

A Clinical and Angiographic Scoring System to Predict the Probability of Successful First-Attempt PCI in Patients with Coronary CTO.

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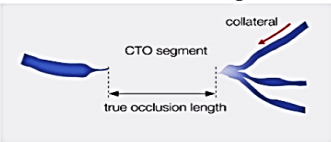
APRIL 28-MAY 1, 2015
COEX, SEOUL, KOREA

J-CTO score

Predicting successful guidewire crossing through CTO of Native Coronary Lesions Within 30 Minutes

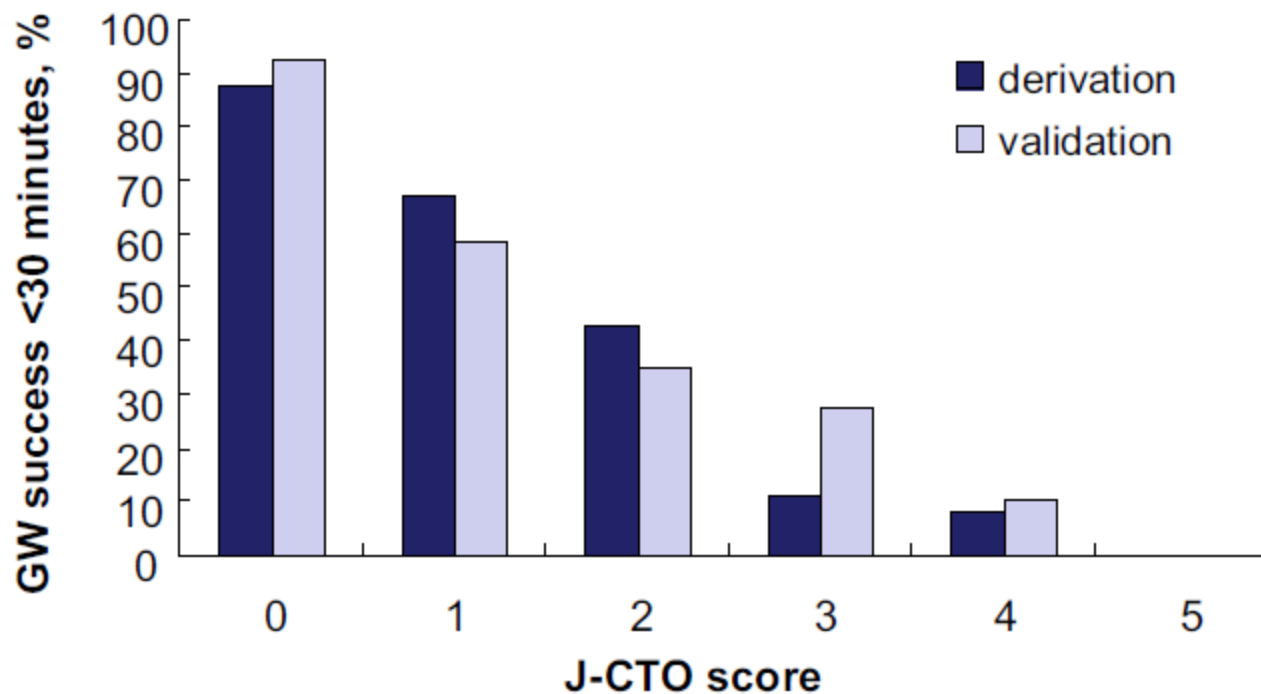
J-CTO SCORE SHEET

Version 1.0

Variables and definitions		
<p>Tapered</p> 	<p>Blunt</p> <p>Entry with any tapered tip or dimple indicating direction of true lumen is categorized as "tapered".</p>	<p>Entry shape</p> <p><input type="checkbox"/> Tapered (0)</p> <p><input type="checkbox"/> Blunt (1)</p> <p>point</p>
<p>Calcification</p> 	<p>Regardless of severity, 1 point is assigned if any evident calcification is detected within the CTO segment.</p>	<p>Calcification</p> <p><input type="checkbox"/> Absence (0)</p> <p><input type="checkbox"/> Presence (1)</p> <p>point</p>
<p>Bending > 45degrees</p> 	<p>One point is assigned if bending > 45 degrees is detected within the CTO segment. Any tortuosity separated from the CTO segment is excluded from this assessment.</p>	<p>Bending > 45°</p> <p><input type="checkbox"/> Absence (0)</p> <p><input type="checkbox"/> Presence (1)</p> <p>point</p>
<p>Occlusion length</p> 	<p>Using good collateral images, try to measure "true" distance of occlusion, which tends to be shorter than the first impression.</p>	<p>Occl.Length</p> <p><input type="checkbox"/> <20mm (0)</p> <p><input type="checkbox"/> ≥20mm (1)</p> <p>point</p>
<p>Re-try lesion</p> <p>Is this Re-try (2nd attempt) lesion ? (previously attempted but failed)</p>		<p>Re-try lesion</p> <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> Yes (1)</p> <p>point</p>
<p>Category of difficulty (total point)</p> <p><input type="checkbox"/> easy (0) <input type="checkbox"/> Intermediate (1)</p> <p><input type="checkbox"/> difficult (2) <input type="checkbox"/> very difficult (≥3)</p>		<p>Total</p> <p><input type="text" value=""/> points</p>

Predicting successful guidewire crossing through CTO of Native Coronary Lesions Within 30 Minutes

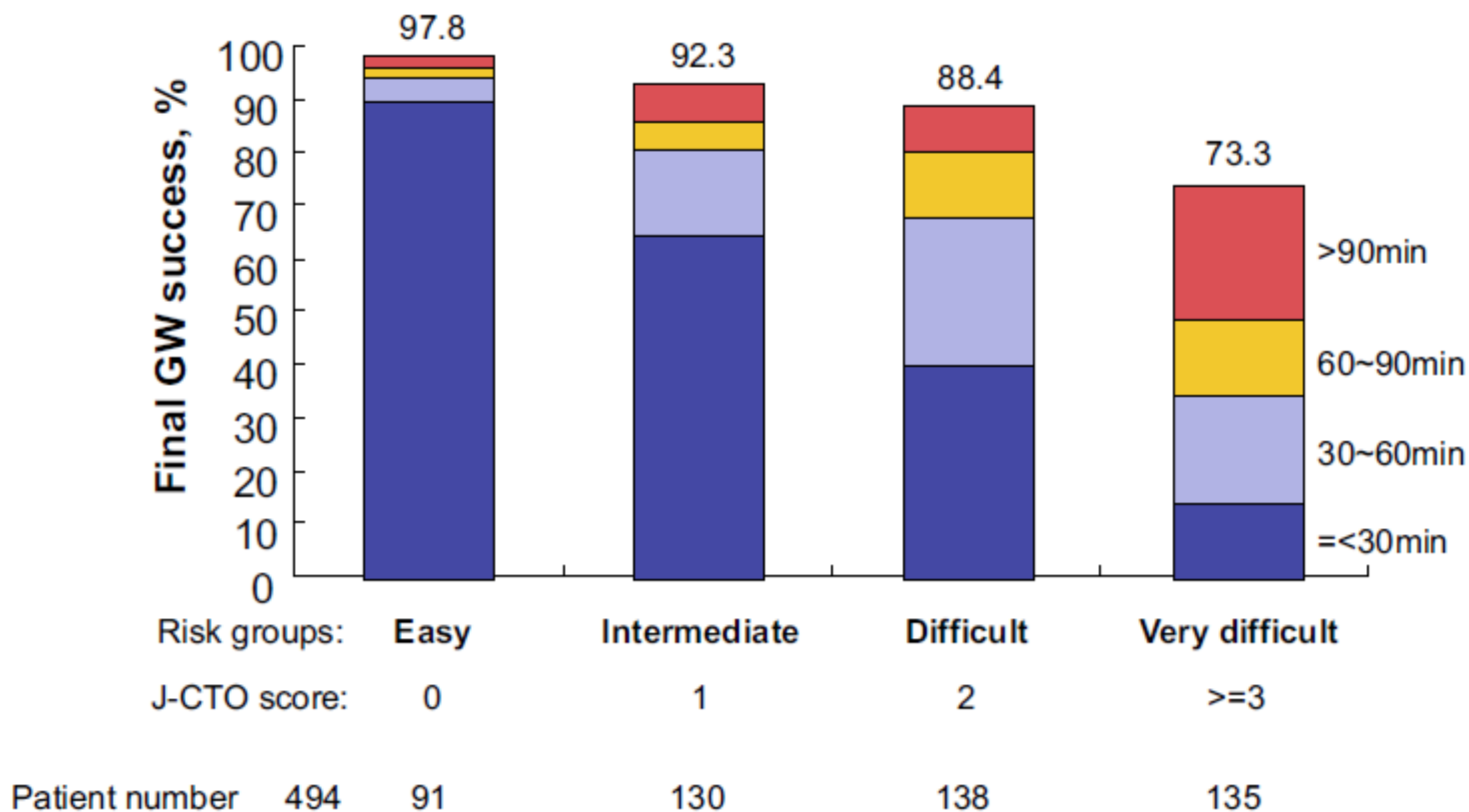
Relationship Between J-CTO Score and GW Success <30 Min



Patient number	329	65	82	92	63	24	3
	165	26	48	46	33	10	2

Predicting successful guidewire crossing through CTO of Native Coronary Lesions Within 30 Minutes

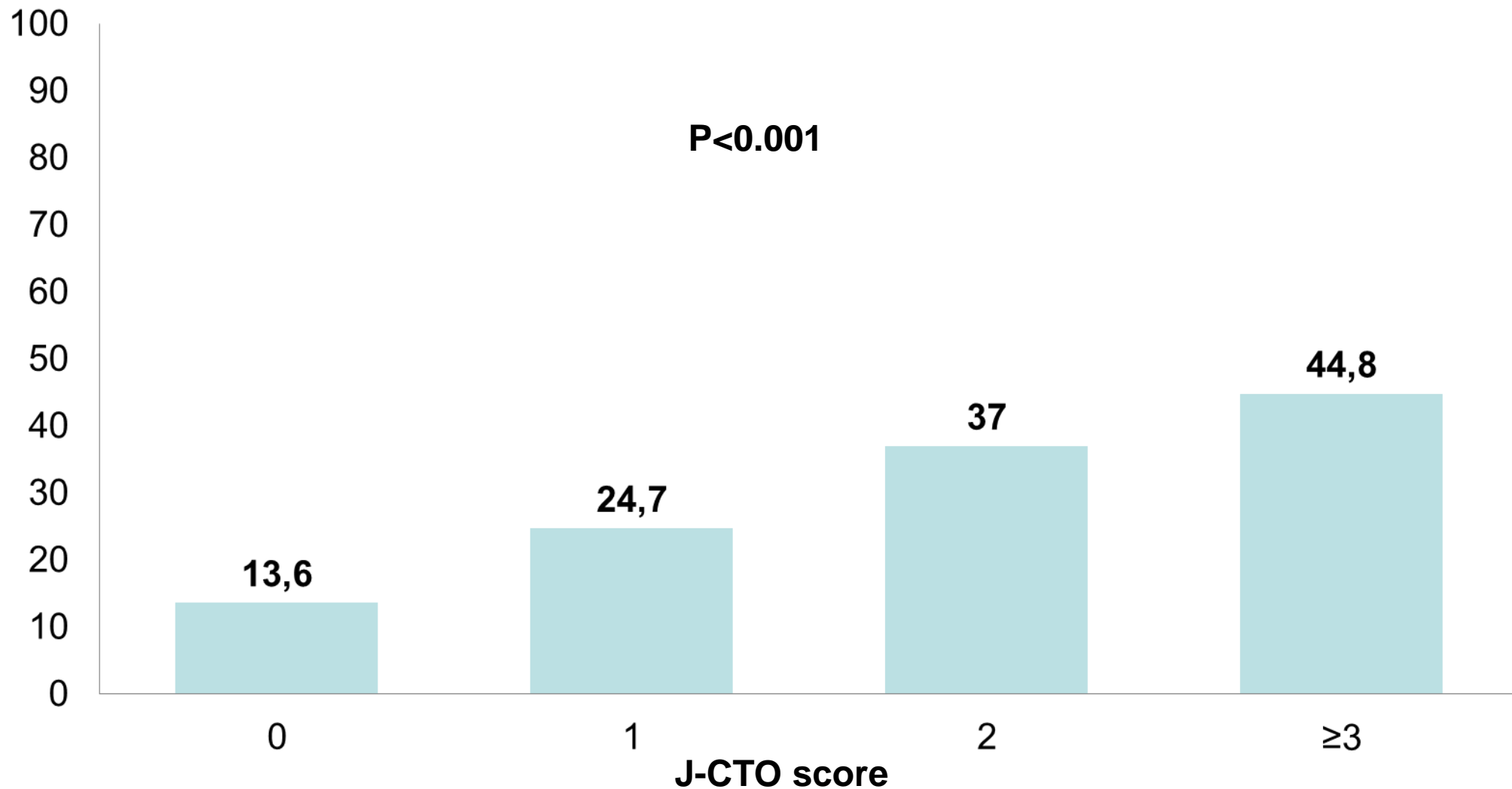
The Risk Groups of Difficulty and Final Procedural Success Rates



J-CTO score external validation

Observed failure rate

%

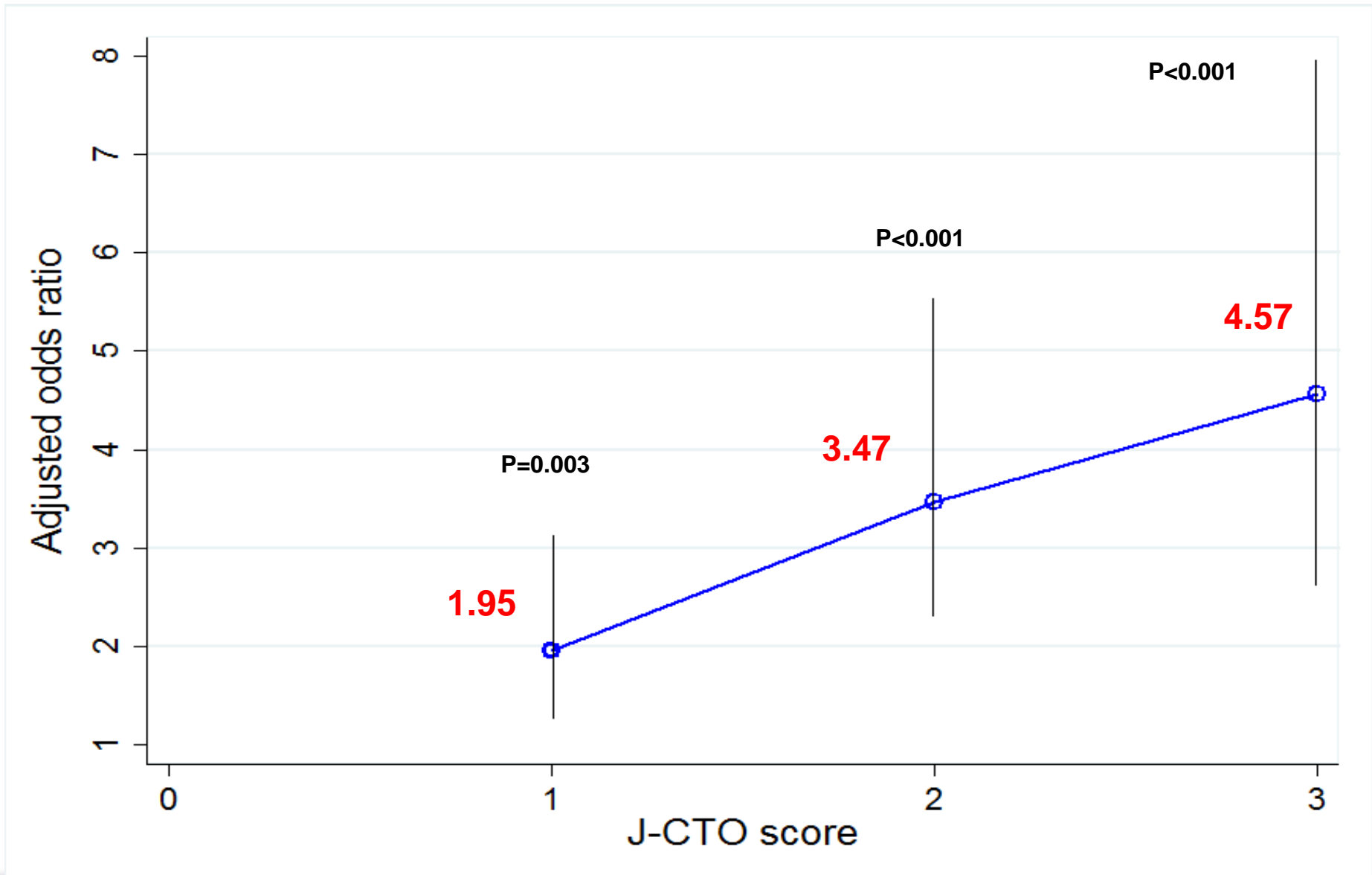


Predictors of failure

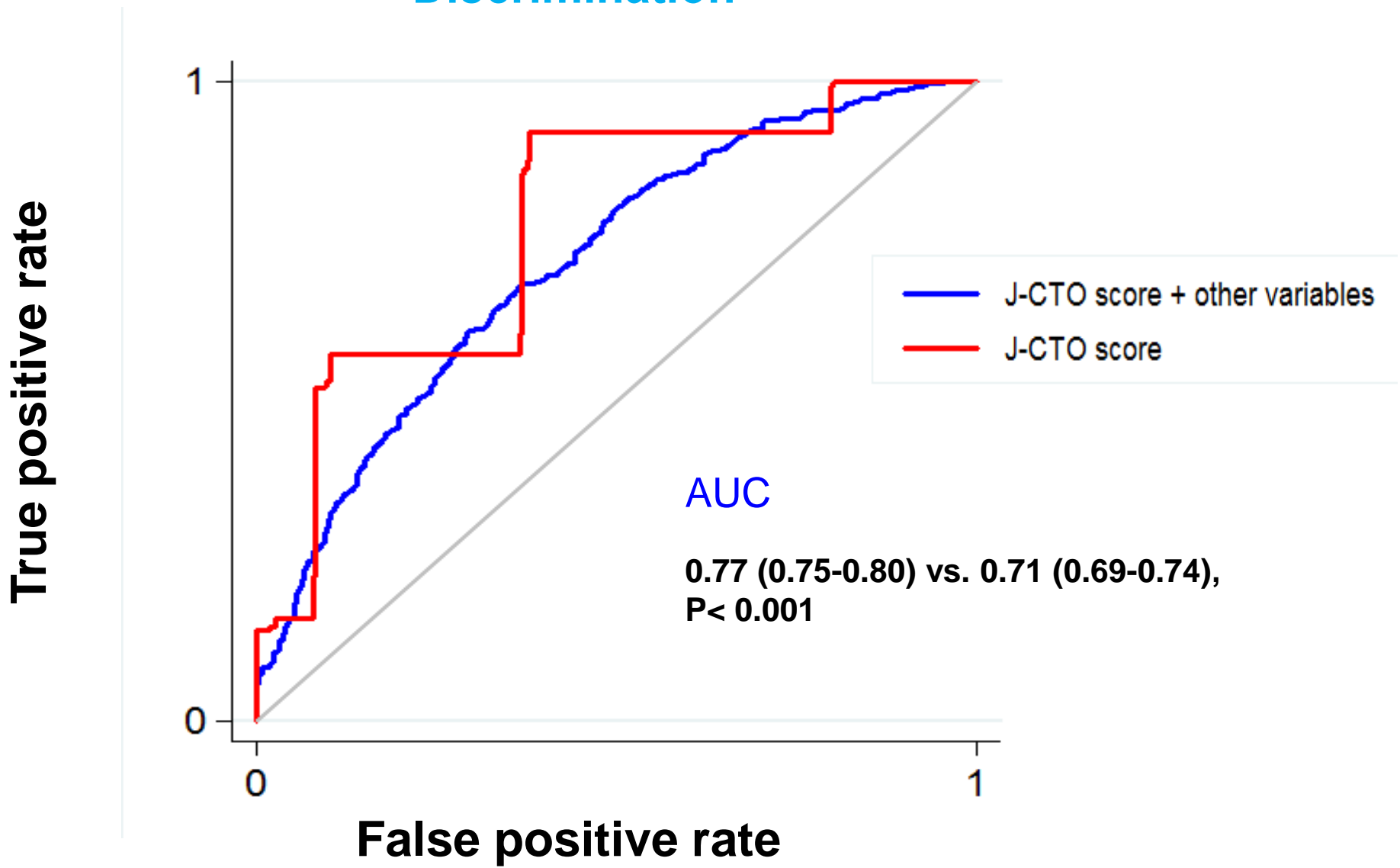
1261 pts, 1418 CTO

	Odds Ratio	95% CI	P-value
J-CTO score	1.68	1.43-1.97	<0.001
Culprit vessel	1.17	1.07-1.27	<0.001
Age	1.01	1.001-1.03	0.031
Previous MI	1.65	1.22-2.24	0.001
Previous CABG	2.02	1.27-3.21	0.003
Family history of IHD	0.65	0.44-0.94	0.024
Hypertension	1.33	1.01-1.75	0.038
Retrograde approach	1.78	1.19-2.64	0.004

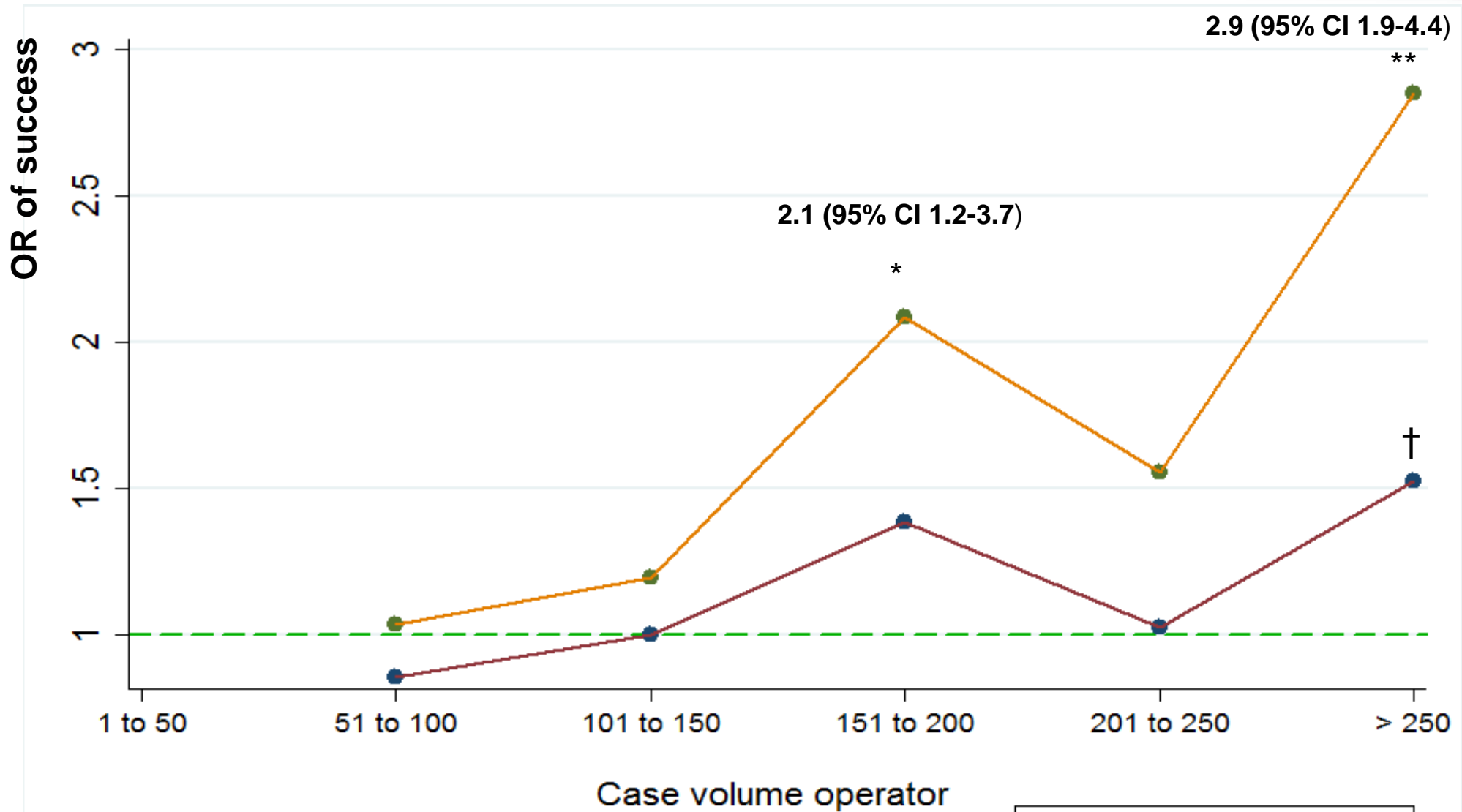
Predictive value of the J-CTO score



Discrimination



Role of operator's experience



* p=0.01
 ** p<0.001
 † p= 0.014

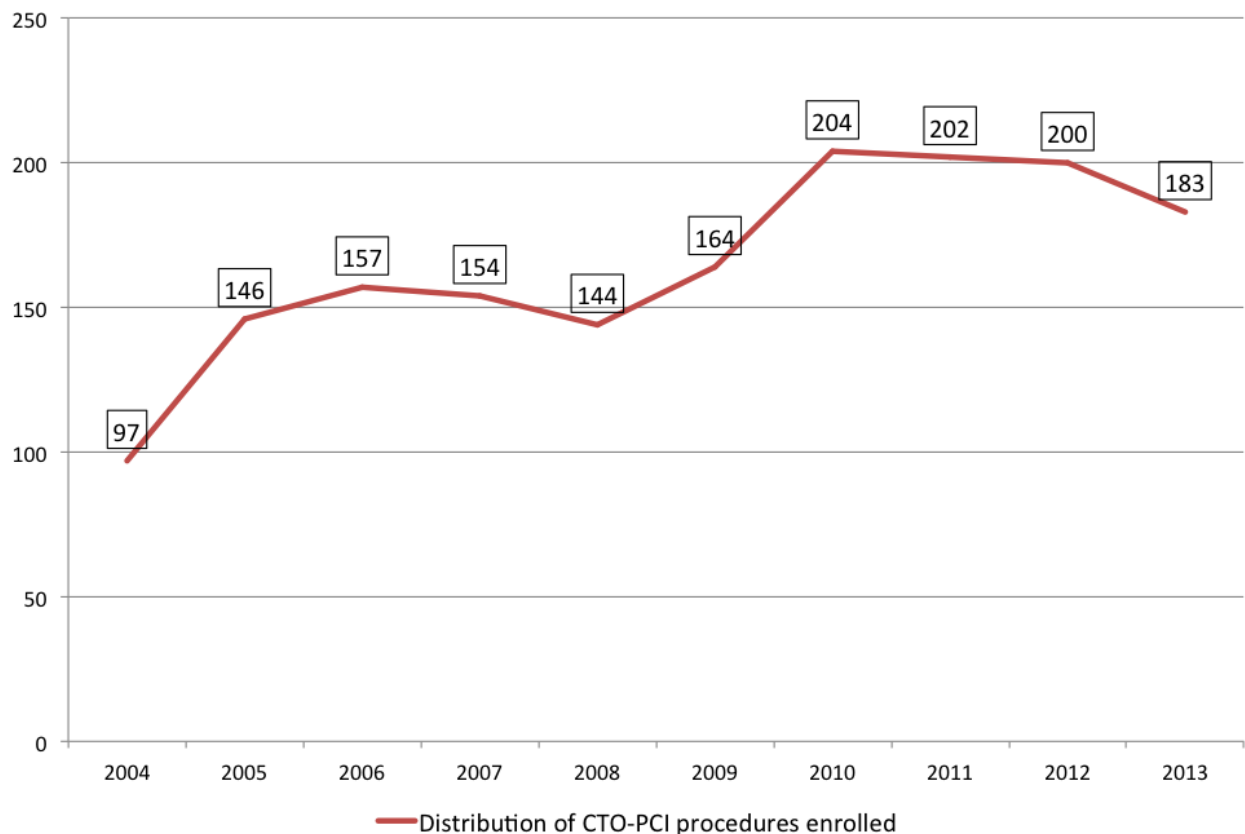


A new clinical / angiographic CTO score

(multi-operator, western Europe, « Japanese » CTO culture ...)

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Annual distribution of first intention CTO-PCI procedures enrolled



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Univariable analysis: clinical and lesion related characteristics according to procedural outcome

	Failure n=455	Success n=1202	p
Clinical characteristic:			
Age, years old	64,9 ± 10,8	63,6 ± 11,2	0,034
Female, n (%)	68 (14,9)	189 (15,7)	0,75
BMI, kg/m ²	27,5 ± 4,3	27,2 ± 4,05	0,18
Hypertension, n (%)	301 (66,1)	694 (57,7)	0,0022
Dyslipidemia n, (%)	305 (67)	737 (61,3)	0,036
Diabetes n, (%)	150 (33)	334 (27,8)	0,044
Smoking n, (%)	136 (29,9)	315 (26,2)	0,15
Previous MI n, (%)	128 (28,1)	224 (18,63)	<0,0001
Previous PCI n, (%)	196 (43)	429 (35,7)	0,0067
Previous Stroke n, (%)	7 (1,5)	14 (1,1)	0,71
Previous CABG n, (%)	58 (12,7)	66 (5,5)	<0,0001
LVEF<40% n, (%)	67 (14,7)	186 (15,5)	0,76
Stable Angina n, (%)	235 (51,6)	699 (58,1)	0,019
IV class CKD n, (%)	3 (0,7)	4 (0,3)	0,62
Multivessel CAD n, (%)	279 (61,3)	647 (53,8)	0,007
Lesion-related characteristics:			
CTO Site:			
LAD n (%)	105 (23)	401 (33,3)	<0,0001
RCA n, (%)	230 (50,5)	534 (44,4)	0,029
LCX n, (%)	116 (25,5)	265 (22)	0,15
LM n, (%)	4 (0,9)	2 (0,1)	0,089
Non LAD n, (%)	350 (76,9)	801 (66,6)	P<0.0001
Ostial CTO n, (%)	19	40	0,2
Blunt Stump (%)	273 (60)	602 (50)	0,0004
Tortuous n, (%)	84 (18,4)	167 (13,9)	0,009
Calcified lesion			
Mild n, (%)	133 (29,2)	350 (29,1)	0,98
Moderate n, (%)	90 (19,8)	209 (17,4)	0,29
Severe n, (%)	79 (17,3)	82 (6,8)	<0,0001
Lesion Length ≥20 mm n, (%)	214 (47)	366 (30,4)	<0,0001
Lesion Length, mm			
Rentrop Class 3 n, (%)	205 (45)	527 (43,8)	0,7
Intrastent CTO n, (%)	47 (10,3)	119 (10)	0,83

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Multivariable analysis

	Overall Population Univariate Analysis			Stepwise Logistic regression P<0.0001		
	Failure (455)	Success (1202)	p	Odds Ratio	95% CI	p
Hypertension, n (%)	301 (66,1)	694 (57,7)	0,0022			
Previous MI n, (%)	128 (28,1)	224 (18,63)	<0,0001	1,5633	1,1955 to 2,0443	0,0011
Previous PCI n, (%)	196 (43)	429 (35,7)	0,0067			
Previous CABG n, (%)	58 (12,7)	66 (5,5)	<0,0001	2,2809	1,5299 to 3,4005	0,0001
Multivessel CAD n, (%)	279 (61,3)	647 (53,8)	0,007			
Non LAD n (%)	105 (23)	401 (33,3)	<0,0001	1,5821	1,2135 to 2,0626	0,0007
Blunt Stump (%)	273 (60)	602 (50)	0,0004	1,5738	1,2444 to 1,9905	0,0002
Tortuous lesion n, (%)	84 (18,4)	167 (13,9)	0,009			
Severe Calcification n, (%)	79 (17,3)	82 (6,8)	<0,0001	2,9569	2,0815 to 4,2005	<0,0001
Lesion Length >20 mm n, (%)	214 (47)	366 (30,4)	<0,0001	2,0480	1,6204 to 2,5884	<0,0001

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Independent predictive variables scored according to OR

Independent Variables	Odds Ratio	Score
Severe Calcified lesion	2,95	+ 2
Previous CABG	2,28	+ 1,5
Lesion Length \geq 20 mm	2.0	+ 1,5
Previous MI	1,56	+ 1
Blunt Stump	1,57	+ 1
Non LAD CTO location	1,58	+ 1

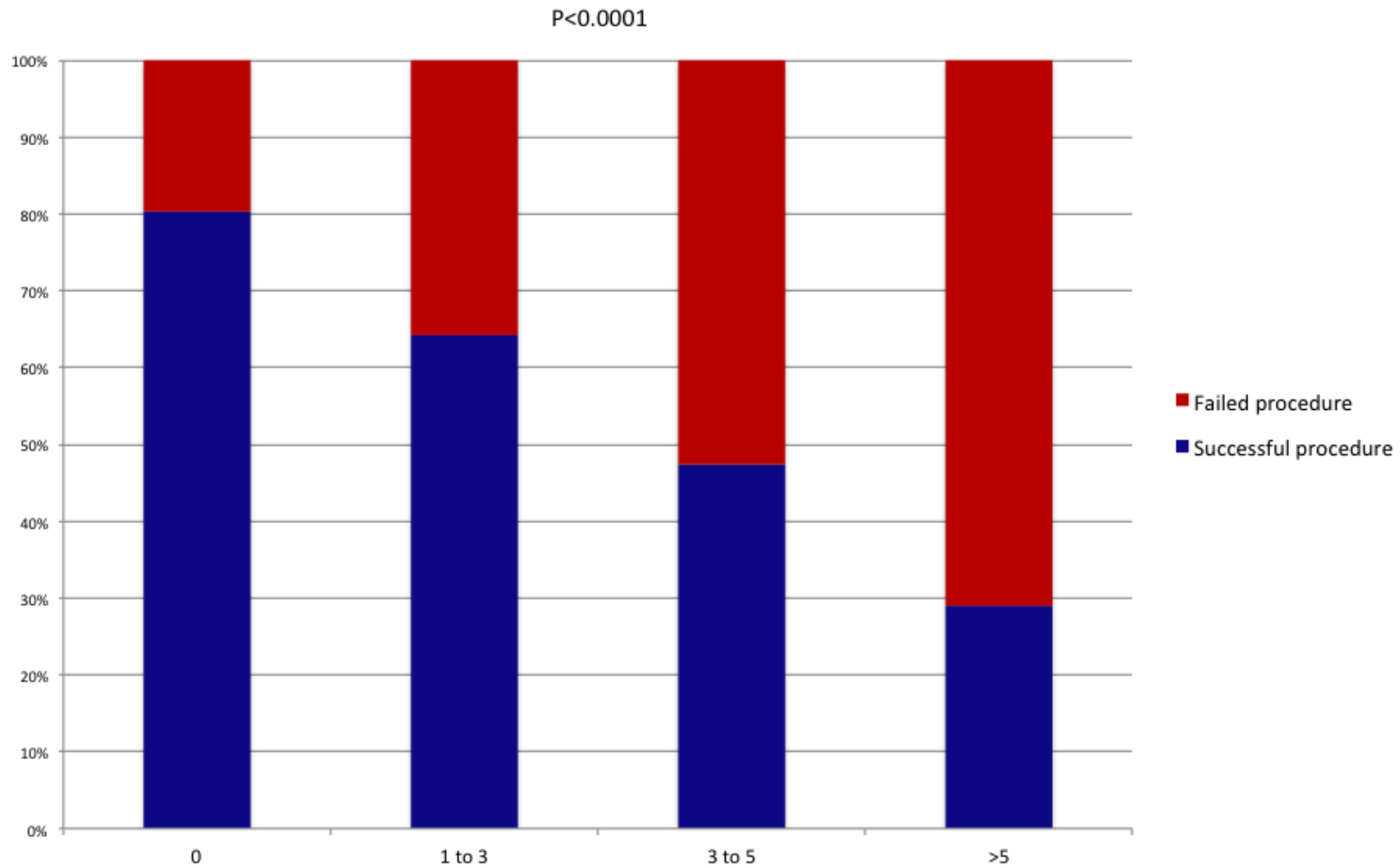
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Events reported in the periprocedural period (<24h after CTO-PCI)

Events in the overall population	
Death n, %	0
MI n, (%)	34 (2)
Ostial Dissection n, (%)	17 (2,8)
Pericardiocentesis n, (%)	20 (1,3)

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Procedural success rate according to CL-SCORE value



Conclusions

- Success rate in CTO PCI is clearly related to experience of the operator: dedicated operators ?
- More and more evidence that major coronary vessels CTO's with viability (?) has to be opened
- Regarding the number of lesions to be treated, multiple large volume operators will be trained and involved in CTO PCI (Karpalotis, CCI 2012)
- Selection and distribution of patients among operators may be done with a clinical / angio / experience score