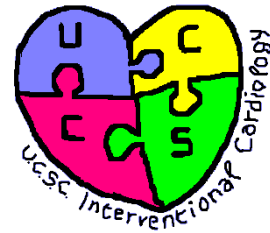




Francesco Burzotta

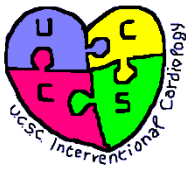
**BETTER CLINICAL
OUTCOME WITH
FINAL KISSING**



*Institute of Cardiology,
Catholic University of the Sacred Heart,
Rome - Italy*



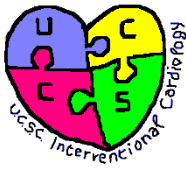
INTRODUCTION



- SORRY FOR THE TITLE OF PRESENTATION BUT...
- we know (dedicated trial, NORDIC III) that Kissing balloon does not reduce major adverse events in patients at low risk undergoing provisional approach...
- but... is MACE at 6-months the best end-point to evaluate the clinical effect of kissing balloon in a low risk population?



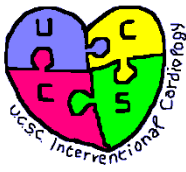
A NEW PROSPECTIVE STUDY ON BIFURCATED LESIONS



SEA-SIDE

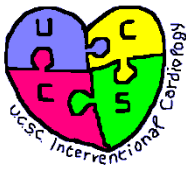
Sirolimus vs **E**verolimus -eluting
stent randomized **A**ssessment in
bifurcated lesions and clinical
Significance of residual **si**DE-
branch stenosis

registered in [ClinicalTrials.org](https://clinicaltrials.org) website, NCT00697372



AIM OF THE SB STUDY

TO ASSESS IF RESIDUAL
SIDE-BRANCH STENOSIS
EVALUATED BY 3DQCA MAY BE
ASSOCIATED TO POST-PCI
INDUCIBLE ISCHEMIA

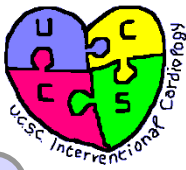


BACKGROUND

- Standard 2D angiography is not adequate to assess side-branch ostial lesions (especially after main vessel stenting) but 3DQCA may be more accurate
- The clinical significance (correlation with inducible ischemia) of residual side branch stenosis is not well established
- Stresst est is frequently adopted to follow patients treated by PCI but no data are available about its results in patients treated on bifurcated lesions



STUDY DESIGN & METHODS



150 patients with bifurcated lesion scheduled for DES implantation (no contraindication to prolonged double antiplatelet therapy, no AMI)

Randomization 1:1 Cypher or Xience

PCI with Provisional TAP-stenting

Incomplete revascularization and/or EKG not interpretable

COMPLETE REVASCULARIZATION (no other stenosis $\geq 50\%$) & EKG interpretable (n=60)

Ergometric test (within 5 days) to assess residual ischemia (BLIND TO ANGIO DATA)

Off-line 3D QCA (Paieon) to assess residual stenosis on SB (BLIND to CLINICAL DATA)



CHARACTERISTICS OF THE STUDY POPULATION



Patients with SB cross-sectional area stenosis $\geq 50\%$ at 3DQCA



Patients with SB cross-sectional area stenosis $<50\%$ at 3DQCA

| | | |
|-----|--------------------------------|-----|
| 11 | Pts number | 49 |
| 36% | Acute Coronary Syndrome | 37% |
| 9% | Distal Left Main | 14% |
| 64% | LAD/Diag | 61% |
| 27% | Other bifurc | 25% |
| 37% | Multivessel Disease | 41% |
| 36% | Medina 1,1,1 | 29% |
| 36% | Medina 1,1,0 or 1,0,1 or 0,1,1 | 37% |
| 28% | Other Medina | 34% |

Patients with SB cross-sectional area stenosis $\geq 50\%$ at 3DQCA



Patients with SB cross-sectional area stenosis $<50\%$ at 3DQCA

| | 3DQCA BEFORE PCI | |
|--------------|-----------------------------|--------------|
| 71 \pm 18% | MV cross-sectional stenosis | 77 \pm 16% |
| 66 \pm 12% | SB cross-sectional stenosis | 54 \pm 25% |
| 72 \pm 22° | Bifurcation angle | 67 \pm 17° |
| | | |
| | 3DQCA AFTER PCI | |
| 21 \pm 10% | MV cross-sectional stenosis | 28 \pm 13% |
| 54 \pm 31% | SB cross-sectional stenosis | 18 \pm 15% |
| 69 \pm 11° | Bifurcation angle | 60 \pm 13° |
| | P<0.001 | |

Patients with SB cross-sectional area stenosis $\geq 50\%$ at 3DQCA



Patients with SB cross-sectional area stenosis $< 50\%$ at 3DQCA

| | | |
|-----------------------------------|--------------------------------------|------------------------------------|
| 4 / 7 | TYPE OF DES (SES-EES) | 21 / 28 |
| 9% | MV Direct Stenting | 44% |
| 3.4 \pm 0.5 mm 27 \pm 8 mm | MV STENT Diameter MV STENT Length | 3.3 \pm 0.3 mm 29 \pm 13 mm |
| 27% | >1 Overlapping stent in MV | 26% |
| 0% | SB stenting (TAP) | 10.2% |
| 36% | Final kissing balloon * | 69% |

P<0.05

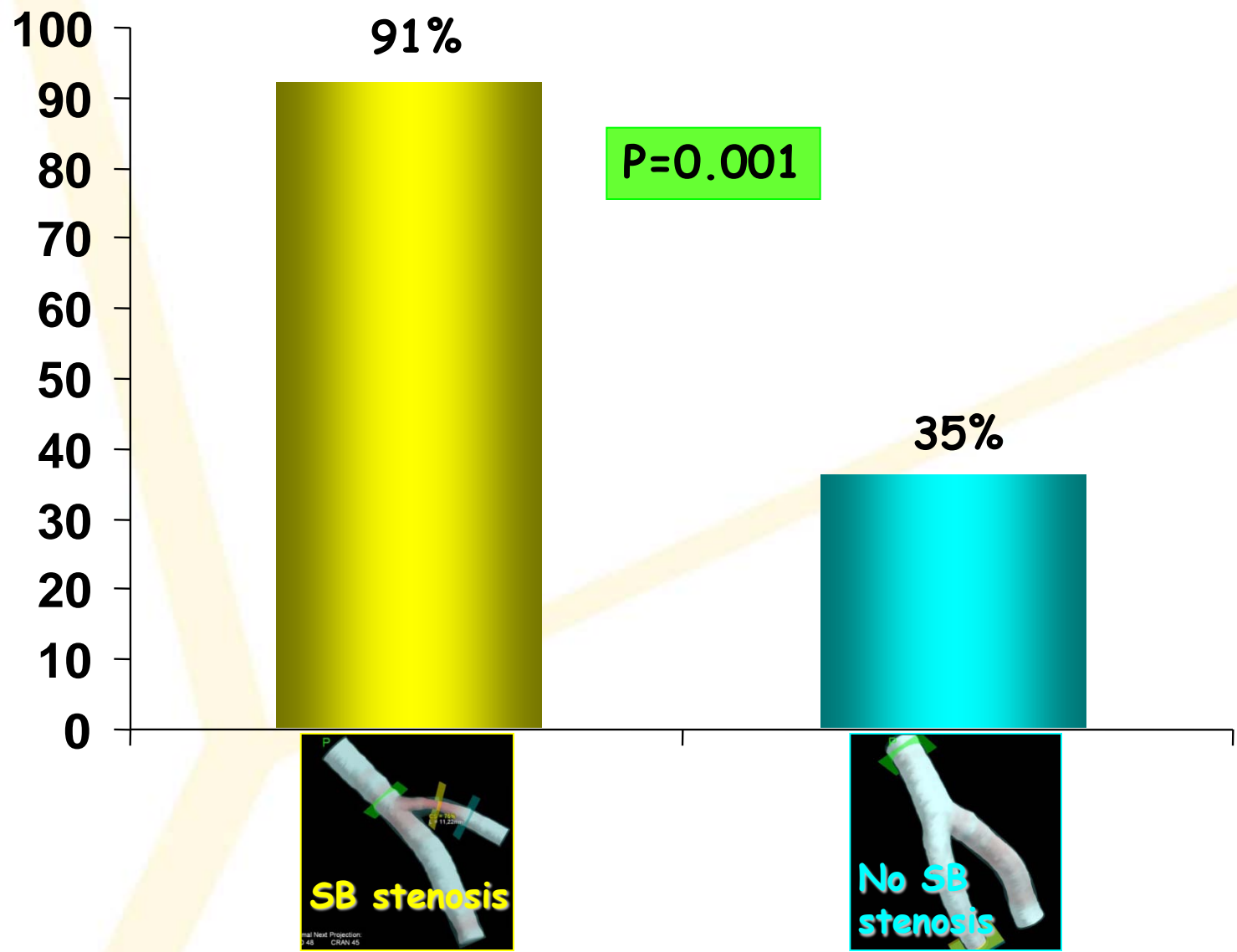


PRIMARY END-POINT: POST-PCI INDUCIBLE ISCHEMIA

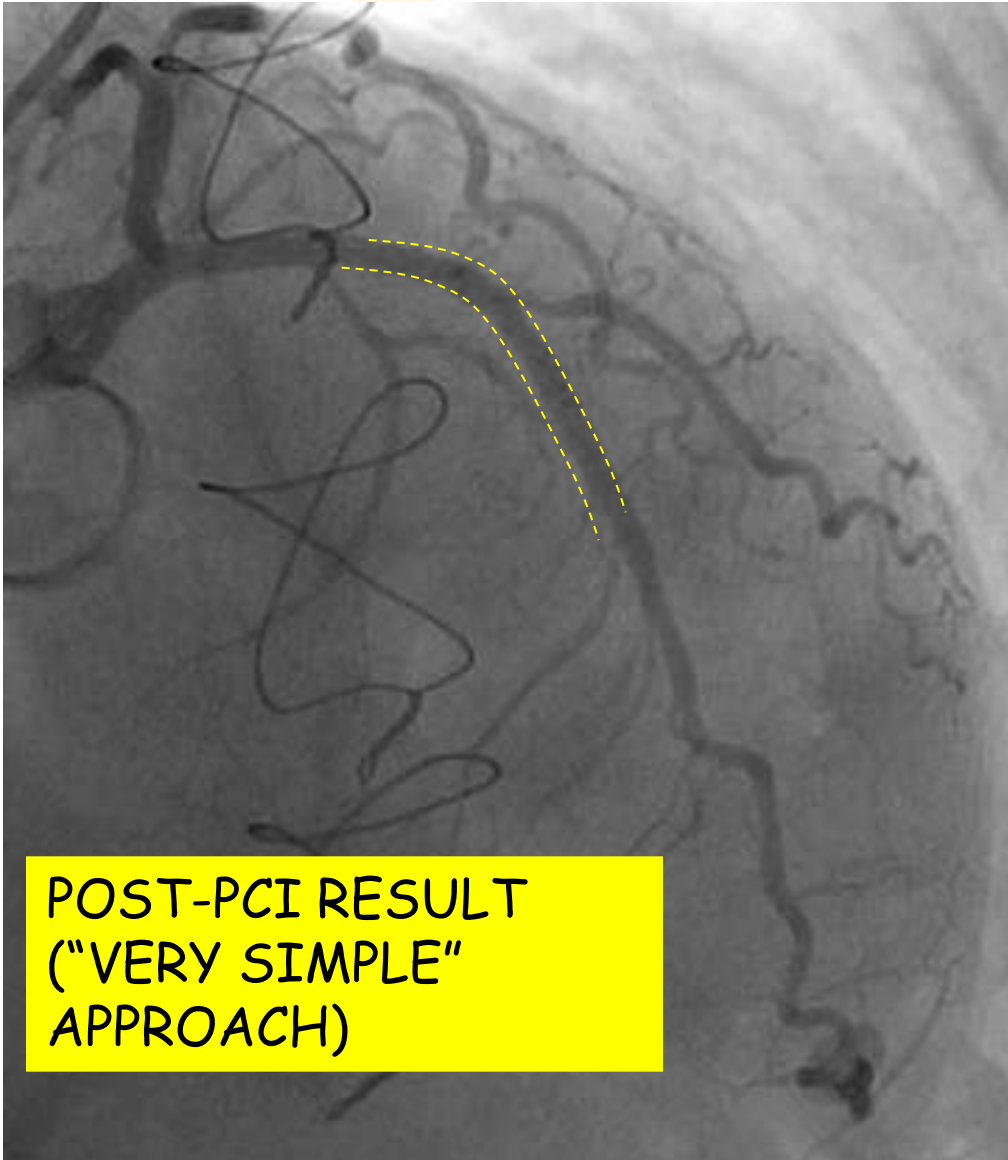


≥1 mm ST-depression
@
ergometric
test within
5 days

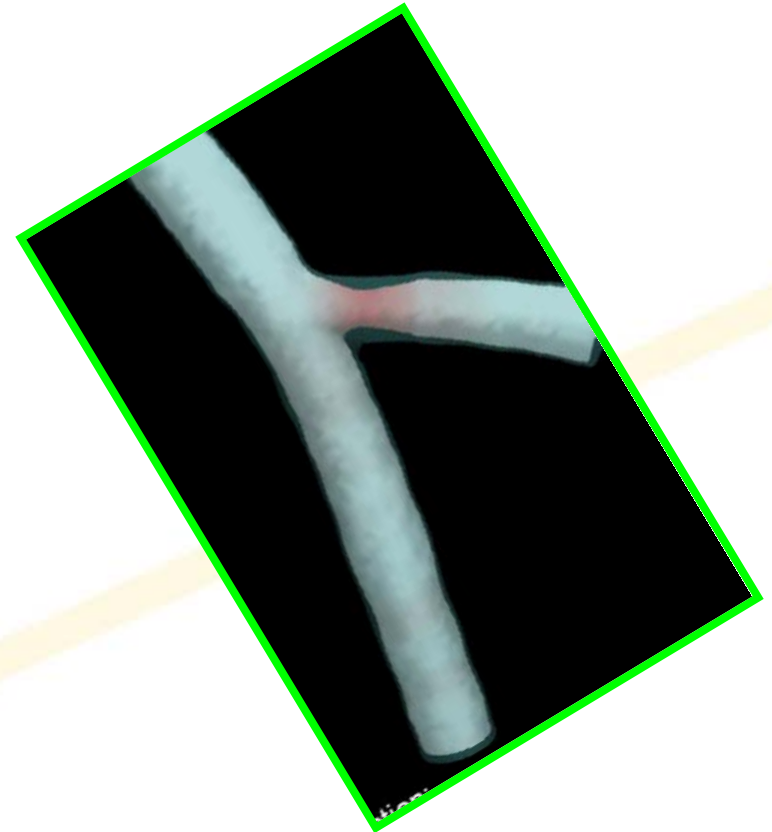
%



POST-PCI INDUCIBLE ISCHEMIA: AN EXAMPLE

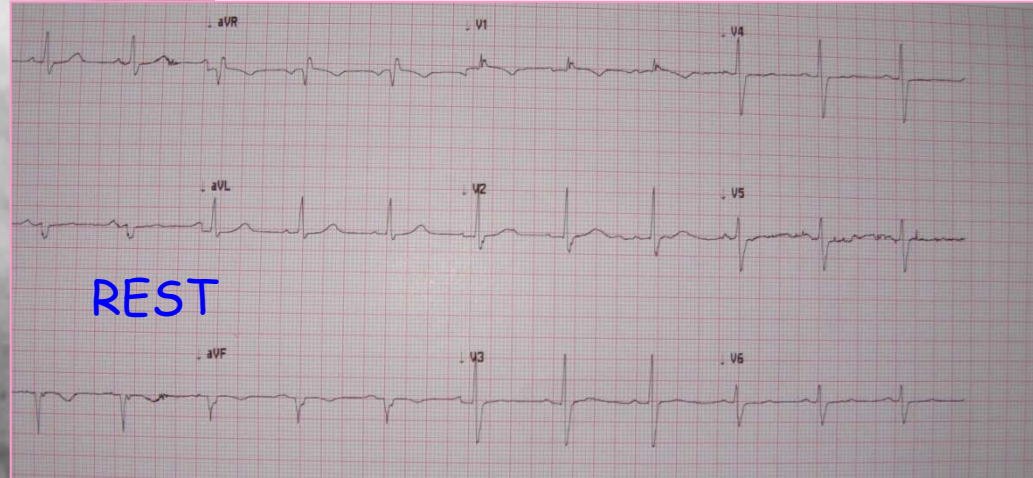
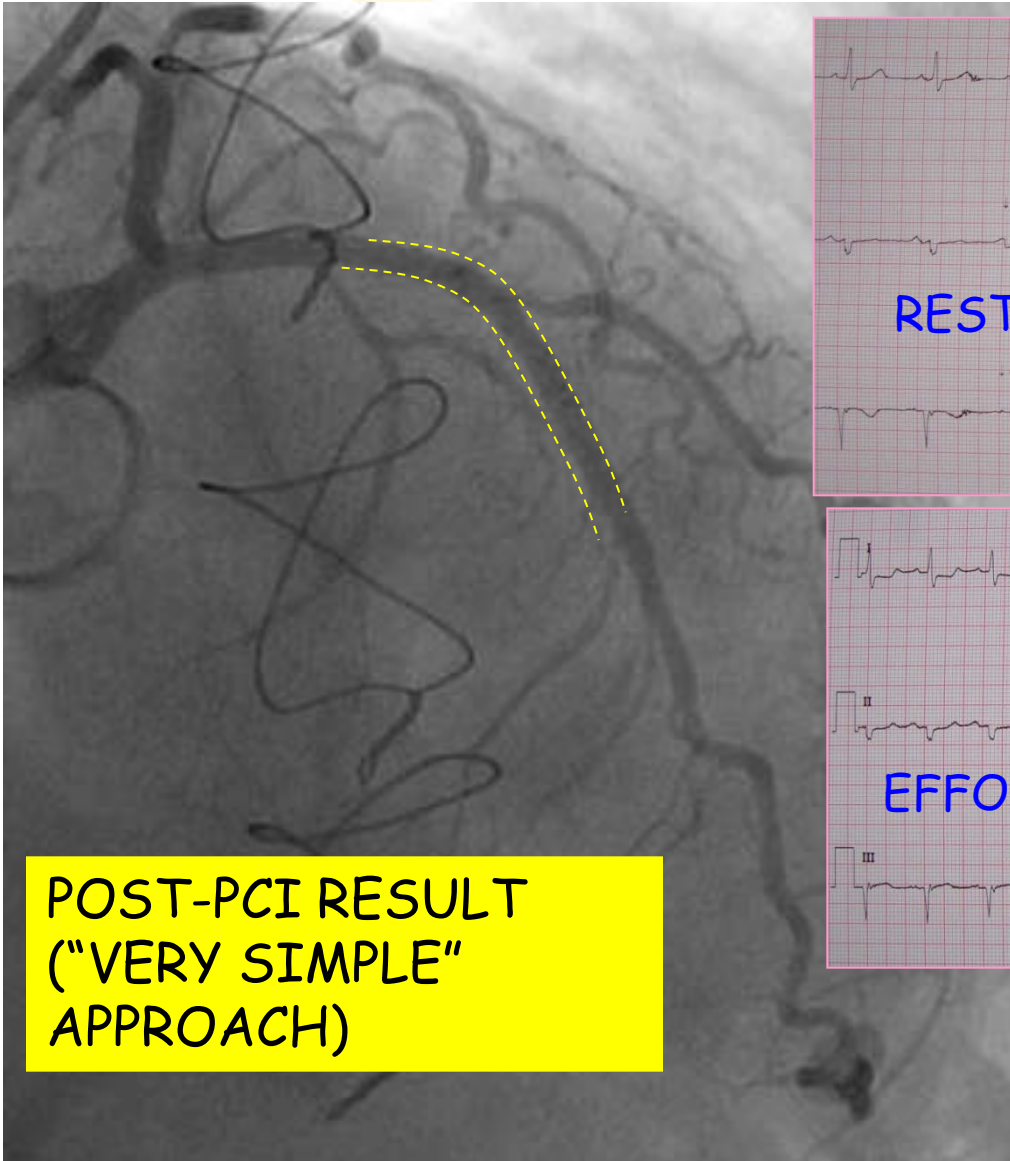


POST-PCI RESULT
("VERY SIMPLE"
APPROACH)

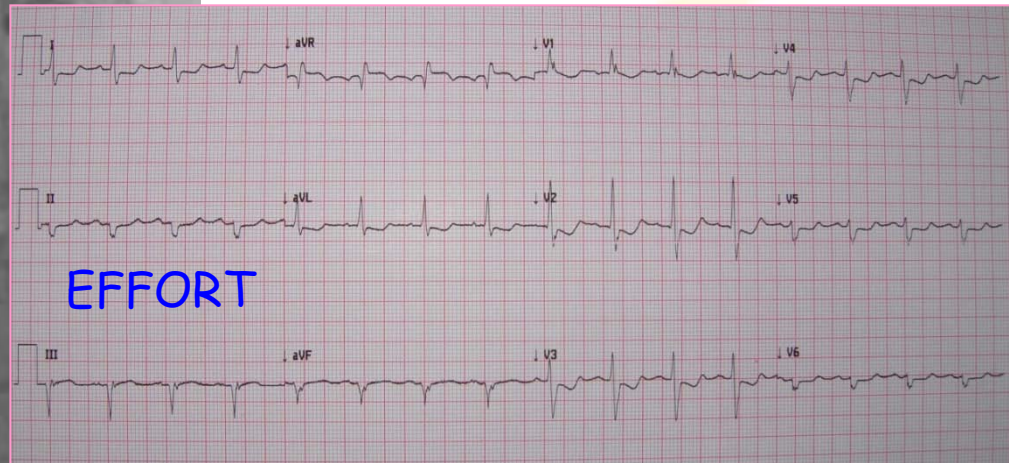


OFF-LINE 3DQCA
RECONSTRUCTION

POST-PCI INDUCIBLE ISCHEMIA: AN EXAMPLE



REST



EFFORT

POST-PCI RESULT
("VERY SIMPLE"
APPROACH)

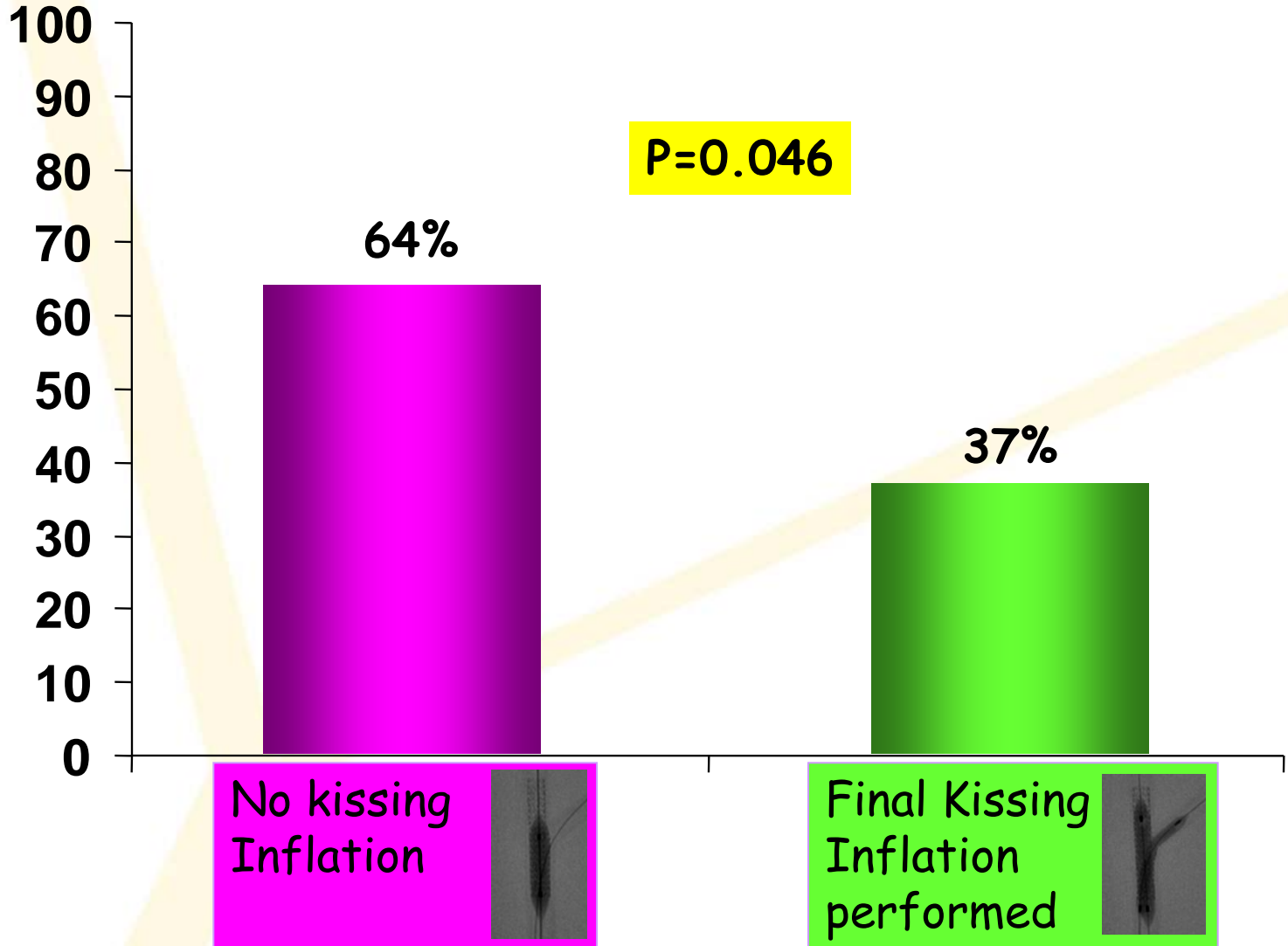


PROCEDURAL PREDICTORS OF POST-PCI INDUCIBLE ISCHEMIA



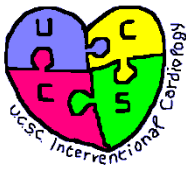
≥1 mm ST-depression
@
ergometric
test within
5 days

%





CONCLUSIONS



IN PATIENTS UNDERGOING A PROVISIONAL APPROACH...

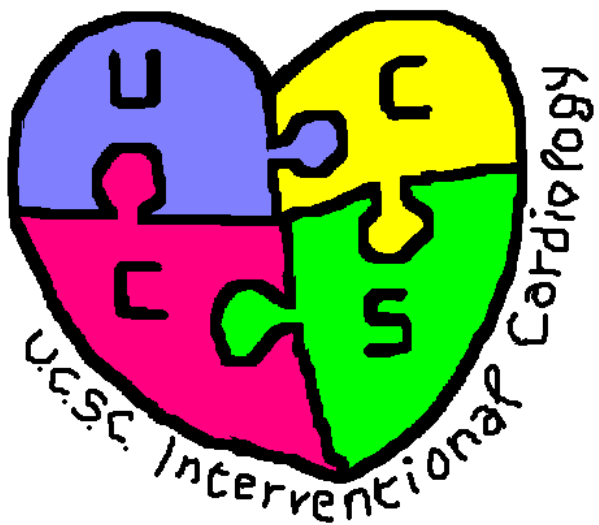
1. 3DQCA DETECTS $>50\%$ SIDE-BRANCH AREA STENOSIS IN 18% OF THE PATIENTS

2. A $\geq 50\%$ 3DQCA AREA STENOSIS IS STRONGLY ASSOCIATED WITH POST-PCI RESIDUAL INDUCIBLE ISCHEMIA (pre-defined primary study end-point)

3. FINAL KISSING BALLOON INFLATION IS ASSOCIATED WITH ABSENCE OF POST-PCI RESIDUAL INDUCIBLE ISCHEMIA



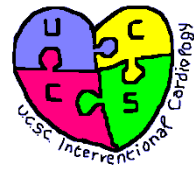
KISSING MAY BE USEFUL !



Thank you for your attention



RESULTS: CLINICAL OUTCOME



Patients with SB cross-sectional area stenosis $\geq 50\%$ at 3DQCA



Patients with SB cross-sectional area stenosis $<50\%$ at 3DQCA

| 20 months | Mean Follow-up | 20 months |
|-----------|--|-----------|
| 9% | MACE | 4% |
| 0% | MI | 4% |
| 9% | TLR | 2% |
| 0% | Death | 0% |
| 9% | EFFORT ANGINA | 12% |
| 82% | INDUCIBLE ISCHEMIA IN THE FOLLOW-UP (>2 MONTHS) * | 36% |
| 82% | COMPOSITE # (MACE AND/OR EFFORT ANGINA AND/OR INDUCIBLE ISCHEMIA) | 45% |

* p=0.006

p=0.03