

Image guided MVD PCI

State – of – the – art image guided

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KCTA (Korean Cardiovascular Technology Association) Symposium



Today's Lecture

Hot Topic & Hot Discussion; PCI Option for Multi vessel Disease



FFR Guided MVD PCI

Do Hyeng Lim. RT

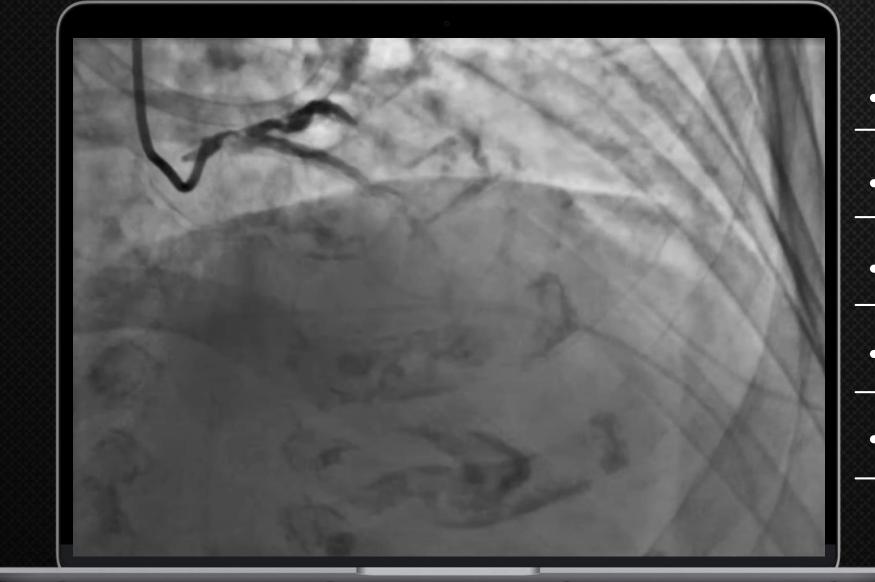


Sang Man Park. RT



STEMI with MVD





It is the most frequent lesion during PCI, and it is necessary to decide whether to treat or not.

The most important thing about MVD is how you treat it. .

• 2 or 3 VD

- LM Bifurcation
- non LM Bifurcation
- Serial or Diffuse

Special situation - AMI, CTO, CABG

MVD



It is the most frequent lesion during PCI, and it is necessary to decide whether to treat or not.

The most important thing about MVD is how you treat it. .

What is complete? **Revascularisation of All stenosis** >50% or >70% or >90% on angiography? with impact on physiology? with impact on prognosis?

What means? Complete revascularisation

How to assess?

Revascularisation angio guided vs physiology guided



Complete revascularization clinical presentation



- Revascularisation of culprit lesion is life-saving procedure

- Non culprit lesions are considered as stable ones

CCS

- All Lesion in MVD are considered as stable ones

Complete vs incomplete Revascularisation, Thomas CUISSET





Key decision points in MV Revascularization

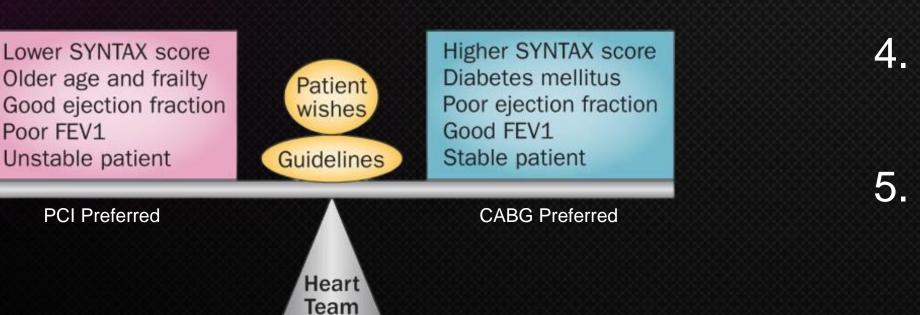
1. What are the goals of therapy?

3. Is the patient high surgical risk?

4. Is the patient insulin dependent?

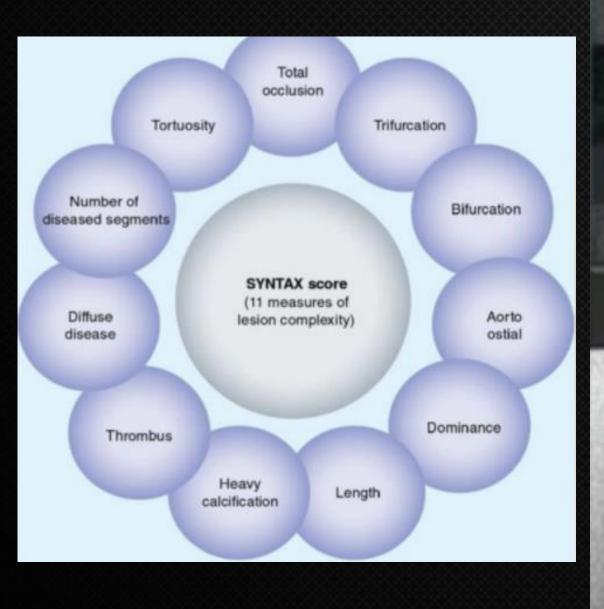
5. WHAT DOSE THE PATIENT WANT?

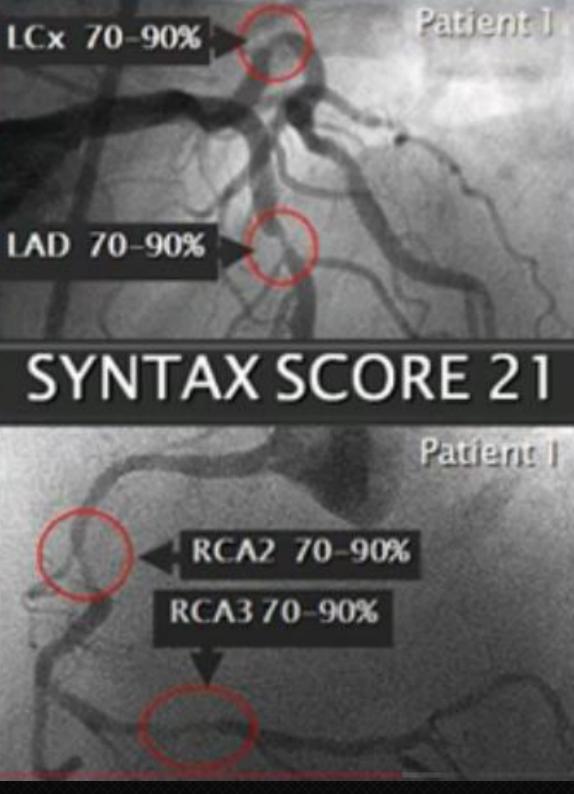
SOLACI Chile Congress 2011. Dr.Ajay Kirtane. Drug-Eluting Stents for Multivessel PCI: Indications and Outcomes. Find more presentations on the web site: www.solaci.org/



2. Can the patient take/adhere to DAPT

New Perspectives in Coronary Artery Disease Lessons from SYNTAX





New Perspectives in Coronary Artery Disease Lessons from SYNTAX

LM 99%

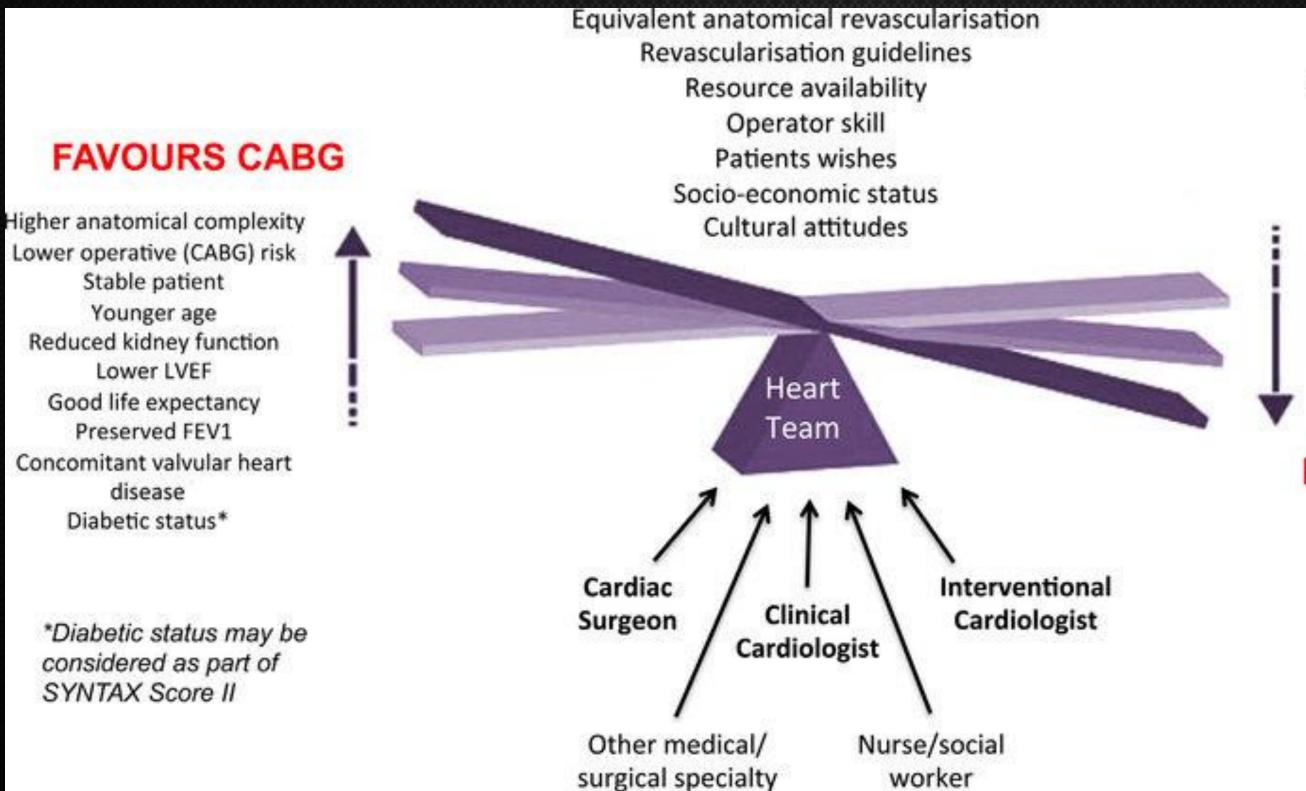
LAD 99%

LCx 100%

SYNTAX SCORE 52

Patient 2 RCA100%

Arrangement of necessary elements for CABG



EuroIntervention 2019;15:434-451. DOI: 10.4244/EIJY19M06_02

Lower anatomical complexity Higher operative (CABG) risk Unstable patient Older age Preserved kidney function Preserved LVEF Reduced life expectancy Reduced FEV1 Left main disease Patient frailty

FAVOURS PCI

Pitfalls and issue relevant to SYNTAX score application in clinical practice

- 1. Time-consuming, with interobserver and intraobserver variability
- 2. Does not account for clinical of procedural variables that are known to impact outcomes during and after PCI
- 3. Underpowered outcomes based upon subgroup analysis
- 4. Does not include any subset of lesion (i.e. in-stent restenosis, stenotic bypass grafts, coronary abnormalies, muscular bridged, aneurysms)
- 5. Does not account for patient choice



Hot Topic & Hot Discussion; PCI Option for Multivessel Disease

Image guided MVD PCI



Whether to treat or not

Where to treat compared to FFR?

Which one is more realistic in an AMI environment?



Practical help of image guided

Help in the ambigous CAD

Longitudinal Miss

Stent Optimization



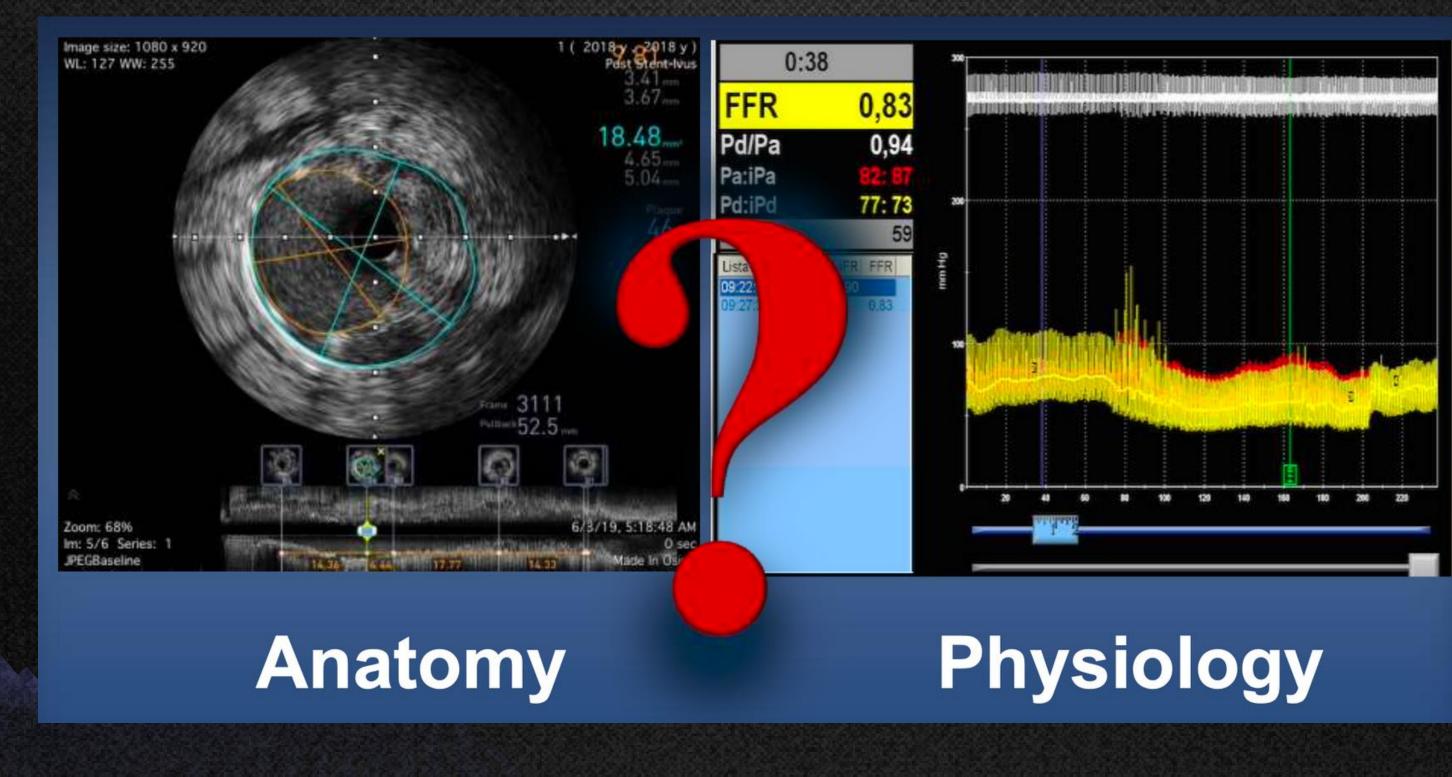
The evolution of image tools

Combination with ANGIO.

Combining with other image sources

Hot Topic & Hot Discussion; PCI Option for Multivessel Disease

It is not a matter of which is more important



Integrated Use of Imaging and Physiology in Left Main PCI: Updates and Impact Your Daily Practice, Duk-Woo Park, MD, PhD (in Press)

State-of-the-art PCI in MVD

CORONARY INTERVENTIONS CLINICAL RESEARCH

Clinical outcomes of state-of-the-art percutaneous coronary revascularisation in patients with three-vessel disease: twoyear follow-up of the SYNTAX II study



Patrick W. Serruys^{1,2*}, MD, PhD; Norihiro Kogame³, MD; Yuki Katagiri³, MD; Rodrigo Modolo³, MD: Pawel E. Buszman^{4,5}, MD, PhD: Andres Iniguez⁶, MD, PhD: Javier Goicolea7, MD, PhD; David Hildick-Smith8, MD; Andrzej Ochala3, MD, PhD; Dariusz Dudek⁹, MD, PhD; Jan J. Piek³, MD, PhD; Joanna J. Wykrzykowska³, MD, PhD; Javier Escaned10, MD, PhD; Adrian P. Banning11, MBBS, MD; Vasim Farooq12, MBChB, PhD; Yoshinobu Onuma², MD, PhD

1. Heart-team discussion 2. Functional-guided approach (FFR/iFR) 3. IVUS-guided PCI optimization 4. Contemporary PCI/CTO techniques 5. GDMT (guideline-directed medical therapy)



Hot Topic & Hot Discussion; PCI Option for Multivessel Disease

Anatomy vs. Functional signficance





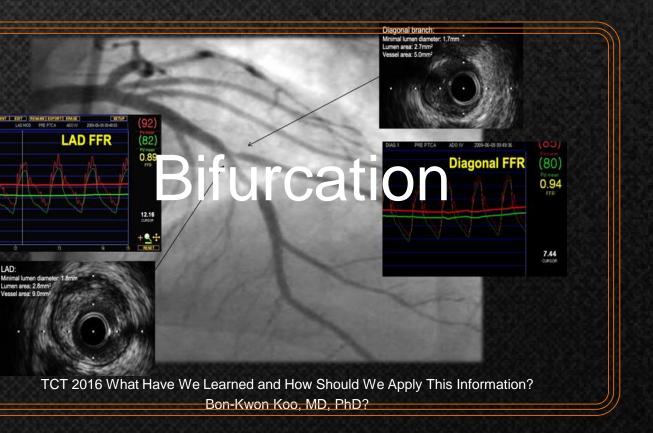




Image Guided

Angio Guided vs IVUS/OCT Guided

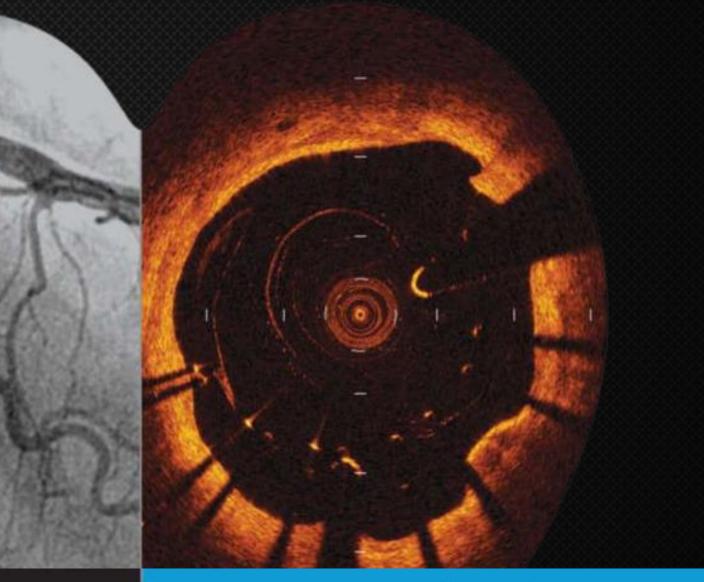
arteries visualized with 2D angiography

Low resolution black and white image





no inside view of artery possibility of improper stent placement



arteries visualized in 3D OCT guided angiography

High resolution color image



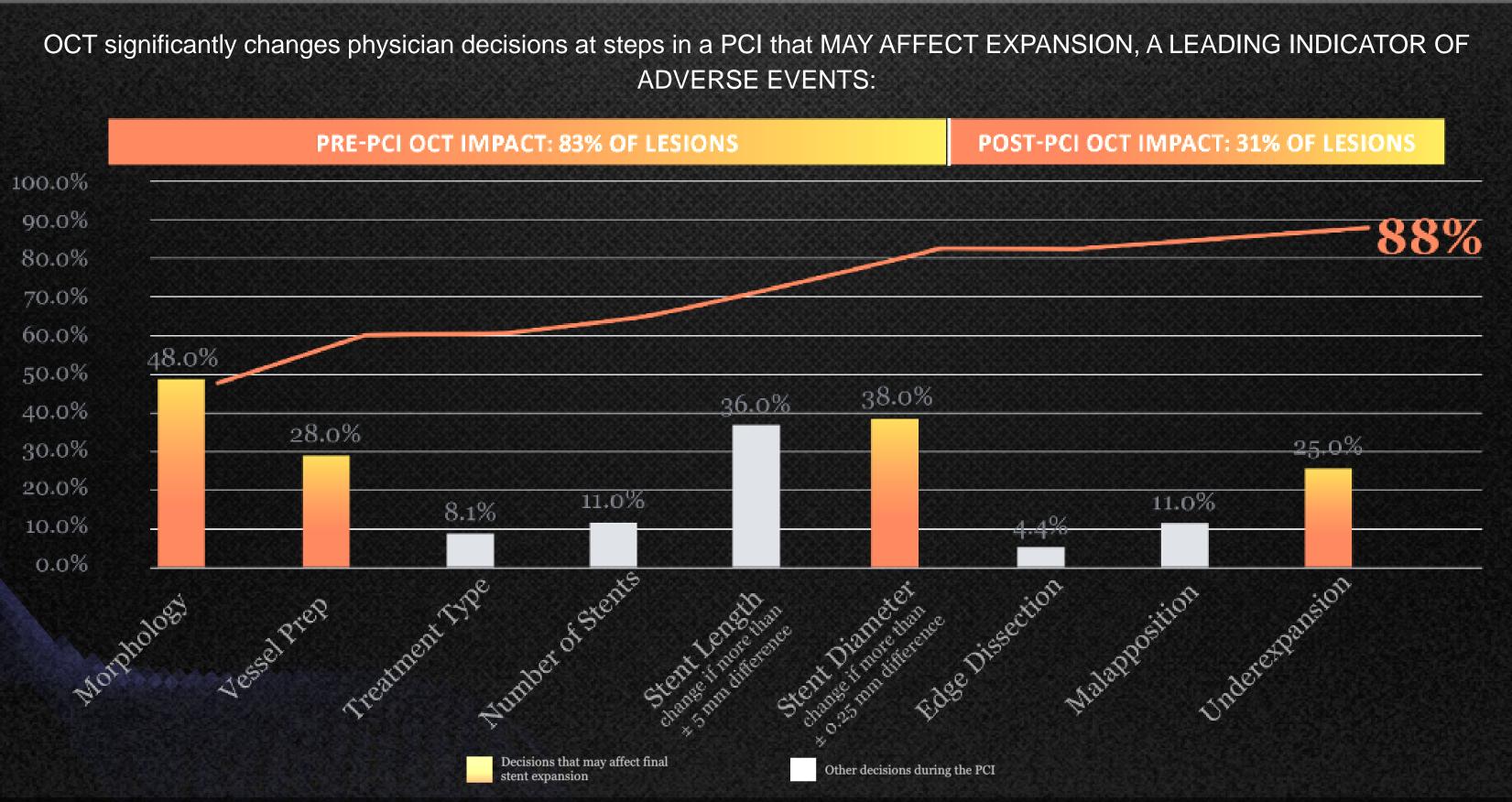
helps improving clinical results

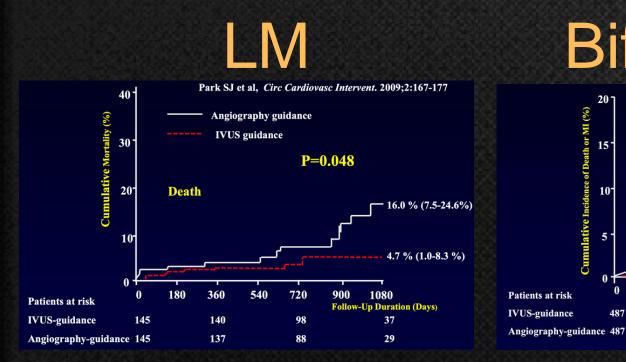


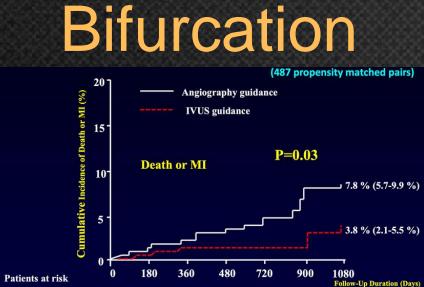
35% less procedural complications

OCT Changed Angiographic-based Decisions in 88% of Lesions

ADVERSE EVENTS:





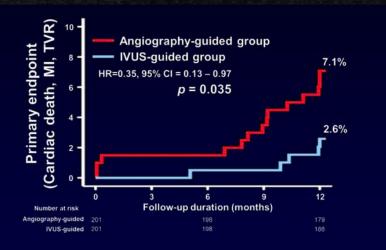


467

469

487

CTO



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

Diffuse

Kim JS, Hong MK, et al. Am Heart J 2011:161:180-187

281

346

118

124

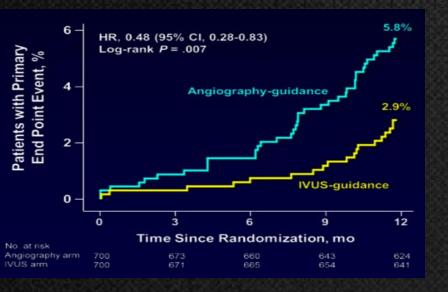
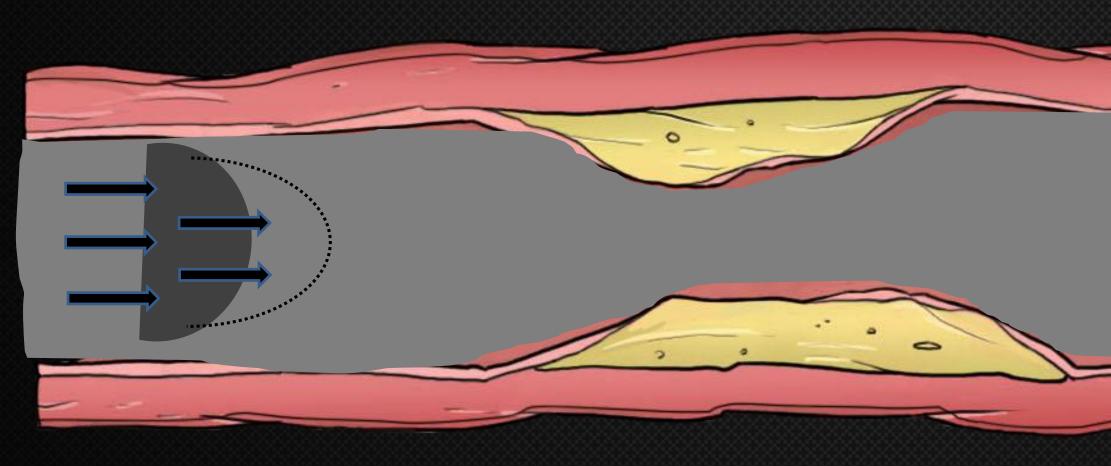
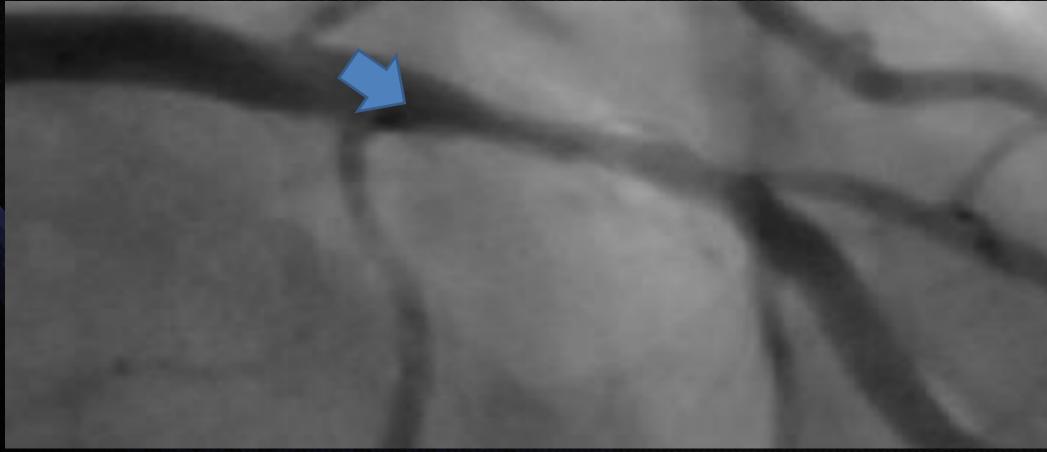


Image guided VS Angio guided

Angiogram → Lumino-gram







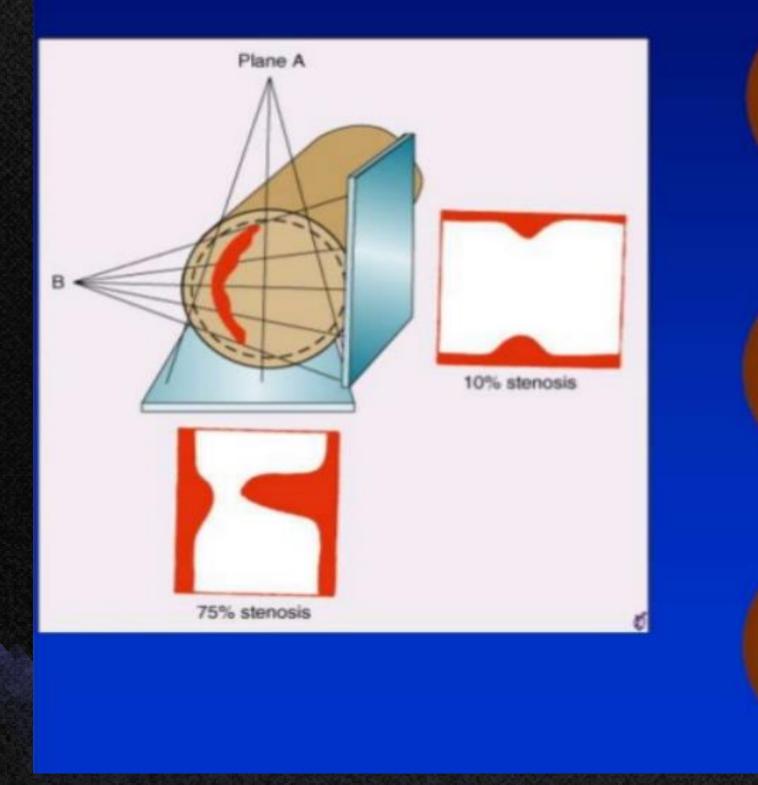
Lumino-gram :혈관내강조영

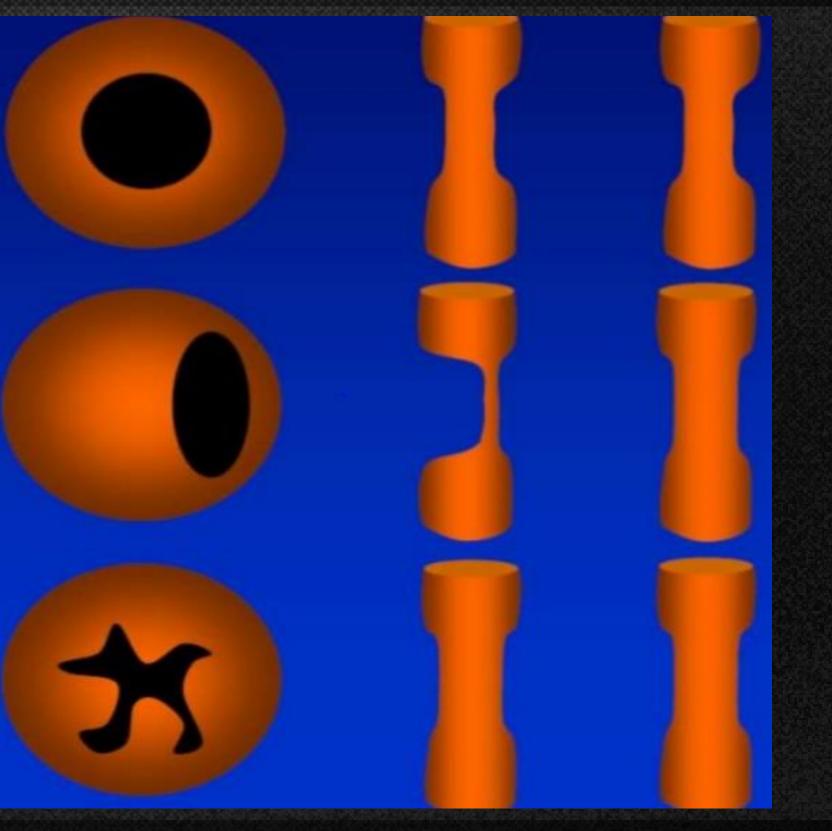
Angiogram (Lumino-gram) vs IVUS (Tomo-gram)

MLD 1.3 mm

MLD 1.3 mm / M to M 3.4mm

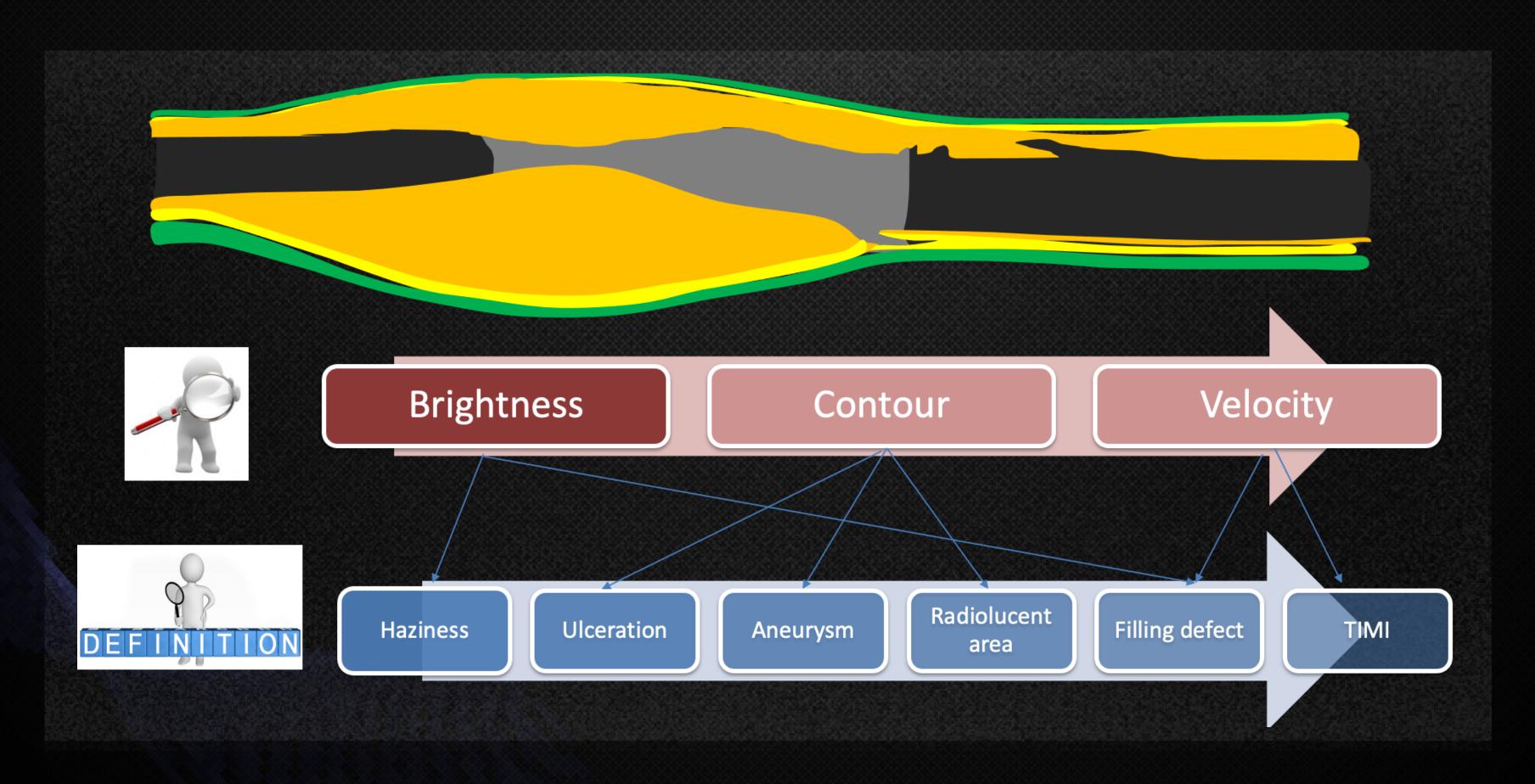
Pitfall of CAG – Axial miss





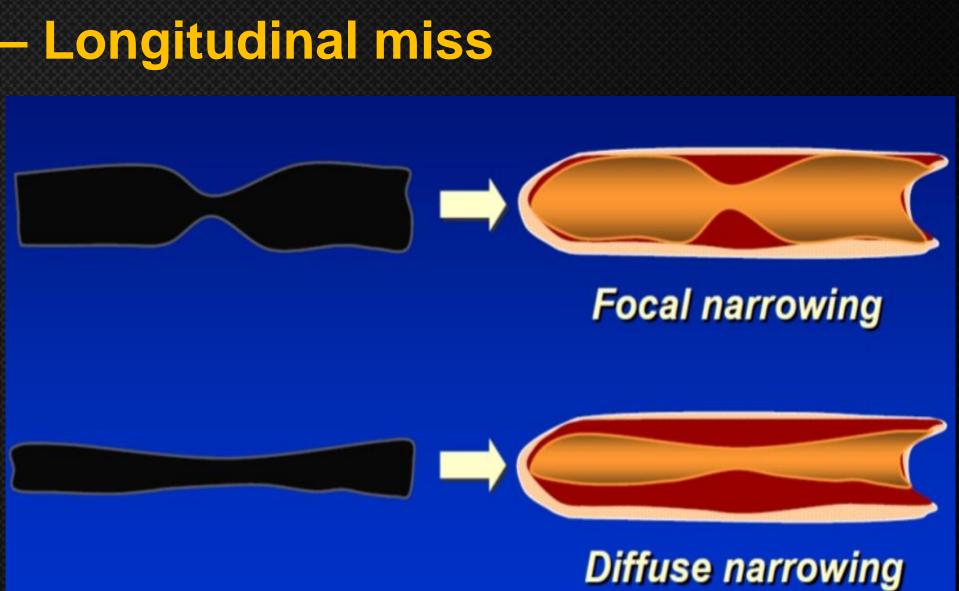


In to the deep dive about plaque morphology



Pitfall of CAG – Longitudinal miss





Ref. miss \rightarrow Hard to Procedure

- Very diffuse lesion (Os to distal) \rightarrow
- Image & physiology miss \rightarrow

CASE 1

widowmaker heart attack

Heart attacks can be deadly, and the widow maker is one of

the deadliest kind. It can happen suddenly when a key artery

that moves blood to the heart gets almost or completely

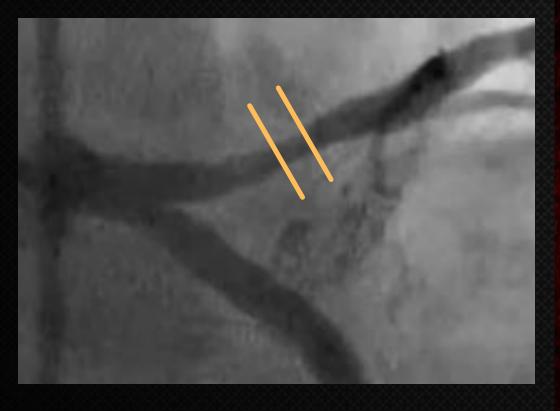
blocked. Without emergency treatment, you may not survive.

ECG: SR, no Qs, no ST-abnormalities Echo: good LV function, no regional wall motion abnormalities Diagnosis: NSTEMI, suspected myocarditis

MINOCA: a case with challenging diagnosis and simple treatment, Dmitry Sulimov

CASE 1

OCT-imaging of the proximal LAD



ungsfaktor: 1.5x

Thin-cap fibroatheroma with ruptured intima at 9 o'clock

1 m erungsfaktor: 1.5x

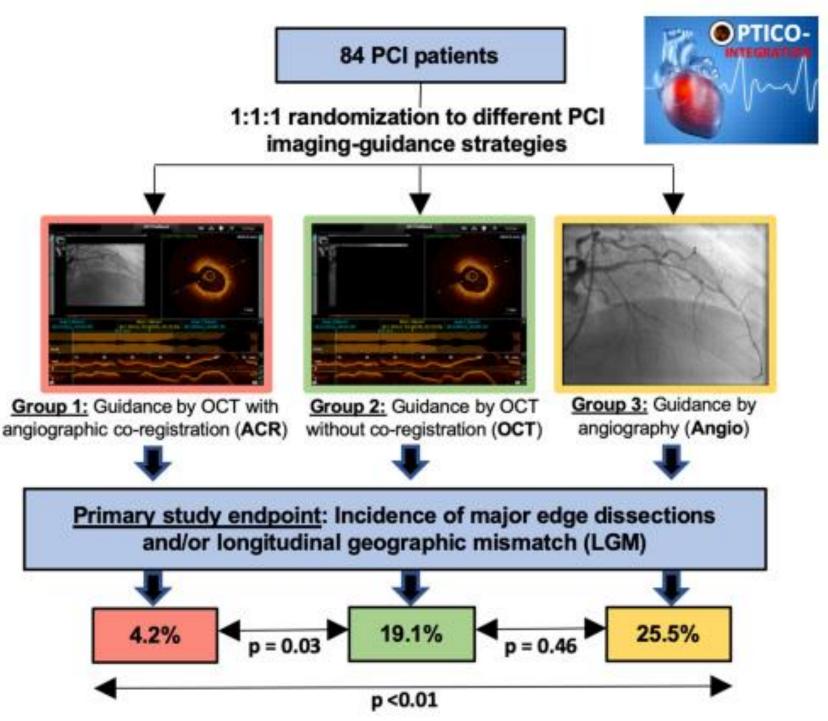
Thrombus on the surface of the lipid rich plaque

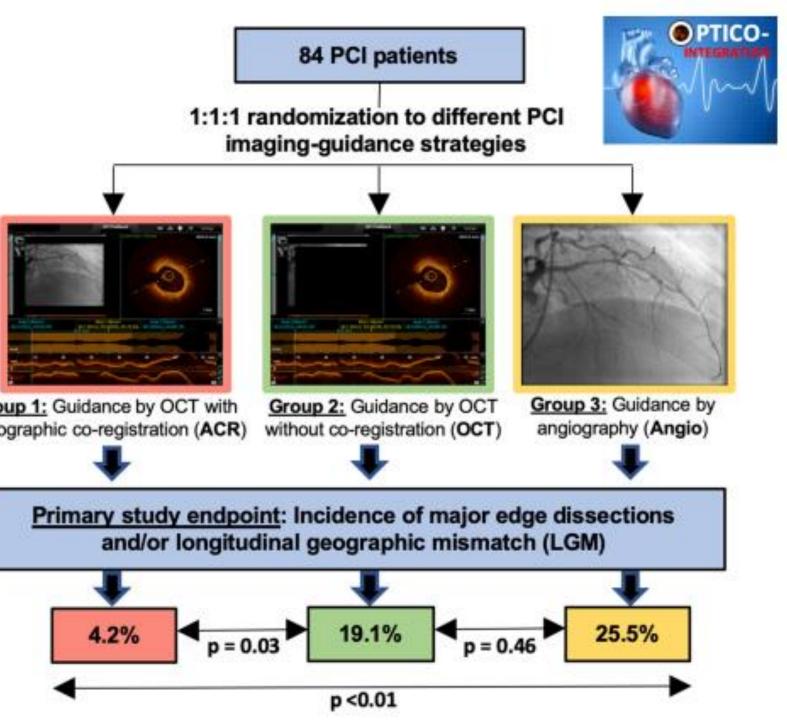
1 n

CASE 2 **OPTICO-integration II**

Impact of real-time angiographic co-registered optical

coherence tomography on percutaneous coronary intervention





This study for the frst time demonstrates superiority of ACR-guided PCI over OCT- and angiography-guided PCI in reducing the composite endpoint of major edge dissection and LGM, which was meanly driven by a reduction of LGM.

CASE 2

OPTICO-integration II

Impact of real-time angiographic co-registered optical coherence tomography on percutaneous coronary intervention:







Group 1: Guidance by OCT with angiographic co-registration (ACR)

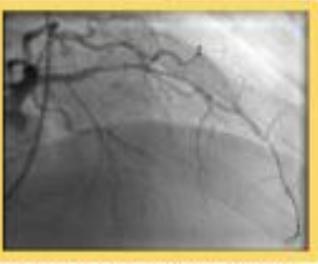
Group 2: Guidance by OCT without co-registration (OCT)

4.2% p = 0.03

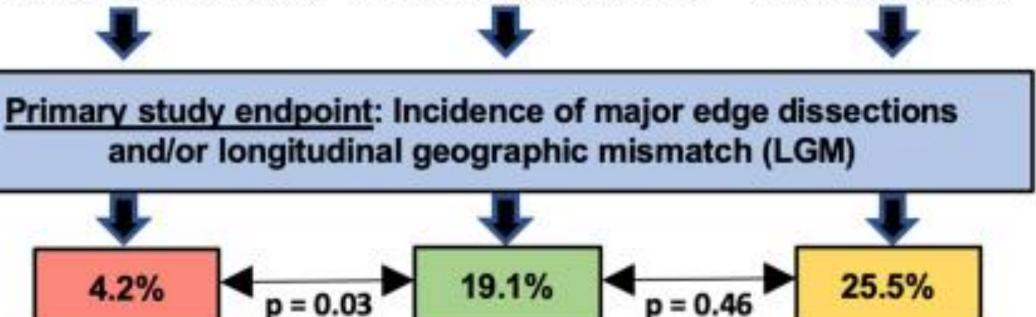
84 PCI patients

1:1:1 randomization to different PCI imaging-guidance strategies





Group 3: Guidance by angiography (Angio)

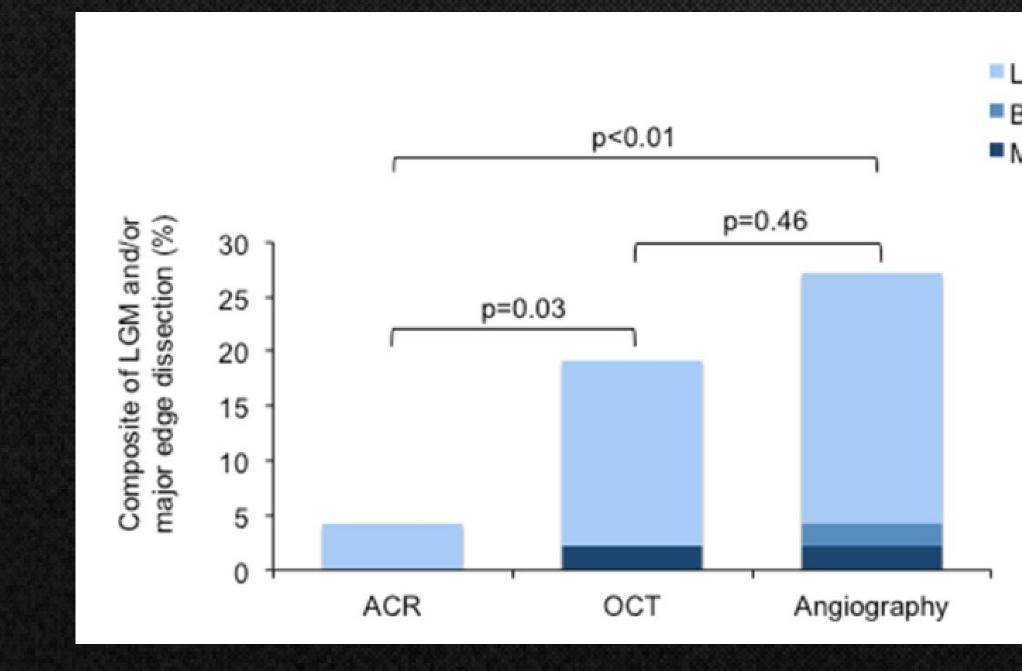


p < 0.01

CASE 2

OPTICO-integration II

Predictors of longitudinal geographic missmatch and/or major edge dissection



Clinical Research in Cardiology (2021) 110:249–257

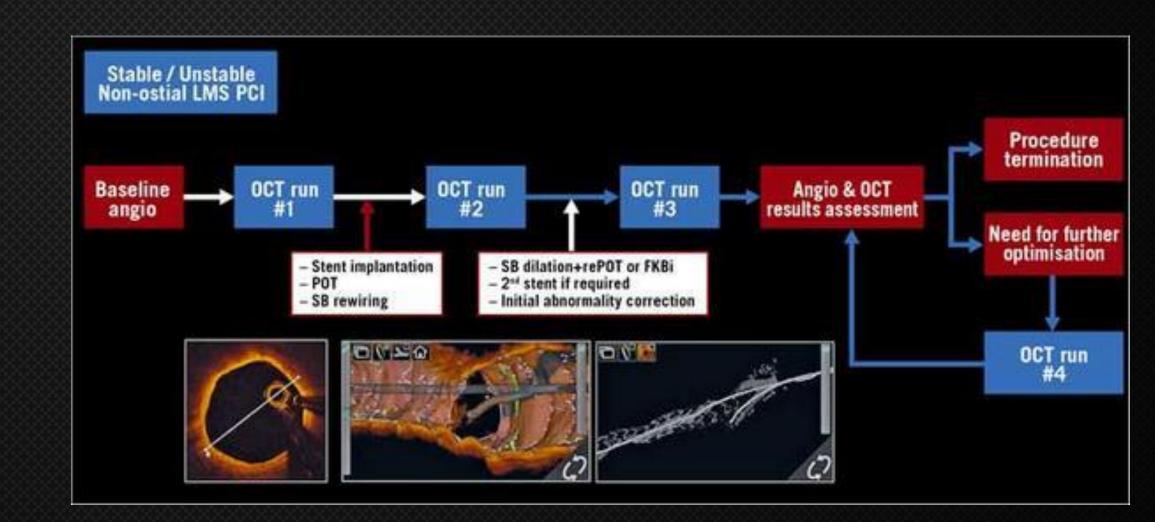
LGM

Both LGM and major edge dissection Major edge dissection

> Abbreviations: LGM = longitudinal geographic mismatch, ACR = angiographic co-registration, OCT = optical coherence tomography

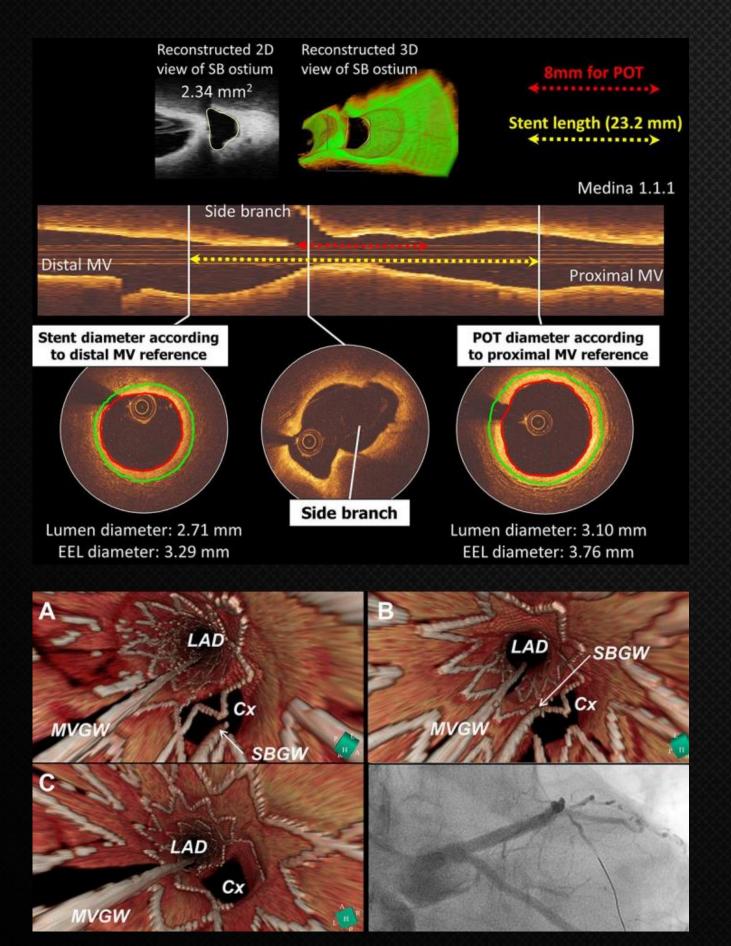
CASE 3 LEMON study

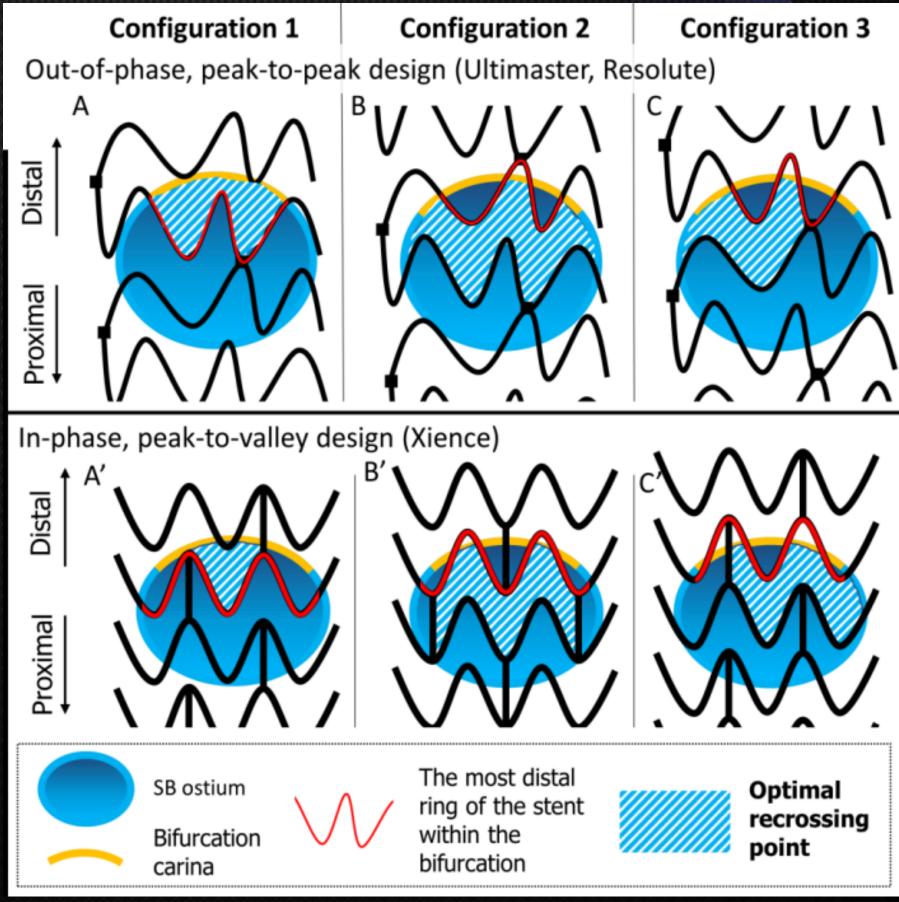
Optical coherence tomography to guide percutaneous coronary intervention of the left main coronary artery: the LEMON study

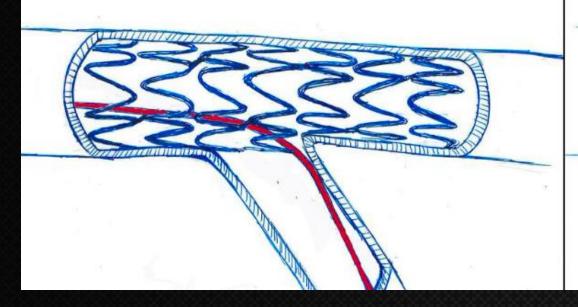


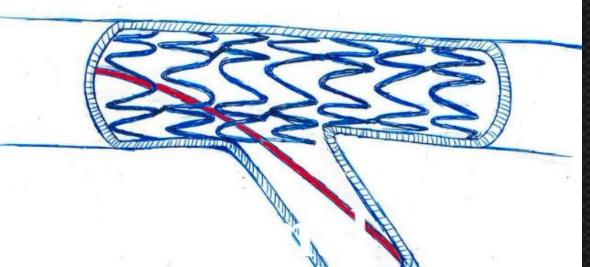
This pilot study is the first to report the feasibility and performance of OCT-guided LMS PCI according to a pre-specified protocol.

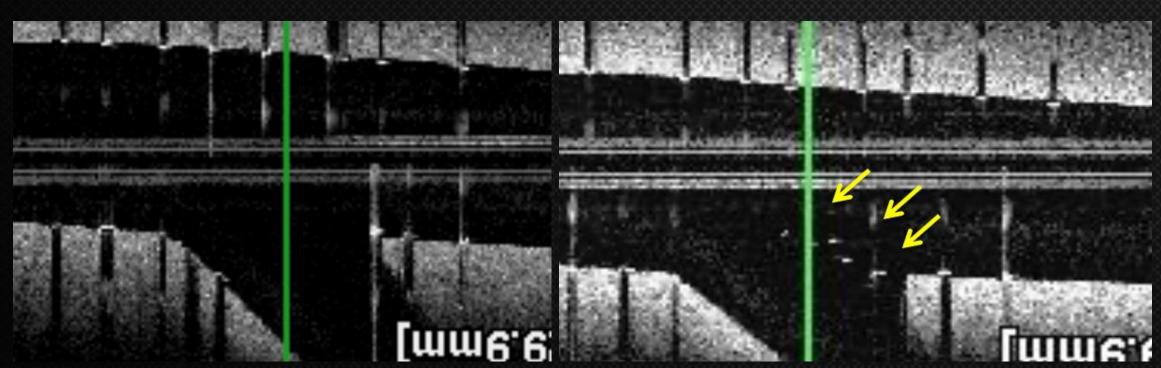
Joint consensus on the use of OCT in coronary bifurcation lesions by the European and Japanese bifurcation clubs

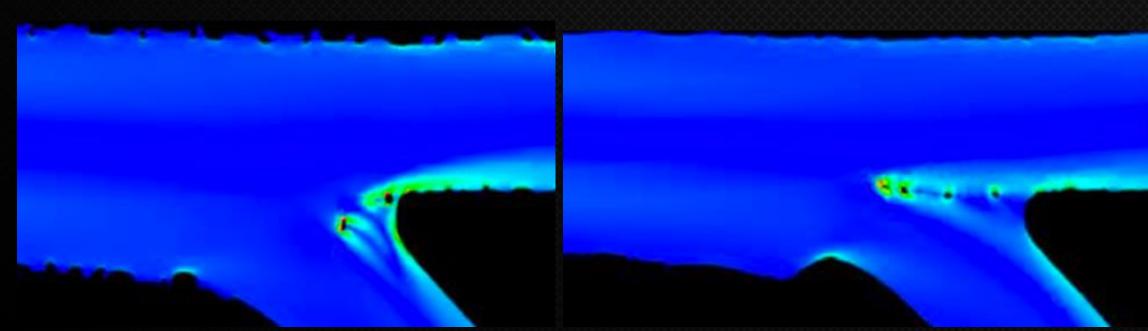








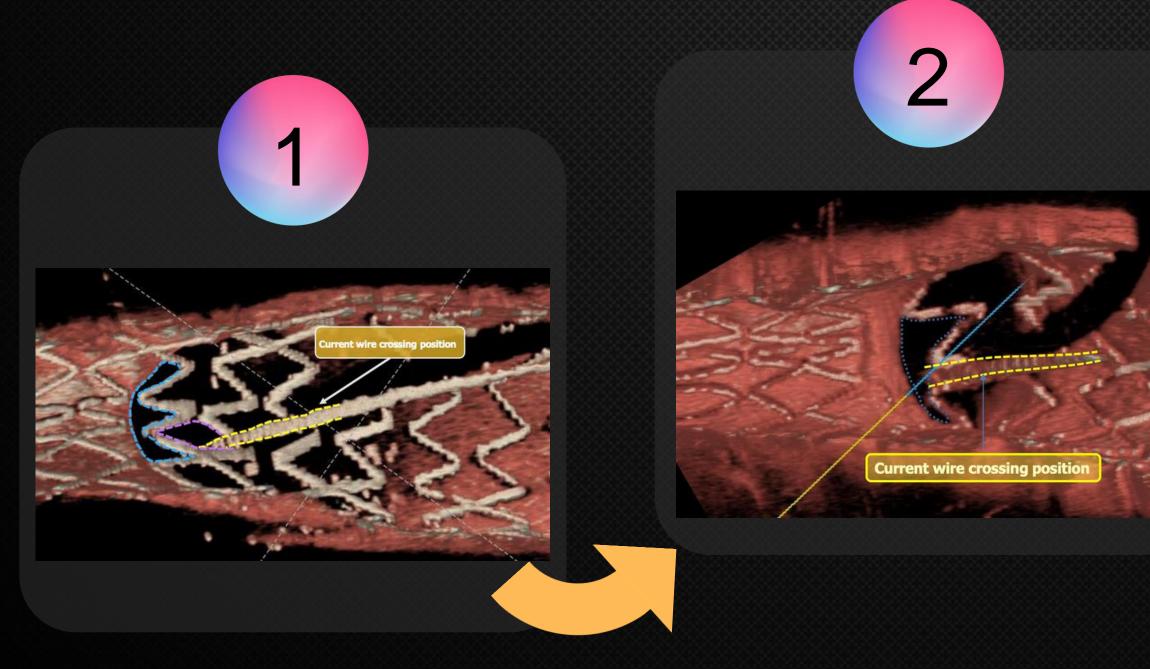


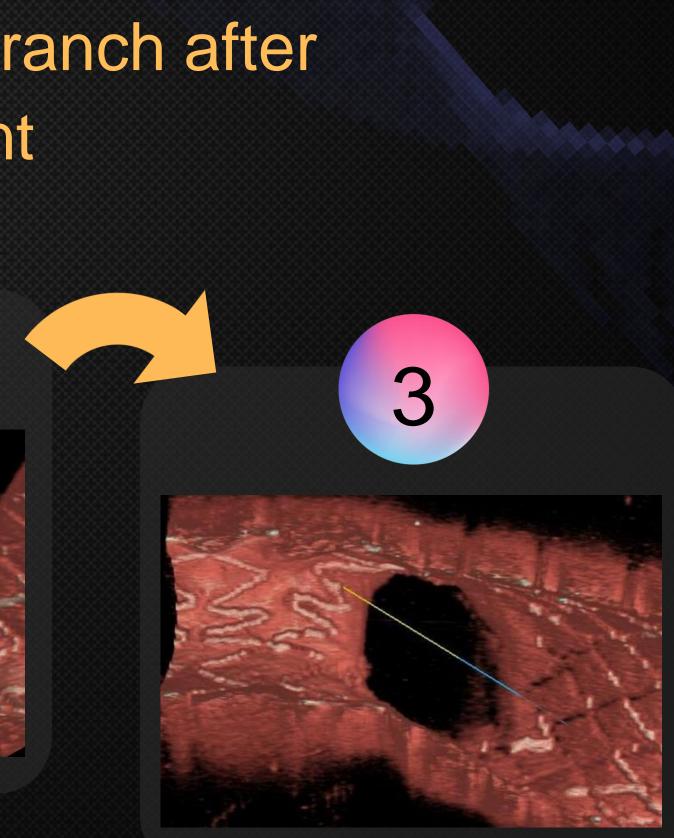


Impact of recrossing wire position on shear stress after ballooning

OCT is Better than IVUS especially for bifurcation PC, Yoshinobu Onuma

Wire re-crossing to side branch after stent deployment





Ongoing RCTs comparing OCT versus angiography-guided bifurcation PCI

	Number of patients	
DOCTOR Recross	60 (angiography: 30, OCT: 30)	Cross sectiona the main vess the side-branc
OPTIMUM	103 (angiography guided: 53, OCT guided: 53)	Acute incompl in bifurcation
OCTOBER	1200 (angiography guided: 600, OCT guided: 600)	To compare monotrome after guided revasor requiring complantation

Endpoint

al stent strut malapposition in sel bifurcation segment facing ch ostium after procedure

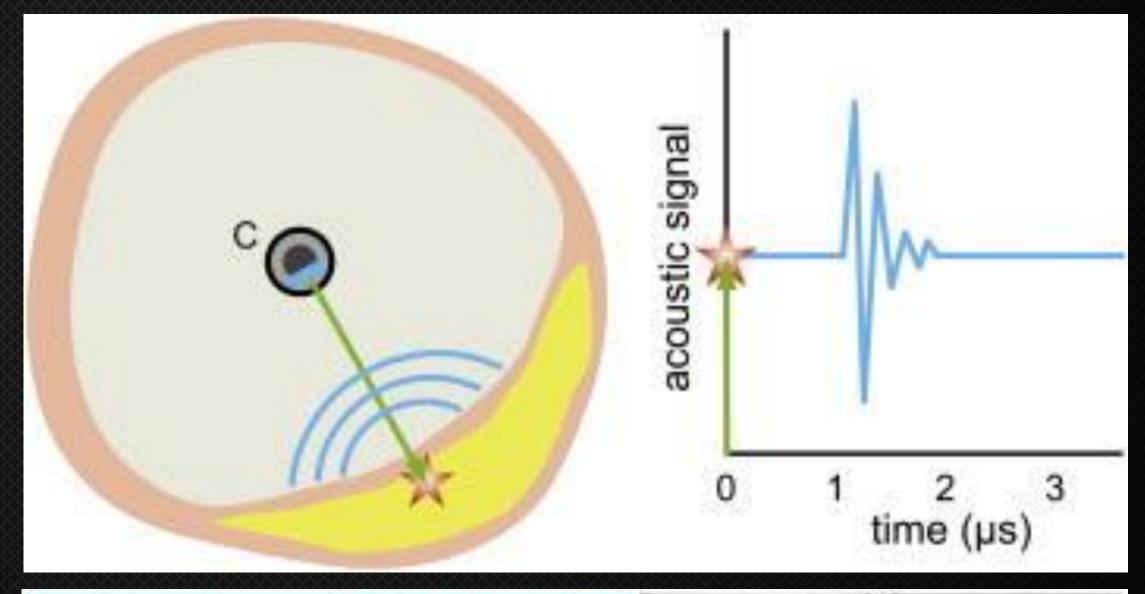
lete strut malapposition

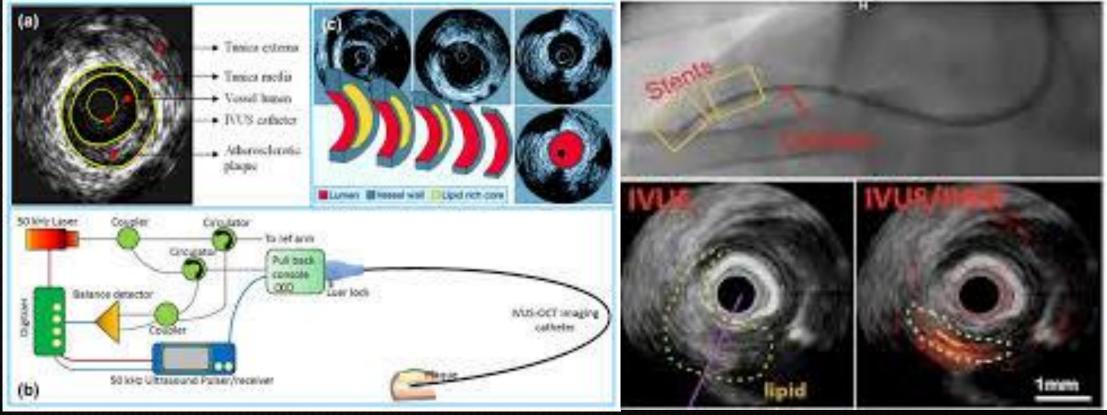
nedian two-year clinical r OCT guided vs. standard cularization of patients plex bifurcation stent

Latest intravavascular image

- It will be possible to detection of LIPID Pool in a better way through combination with a new image source.

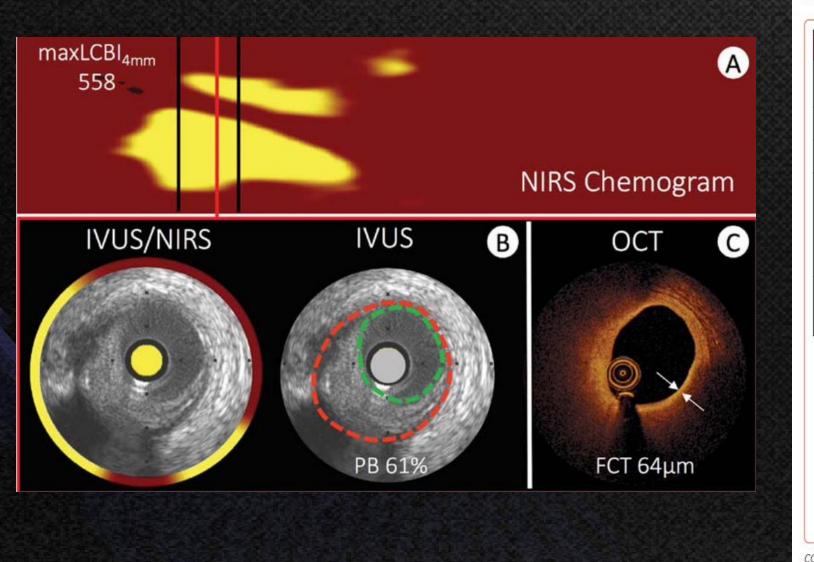
- Change of treatment policy through prediction if vulnerable groups





Through the new modality, it is possible to predict the change of treatment indication.

- It will be possible to detection of LIPID Pool in a better way through combination with a new image source.
- Change of treatment policy through prediction of vulnerable groups



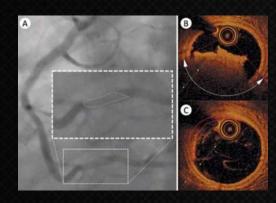
Modalities to Detect High-risk Vulnerable Plagues

Modality	CCTA	IVUS	IVUS-RF Analysis	OCT/OFDI	NIRS
Energy source	X-ray	Ultrasound (20–60 MHz)	Ultrasound (20–40 MHz)	Near-Infrared light	Near-Infrared light
Resolution	0.5–1 mm	100–200 µm	100–200 µm	10–15 µm	NA
Penetration	NA	8–10 mm	8–10 mm	2–3 mm	1–2 mm
Features of high-risk plaque	Eccentric pattern, outward remodeling, low attenuation plaque by HU, spotty calcification, napkin ring sign	Eccentric pattern, outward remodeling, large plaque burden, large lipid core (echolucent core), spotty calcification	Plaque composition (fibrous, fibro -fatty, necrotic core, And calcification), large necrotic core (RF-IVUS- derived TCFA)	Thin fibrous cap, macrophage Infiltration, neovascularization, large lipid core, spotty calcification	High lipid contents (high LCBI)
Limitation	Radiation, contrast agent, limited spatial resolution	Invasiveness, limited spatial resolution	Invasiveness, limited spatial resolution,	Invasiveness, limited tissue penetration, need for flushing	Invasiveness, limited tissue penetration
	resolution			need for flushing	



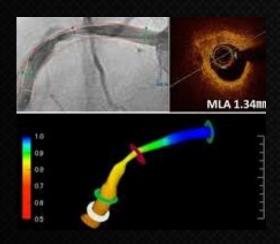
CCTA = coronary CT angiography; HU = Hounsfield unit; IVUS = intravascular ultrasound; RF = radiofrequency; OCT = optical coherence tomography; OFDI = optical frequency domain imaging; NIRS = near-infrared spectroscopy; NA = not applicable; TCFA = thin-cap fibroatheroma; LCBI = lipid-core burden index. Source: Madder et al.¹⁰ Adapted with permission from Elsevie.

Figure 2: Characteristics of Invasive and Non-invasive Coronary Imaging



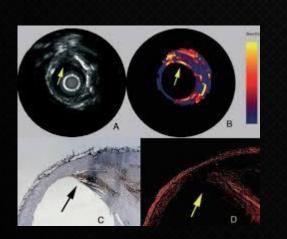
Ambigous CAD

- Imaging of angiographically ambiguous coronary findings
- Find of reference size



MLA

- Anatomical significant is used as a reference value



Vulnarability

- Change of treatment policy through prediction of vulnerable groups

Where to treat compared to FFR?

Hot Topic & Hot Discussion; PCI Option for Multivessel Disease

Image guided MVD PCI



Whether to treat or not

Which one is more realistic in an AMI environment?



Practical help of image guided

Help in the ambigous CAD

Longitudinal Miss

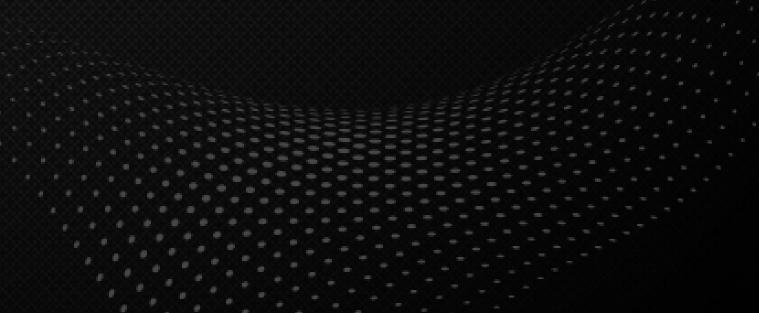
Stent Optimization



The evolution of image tools

Combination with ANGIO.

Combining with other image sources



Hot Topic & Hot Discussion; PCI Option for Multi vessel Disease



Today's Message



What is the key to complete revascularization in MVD? What treatment will help the patient? It evaluates and decides which treatment to perform.



Image guided is essential for MVD treatment, and the recent development of the device helps more accurate and effective treatment.



If the vulnerability of the lesion is evaluated through the synthesis and development of various modalities in the future, the treatment direction will be more diversified.

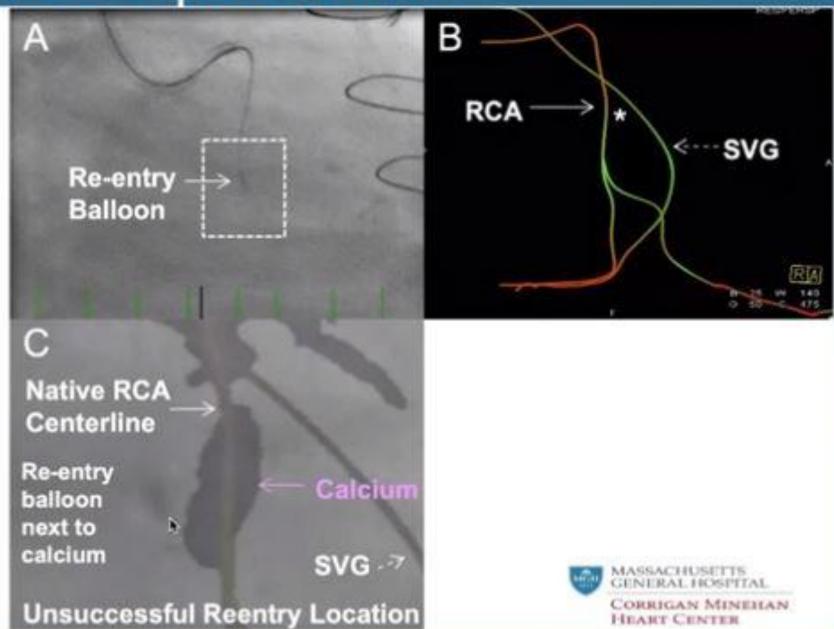
Image guided MVD PCI

It is not a matter of which is more important

Real-time CT fusion reveals how calcium affects ADR procedures

- Antegrade dissection reentry (ADR) requires reentering the true lumen. Reentry is facilitated using a controlled balloon such as the Stingray.
- However, reentry may not be successful due to lesional factors.
- Real-time CT fusion showed how calcium affected am ADR failure and success

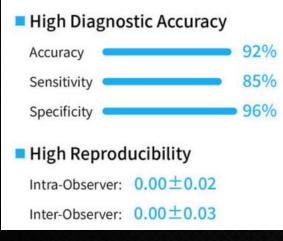
European Radiology 2017



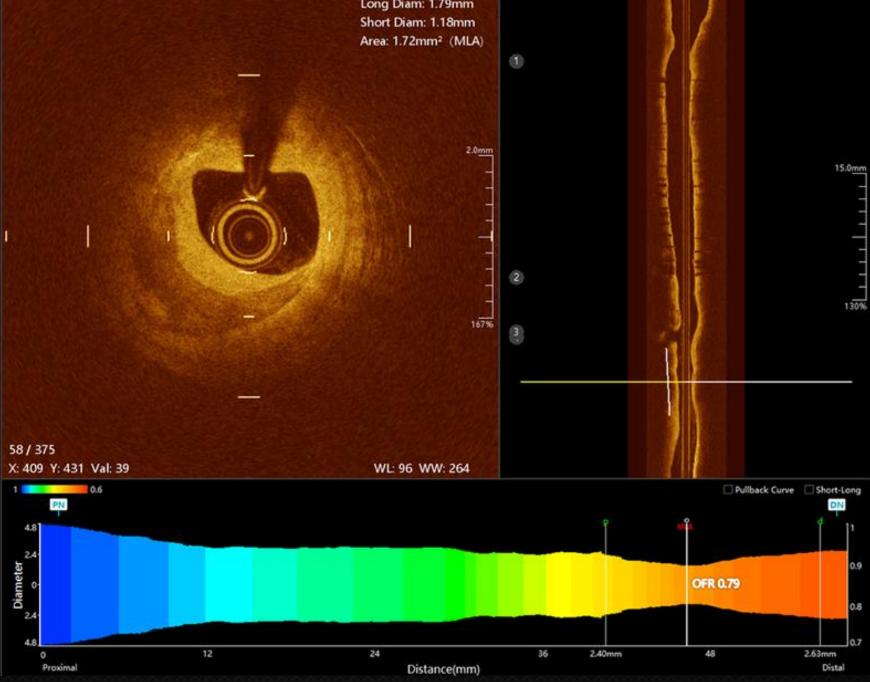
OFR

OCT based FFR

Reliable







Long Diam: 1.79mm

Dogma of complete revascularisation Balancing the riks

PRO

Less Ischemia Less Symptom => Better Prognosis

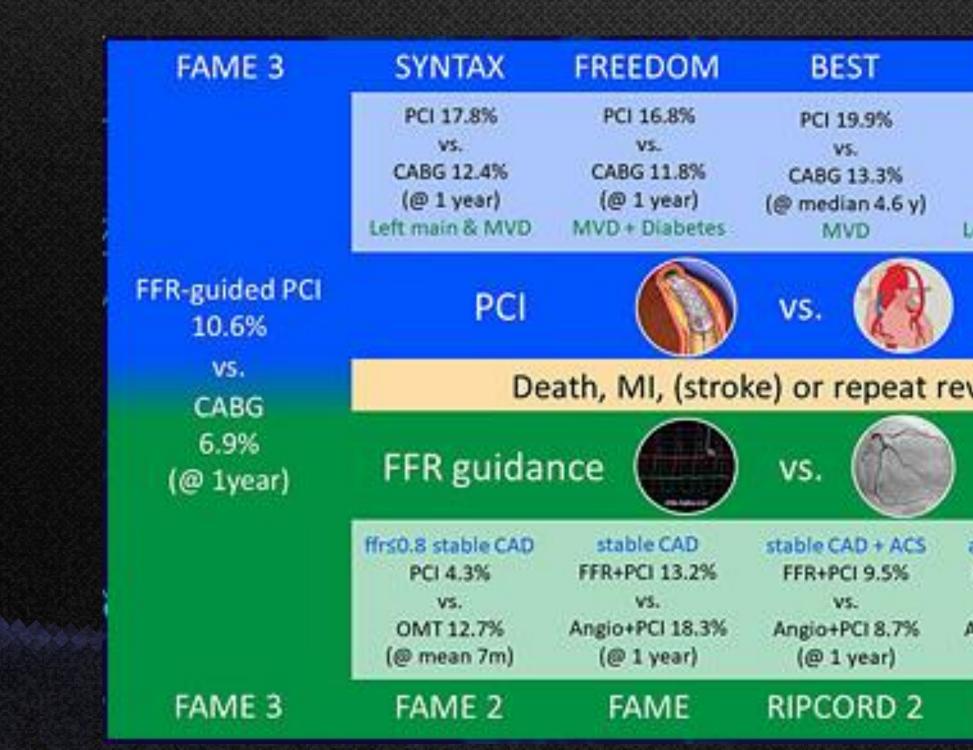
Complete vs incomplete Revascularisation, Thomas CUISSET

CONS

Procedural complication More Stents (High risk ST and ISR) => Impaired Prognosis

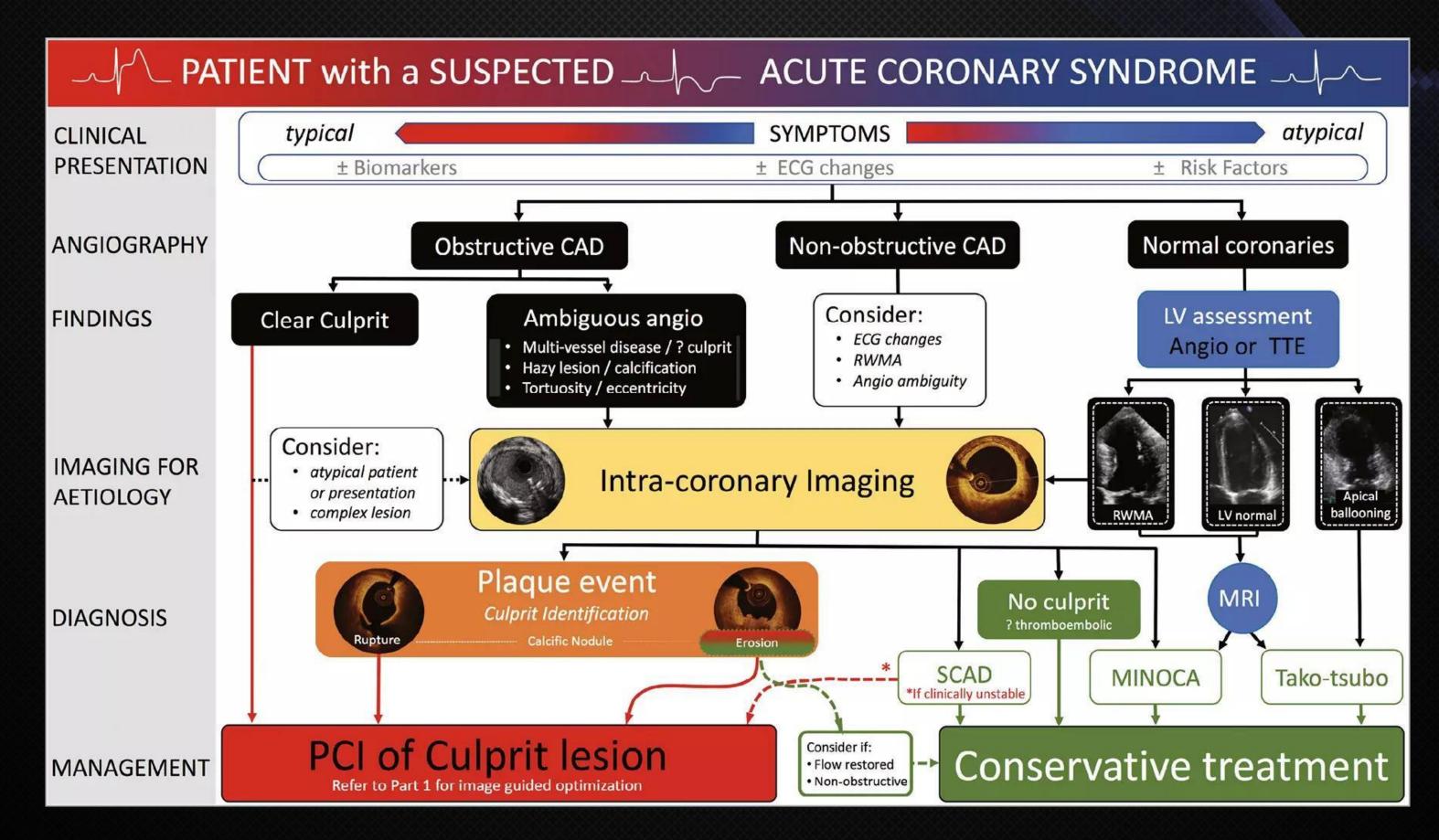


Physiology guided MVD PCI



	EXCEL	NOBLE		
	PCI 23.1% vs. CABG 19.1% (@ 3 years) Left main disease	PCI 29% vs. CABG 19% (@ median 3 y) Left main disease		
)	CABG			
	evascularizati	on		
)	Angiogra	phy alone		
	all-comers MVD FFR+PCI 14.6% vs. Angio+PCI 14.4% (@ 1 year)	STEMI & MVD FFR+PCI 5.5% Vs. Angio+PCI 4.2% (@ 1 year)		

Clinical use of intracoronary imaging



EuroIntervention 2019;15:434-451. DOI: 10.4244/EIJY19M06_02

Five years follow-up of IVUS XPL trial

Randomized Trials

Randomized central trial. HOME DES IVUS. C	ecara carcome and montany evaluation and invasive continuity relation during only examples with the or Cardiovasc interv 2010,75:575:583.	A MEROIR INCOVERS GARANCE.
Chieflo A, Latib A, Caussin C, et al. A prospec	andomized hist of intravasoular ultrasound cuided sumpared to angingraphy guided start implantation in	s complex coronary lesions:
the AVID Intel. Am Heart J 2013;165:65-72.		
Kim JS, Kang TS, Mintz GS, et al. Randomics	son of city call in comes between in the cascular cassound and angiography-goaded drug oluting ster	et implantation for long
coronary artery stensees. JACC Cardiovasc I	0.0307	
Hong SJ, Kim BK, Shin DH, et al, MUS-XPL I	pal. Ety of into scalar atto and guo- giography guided everolinus-elating steri implant	ation: the fVUS-XPL
nandomized clinical blul. JAMA 2015;314:215		
Tan NL, Gami SK, Ve P, et al. Angiographic a	sical y discus of governit draw of verso aging aphy-guided drag-sizing start implantatio	e for pullients with chronic total

- 6) Ron Bio, Shin OH, Hang MK, et al. CTO AVUS Shidy Investigators. Clinical inspect of intravescular attraseund guided chervic total acclusion intervention with cataratinus-studing versus biotimus-chaing stest implentation: randomized study. On: Cardiovasc Interv 2515.8, e002592. 7) Tan D, Wang D, Lia D, et al. Intervancater altrasound-guided unprotected left main coronary artery stenting in the elderty. Saudi Med J 2015;36:549-53.
- Zhang JQ, Shi R, Pang W, et al. Application of intravoscular ultrasound in steril implantation for small coronary arteries. J (Sin Invasive Cardini 2016;3:1-8. Martani J Jr, Guedes C, Soares P, et al. Intravascular ultrasound guidance to minimize the use of lodine contrast in percutateous coronary intervention: the MO2/ART (Minimizing cOntrast utiliZation With MUS Guidance in colfornary angloplaniTy) randomized controlled trial. JACC Cardiovasc Interv. 2014;7:1287-85
- altractural galdence. Des Cardievans Mel J. Ingosol of Parguency don 111 AS 2A. Machara A. Odrivinski Infersy. 2012;5:193-291 111 AS 2A. Machara A. Odrivinski Conference Interest Street Street OPTIMIZE PCI: a randomised controlled that Lancet. 2016;36:18-18-121 Menerski R. Steveloptiani G. Molletti P. et al. Optical Coherence. Street Street Conceasy Syndrome Results of the 16 Daniel. D why guidance for optimal coronary shirt implantation in comparison with intravascular cular ultrasound and with angiography to guide coronary steril implantation (CUMEN III
- alts of Perculaneous Ceronary Intervention In Patients with Non-ST-Elevation Acuta nay Syndrome: Results of the Madicenter, Randomized DOCTORS Sharty (Deep Optical Coherence Tenography Opticities Results of Standard, Circulation, 2016;134:306
- 13) Kube T, Shinke T, Okanwa T, et al. Optical Requescy domain imaging vs. Initianatoxia: uthascend in percetaneous caronary intervention (OPWION trial), are year angiographic and cinical results. Exr Heart J. 2017;32:3139-47
- 14) Kala P, Cervinska P, Jaki M, et al. OCT guidance: during alent implantation in primary PCI. A randomized multicenter study with nine mentities of optical coherence temography below-azand J Candiol. 2618-250-98-105

Meta-analyses

- Zhang Y, Farsoq V, Garcia Garcia HM, et al. Comparison of introvancial altrasound versus angiography-guided drag-eluling stient implantation: a meta analysis of one randomixed. trial and les observational studies involving 19,619 patients. EuroIntervention, 2012/8,855-65
- Remy C, Perfet M, Rainaro A, et al. Use of RVDS guided coronary stanting with drug eluting stant. a systematic review and meta-analysis of randomized centralified clinical Irials and high quality observational studies. Int J Cardiol. 2013;170:54:43.
- Jang JS, Song YJ, Kang W, et al. Intravascular ultrasound-guided implantation of drug-stuting riseth to improve outcome: a meta-analysis. JACC Cardiovaec Interv 2014;7:223:43.
 Alm JM, Kang SJ, Yaon SH, et al. Meta-analysis of outcomes after intravascular ultrasound guided versus angiography-guided drug-studing steel implantation in 25:500 patients serviced in three randomized lists and 14 observational studies. Am J Candel: 2014;113:1338-47.
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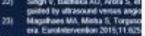
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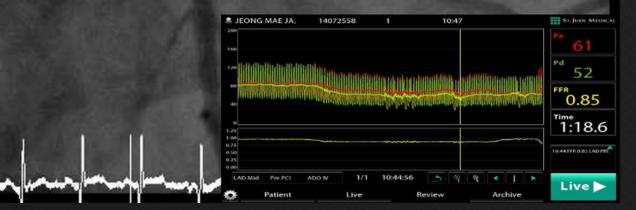
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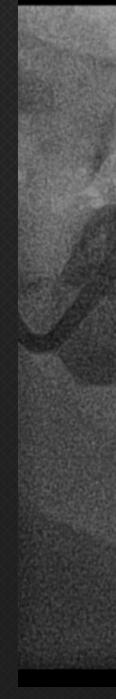
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Evaluation of Jailed side branch

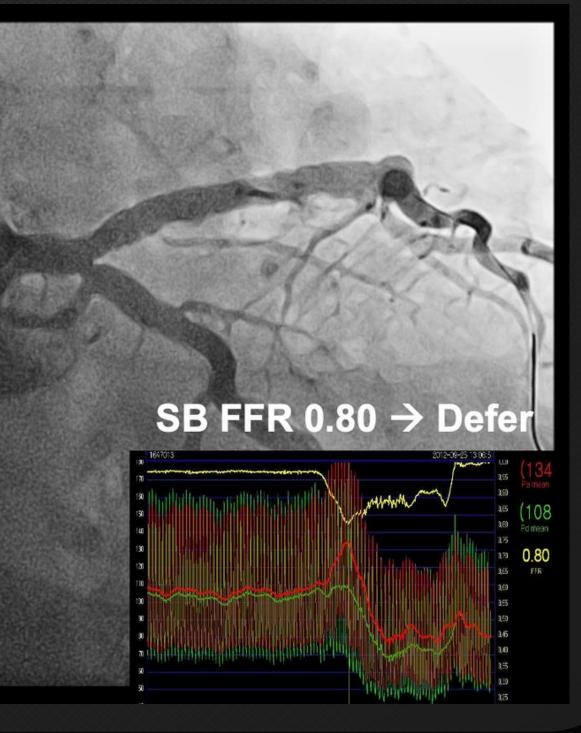
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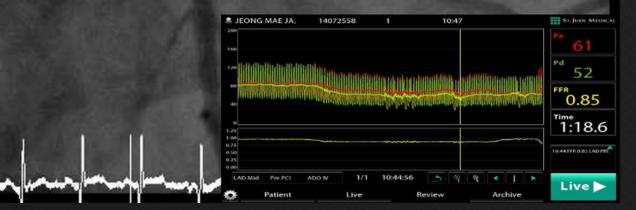
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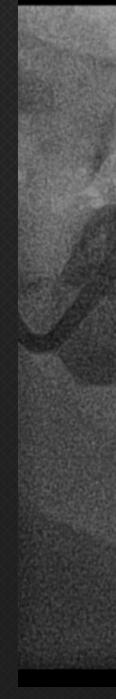


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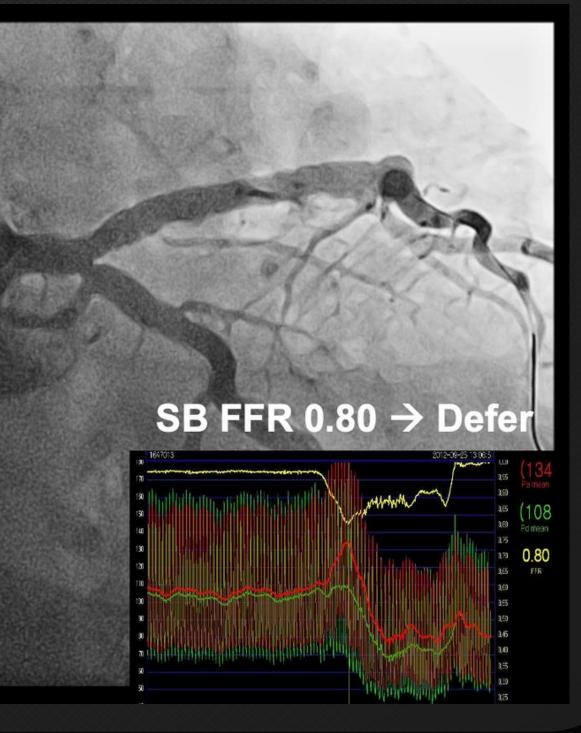
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Meta-analysis of IVUS-Guided DES

Study or		US ed PCI	Angiog guide			Risk Rat
Subgroup	Events	Total	Events	Total	Weight	M-H, Random
MACE						
AIR-CTO, 2015	25	115	29	115	23.2%	0.86 [0.54,
AVIO, 2013	24	142	33	142	22.9%	0.73 [0.45,
CTO-IVUS, 2015	5	201	14	201	5.1%	0.36 [0.13,
HOME DES IVUS, 20	10 11	105	12	105	8.5%	0.92 [0.42,
IVUS-XPL, 2015	19	700	39	700	17.6%	0.49 [0.28,
RESET, 2013	12	269	20	274	10.5%	0.61 [0.30,
Tan et al, 2015	8	61	17	62	8.8%	0.48 [0.22,
Zhang et al, 2016	3	42	9	42	3.3%	0.33 [0.10,
Subtotal (95%)		1635		1641	100.0%	0.64 [0.51,

 Total events
 107
 173

 Heterogeneity: Tau²=0.00; Chi²=6.67, df=7 (P=0.46); 1²=0%
 Test for overall effect: Z=3.88, P=0.0001

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