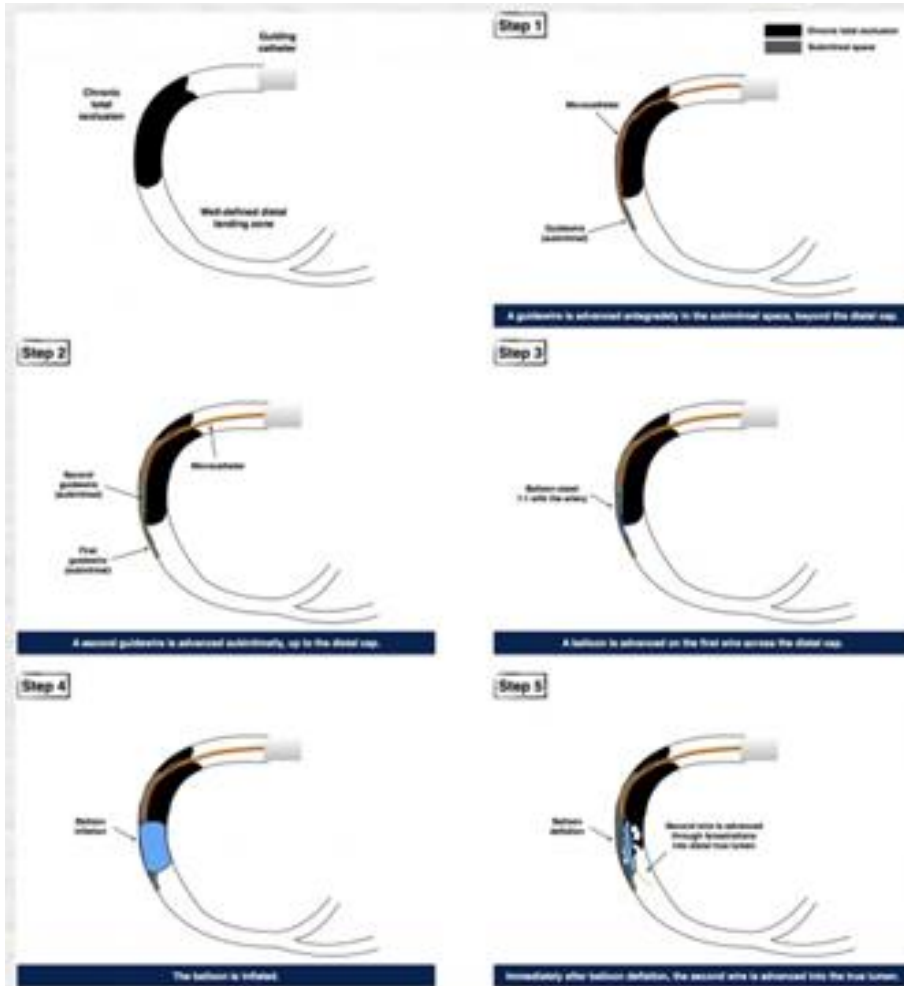


# Current Status of ADR and AFR in CTO PCI

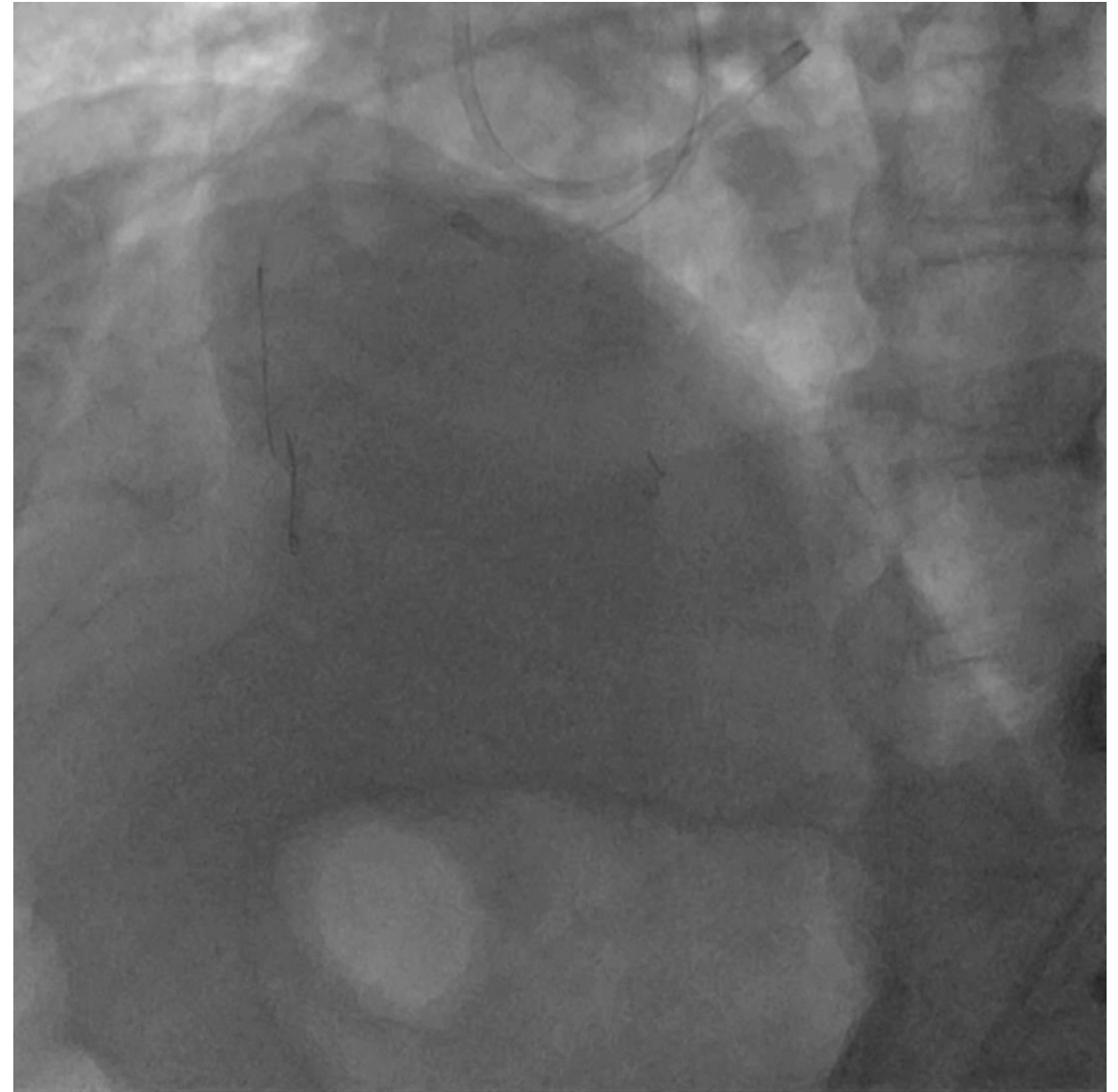
**Toyohashi Heart Center**

**Maoto Habara, M.D.**

# Antegrade Fenestration Re-entry

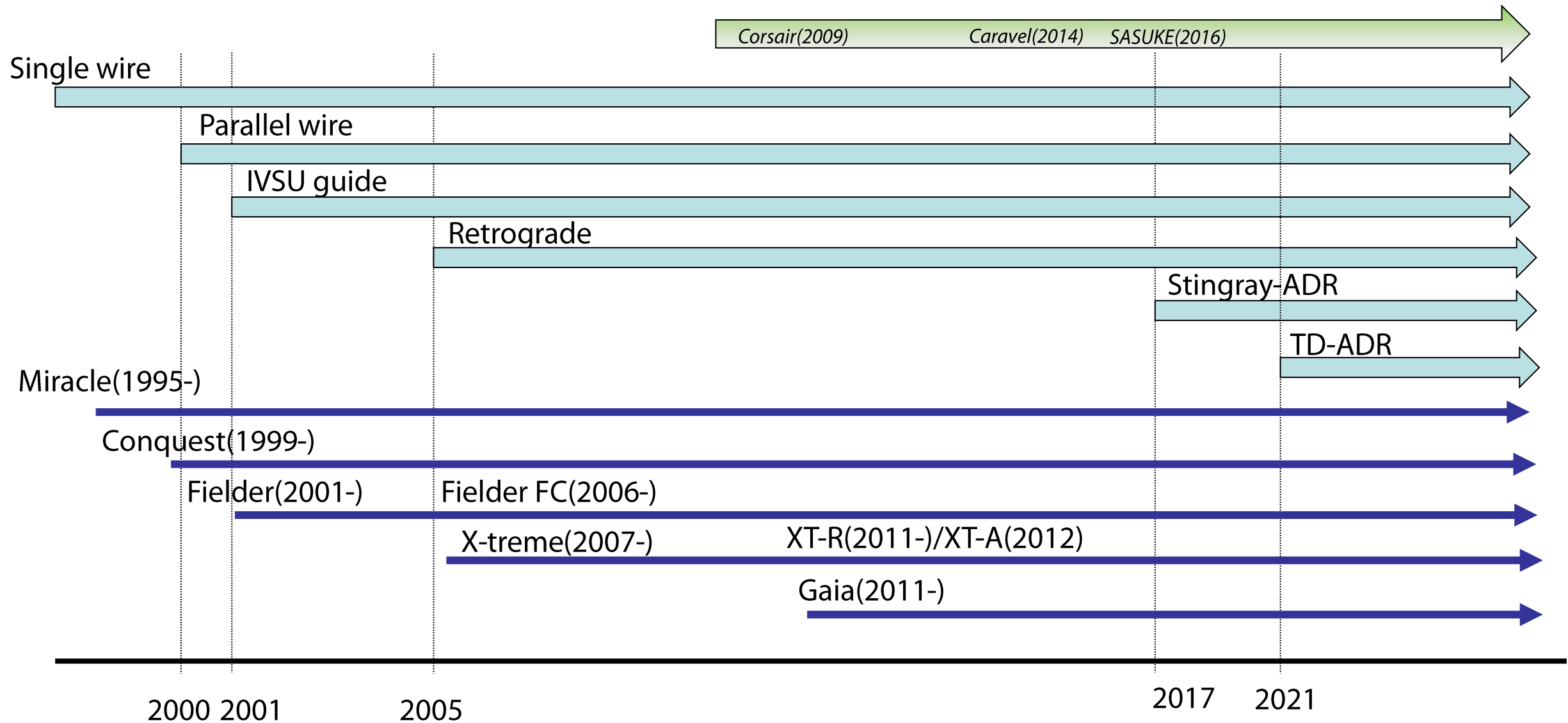


Azzalini L, et al. J Am Coll Cardiol. 2018 Sep, 72 (13\_Supplement) B150.

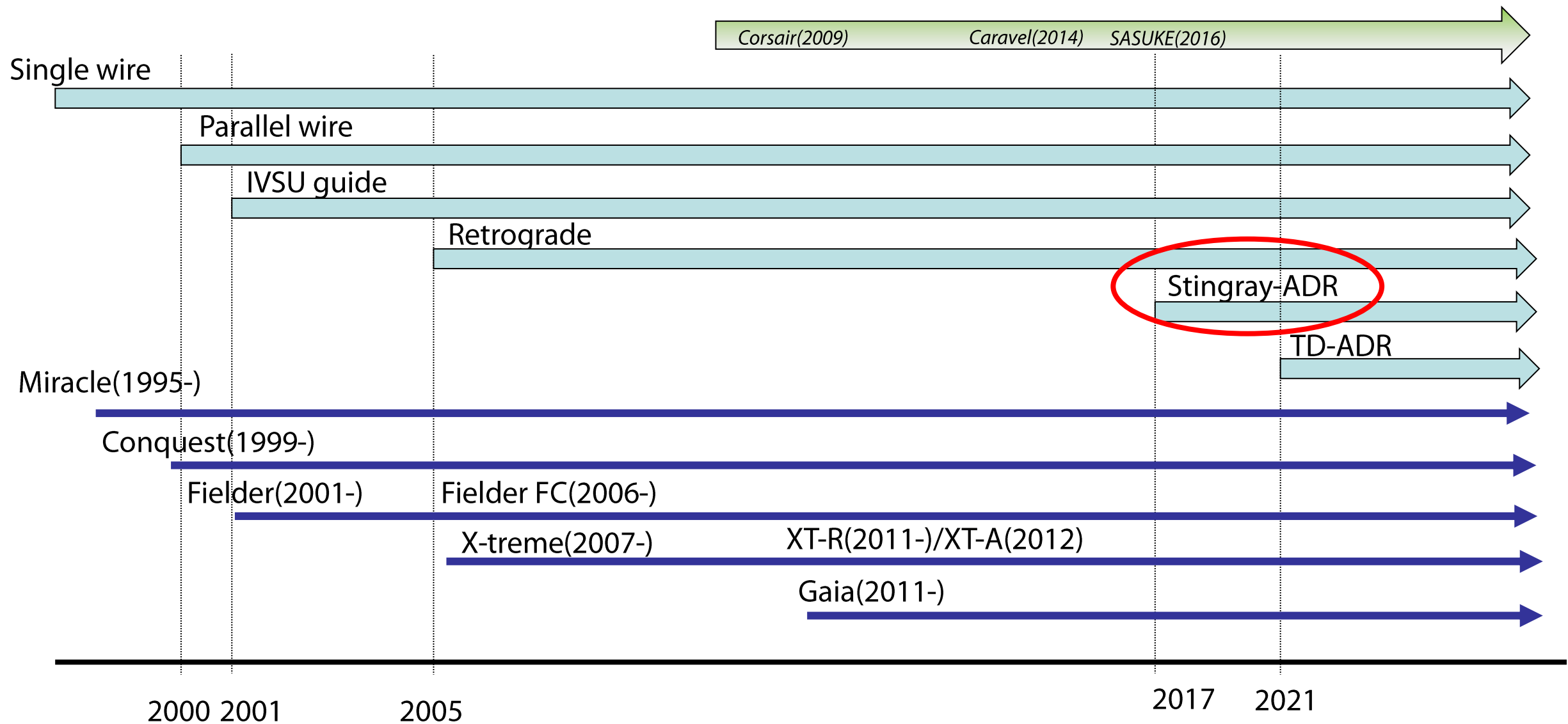


<Dr Kashima @ Sapporo cardiovascular clinic>

# History of CTO technique in Japan

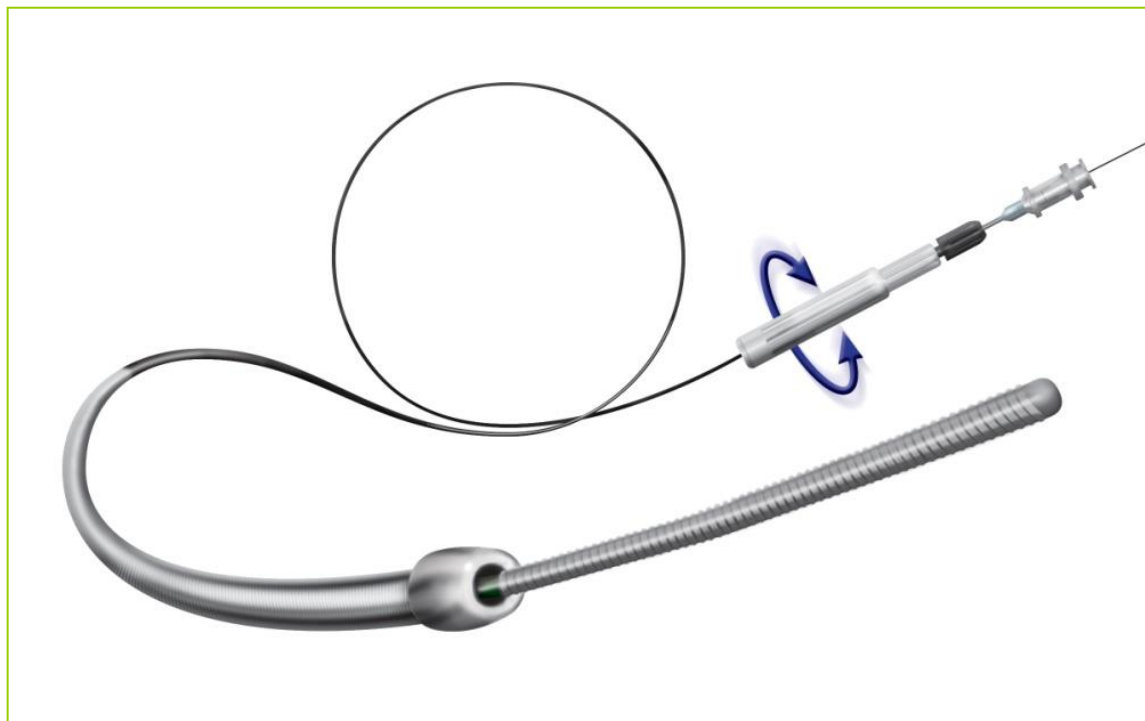


# History of CTO technique in Japan

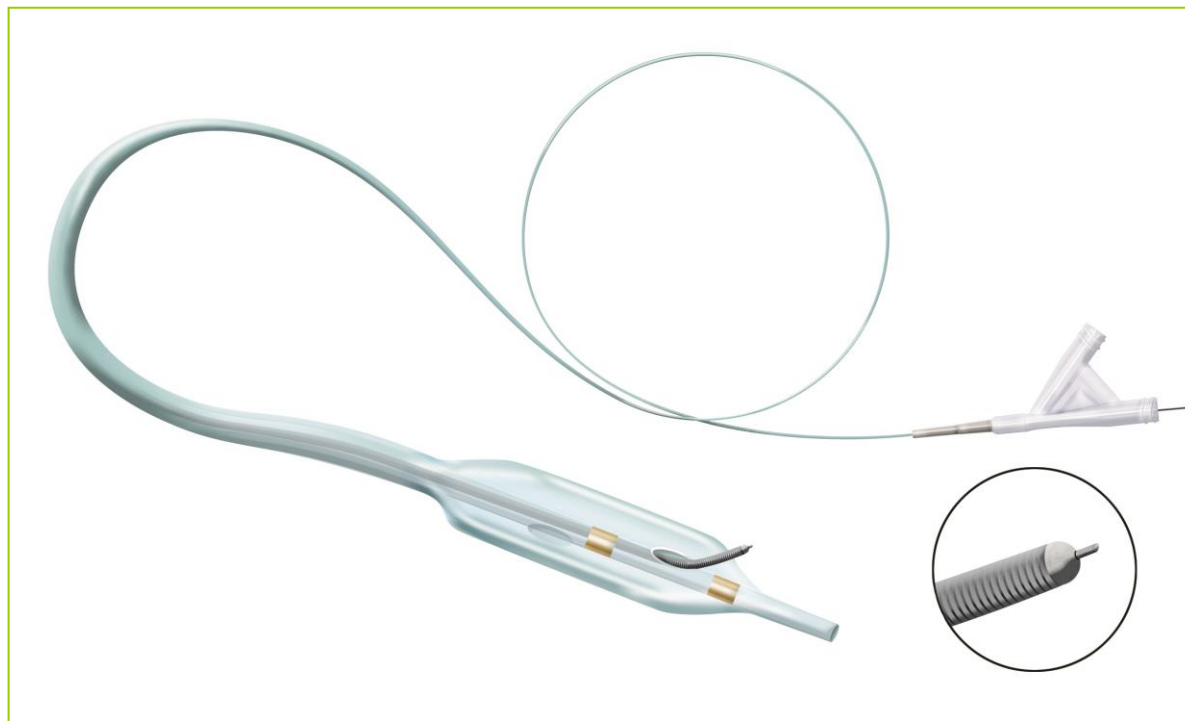


# Antegrade dissection re-entry (ADR) system

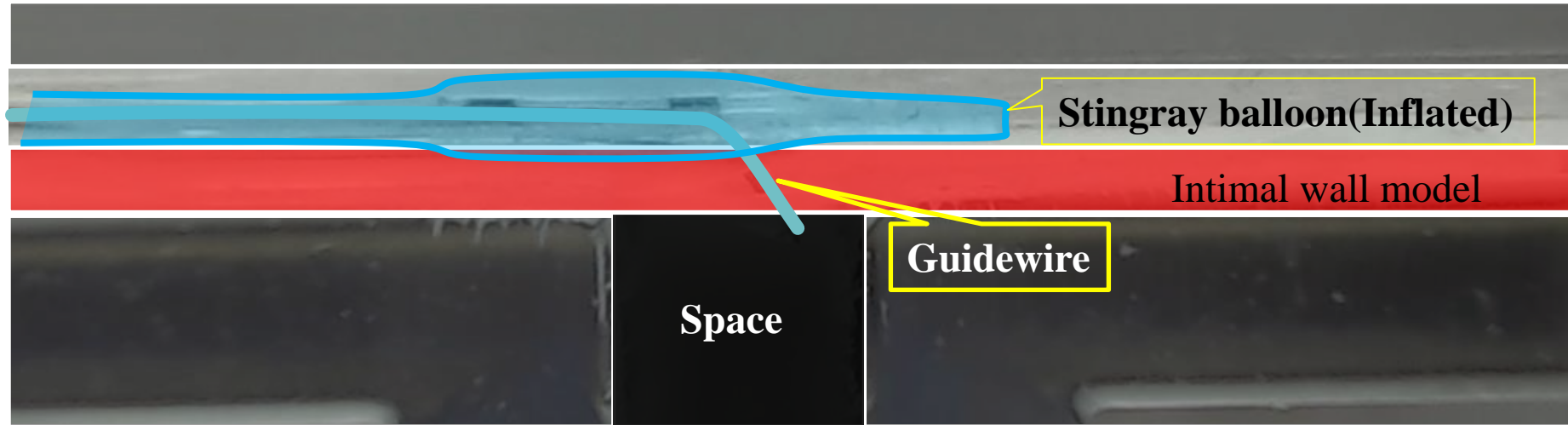
**CrossBoss™ Catheter**



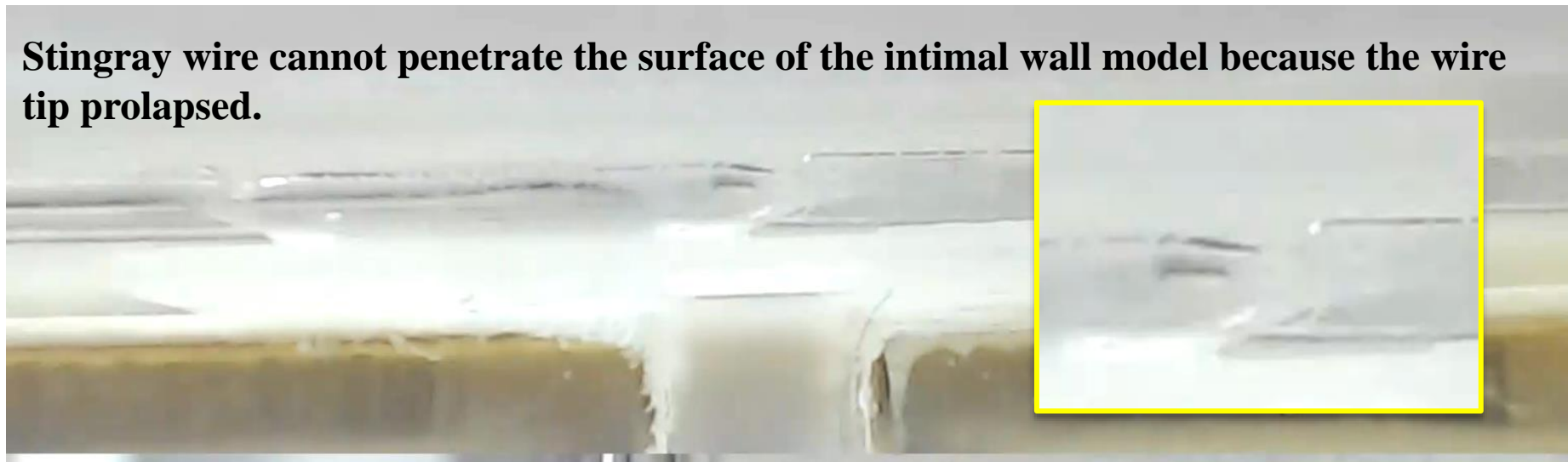
**Stingray™ Catheter**



# Limitation of the re-entry procedure

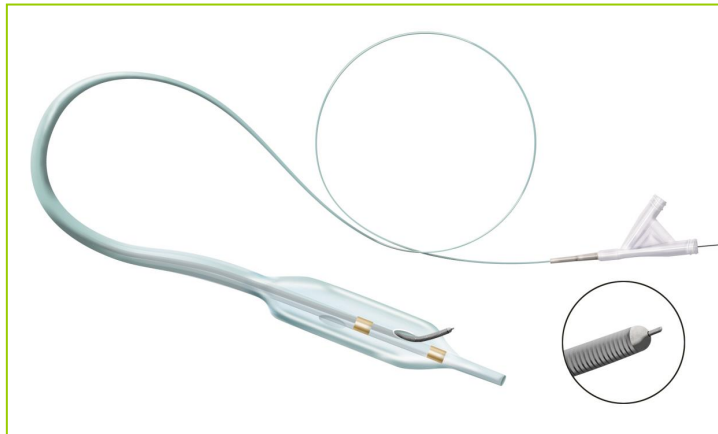


**Stingray wire cannot penetrate the surface of the intimal wall model because the wire tip prolapsed.**



# Transition of Re-entry procedure in Japan

April. 2017 – June.2018

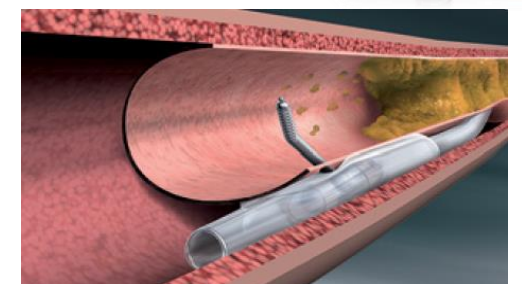
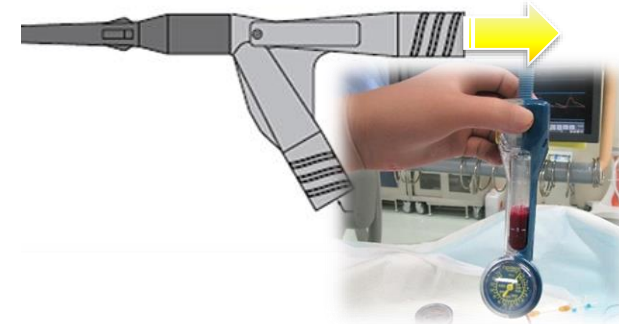
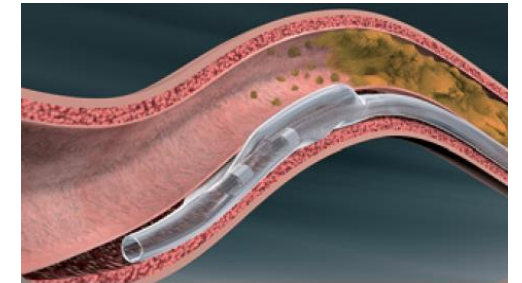


Stingray system

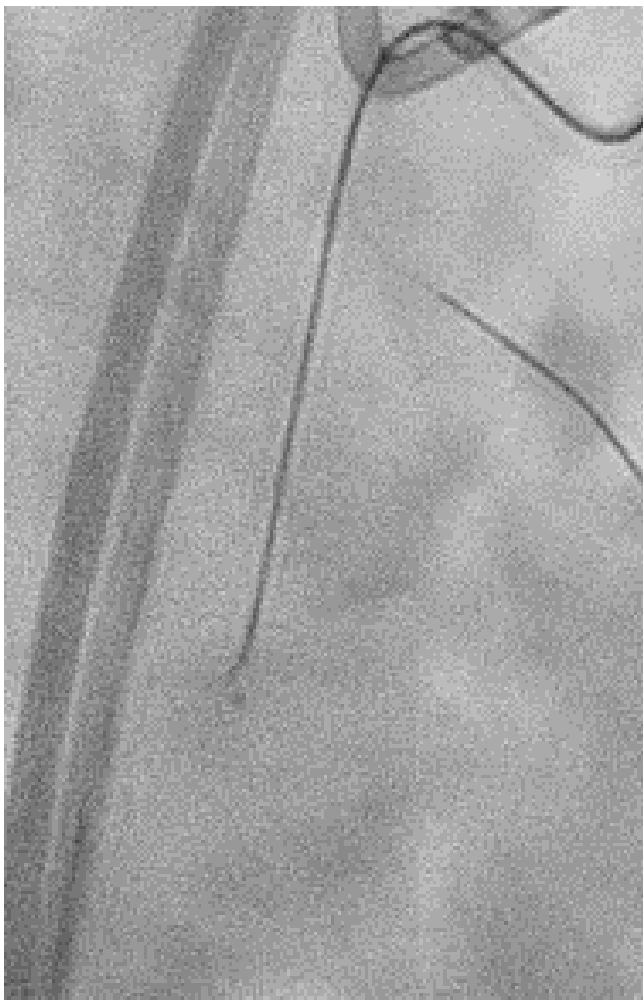
Straw technique with microcatheter

June.2018 – April. 2019

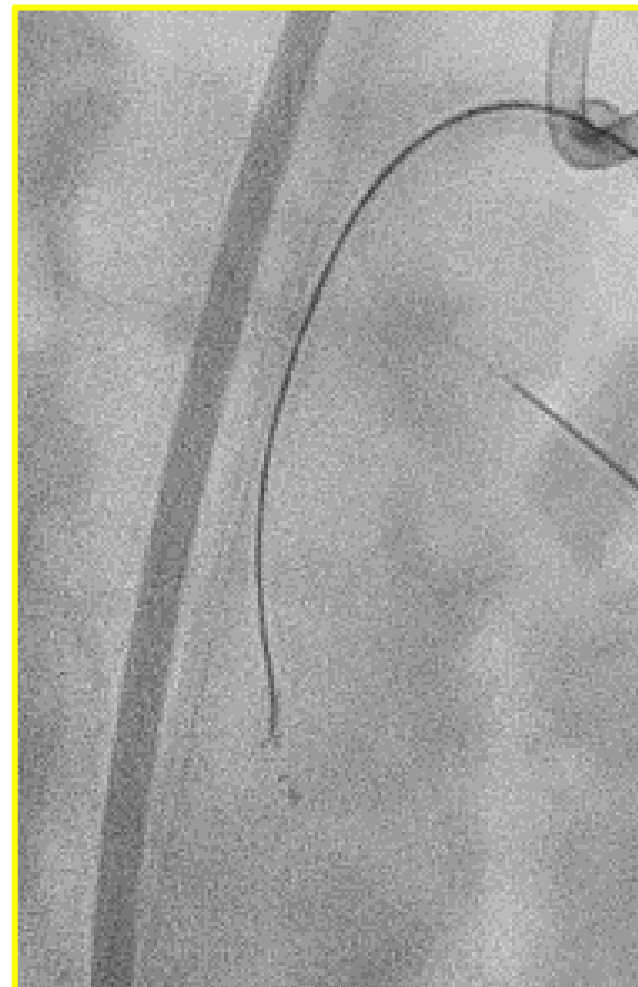
- 1 Locate and inflate Stingray balloon at the optimal puncture site
- 2 Attach **indeflator** to GW lumen of Stingray to **aspirate possible hematoma for 4 min.**
- 3 Attempt **puncture** with **Conquest Pro8-20**



# Success and Failure mode for penetration



**Failure**



**Success**



April. 2017 – June.2018

June.2018 – April. 2019

Stingray attempted; 17 cases

Stingray attempted; 15 cases

6case: Puncture failure

ADR success:6

1case: Puncture failure

ADR success:10

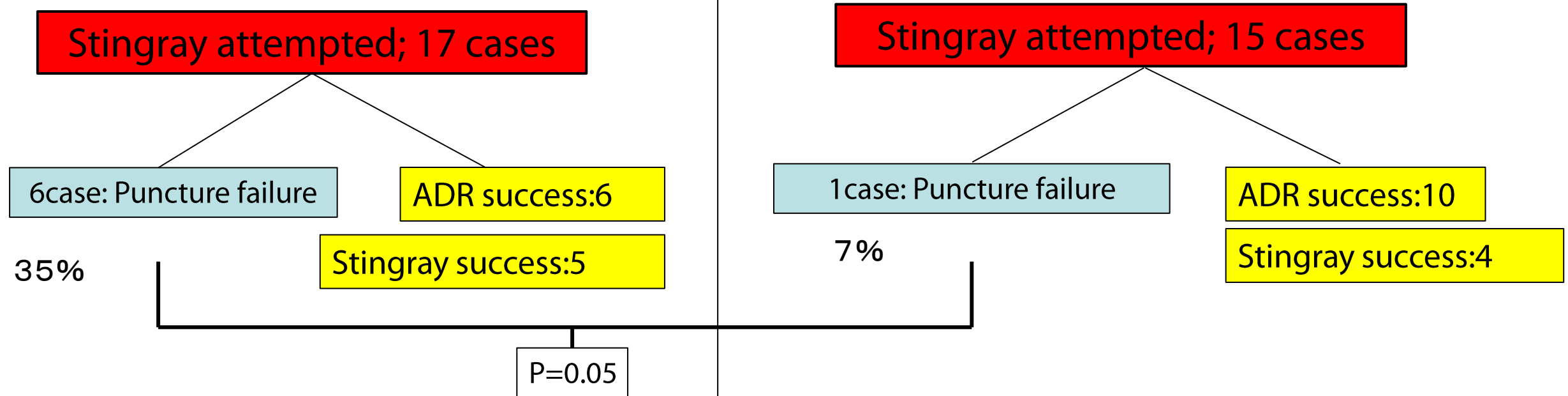
35%

Stingray success:5

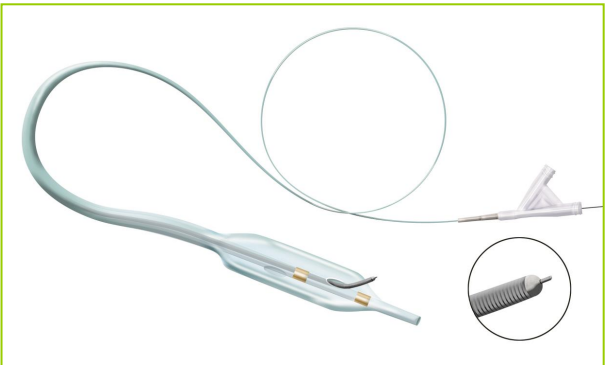
7%

Stingray success:4

P=0.05



April. 2017 – June.2018



Stingray wire



July. 2018 – June.2021

**Conquest Pro 8-20 / CONFianza PRO 8-20**

- Tip load .....20.0 g
- Tip radiopacity ..... 17 cm
- Tip outer diameter ..... 0.20 mm (0.008 inch)
- SLIP-COAT™ coating over the spring coil
- PTFE coating over the shaft

Designed for crossing complex lesions with heavy calcifications and tough fibrous tissues. The wire has a tip load of 20g and is tapered to 0.20mm (0.008inch). It is the finest and stiffest guidewire in the current Asahi series.

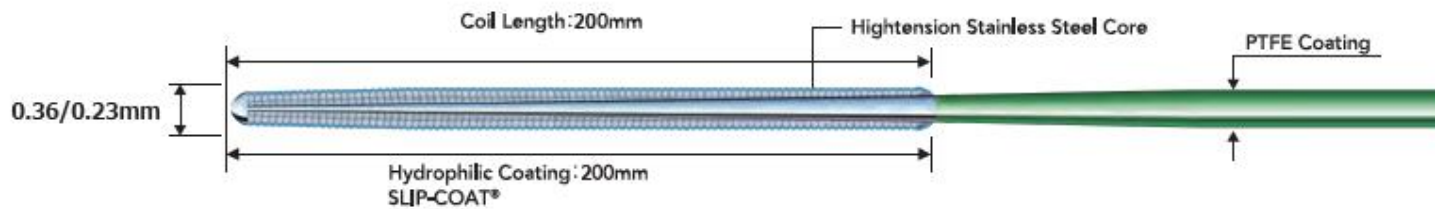


Conquest pro12 ST

July. 2021-

# Conquest Pro12 ST (Sharpened-Tip)

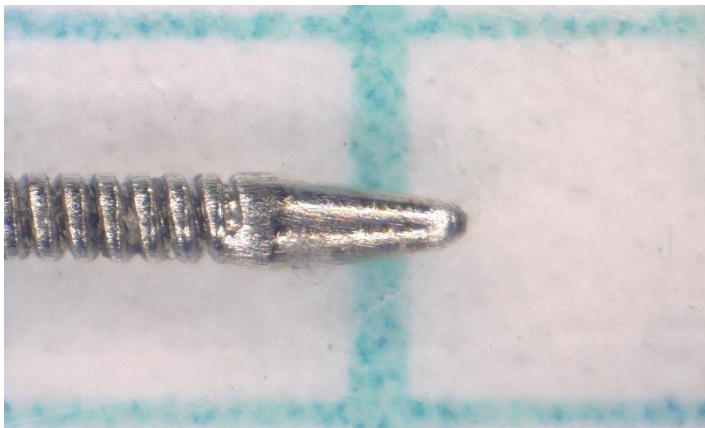
## Structure and Ordering Information



For more penetration force and efficacy

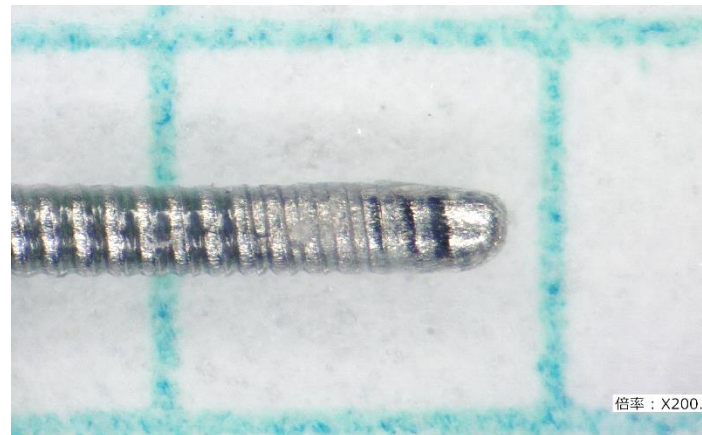
- ✓ **Micro cone** tip design
- ✓ Pre-shaped **1.2mm angle tip**
- ✓ **Non coating** on the ball tip

**Conquest Pro12ST**



**Micro cone tip**

**Conquest Pro12**

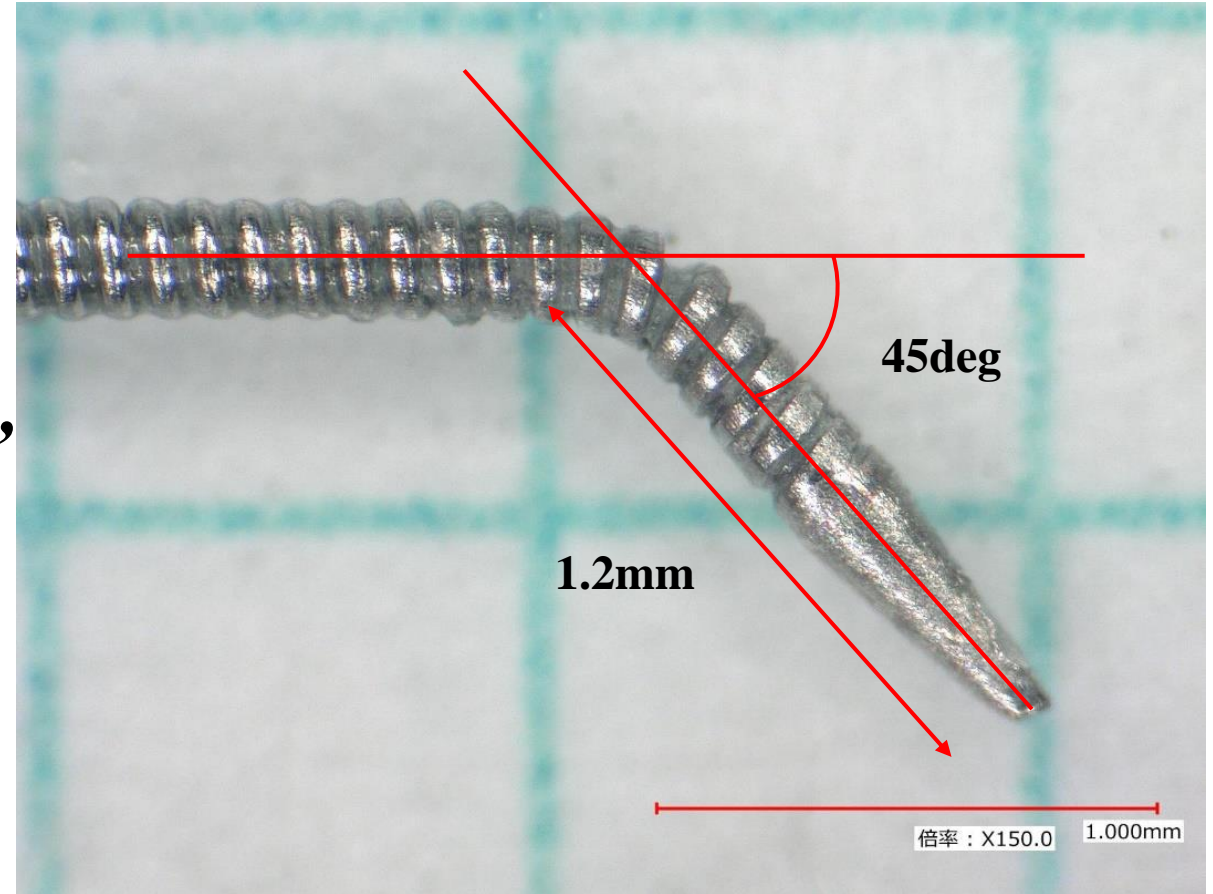
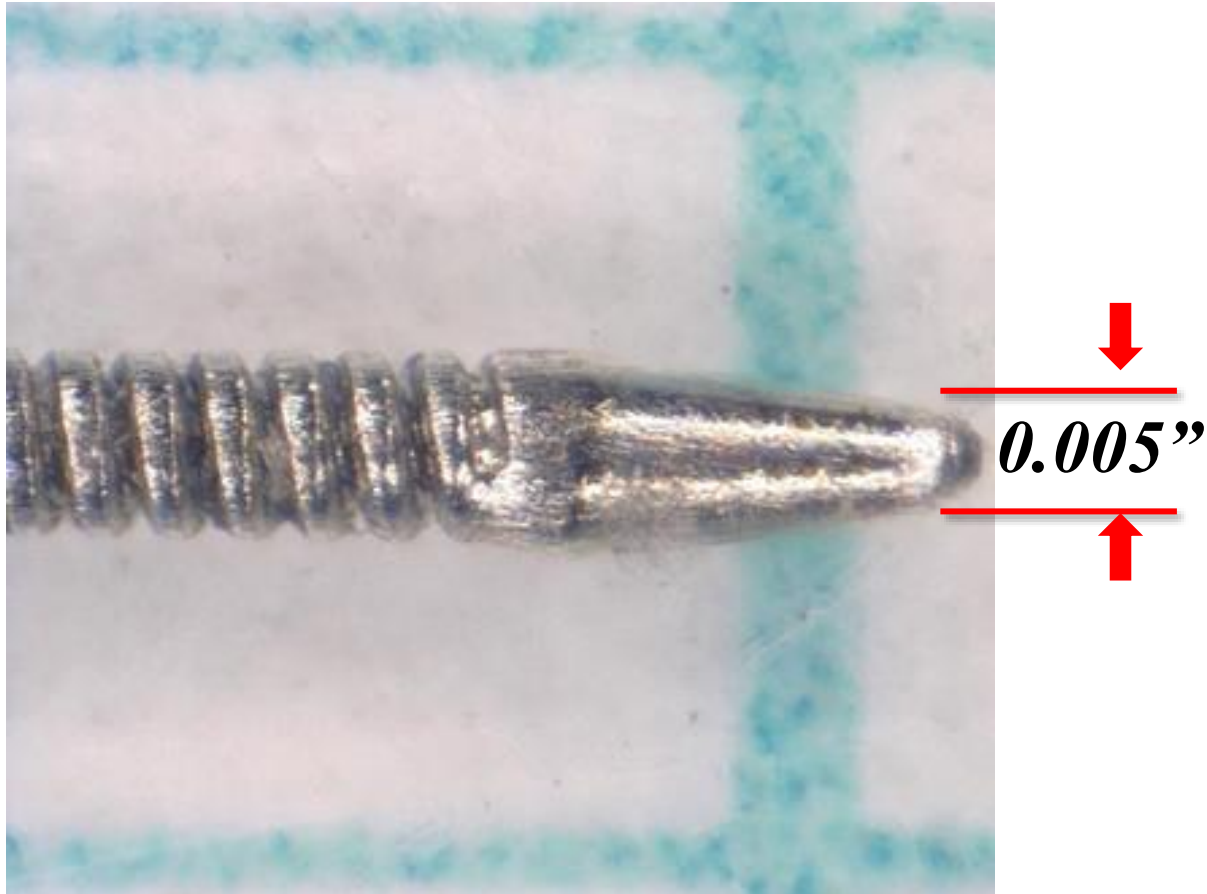


**Round tip**

**ADR wire**



# The Micro cone tip and Pre-shaped angle tip of CP12ST



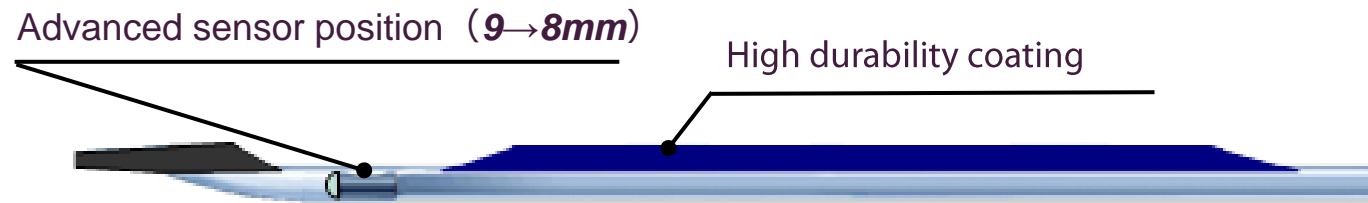


# Product Specifications

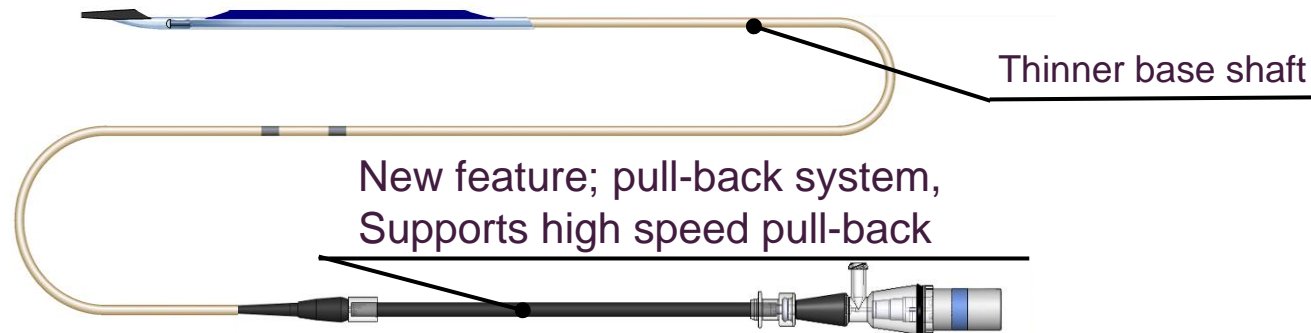
*AnteOwl WR™*

- ◆ Expanding the selection of combined devices by **reducing the diameter of the base shaft**
- ◆ Reduces stress on coronary artery by **advancing the sensor position**
- ◆ **pull-back system** enables search for entry points
- ◆ **Durable coating** enables stable multiple use

Enlarged view



Overall view



**2.5mL** Angio syringe



Guide Wire Insertion jig

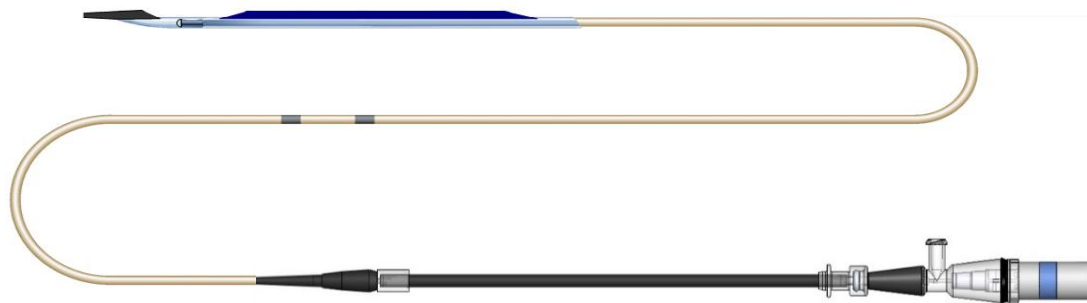




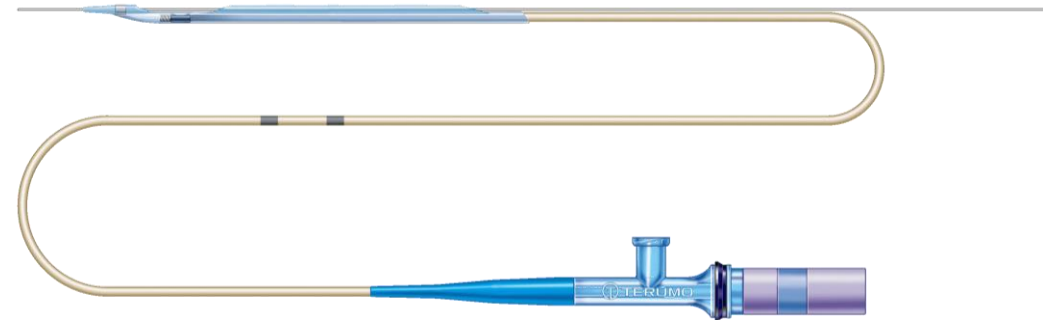
# Comparison of Navifocus WR and AnteOwl WR

*AnteOwl WR*™

**AnteOwl WR: “Navigation IVUS” specialized for complex lesions**



*AnteOwl WR*™

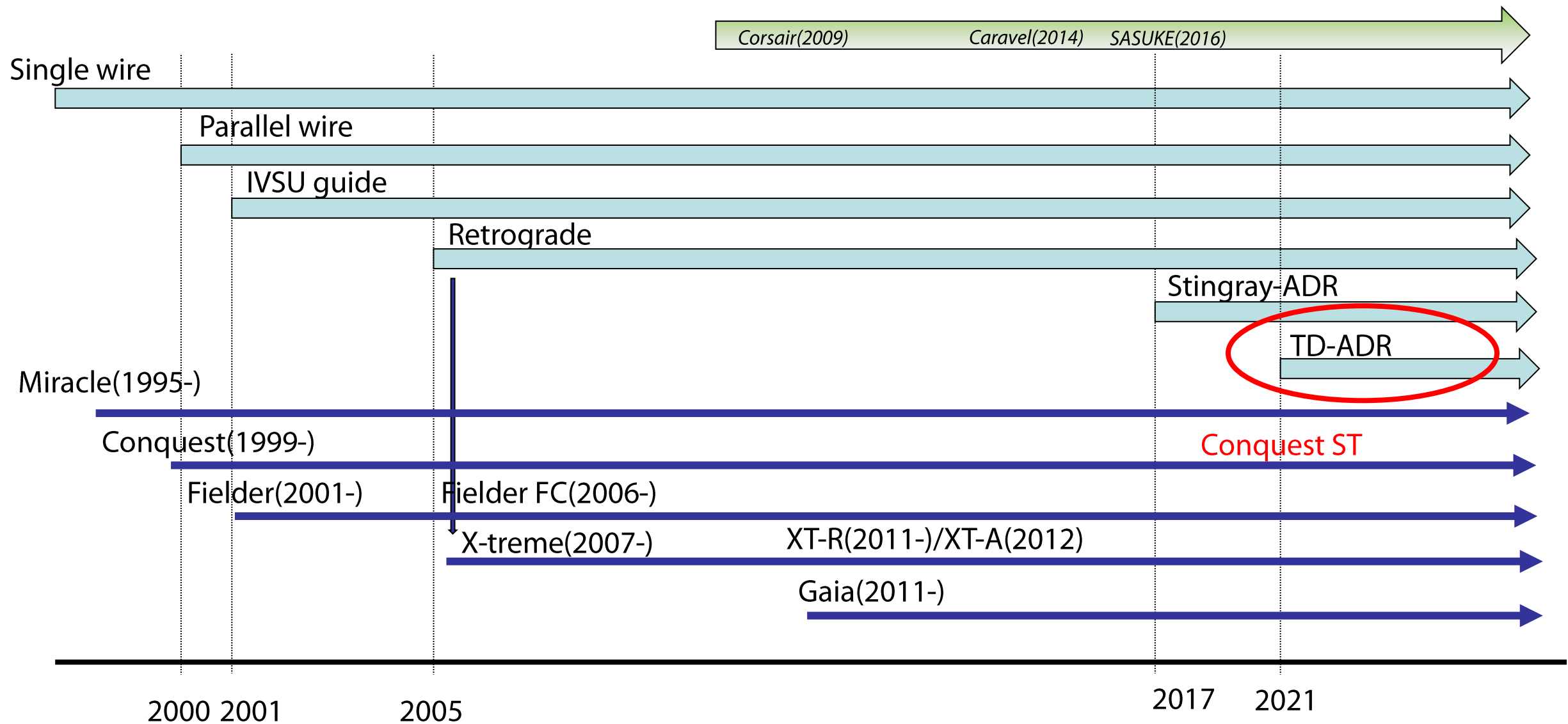


Navifocus®WR

|              | Outside diameter of the window (mm) | Outside diameter of the shaft (mm) | Sensor part (mm) | Length (cm)  | Fraquency (MHz) | Speed of Pull-Back (mm/s)               | Number of rotations (rpm) |
|--------------|-------------------------------------|------------------------------------|------------------|--------------|-----------------|---|---------------------------|
| Navifocus WR | 0.83mm<br>2.5Fr.                    | 1.06mm<br>3.2Fr.                   | 9mm              | 154cm        | 40              | Non                                     | 1,800                     |
| AnteOwl WR   | <b>0.86mm</b><br><b>2.6Fr.</b>      | <b>1.03mm</b><br><b>3.1Fr.</b>     | <b>8mm</b>       | <b>135cm</b> | 40              | <b>0.5 - 9.0</b><br><b>(changeable)</b> | <b>1,800 - 5,400</b>      |



# History of CTO technique in Japan

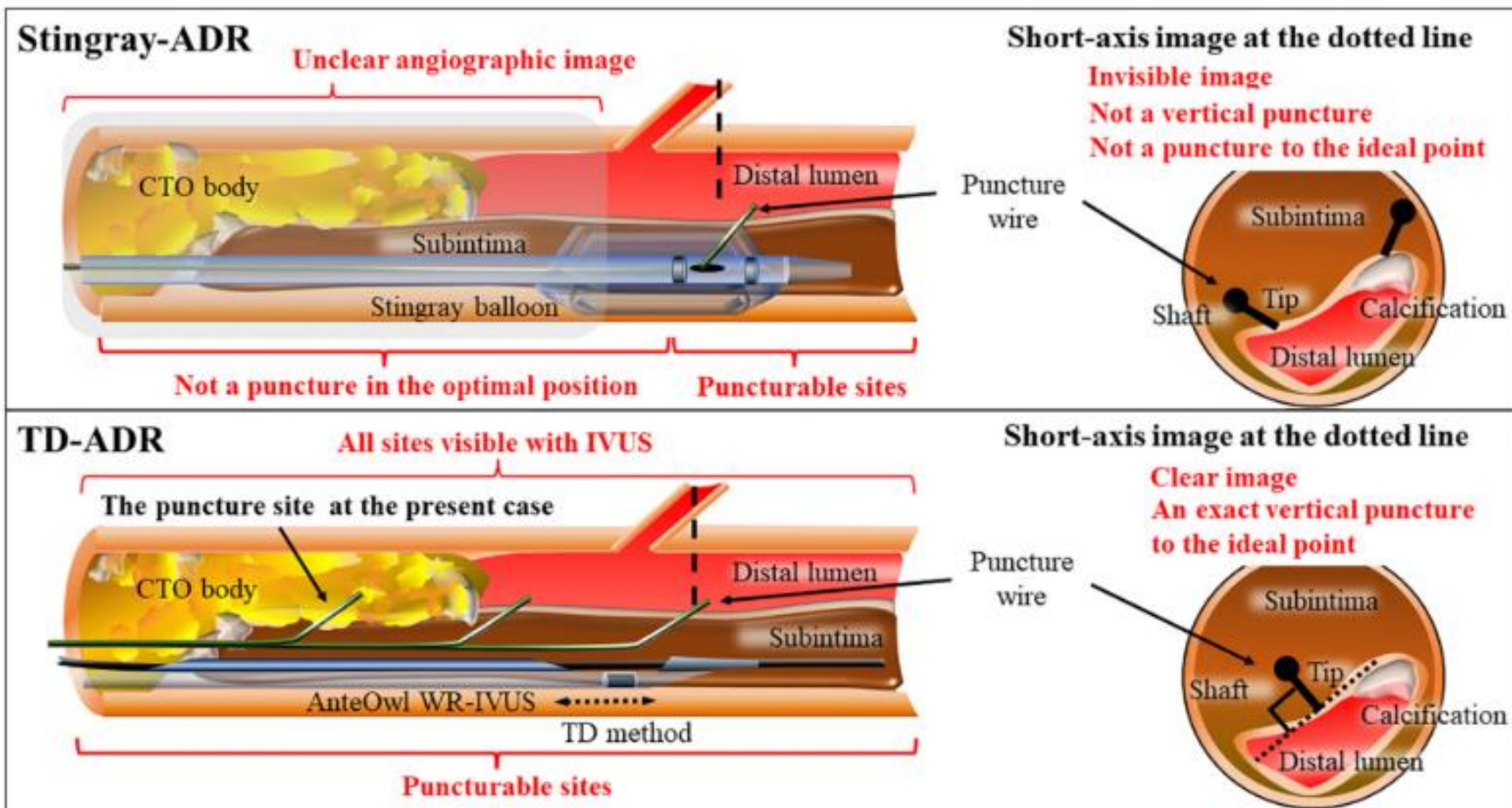


# New Antegrade Dissection Re-Entry Technique With Tip Detection Method and New Puncture Wire in CTO-PCI

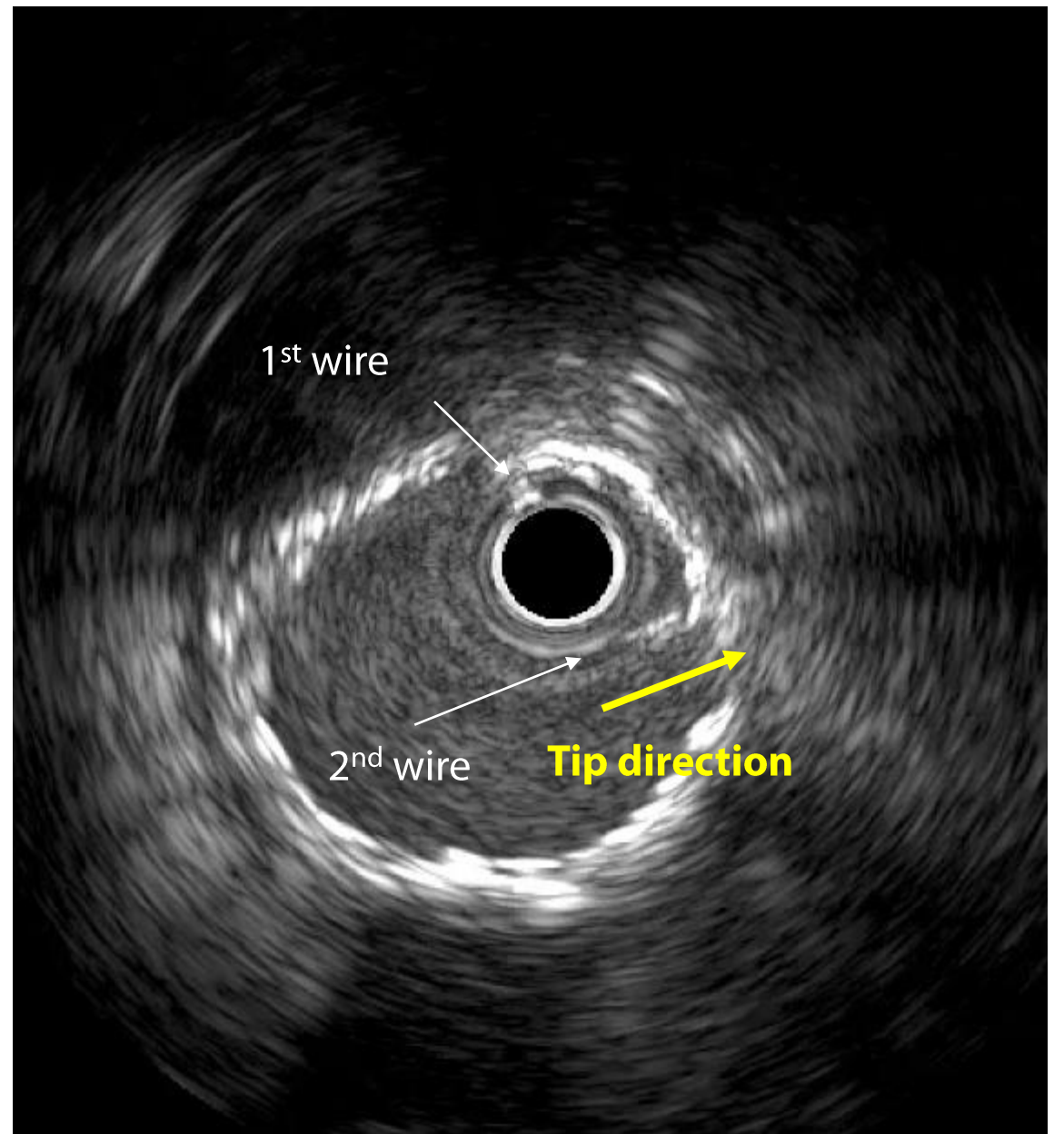
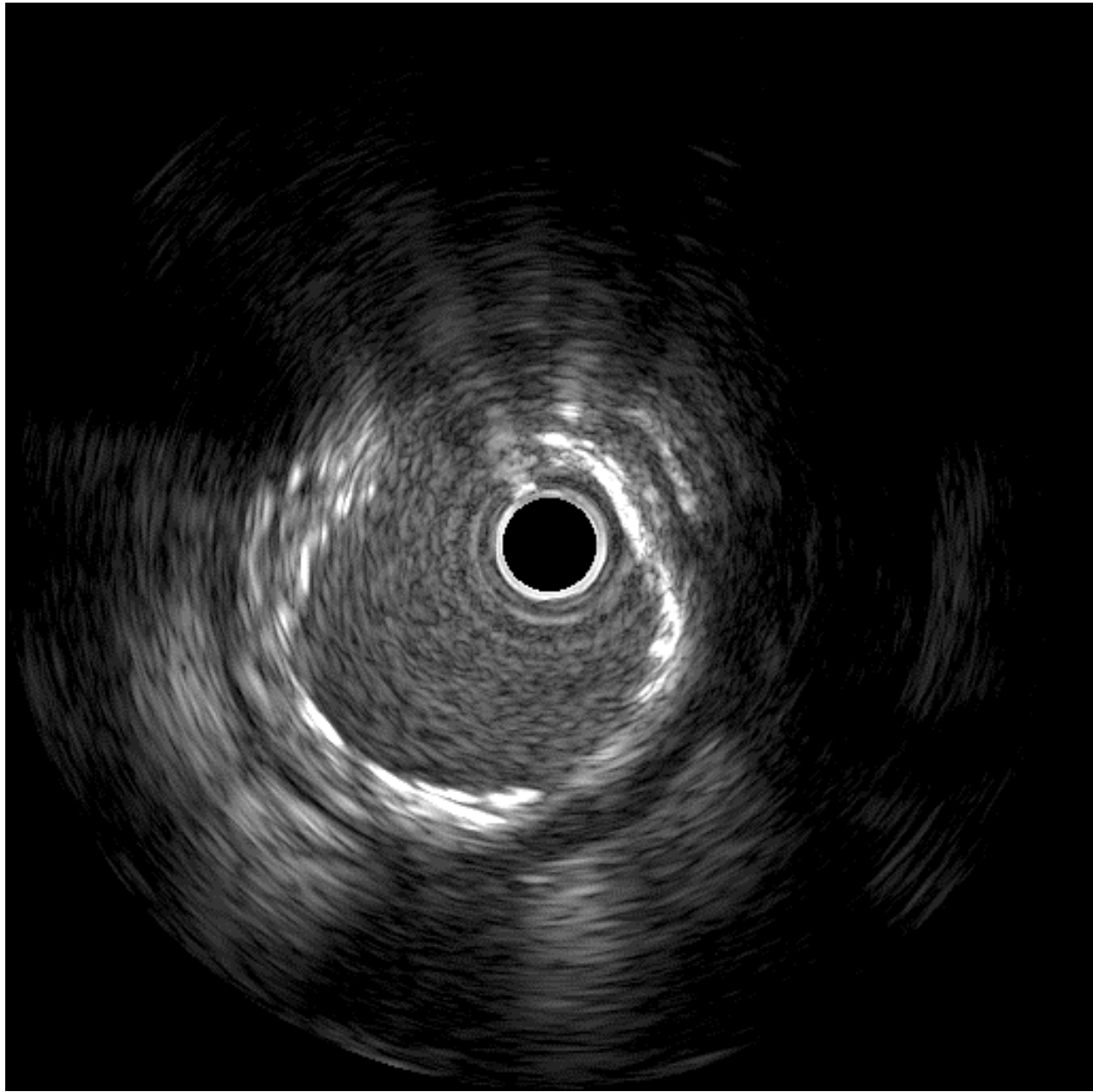
JACC:Cardiovasc interv:Vol16.N012.2023:1546-1548

Kota Tanaka, MD,<sup>a</sup> Atsunori Okamura, MD, PhD,<sup>a</sup> Etsuo Tsuchikane, MD, PhD,<sup>b</sup> Hiroaki Matsuda, MD,<sup>c</sup>

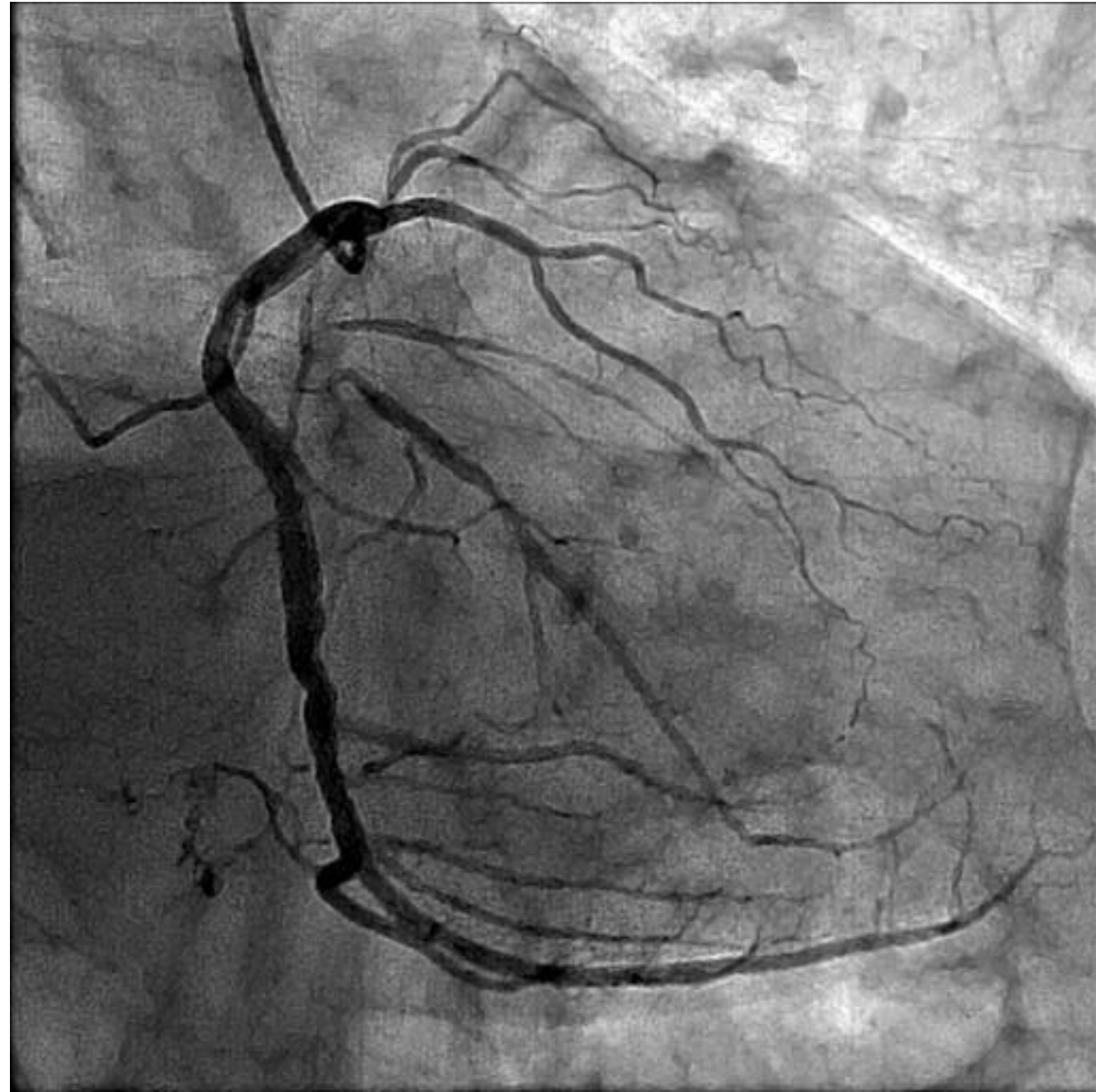
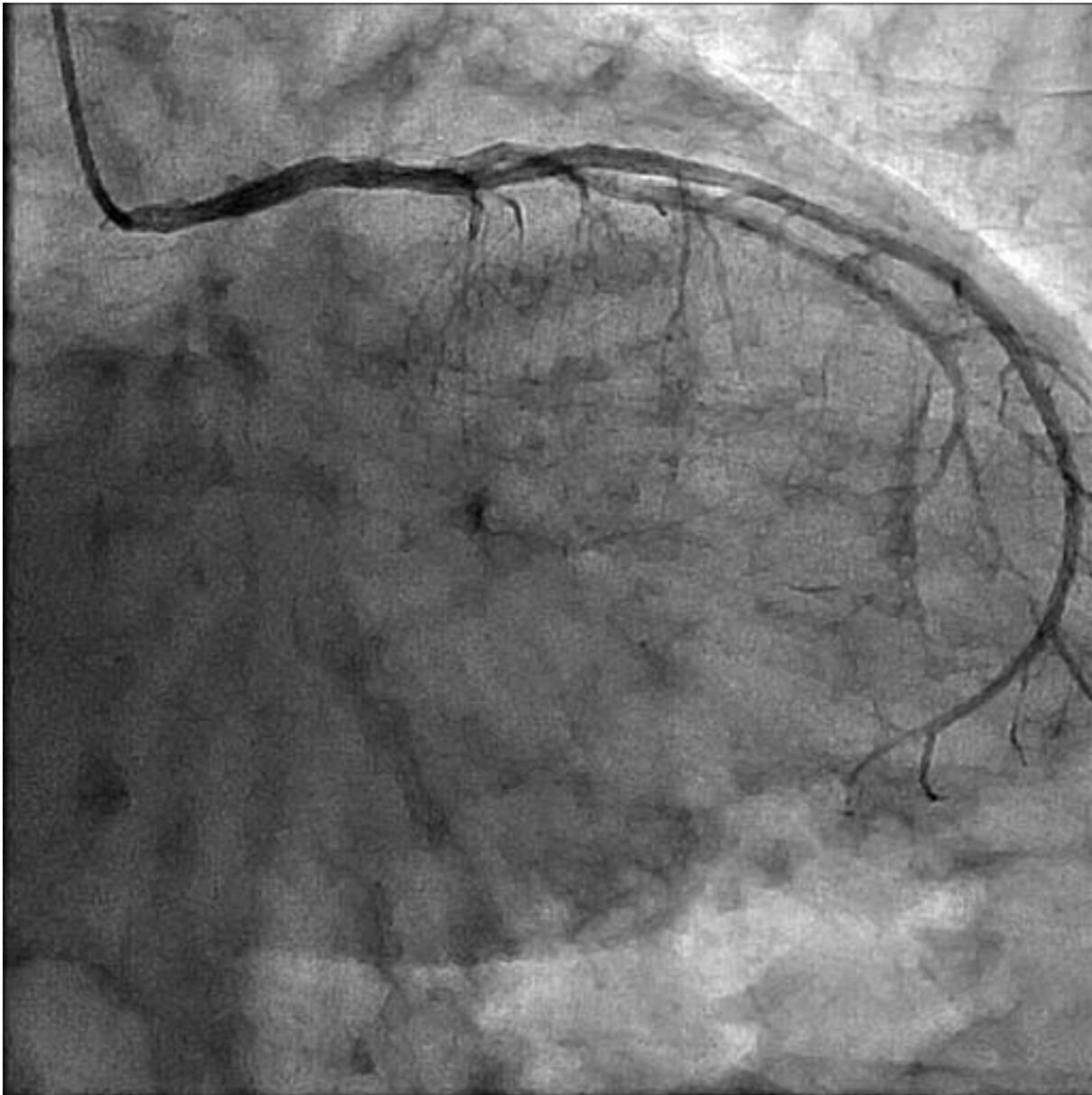
**FIGURE 1** Illustrations of the Difference Between Stingray ADR and TD ADR

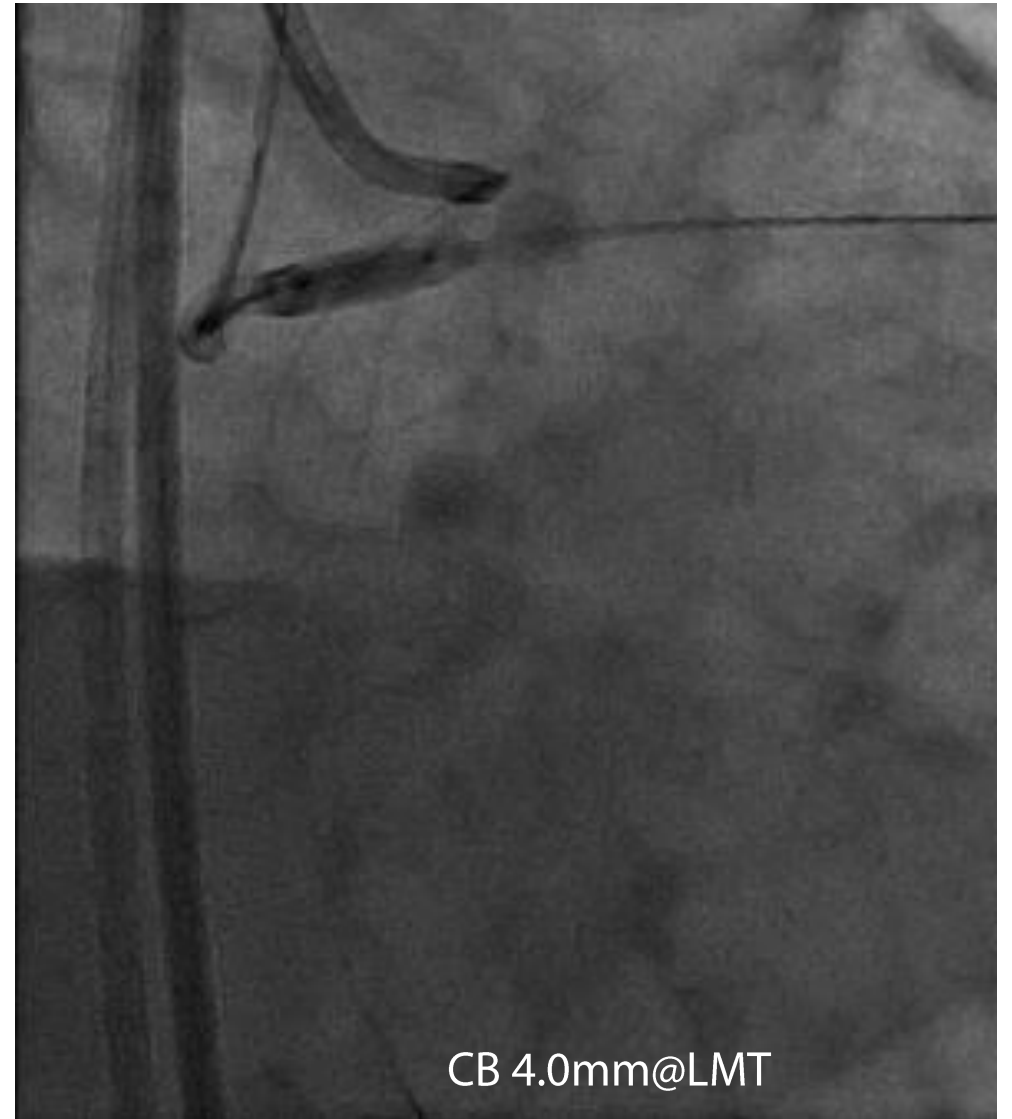
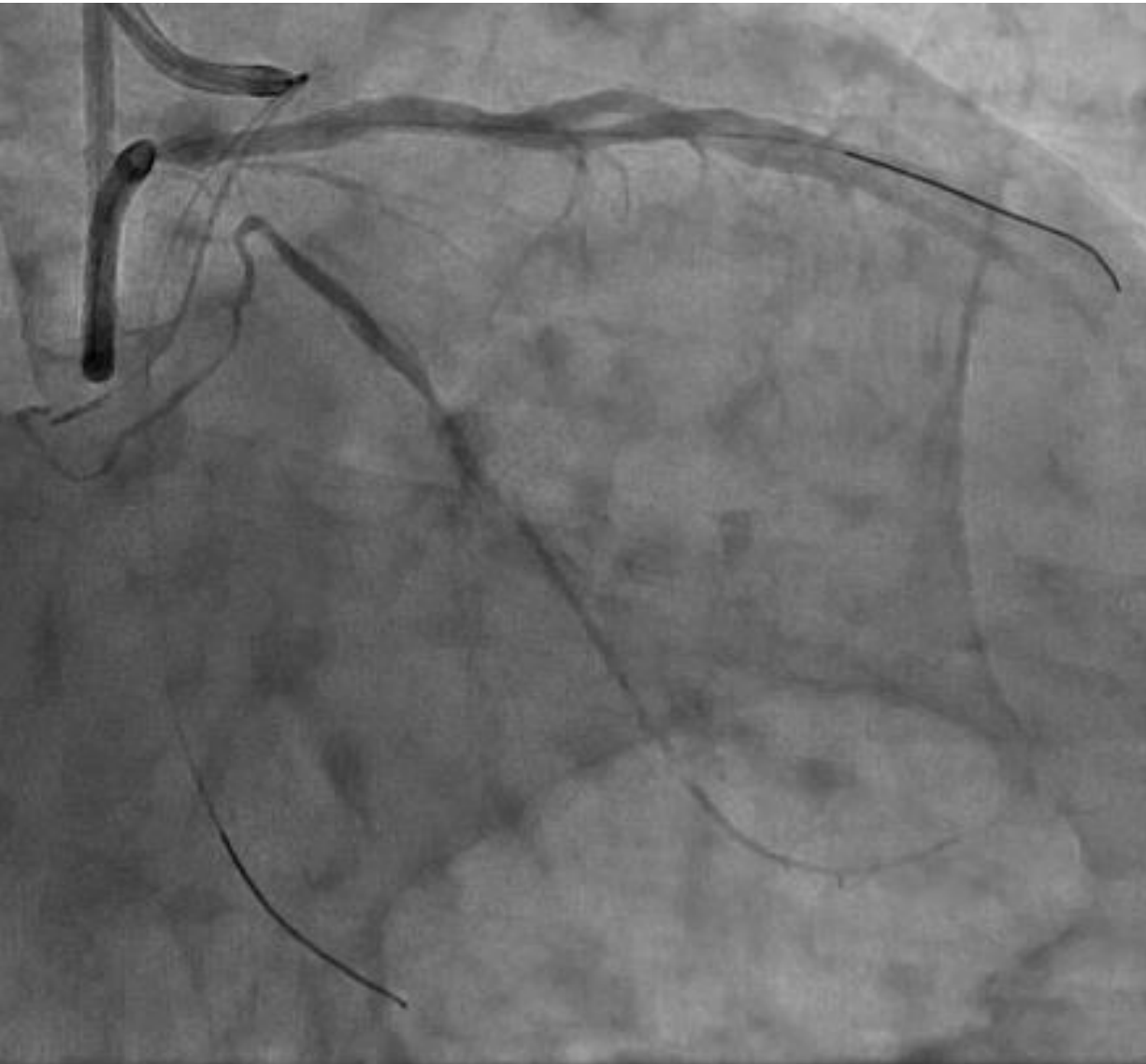




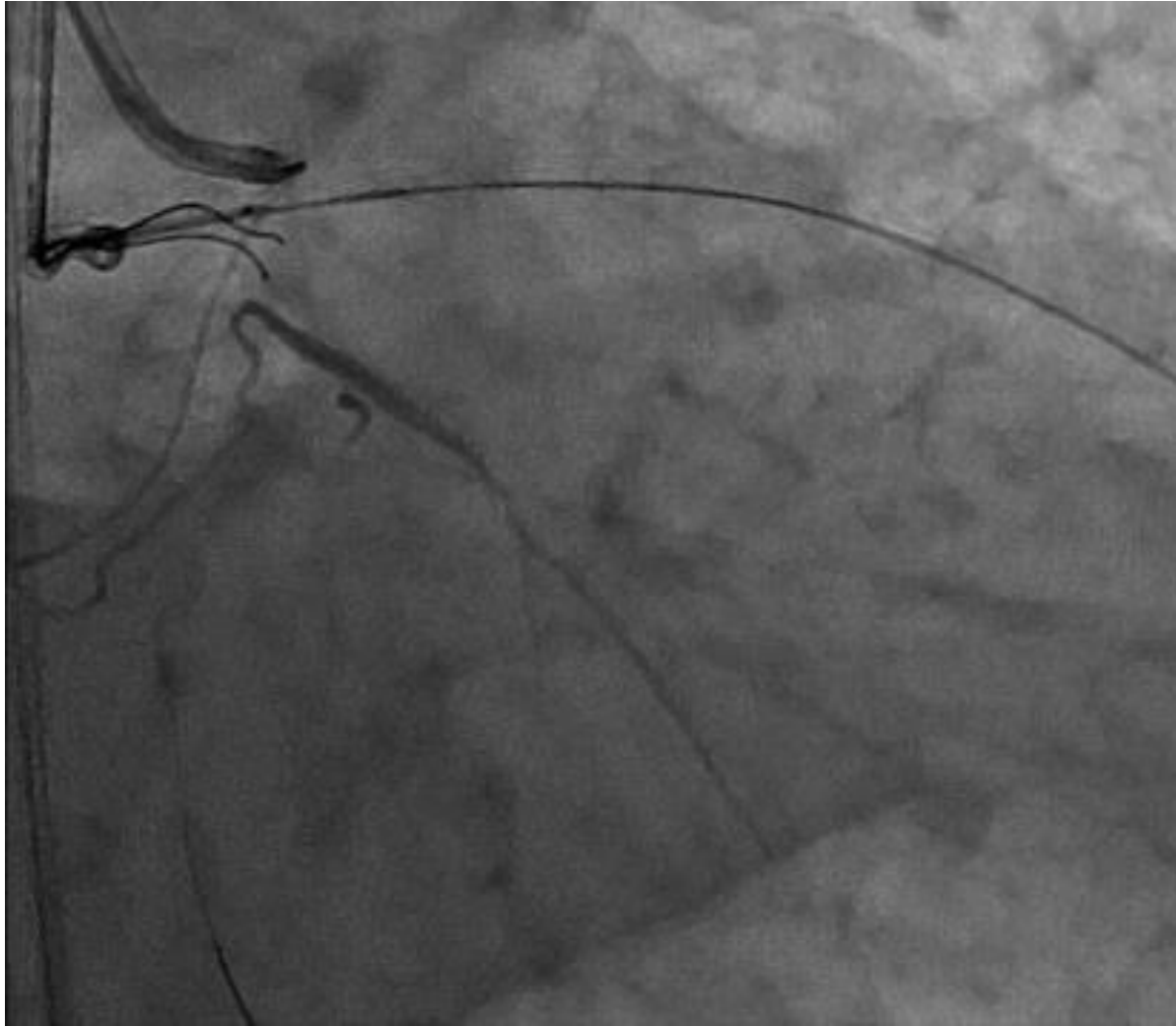


# Case: LCX CTO

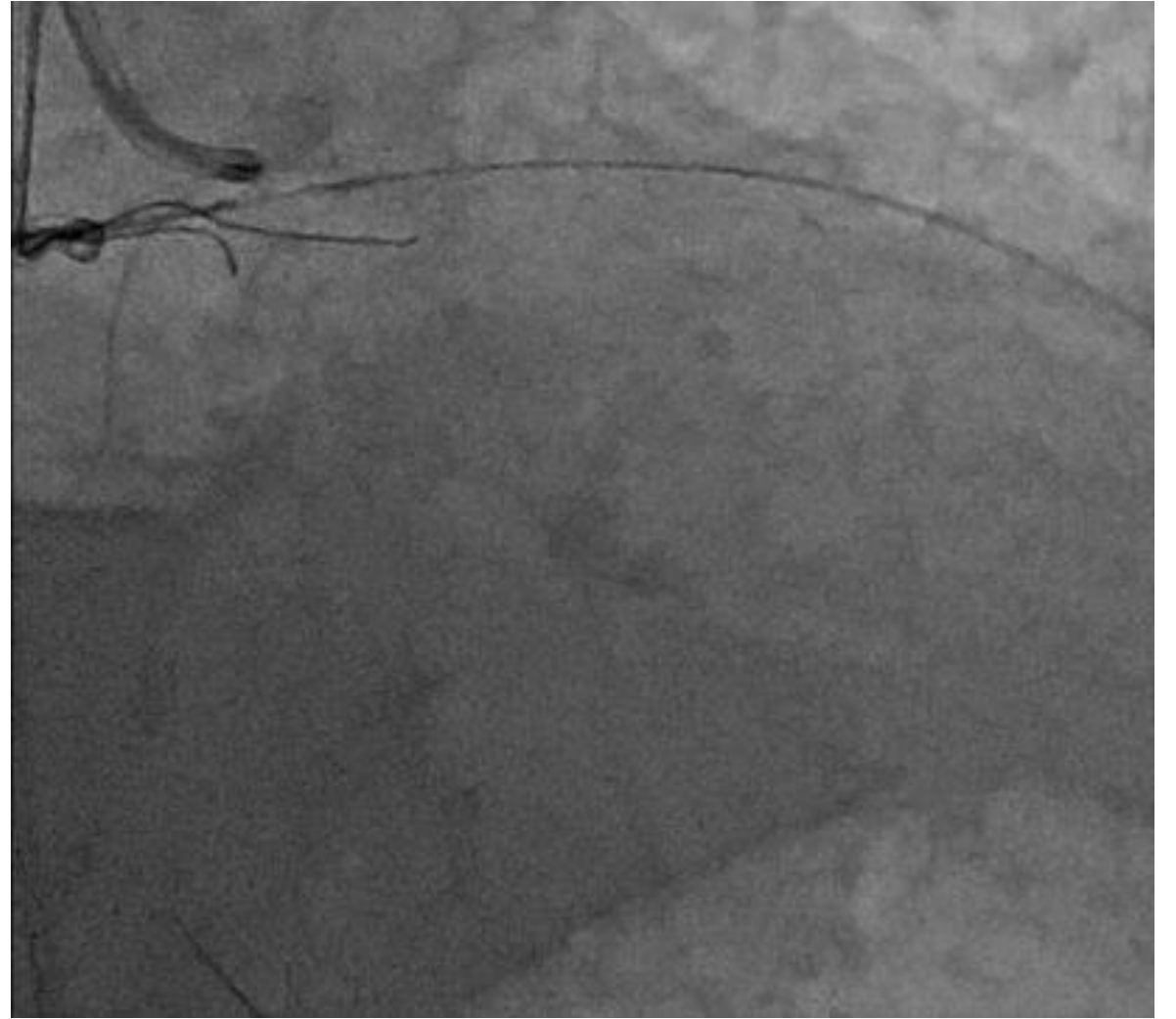




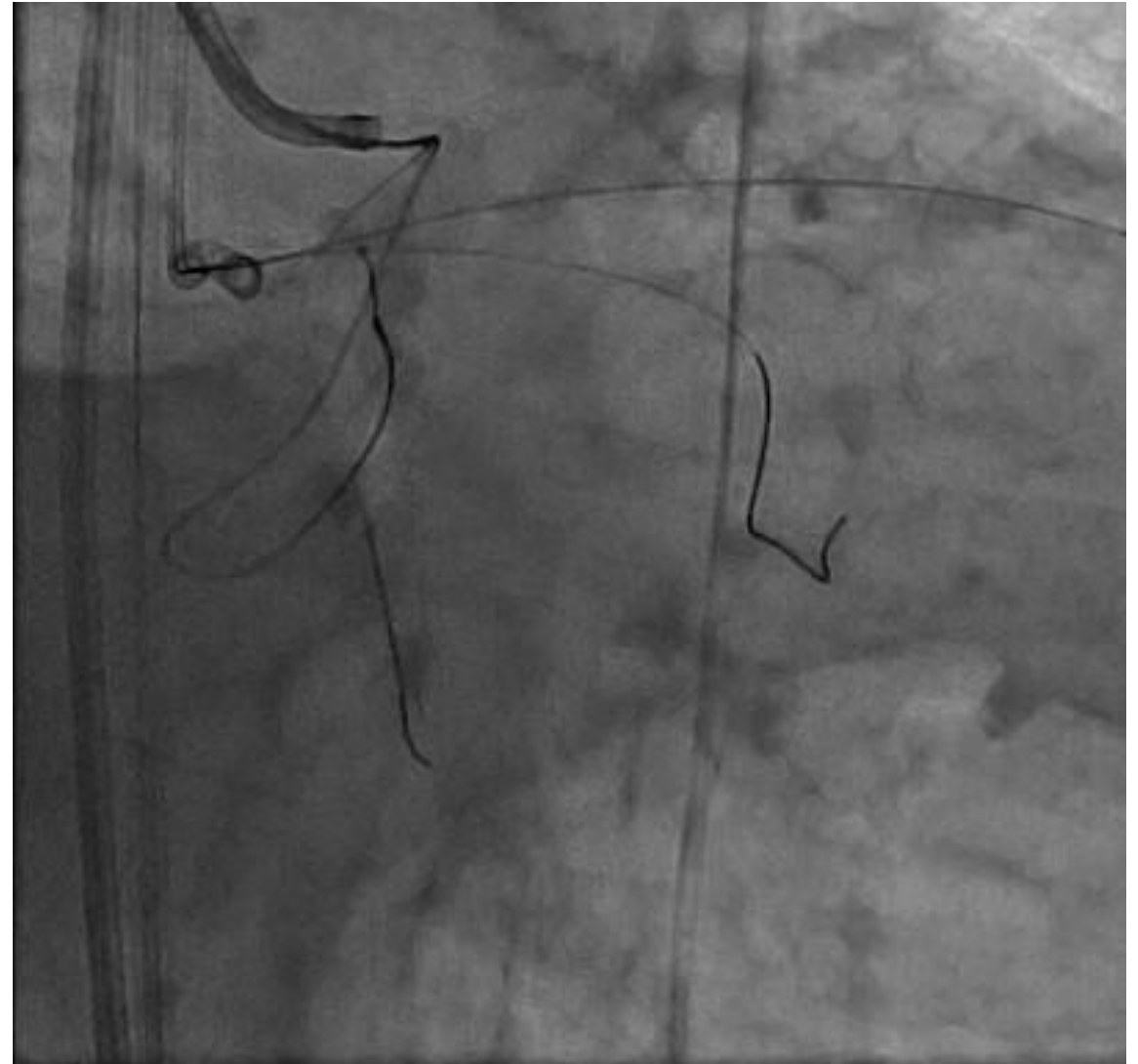
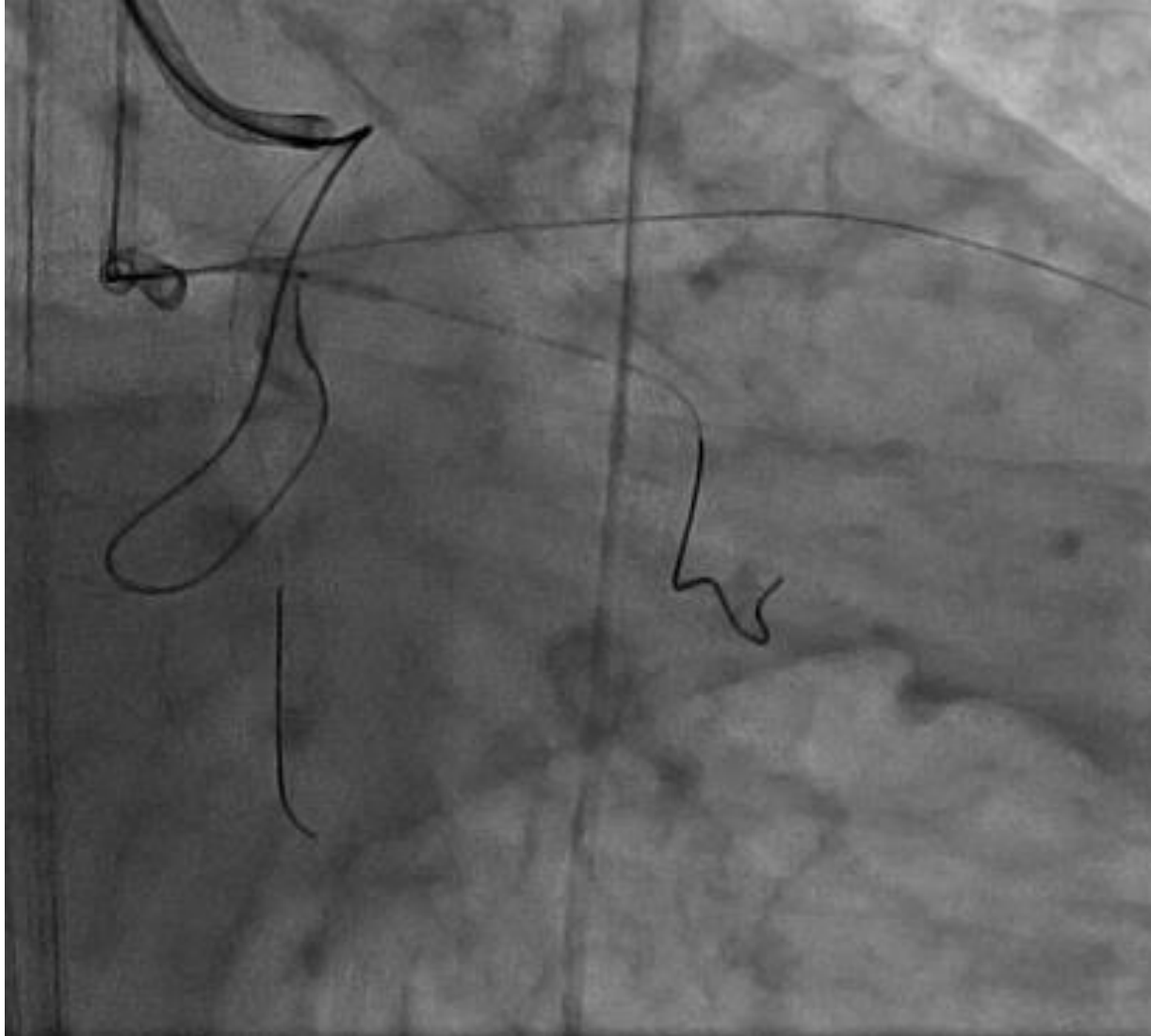




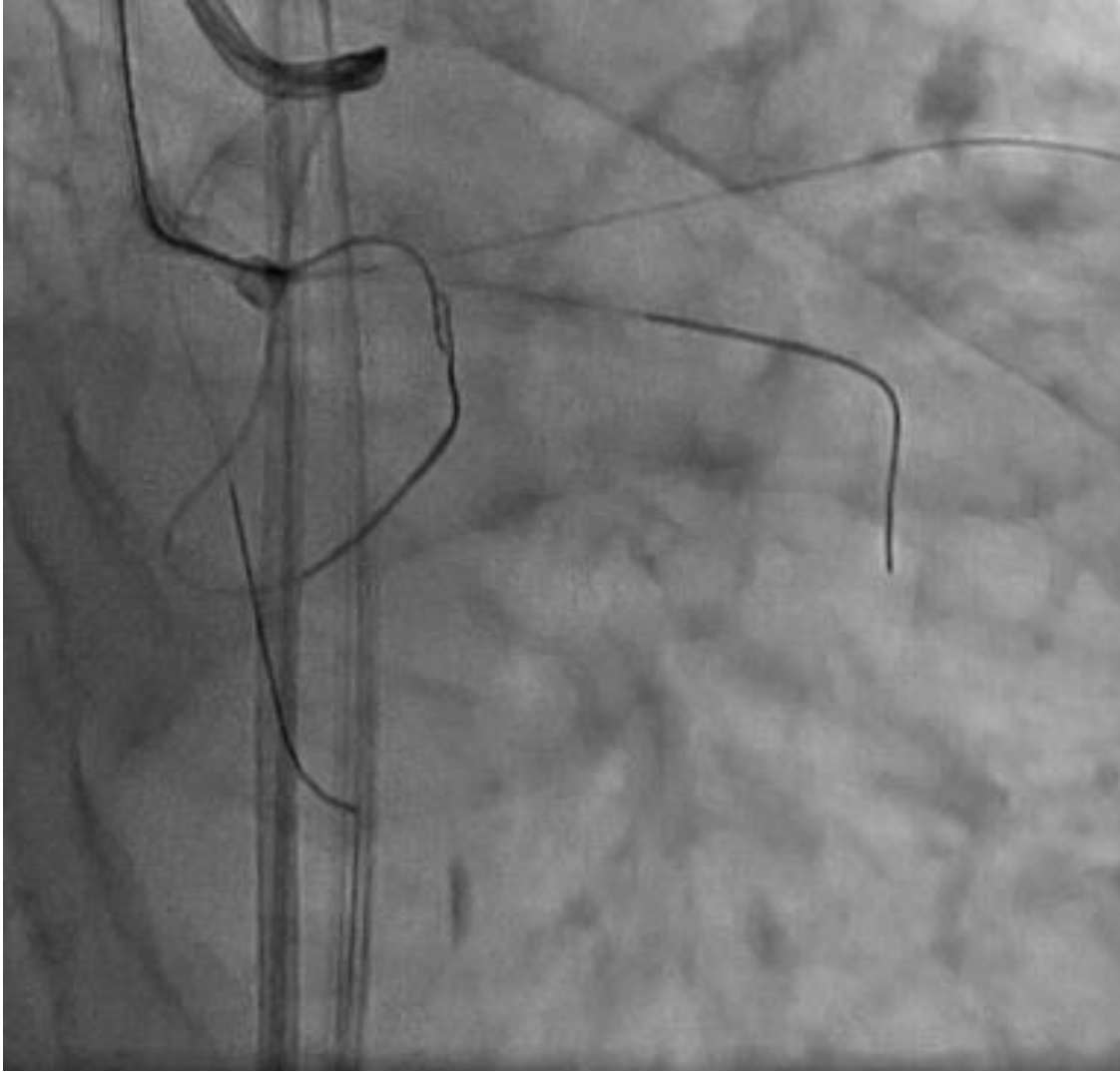
Antegrade wire escalation failed



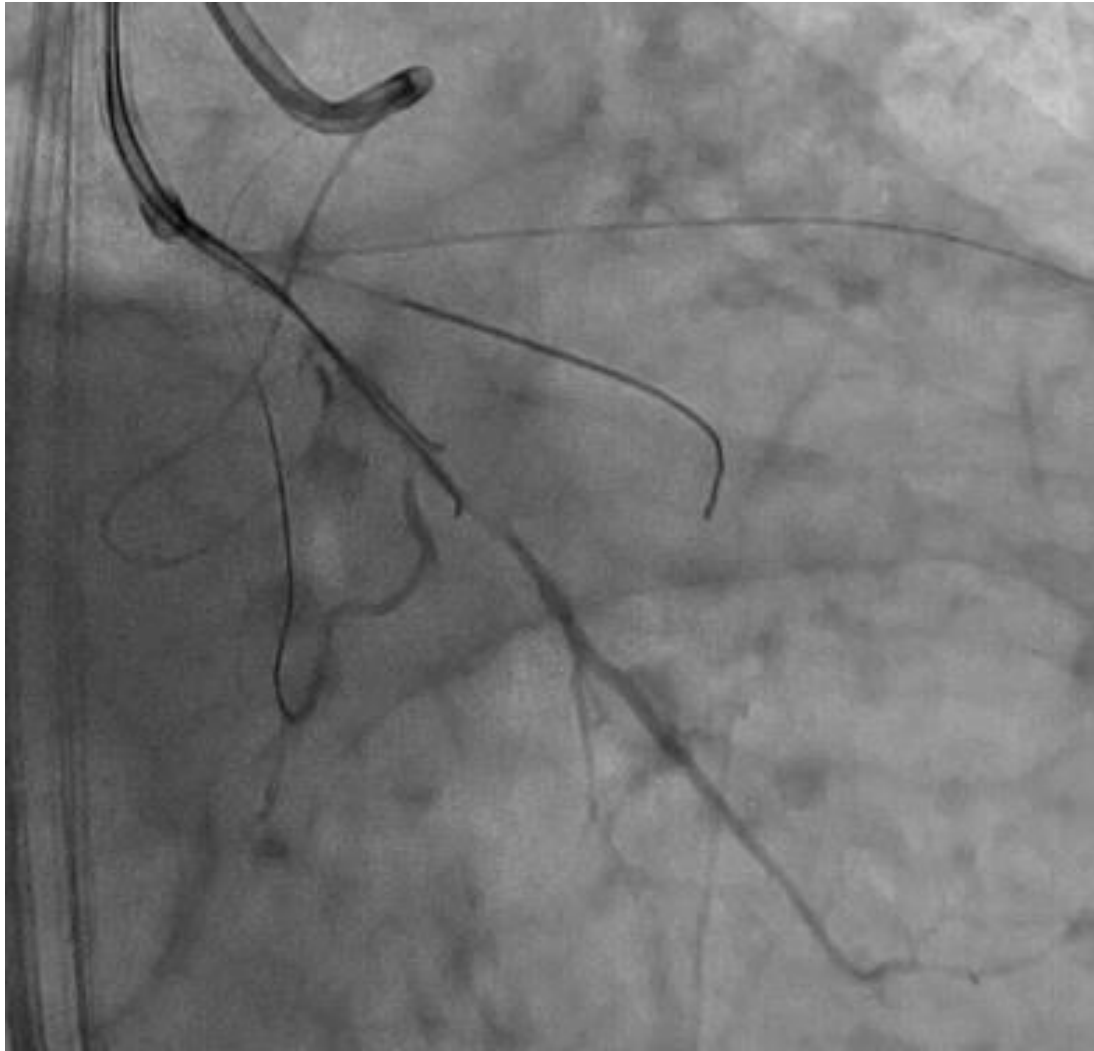
GN2 to Intermediate branch by IVUS guide



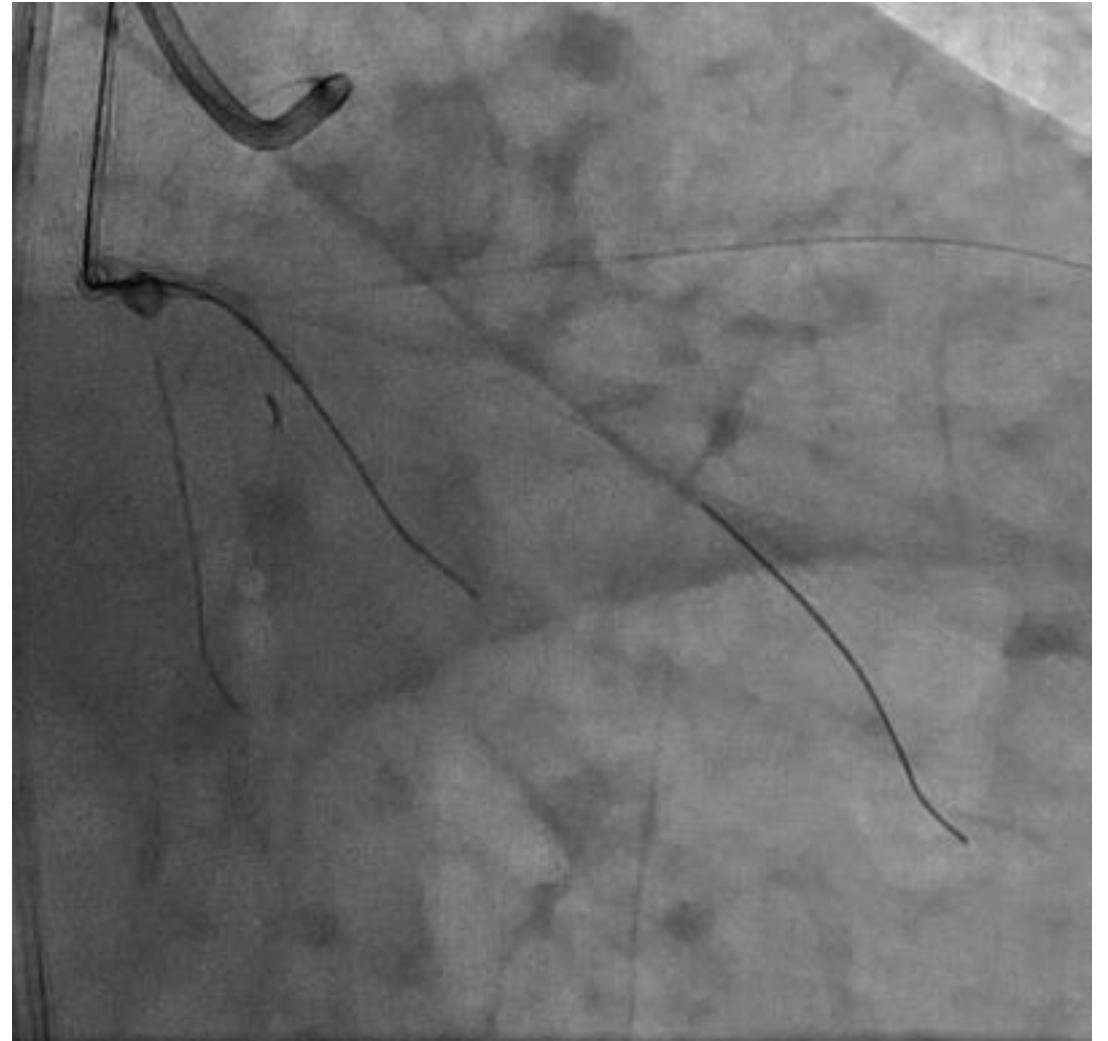
Retrograde procedure was also failed because retrograde wire prolapsed



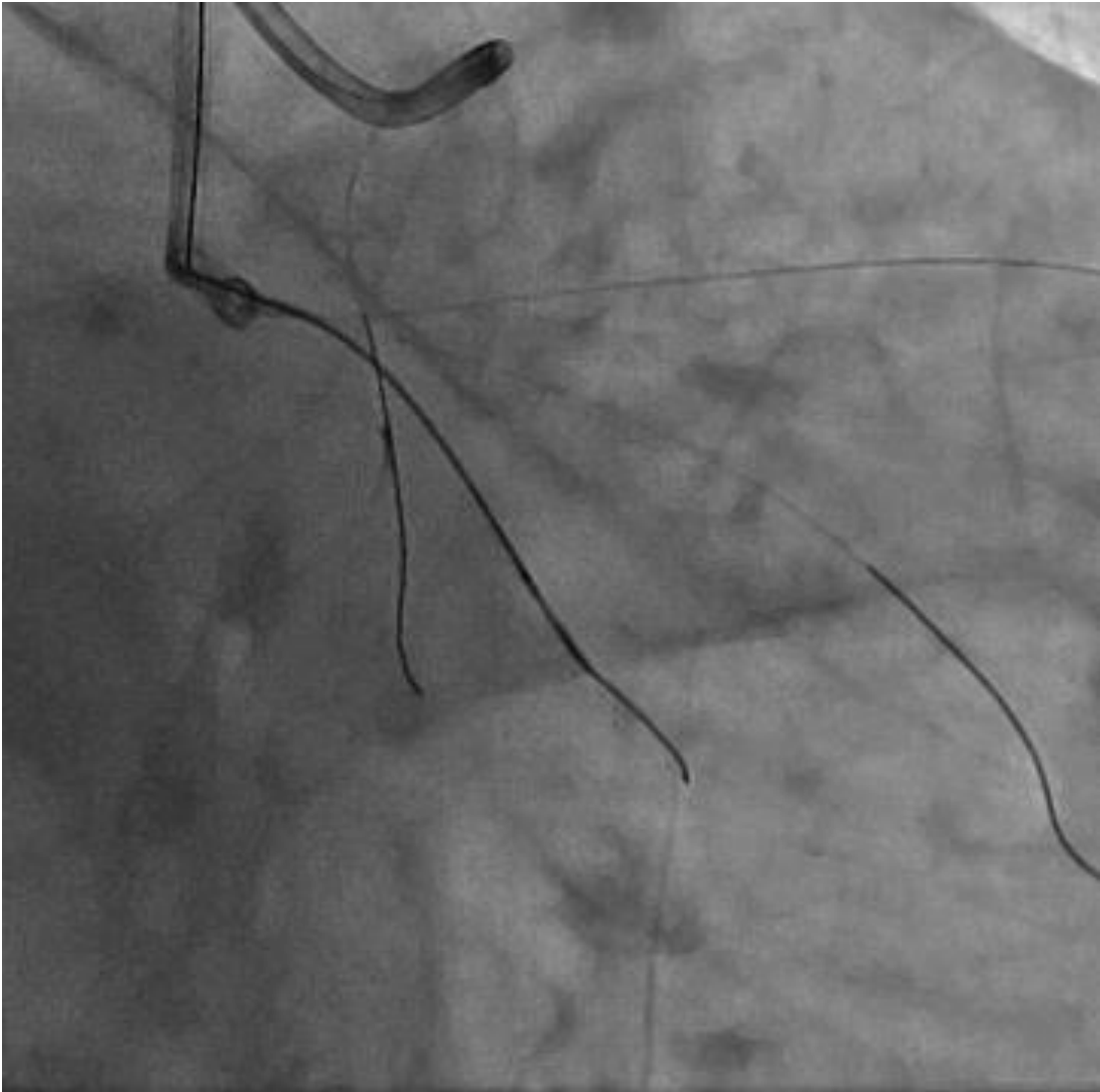
Antegrade wiring with retrograde marker wire



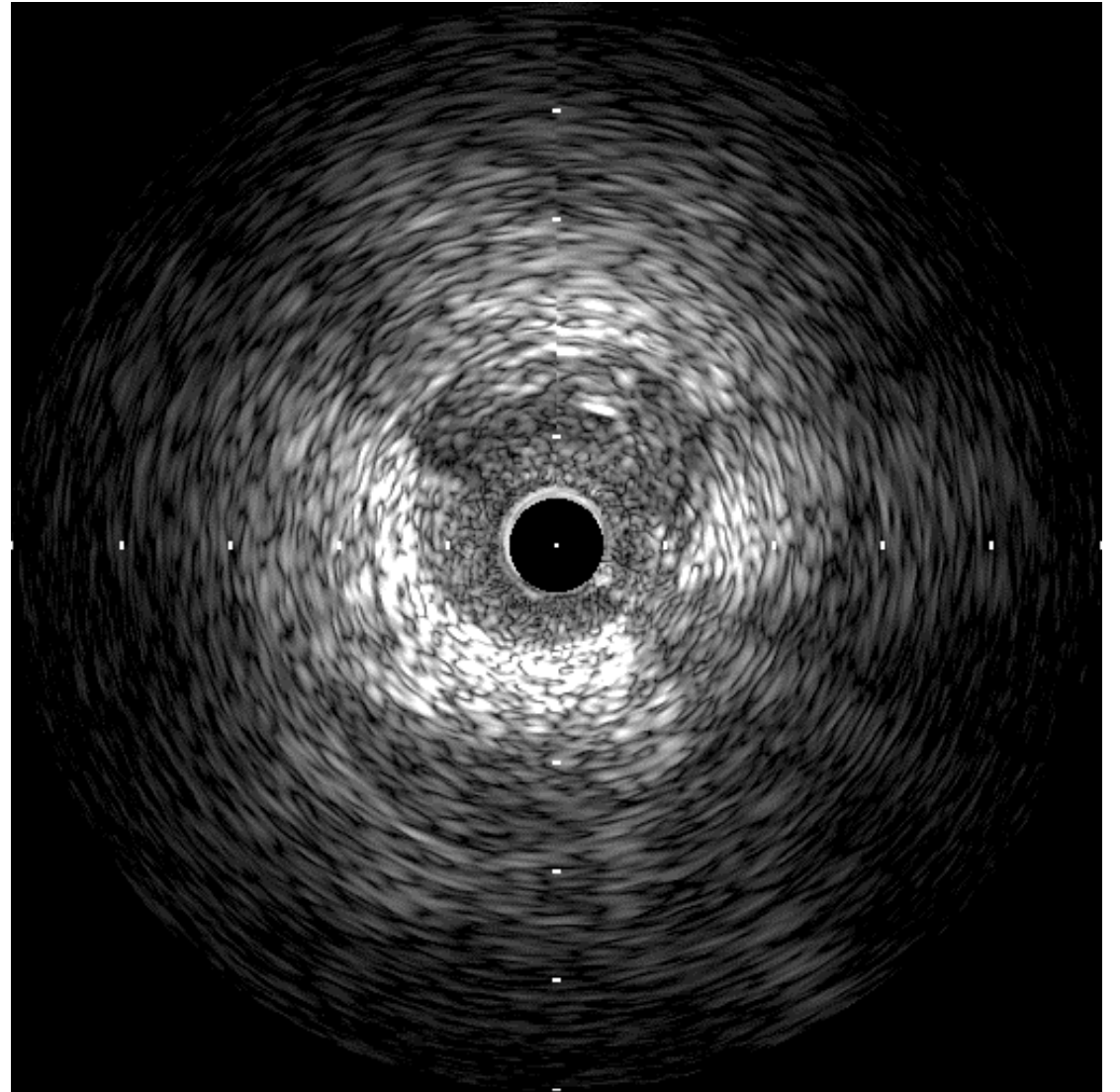
PWT was failed



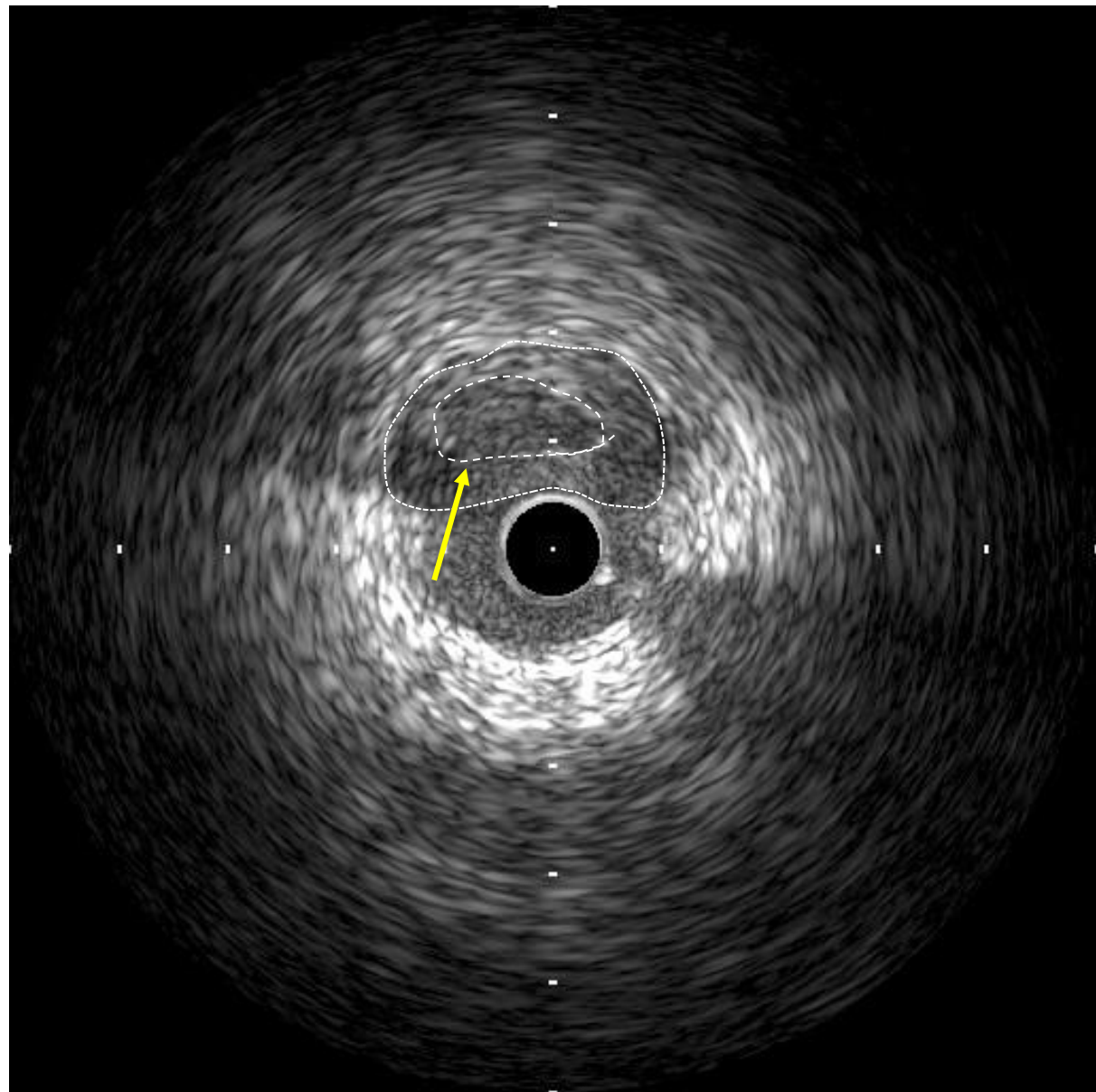
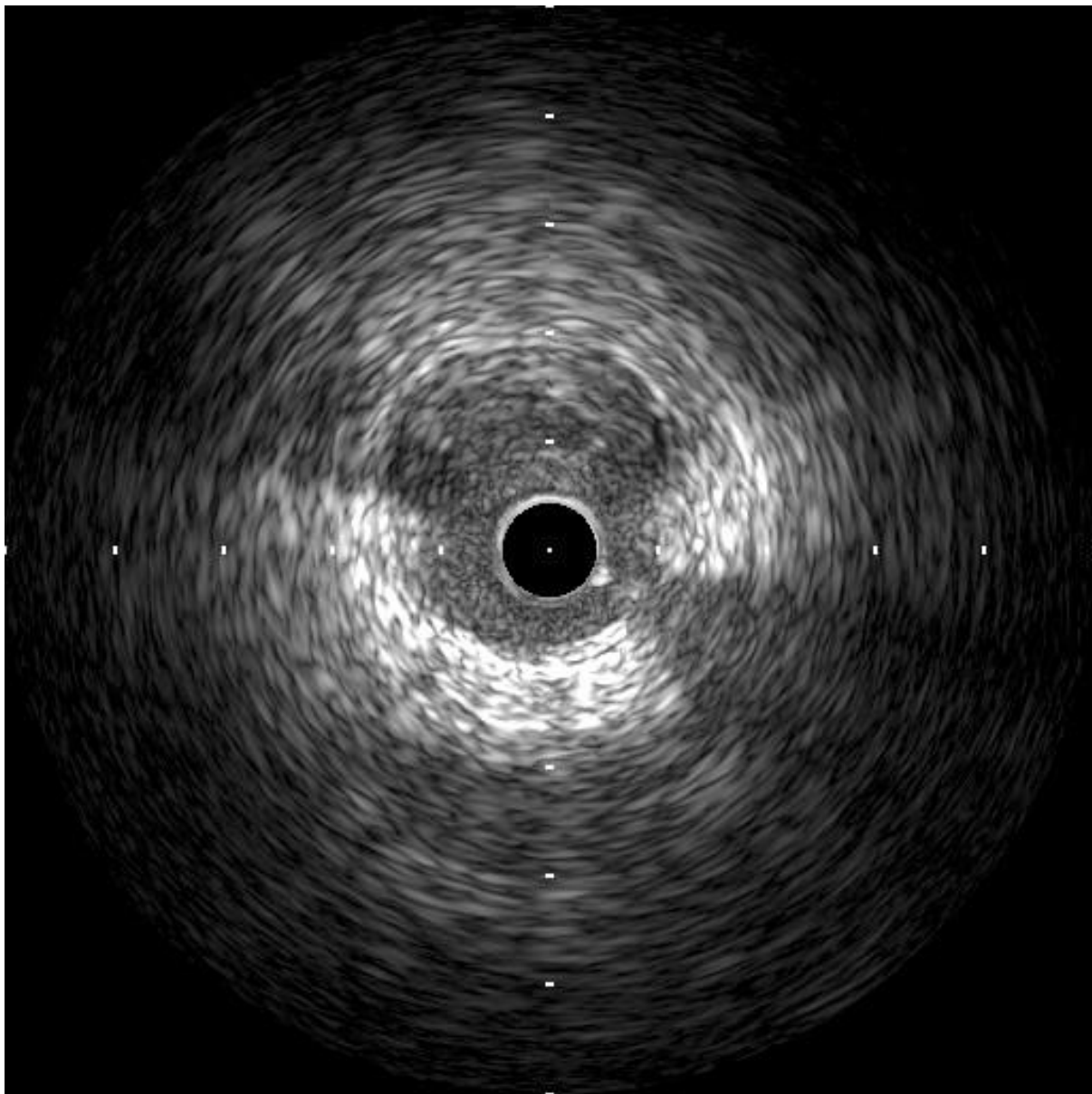
1.5mm POBA for IVUS guide

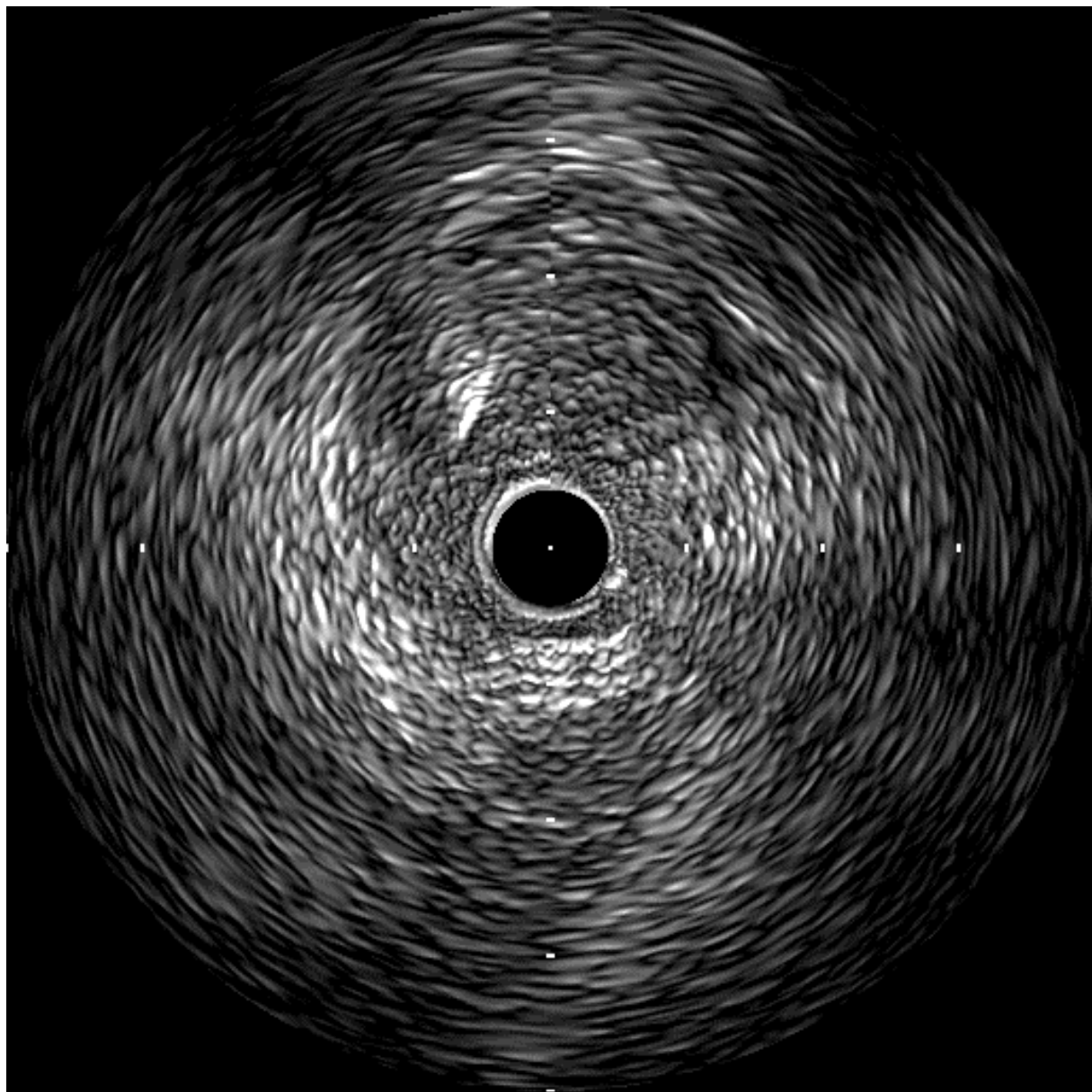


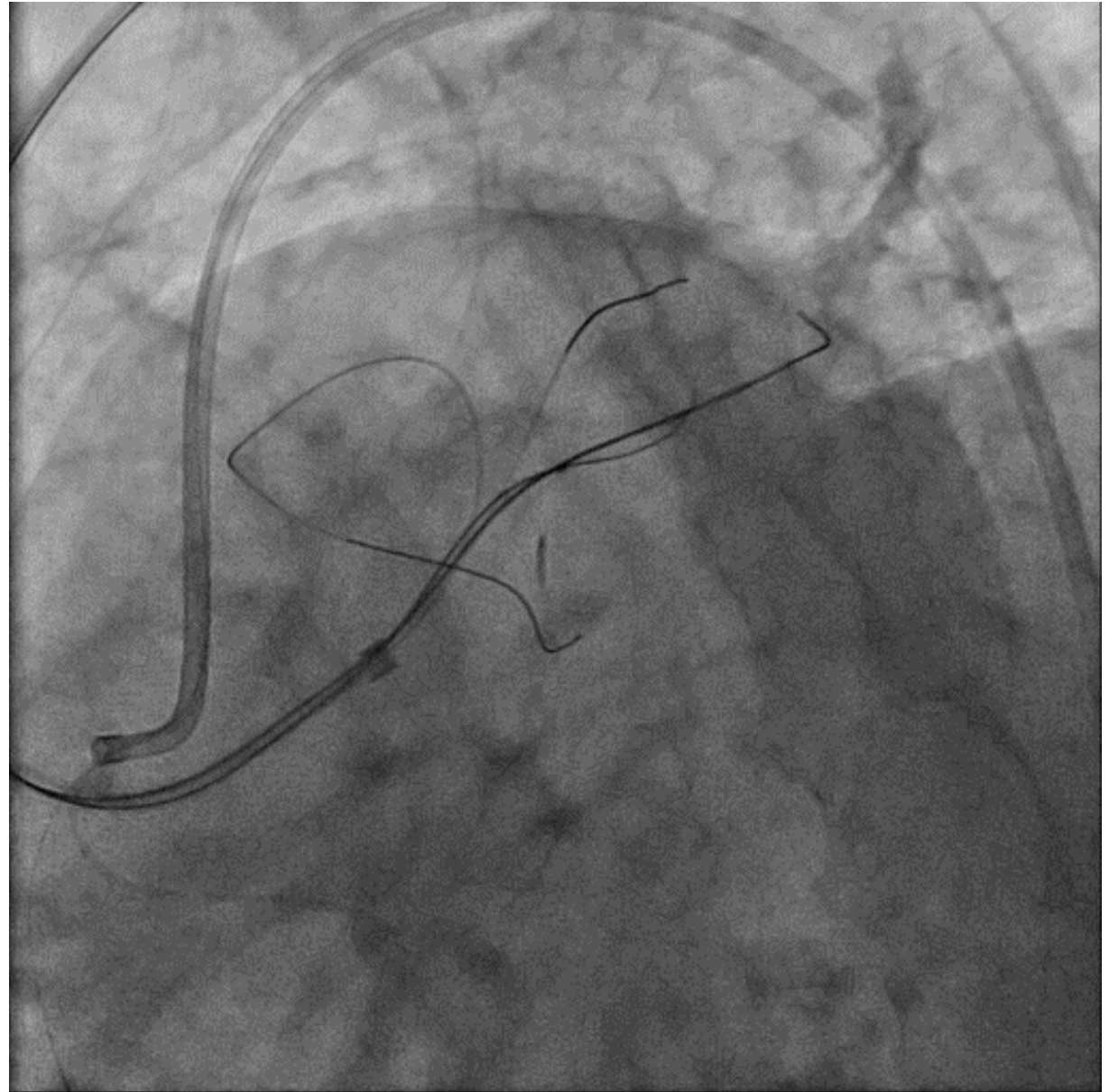
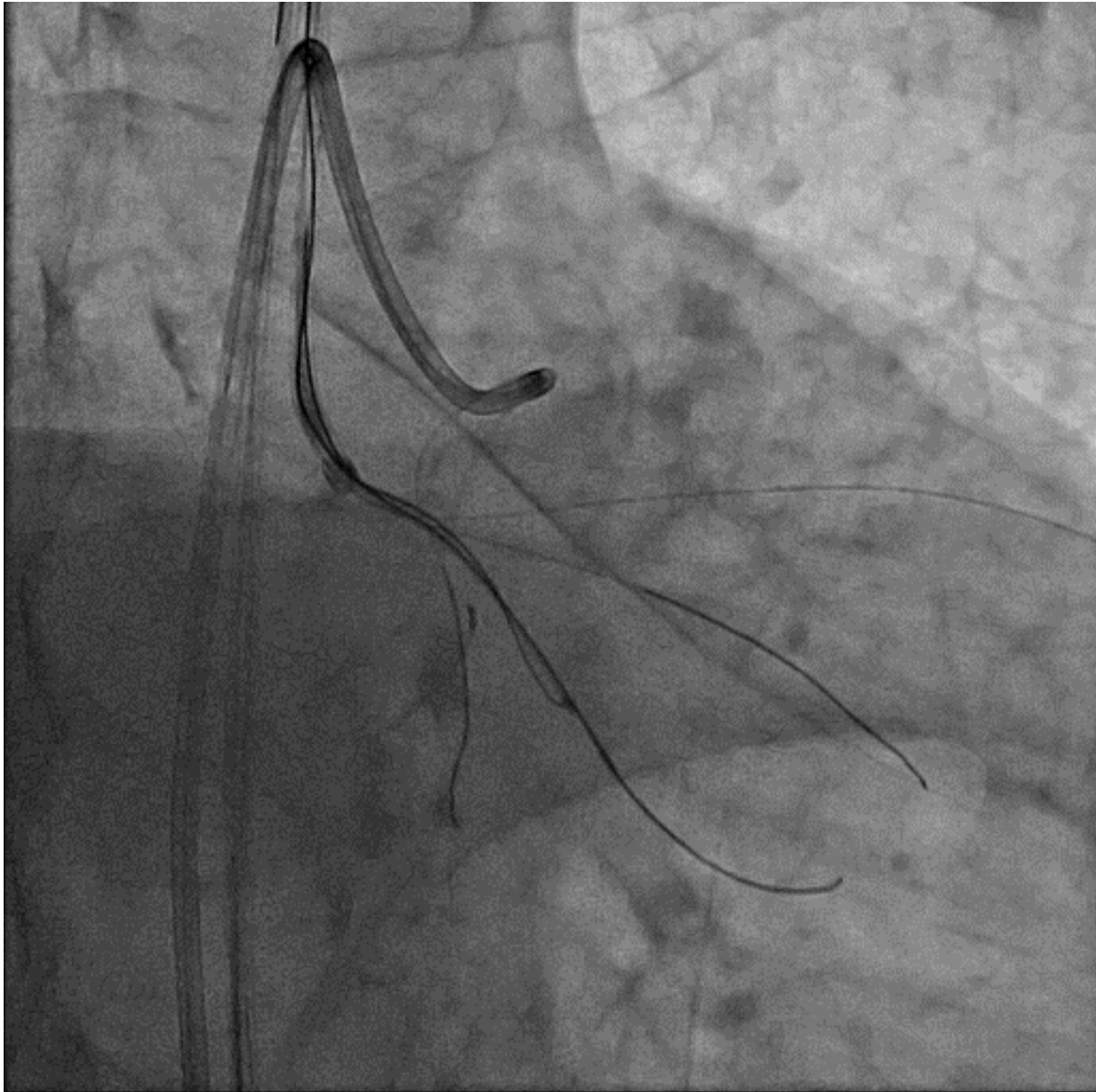
IVUS

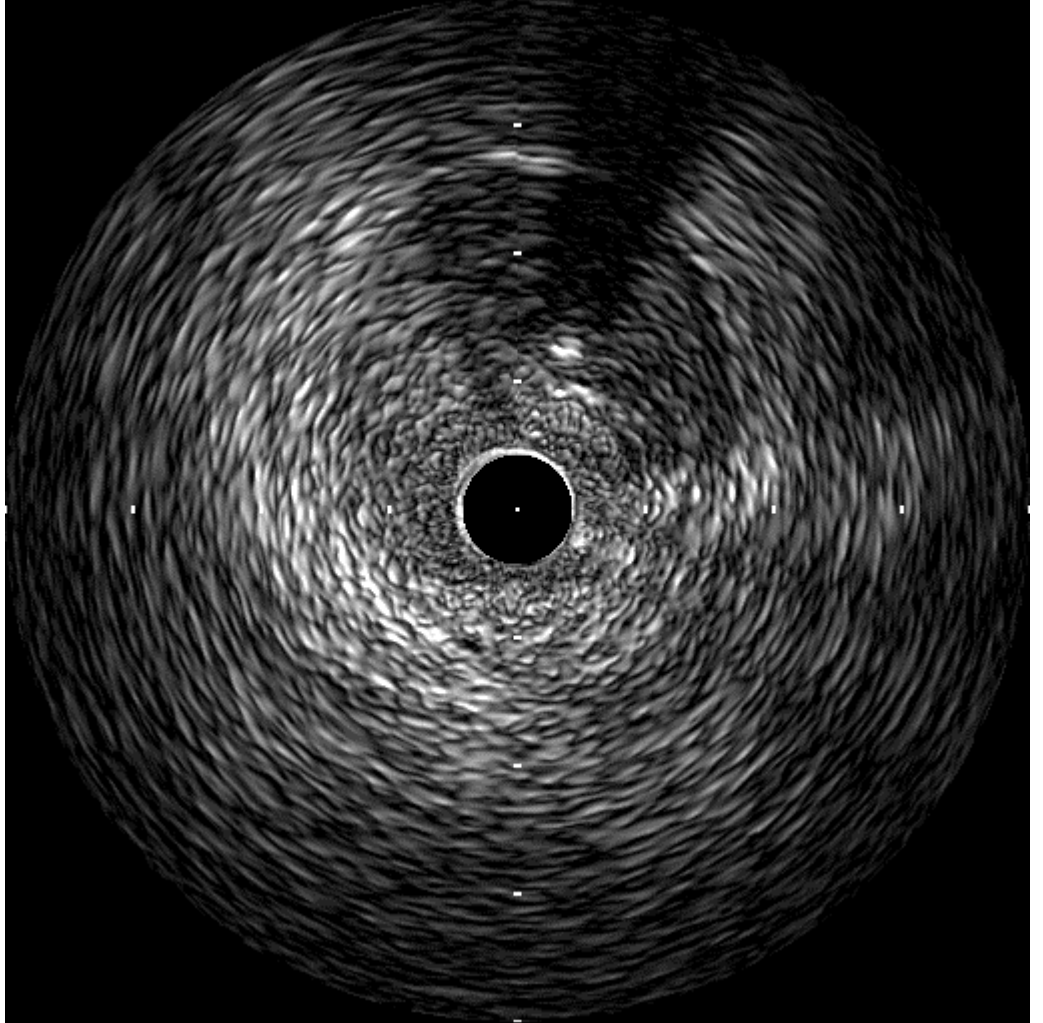
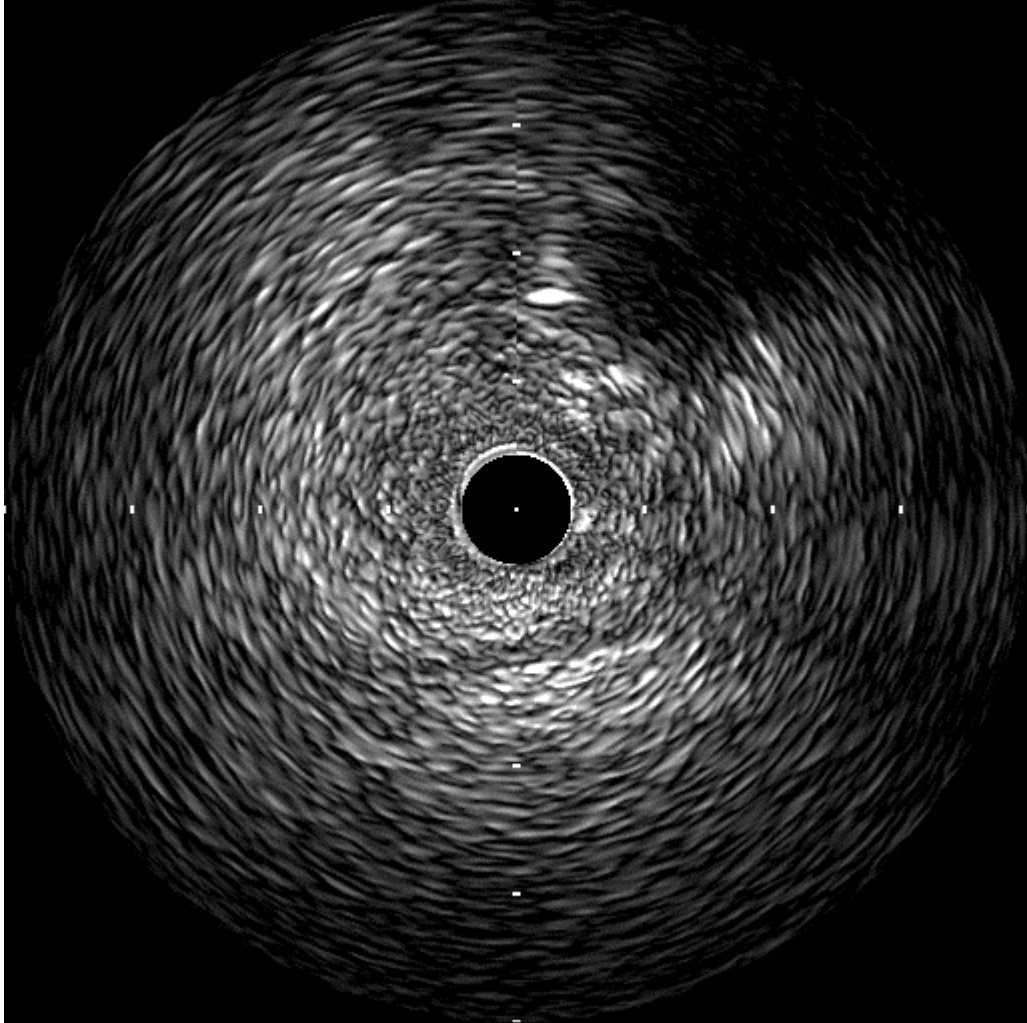




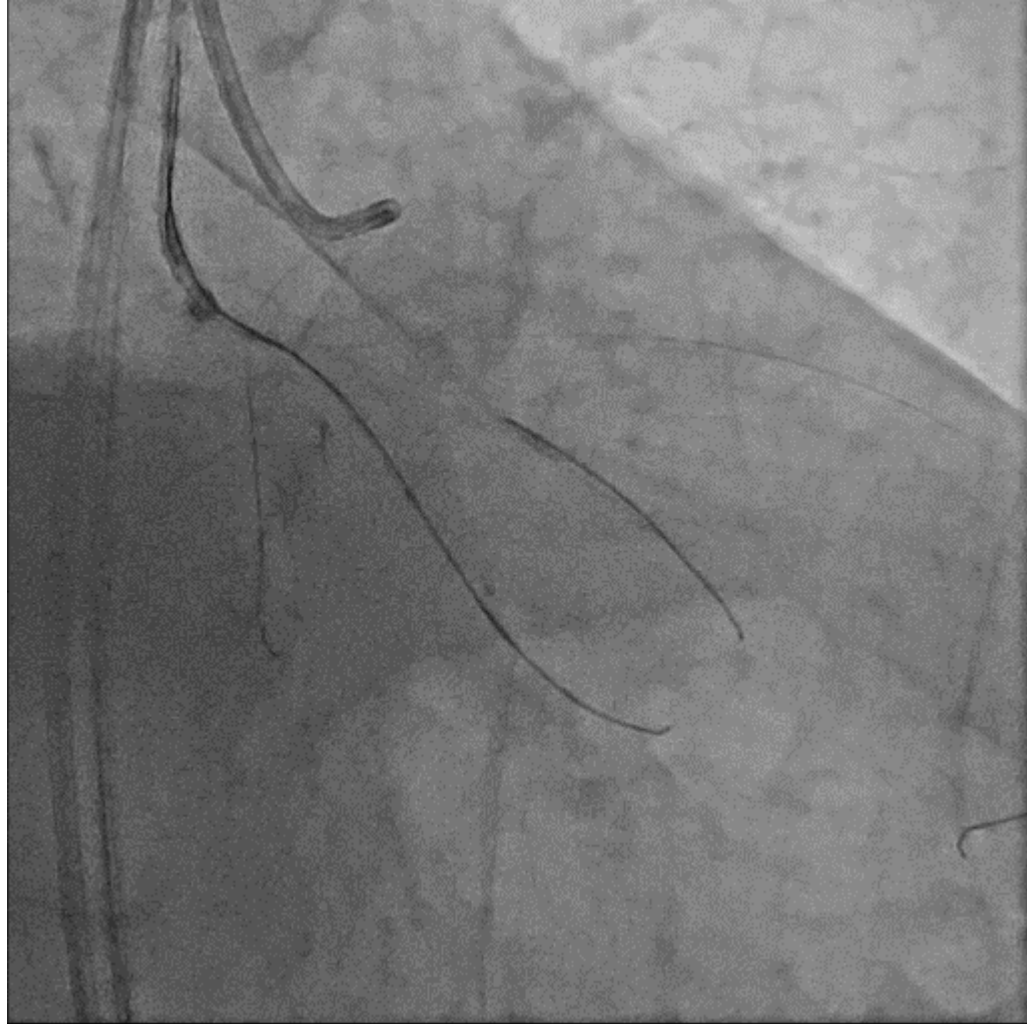


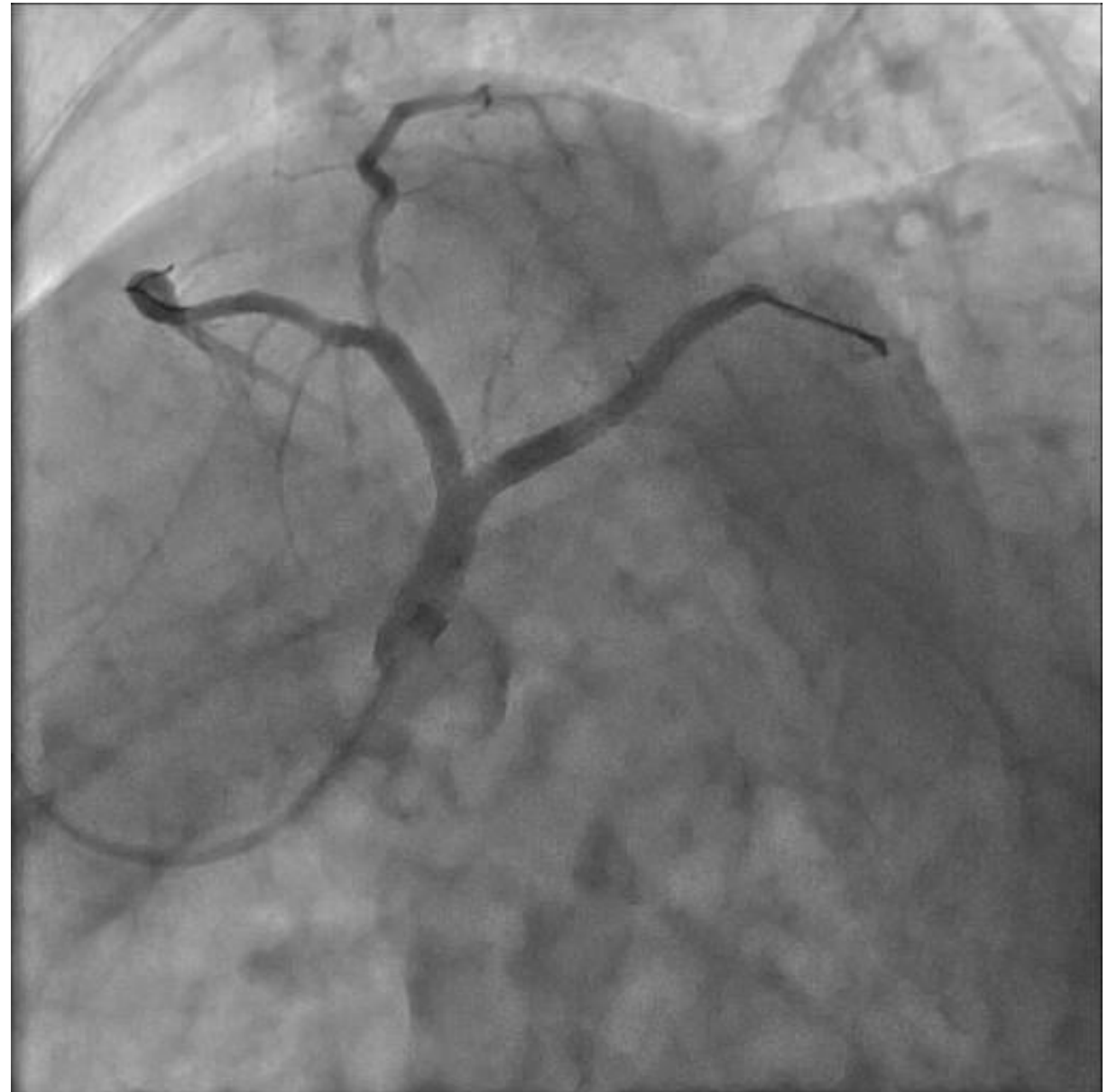




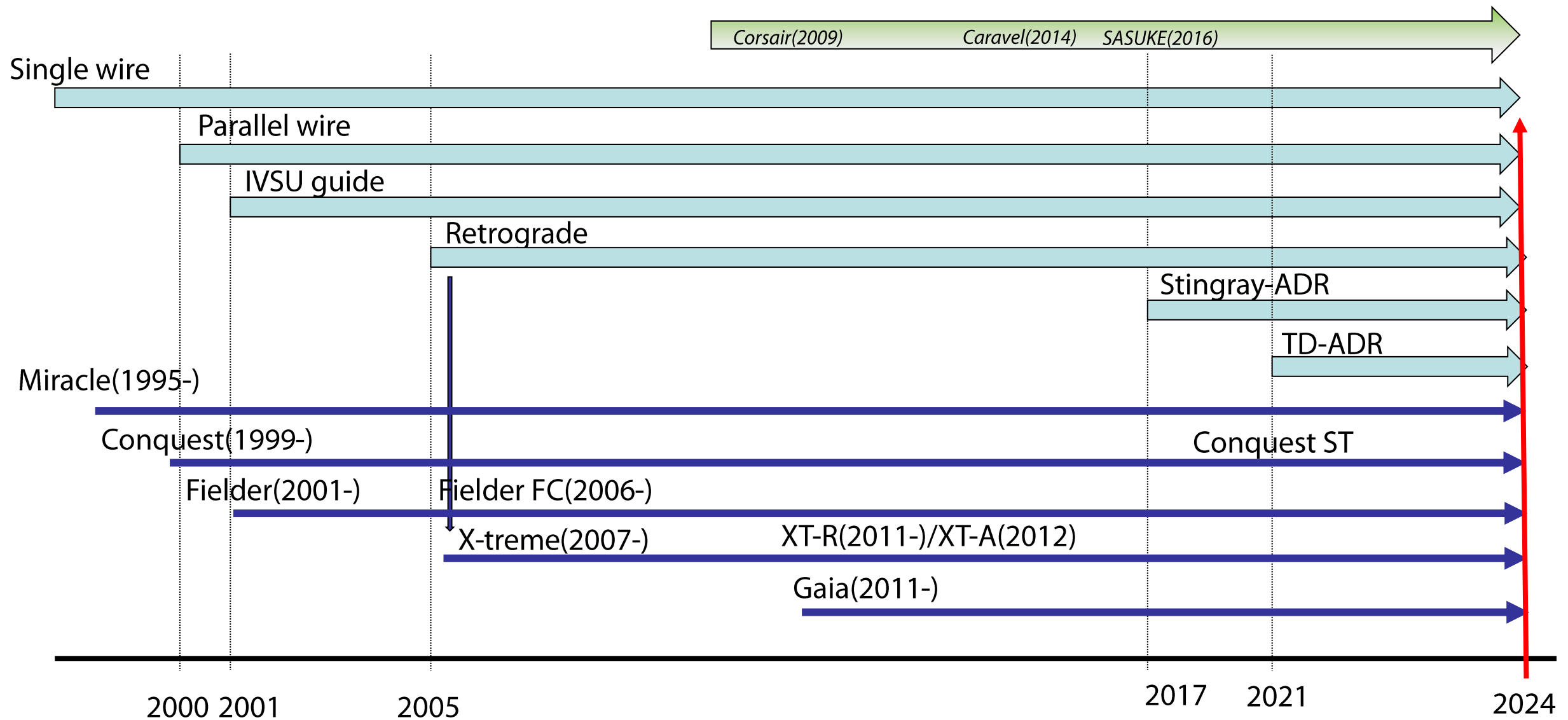






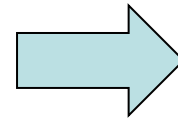
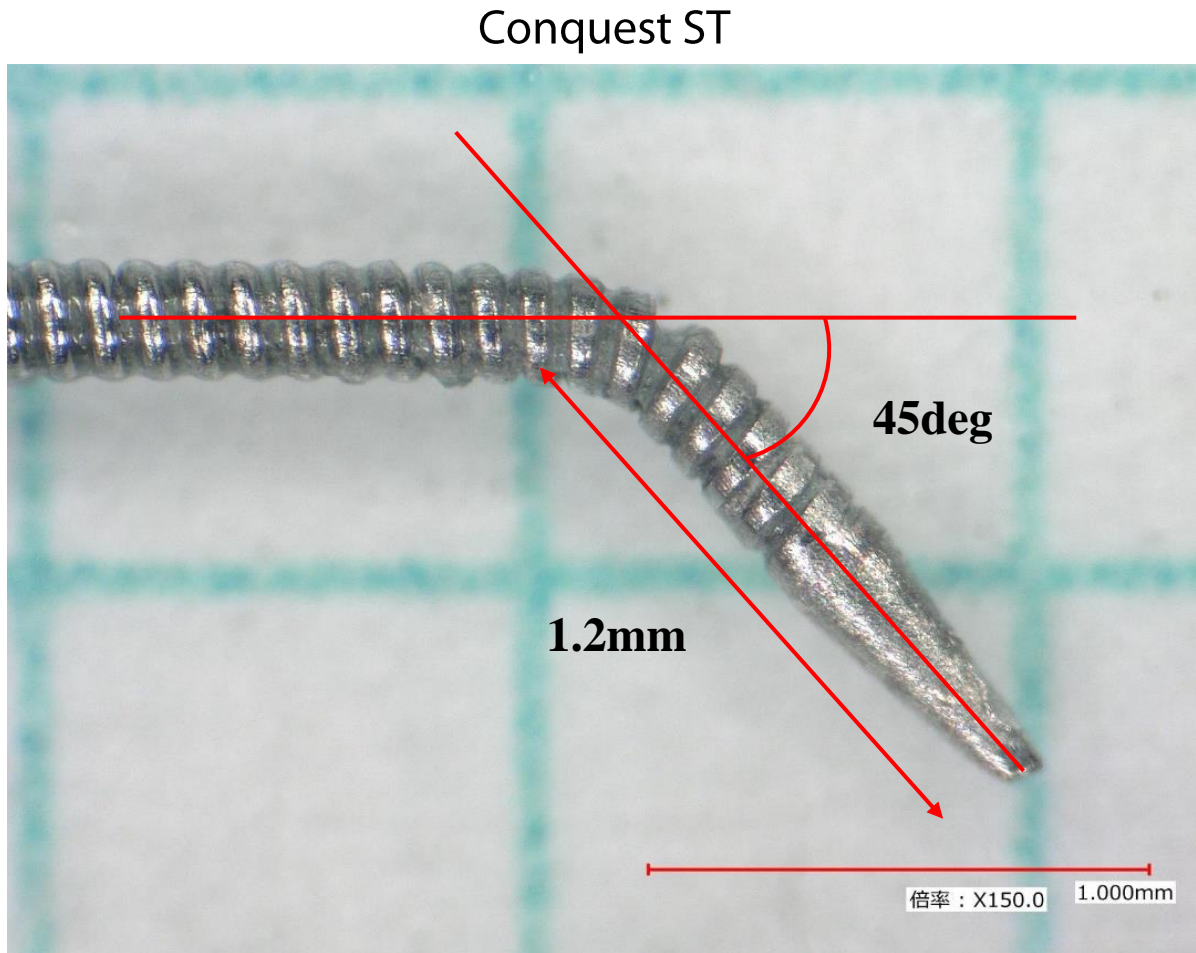


# History of CTO technique in Japan



# What`s NEXT for ADR

## Mechanical wire development

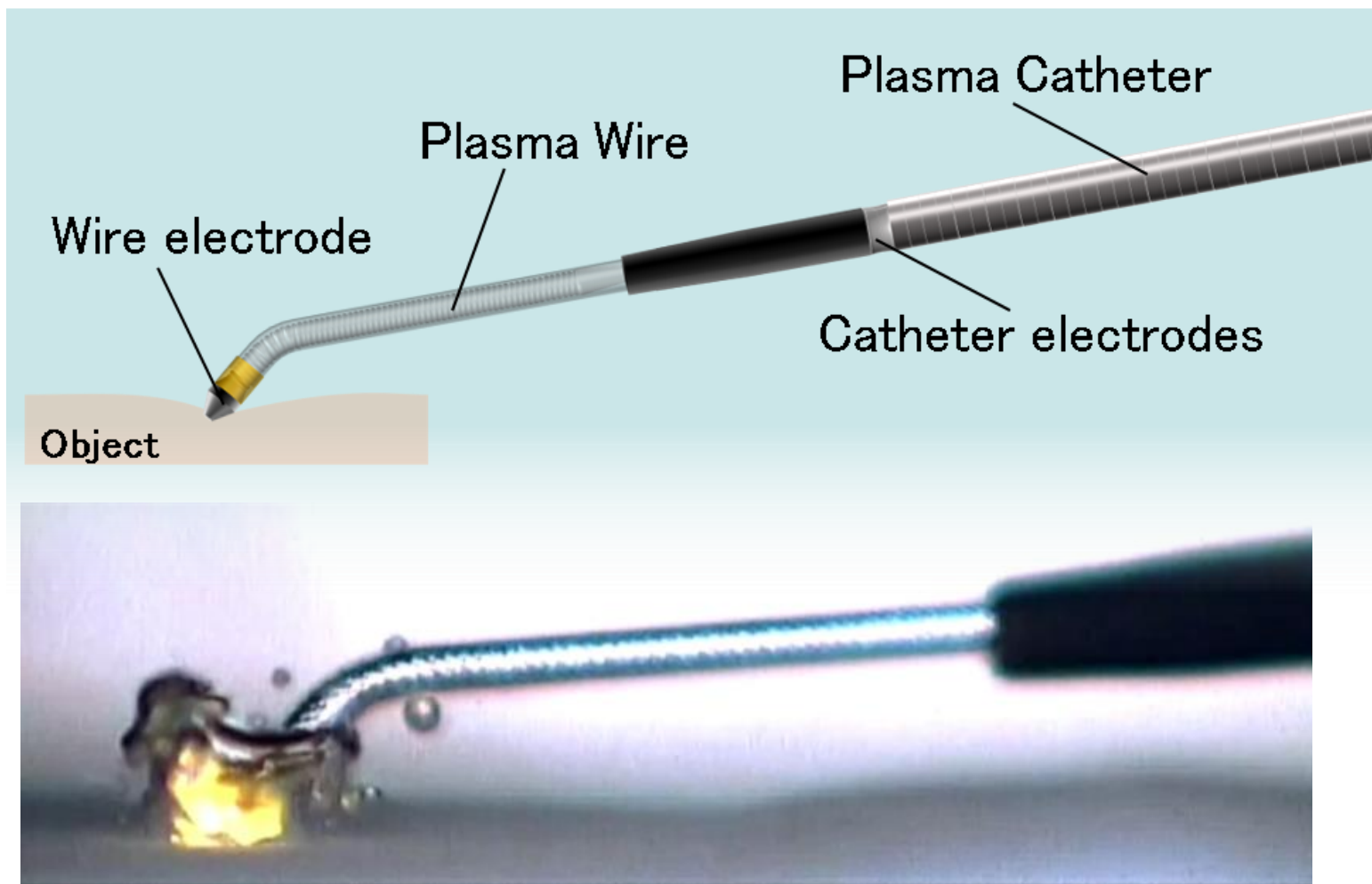


Version up



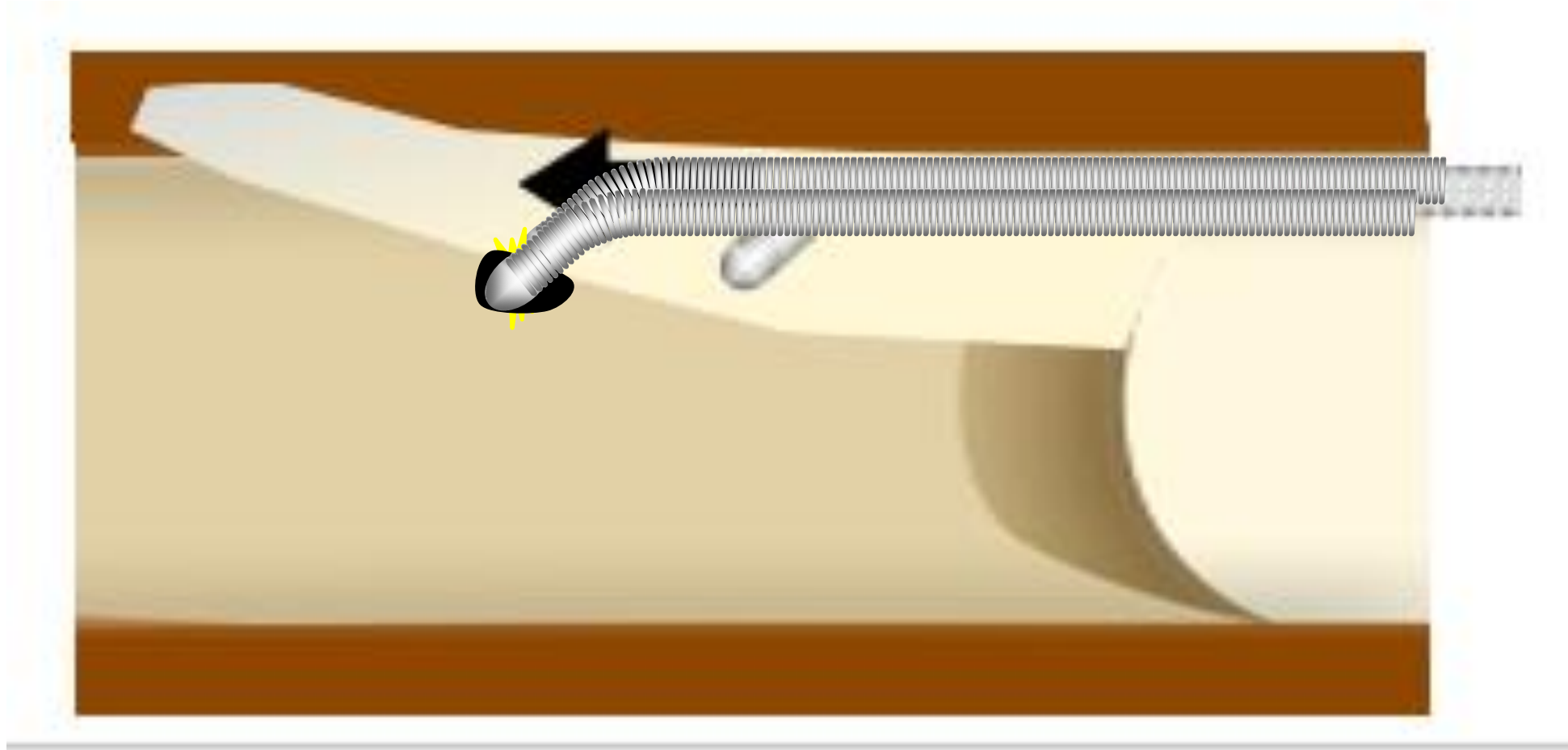
# What`s NEXT for ADR

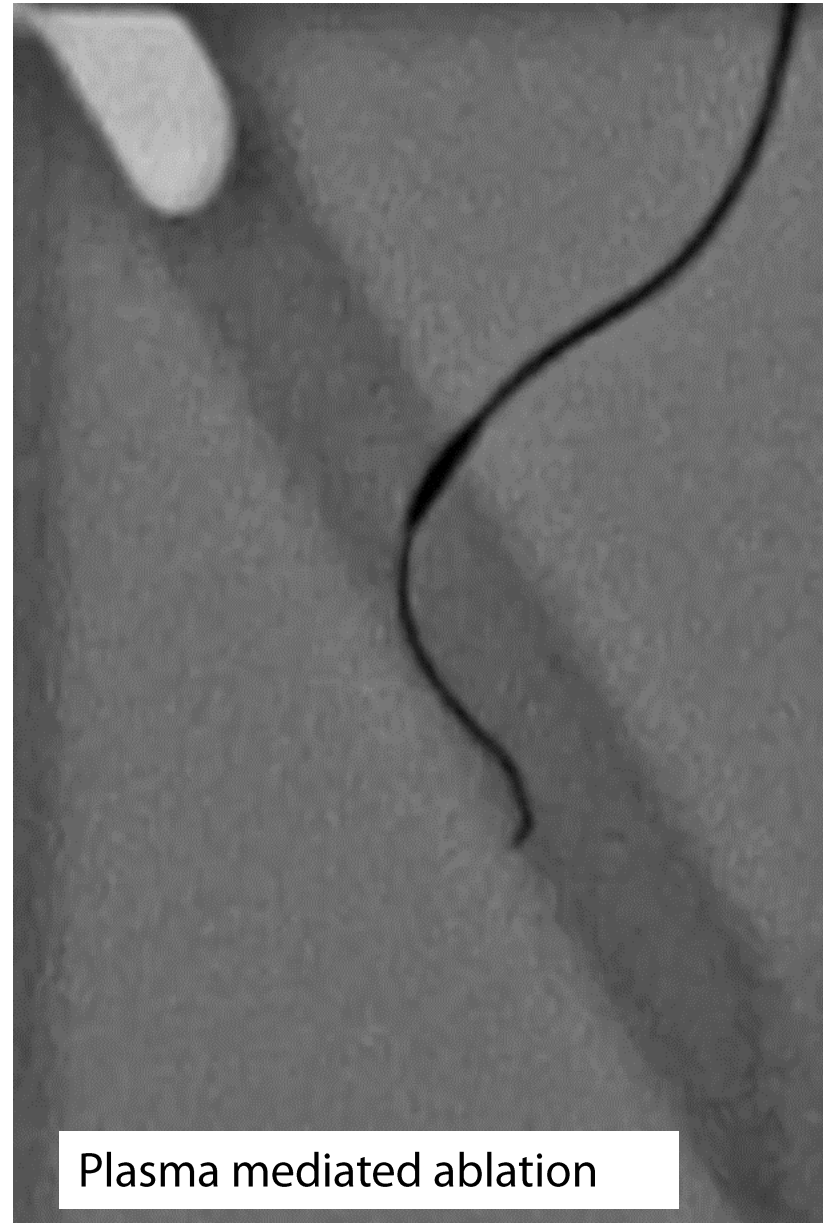
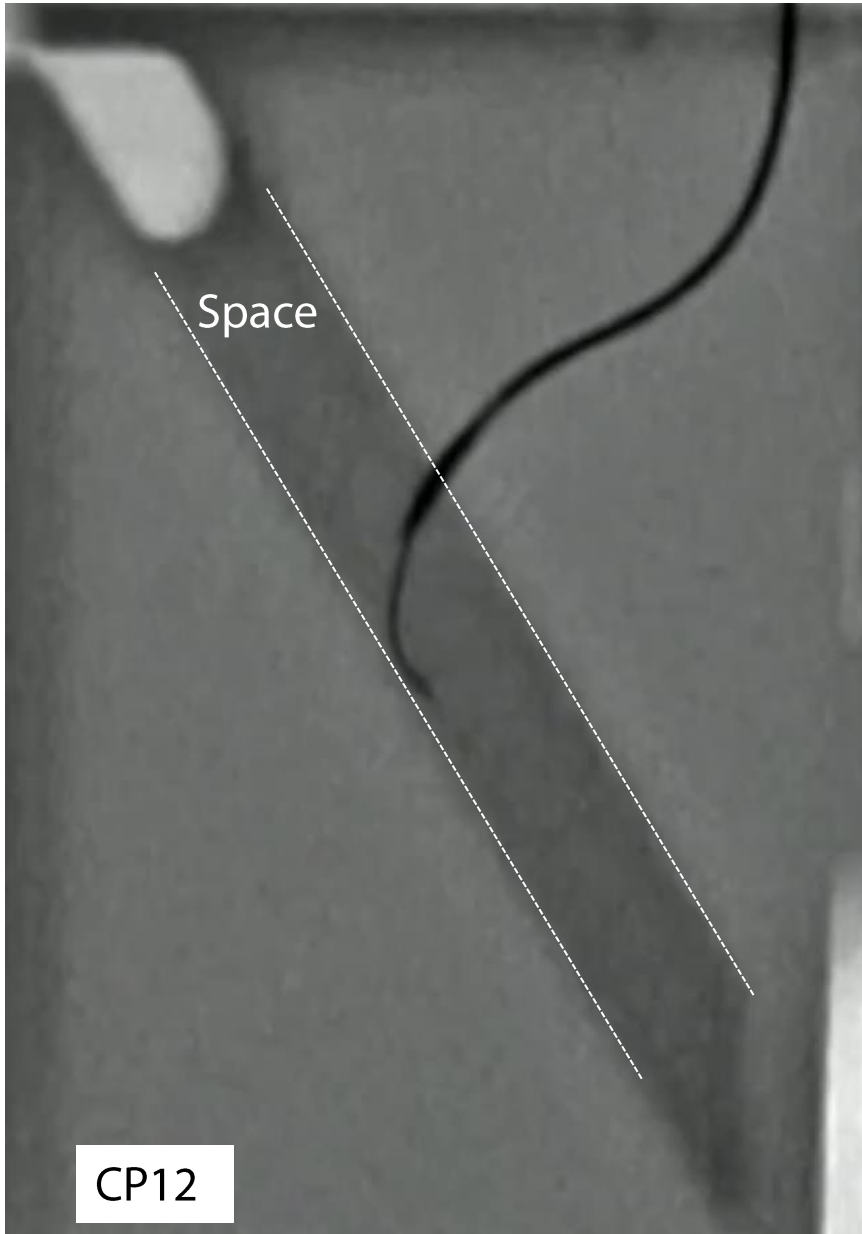
**Developed from Mechanical wire to Plasma mediated system**



Plasmawire can be penetrated with the tip of the Plasmawire in contact with the target.

# Plasma-Mediated Ablation System





# Summary

- ❑ AFR is not common in Japan now, because it is not a reproducible technique.
- ❑ Although ADR in Japan has started in 2017 with stingray system, it was not widely spread.
- ❑ In 2021, a New wire (Conquest ST) which was designed for stingray system contribute to Tip detection IVUS guided ADR technique.
- ❑ Now, that technique become widely used in Japan.
- ❑ In Next stage, a new mechanical wire and plasma mediated ablation system will contribute to ADR procedure.