

Optimal Treatment of Distal Left Main Stem Lesions in 2010

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Conflicts of Interest

Speakers fees and Advisory Board

- Boston Scientific, Medtronic, Eli Lilly

Guidelines for PCI 2010

European Heart Journal (2005) 26, 804-847



2005

ESC Guideline

Guidelines for Percutaneous Coronary Interventions

The Task Force for Percutaneous Coronary Interventions of the European Society of Cardiology

The presence of a left main (LM) coronary artery stenosis identifies an anatomic subset still requiring bypass surgery for revascularization

Stenting for Left Main Stem stenosis should only be considered in absence of other revascularisation options

FOCUSED UPDATE

2009 Focused Updates: ACC/AHA Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction (Updating the 2004 Guideline and 2007 Focused Update) and ACC/AHA/SCAI Guidelines on Percutaneous Coronary Intervention (Updating the 2005 Cuideline and 2007 Focused Update)

PCI of the left main coronary artery with stents as an alternative to CABG may be considered in patients with anatomic conditions that are associated with a low risk of PCI procedural complications and clinical conditions that predict an increased risk of adverse surgical outcome.

(Level of Evidence: B)





GUIDELINES

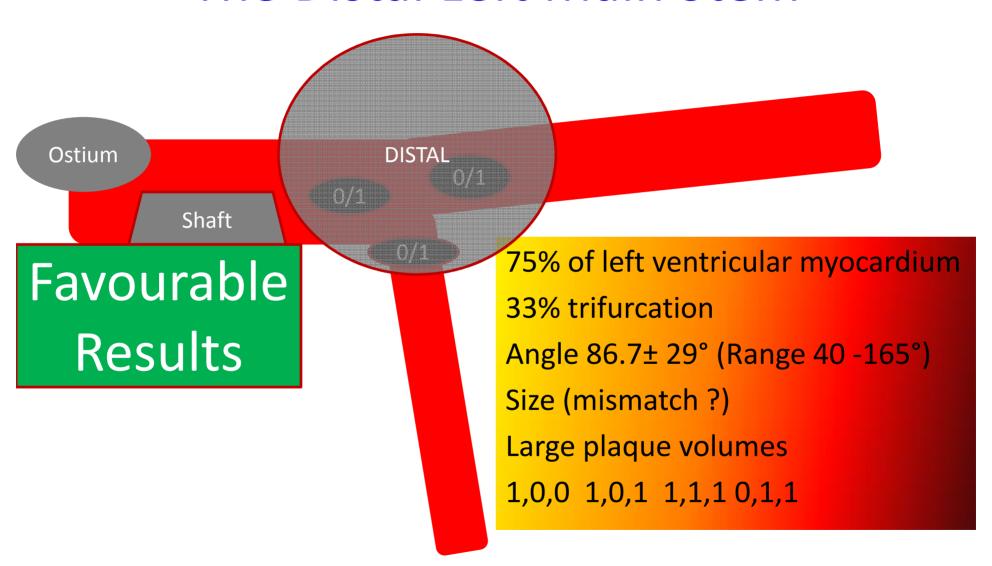
- Recent data not considered
- No consideration of anatomical subsets

Contemporary Reviews in Interventional Cardiology

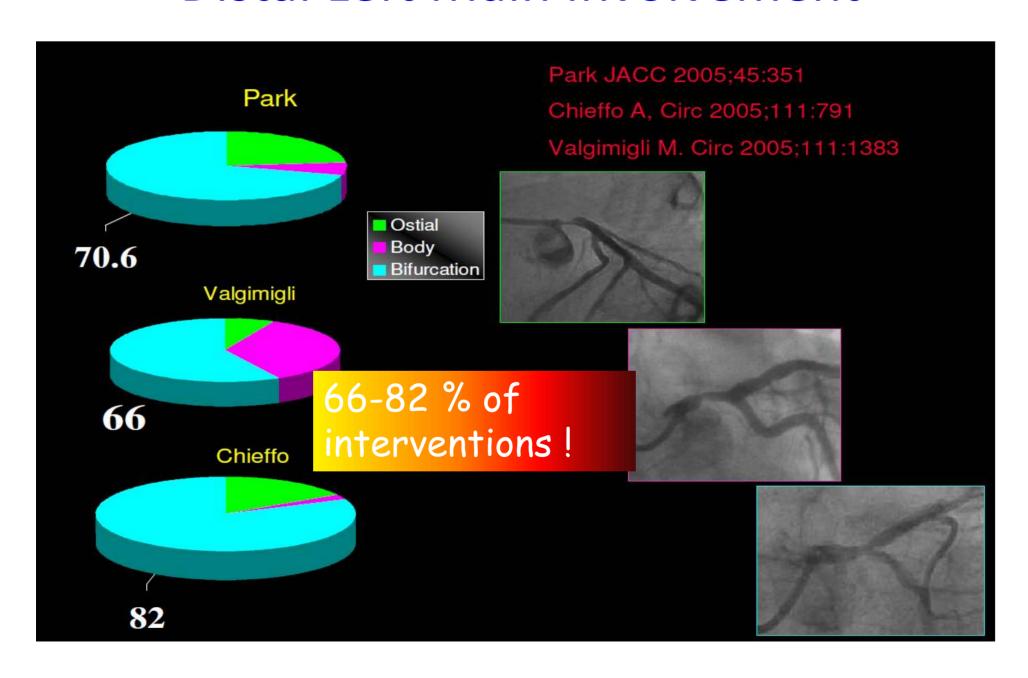
Percutaneous Coronary Intervention With Stent
Implantation Versus Coronary Artery Bypass Surgery for
Treatment of Left Main Coronary Artery Disease
Is It Time to Change Guidelines?

Seung-Jung Park, MD, PhD; Duk-Woo Park, MD, PhD

The Distal Left Main Stem

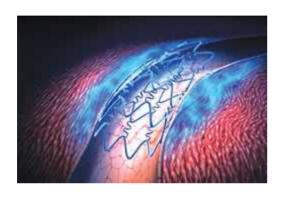


Distal Left Main Involvement



Outcomes in Distal LMS 2006





- Safety
- •Longterm outcome
- •Results in the distal left main stem?

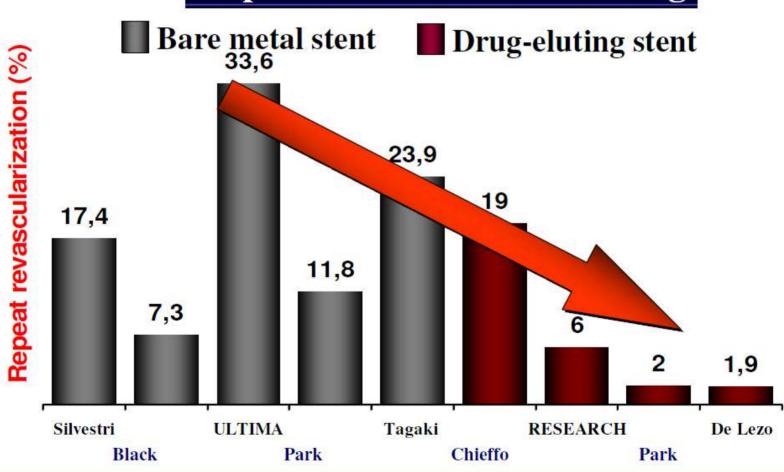
Optimal Treatment of distal Left Main 2010

DES VS BMS

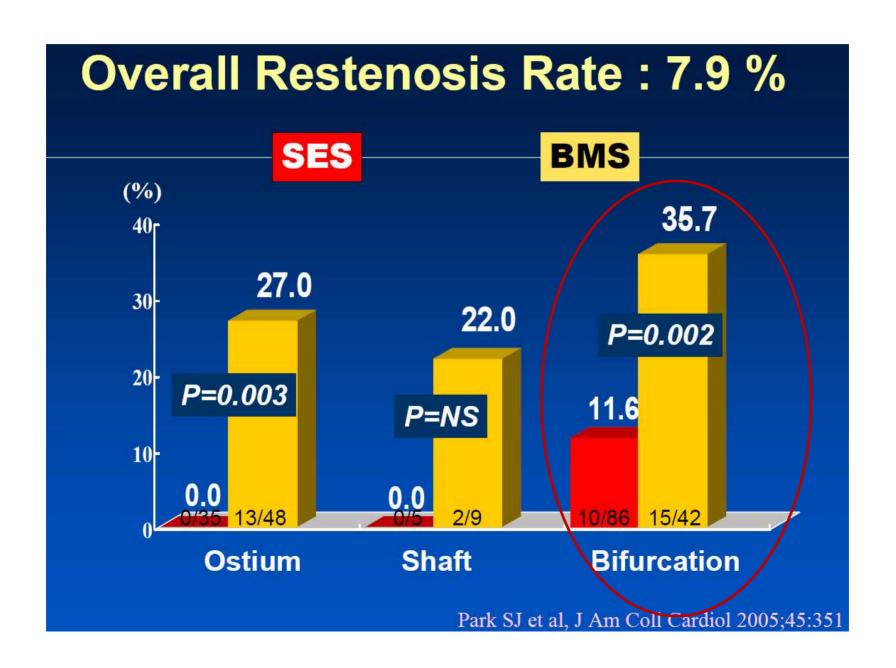


Significant Reduction of TLR with DES

Unprotected Left main stenting



DES vs. BMS in Distal LMS

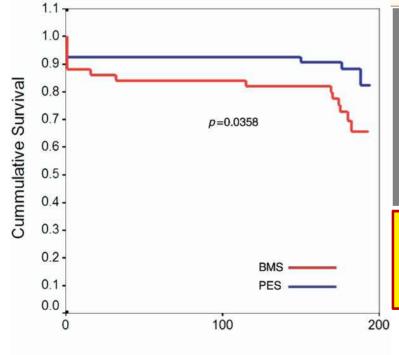


CLINICAL RESEARCH Clinical Trials

A Randomized Comparison of Paclitaxel-Eluting Stents Versus Bare-Metal Stents for Treatment of Unprotected Left Main Coronary Artery Stenosis

Andrejs Erglis, MD, PHD, FESC, FACC,* Inga Narbute, MD,* Indulis Kumsars, MD,* Sanda Jegere, MD,* Iveta Mintale, MD,* Ilja Zakke, MD, FESC,* Uldis Strazdins, MD,* Andris Saltups, MD, FACC, FRACP, MRACP†

Riga, Latvia; and Melbourne, Australia

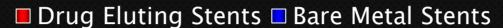


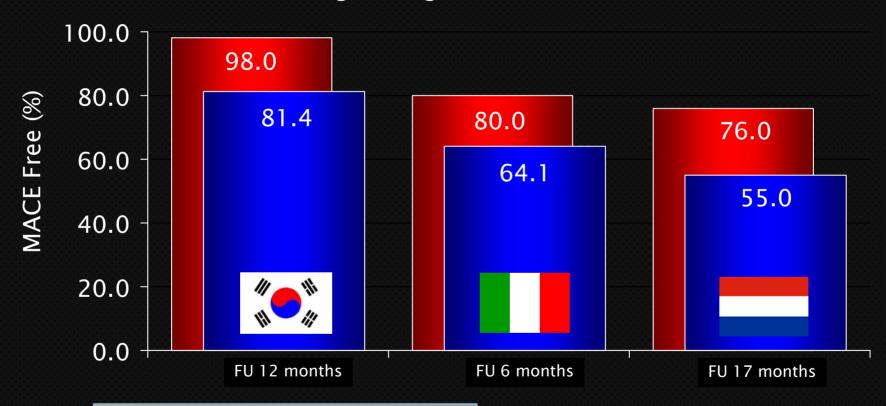
Time after PCI (days)

N: 103 Distal Left Main 68 / 82 % IVUS guided Provisional T

DES better than BMS

Left Main: Major Adverse Cardiac Events





DES better than BMS

Park S-J. J Am Coll Cardiol 2005;45:351-356 Valgimigli M. Circ 2005;111:1383-1389 Chieffo. Circ 2005;111:791-795

Multivariate Predictors

Distal Left Main Disease

DES Use

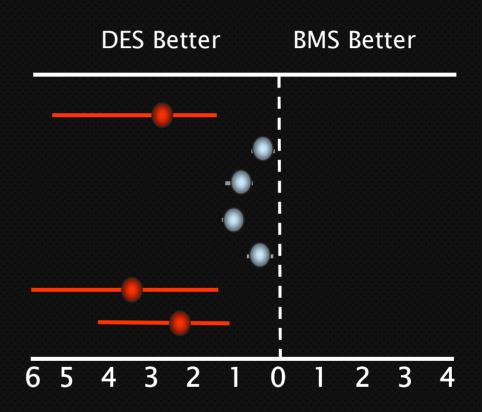
LVEF %

Parsonnet Score

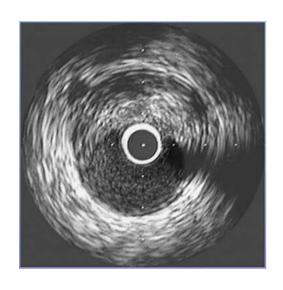
Reference Vessel Diameter

Shock Presentation

Troponin T > 0.02 μ g/l



DES better than BMS in Distal Left Main



Plaque burden and calcium
Side branch involvement
Assessment of procedural result
Postdilatation

Optimal Treatment of Distal LMS in 2010

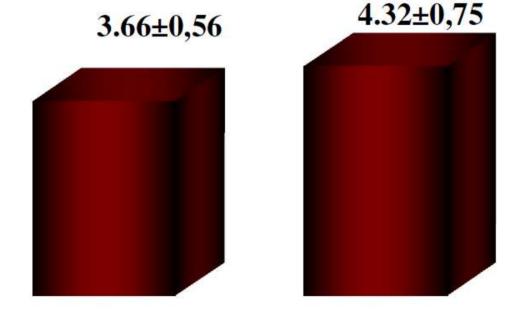
IVUS GUIDANCE



Role of IVUS for LM Stenting

Balloon size QCA vs IVUS

mm



QCA Post IVUS

IVUS led to bigger balloon size in 67% of cases

Elective Stenting of Unprotected Left Main Coronary Artery Stenosis

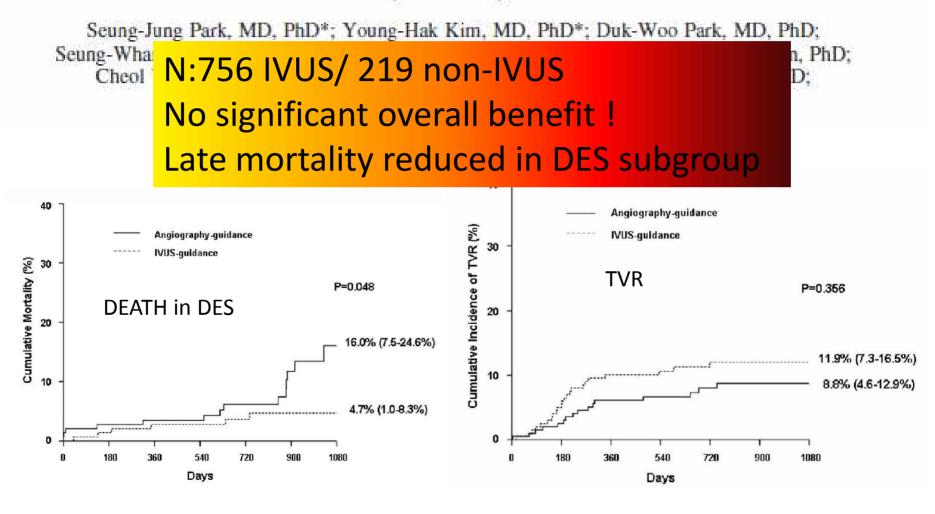
Effect of Debulking Before Stenting and Intravascular Ultrasound Guidance

Seung-Jung Park, MD, PhD, FACC,* Myeong-Ki Hong, MD, PhD,* Cheol Whan Lee, MD, PhD,* Jae-Joong Kim, MD, PhD,* Jae-Kwan Song, MD, PhD, FACC,* Duk-Hyun Kang, MD, PhD,* Seong-Wook Park, MD, PhD, FACC,* Gary S. Mintz, MD, FACC,*

Seoul, Korea and New York, New York

'The post-stenting MLD was significantly larger in the IVUS guided group in this study. However, the angiographic restenosis rate was not different between the IVUS-guided and angiography-guided procedures'

Impact of Intravascular Ultrasound Guidance on Long-Term Mortality in Stenting for Unprotected Left Main Coronary Artery Stenosis



Circ Cardiovasc Interv 2009;2: 167



High Jeopardy Score
Cases with RCA occlusion
Reduced LV function
Immediate hemodynamic compromise

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CIRCULATORY SUPPORT

Elective vs provisional IABP

N: 219 (1993-2006)

Non randomised

Choice of strategy according to risk score

Severe hemodynamic compromise 8% vs 0% favouring the elective strategy



BCIS-1

LVEF ≤ 30% BCIS-1 Jeopardy Score ≥ 8

Randomize

Elective IABP Insertion



No Planned IABP

PCI

Remove IABP 4-24 hrs after PCI



Hospital Follow-up

To discharge or 28 days

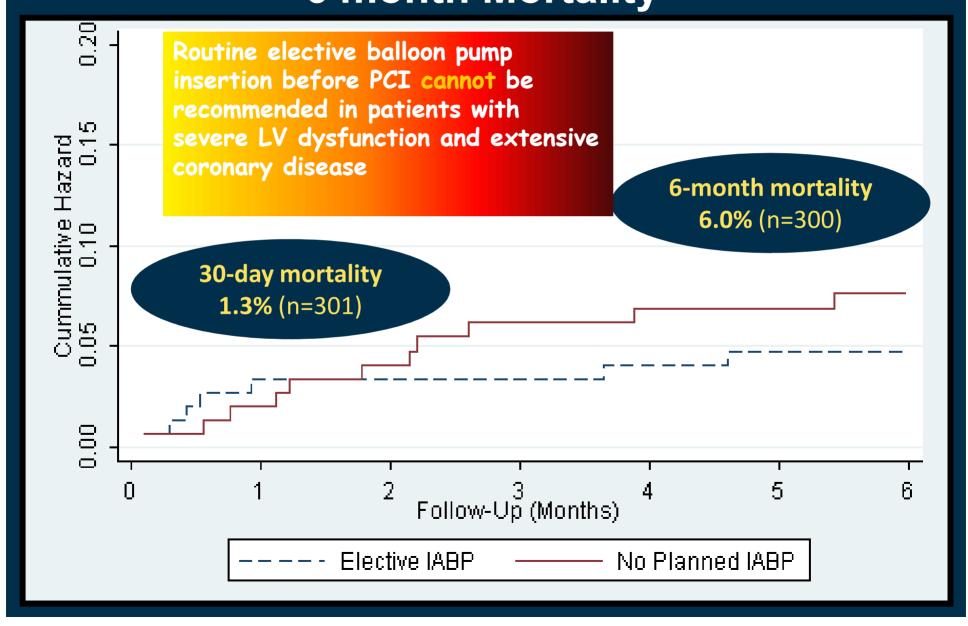


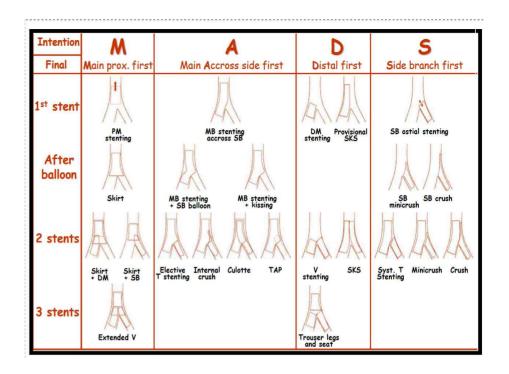
6 month follow-up
ONS / GROS

BCIS-1

Secondary Outcome: 6 month Mortality

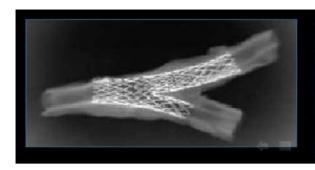




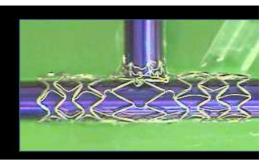


Optimal Treatment of distal Left Main 2010

TECHNIQUE









Optimal Treatment of distal Left Main 2010

DEDICATED BIFURCATION SYSTEMS

Published Literature for LMS

PETAL: 0



AXXES: 26 cases*

TRYTON: 1 case**



Conceptually interesting.

No data to support use of these devices

*Hasegawa T et al, Catheter Cardiovasc Interv 2009; 1: 34

** Pasceri V et al. J Cardiovasc Med 2010 (Epub)

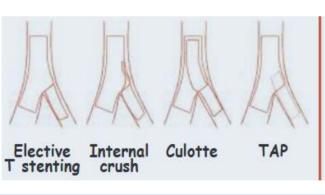
One Stent vs Two Stents

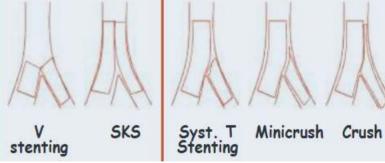
Provisional T stenting



+/- Kiss

T-Stent
Culotte
Crush





Comparison 1 stent vs 2 stents

Impact of Bifurcation Technique on 2-Year Clinical Outcomes in 773 Patients With Distal Unprotected Left Main Coronary Artery Stenosis Treated With Drug-Eluting Stents

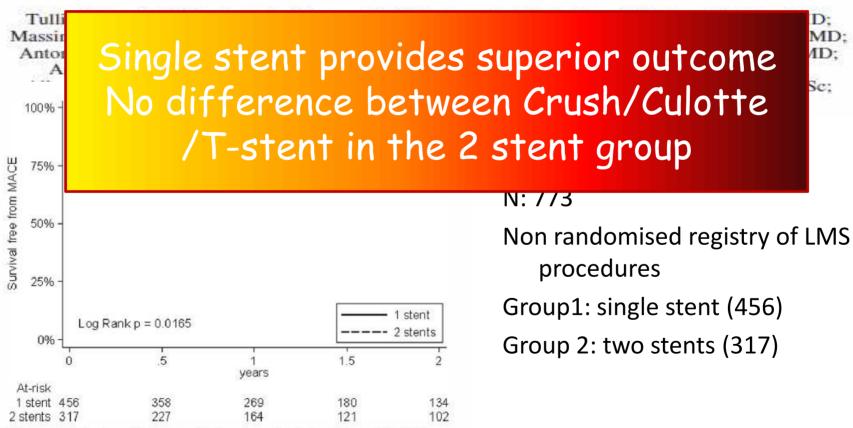


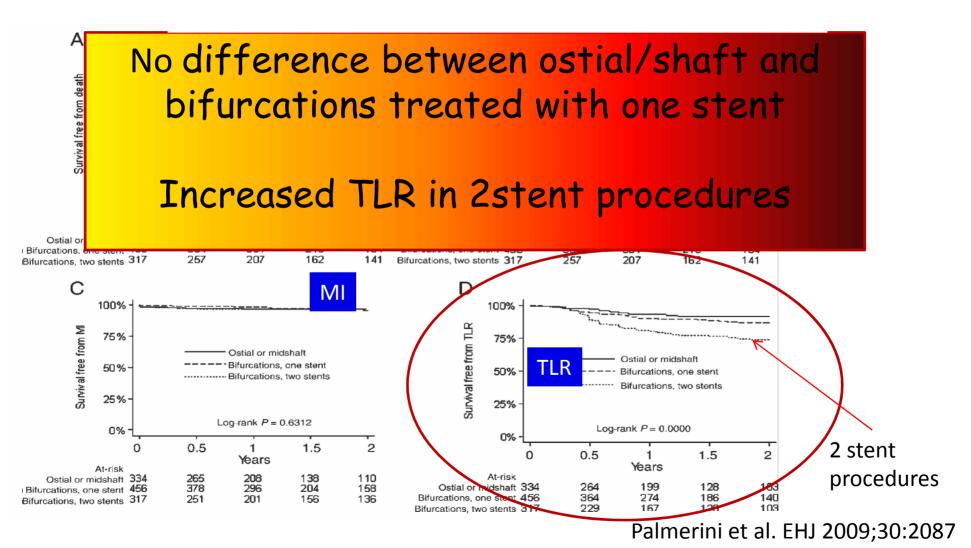
Figure 1. Kaplan–Meier analysis of survival free from MACE in patients treated with 1 stent compared with patients treated with 2 stents.

Circ Cardiovasc Intervent 2008:1:185

Distal LMS and Stent Strategy

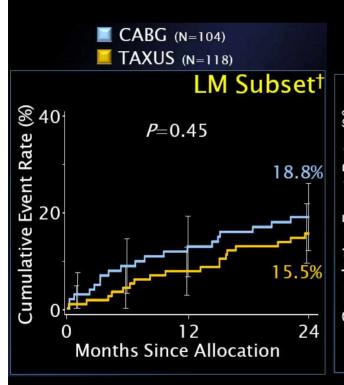
Italian Registry: N:1111

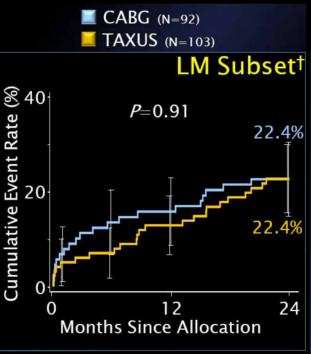
777 bifurcations/ 334 non-bifurcation

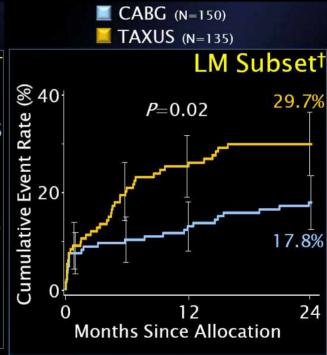


SYNTAX Left Main Subset

2 Year MACE According to Syntax Score Tertile



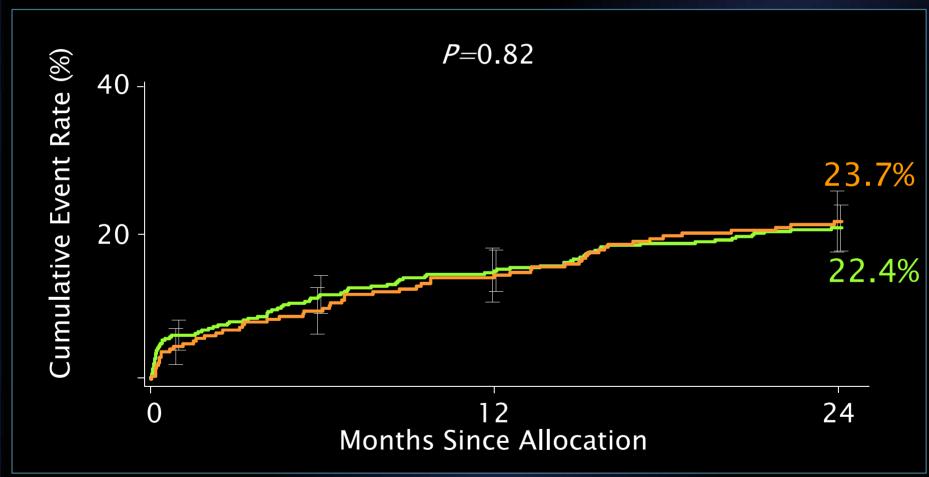




MACCE to 2 Years LM PCI Subset: Distal vs Non-distal Lesions



Distal (n=229) Non-distal* (n=128)



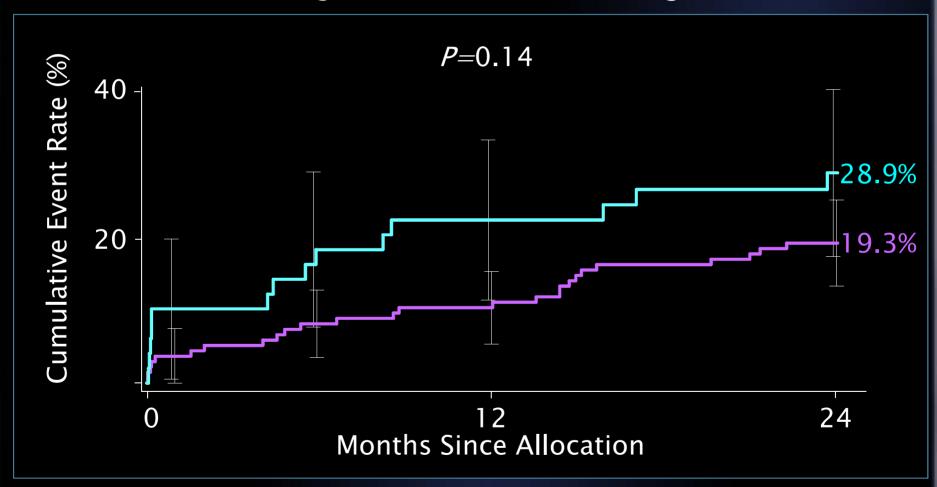
Event Rate ± 1.5 SE, log-rank *P* value Site-reported data

*Includes both aorto-ostial and mid-shaft lesions Patients with LM, LM+1,2,3VD included ITT population

MACCE to 2 Years LM Distal PCI: T-stenting vs Non T-stenting



 \blacksquare T-stenting (n=135) \blacksquare Non T-stenting (n=49)



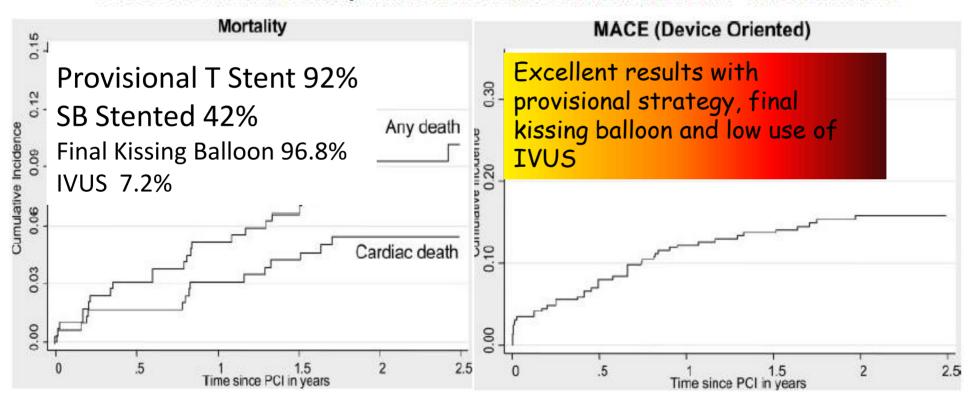
Event Rate ± 1.5 SE, log-rank P value Site-reported data

ITT population Patients with LM, LM+1,2,3VD included

Provisional T Stent Strategy

Unprotected Left Main Stenting in the Real World Two-Year Outcomes of the French Left Main Taxus Registry

Beatriz Vaquerizo, MD; Thierry Lefèvre, MD; Olivier Darremont, MD; Marc Silvestri, MD; Yves Louvard, MD; Jean Louis Leymarie, MD; Philippe Garot, MD; Helen Routledge, MD; Federico de Marco, MD; Thierry Unterseeh, MD; Marcel Zwahlen, PhD; Marie-Claude Morice, MD



Circulation 2009; 119:239

SUMMARY

DES provide superior outcomes

IVUS guidance is recommended but not essential

Routine use of IABP support not recommended

Recent trials show improved outcomes for bifurcation LMS, particularly if treated with a single stent strategy

Final Kiss?



It is a matter of technique
(If you have a CRUSH, you must finish with a kiss)

Registry data seem to support general use

In France, they always do it.....