

Under Pressure:

Optimal Post-Dilation Strategy

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(Optimal) PCI Procedure

Pre-Lesion Modification



Stent Implantation

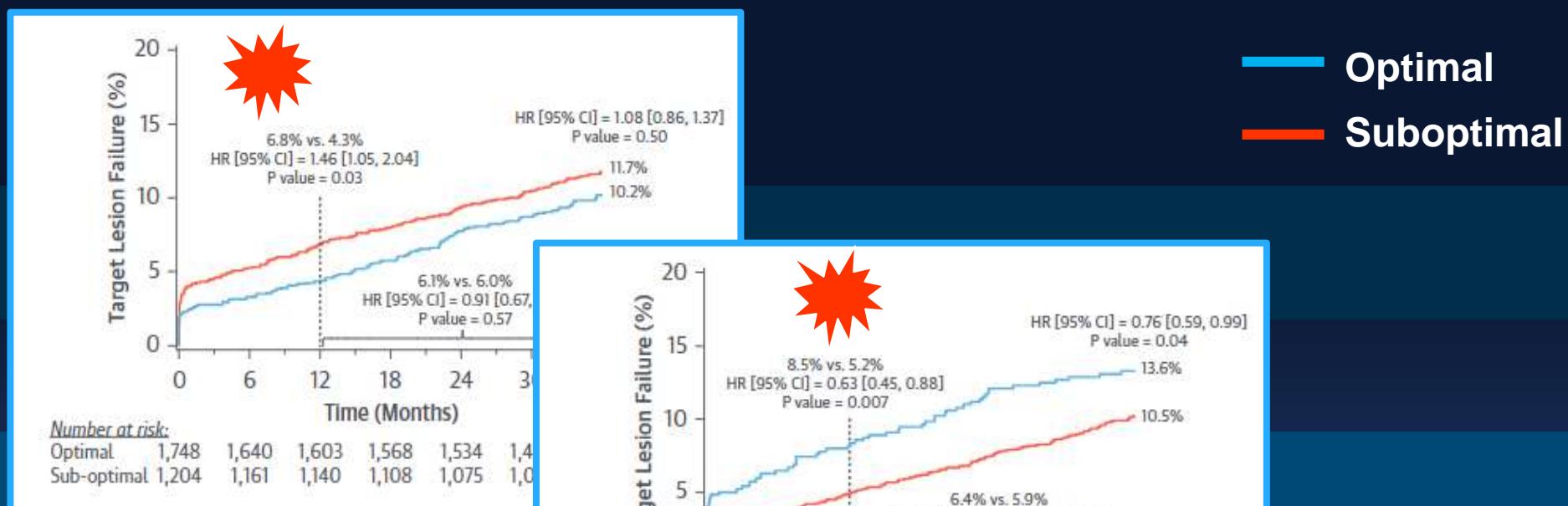


Post-Dilatation

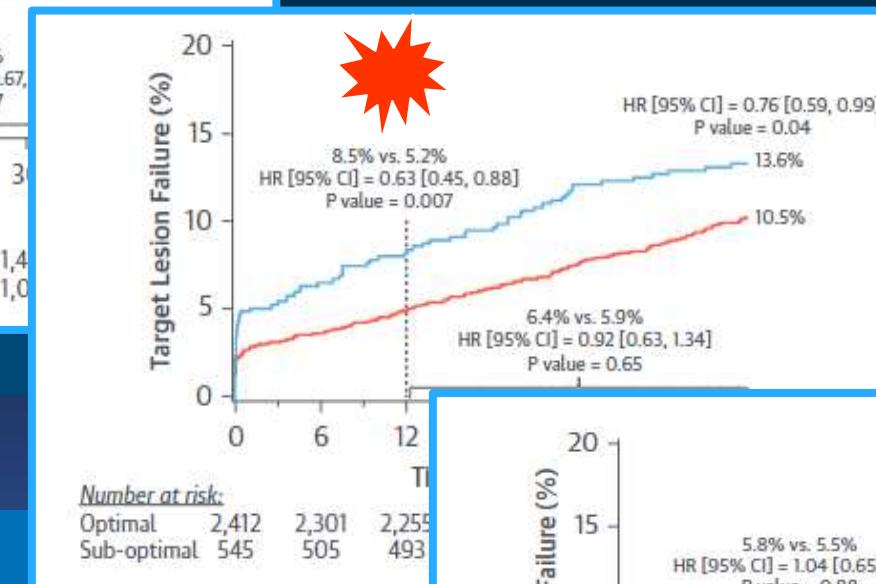
- Stent Balloon
- High Pressure Balloon
- IVUS Guidance

BRS Experience From the ABSORB Trials

P Pre-Dilation

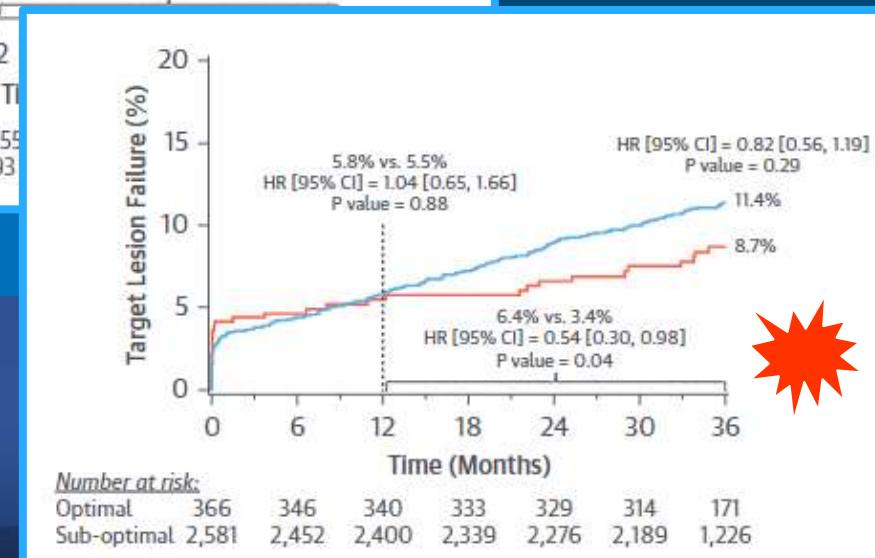


S Sizing



P Post-Dilation

- Only **5%** of Patients Achieved Optimal PSP



Gregg W. Stone et al. JACC 2017;70:2863-74

Imaging Guided PSP From IRIS FFR Registry (N=9525)

Under the Intracoronary Imaging Guidance

Inspection of lesion characteristic by IVUS

Calcification
Plaque burden and configuration
Opening of side branch

Selection of stent size and length by IVUS

Stent landing zone configuration
Lesion length
Reference vessel size

Surveillance of stent outcomes

Stent apposition
Stent area
Procedural complications

P

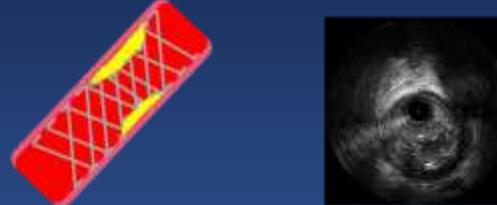
Pre-dilation



Lesion pre-modification for stent delivery and expansion:
High pressure balloon
Cutting or scoring balloon
Rota-ablation

S

Stent Sizing



Full lesion coverage
Adequate stent size

P

Post-dilation



Complete stent apposition
Sufficient stent area
No geographic miss
No procedural complications

Imaging Guided PSP for Complex CAD (N=9525)

P *Pre-Dilation*

8522 patients (89.5%)

S *Sizing by IVUS*

5141 patients (54.0%)

3,374 patients (35.4%)

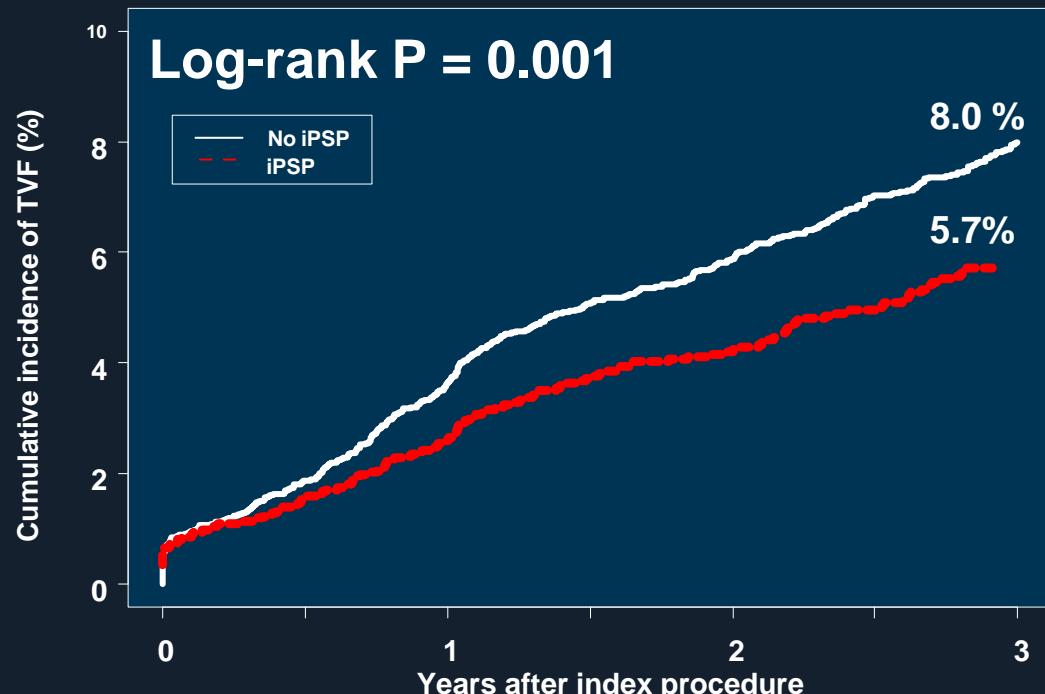
P *Post-Dilation*

5531 patients (58.1%)

Park HB, Ahn JM, Park SJ et al. 2020 Jun 22;13(12):1403-1413

Unadjusted Kaplan-Meier Curves

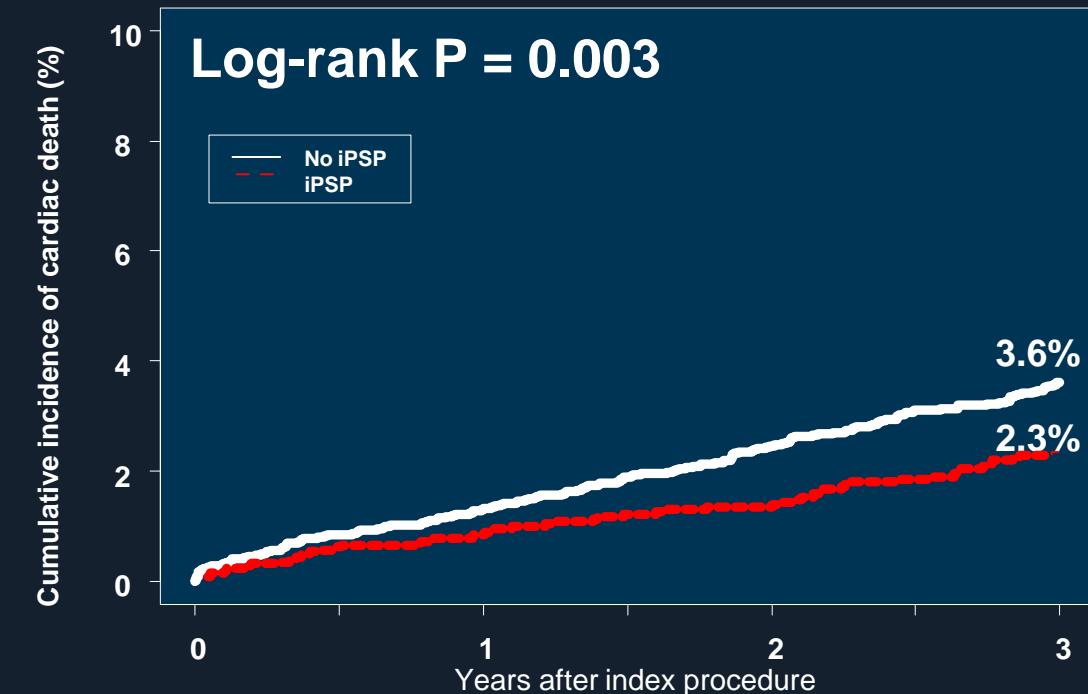
Primary Outcome



No. of at risk

No iPSP	6151	4928	3993	3324
iPSP	3374	2733	2147	1897

Cardiac Death

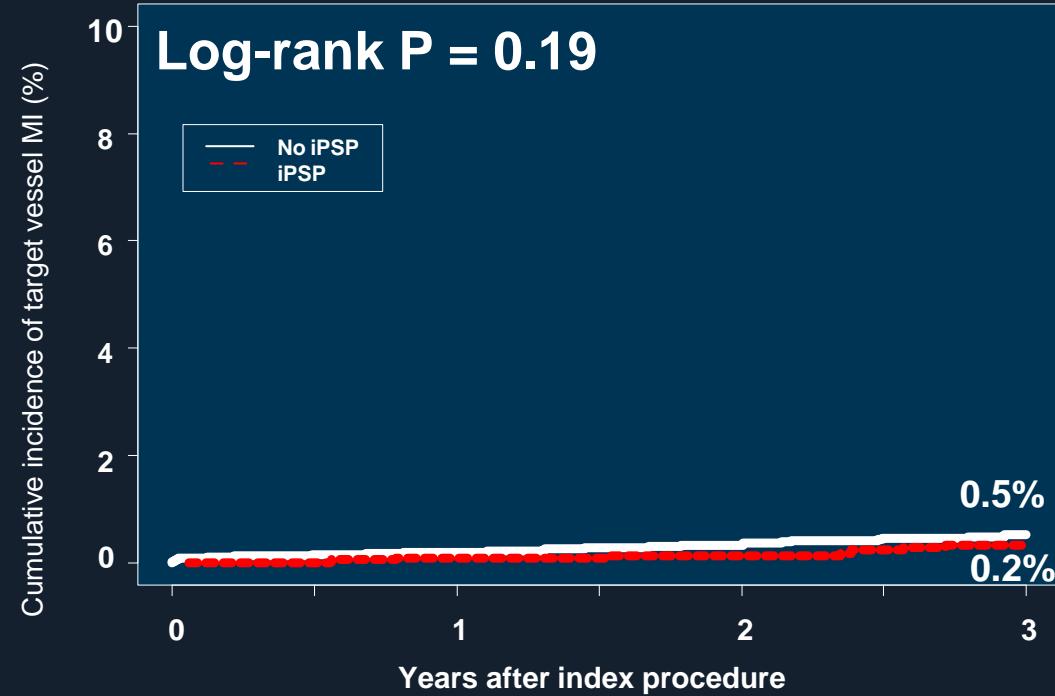


No. of at risk

No iPSP	6151	5039	4140	3538
iPSP	3374	2886	2206	1794

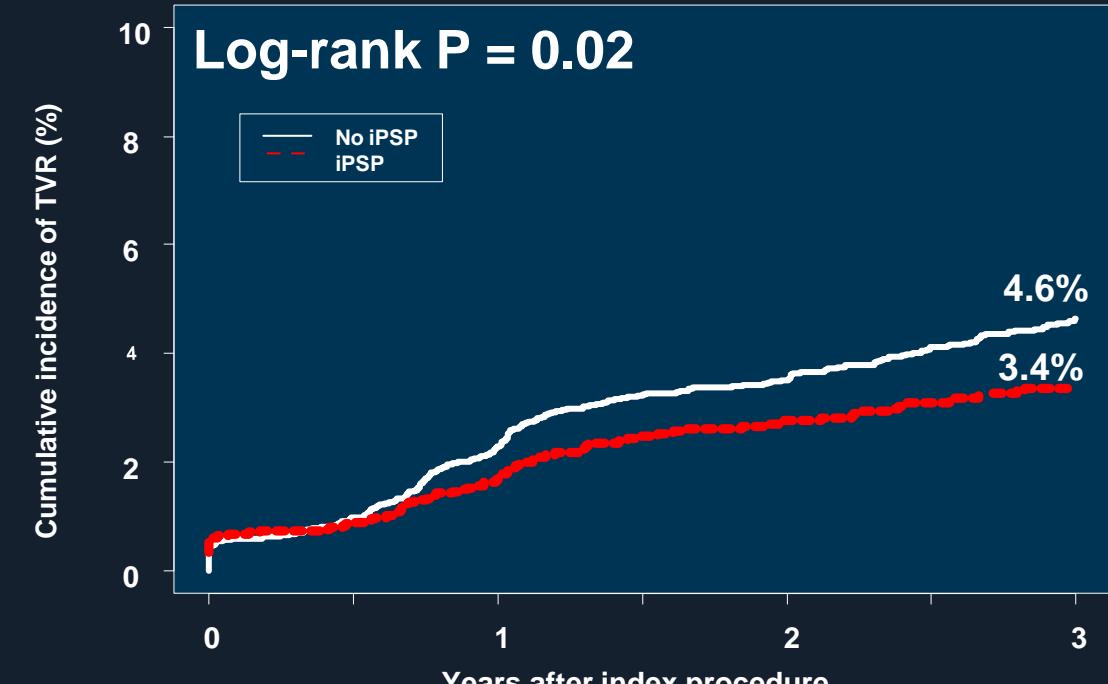
Unadjusted Kaplan-Meier Curves

Target Vessel MI



No. of at risk	
No iPSP	6151
iPSP	3374

Target Vessel Revascularization



No. of at risk	
No iPSP	6151
iPSP	3374

Adjusted Hazard Ratios for Primary Outcomes According to Components of iPSP

	Univariate analysis		Multivariate analysis*	
	HR (95% CI)	P value	HR (95% CI)	P value
Pre-dilation	0.89 (0.69-1.15)	0.374	0.84 (0.64-1.11)	0.216
Stent-sizing	0.79 (0.67-0.93)	0.004	0.89 (0.74-1.07)	0.219
Post-dilation	0.79 (0.67-0.94)	0.006	0.80 (0.67-0.96)	0.016

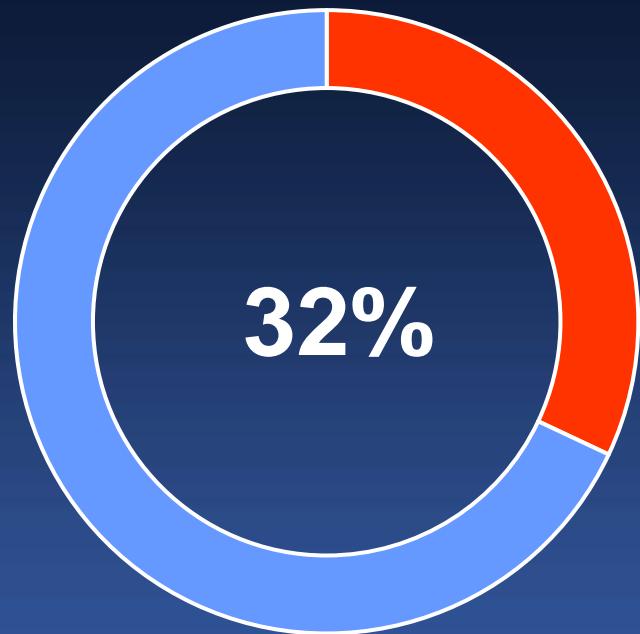
* The multivariate analysis model included 18 clinical variables: age, sex, body mass index, hypertension, diabetes mellitus, prior history of MI, prior history of heart failure, prior history of stroke, hyperlipidemia, chronic kidney disease, peripheral artery disease, chronic lung disease, atrial fibrillation, acute coronary syndrome at presentation, left ventricular ejection fraction, disease extent of CAD (1-, 2-, or 3-vessel disease), involvement of LMCA, and angiographically severely calcified lesion. The primary outcome was defined as the composite of cardiac death, target vessel MI, or target vessel revascularization.

Procedures and Clinical Outcomes by iPSP Scenarios

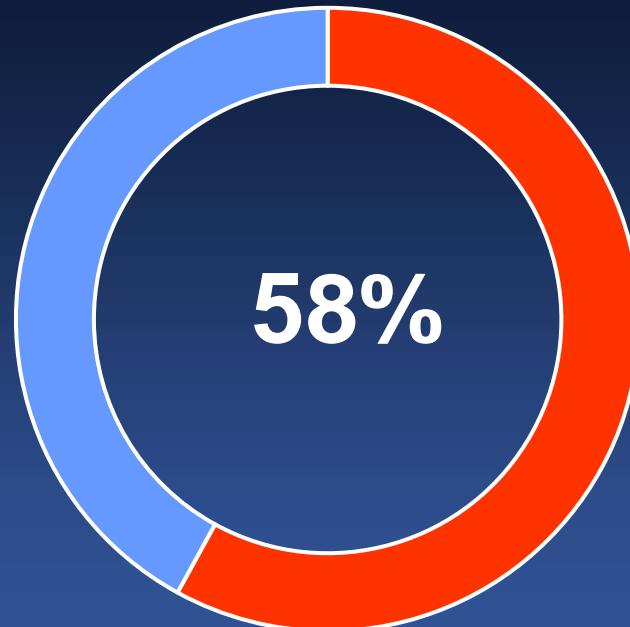
Scenario	Pre-dilation	IVUS	Post-dilation	No. of patients (%)	Stent diameter (mm)	Post balloon size (mm)	Annualized event rate	Adjusted HR (95% CI)	P value
1	No	No	No	406 (4.3)	3.19 ± 0.46		3.94 %	Reference	
2	Yes	No	No	2130 (22.4)	3.06 ± 0.40		2.69 %	0.85 (0.57-1.26)	0.413
3	No	Yes	No	159 (1.7)	3.41 ± 0.45		2.03 %	0.71 (0.33-1.56)	0.394
4	No	No	Yes	129 (1.4)	3.04 ± 0.41 $\Delta +0.05 \text{ (P=0.550)}$	3.10 ± 0.81	3.04 %	0.81 (0.35-1.85)	0.613
5	Yes	Yes	No	1299 (13.6)	3.26 ± 0.85		2.90 %	0.91 (0.60-1.38)	0.663
6	Yes	No	Yes	1719 (18.0)	3.08 ± 0.38 $\Delta +0.04 \text{ (P=0.104)}$	3.12 ± 0.86	3.07 %	0.80 (0.53-1.21)	0.297
7	No	Yes	Yes	309 (3.2)	3.43 ± 0.41 $\Delta +0.35 \text{ (P<0.001)}$	3.79 ± 0.70	2.04%	0.72 (0.39-1.35)	0.306
8	Yes	Yes	Yes	3374 (35.4)	3.26 ± 0.39 $\Delta +0.32 \text{ (P<0.001)}$	3.58 ± 0.60	1.98%	0.63 (0.42-0.93)	0.022

Post Dilatation

- SCAAR Registry
(N=93,697)



- IRIS DES Registry
(N=9,525)

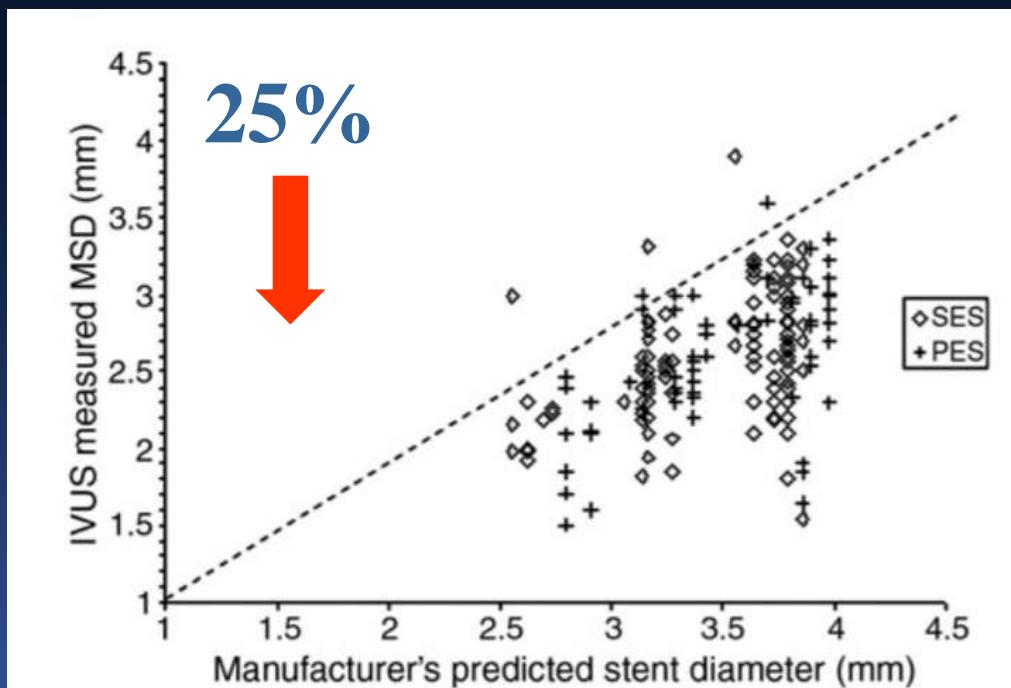


Post-Dilation Strategy

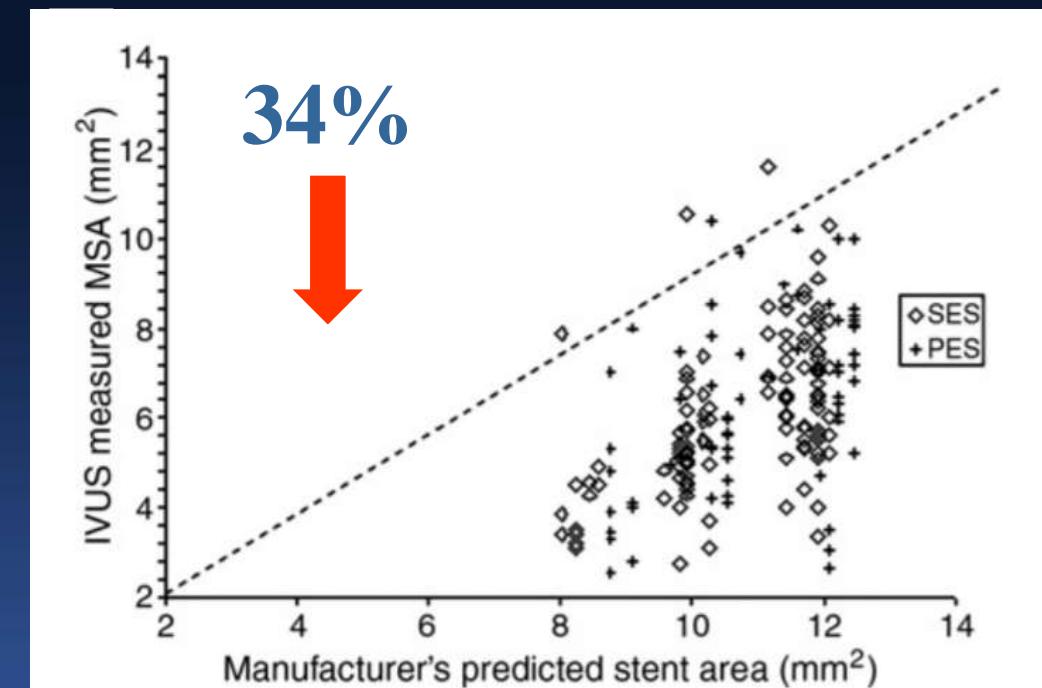
- Stent Balloon
- High Pressure Balloon
- What Pressure ?
- Imaging Guidance ?
- What is the target for post-dilation ?

Stent Balloon

The DES achieved only 75% of predicted MSD and 66% of predicted MSA



MSD

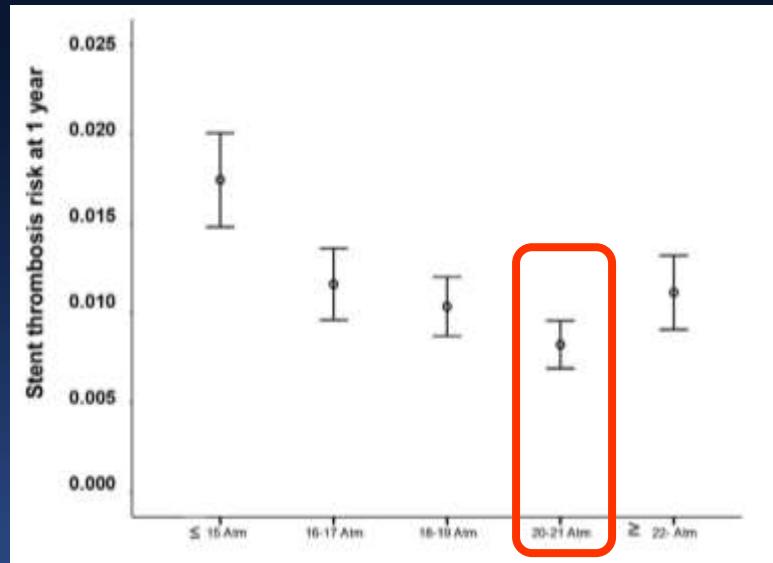


MSA

Am Heart J 2007;153:2972303

What Pressure ? SCAAR Registry

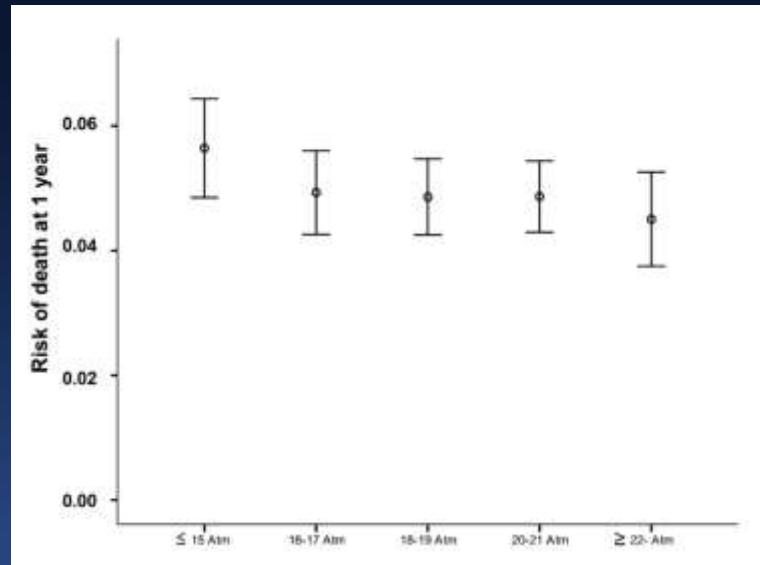
Stent Thrombosis



Restenosis



Death



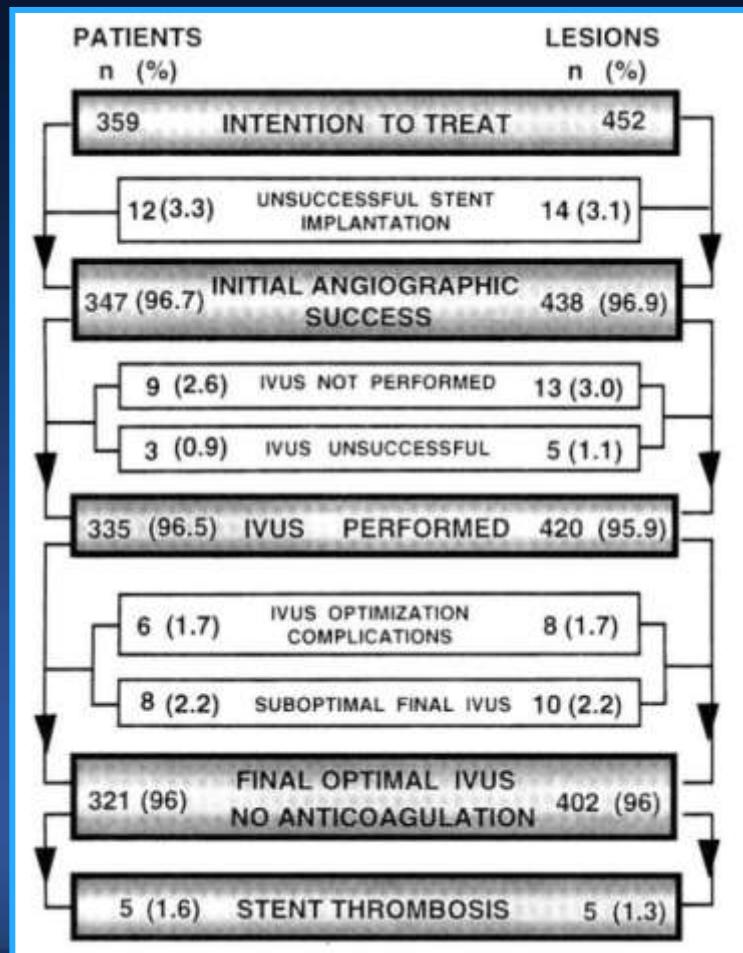
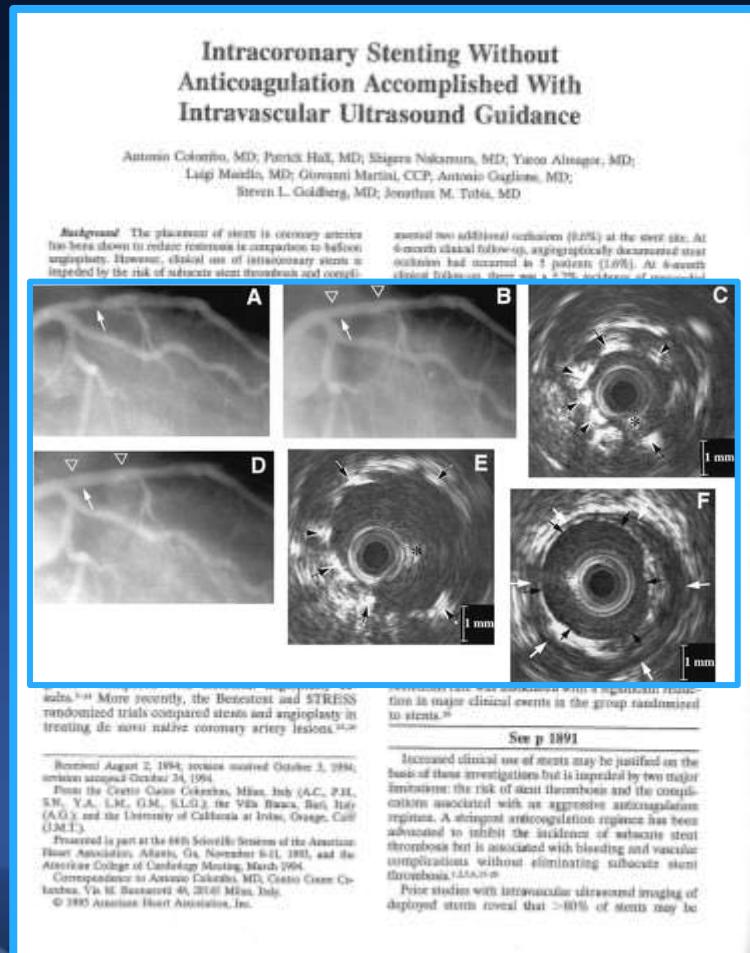
20-21 Atm

Ole Frobart et al PLoS One 2013;8(2):e56348



Intracoronary stenting without anticoagulation accomplished with *IVUS* guidance

Antonio Colombo et al. Circulation. 1995 (26 years ago);91:1676–1688



Stent Thrombosis

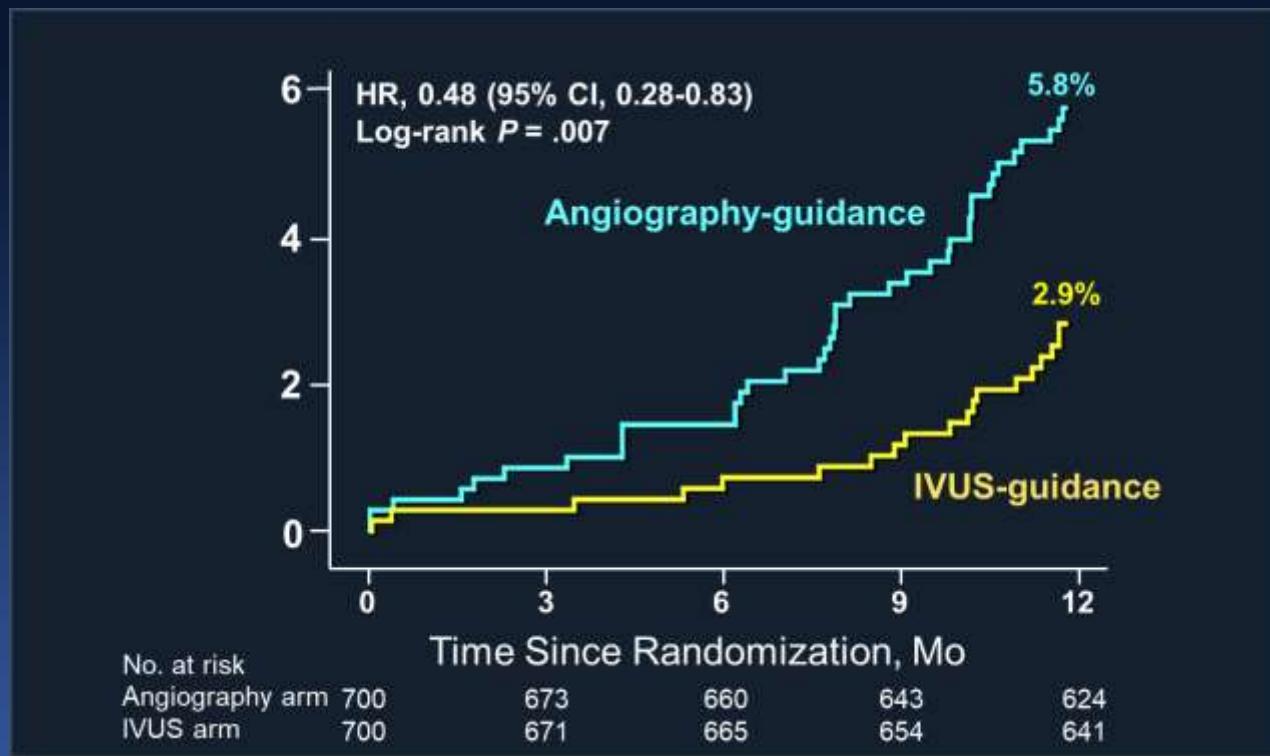
3-4%



1.6% at 6 months

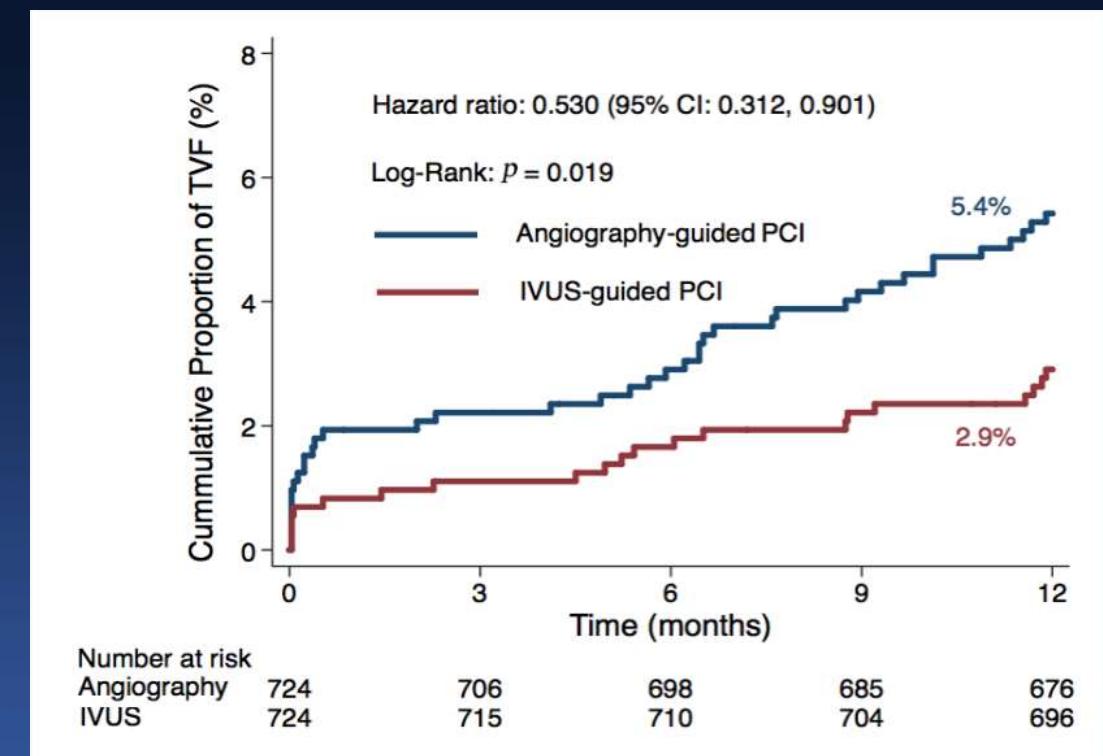
Randomized Trials

IVUS-XPL RCT



Hong SJ et al, JAMA 2015;314:2155-63

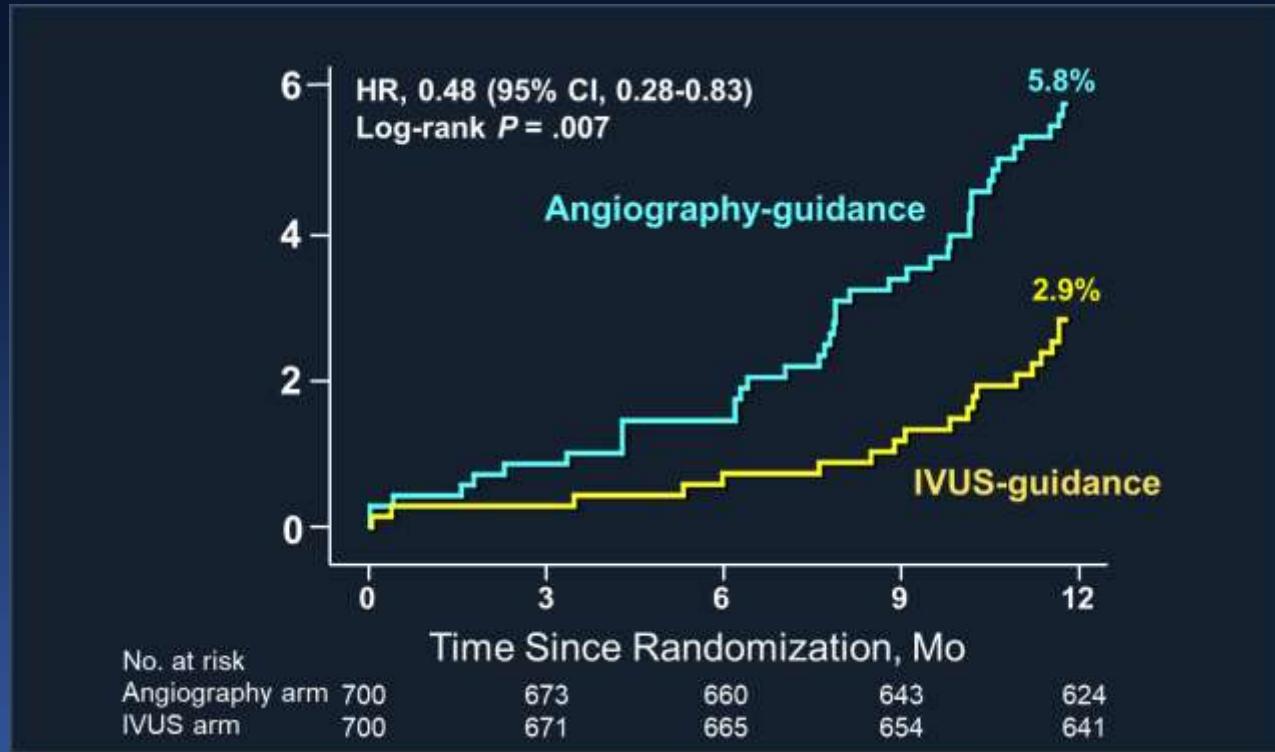
ULTIMATE RCT



JACC. 2018 Sep 17. pii: S0735-1097(18)38433-X.

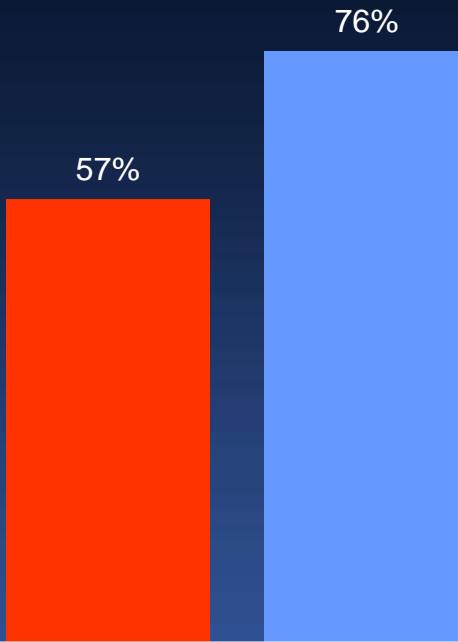
Randomized Trials

IVUS-XPL RCT



Post-Dilatation

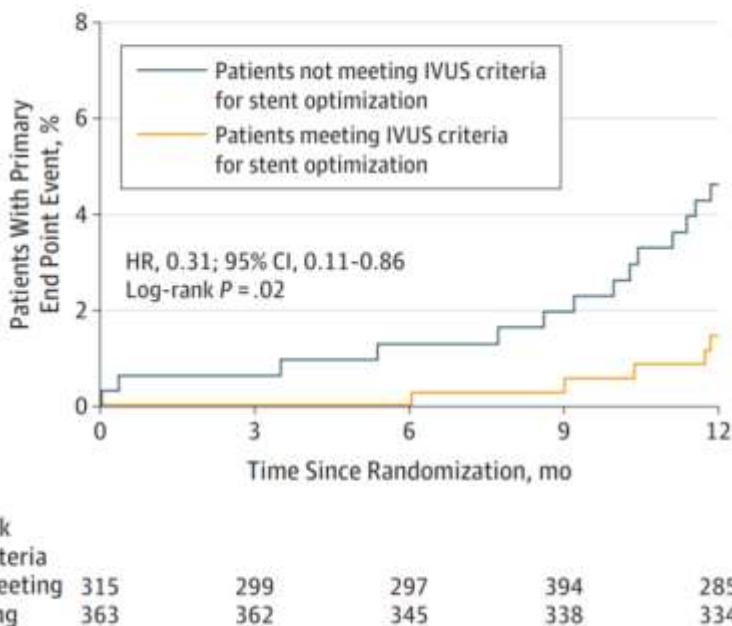
CAG Guided IVUS Guided



Hong SJ et al, JAMA 2015;314:2155-63

IVUS XPL

IVUS Group



Patients in the IVUS-Guided PCI Group Who Underwent IVUS-Guided Stent Implantation			
	Met Criteria ^a	Did Not Meet Criteria	P Value
No. (%) of patients ^b	363 (54)	315 (46)	
Adjunct postdilatation, No. (%)	282 (78)	237 (75)	.34
Final balloon size, mean (SD), mm	3.15 (0.45)	3.13 (0.42)	.52
Maximal inflation pressure, mean (SD), atm	16.5 (3.9)	16.4 (4.4)	.87
Proximal reference, mean (SD), mm ²			
External elastic membrane area	17.52 (5.34)	17.27 (5.04)	.56
Lumen area	9.02 (3.51)	8.86 (3.27)	.57
Minimal lumen area, mean (SD), mm ²	6.09 (1.91)	5.71 (1.71)	.008
Distal reference, mean (SD), mm ²			
External elastic membrane area	9.44 (3.98)	10.94 (3.83)	<.001
Lumen area	5.55 (1.82)	6.83 (1.68)	<.001

- IVUS criteria for stent optimization after PCI was defined as a minimal lumen cross-sectional area greater than the lumen cross-sectional area at the distal reference segments.

Hong SJ et al, JAMA 2015;314:2155-63

IVUS XPL

1 Year Primary Endpoint

CAG Guided

IVUS Guided

5.8%

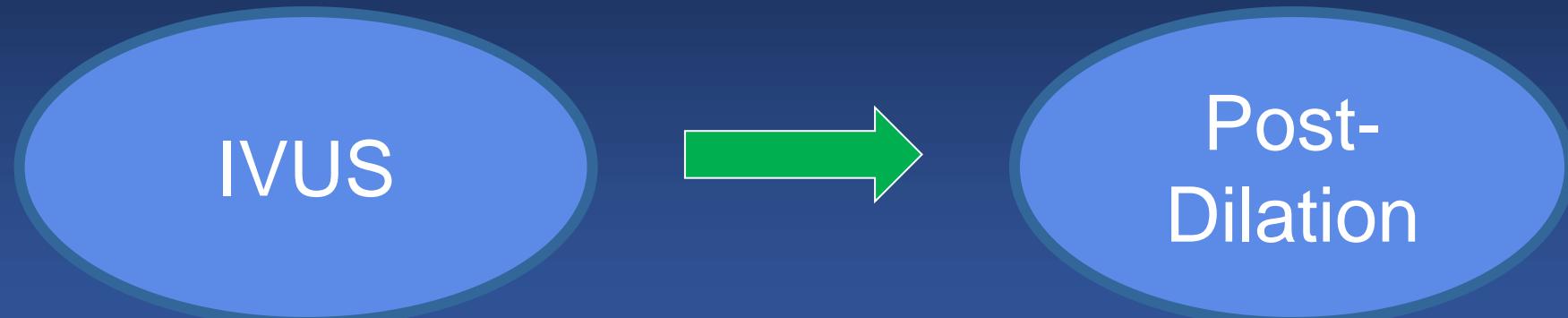
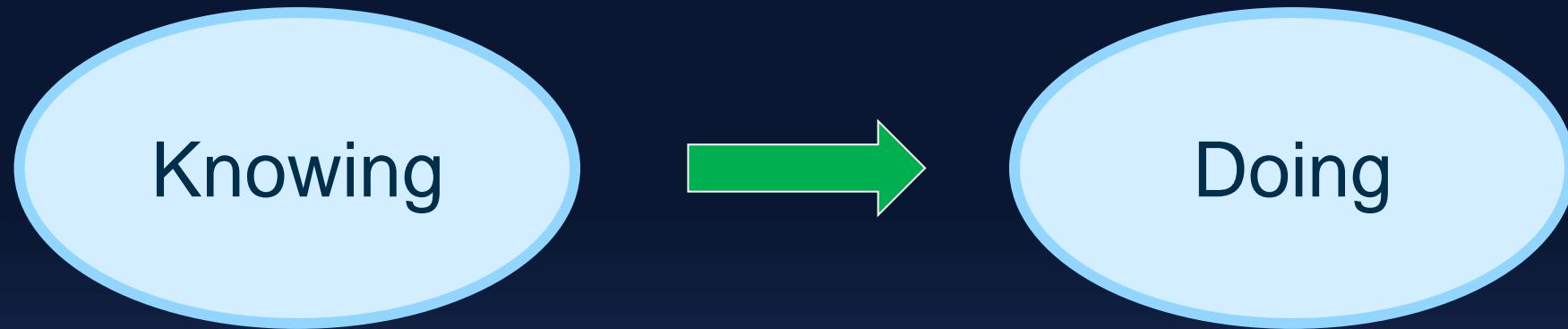
Not Meeting

4.6%

Meeting

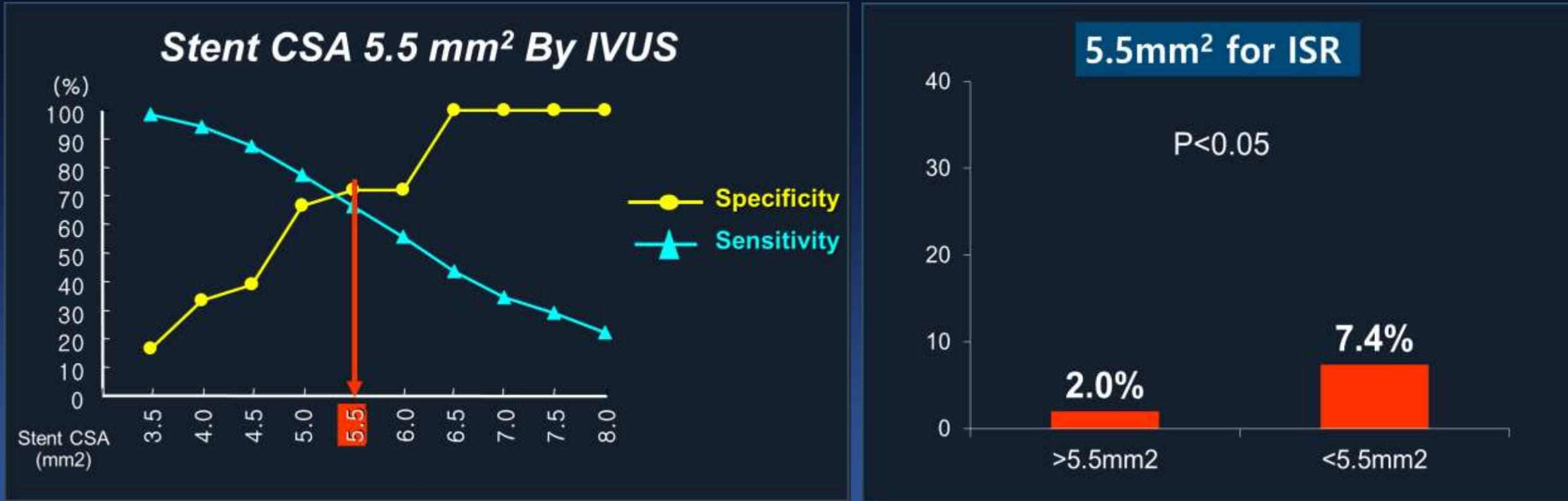
1.5%

- IVUS criteria for stent optimization after PCI was defined as a minimal lumen cross-sectional area greater than the lumen cross-sectional area at the distal reference segments.



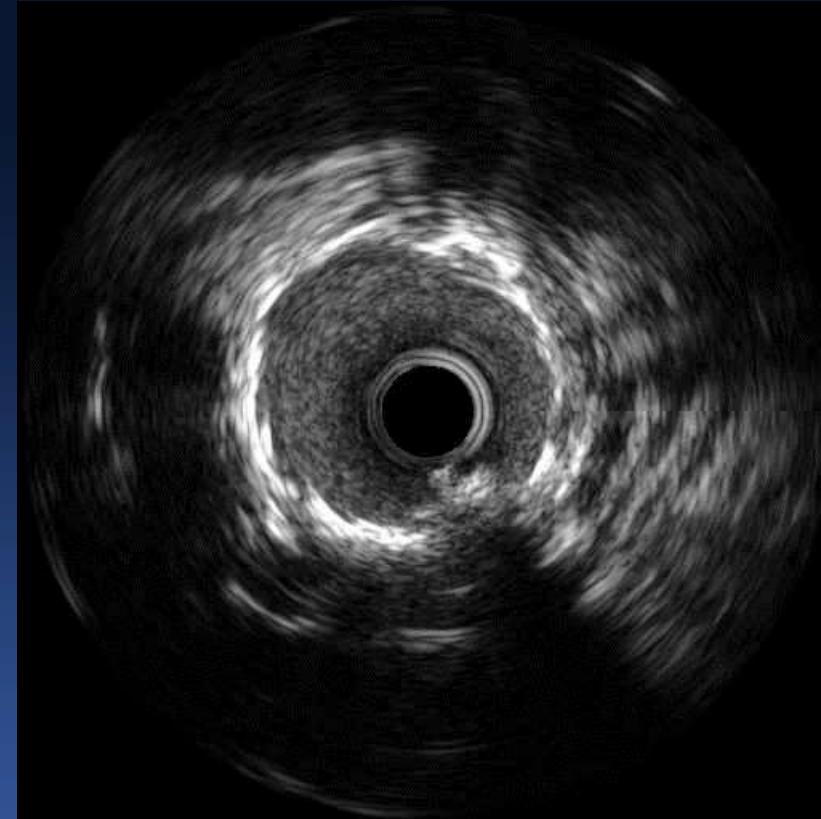
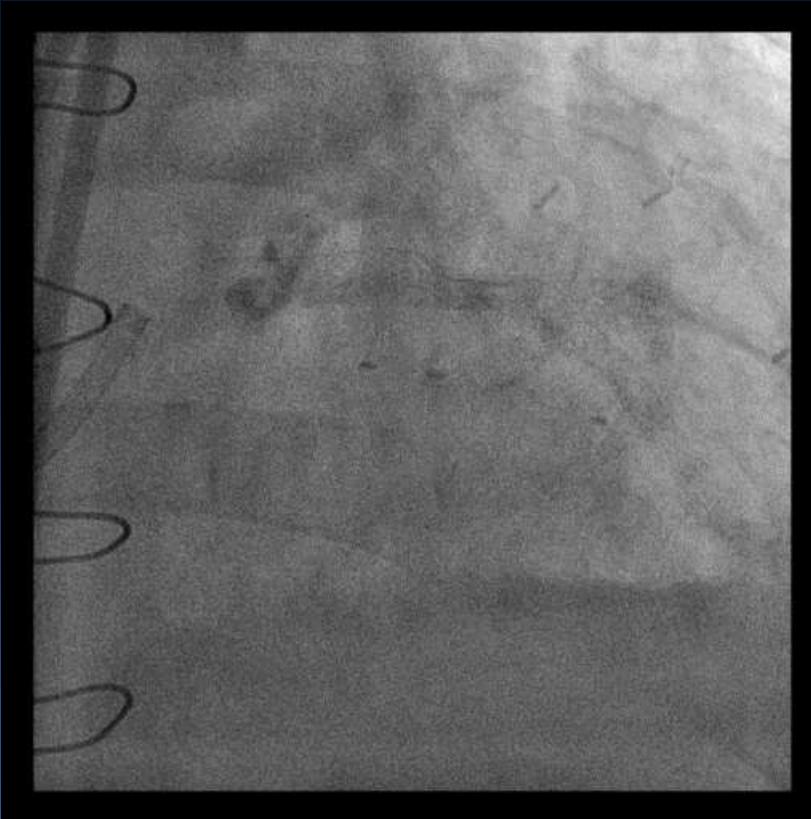
To Achieve Sufficient MSA Without Complication

Minimal Stent Area



Hong MK, Park SJ, et al. Eur Heart J 2006 Jun;27(11):1305-10

Pre-Lesion Modification



What Is Optimal Post Dilation ?

- Optimal post dilation strategy can be defined as the imaging guided post-dilation strategy to achieve the sufficient MSA (“any criteria”) regardless of balloon type and inflation pressure.
- For optimal post dilation, pre-lesion modification is the prerequisite.