
**1. Is FIRE trial still needed after
COMPLETE?**

**1. What is the actual standard of care
regarding revascularization in older MI
patients?**



Is FIRE trial still needed after COMPLETE trial results?

Trial	Pts	Groups	Age
COMPLETE	4041	Angio/FFR complete vs culprit only	62±11
COMPARE-ACUTE	885	FFR complete vs culprit only	62±10
CvLPRIT	296	Angio-complete vs culprit only	65±12
DANAMI-3 PRIMULTI	627	FFR complete vs culprit only	64±10
Politi et al.	214	Angio-complete vs culprit only	65±12
PRAMI	465	Angio-complete vs culprit only	62±10
Dambrink et al.	121	FFR complete vs culprit only	62±10
Hamza et al.	100	Angio-complete vs culprit only	54±11
Di Mario et al.	69	Angio-complete vs culprit only	64±10

Is FIRE trial still needed after COMPLETE trial results?

- Less than 400 patients enrolled > 75 years
- Only STEMI patients (older patients are more frequently NSTEMI)
- Low mean SYNTAX score (16 overall, 4 in the non-culprit lesion)
- Location of the non-culprit lesion in proximal LAD in only 10% of cases
- Non-culprit lesion treatment following intracoronary physiology in less than 1% of the cases

Is FIRE trial still needed after COMPLETE trial results?

- As a result all cause and CV death have been relatively low, being around 5 and 3% at 3 years, respectively

NEJM EDITORIAL ON COMPLETE TRIAL:

- “patients participating in trials are different from sicker patients seen in the clinical setting, and **extrapolation of the results to patients with a greater risk of complications may not be safe**”

Prognosis is worse in older MI patients!

CRUSADE 1-year outcome of NSTEMI older patients

Age	Pts no	Death	MI	Death/MI
65-79	21586	13%	9%	22%
80-84	7324	24%	12%	36%
85-89	5007	34%	14%	48%
>90	2794	46%	14%	60%

**31% death/MI
at 1 year overall**

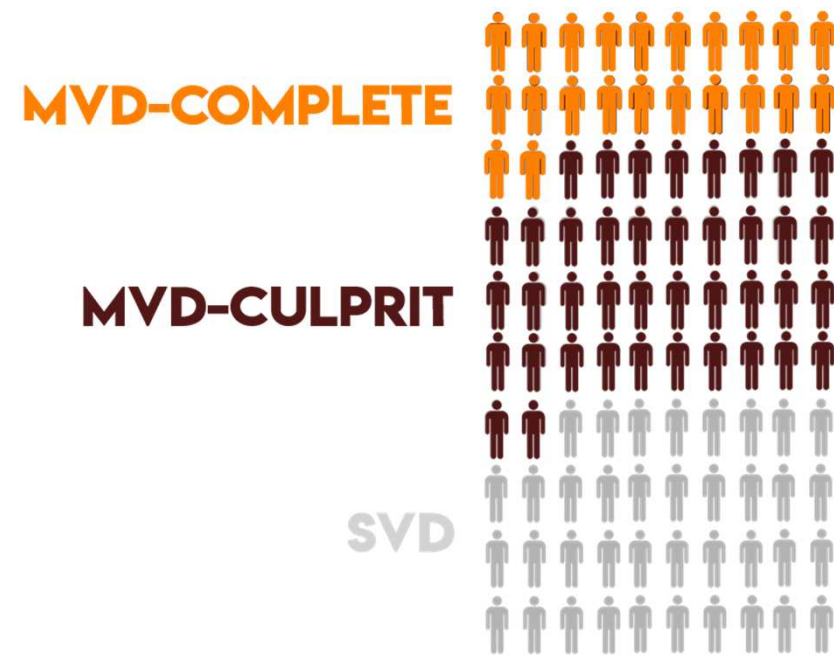
Multivessel ACS elderly patients from the FRASER program*

Endpoint	Pts no
Death	9%
Death/MI	13%
PRECISE-DAPT	35±15
BARC 2-5	18%

**35% death/hospitalization
at 1 year overall**

What is the current treatment in older patients? LEADERS FREE trial

However, HBR patients continue to suffer a high incidence of adverse events beyond the first year, most likely due to advanced age, major comorbidities, and possibly because of only partial revascularization in some patients (multivessel disease was reported in 62% of patients, but multivessel index revascularization was done in only 22%) (1). Two-year mortality was 13.1%



What is the current treatment in older patients? Registry data

Culprit only strategy

- 76% of patients not receiving coronary artery ≥ 75 years¹
- 75% receive culprit only revascularization^{1,2}
- In UK an NHS funded trial is comparing coronary artery angiography vs medical therapy in NSTEMACS ≥ 75 years (SENIOR-RITA)



- **Periprocedural complication impacts on prognosis**
- **Age is the major risk factor for periprocedural complications**

