TCTAP 2016 April 26<sup>th</sup> – April 29<sup>rd</sup>, 2016 Complex PCI I Left Main, Bifurcation, and Multivessel PCI

### **FFR-guided Bifurcation Treatment**

: Treat-or-Not Treat and Bifurcation Techniques

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### Which is the most useful for this side branch?



Jailed diagonal branch after LAD stenting

- 1. Angiography
- 2. IVUS
- 3. OCT

### 4. FFR

Answer) 1. Angiography



## Angiographic evaluation for side branch



The 1<sup>st</sup> step should be the assessment of myocardial territory supplied by the branch. Only the branch that supplies large amount of myocardium deserves any further assessment and intervention.

# FFR in bifurcation lesions

### Pre-intervention: Treat-or-Not Treat?

After main branch stent implantation

During and After side branch intervention



### Why "FFR" for bifurcation lesions?

#### **Pitfalls of anatomical evaluation**

- Angiography
  - Single directional assessment
  - Variability in stenosis assessment
  - No validated criteria for intervention
  - Not physiologic

#### IVUS/OCT

- Difficult to perform in tight stenosis
- No validated criteria for intervention
- Not physiologic

#### Uniqueness of side branch lesions

- Various size, various amount of myocardium
- Side branch stenosis is unique and complex
  - Underlying plaque → Eccentric
  - Remodeling → Negative remodeling
  - Complex mechanisms of side branch jailing

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

Koo BK & de Bruyne B, Eurointervention 2010





### **Bifurcation lesion?**



- Treat-or-Not Treat?
- How to Treat?



### **Role of IVUS? OCT?**





### Why FFR?

#### Diagnostic accuracy of anatomic parameters in pure SB ostial lesions



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

### **Prediction of jailed SB FFR?**



Pre-intervention side branch FFR is not that helpful to predict jailed side branch FFR.



# FFR in bifurcation lesions

### Pre-intervention



After main branch stent implantation

### During and After side branch intervention



### Treat-or-Not Treat?







### Side branch angioplasty ?

### Different criteria from different studies.....



### **FFR-guided concept for Side branch**

Journal of the American College of Cardiology © 2005 by the American College of Cardiology Foundation Published by Elsevier Inc. Vol. 46, No. 4, 2005 ISSN 0735-1097/05/\$30.00 doi:10.1016/j.jacc.2005.04.054



#### In Jailed side branch lesions, Angiographic severity ≠ Presence of ischemia



Jailed Diagonal branch FFR 0.81

No perfusion defect



#### Anatomical severity **\u0357** Functional significance

FFR vs. % diameter stenosis in Jailed side branches



Bellenger, et al. Heart 2007

# FFR in bifurcation lesions

Pre-intervention



After main branch stent implantation

### During and After side branch intervention



### Angiographic vs. FFR changes during PCI



(61 0.77 21.00

After MB stenting



After kissing balloon

#### SB stent implantation?



### Side branch stenting ?

#### Different criteria from different studies.....



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### Angiographic vs. FFR changes during PCI











#### **Functional outcome of Jailed side branches**





### **Functional outcome of Jailed side branches**



Lee JM..... Koo BK, Eurointervention 2015

ו 2011 ו

![](_page_20_Picture_4.jpeg)

### FFR after complex Left main stenting

![](_page_21_Picture_1.jpeg)

# Functionally complete revascularization

![](_page_21_Figure_3.jpeg)

![](_page_21_Figure_4.jpeg)

![](_page_21_Figure_5.jpeg)

### FFR-guided vs. Angio-guided SB intervention

### Nine months clinical outcomes

	FFR-guided group	Angio-guided group	Ρ
	N=108*	N=108**	
Side branch PCI	30%	45%	0.02
TVR	5 (4.6%)	4 (3.7%)	0.7
MI	0	0	1
Cardiac death	0	0	1

\* 1 non-cardiac death, 1 follow-up loss, \*\* 2 follow-up loss

### More intervention, More clinical event

![](_page_23_Figure_1.jpeg)

#### SMART STRATEGY

![](_page_23_Figure_3.jpeg)

#### Target vessel failure at 3 years

![](_page_23_Figure_5.jpeg)

Gwon HC, et al. JACC interv 2016

#### Chen SL, et al. JACC interv 2015

## **FFR in Bifurcation lesion**

- Bifurcation lesion is unique and different from the other stenoses.
- Anatomical evaluations (QCA, IVUS, OCT.....) have pitfalls in the evaluation of bifurcation lesions and cannot tell the functional significance.
- FFR is useful in bifurcation lesions from the beginning till the end of bifurcation PCI and its use can reduce unnecessary complex interventions and their complications.