

Fate of Deferred Lesion

Insight from IRIS FFR Registry

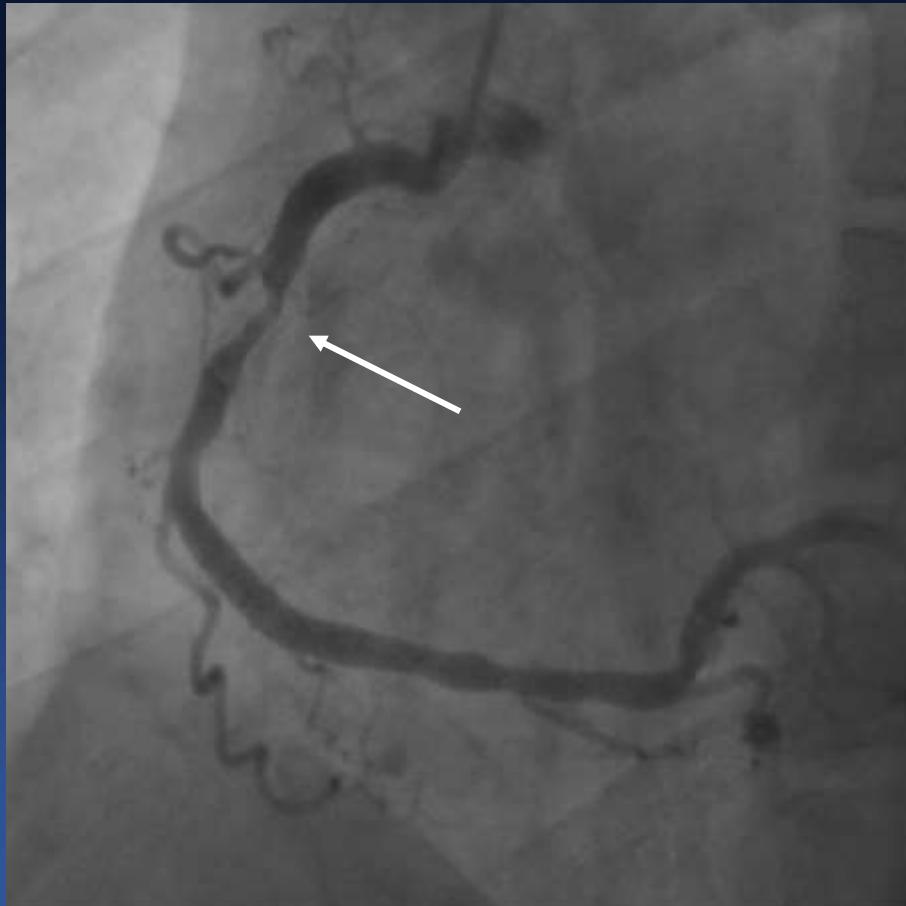
Seung-Jung Park, MD, PhD

Professor of Medicine, University of Ulsan College of Medicine,
Heart Institute, Asan Medical Center, Seoul, Korea

M/72,

Recent developed Effort chest pain, Hyperlipidemia, Smoker

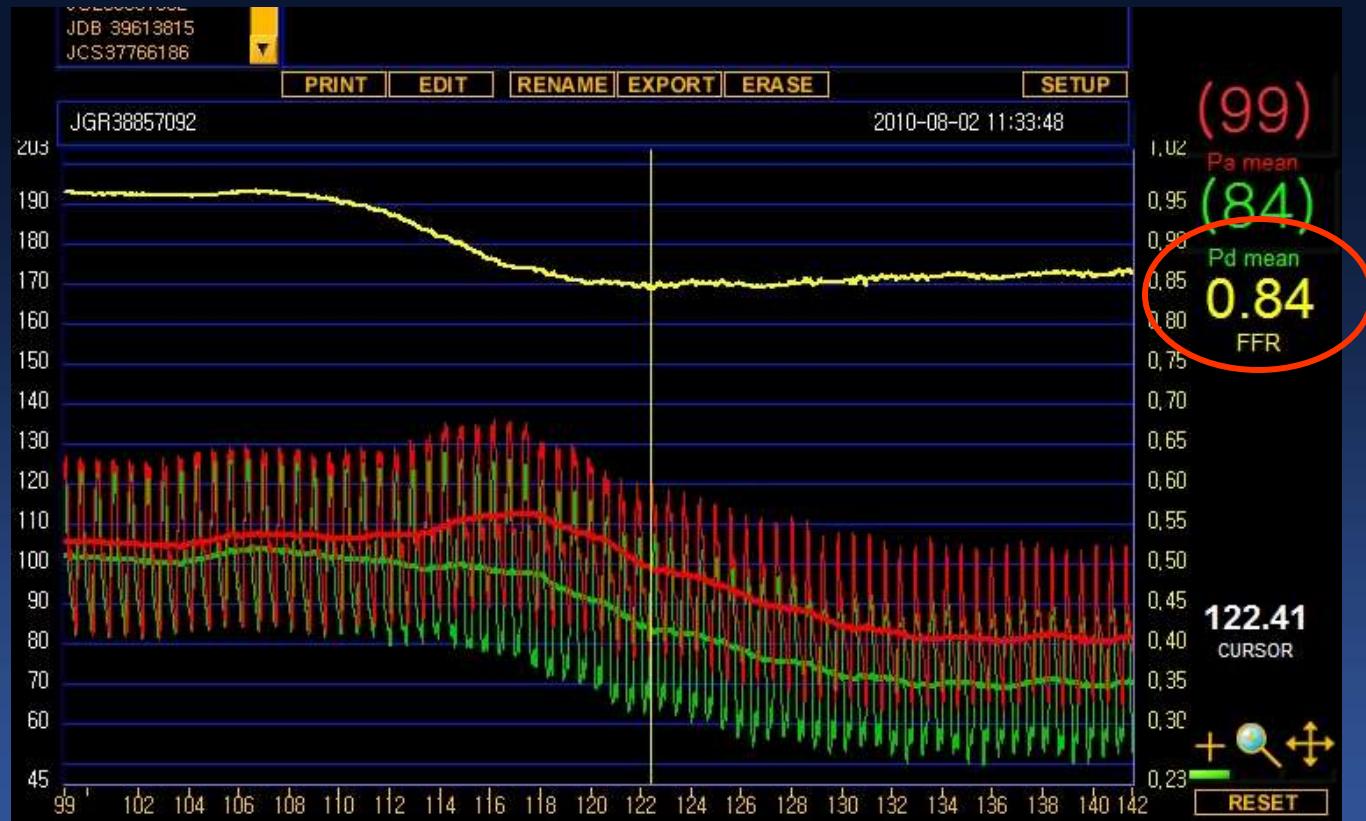
We took a coronary angiogram first,



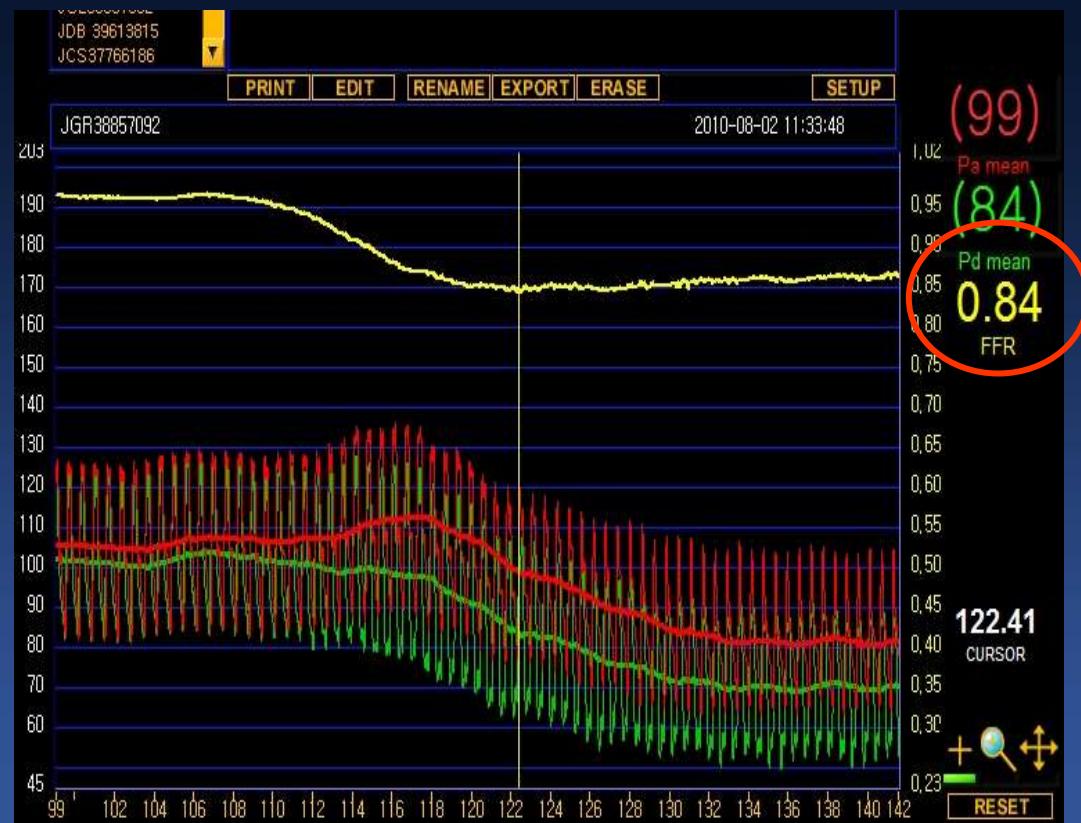
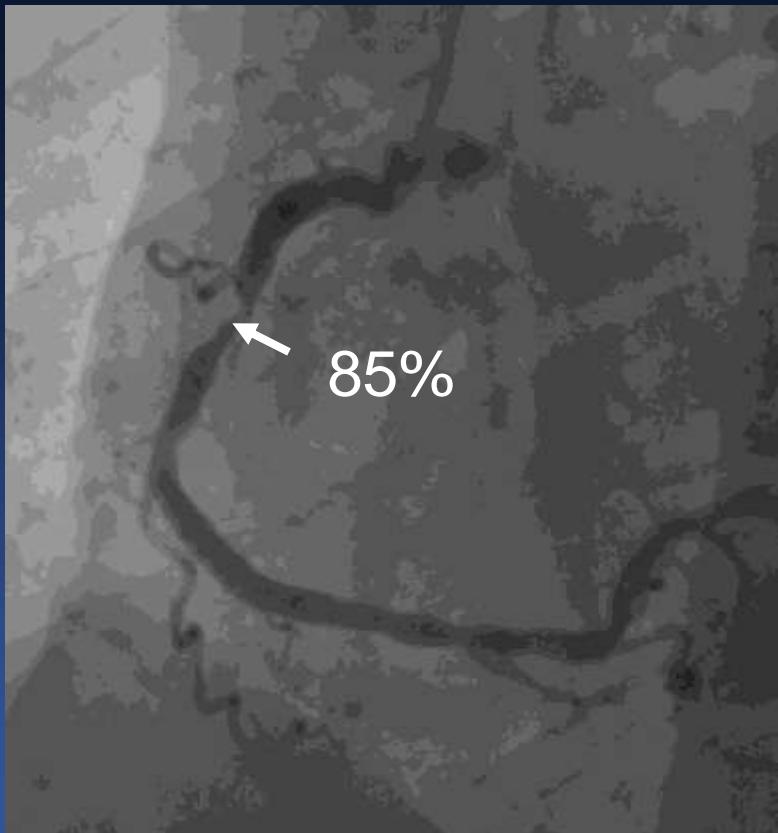
**Visual
Estimation
85%**

FFR

Intravenous adenosine, 160 µg/kg/min

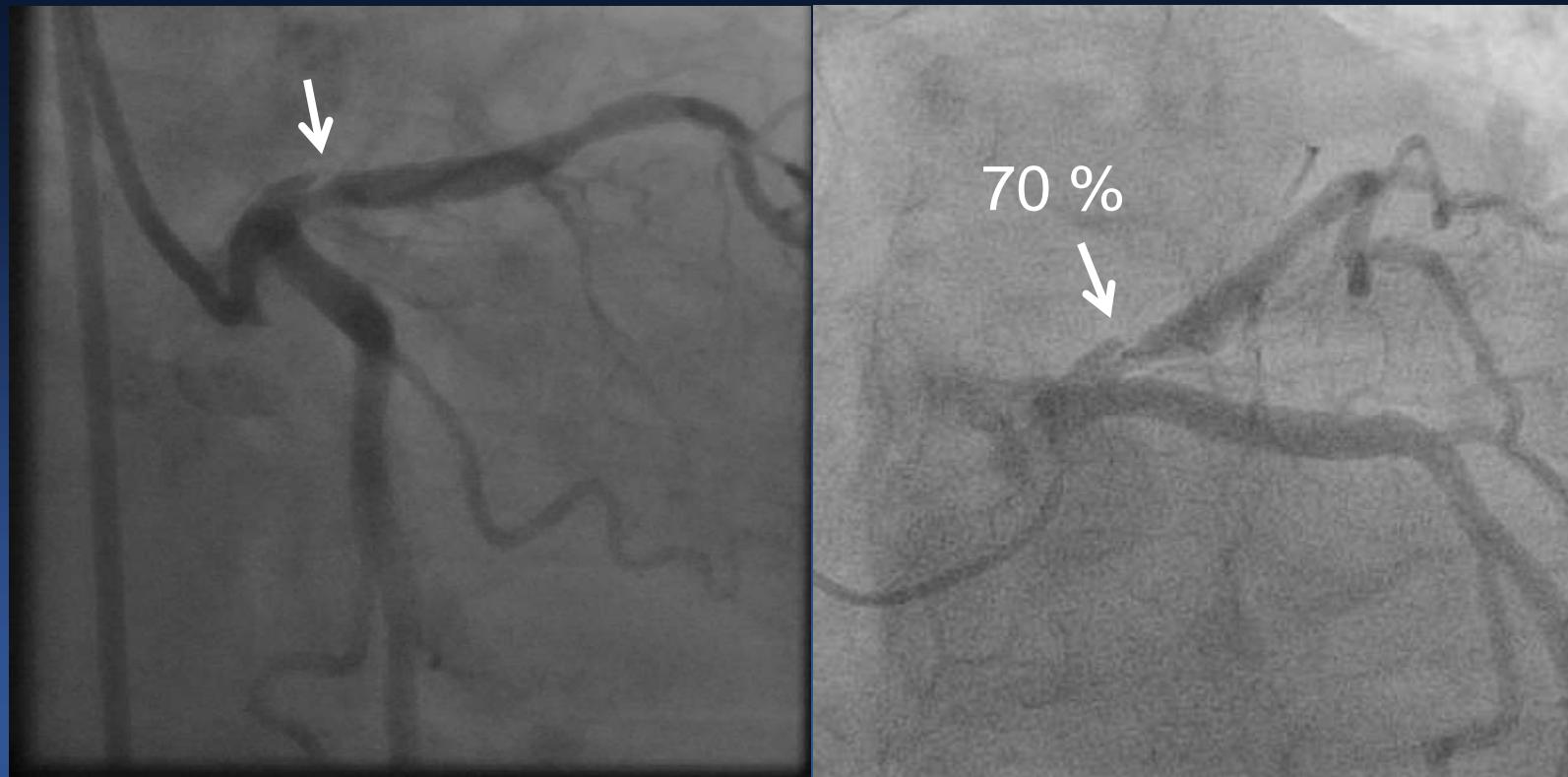


Tight Stenosis and Negative FFR, *Defer!*



**M/74,
Asymptomatic Plaque Rupture**

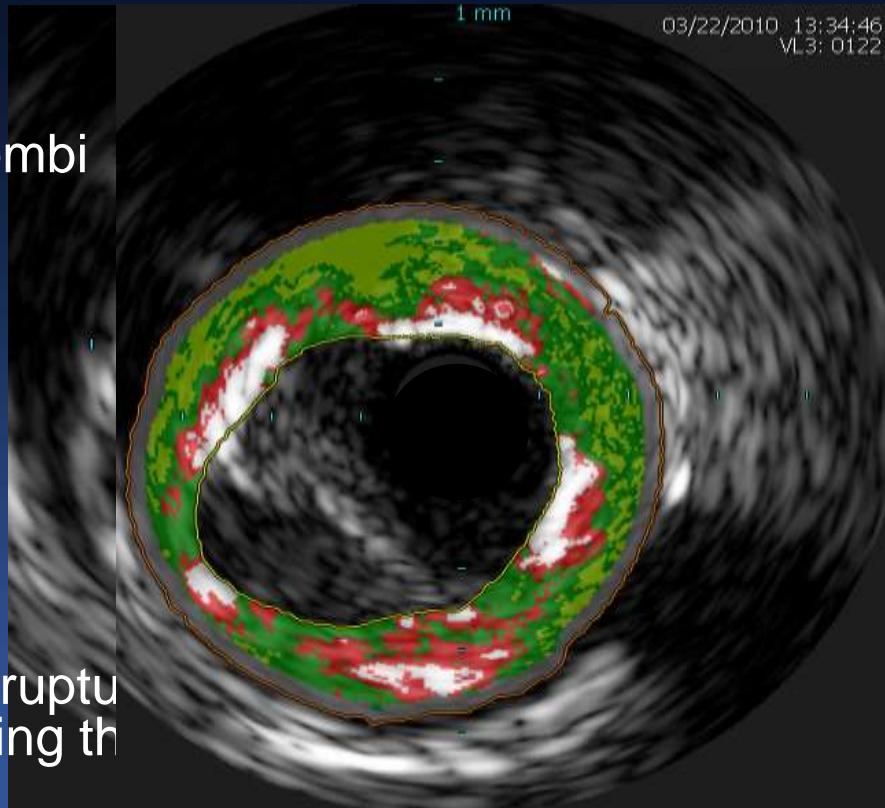
Proximal LAD Stenosis on Coronary CT,
Hypertension, DM, Hyperlipidemia, Ex-smoker



IVUS, VH-IVUS

LAD, Culprit

Thrombi



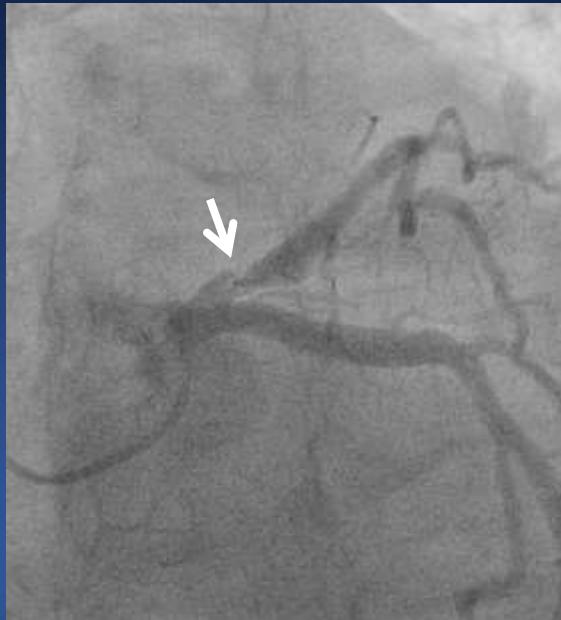
Plaque ruptu
organizing th

PB: 71.3%
FI : 41.4%
FF: 20.0%
NC: 23.0%
DC: 15.6%

Vulnerable Plaque !

Vulnerable Plaque and Negative FFR, *Defer!*

Ruptured
Vulnerable Plaque

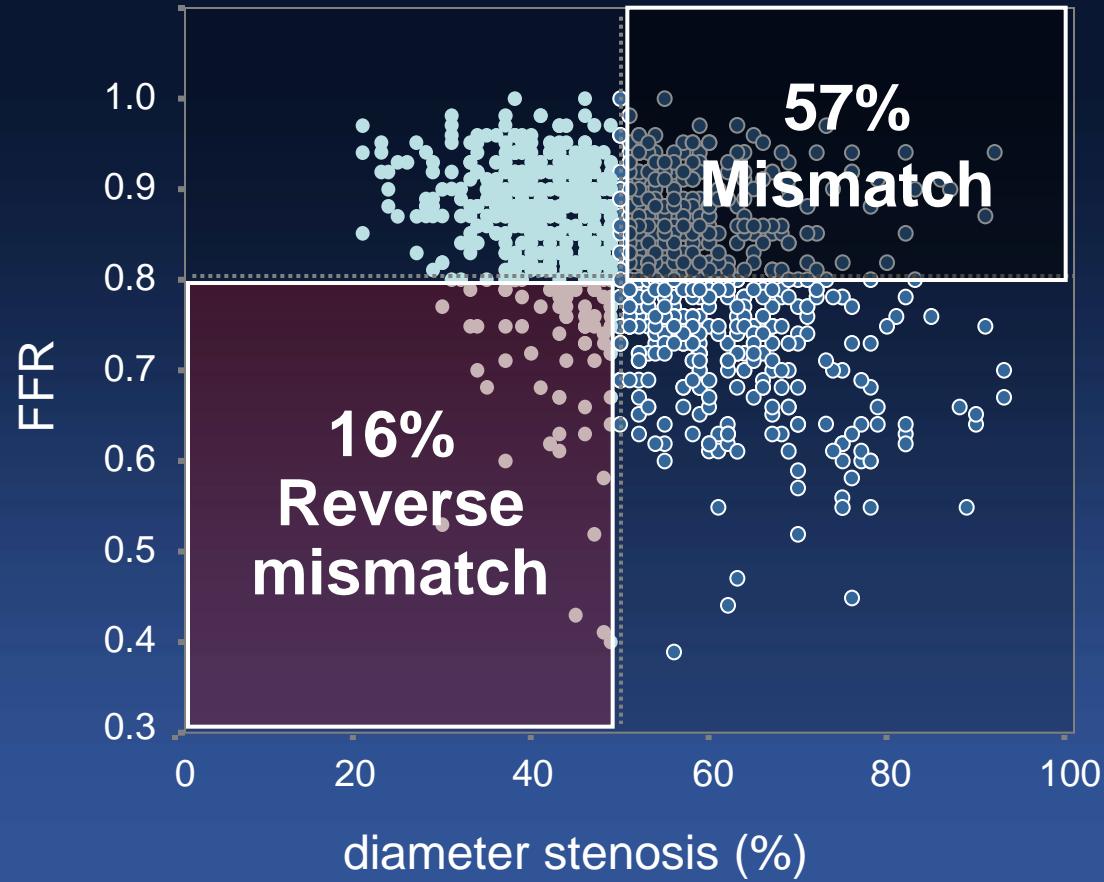


Negative FFR
0.89



1066 Non-LM lesions, AMC data

Insignificant
stenosis,
Positive FFR



Is Deferral *Safe* ?

For Visually Tight Stenosis and
Vulnerable Plaque.

Normal, Non-Invasive Stress Testing

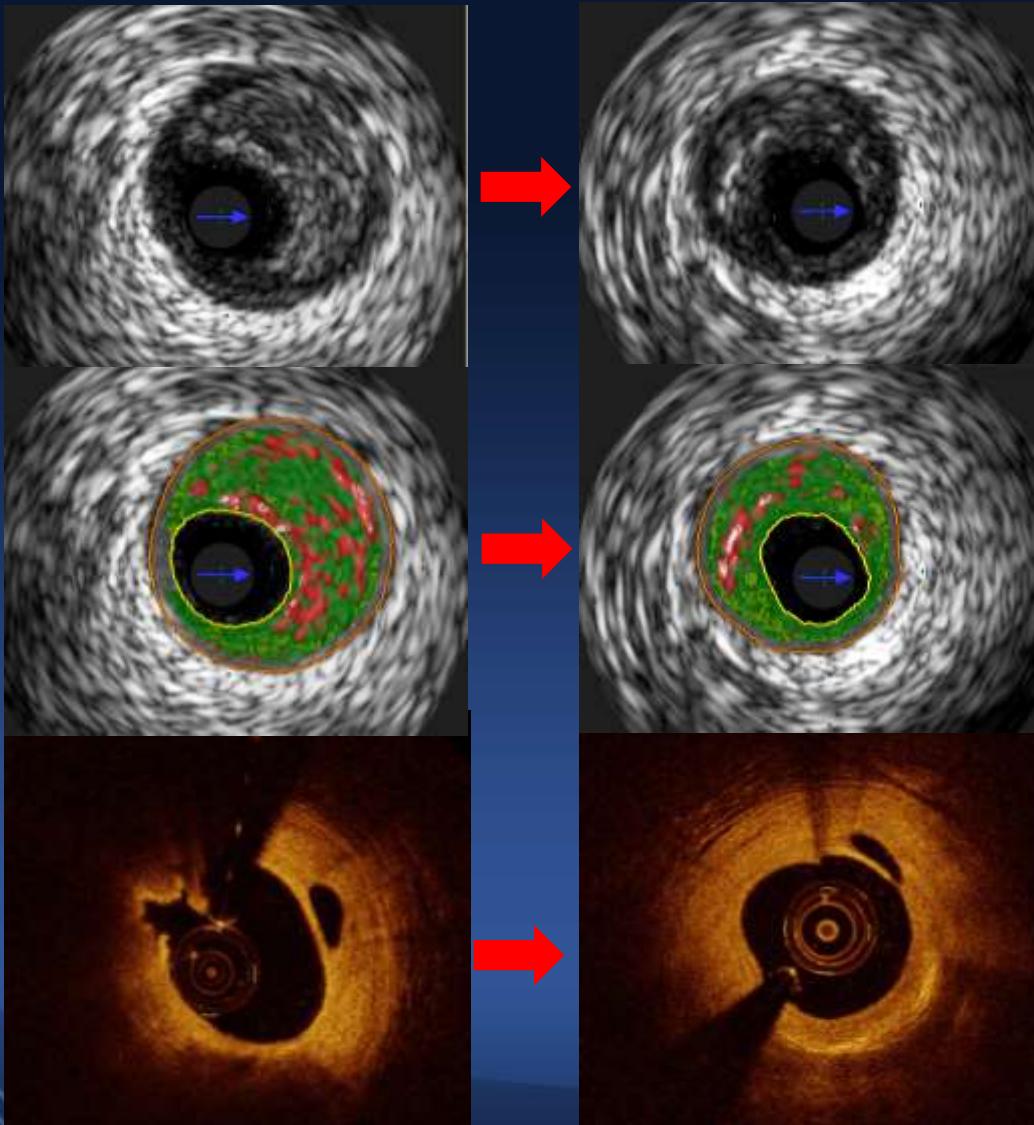
Whatever Angiographic Stenosis Is,

Death/MI

Imaging Modality	n	NPV(%)	Event Rate (%)
MPI	8,008	98.8	0.45
Thallium	868	96.9	0.70
Sestamibi	1,802	98.7	0.34
Thallium/Sestamibi	4,938	99.2	0.45
Tetrofosmin	400	98.5	0.42
Echo	3,021	98.4	0.54

Shaw LJ, J Nucl Cardiol 2004;11:171-85 ,
Prognostic value of gated myocardial perfusion SPECT.
Very large meta-analysis. (n=39,173 patients)
Metz MD et al JACC 2007;49:227

Statin Therapy Can Make Plaque Regression and Stabilization



	Baseline	1 year
Lumen, mm ²	4.4	3.7
EEM, mm ²	19.0	14.0
Plaque, mm ²	14.6	10.3
VH-%NC	30%	15%
VH-TCFA	+	-
OCT-TCFA	+	-

STABLE Study (*S*tatin and *A*theroma *V*ulnera*B*i*L*ity *E*valuation) Double-blinded,
Randomized Trial, 2015 New Data

Death and MI */yr*

Negative FFR (>0.80 or 0.75) or Negative Non-Invasive Stress Tests: (NUCLEAR studies, DEFER, FAME)	< 1 %
Stented Segment : (DEFER, FAME, SYNTAX, and registries)	2-3 %
Untreated Positive FFR (<0.75 or 0.80) or Positive Non-invasive Stress Tests: (Registries, ACIP, etc)	5-10 %

Multicenter, Prospective Registry to Evaluate
The Natural History of FFR-Guided Coronary Intervention

IRIS FFR Registry

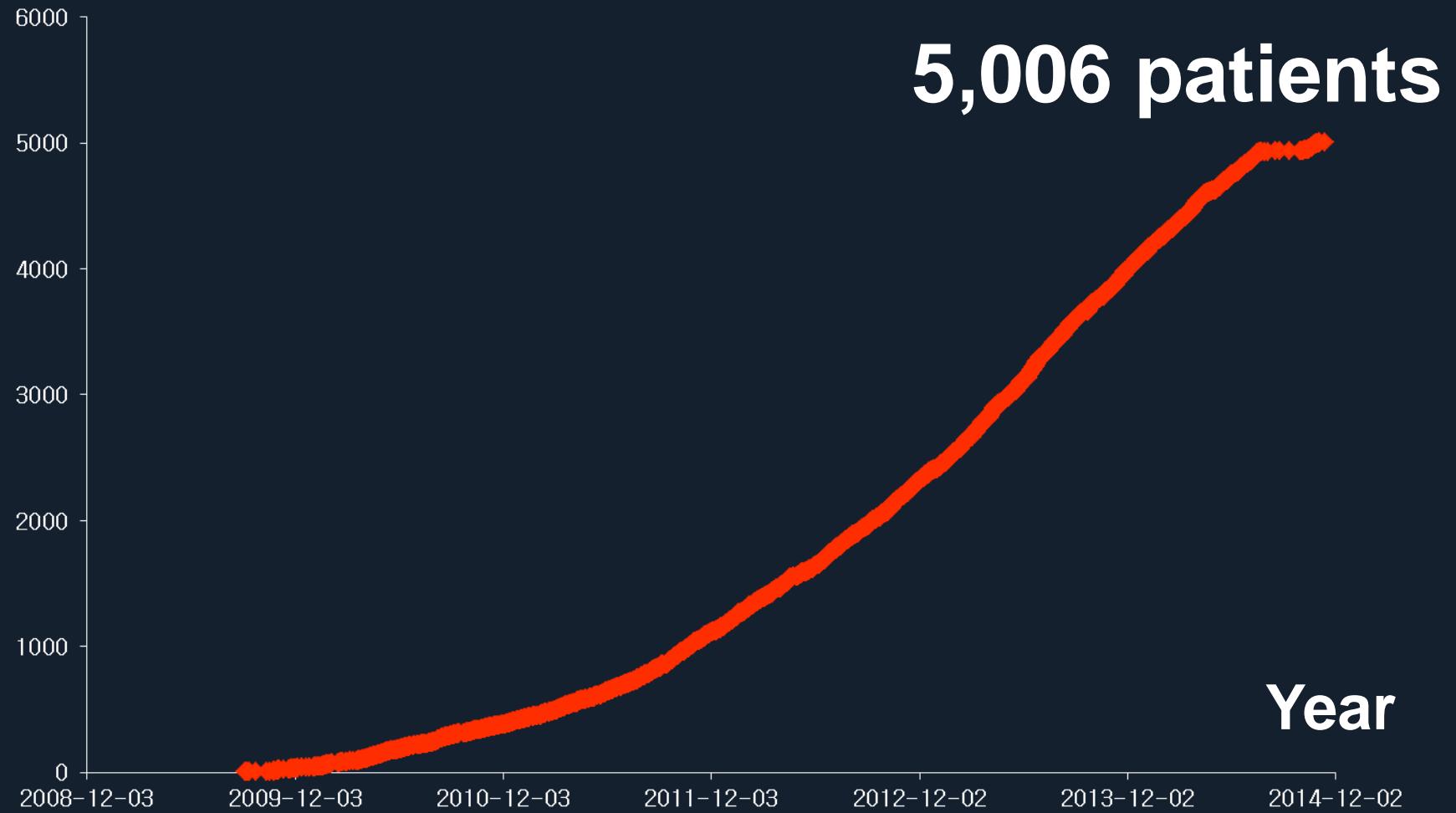
**Patients (N=5,000) with ≥ 1 FFR evaluated Lesions
(DS>30% by visual estimation and FFR>0.80)**

Primary Endpoint : TVF at 2 year
Target vessel related Cardiac Death, MI,
and Clinical driven TVR

* 2-year CAG & Imaging FU will be conducted after Completion of 2-year Clinical FU

Patient Enrollment

Preliminary Analysis on 3639 Patients With at Least 6 Months Follow-Up.

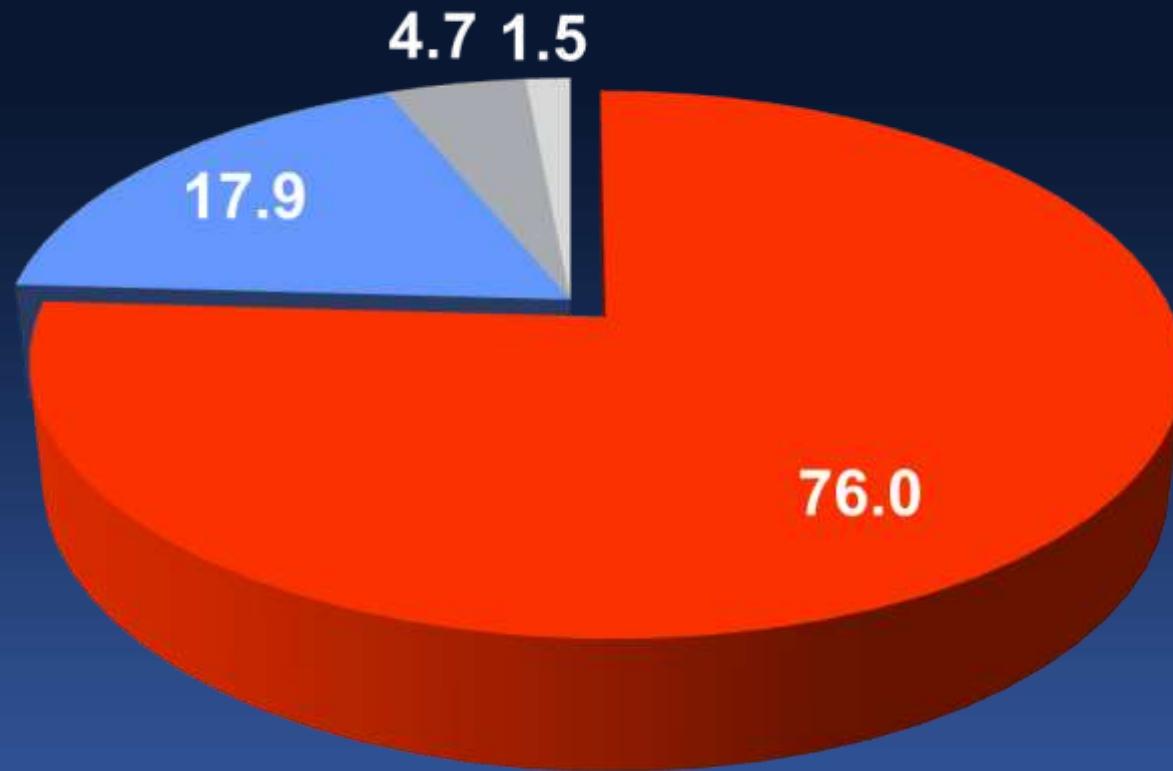


Patient Characteristics

Variables	N=3639
Age	63.9±9.7
Sex (men)	2591 (71%)
Body mass index, kg/m ²	24.8±2.9
Diabetes	1130 (31%)
Hypertension	2300 (63%)
Current smoker	890 (25%)
Hyperlipidemia	1679 (46%)
Previous myocardial infarction	233 (6%)
Previous stroke	212 (6%)
Chronic renal failure	69 (2%)
Chronic lung disease	81 (2%)
Peripheral artery disease	110 (3%)
Family history	38 (1%)

Clinical Presentation

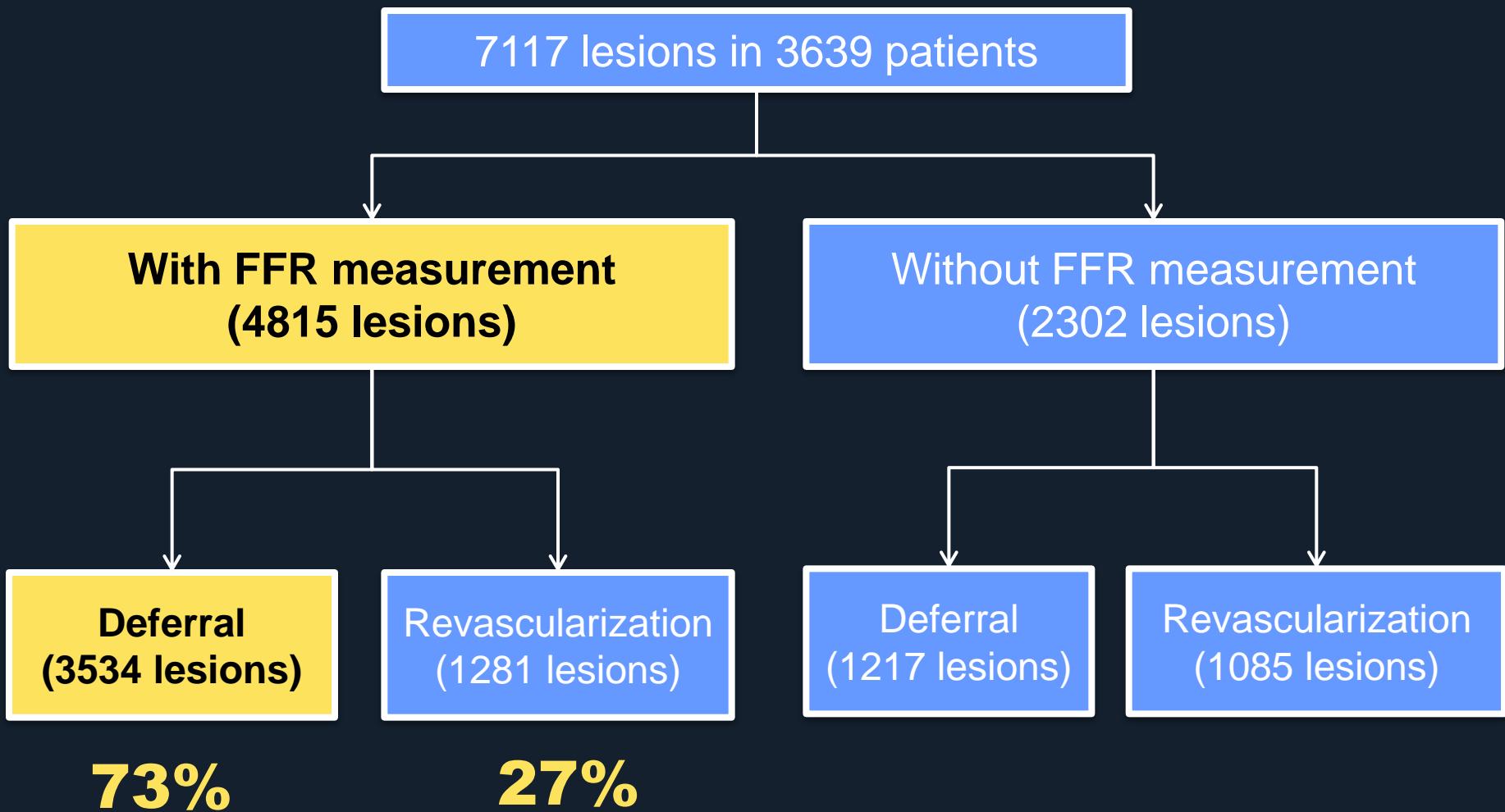
■ sAP or No symptom ■ uAP ■ NSTEMI ■ STEMI



Lesion Characteristics: All lesion

Variables	N=7117
Lesion territory	
Left main	276 (3.9%)
Left anterior descending artery	3154 (44%)
Left circumflex artery	1641 (23%)
Right coronary artery	1989 (28%)
ACC/AHA B2C lesion	4419 (62%)
Long lesion (>20mm)	3120 (44%)
Moderate to severe calcification	285 (4%)
Diameter stenosis	
30-50%	1244 (18%)
50-70%	3176 (45%)
70-99%	2285 (32%)
Total occlusion	353 (5%)

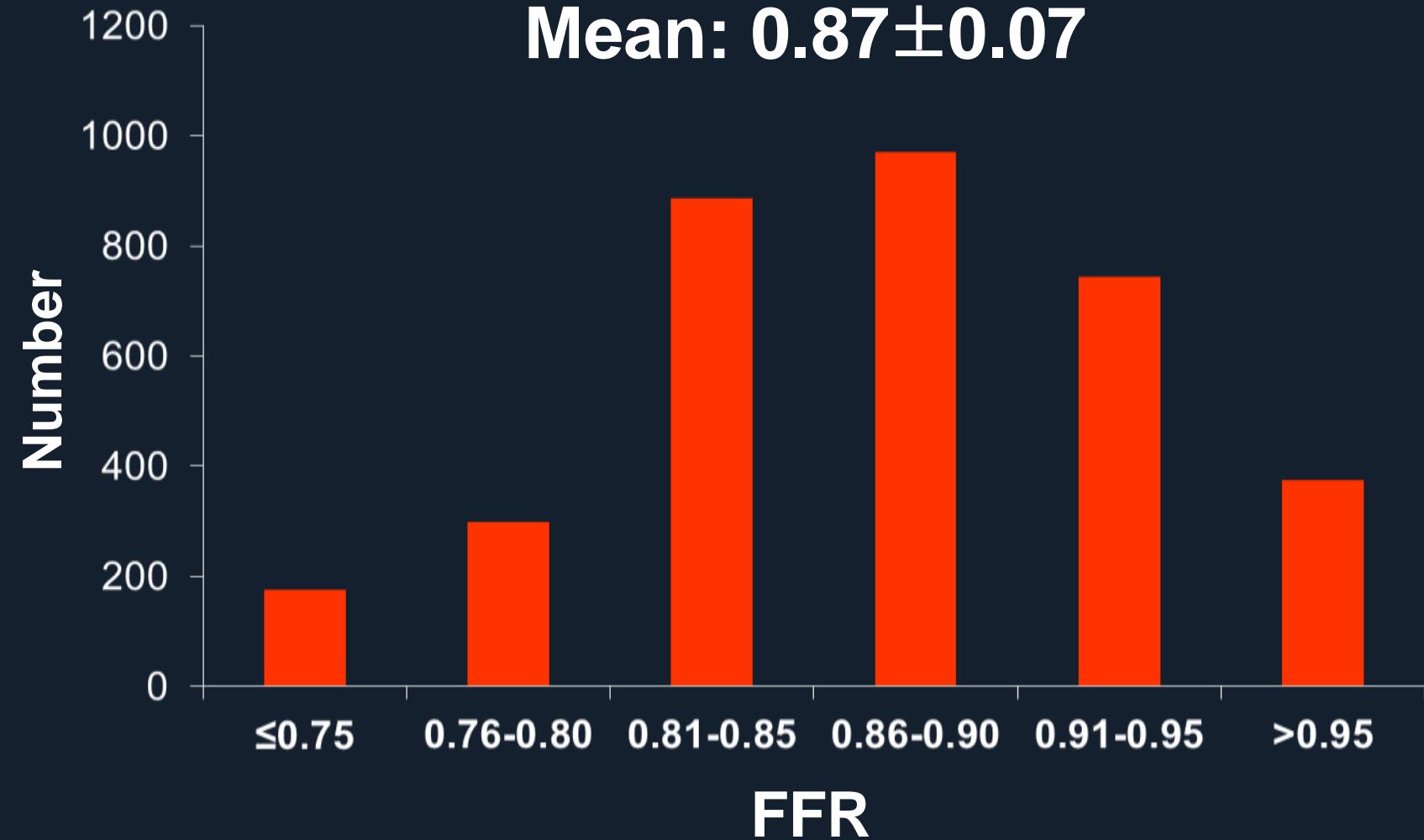
Lesion Treatment



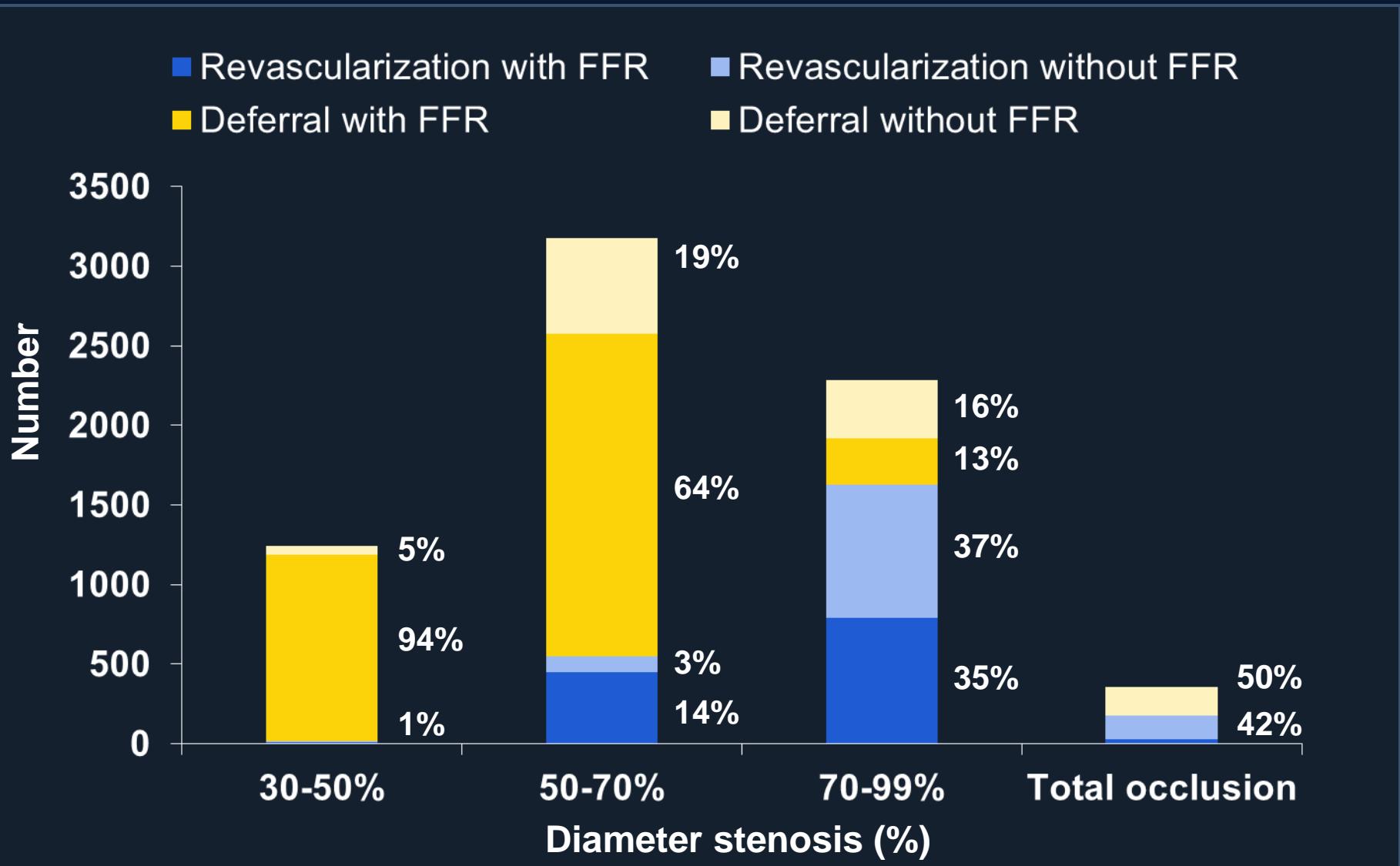
FFR guided DEFERred Lesion

Variables	3534 lesions
Lesion territory	
Left main	84 (2%)
Left anterior descending artery	1768 (50%)
Left circumflex artery	653 (19%)
Right coronary artery	1002 (28%)
Route of adenosine	
Intravenous	3205 (91%)
Intracoronary	311 (9%)
Fractional flow reserve	
Mean	0.87±0.07
<0.75	136 (4%)
0.75-0.80	337 (10%)
>0.80	2975 (84%)

FFR Distribution of Deferred Lesions



Lesion Treatment



Cardiac Death, MI, and Revascularization at 2 Years (2857 patients, 3534 DFERred lesions)



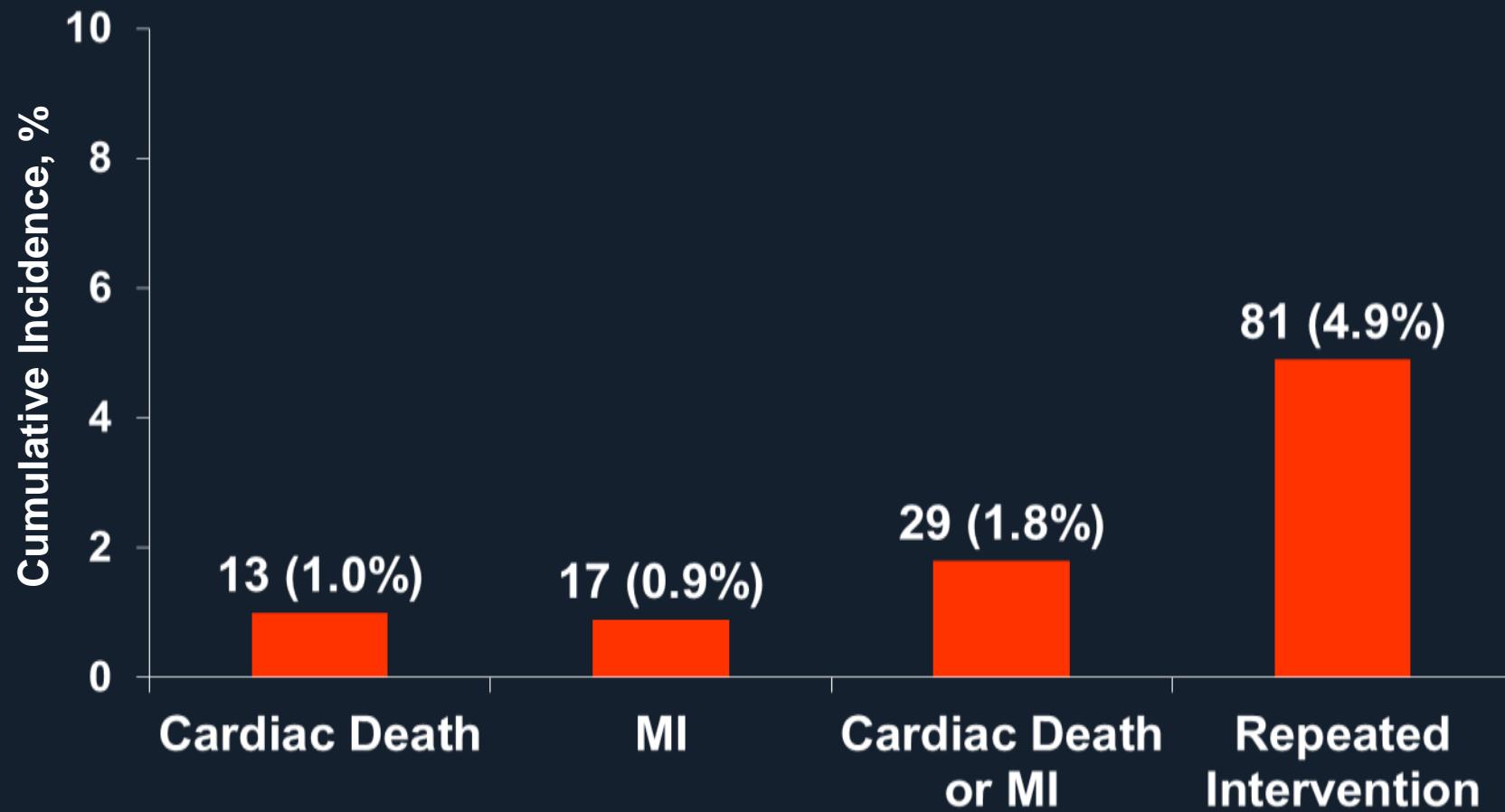
Cardiac Death and MI at 2 Years

(2857 patients, 3534 DFERred lesions)



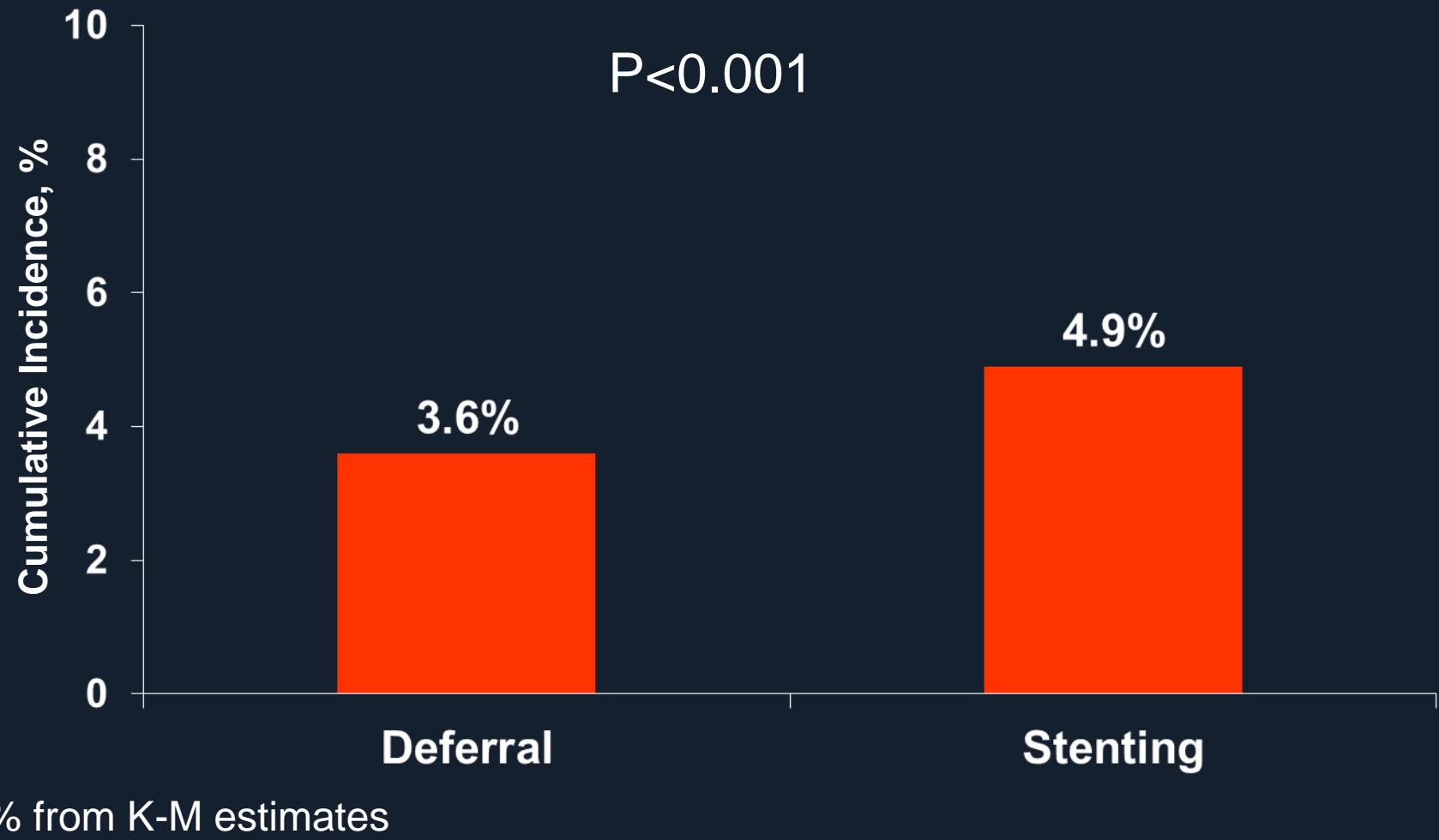
Outcomes at 2 Years

(2857 patients, 3534 DFERred lesions)



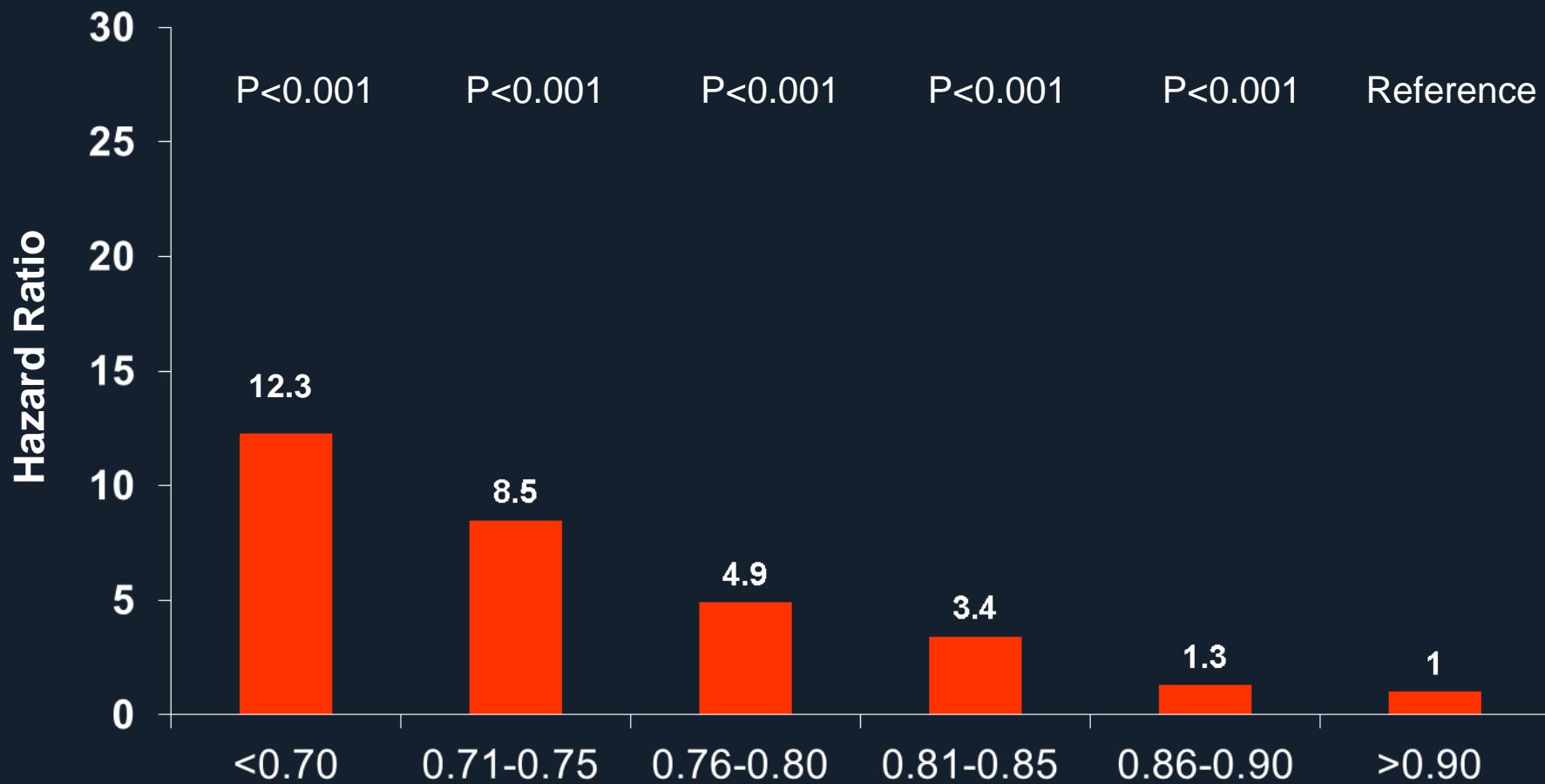
% from K-M estimates

Repeated Intervention at 2 Years (per vessel)

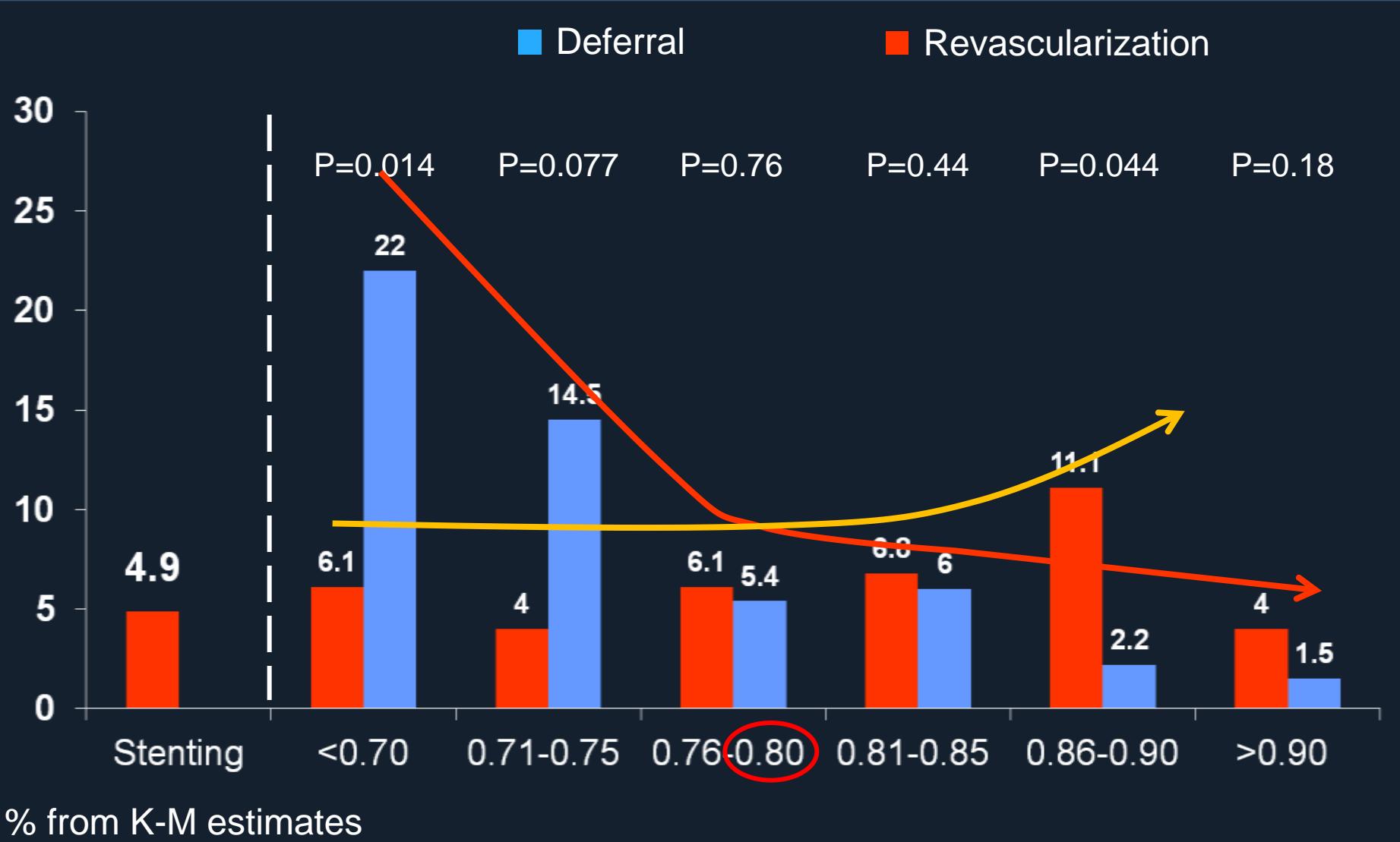


Repeated Intervention at 2 Years (per vessel)

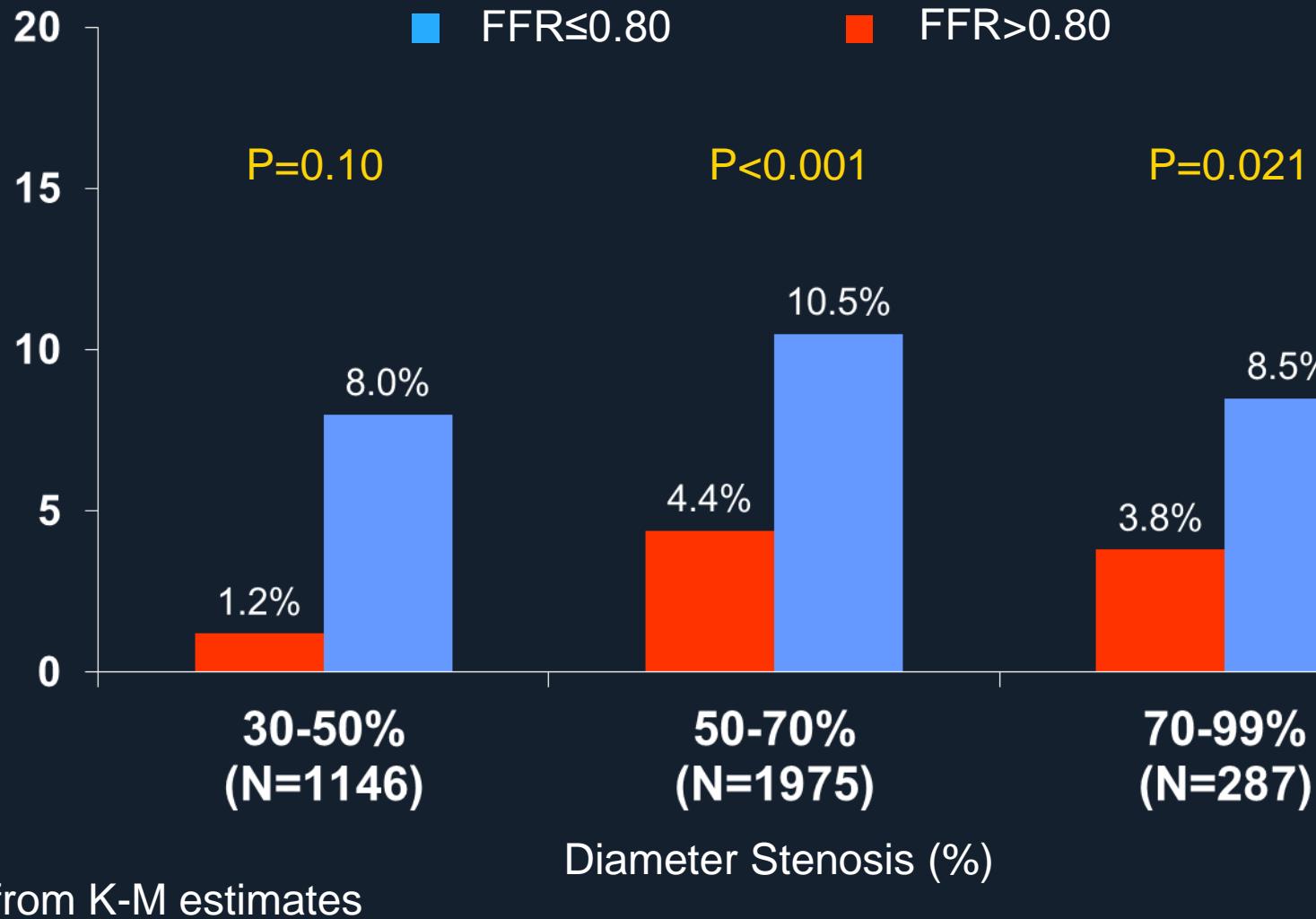
Hazard Ratio



Repeated Intervention at 2 Years (per vessel)



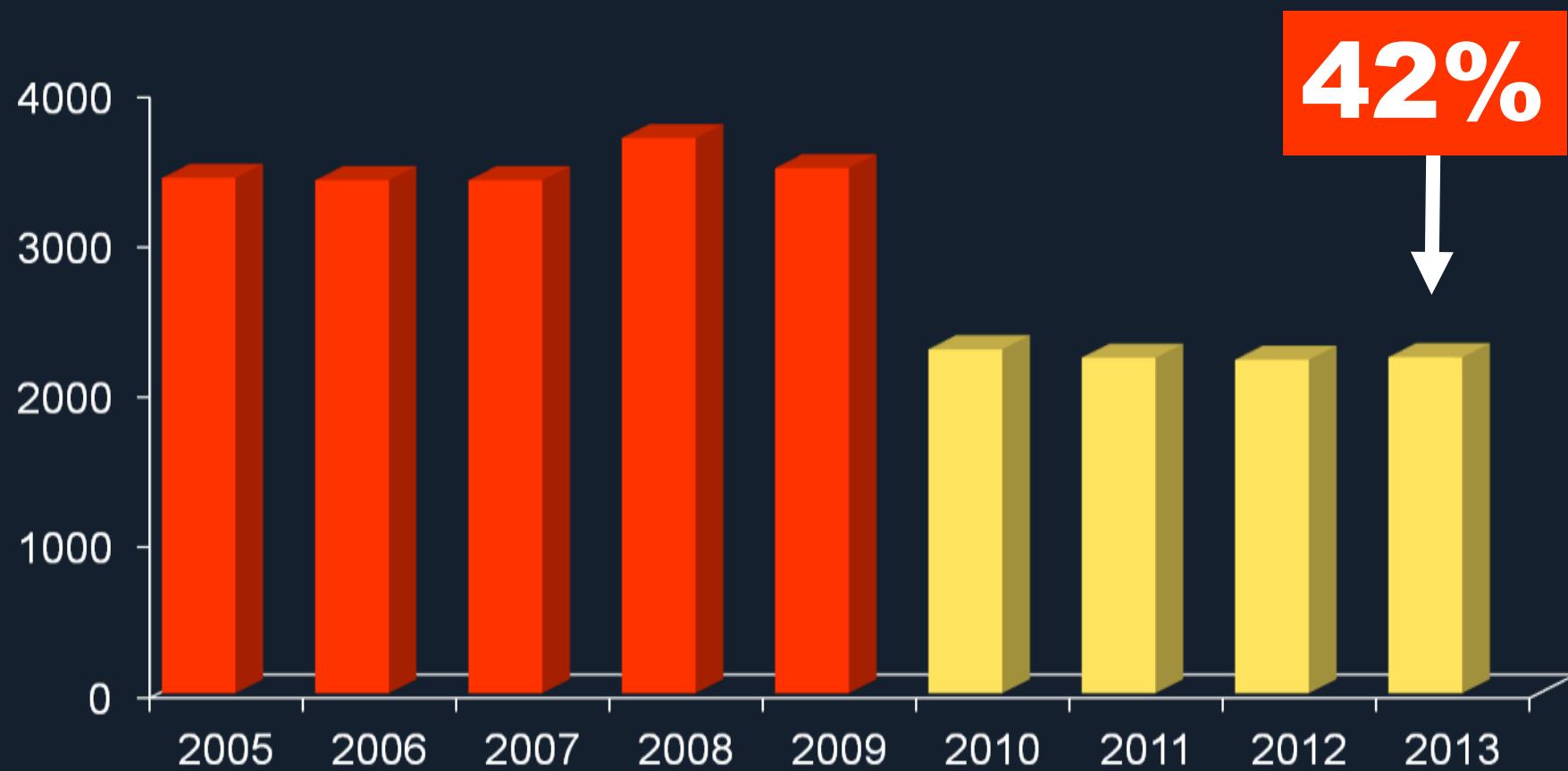
Deferred Lesion Intervention at 2 Years (per vessel)



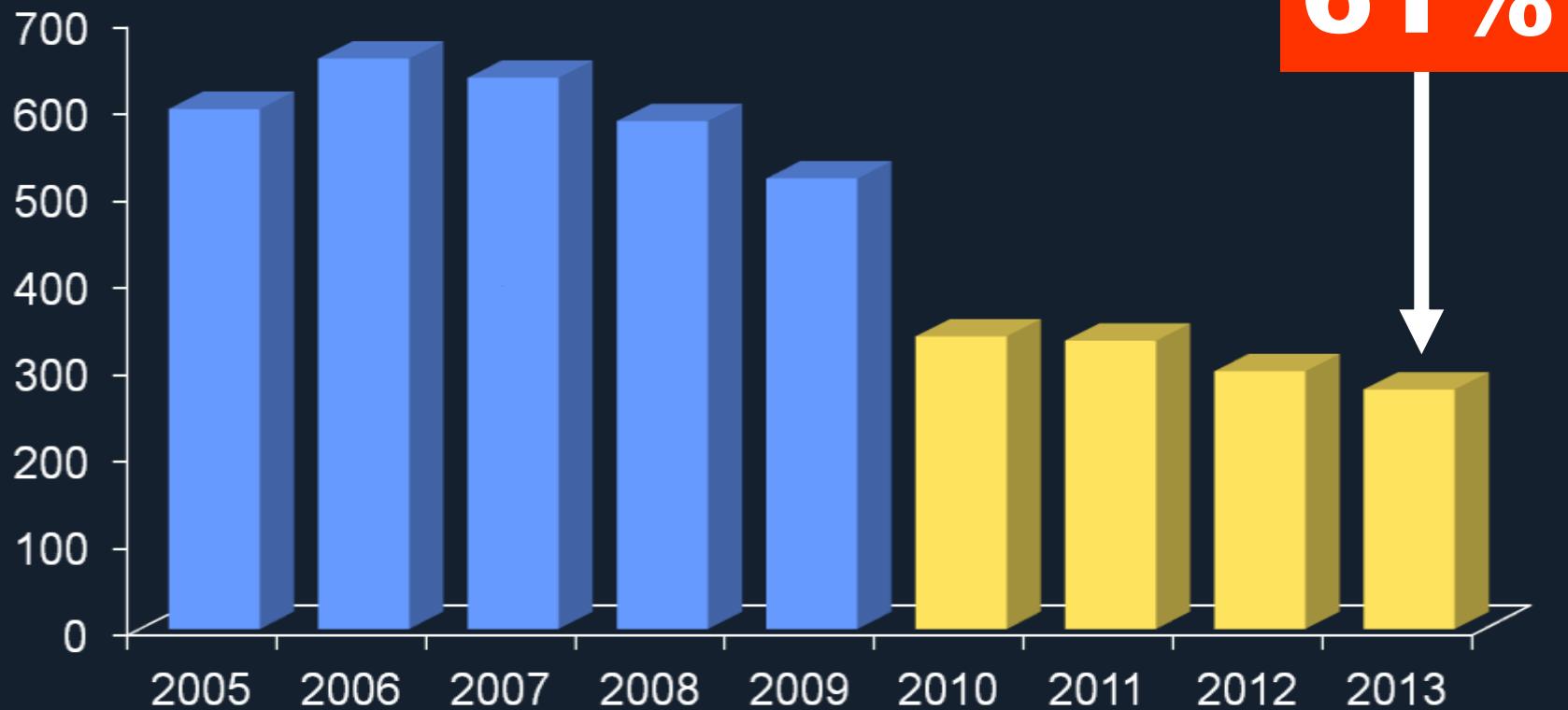
My Thought,

**Any FFR >0.80,
*Just Defer !***

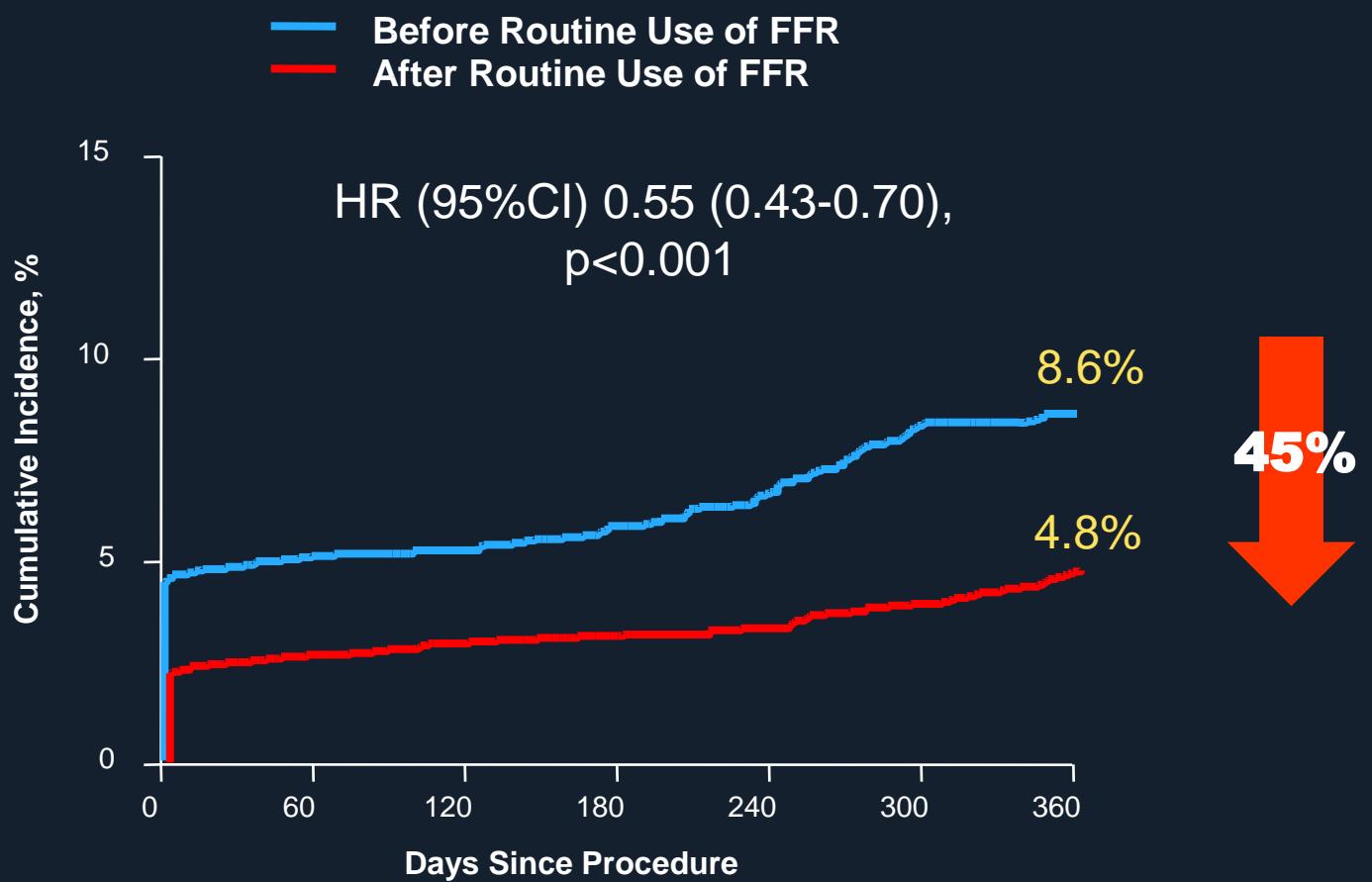
Number of Stent Decreased



Number of CABG Decreased



Improved Outcome of PCI Death, MI, or Repeat Revascularization

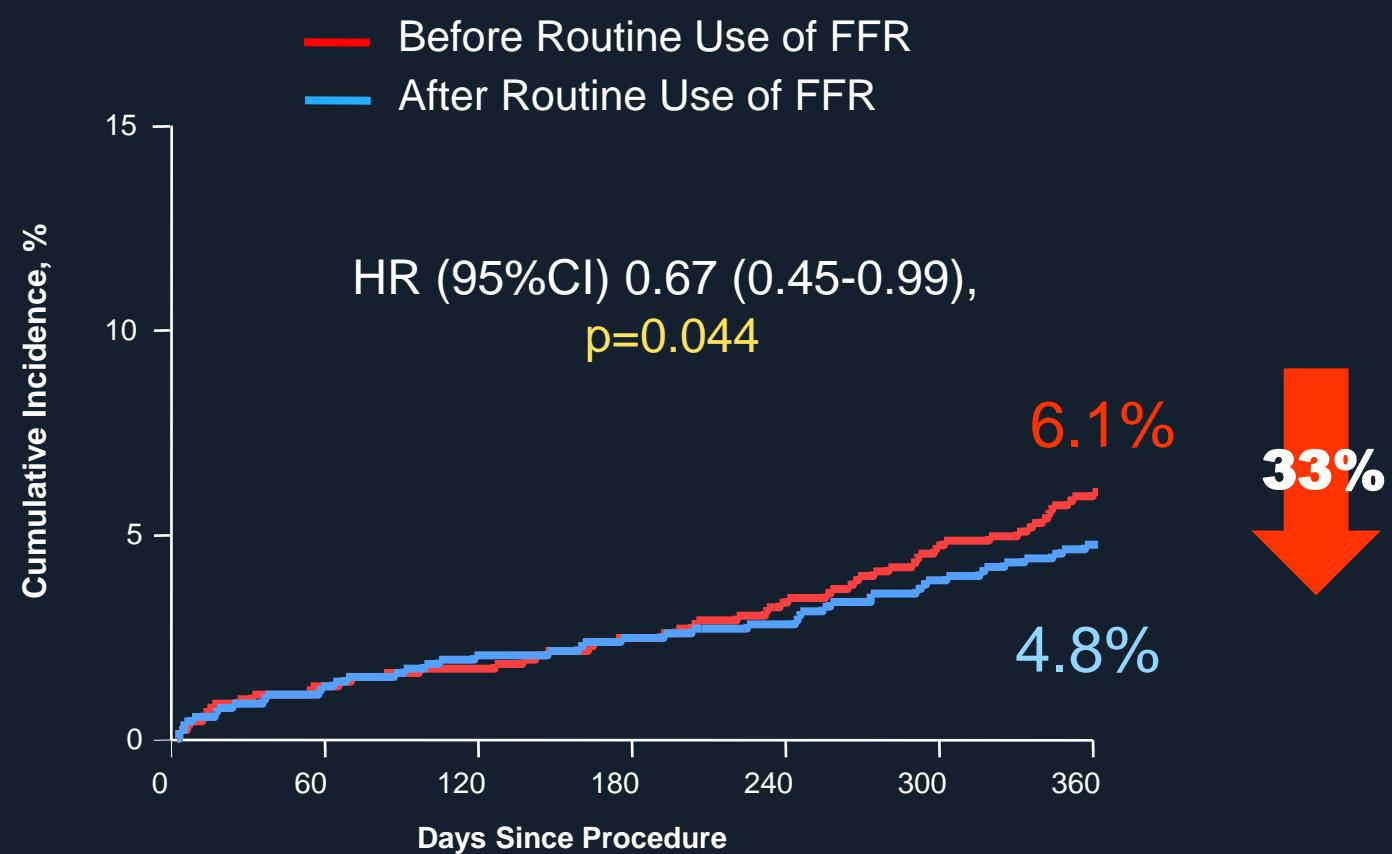


No. at Risk

Before Routine Use	2178	2066	2011	1960
After Routine Use	2178	2092	2067	2037

Propensity Score Matched Population

Improved Outcome of LM and 3-VD Treatment Death, MI, Stroke or Repeat Revascularization



No. at Risk

Before Routine Use

917

Days Since Procedure

901

883

After Routine Use

917

898

886

857

869

My Thought,

Any Defer Is,
Safe and Good !