

Multivessel PCI in STEMI

Safety First, Leave it Alone
for Staged PCI!

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DISCLOSURE

Relevant Financial Relationship(s)

None

Immediate vs. Staged Multivessel PCI in Patients with STEMI & MVD

- Let's accept that in PRAMI-like patients immediate complete revascularization is better than culprit lesion only PCI.

Is complete revascularization better done immediately or staged?

Immediate vs. Staged Multivessel PCI in Patients with STEMI

Immediate

- Convenient to patient
- Longer procedure time, and higher radiation dose, and contrast volume
- Potential for overtreatment (non ischemia producing stenoses)
- Cost?
- Safety and efficacy

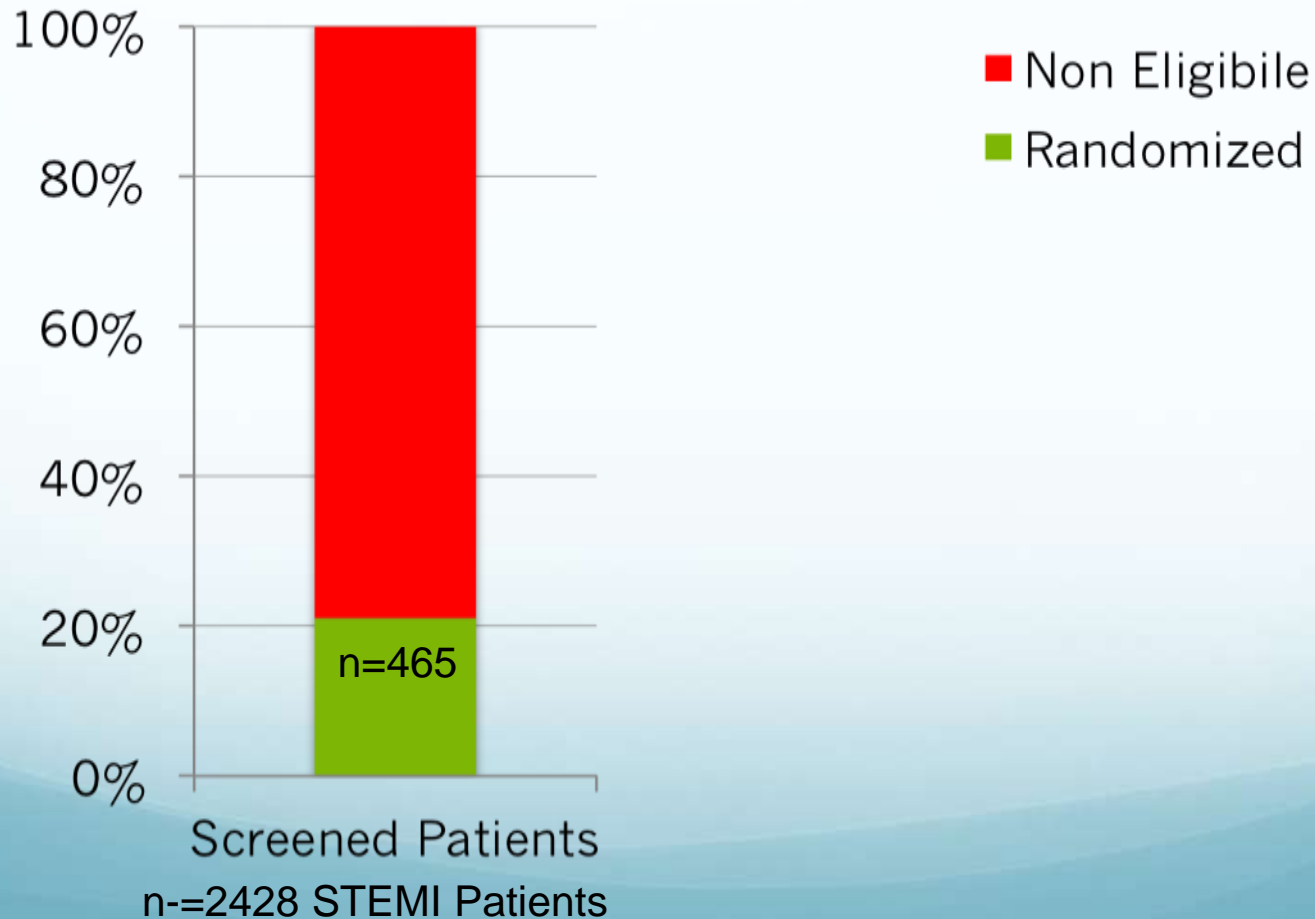
Staged

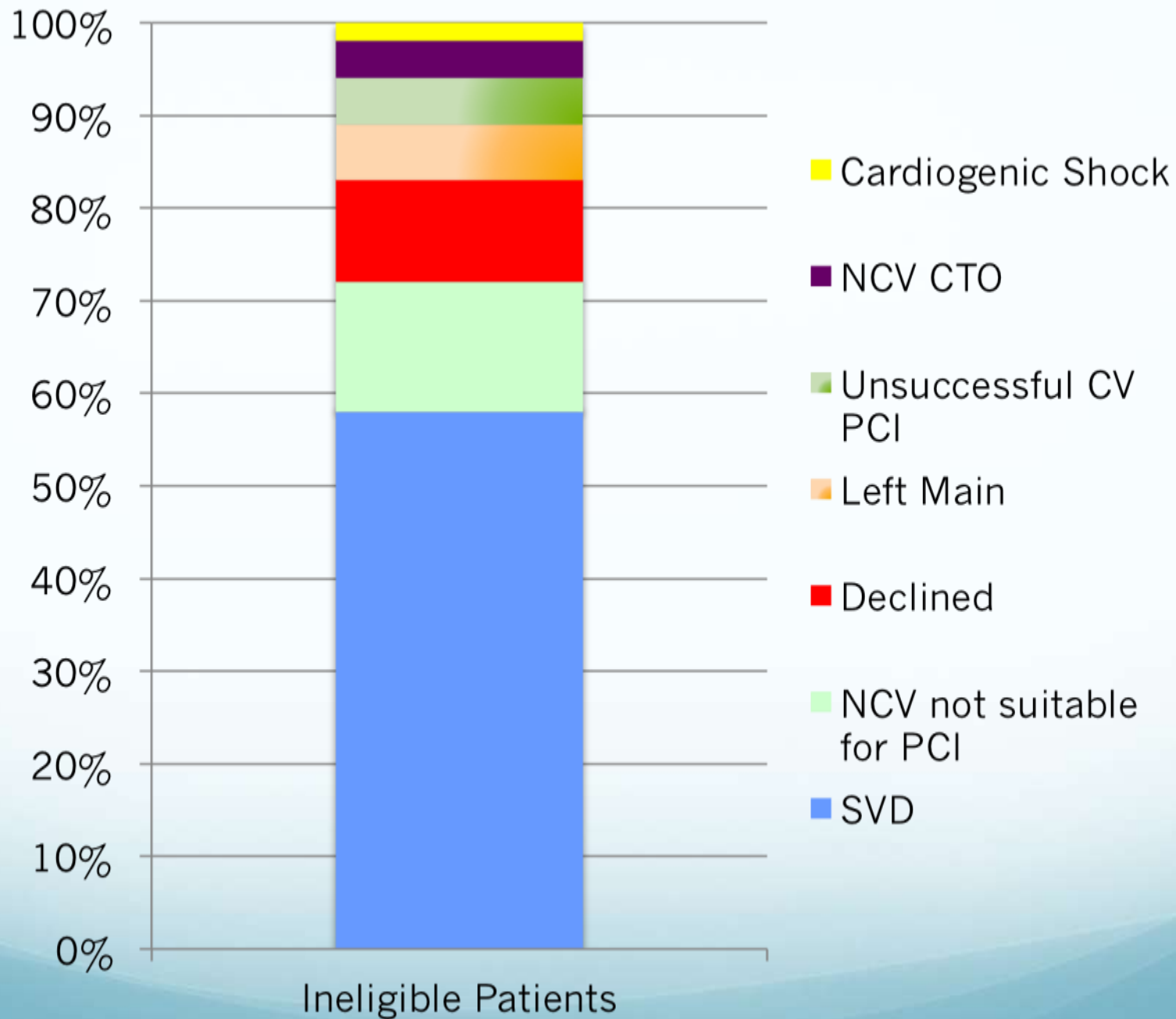
- Inconvenient to patient
- Shorter procedure time, and lower radiation dose and contrast volume
- Avoidance of overtreatment
- Cost?
- Safety and efficacy

The PRAMI Trial

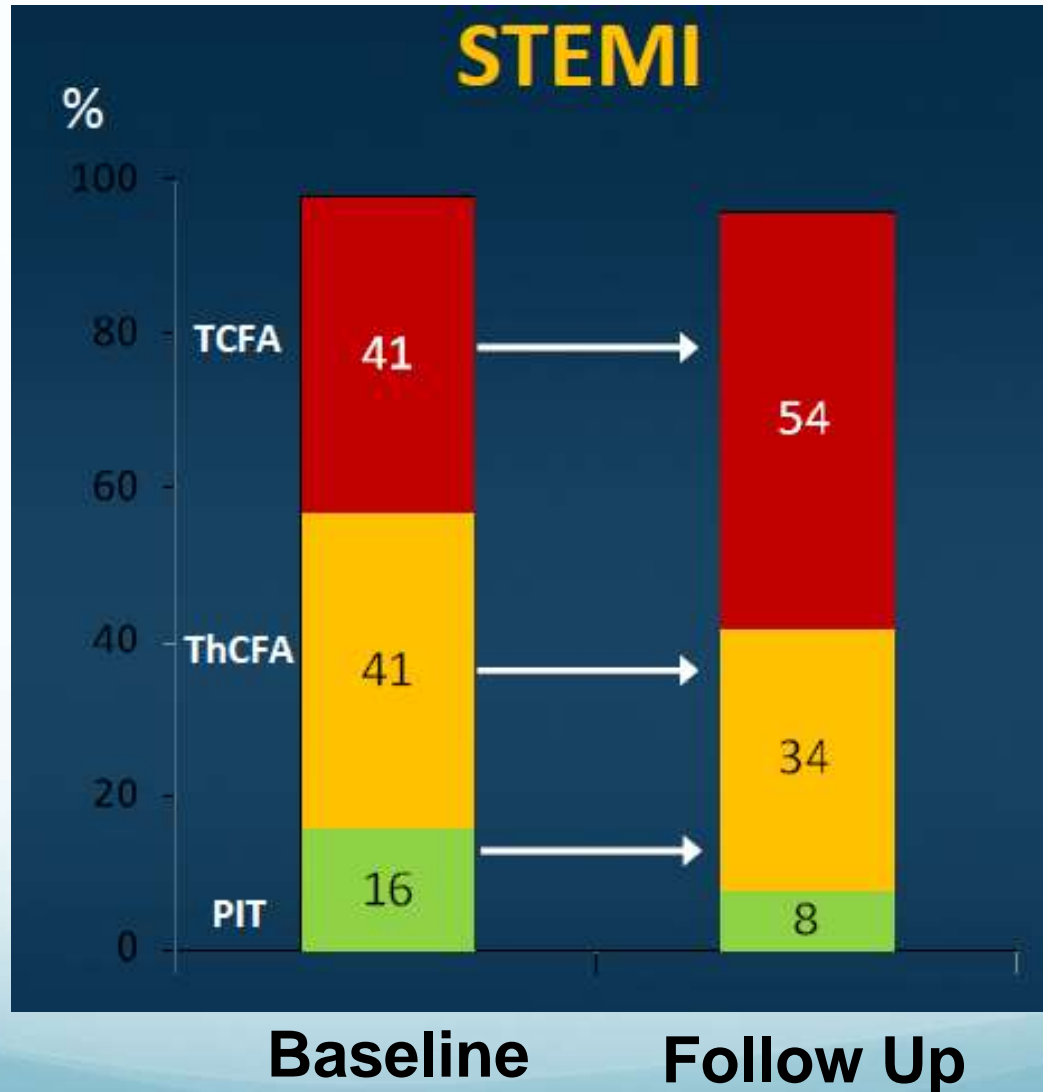
Patient Population

465 pts at 5 UK sites with MVD; after successful primary PCI randomized to NCL
PCI of 50–99% stenoses vs. conservative care





Natural History of Non Culprit Lesion Morphology in STEMI



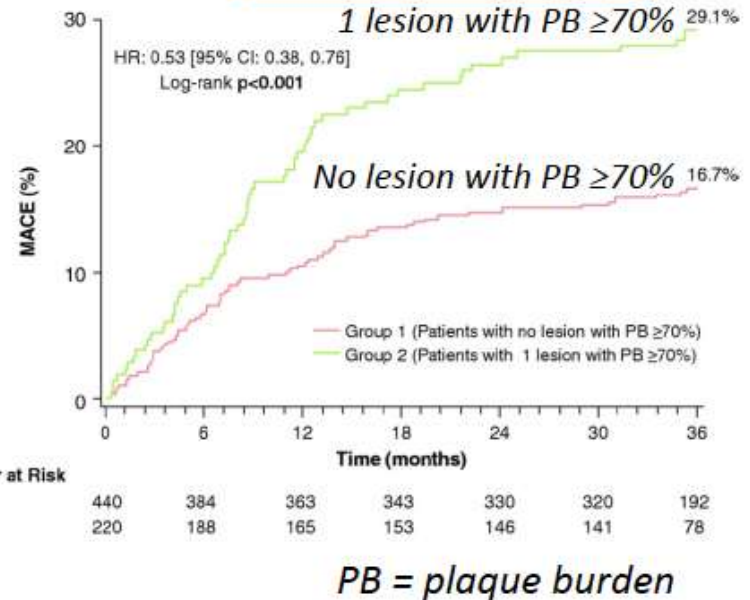
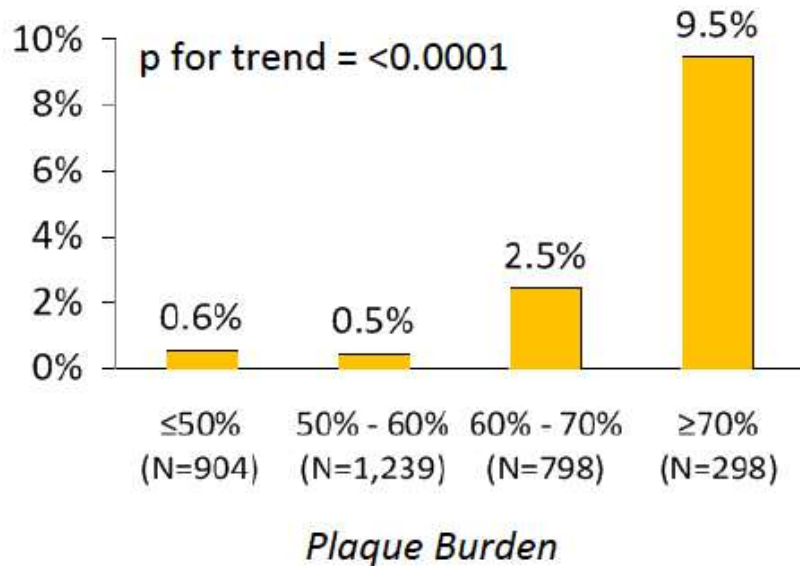
Impact of Lesion Severity on Long-Term Outcome in ACS

PROSPECT Study

Median 3.4 years follow-up

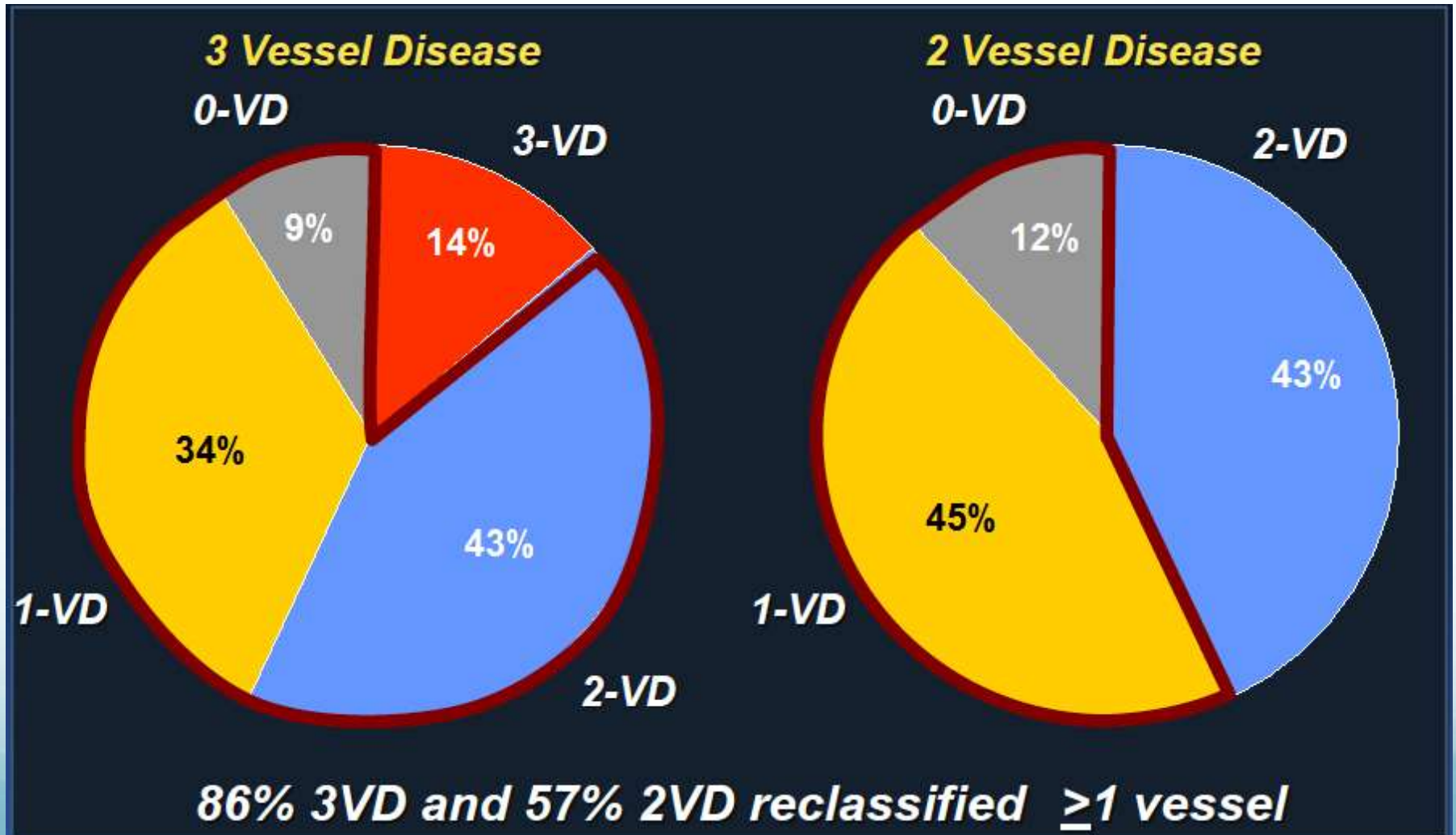
***MACE per lesion**

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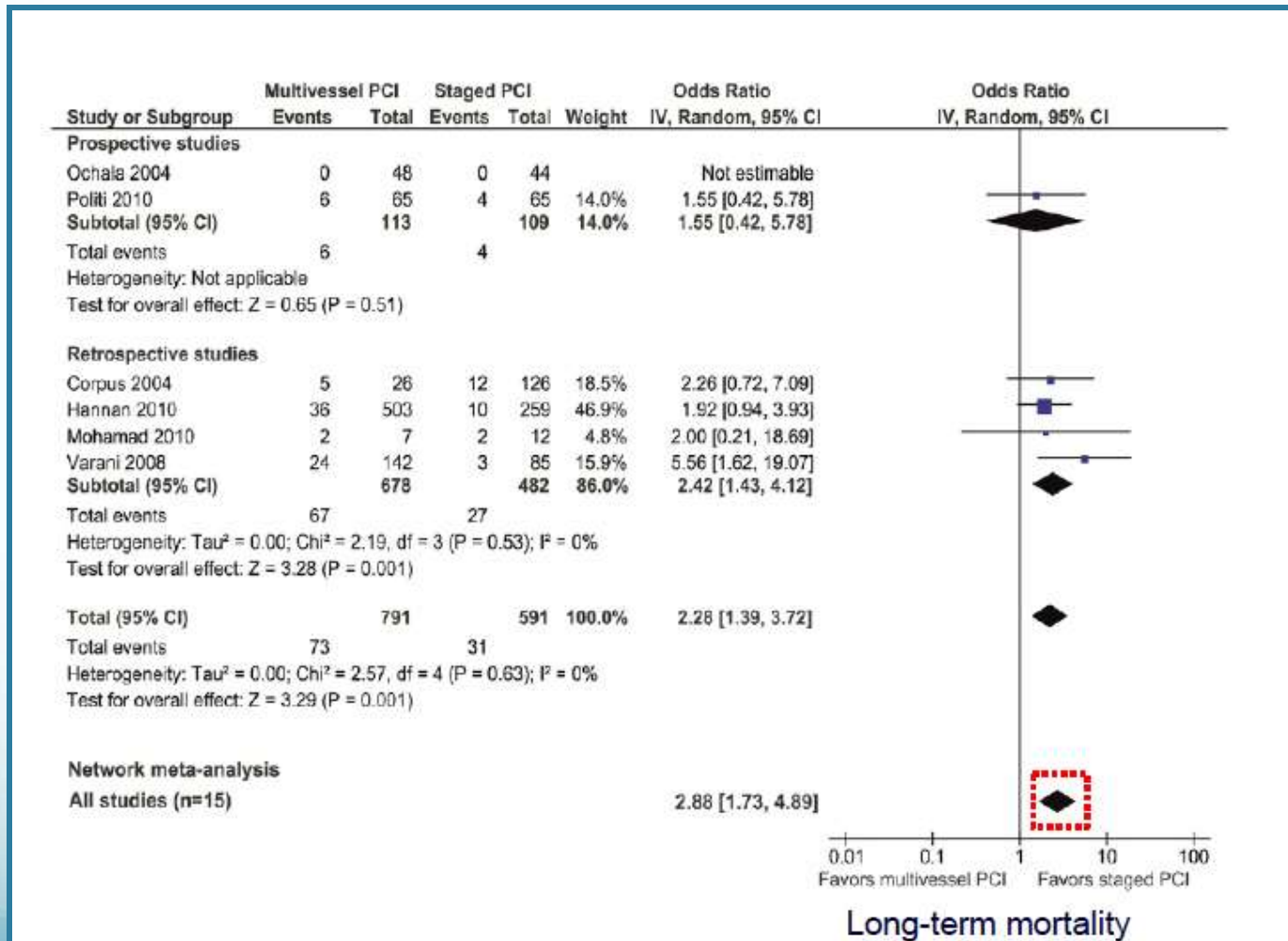


*MACE = Cardiac death, cardiac arrest, MI or unstable or progressive angina requiring rehospitalization.

FAME: FFR & Defining MVD



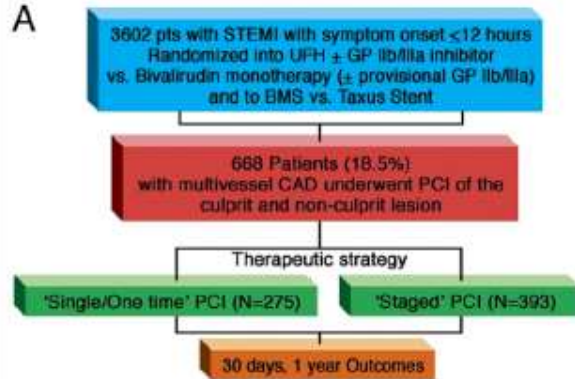
Immediate vs. Staged Multivessel PCI in Patients with STEMI



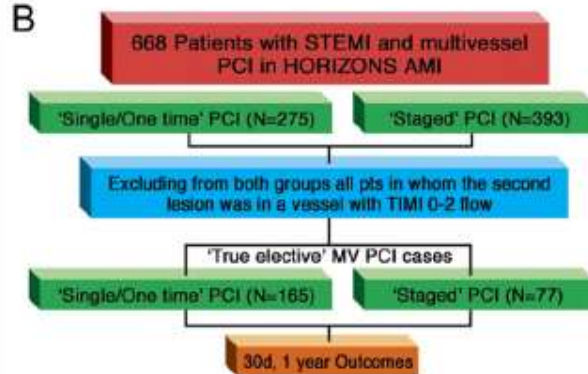
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HORIZONS AMI Trial

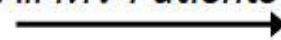
A



B

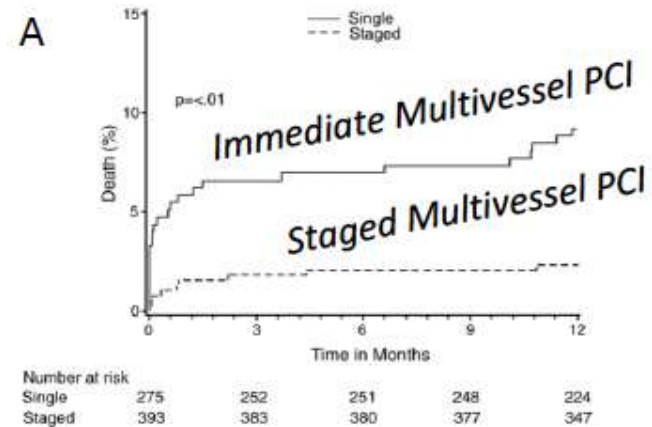


All MV Patients

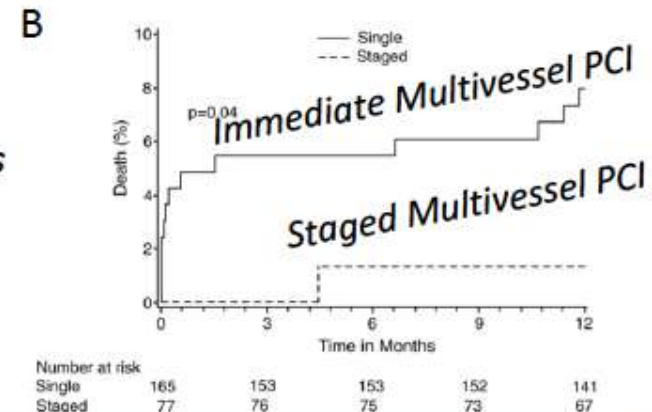


One-year Mortality

A



B



«True elective» Pts



Conclusions

- In patients with STEMI and MVD, the currently available evidence supports staged, not immediate, complete revascularization.
- Immediate complete revascularization should be considered in:
 - Patients with cardiogenic shock or severely reduced LVEF without shock
 - When the non culprit stenoses have high risk of causing an MI within 30 days!