

# FFR vs. Angiography for Multivessel Evaluation

## FAME *2 Year Follow-Up*

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# Flow Chart

## **FFR-Guided**

**PCI performed on indicated lesions only if FFR  $\leq 0.80$**

**Lesions warranting PCI identified**

## **Angio-Guided**

**PCI performed on indicated lesions**

**Randomized**

## **Primary Endpoint**

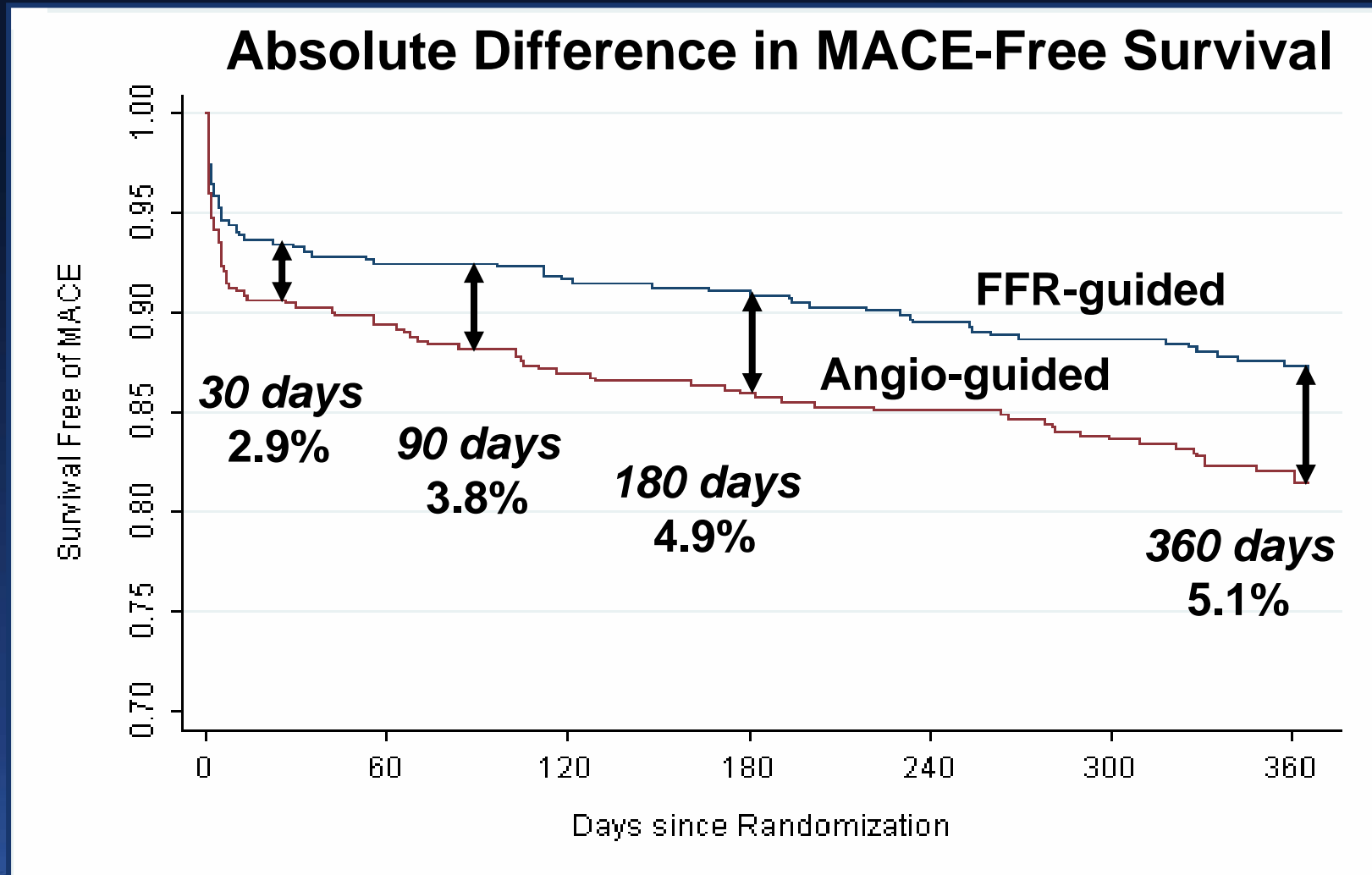
**Composite of death, MI and repeat revasc. (MACE) at 1 year**

## **Key Secondary Endpoints**

**Individual rates of death, MI, and repeat revasc., MACE, and functional status at 2 years**



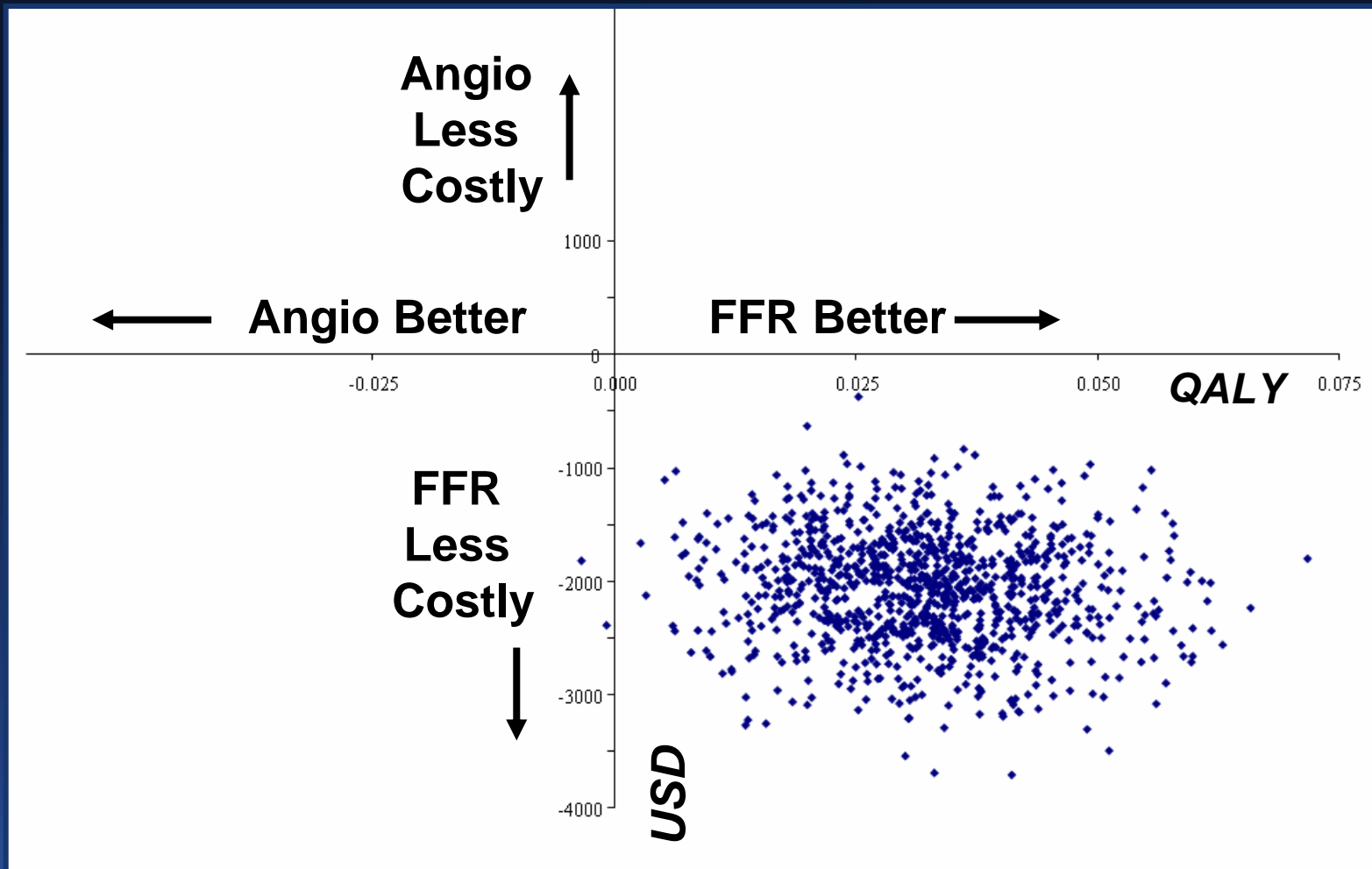
# 1 Year Event-Free Survival





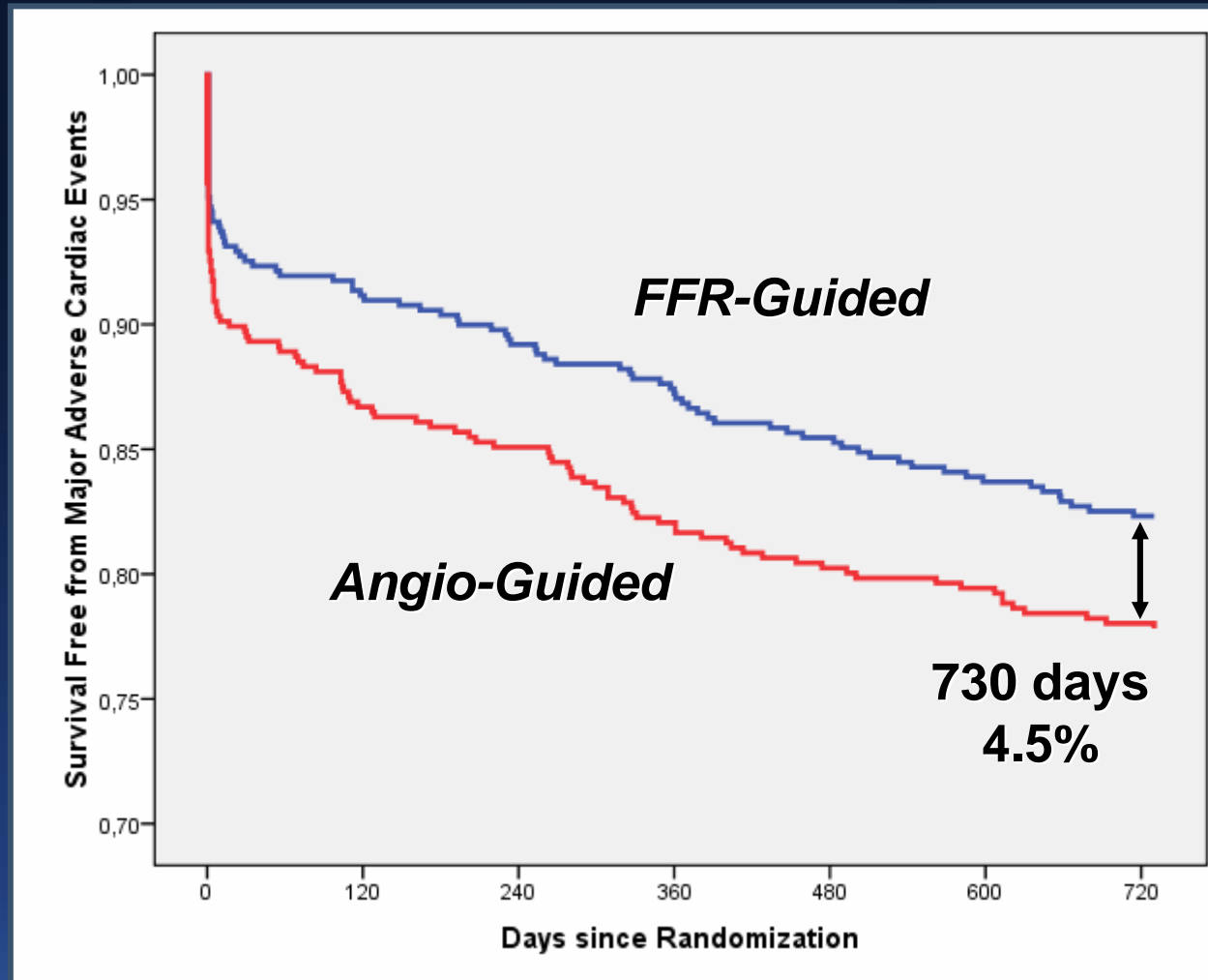
# 1 Year Economic Evaluation

*Bootstrap Simulation*



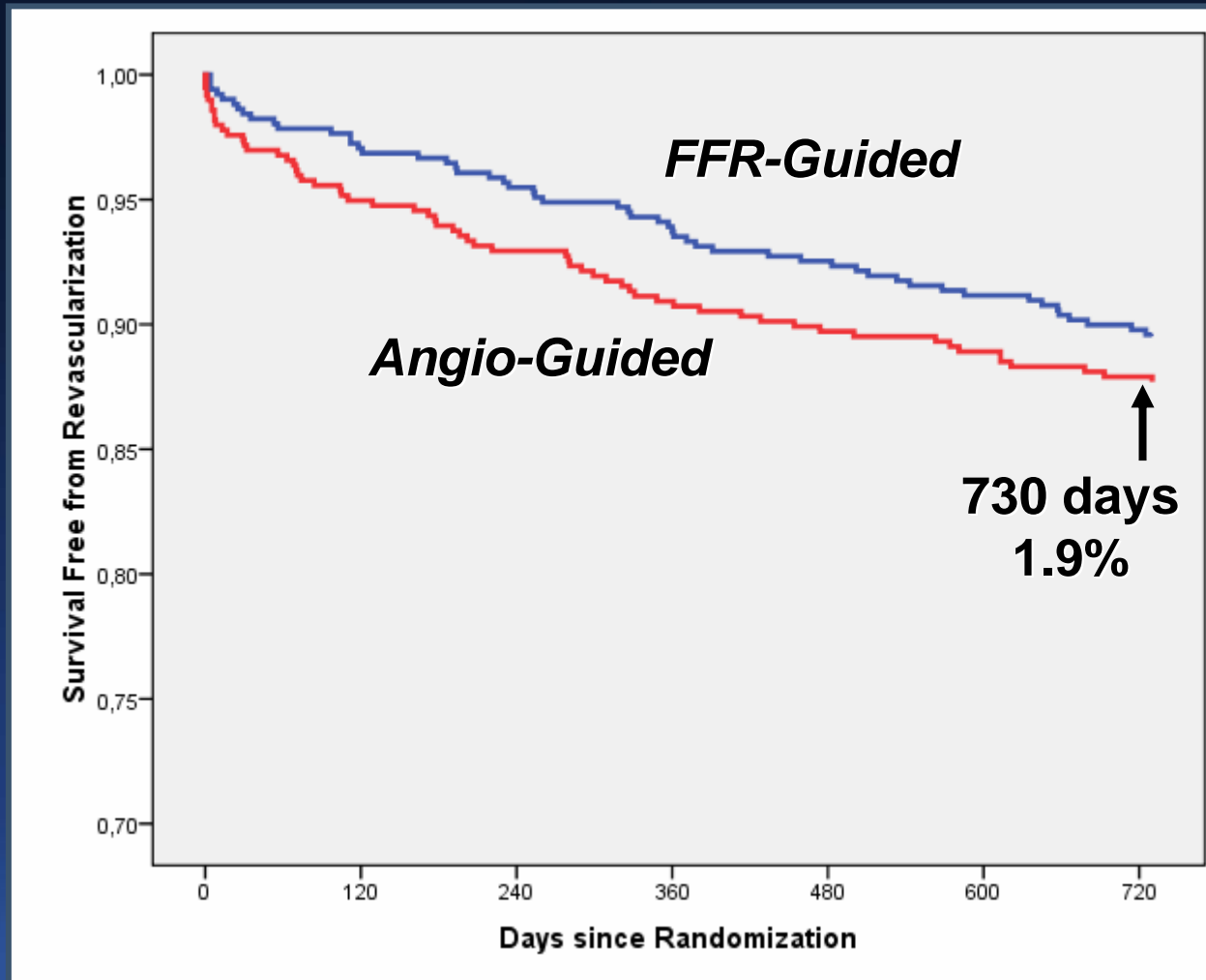


# 2 Year Survival Free of MACE



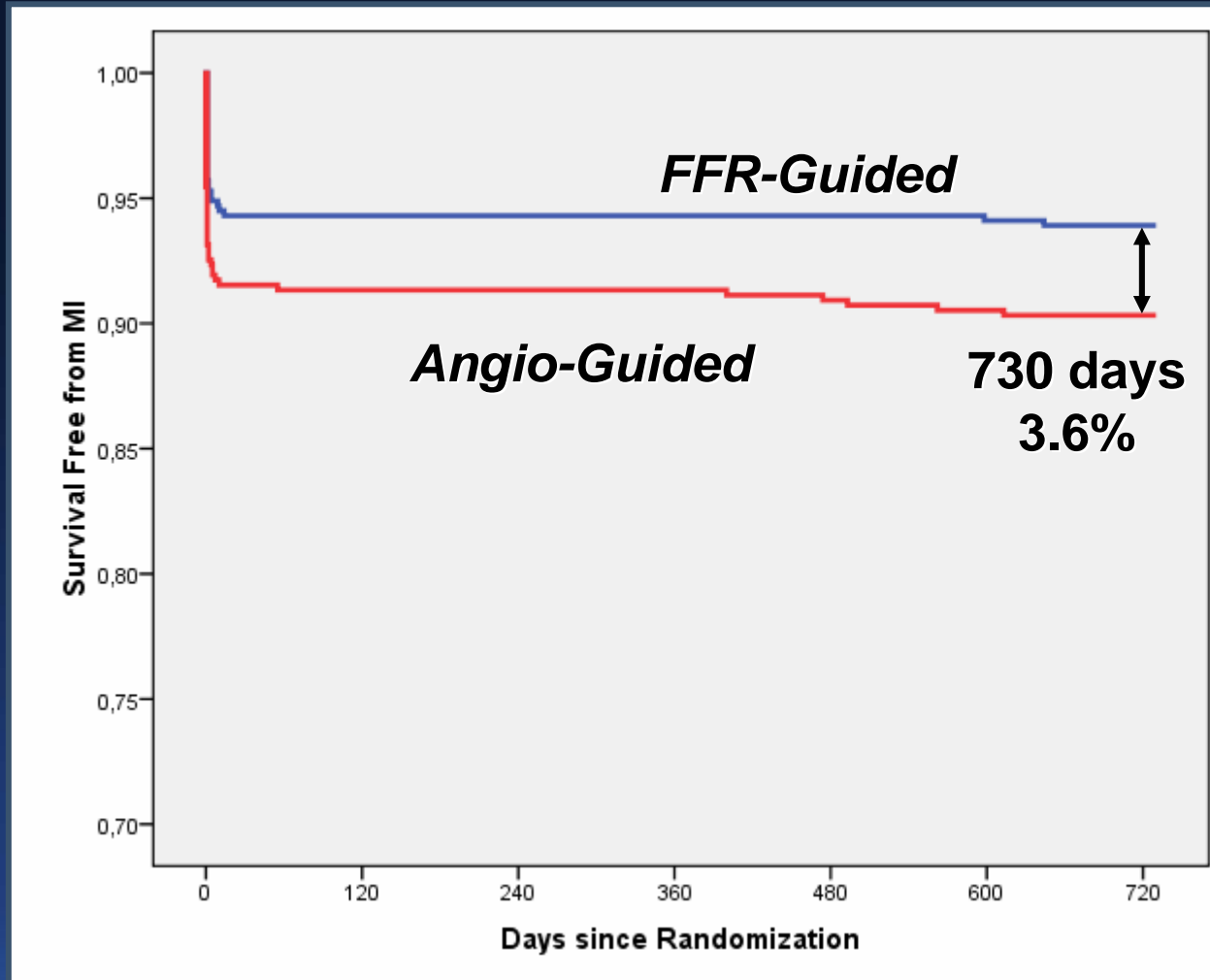


# 2 Year Survival Free of Repeat Revascularization



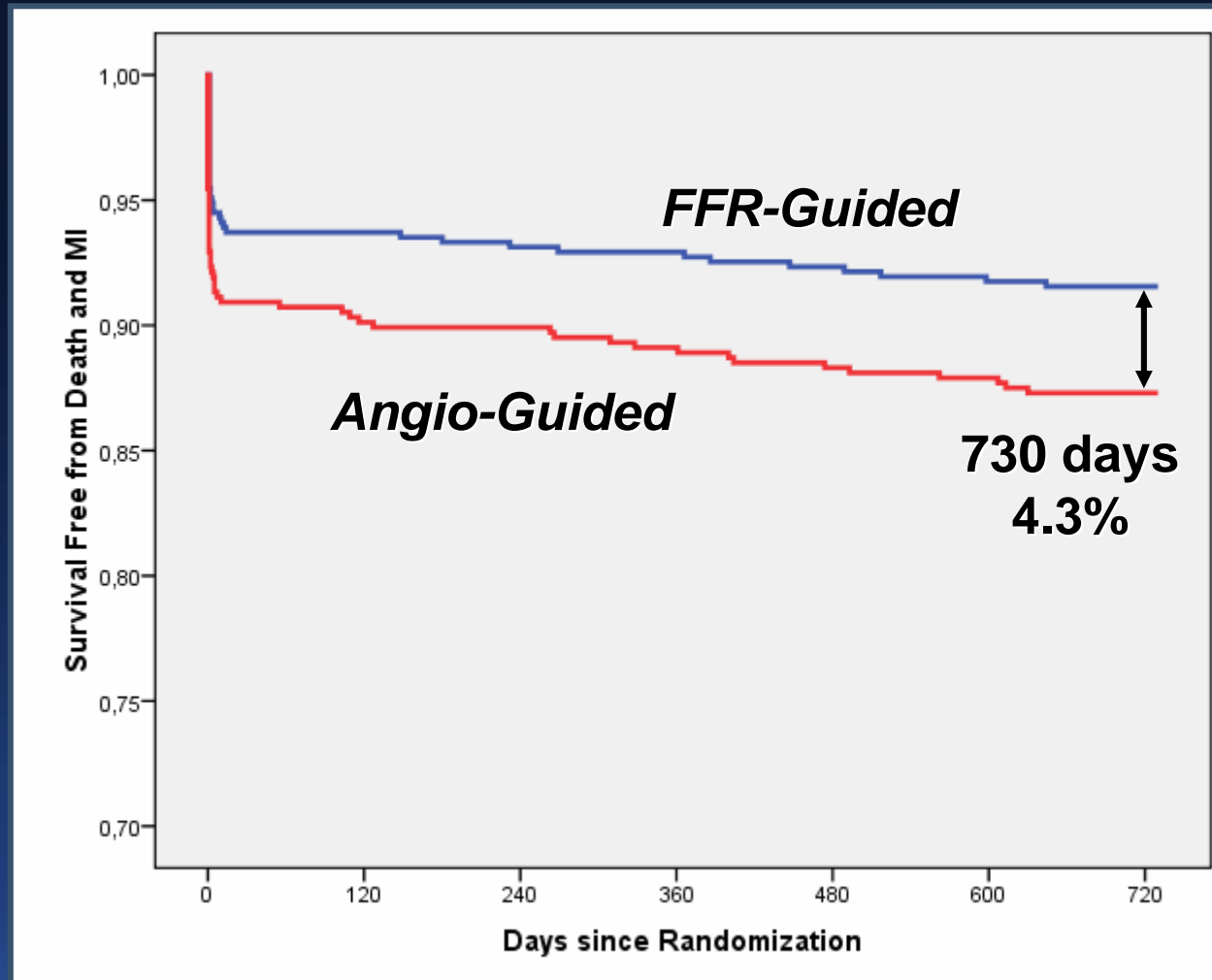


# 2 Year Survival Free of MI





# 2 Year Survival Free of Death/MI





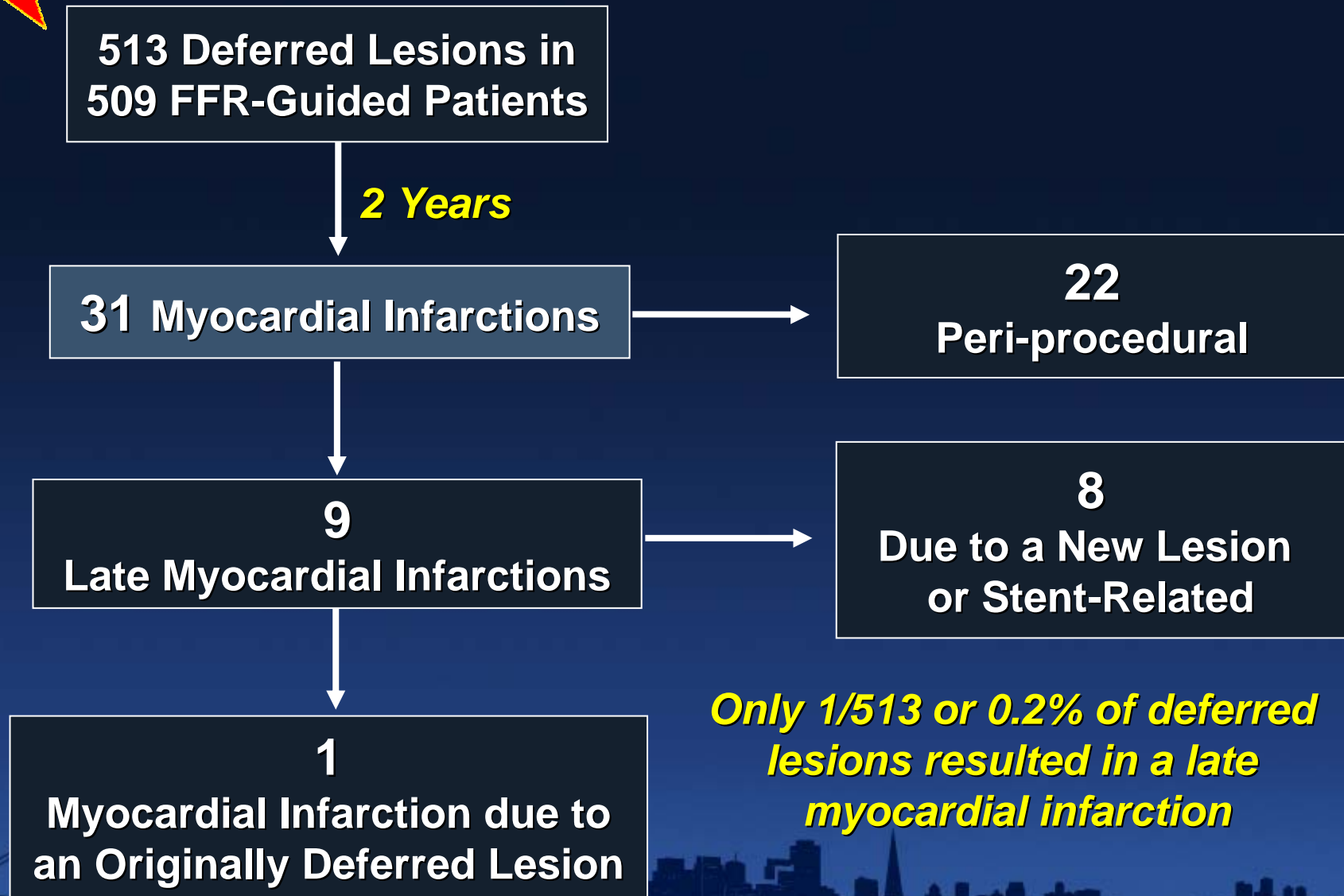


# Other 2 Year Outcomes

	Angio-Guided n = 496	FFR-Guided n = 509	P Value
Follow-up (%)	92.7	94.5	0.31
Anti-anginal Medications, No.	1.2 ±0.8	1.2 ±0.7	0.66
Dual Antiplatelet Therapy (%)	33.6	31.4	0.49
Freedom from Angina, (%)	75.8	79.9	0.14



# Outcome of Deferred Lesions





# Outcome of Deferred Lesions

513 Deferred Lesions in  
509 FFR-Guided Patients

*2 Years*

53 Repeat Revascularizations

37  
in a New Lesion or  
in a Restenotic One

16  
Originally Deferred Lesions

6  
Without FFR or  
Despite an FFR > 0.80

10  
Originally Deferred Lesions  
with Clear Progression

*Only 10/513 or 1.9% of deferred  
lesions clearly progressed  
requiring repeat revascularization*



# Conclusions

- At 2 years, there is now a significant decrease in the rate of MI in the FFR-guided arm. There continues to be a significant decrease in death and MI favoring the FFR-guided approach. Lastly, there is a strong trend towards a lower rate of death, MI or the need for repeat revascularization in the FFR-guided arm.
- There is no signal to suggest that deferred lesions are likely to be responsible for late myocardial infarctions or to progress and require repeat revascularizations.



# Conclusions

- The 2 year follow-up of the FAME study demonstrates durability of the improved outcomes noted at 1 year with an FFR-guided approach to PCI in patients with multivessel CAD
- These results continue to support the evolving paradigm of:

***“Functionally Complete Revascularization”***

***i.e. stenting of ischemic lesions and  
medical treatment of non-ischemic ones***