# Role of Imaging between complex versus non-complex PCI

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**1.** Nothing to disclose regarding the slides





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# **Complex PCI**



Giustino. et al. J Am Coll Cardiol 2016



## ADAPT-DES substudy (n=8,583 pts: IVUS=3,349 pts and no IVUS=5,234 pts)

#### **Definite/Probable Stent Thrombosis**





IVUS guidance during DES PCI may result in less stent thrombosis as well as fewer myocardial infarctions and MACEs

Witzenbichler B, et al. Circulation 2014;129: 463-470



#### MAIN-COMPARE registry: 3-year mortality (145 propensity matched pairs)





#### Impact of IVUS-Guidance on 3-Year Clinical Outcomes: DES for Bifurcation Lesions from a Korean multi-center bifurcation registry





## Chronic total occlusion: CTO-IVUS randomized trial



Kim BK, Jang Y et al, Circ Cardiovasc Interv. 2015;8:e002592



# Diffuse long lesion: IVUS-XPL randomized trial

#### MACE: Cardiac death, MI, or TLR at 1 year



Hong SJ, Hong MK (corresponding author), et al. JAMA 2015;314:2155-63

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## **ULTIMATE trial**

#### **Primary Endpoint: TVF at 12 months**



Zhang J, et al. J Am Coll Cardiol 2018;72:3126-37



### **Two-year follow-up of the ADAPT DES study**



Figure 1. Time-to-event curves according to intravascular ultrasound (IVUS) guidance vs angiography guidance.

Kaplan-Meier survival curves through 2 y for (A) major adverse cardiac events (MACE), (B) definite or probable stent thrombosis (ST), (C) myocardial infarction, and (D) clinically driven target lesion revascularization (TLR) according to IVUS guidance vs angiography guidance. HR indicates hazard ratio.

Maehara A, et al. Circ Cardiovasc Interv. 2018;11:e006243



#### Use of IVUS in complex lesions: median 64 months FU

IVUS guidance= 1,674 patients; angiography guidance=4,331 patients



Choi KH. JACC Intv 2019;12:607-20



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## Five years follow-up of IVUS XPL trial



Hong SJ, Hong MK (corresponding author), et al. JACC Cardiovascular Intv (in press)

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# How about non-complex PCI?



# **Non-complex PCI: Prevalence**

 Of 9,577 patients with available angiographic characteristics, 7,897 (82.5%) underwent non-complex PCI

Giustino. et al. J Am Coll Cardiol 2016

• Of 11,214 patients with DES implantation, 5,209 (46.5%) underwent non-complex PCI

Choi, K.H. et al. J Am Coll Cardiol Intv. 2019



## **Non-complex PCI: Rare Clinical Event**



Median follow-up time of 392 days (interquartile range: 366 to 710 days)

Giustino. et al. J Am Coll Cardiol 2016



## **Non-complex PCI: Rare Clinical Events**

Pooled data including 6 randomized OCT studies conducted in Severance cardiovascular hospital

At 5-year follow-up	N=436
Cardiac death	1 (0.2%)
Any MI	8 (1.8%)
Target lesion-related MI	2 (0.5%)
TLR	12 (2.8%)
Definite/probable ST	1 (0.2%)
A composite of cardiac death, target lesion-related MI, and TLR	13 ( <mark>3.0%</mark> )

Lee SY, Hong MK (corresponding), et al. J Am Heart Assoc. 2019;8:e012800



#### Usefulness of IVUS in short-length narrowings (DES length <24 mm) in RESET trials



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## **Non-complex PCI: Rare Clinical Event**

**DETECT Trial: OCT versus angiography guidance** 

#### Major inclusion criteria: anticipated ≤ 24 mm DES in length

At 1 year	OCT guidance (n=445)	Angiography guidance (n=449)
Cardiac death	0	0
MI	1 (0.2%)	0
Definite/probable ST	1 (0.2%)	0
TVR	3 (0.7%)	1 (0.2%)

Lee SY, Hong MK, et al. JACC Img 2018



## **Relation between intervention vs. Imaging**



**Development of interventional devices and techniques** 



## **Relation between complex PCI vs. Imaging**





# Conclusion

Do intravascular imaging for complex PCI even in

current generation DES

 Angiography guidance alone may be enough for noncomplex PCI, if PCI-related complications do not occur

#### How to be an intervention master?

Needs for intracoronary imaging	Non-complex PCI	Complex PCI
Interventionist with experience of imaging	No	Yes
Interventionist without experience of imaging	Yes	Yes

**Resident of Cardiology** 

Interventional fellowship ----> Independent Interventionist

