

2013 TCTAP

Wrap-Up Interview

FFR and IVUS in Clinical Practice

Moderator

William F. Fearon

Interviewees

John McB. Hodgson, Soo-Jin Kang,
Akiko Maehara, Seung-Jung Park

Issues Briefs

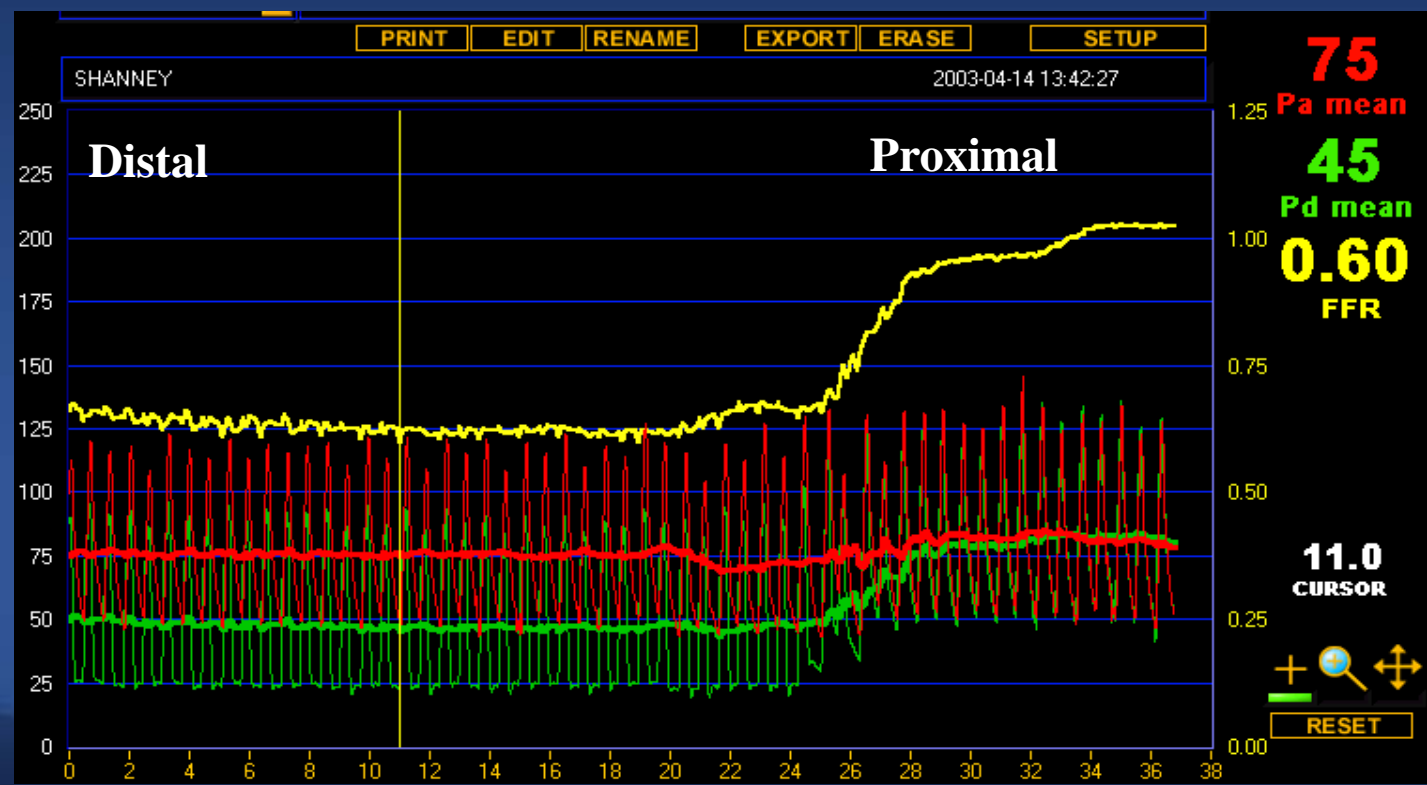
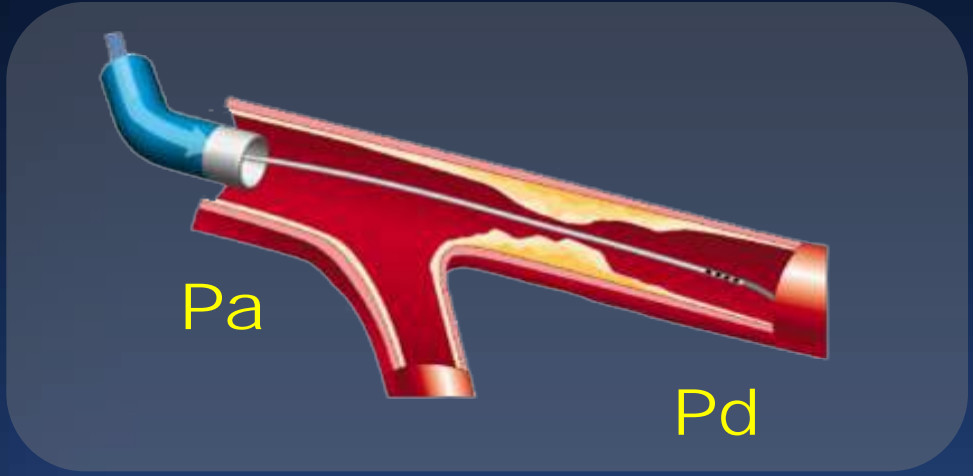
FFR & IVUS: How Can We Implement?

- Physiologic vs. Anatomic assessment of lesion severity
- Can IVUS-MLA replace FFR?
- Integrated use of IVUS and FFR in real practice

Fractional Flow Reserve (FFR)

At Maximal Hyperemia

$$\frac{Q_S^{\max}}{Q_N^{\max}} = \frac{P_d}{P_a}$$



Cut-Offs to Predict Ischemia



Significant

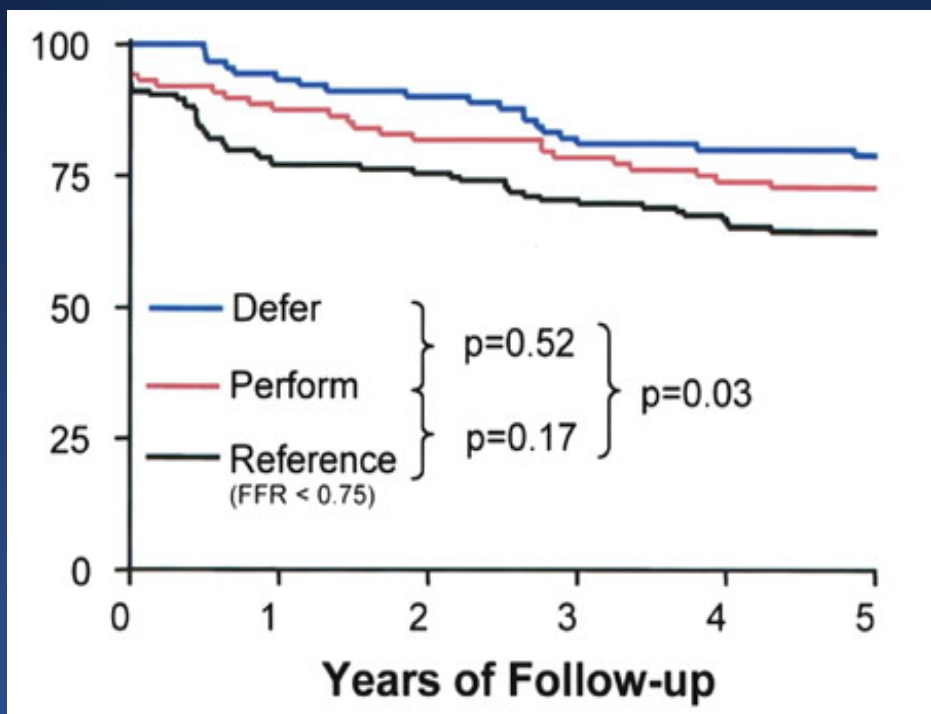
Grey

Insignificant

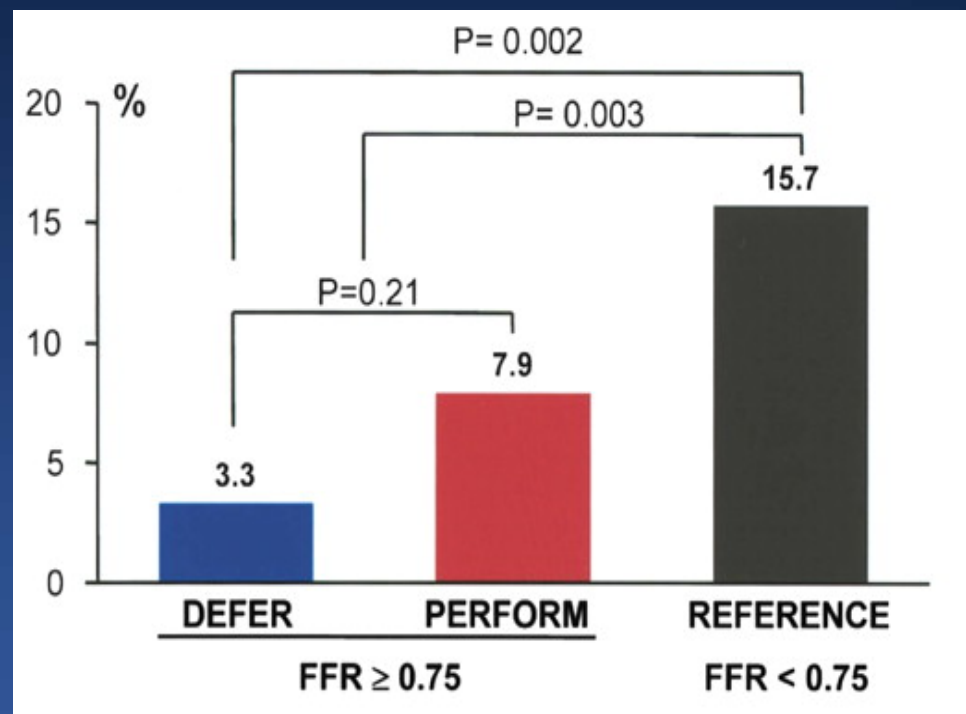
Author	Number	Stress Test	BCV	Accuracy
Pijls et al.	60	X-ECG	0.74	97
DeBruyne et al.	60	X-ECG/SPECT	0.72	85
Pijls et al.	45	X-ECG/SPECT/pacing/DSE	0.75	93
Bartunek et al.	37	DSE	0.68	90
Abe et al.	46	SPECT	0.75	91
Chamuleau et al.	127	SPECT	0.74	77
Caymaz et al.	40	SPECT	0.76	95
Jimenez-Navarro et al.	21	DSE	0.75	90
Usui et al.	167	SPECT	0.75	79
Yanagisawa et al.	167	SPECT	0.75	76
Meuwissen et al.	151	SPECT	0.74	85
DeBruyne et al.	57	MIBI-SPECT post-MI	0.78	85
Samady et al.	48	MIBI-SPECT post-MI	0.78	85
Kang SJ (AMC 2010)	151	SPECT	0.77	89

DEFER 5 Year Results

Event Free Survival

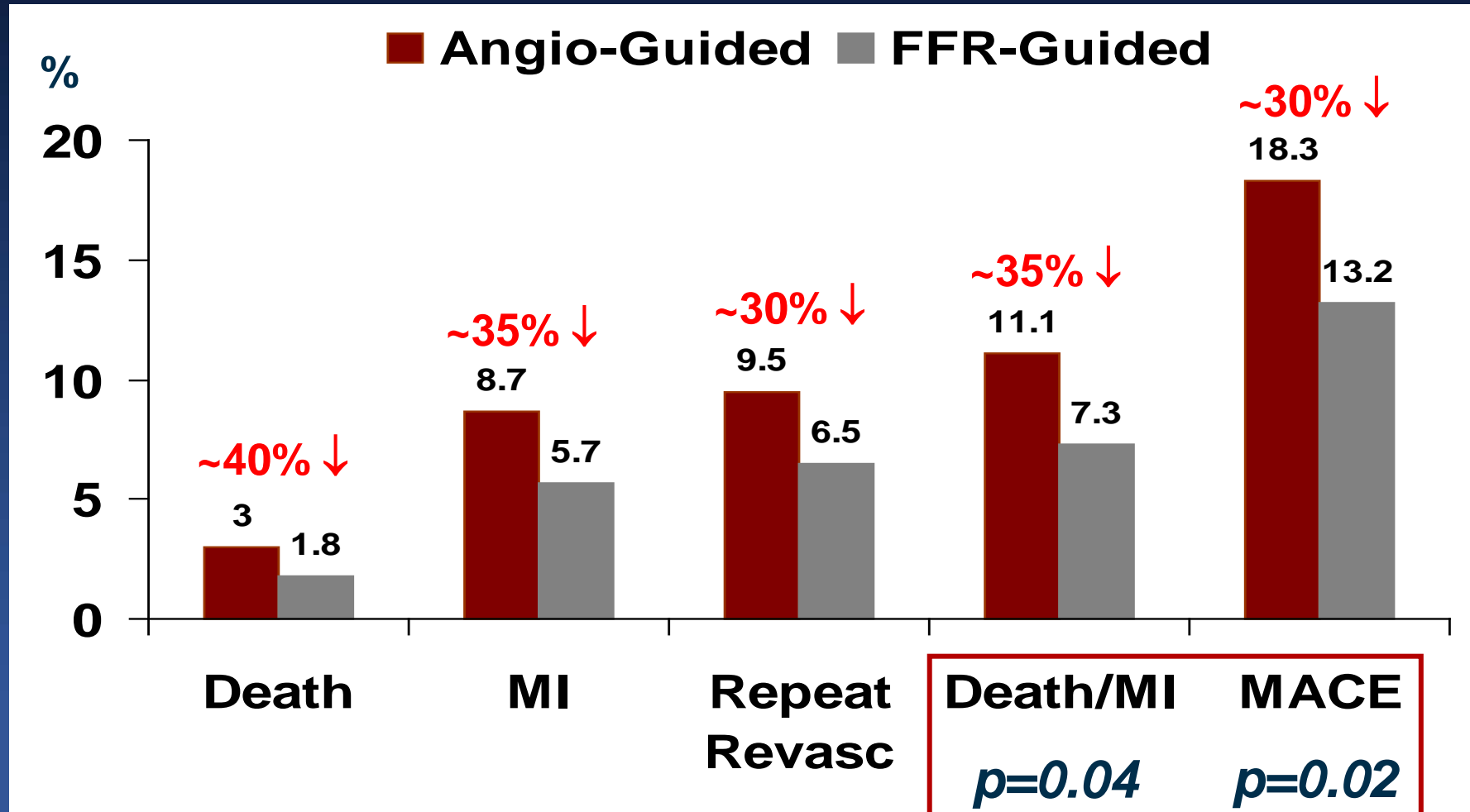


Cardiac Death and MI



Pijls et al. J Am Coll Cardiol 2007;49:2105-11

FAME: One Year Outcomes



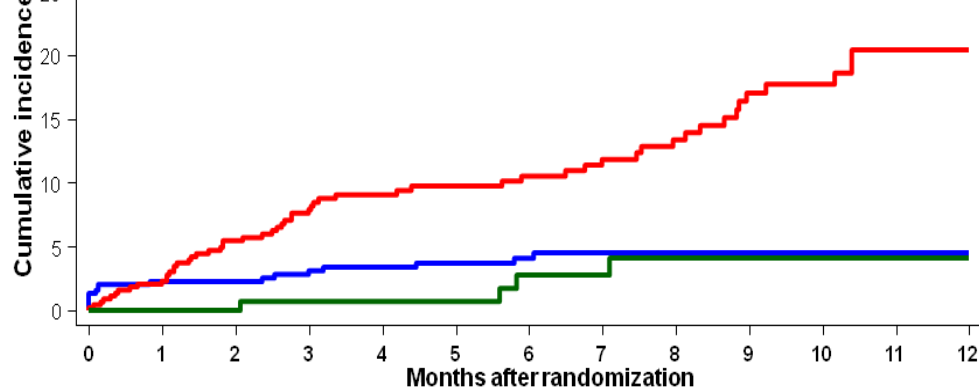
Tonino et al. *New Engl J Med* 2009;360:213-24

FAME 2

FFR-Guided PCI vs. Medical Therapy in Stable CAD

Primary Outcomes

PCI+MT vs. MT: HR 0.32 (0.19-0.53); p<0.001
PCI+MT vs. Registry: HR 1.29 (0.49-3.39); p=0.61
MT vs. Registry: HR 4.32 (1.75-10.7); p<0.001

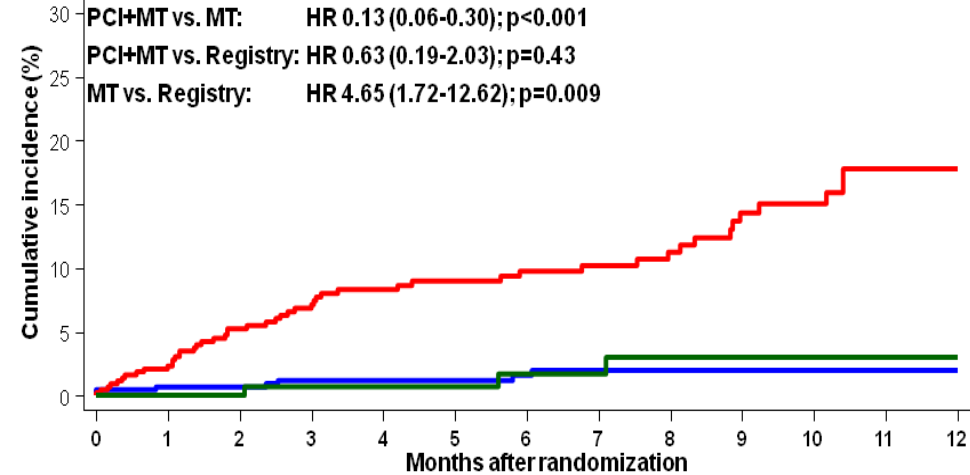


No. at risk	0	1	2	3	4	5	6	7	8	9	10	11	12
MT	441	414	370	322	283	253	220	192	162	127	100	70	37
PCI+MT	447	414	388	351	308	277	243	212	175	155	117	92	53
Registry	166	156	145	133	117	106	93	74	64	52	41	25	13

* Composite of all cause death, myocardial infarction, unplanned hospitalization with urgent revascularization

Urgent Revascularization

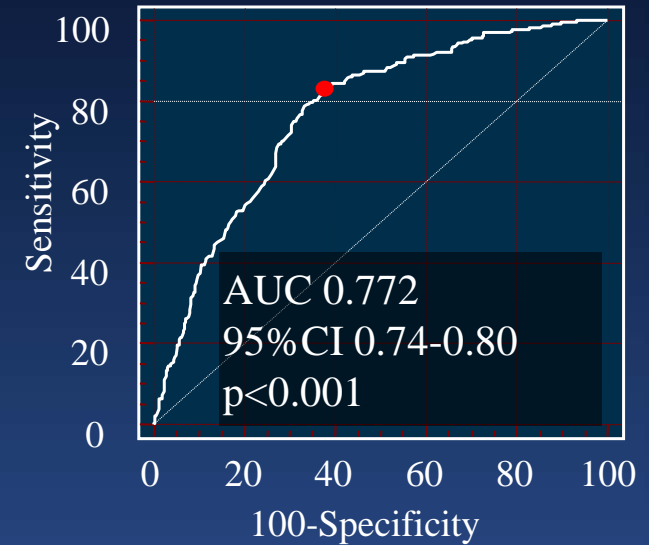
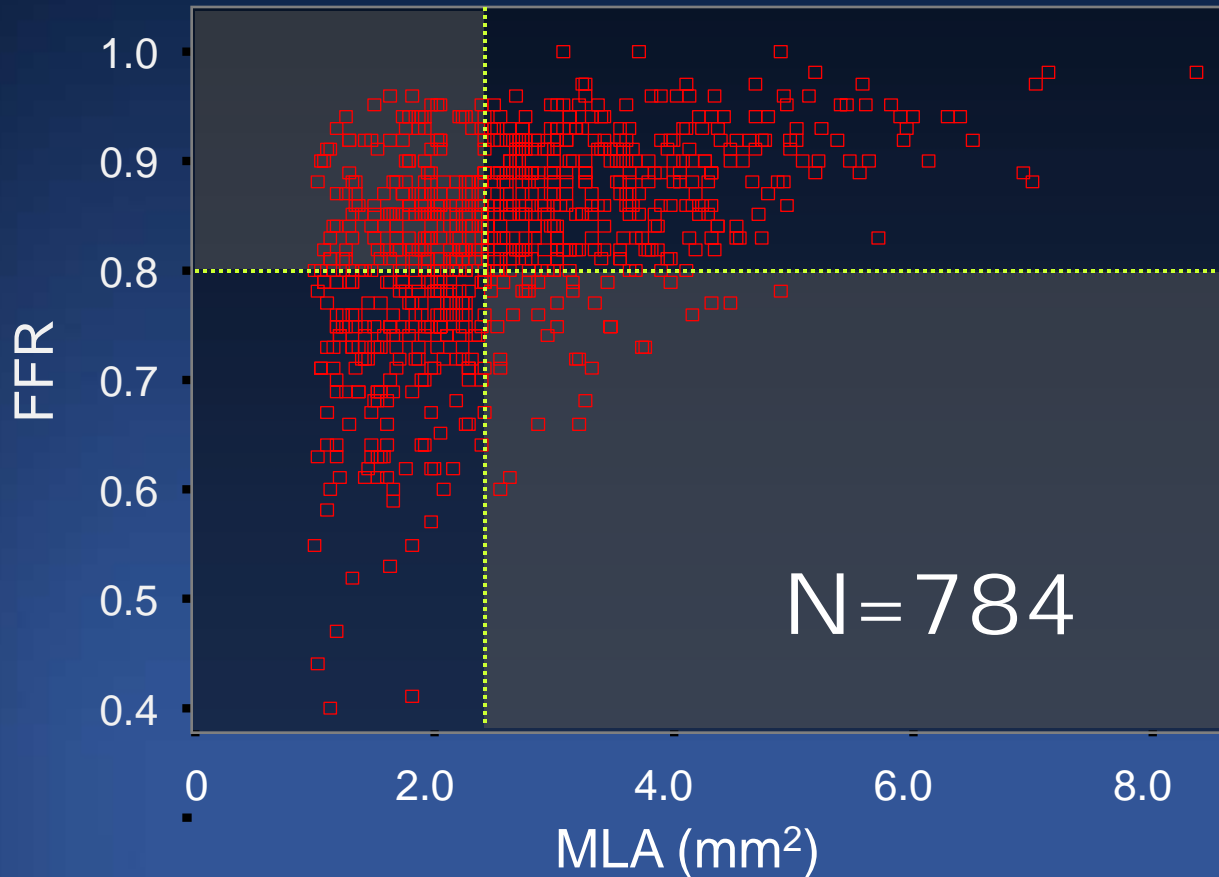
PCI+MT vs. MT: HR 0.13 (0.06-0.30); p<0.001
PCI+MT vs. Registry: HR 0.63 (0.19-2.03); p=0.43
MT vs. Registry: HR 4.65 (1.72-12.62); p=0.009



No. at risk	0	1	2	3	4	5	6	7	8	9	10	11	12
MT	441	414	371	325	286	256	223	195	164	129	101	71	38
PCI+MT	447	421	395	356	315	285	248	217	180	160	119	93	53
Registry	166	156	145	133	117	106	94	75	65	53	42	26	13

Validation of IVUS-MLA with FFR

MLA Cut-off 2.4mm²



Sens. 84%

Spec. 63%

PPV 48%

NPV 90%

Accuracy 69%

Kang et al. Am J Cardiol 2012;109:947-53

	N	FFR	RLA	MLA	AUC	Sens	Spec	PPV	NPV	Accuracy
Takaki (1999 Circ)	51	0.75	9.3	3.0	—	83%	92%	—	—	—
Briguori (2001 AJC)	53	0.75	7.8	4.0	—	92%	56%	38%	96%	64%
Ben-Dor (2012 *)	205	0.80	8.6	3.09	0.73	69%	72%	—	—	70%
Kang (2011 Circ int)	236	0.80	7.6	2.4	0.80	90%	60%	37%	96%	68%
Kang (2012 AJC)	784	0.80	8.2	2.4	0.77	84%	63%	48%	90%	69%
Koo (2011 JACC int)	267	0.80	6.8	2.75	0.81	69%	65%	27%	81%	67%
Gonzalo (2012 JACC)	47	0.80	7.1	2.36 IVUS	0.63	67%	65%	67%	65%	66%
Gonzalo (2012 JACC)	61	0.80	7.1	1.95 OCT	0.70	82%	63%	66%	80%	72%

Why Mismatch Between MLA-FFR?

	Beta	p-value	Adjusted OR	95% CI
MLA < 2.4 but FFR ≥ 0.8 “Mismatch”				
Female gender	0.371	0.048	1.450	1.003 – 2.095
LAD location	-0.406	0.027	0.666	0.465 – 0.954
Reference lumen ø	-1.209	<0.001	0.298	0.204 – 0.437
Distal segment	0.704	0.002	2.021	1.293 – 3.159
MLA ≥ 2.4 but FFR < 0.8 “Rev-mismatch”				
Age	-0.062	<0.001	0.940	0.909 – 0.972
LAD location	0.813	0.071	2.256	0.932 – 5.460
Plaque rupture	2.410	<0.001	11.138	4.886 – 25.39

Park et al. JACC Cardiovasc Interv 2012;5:1029-36

Discussion

- FFR & IVUS: How Can We Implement?
 - Is physiologic assessment essential?
 - Is morphologic assessment enough?
 - Can IVUS-MLA replace FFR in LMCA and non-LMCA?
 - Integrated use of FFR and IVUS in real practice