

Future Clinical Role of IMR or Microcirculation Study

Bon-Kwon Koo, MD, PhD

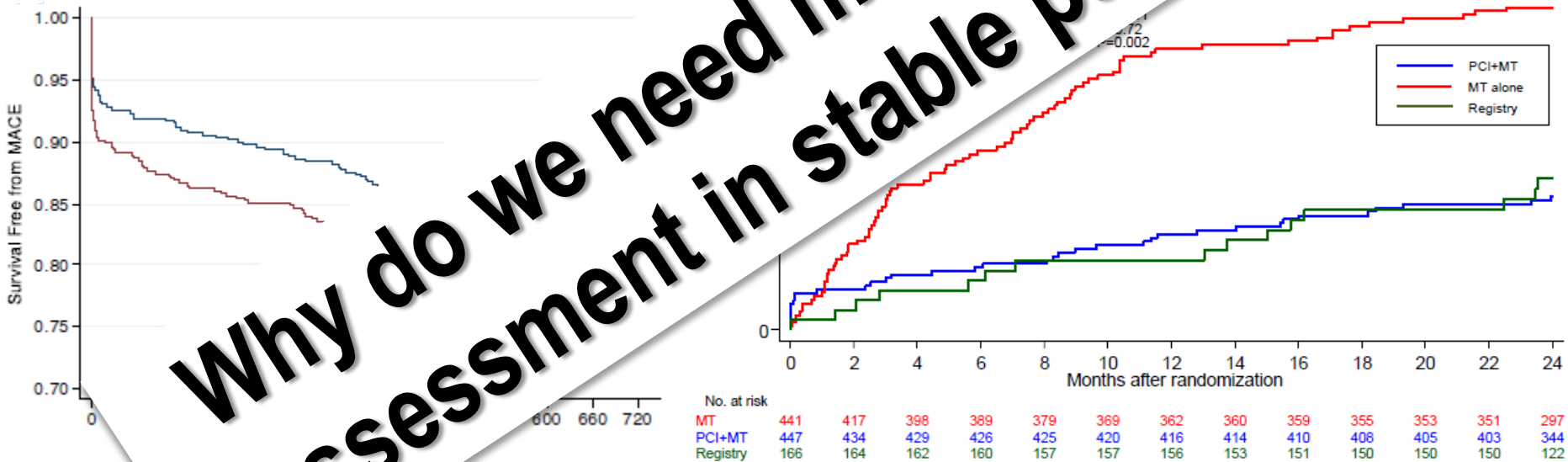
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FFR-guided revascularization

- Better than Angio-guided PCI or Medical treatment

FAME 1



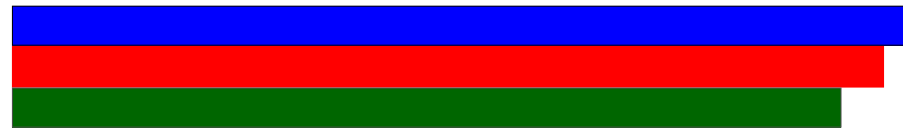
Why do we need microvascular assessment in stable patients?

Pijls, et al. JACC 2010
De Bruyne et al. NEJM 2014

FAME 2 Symptoms

Baseline

PCI+MT
MT alone
Registry



30 Days

PCI+MT
MT alone
Registry



6 Months

PCI+MT
MT alone
Registry



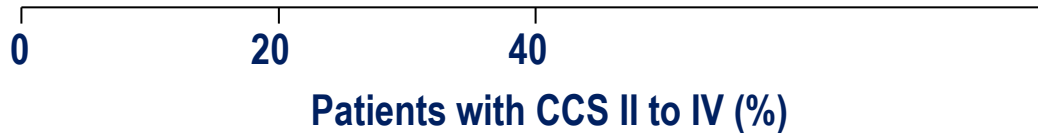
12 Months

PCI+MT
MT alone
Registry



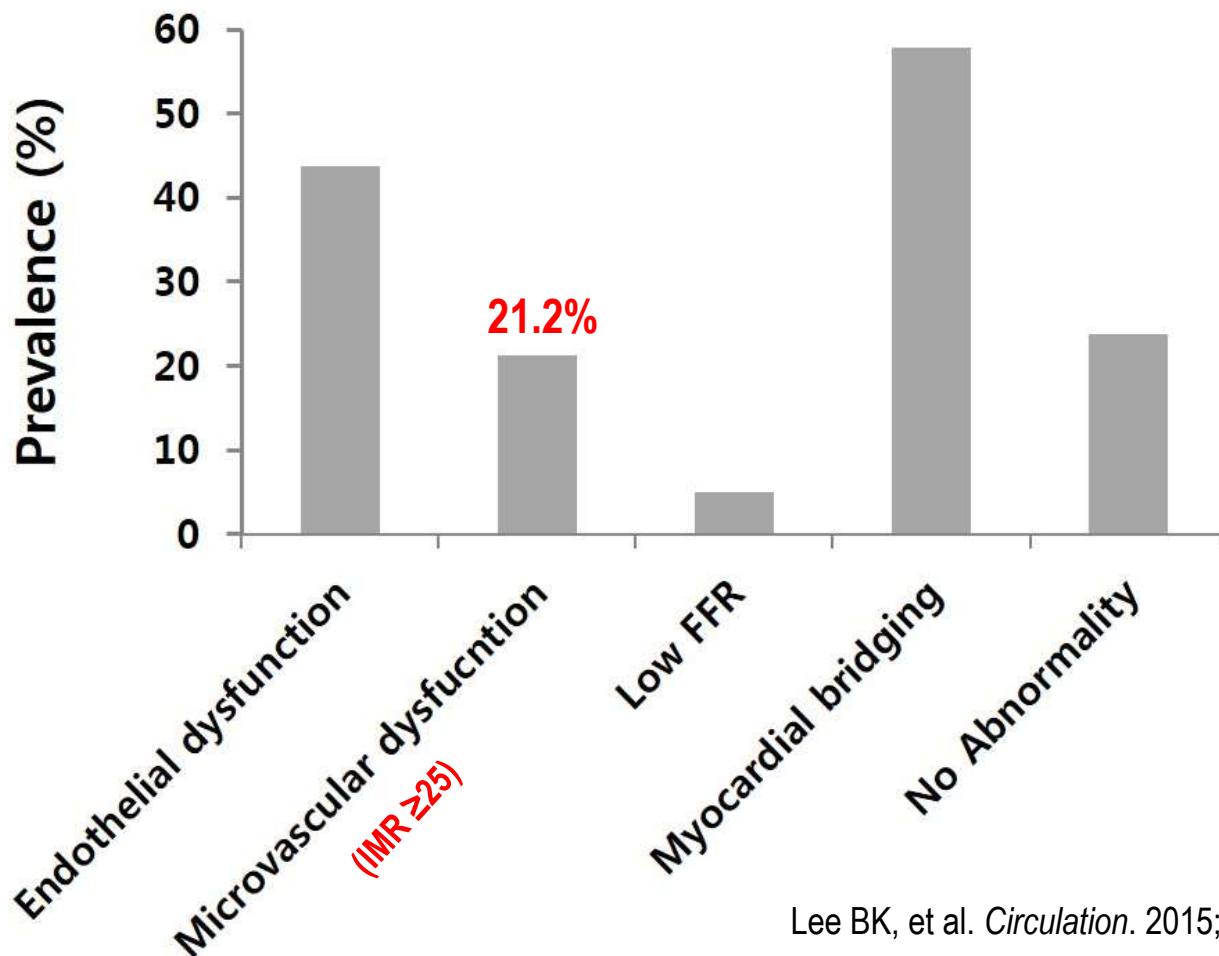
24 Months

PCI+MT
MT alone
Registry



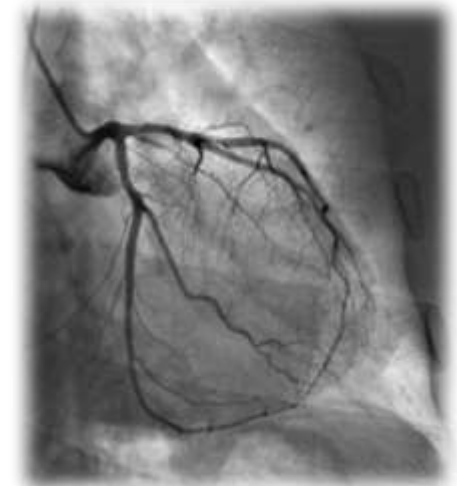
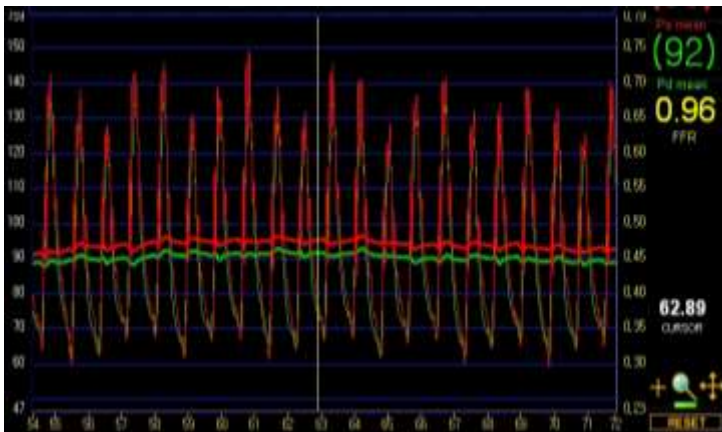
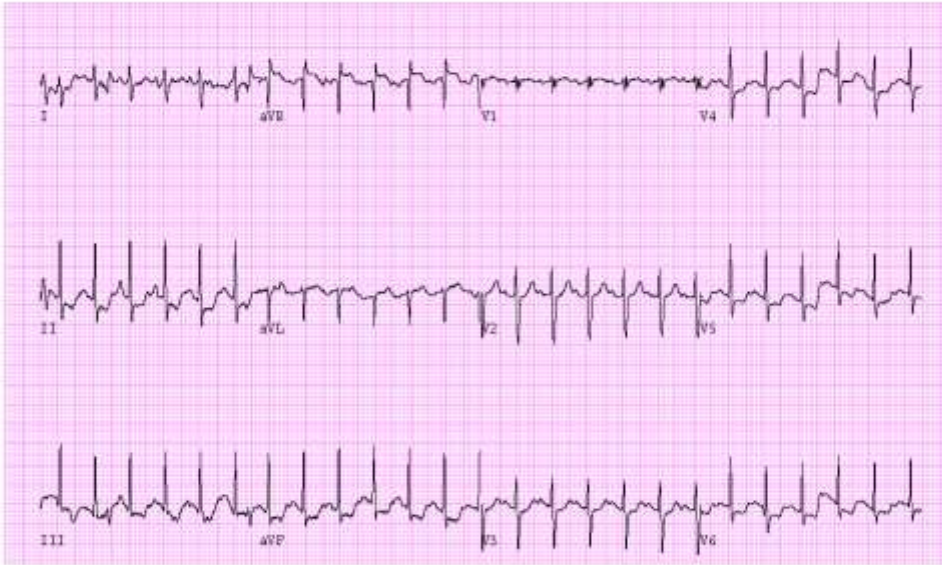
Invasive Evaluation of Patients With Angina in the Absence of Obstructive Coronary Artery Disease

Bong-Ki Lee, MD, PhD; Hong-Seok Lim, MD, PhD; William F. Fearon, MD; Andy S. Yong, MBBS, PhD; Ryotaro Yamada, MD; Shigemitsu Tanaka, MD; David P. Lee, MD; Alan C. Yeung, MD; Jennifer A. Tremmel, MD, MS



Lee BK, et al. *Circulation*. 2015;131:1054–1060

Stable angina, Exercise test +, but....



Stable angina, Exercise test +

$$IMR = Pd \times Tmn = 93 \times 0.42 = 39$$



Microvascular disease

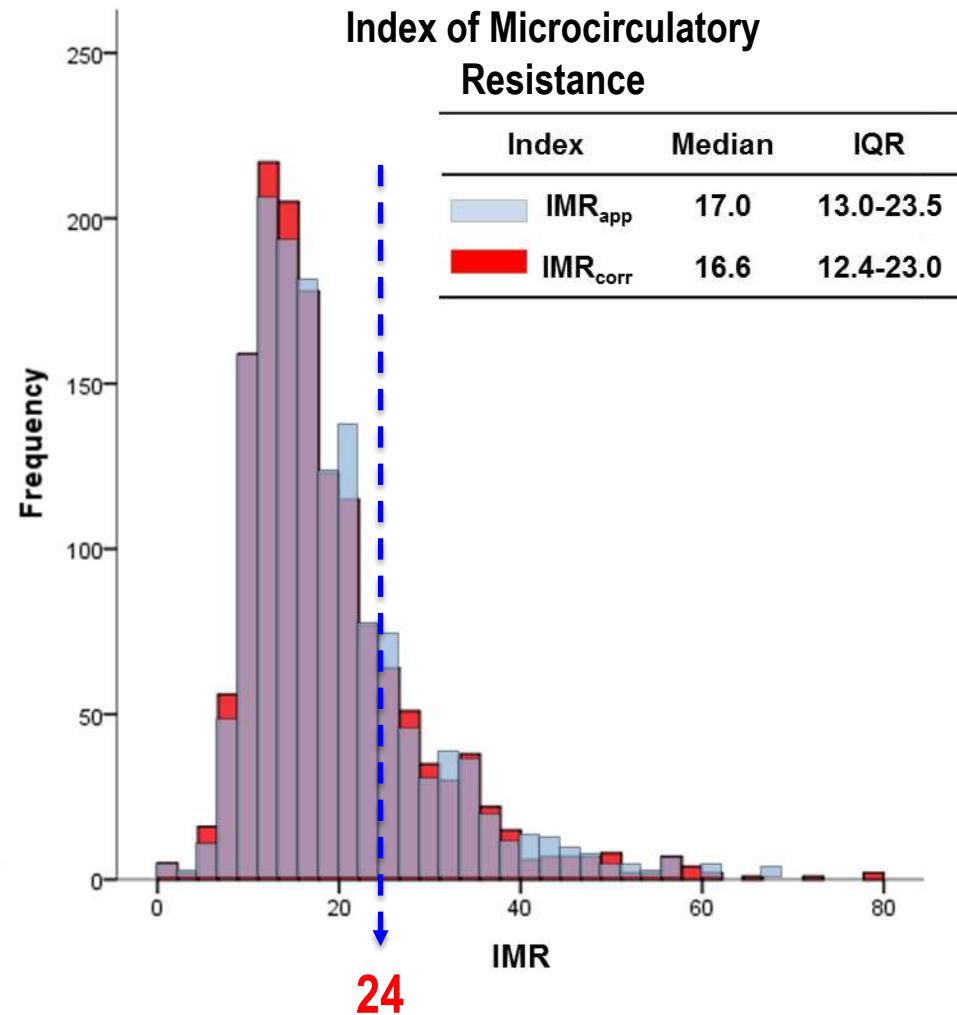
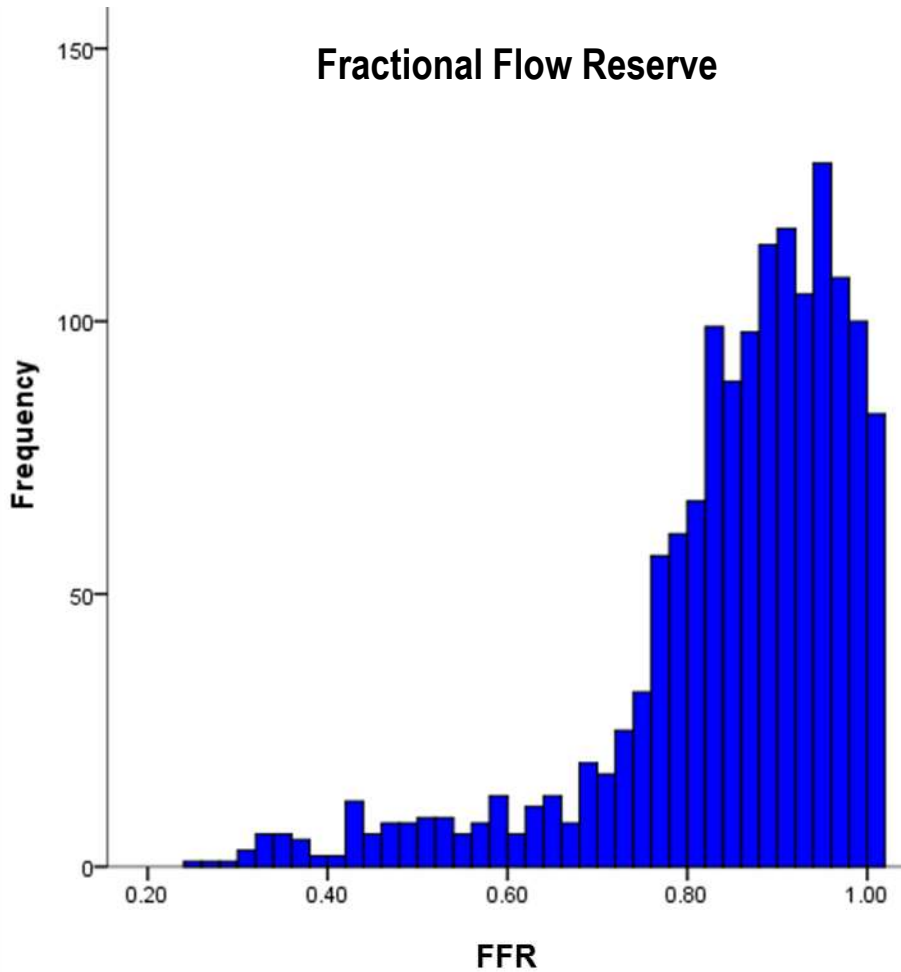
Questions on microvascular system in stable CAD

- Distribution of microvascular disease
- Interaction between macro- and microsystem
- Abnormal value of IMR in non-MI patients
- Relationship between CFR and IMR
- Mechanism of clinical events
- Prognostic implication of IMR/CFR



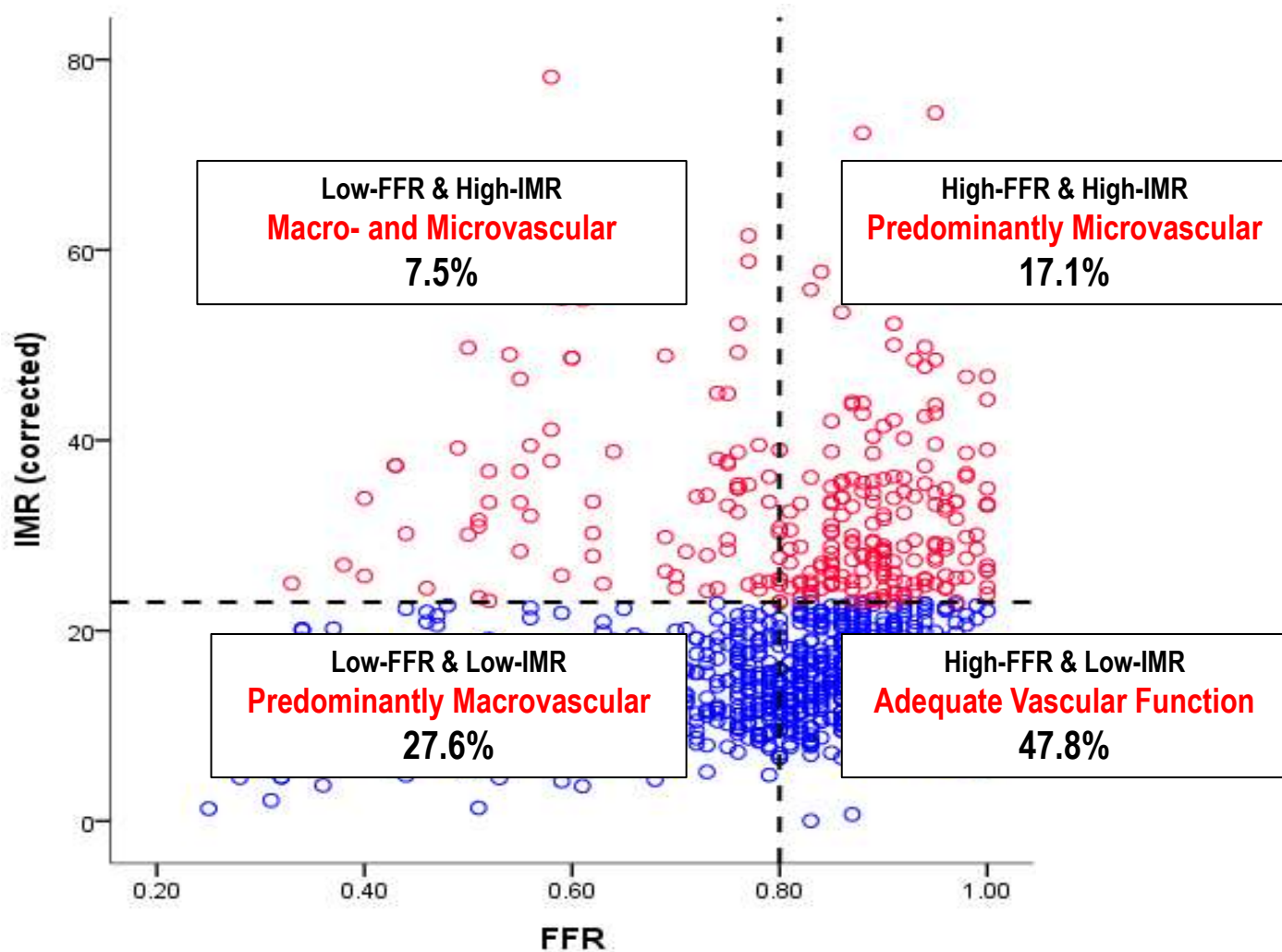
Distribution of FFR and IMR

International IMR registry (n=1,452)



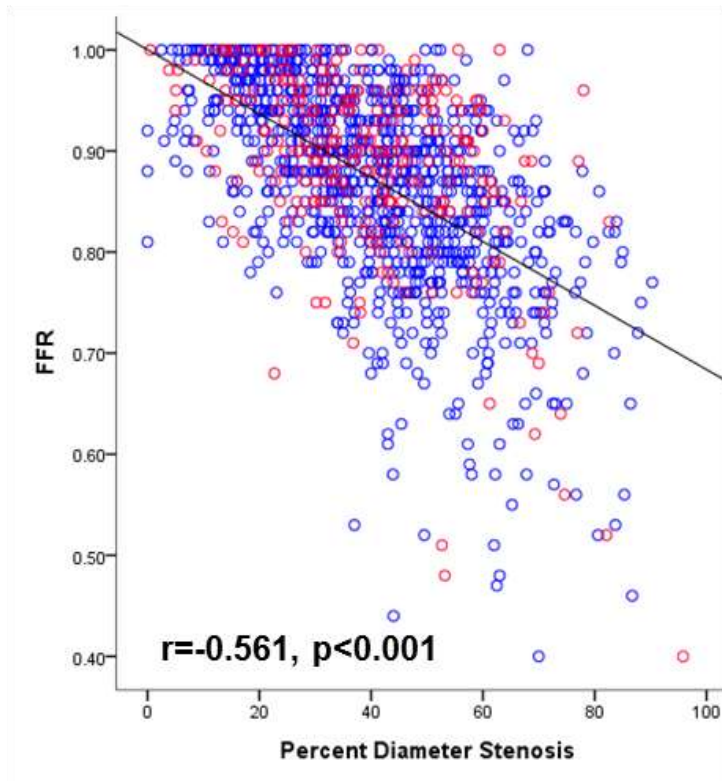
Macro vs Micro

International IMR registry (n=1,452)

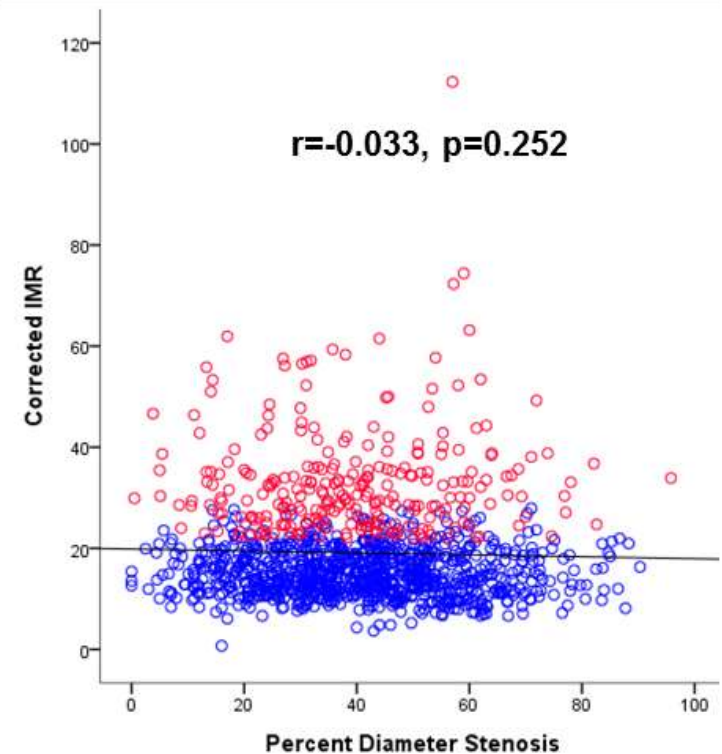


Angiographic severity vs. FFR/IMR

A. FFR



B. IMR_{corr}



○ High- IMR_{corr}

○ Low- IMR_{corr}

Macro vs Micro

International IMR registry (n=1,452)

Predictors for High-IMR and Low-FFR

High-IMR	Low-FFR		
	OR	95% CI	P value
LAD	5.92	3.73-9.41	<0.001
%DS \geq 50%	5.84	3.98-8.56	<0.001
Male	2.25	1.38-3.66	0.001
Age	1.02	1.00-1.04	0.046

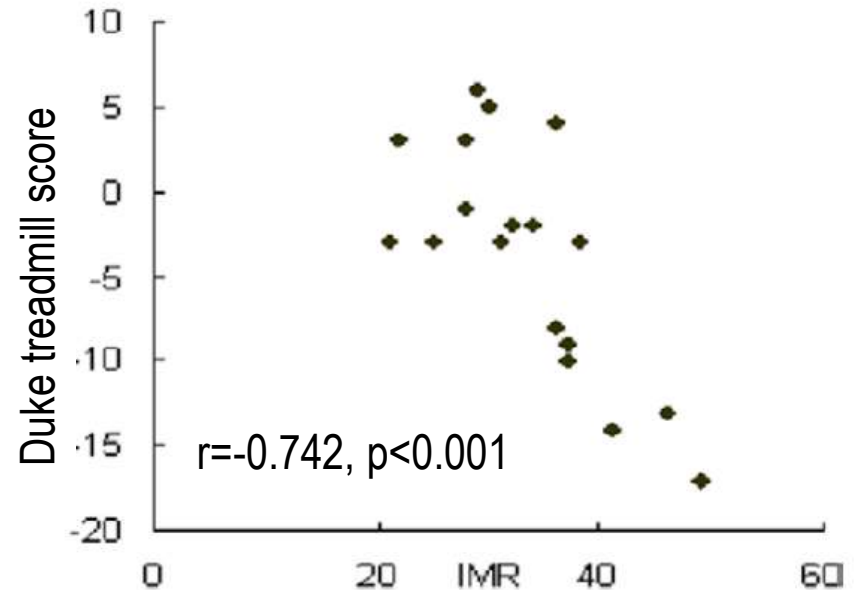
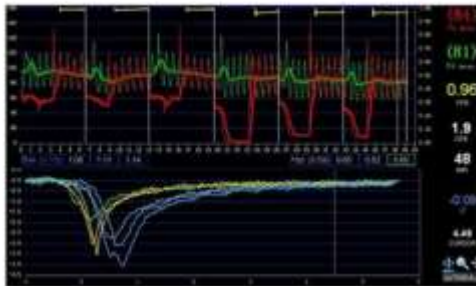
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IMR and Severity of ischemia

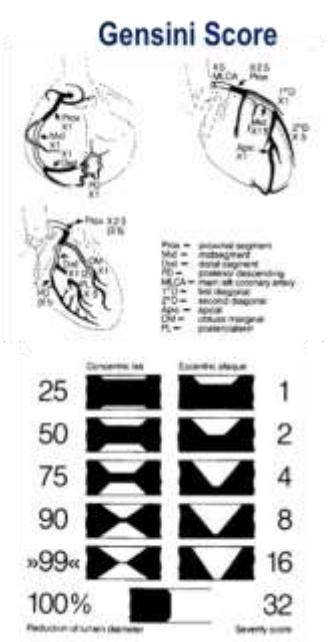
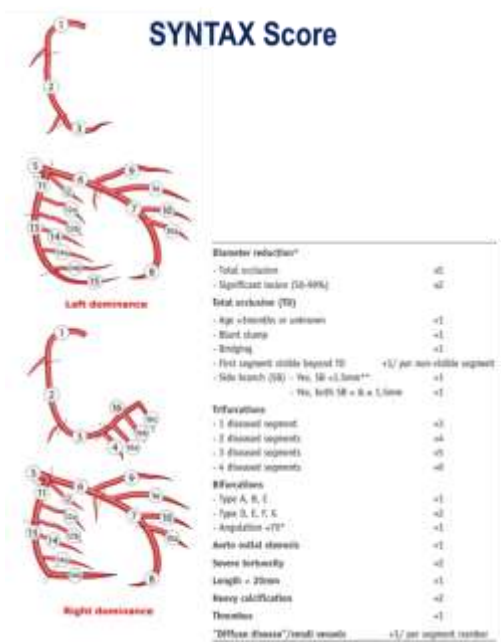
- 18 patients with syndrome X
- Mean CFR: 2.37 ± 0.81
- Mean IMR 33.3 ± 7.6



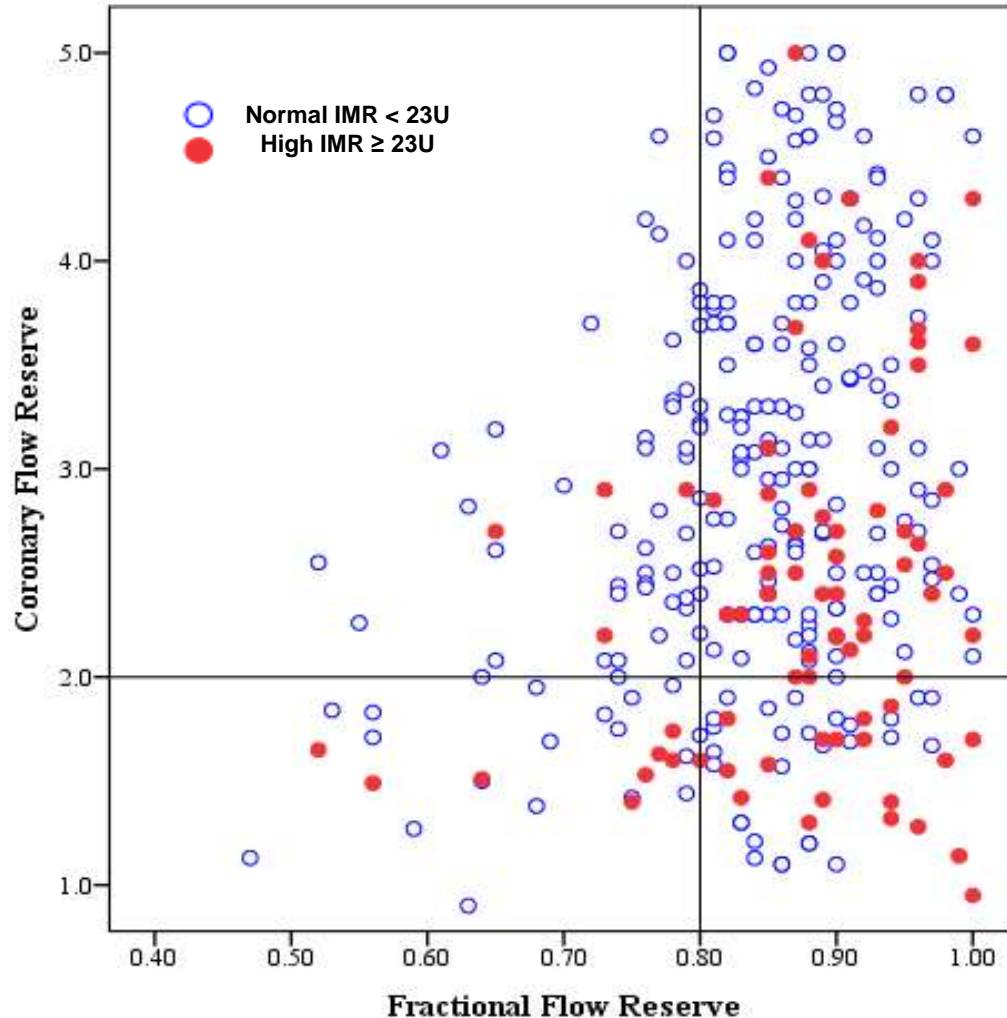
Luo C, et al. Circ Cardiovasc Interv 2014;7:43-48

4 center CFR/IMR/FFR registry

- 334 patients with 663 vessels from 4 centers in Korea (2009-2013)
 - : Ulsan university hospital, Keimyung university Dongsan hospital, Inje university Ilsan Paik hospital, Seoul national university hospital
- Median follow-up duration: 658.0 (503.8-1139.3) days



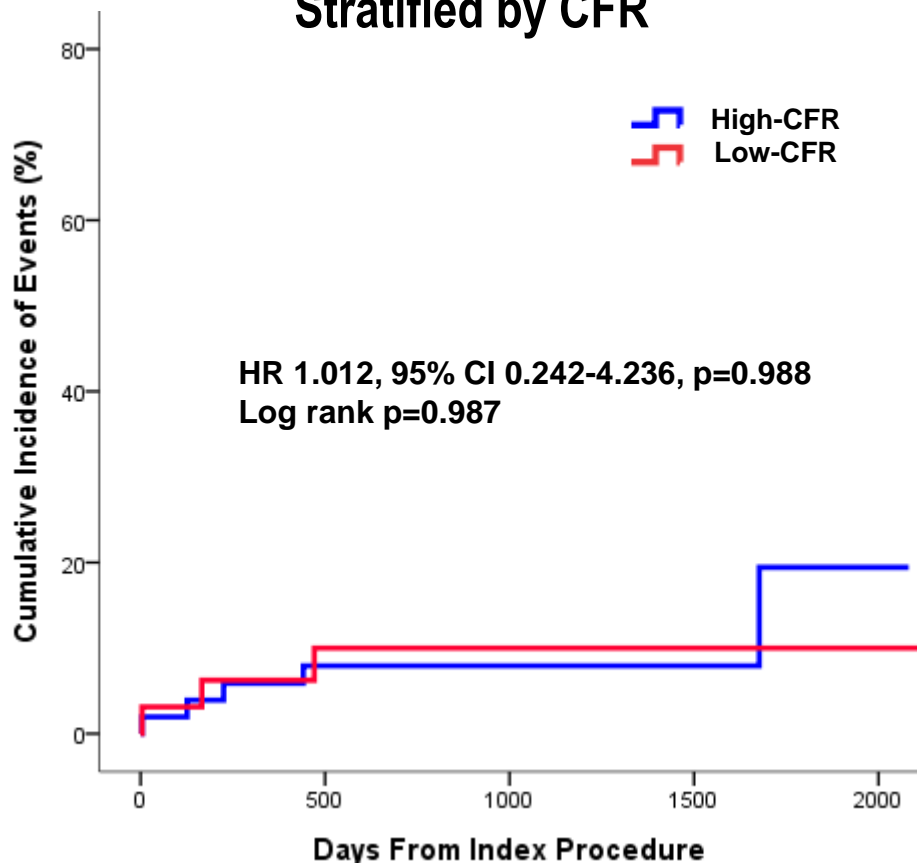
Distribution of patients according to FFR and CFR



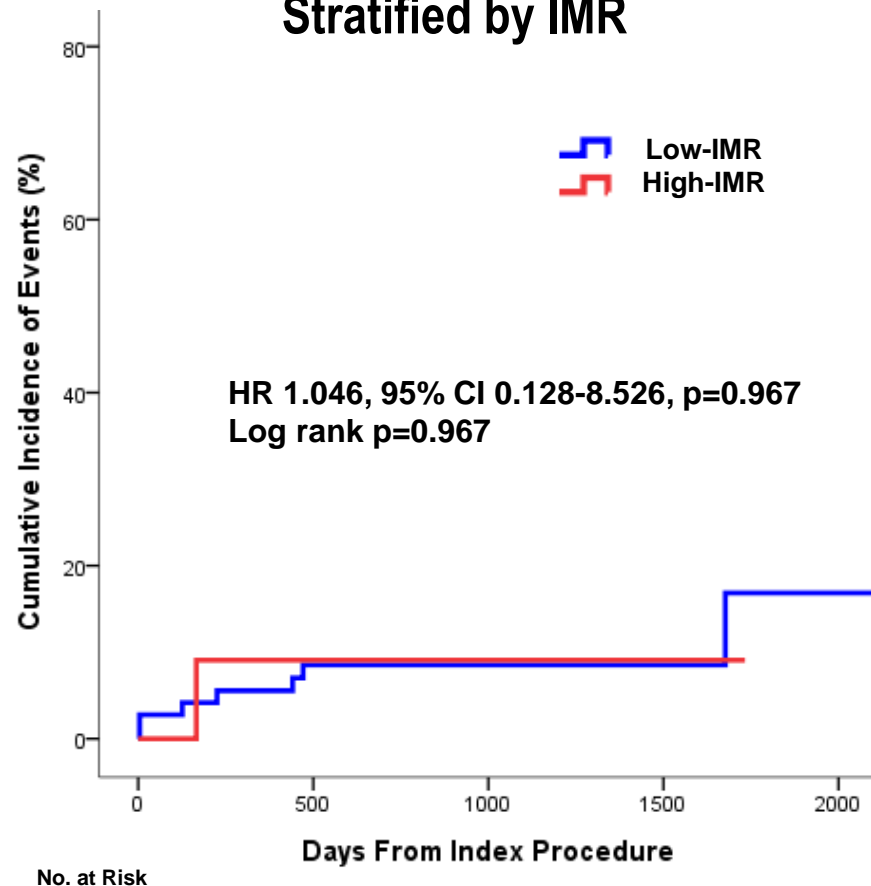
- Angiographic % DS: $41.0 \pm 17.2\%$
- FFR 0.85 ± 0.09
- CFR 2.81 ± 1.02
- Median IMR 16.0U

Clinical outcomes in patients with low FFR according to CFR/IMR

Stratified by CFR

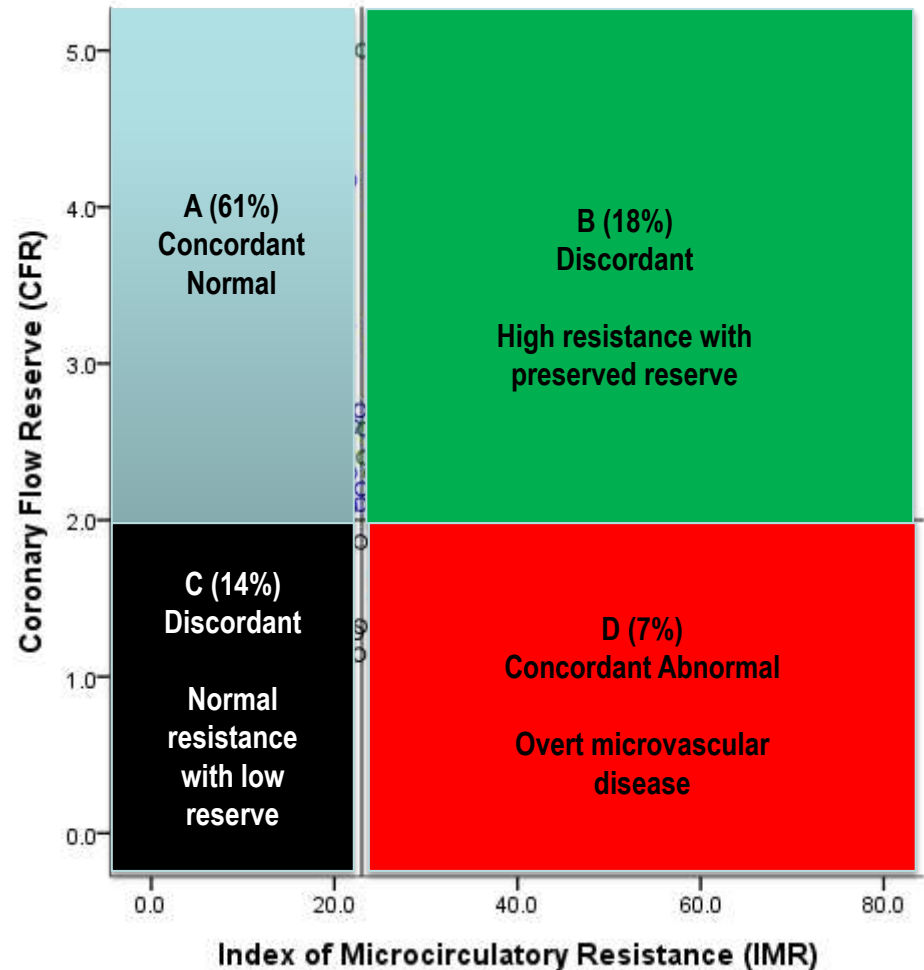
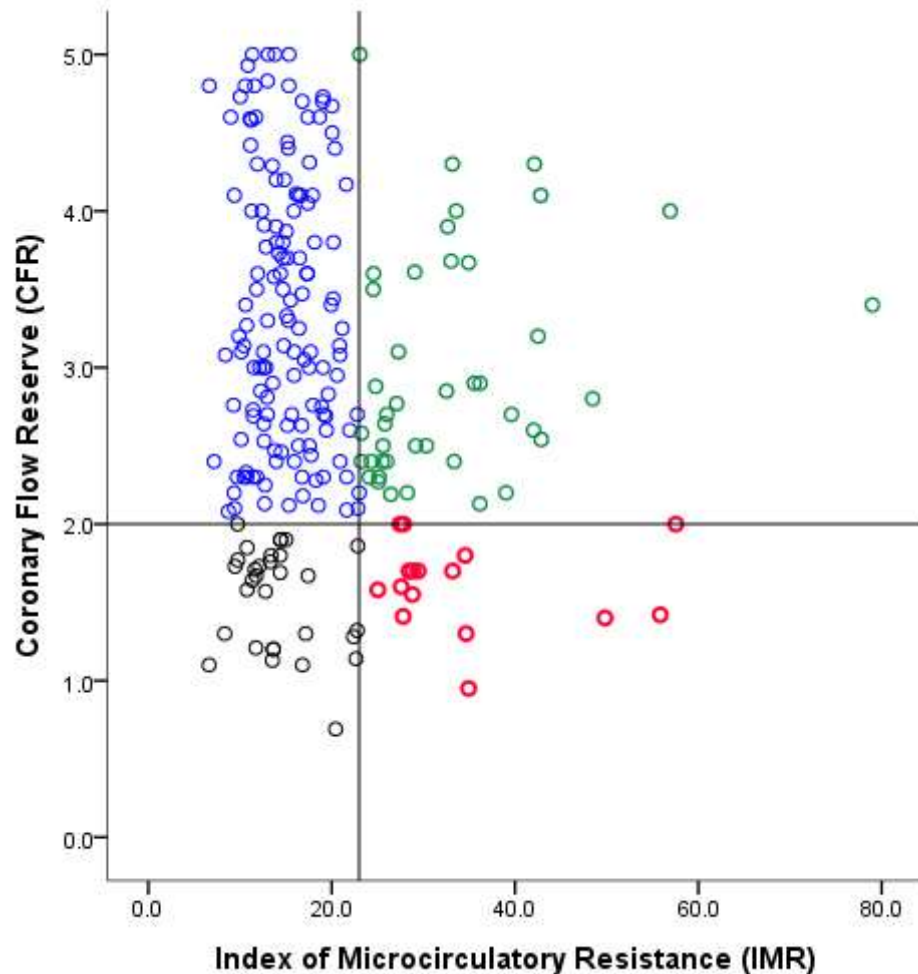


Stratified by IMR



In patients with low FFR, clinical outcome is not influenced by CFR/IMR.

Distribution of High-FFR patients according to CFR and IMR

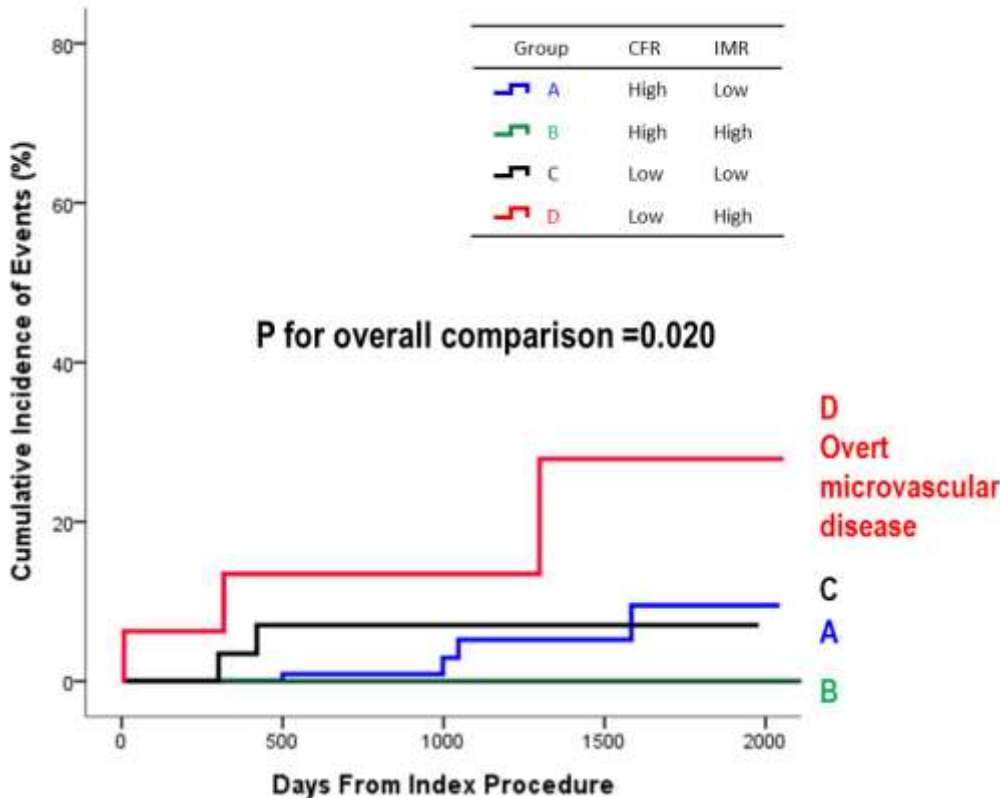


Can we discriminate?

	Group A (CFR>2 and IMR<23U)	Group B (CFR>2 and IMR≥23U)	Group C (CFR≤2 and IMR<23U)	Group D (CFR≤2 and IMR≥23U)	p value
Age, years	60.2 ± 9.9	63.9 ± 7.1	60.2 ± 9.9	60.2 ± 9.9	0.017
Male	90 (63.8%)	22 (52.4%)	90 (63.8%)	90 (63.8%)	0.017
BMI, kg/m ²	24.3 ± 2.9	25.4 ± 2.9	24.3 ± 2.9	24.3 ± 2.9	0.017
Hypertension	78 (55.3%)	22 (52.4%)	78 (55.3%)	78 (55.3%)	0.47
Diabetes mellitus	44 (31.2%)	11 (26.2%)	44 (31.2%)	44 (31.2%)	0.784
Hypercholesterolemia	88 (63.8%)	22 (52.4%)	88 (63.8%)	88 (63.8%)	0.434
Current smoker	0 (0.0%)	0 (0.0%)	2 (12.5%)	2 (12.5%)	0.687
Family history	0 (0.0%)	0 (0.0%)	1 (6.3%)	1 (6.3%)	0.548
Previous MI	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0.541
Previous stroke	9 (29.0%)	2 (12.5%)	9 (29.0%)	2 (12.5%)	0.263
Previous TIA	14 (10.6%)	3 (18.8%)	14 (10.6%)	3 (18.8%)	0.163
Geometric mean diameter stenosis, mm	11.3 (5.0-18.8)	20.5 (9.0-37.0)	11.3 (5.0-18.8)	9.3 (4.8-19.5)	0.114
Angiogram reference diameter, mm	3.02 (2.95-3.09)	3.18 (3.03-3.34) [§]	2.91 (2.80-3.01) [‡]	3.12 (2.92-3.32)	0.017
Diameter stenosis, mm	36.8 (34.9-38.6)	36.4 (33.4-39.4)	38.7 (35.6-41.9)	33.2 (28.3-38.1)	0.343
Lesion length, mm	10.9 (10.1-11.8)	10.7 (9.4-12.4)	10.9 (9.4-12.4)	10.4 (8.6-12.2)	0.961

Only the invasive physiologic assessment can tell the difference!

Clinical outcomes according to CFR/IMR



	HR	95% CI	P
Model 1			
Multivessel disease	3.25	1.08-9.79	0.033
Diabetes mellitus	2.83	1.09-7.35	0.033
Model 2			
Overt microvascular	4.91	1.54-15.66	0.007
Multivessel disease	3.64	1.24-10.7	0.019
Diabetes mellitus	2.71	1.05-7.02	0.039

Improved discriminant function (Model2)

- Relative IDI: 0.467, p=0.037
- Category-free NRI: 0.648, p=0.007

Take Home Message

- In stable CAD patients, macro- and micro-vascular diseases seem to be a different disease process with some overlap. When FFR is low (macro is significant), simply follow the rule.
- Among patients with high FFR, invasive physiologic assessment can provide additional information on coronary circulation and improve risk stratification.
- However, there still remain several unanswered questions related to microvascular system.

I am still hungry, still thirsty, but the time for me to be satisfied is only deferred, not taken away for ever.

- St. Augustine (354-430), from Expositions of the Psalms