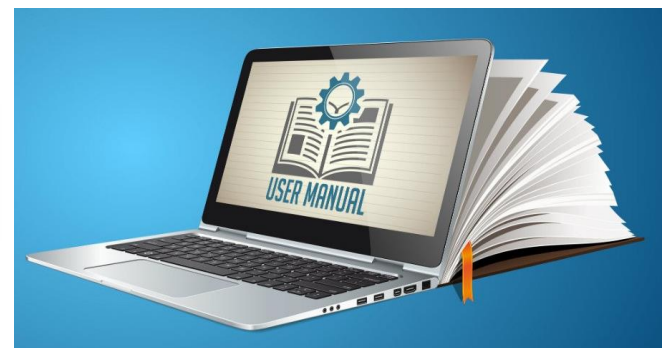


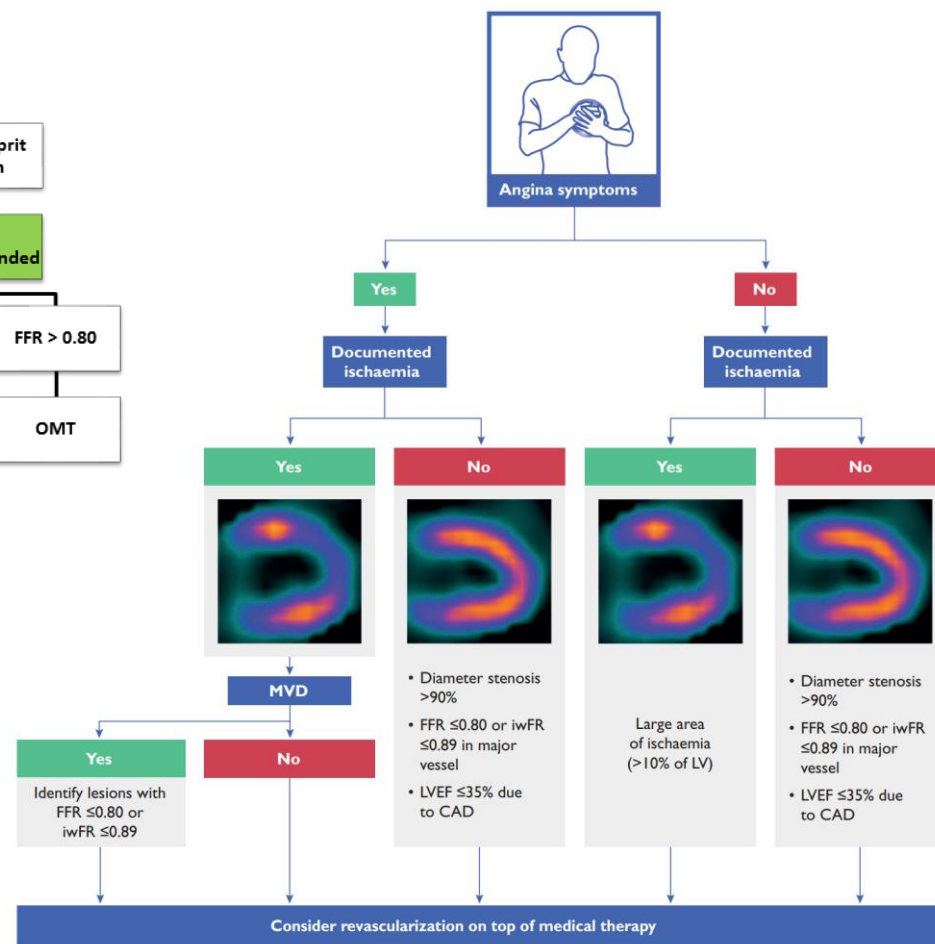
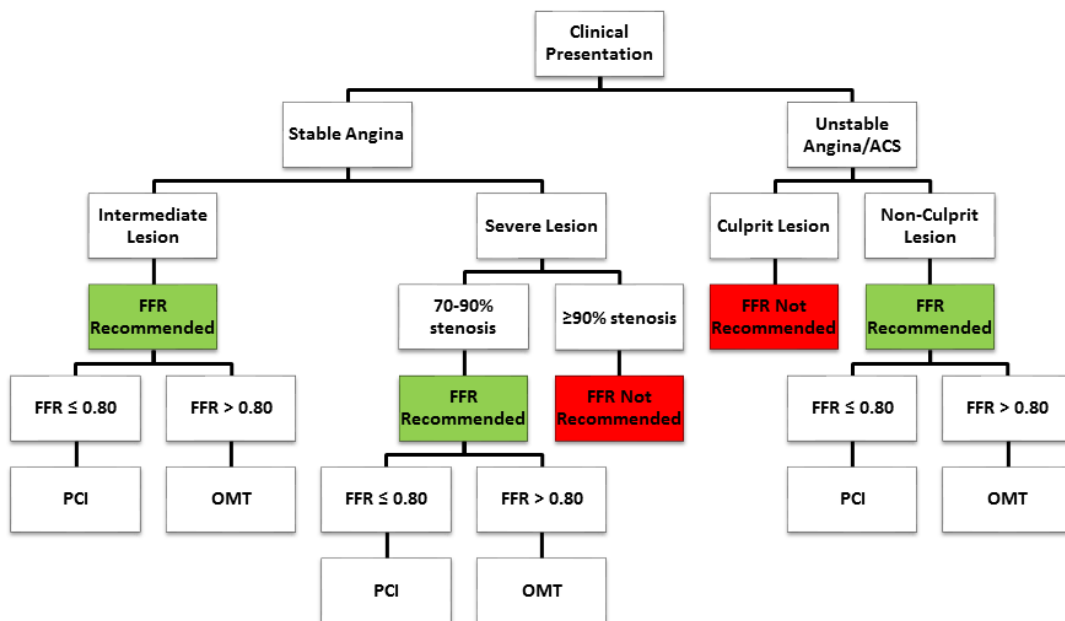


Functional versus Culprit-only Revascularization in Elderly Patients with Myocardial Infarction and Multivessel Disease: the **FIRE Trial**

**2019 Update in intracoronary
physiology**



Current evidence for Intracoronary Physiology



**Gold standard for lesion assessment
before revascularization**



News from Intracoronary Physiology

- **FFR or iFR or QFR to «map» the vessel**
- **New data for more applications:**
 - **Post-PCI**
 - **Reduced LVEF**
- **Improvement in the management of MVD**

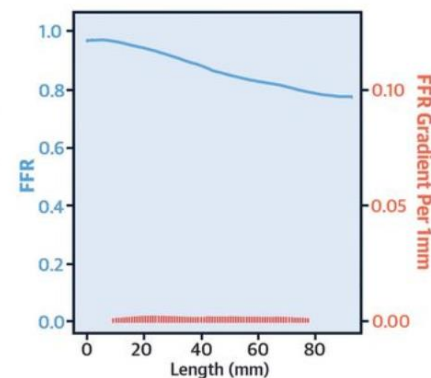
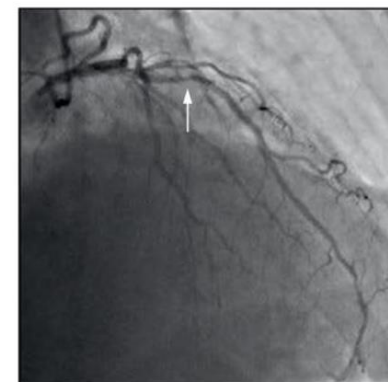
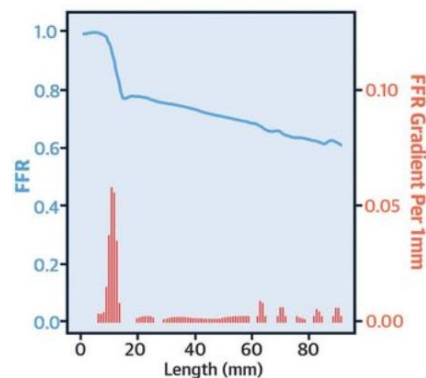
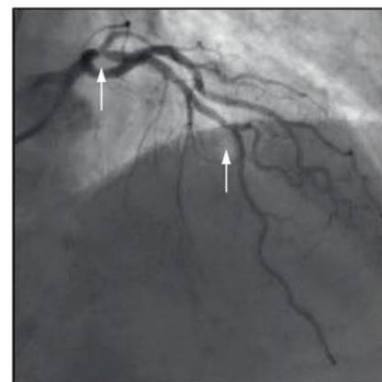
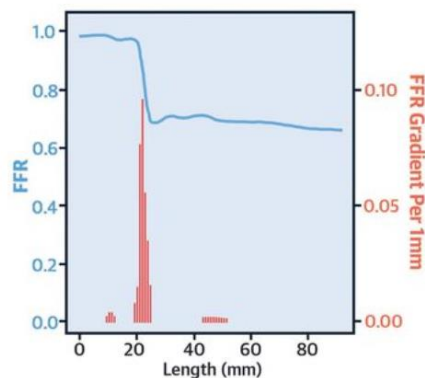
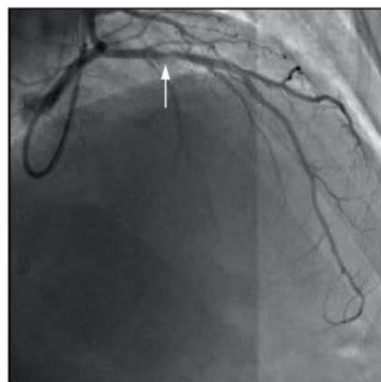


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Pullback Pressure Gradient Index - FFR -

Focal CAD Combined CAD Diffuse CAD



Pullback Pressure Gradients Index

$$\left\{ \frac{\text{MaxPPG}_{20\text{mm}}}{\Delta\text{FFR}_{\text{vessel}}} + (1 - \text{Length with Functional Disease (mm) / Total Vessel Length (mm)}) \right\} / 2$$

$$\frac{\text{MaxPPG}_{20\text{mm}}}{\Delta\text{FFR}_{\text{vessel}}} = \frac{0.300}{0.325} = 0.923$$

$$\text{Length CAD} = \frac{20}{100} = 0.200$$

$$\text{PPG Index} = \frac{0.923 + (1 - 0.20)}{2} = 0.86$$

$$\frac{\text{MaxPPG}_{20\text{mm}}}{\Delta\text{FFR}_{\text{vessel}}} = \frac{0.236}{0.387} = 0.610$$

$$\text{Length CAD} = \frac{65}{92} = 0.707$$

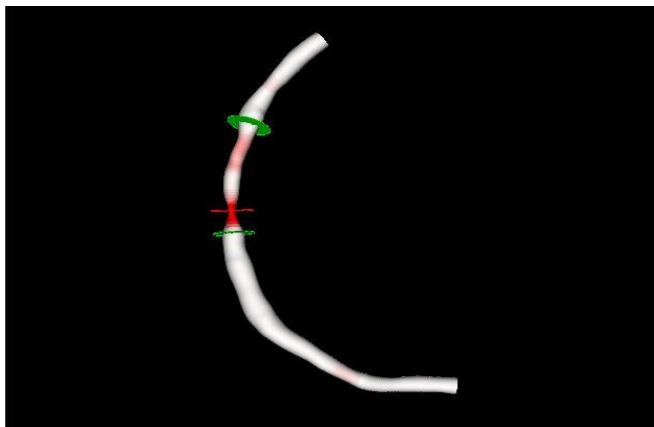
$$\text{PPG Index} = \frac{0.610 + (1 - 0.707)}{2} = 0.45$$

$$\frac{\text{MaxPPG}_{20\text{mm}}}{\Delta\text{FFR}_{\text{vessel}}} = \frac{0.056}{0.193} = 0.290$$

$$\text{Length CAD} = \frac{74}{101} = 0.733$$

$$\text{PPG Index} = \frac{0.290 + (1 - 0.733)}{2} = 0.28$$

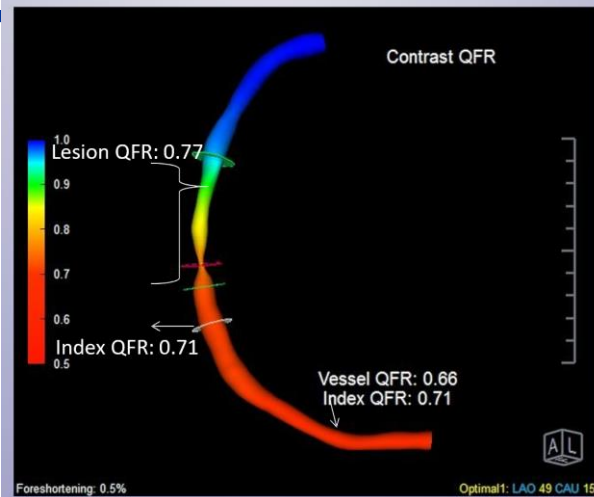
Quantitative Flow Ratio



3D QCA

3D vessel modelling by QAngioXA 3D is the backbone for the PCI procedure:

- Allows the calculation of the functional significance parameter QFR *and* the QFR pullback curve
- Optimal viewing angle for PCI
- Precise stent sizing
- Co-registration with OCT or IVUS



• Three modelling methods

- Fixed flow QFR
- Basal/Rest QFR
- Hyperaemic QFR

In all cases we model the hyperaemic condition of the flow. So we mimic the **FFR condition** and **NOT the Pd/Pa or iFR**

• Fixed Flow QFR

- Is taking into account an **empirical flow** through the vessel of interest (in hyperemic situation)
- Fast and easiest, but larger variability than other methods

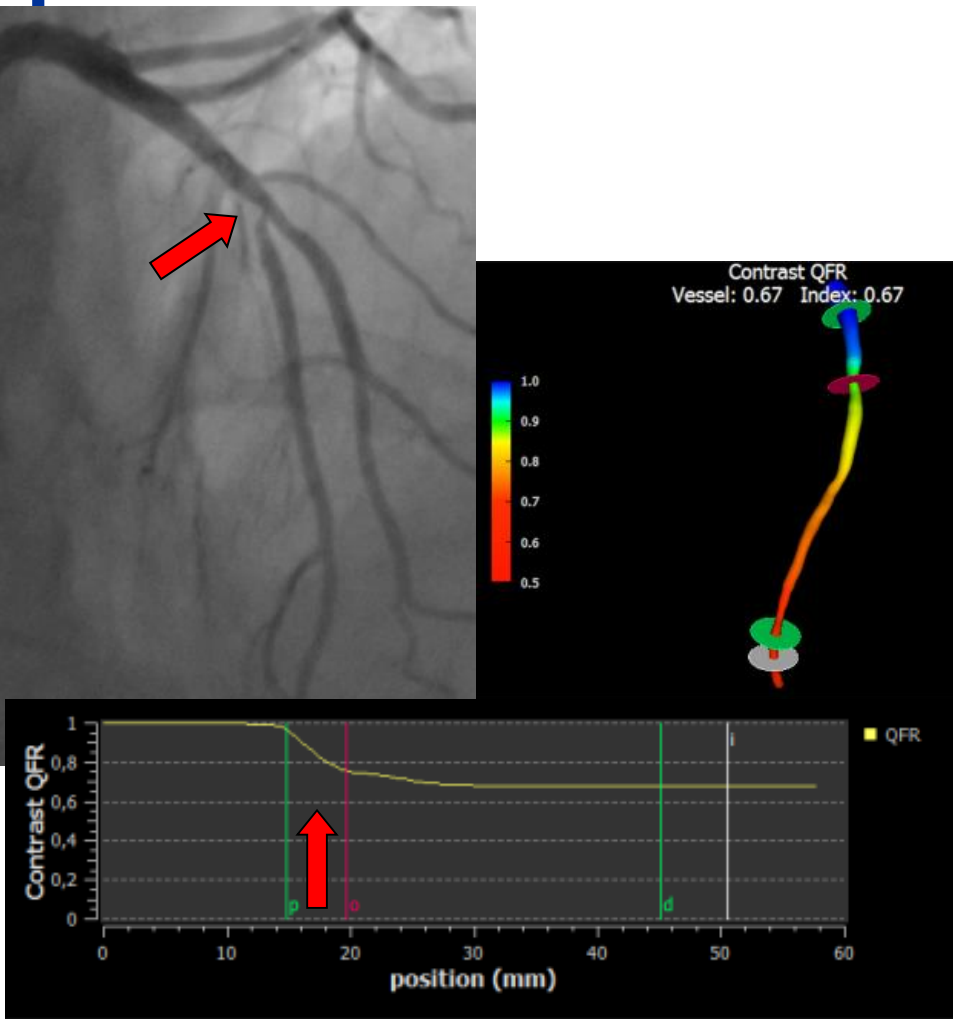
• Contrast QFR:

- Is using the flow velocity in **normal** coronary angiograms to determine the flow

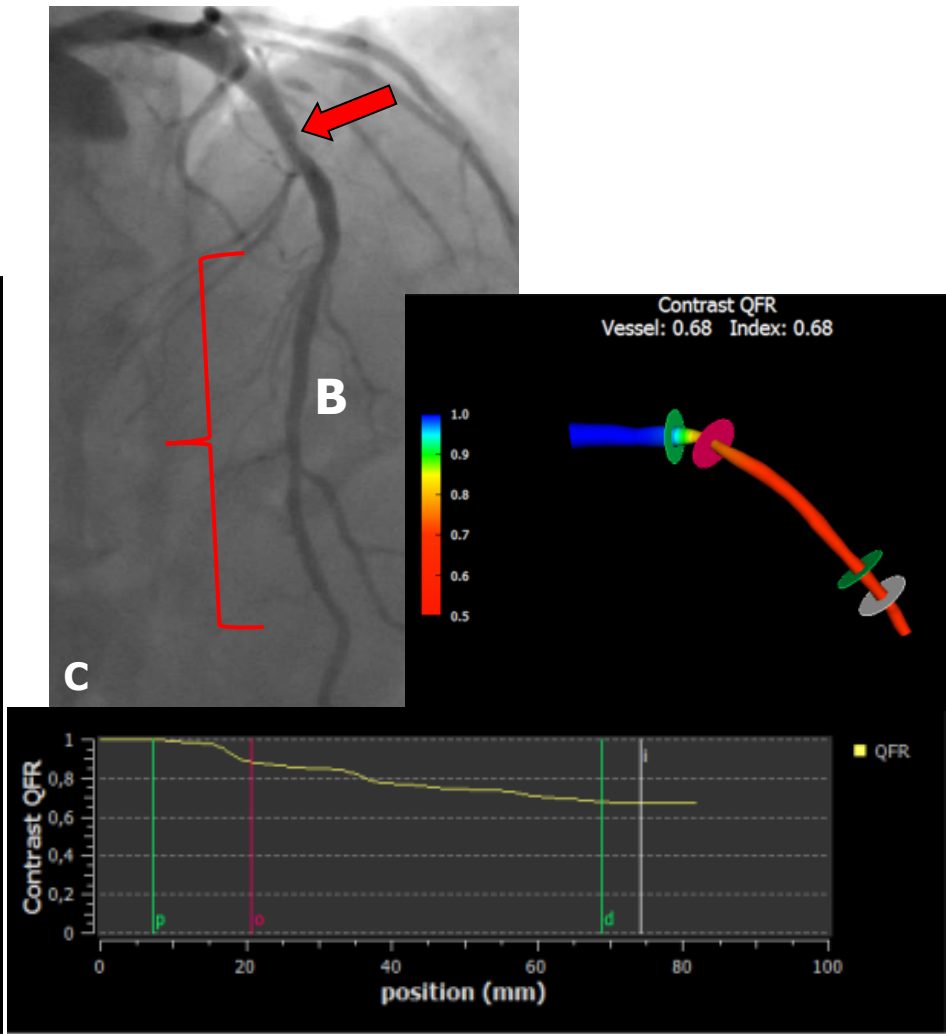
• Hyperemic QFR:

- Is using the flow velocity in **hyperemic** coronary angiograms (with adenosine) to determine the flow

Quantitative Flow Ratio



Focal disease



Focal + diffuse disease



News from Intracoronary Physiology

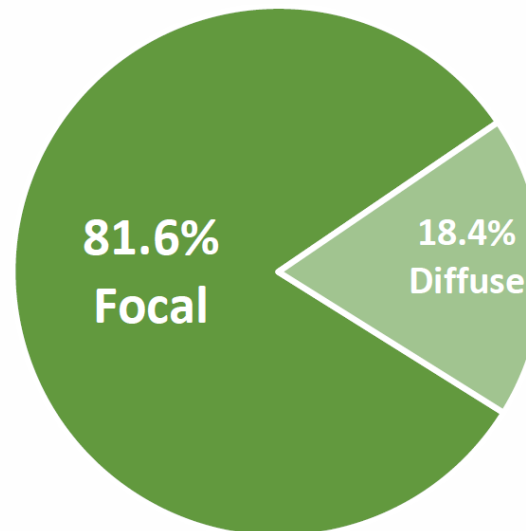
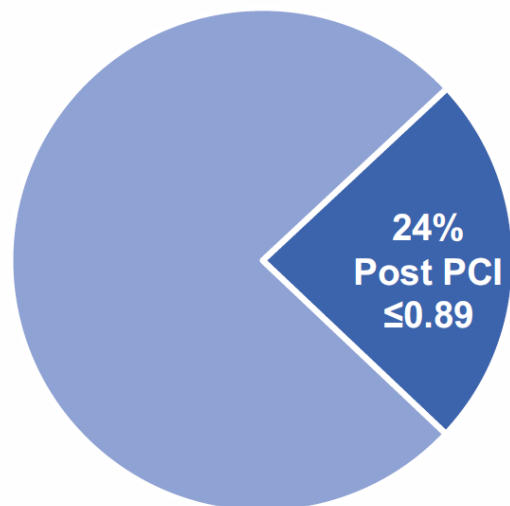
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Post-PCI iFR - DEFINE PCI

Primary Study Endpoint

480 Patients with
Angiographically Successful PCI
and qualified iFR pullbacks

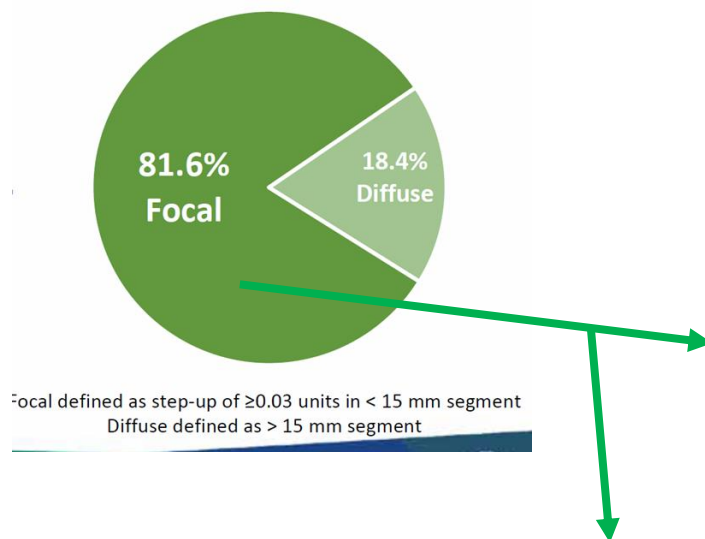
24% Residual Ischemia
(112 patients with Post PCI
iFR \leq 0.89)



■ Post iFR \leq 0.89 ■ Post iFR $>$ 0.89

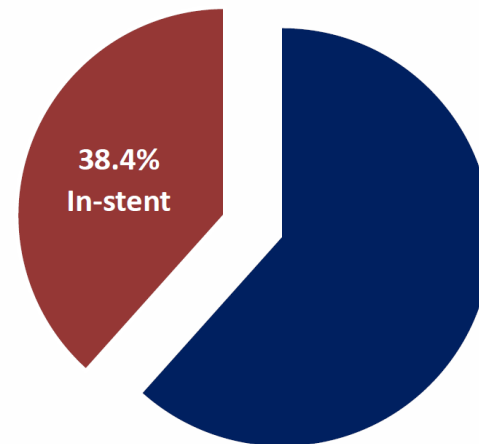
Focal defined as step-up of ≥ 0.03 units in < 15 mm segment
Diffuse defined as > 15 mm segment

Post-PCI iFR - DEFINE PCI



Focal Instant

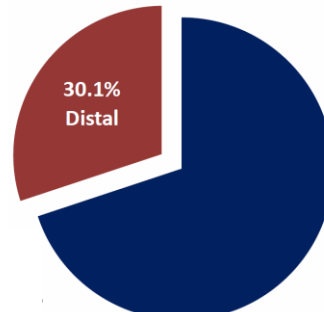
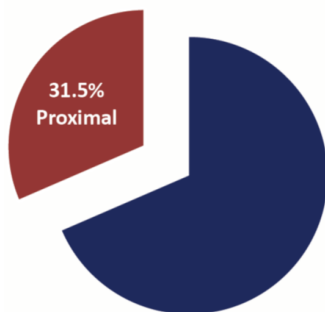
Integrazione con IVUS e OCT



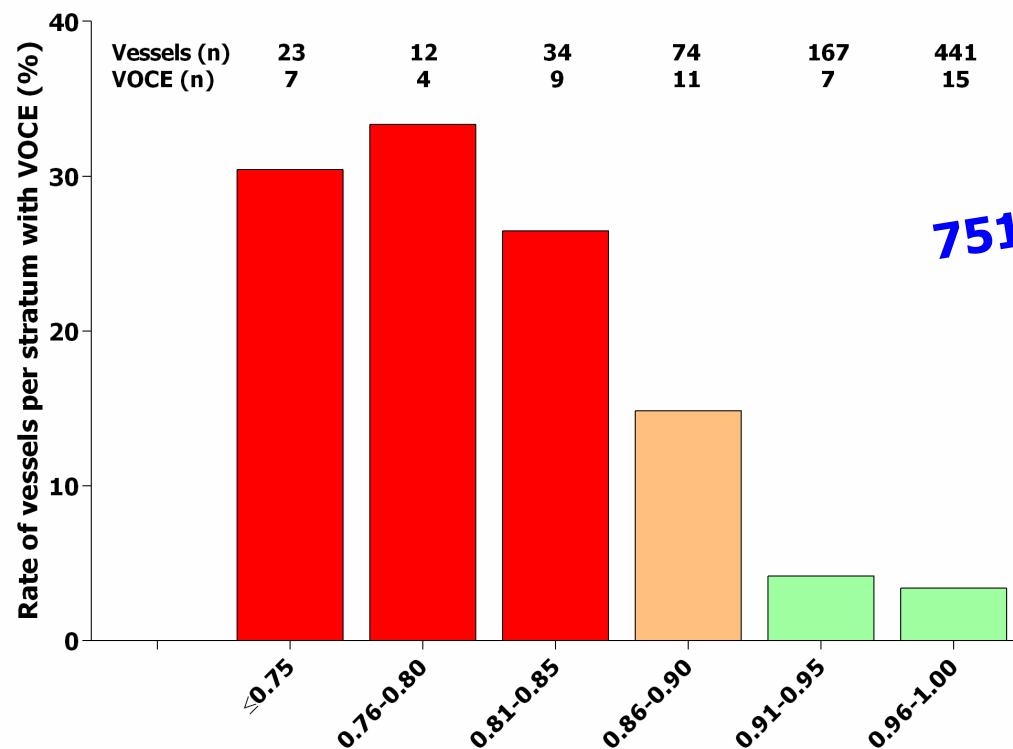
«Physiology miss»

Better plan of PCI procedure with «preventive» Physiology map of the vessel

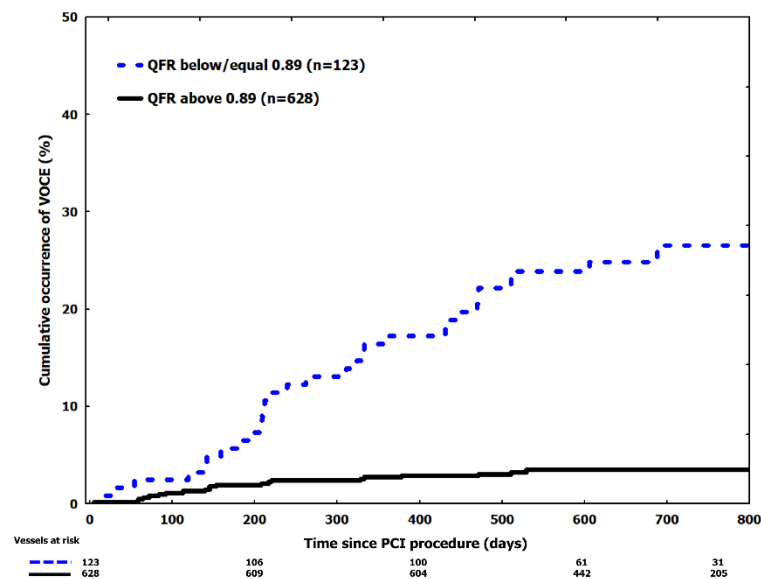
Focal Outside Stent



Post-PCI QFR – HAWKEYE trial



751 coronary lesions treated with stent in 602 patient
- Analysis per vessel -



Post-PCI QFR – HAWKEYE trial

Revascularization with successful stent implantation

Post-PCI measurement of QFR

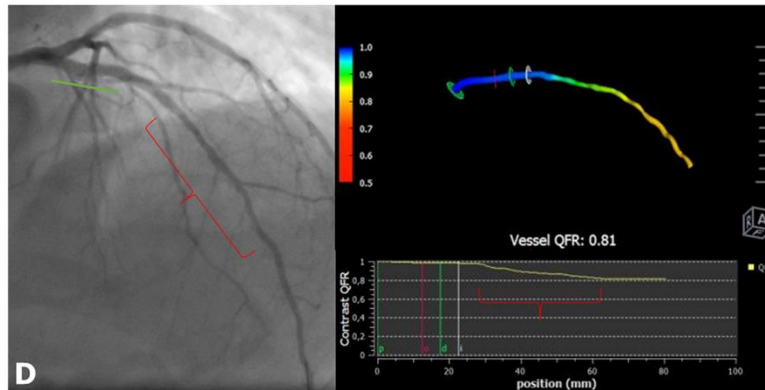
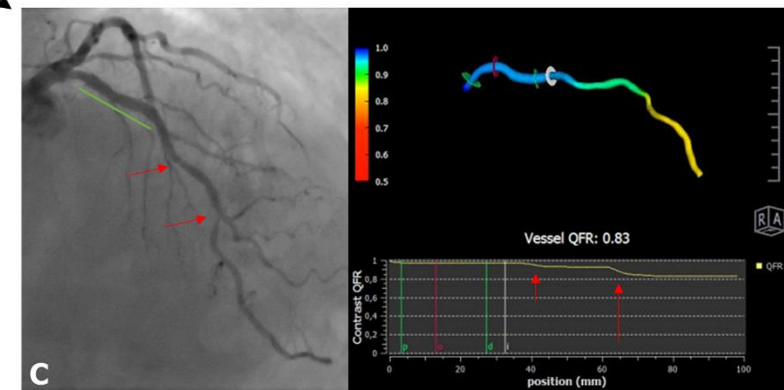
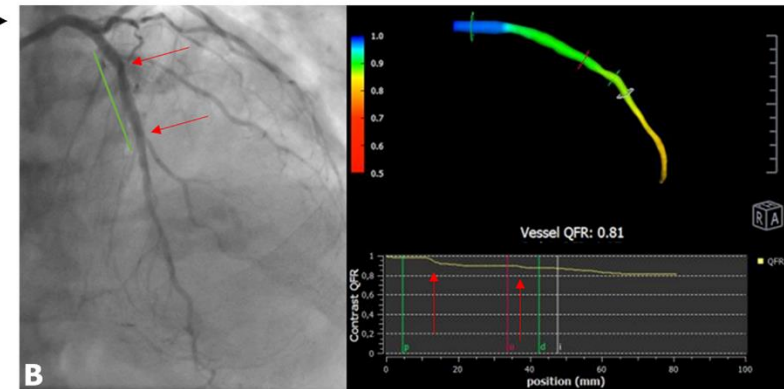
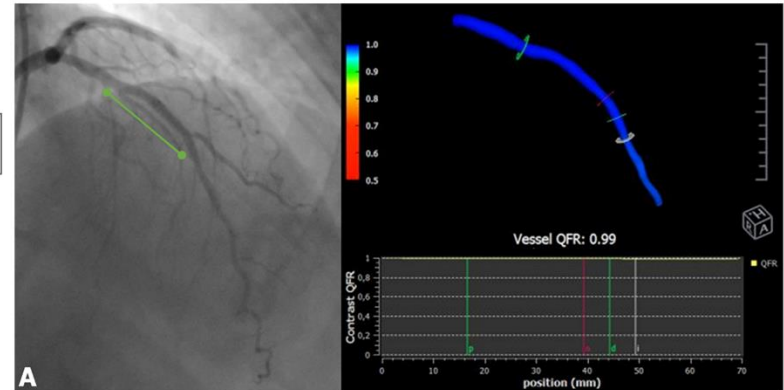
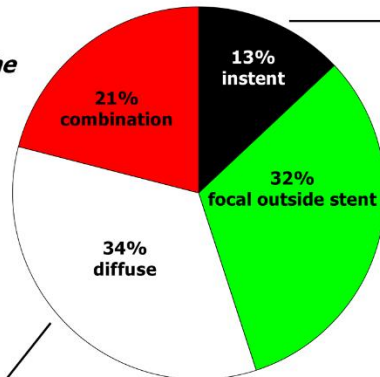
QFR value >0.89

Low rate of adverse events and
need of repeat revascularization

QFR value ≤ 0.89

3-time increase in the risk of VOCE
Adjusted HR 2.91, 95%CI 1.63-5.19

Identification of the
site of QFR drop



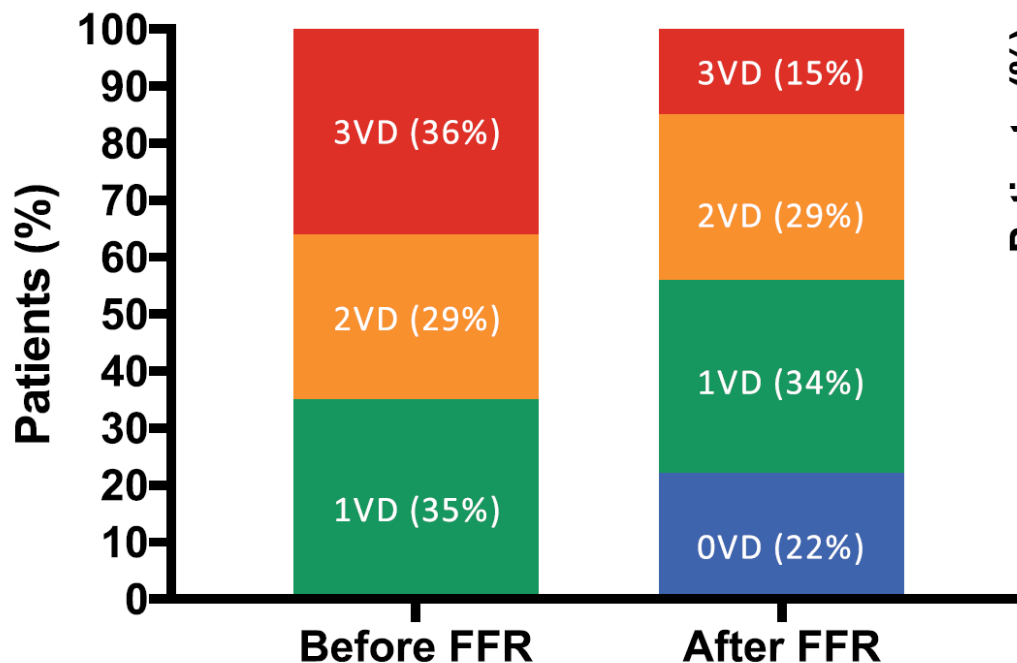


News from Intracoronary Physiology

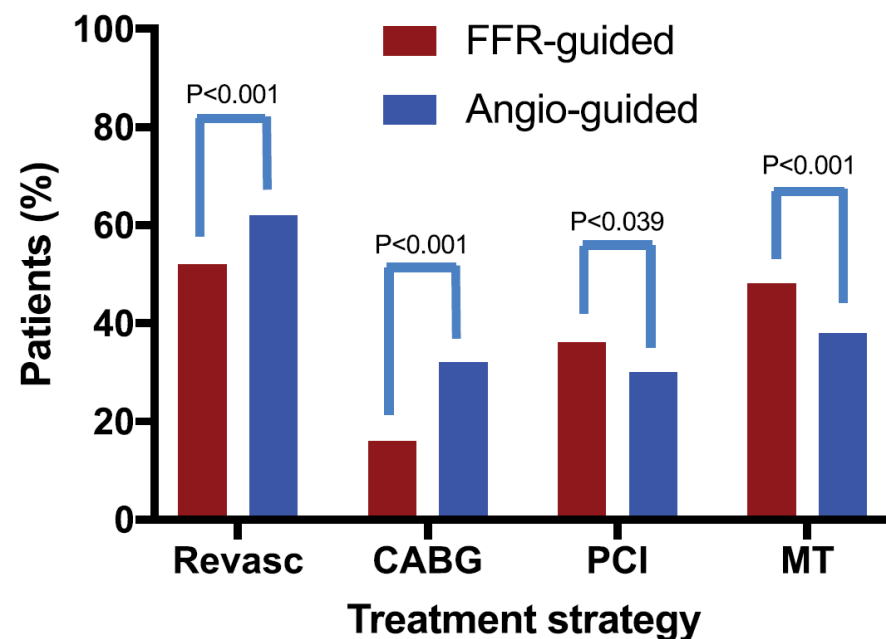
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Reduced LVEF

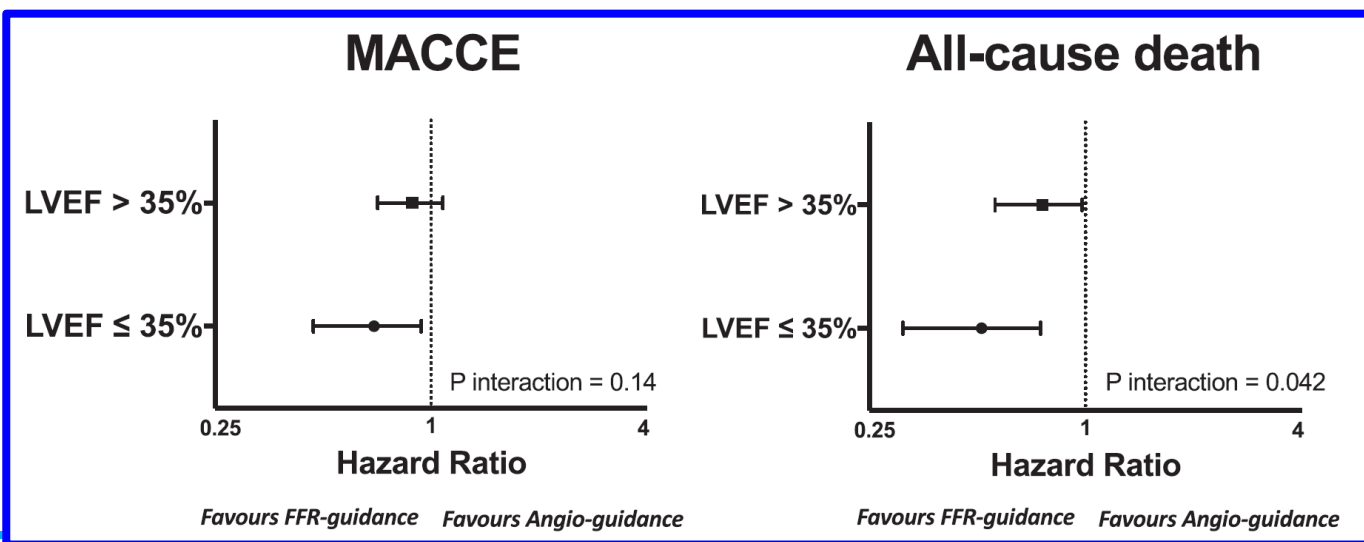
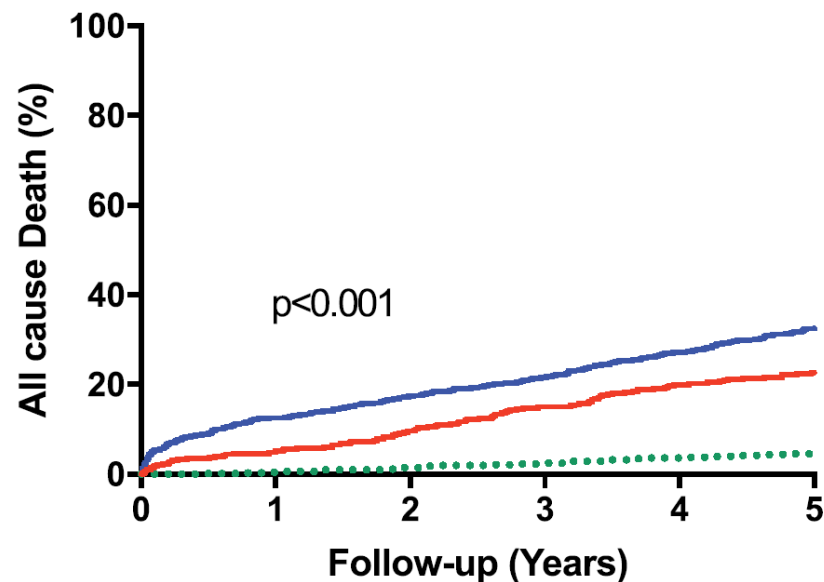
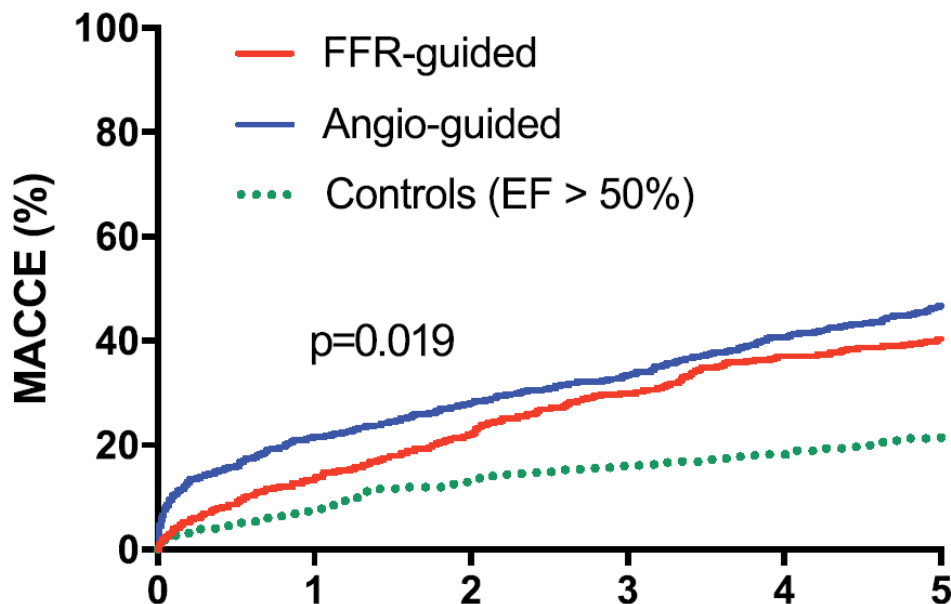
Nevertheless, there is no available data on the safety and on the long-term impact of an FFR-guided management strategy in patients with left ventricular systolic dysfunction. Therefore, we retrospectively evaluated the real-world impact of FFR on revascularization decisions and 5 years of clinical outcomes in patients with reduced LVEF and associated CAD.



433 patients with LVEF <50% undergoing FFR-guided PCI vs. 2399 patients with angio-guided PCI



Reduced LVEF



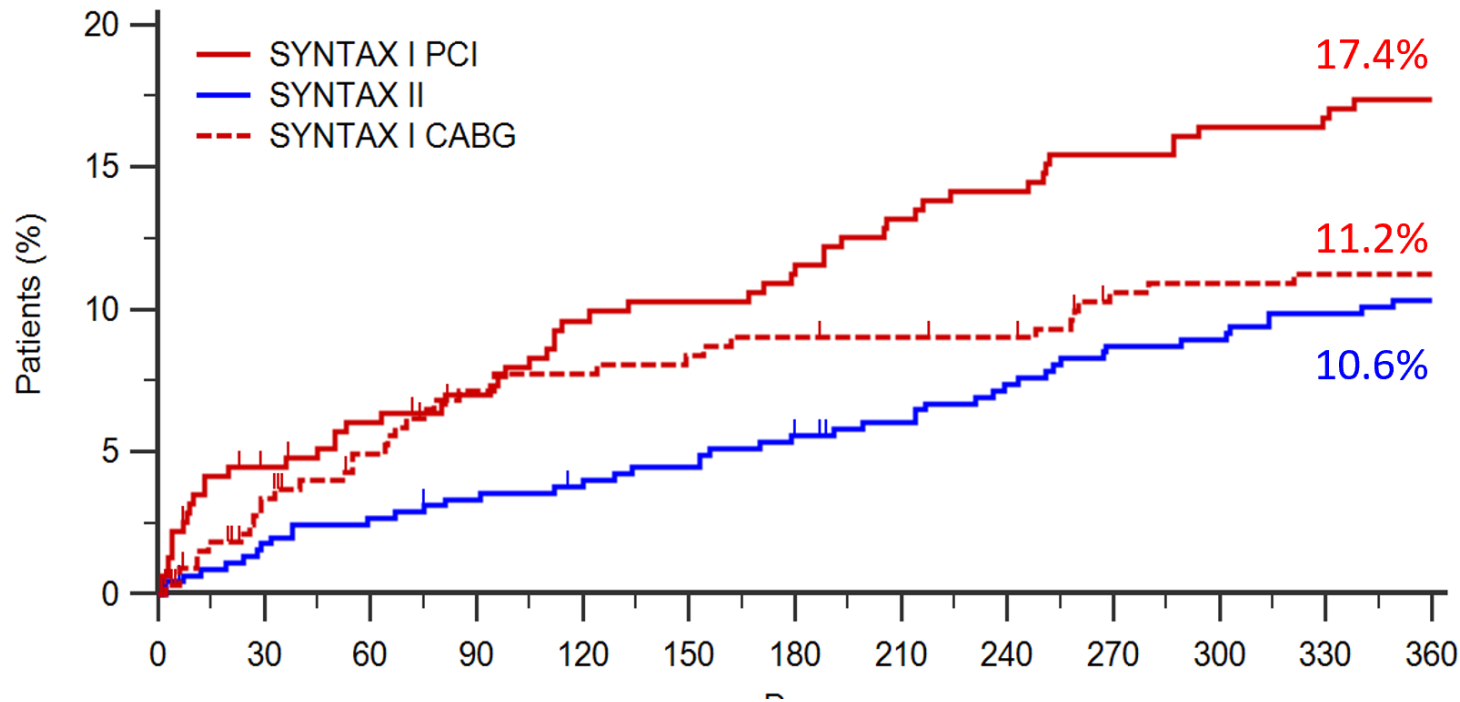


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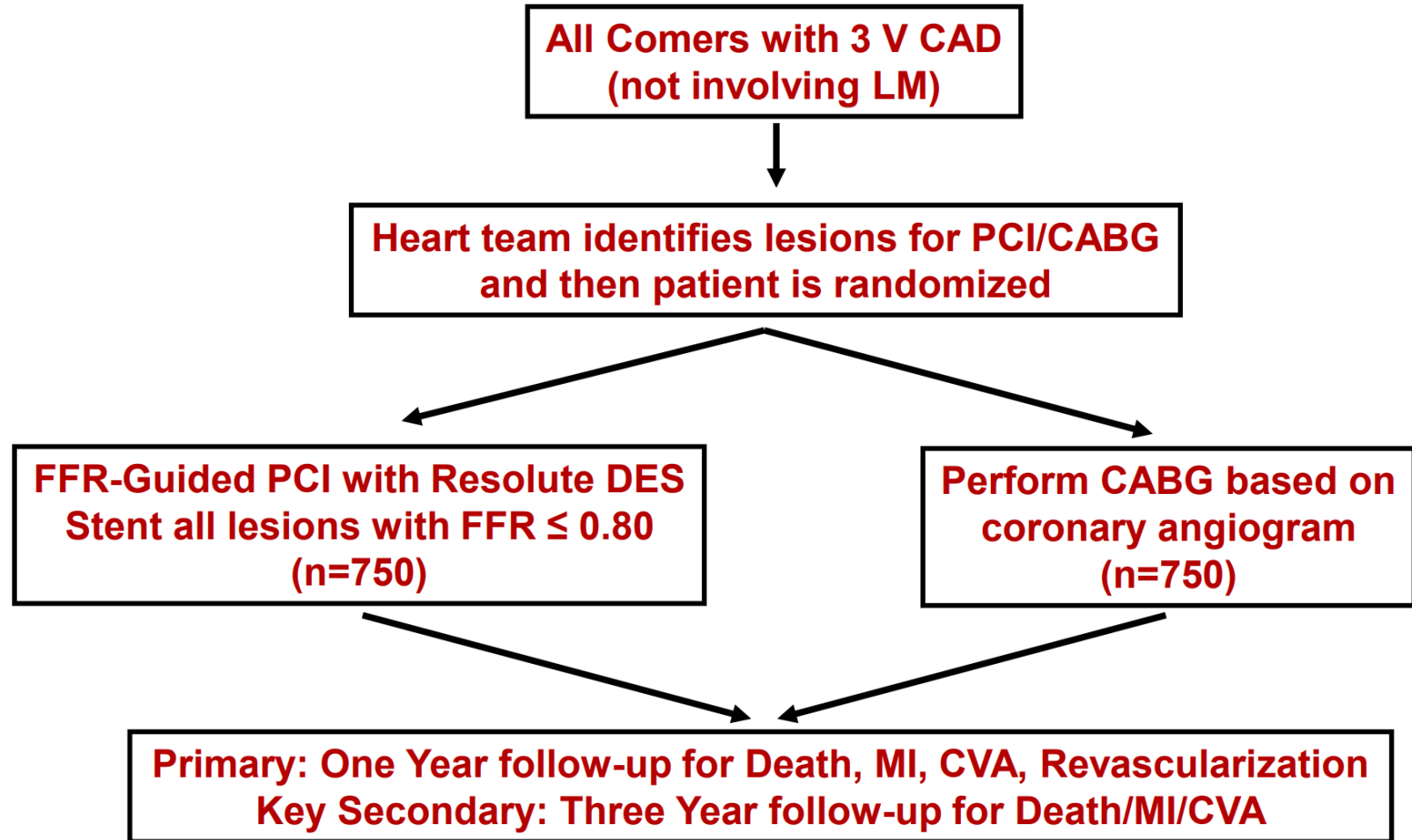
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The SYNTAX II trial

MACCE SYNTAX II and SYNTAX I PCI / CABG



The FAME 3 trial



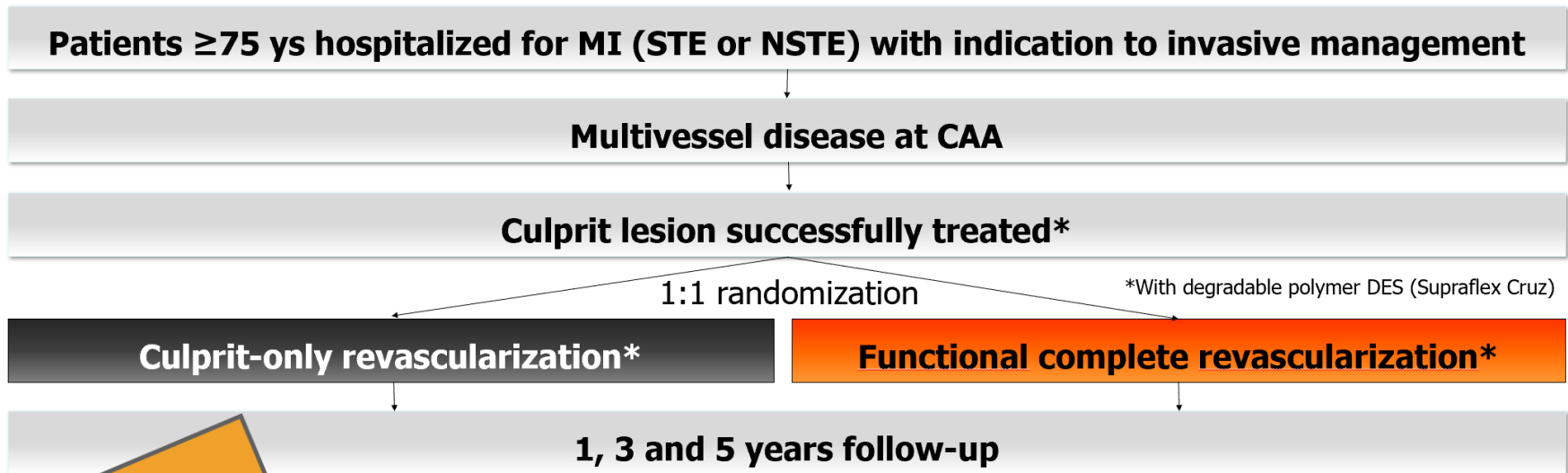
The FIRE trial

www.thefiretrial.com



theFIRE_trial

All comers, prospective, randomized, multicenter, open-label trial with blinded adjudicated evaluation of outcomes (PROBE).



**Sample Size
1400 patients**

Primary endpoint at 1 -year:
all-cause death, any MI, stroke, revascularization



Conclusions

- **Despite 30 years of RCTs and registries intracoronary physiology is underused**
- **We must defeat the operator's confidence in visual assessment alone**
- **Intracoronary Physiology applications are growing and permit a better planning and outcome of PCI procedures, also in challenging scenario**



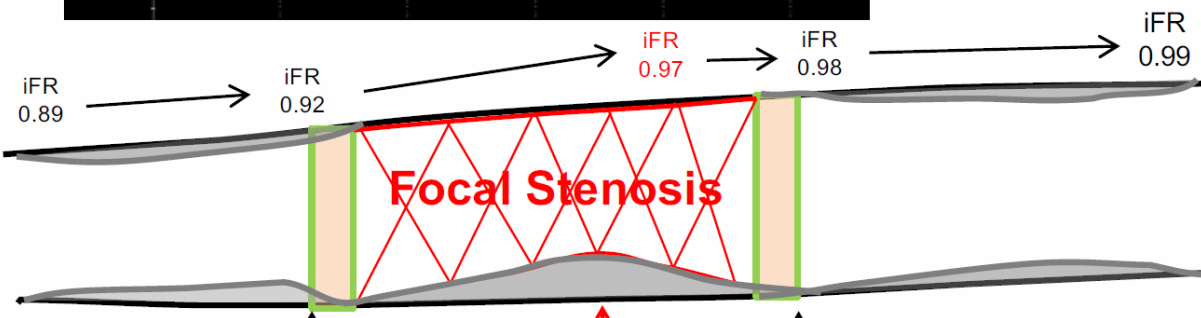
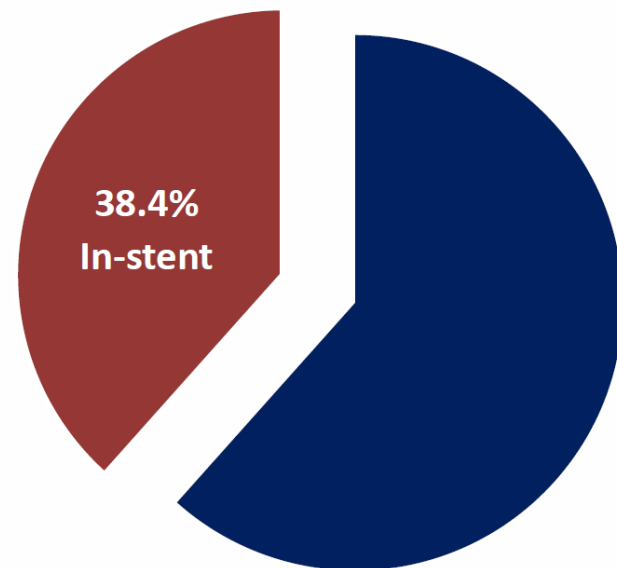
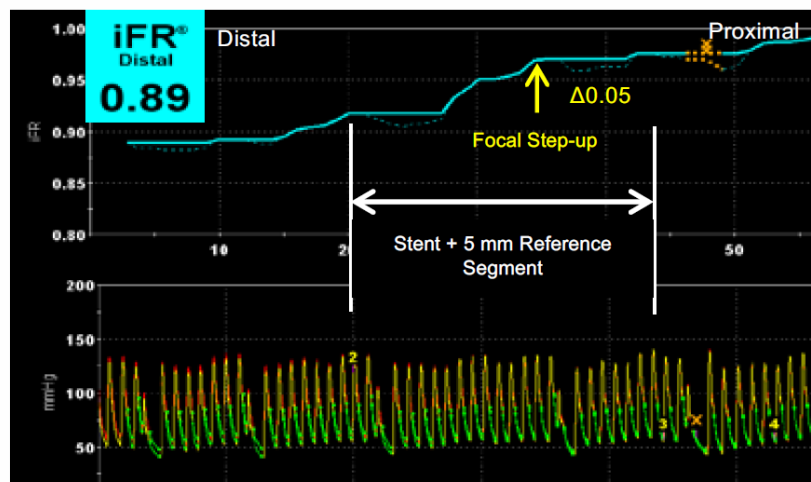
THIS IS NOT THE END.
We are moving toward a grand and glorious finish.

Post-PCI iFR - DEFINE PCI

Integrazione con IVUS e OCT

Focal Residual Pressure Gradient in-stent

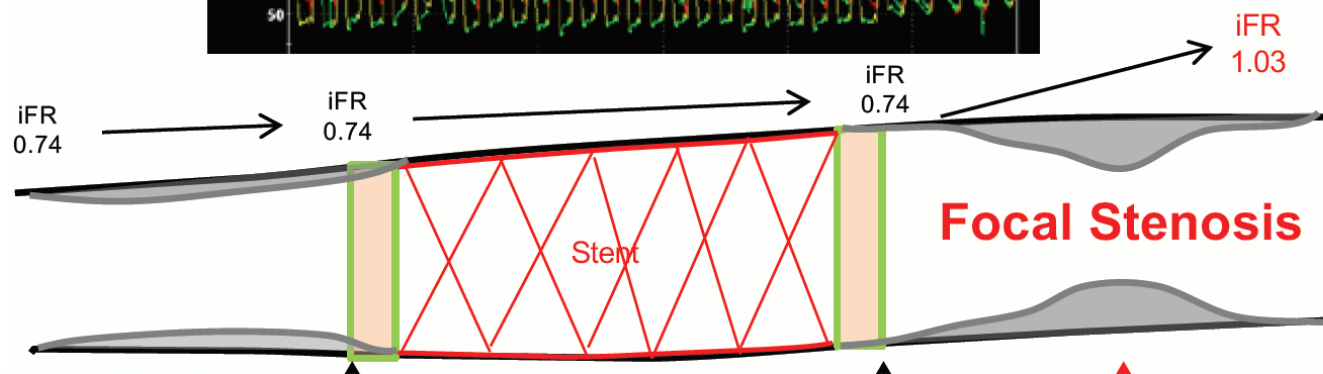
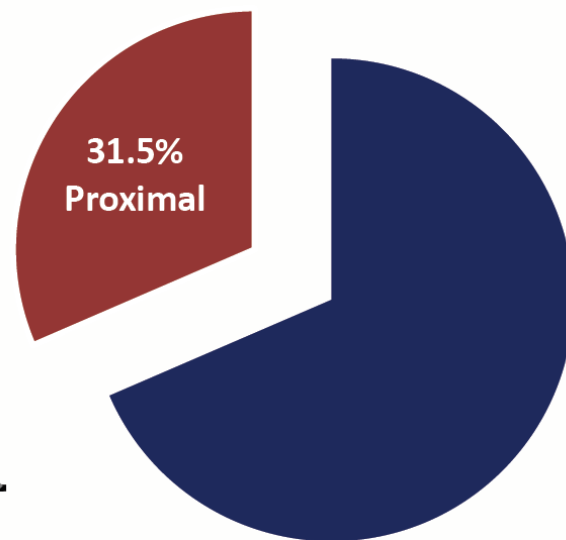
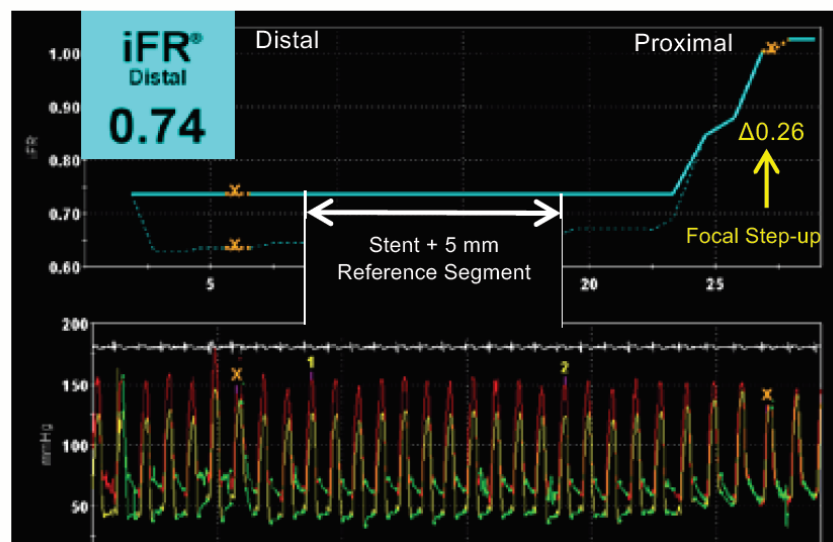
Among the 93 vessels with focal disease, there were 146 segments (stent, proximal or distal) that had significant residual pressure gradients



Post-PCI iFR - DEFINE PCI

Focal Residual Pressure Gradient Prox to stent

'Physiologic miss' occurred in 31.5% of focal lesions proximally



Post-PCI iFR - DEFINE PCI

Focal Residual Pressure Gradient Distal to stent

'Physiologic miss' occurred in 30.1% of focal lesions distally

