
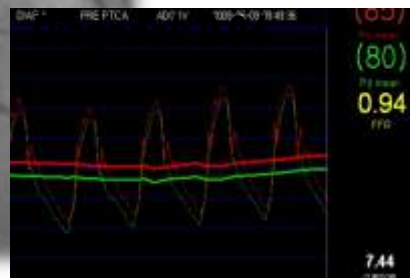
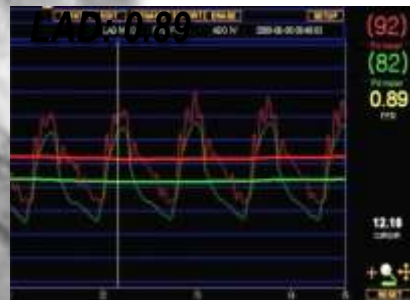
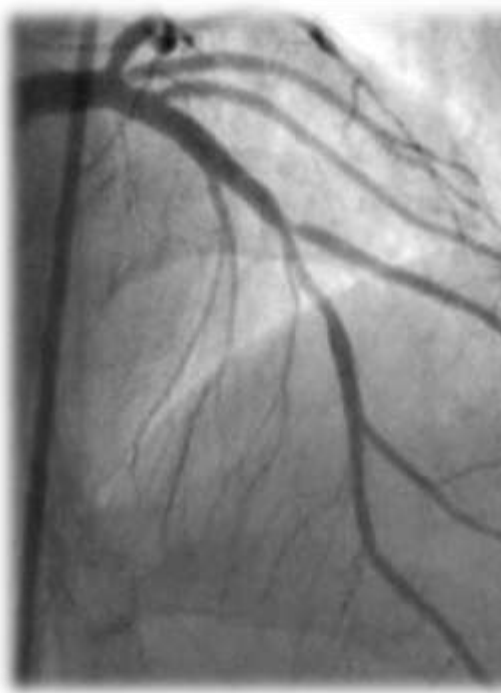
Ostial lesions

Angiographic severity \neq Functional significance

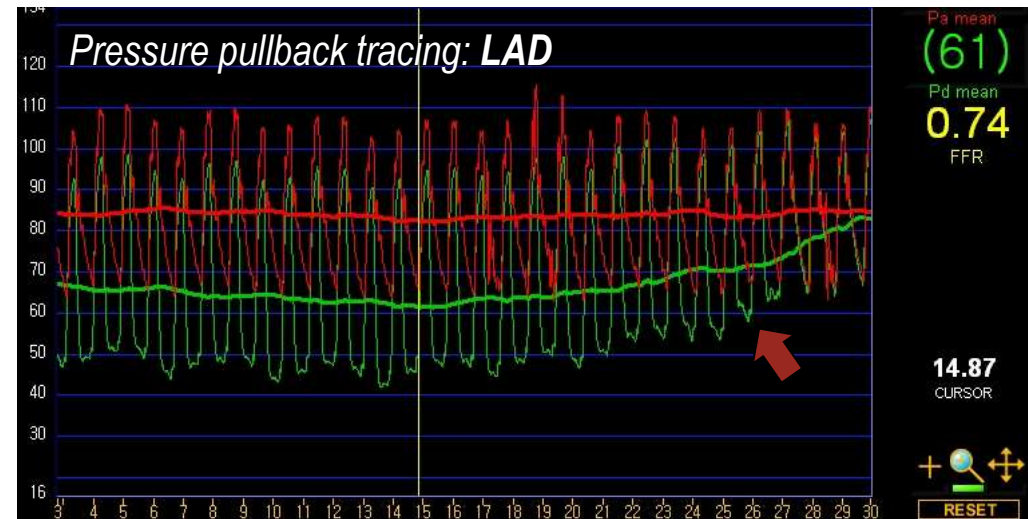
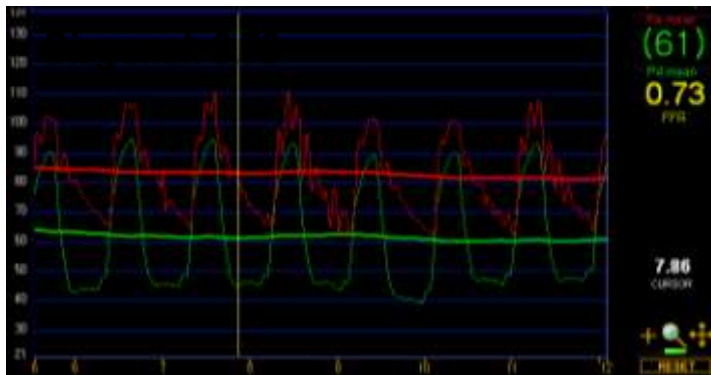
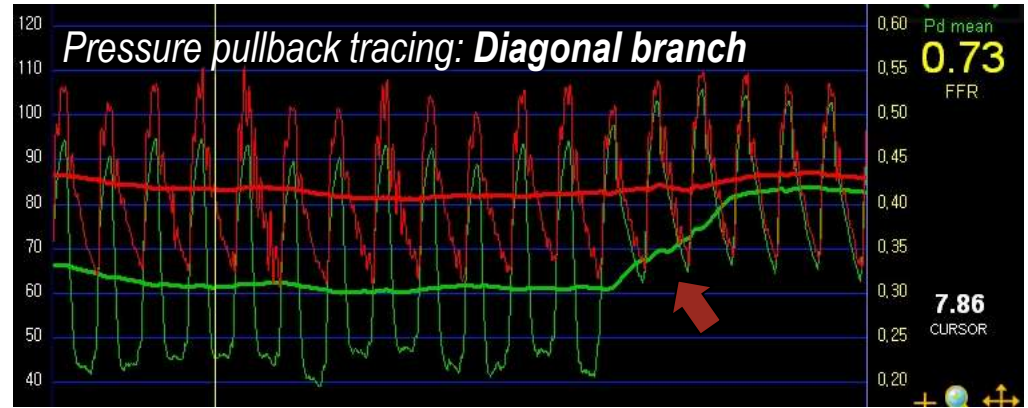
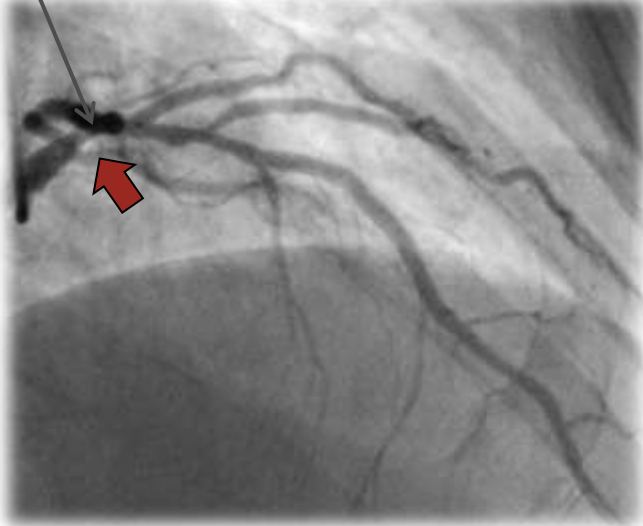
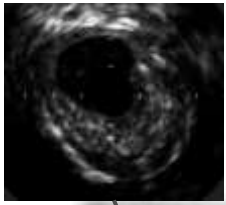


FFR	$\geq 70\%$ Angiographic Stenosis	50%–70% Angiographic Stenosis
≥ 0.75	20	30
< 0.75	5	0
Sensitivity 100%, specificity 55%, and test accuracy 60%.		

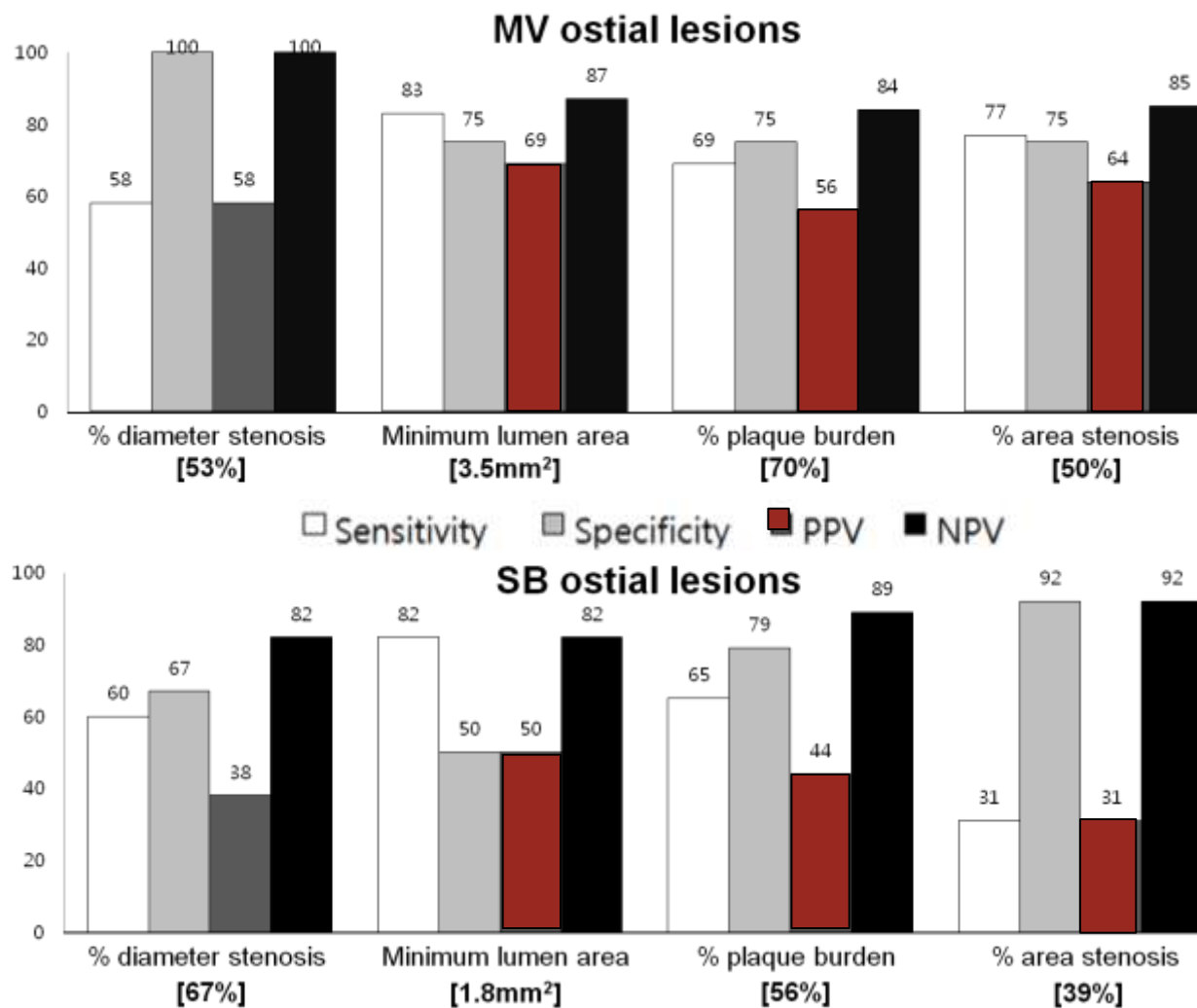
Bifurcation lesion?



Medina 0,0,1 lesion?



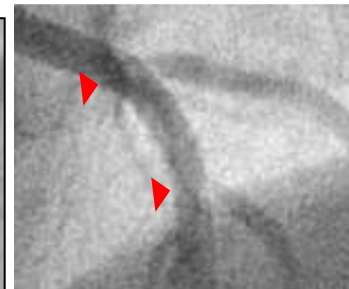
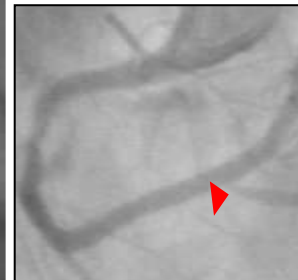
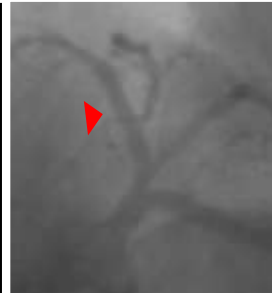
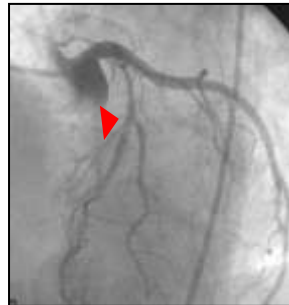
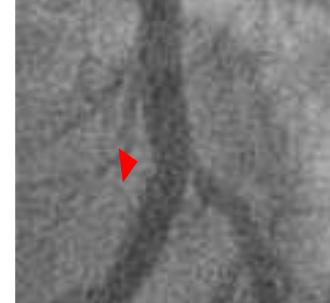
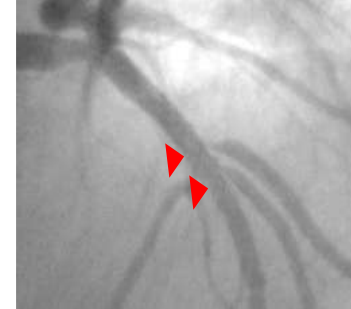
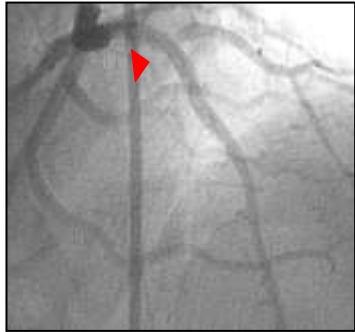
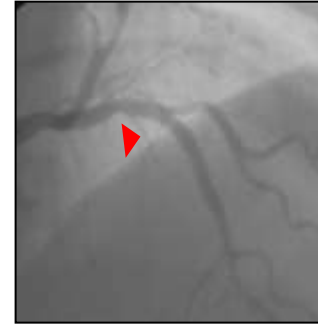
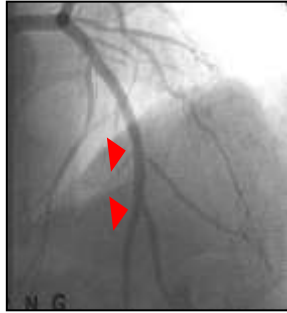
Diagnostic accuracy of angio/IVUS parameters in pure ostial lesions



Koh JS, Koo BK, et al., JACC Intv, 2012

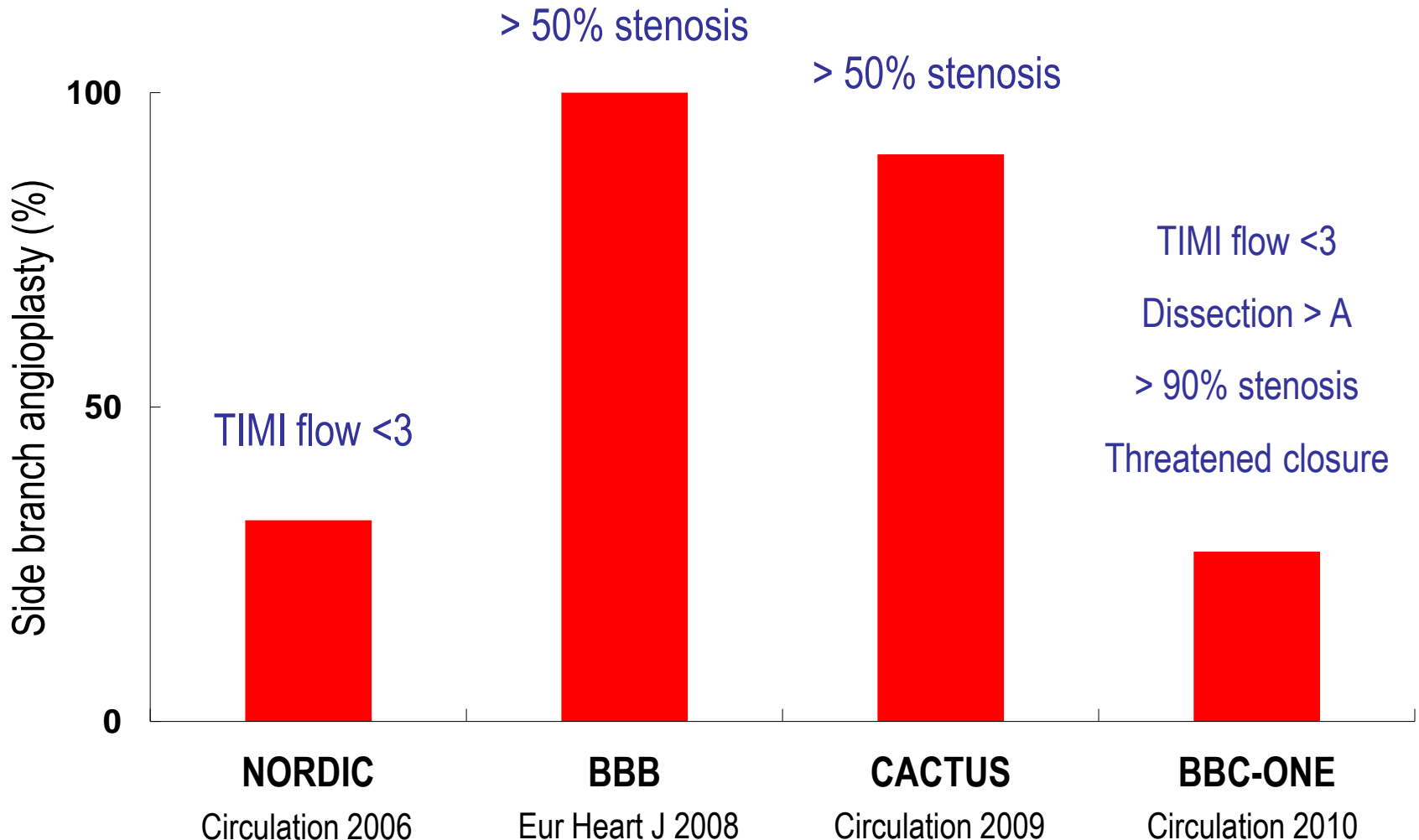
Provisional T Stenting

In cases with significant narrowing of side branch after main branch stenting

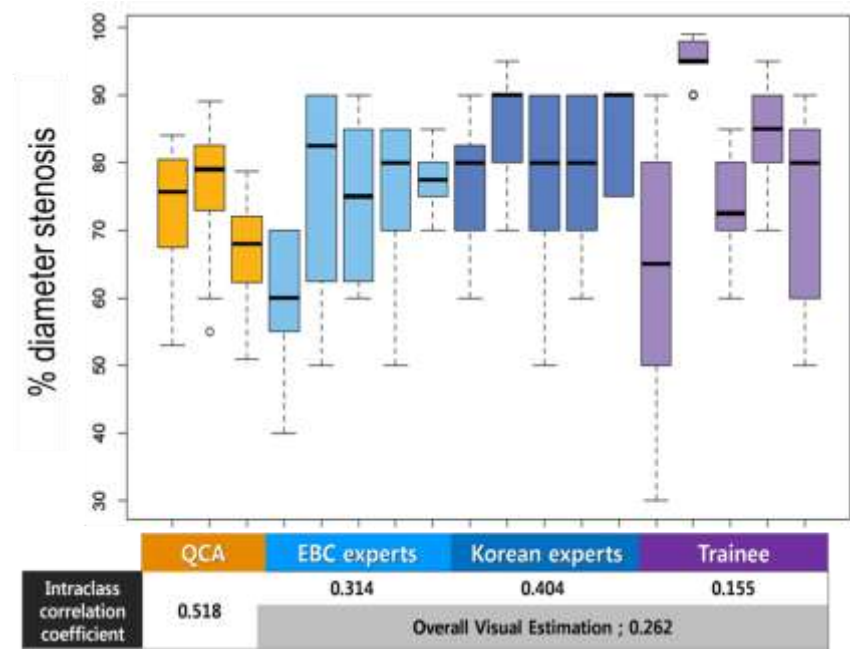
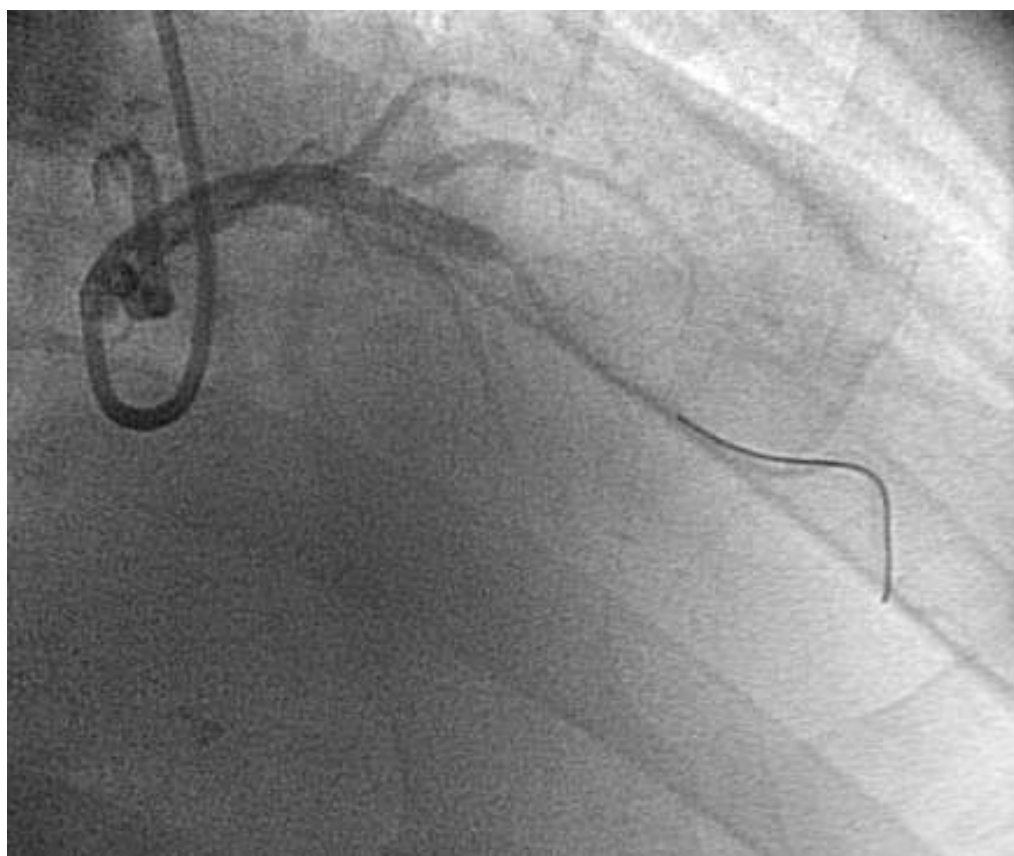


Side branch angioplasty ?

Different criteria in different studies.....



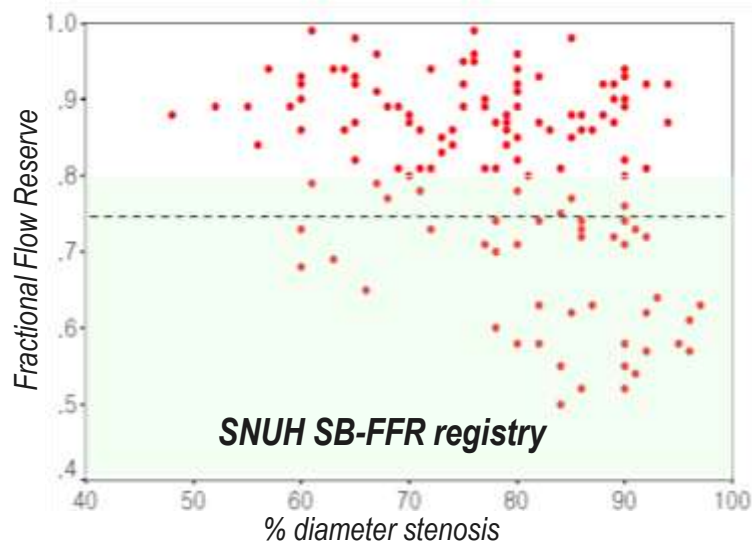
Degree of stenosis?



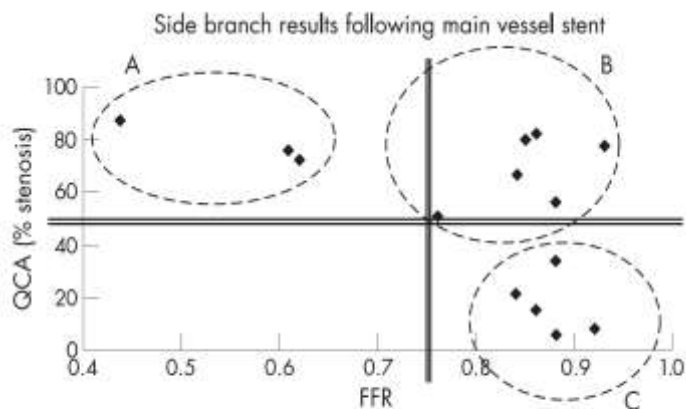
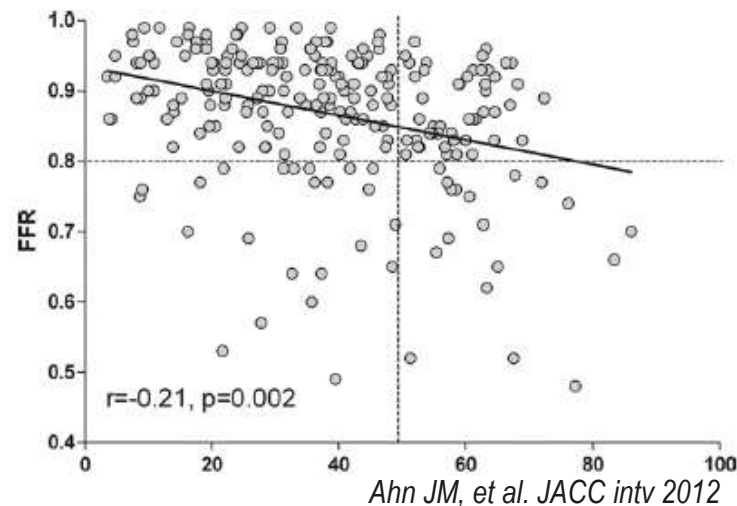
Shin DH, Koo BK, et al. Cath Cardiovasc Interv 2011

Anatomical severity \neq Physiological significance

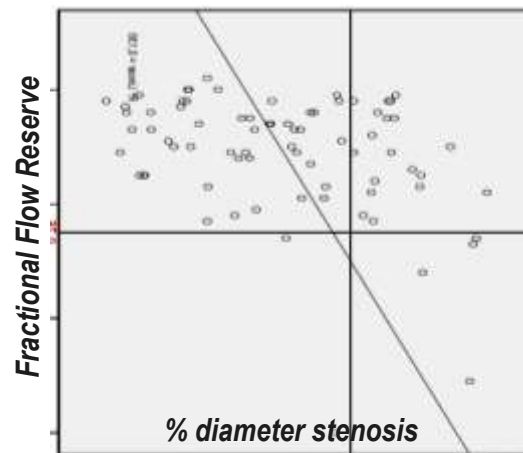
% diameter stenosis vs. FFR in Jailed side branches



Park SH & Koo BK, J Ger Cardiol 2012



Bellenger, et al. Heart 2007

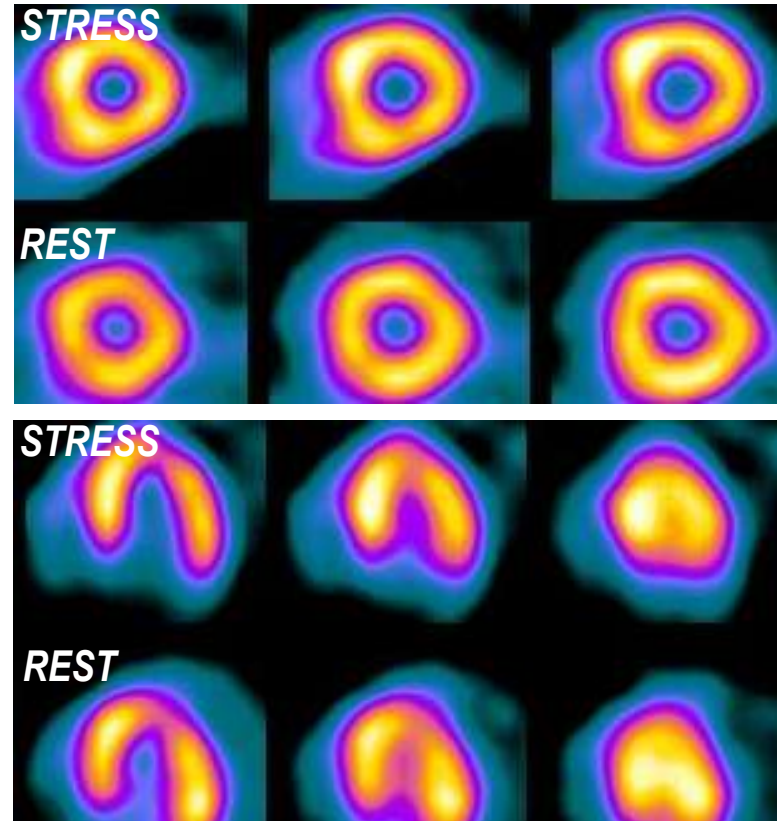


Kumsars I, et al. Eurointervention 2011

Significant stenosis? Needs intervention?

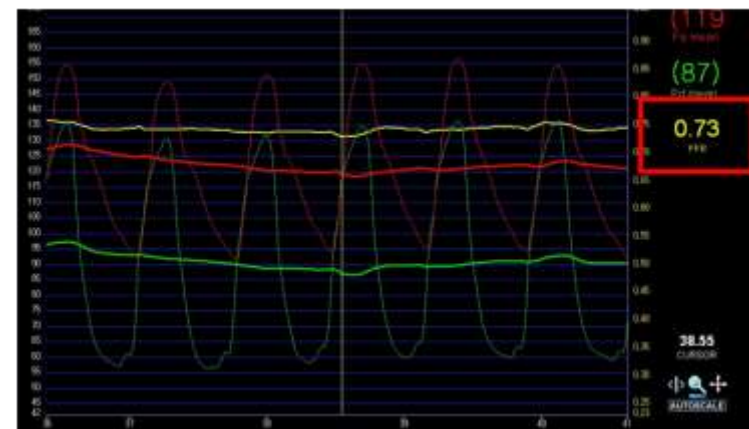
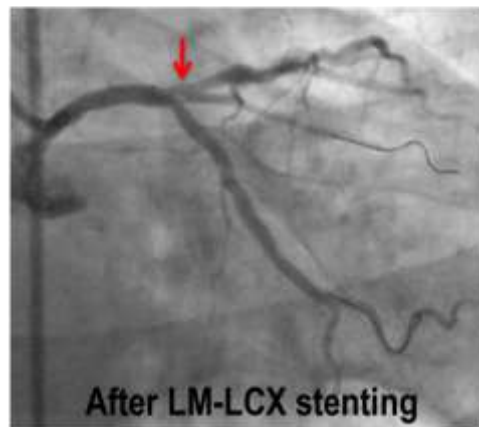
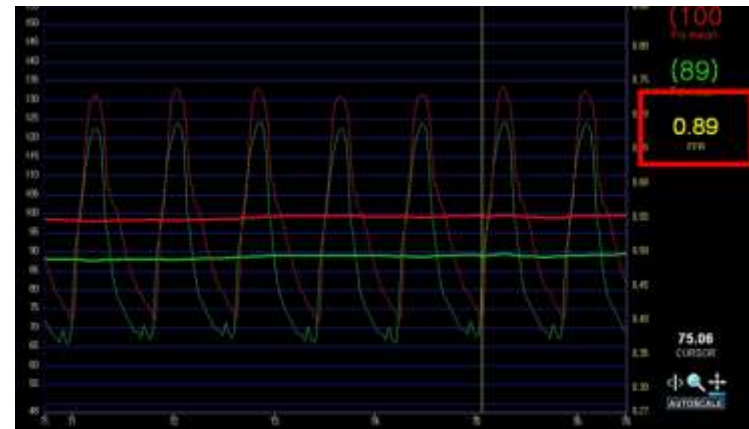
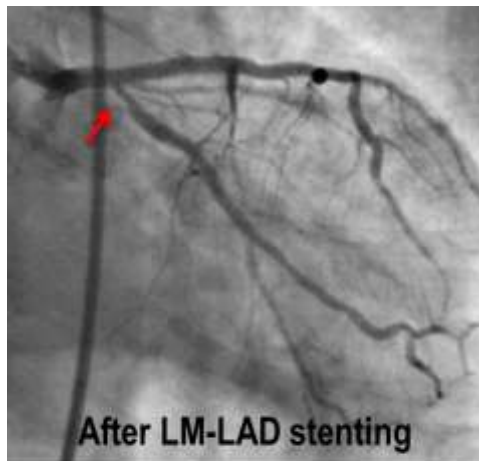


Jailed Diagonal branch FFR 0.81



No perfusion defect

Which need(s) additional intervention?



Debate: Is Functional Evaluation Necessary?

- Presence of ischemia is a key prognostic factor in patients with coronary artery stenosis.
- FFR is the gold standard invasive method to define ischemia-causing stenosis.
- In bifurcation lesion, angiography **alone** is inaccurate in the prediction of functional significance.
- High inter-individual variability exists in both visual estimation and QCA.
- IVUS, OCT cannot overcome these limitation.

Yes, We Need a Function-guidance!

(for the main and large side branches)