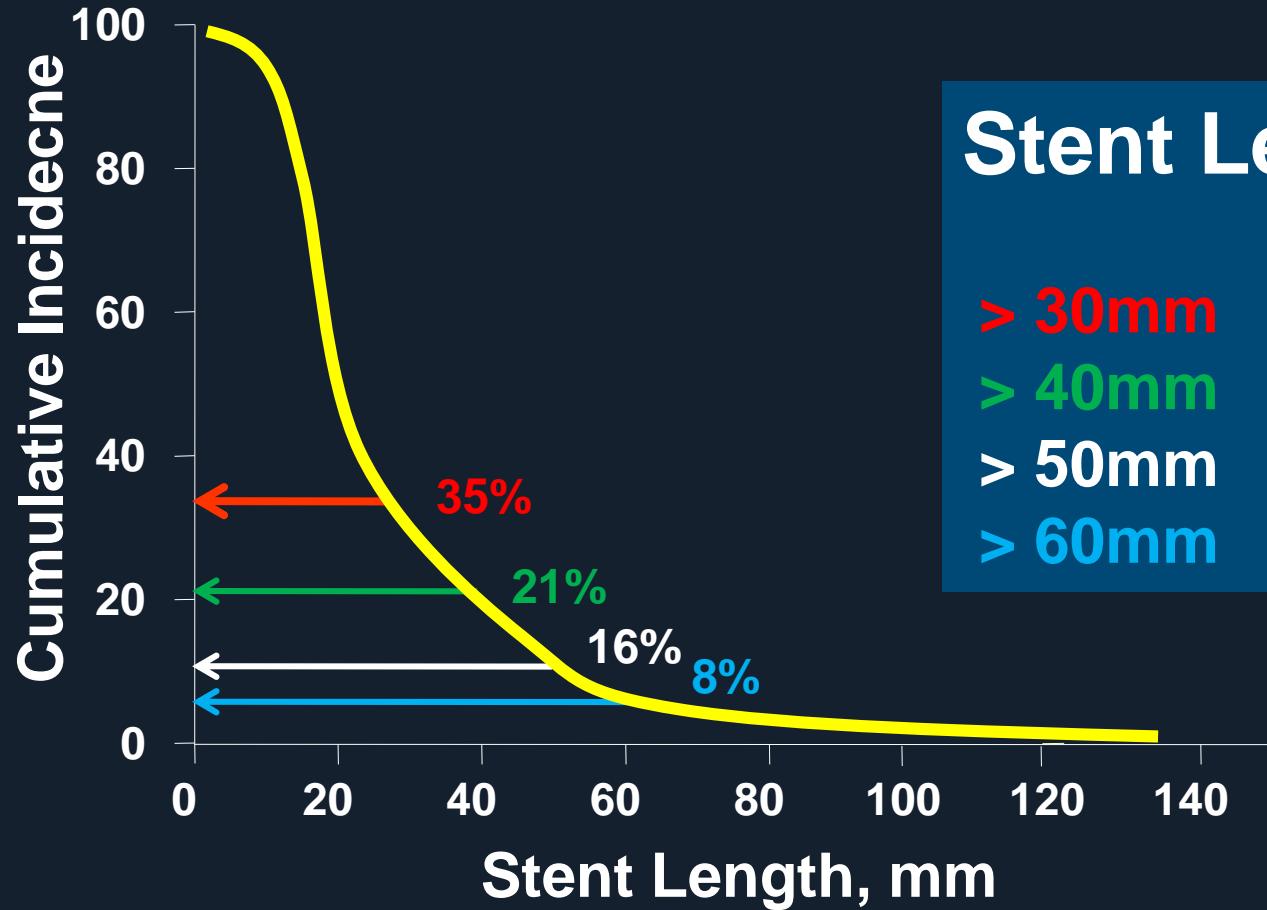


# **How to Treat Tandem Lesion Under Physiology-Guidance**

Jung-Min Ahn, MD

Heart Institute, University of Ulsan College of Medicine  
Asan Medical Center, Seoul, Korea

# Incidence of Long Stenting

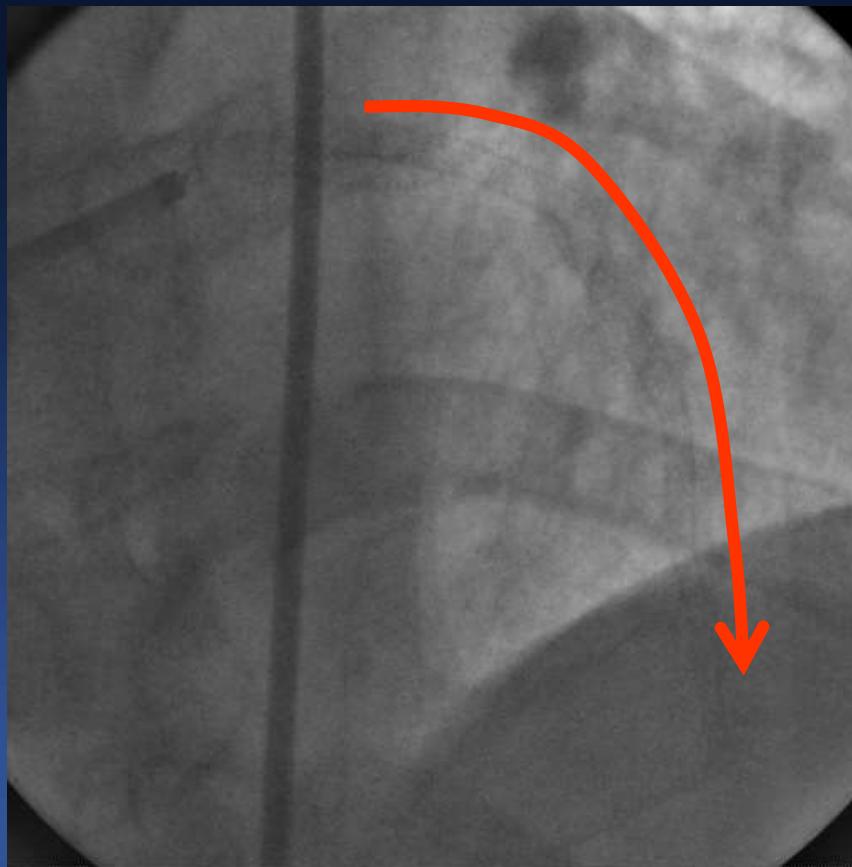


## Stent Length

> 30mm	35%
> 40mm	21%
> 50mm	16%
> 60mm	8%

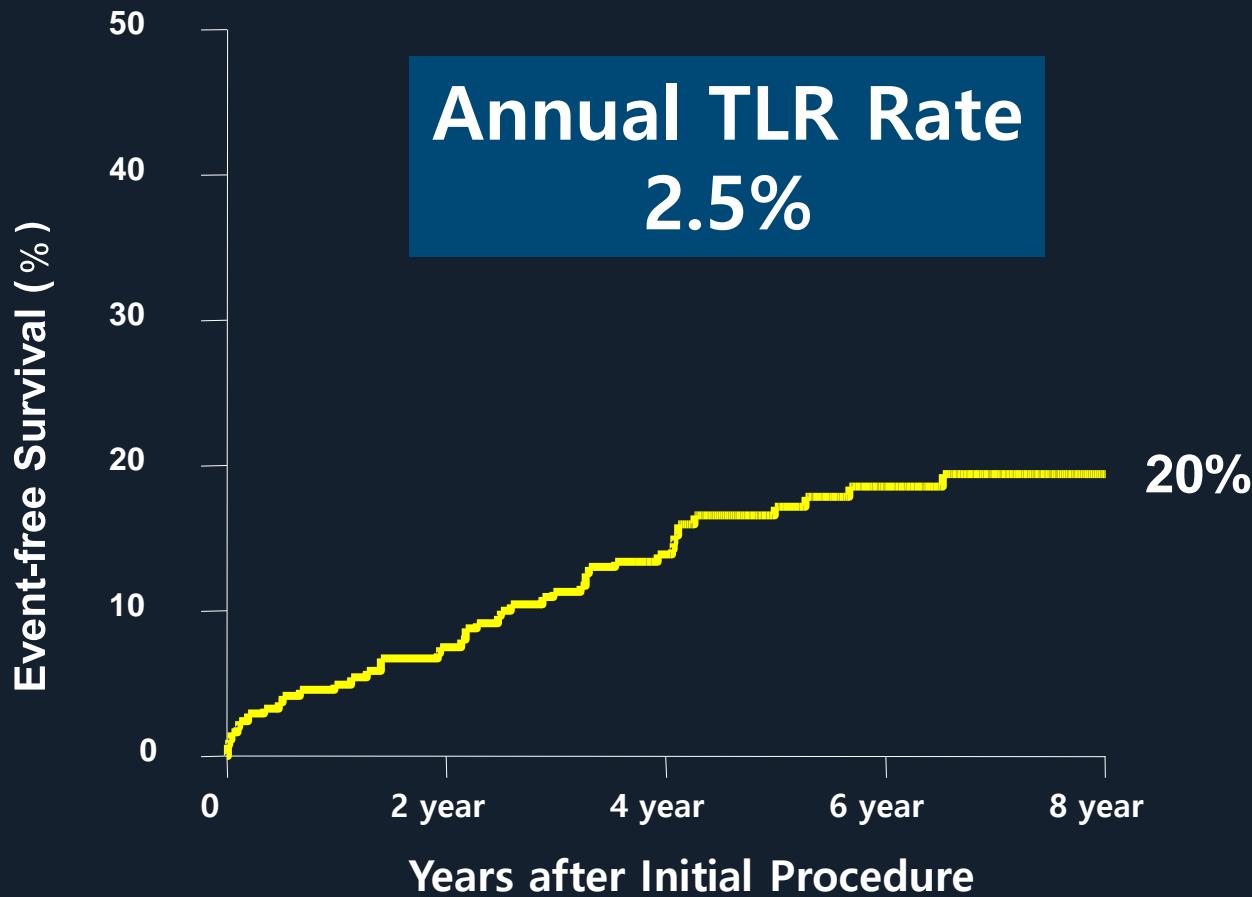
# **“Full Metal Jacket”**

**Multiple or overlapping stent implantation**

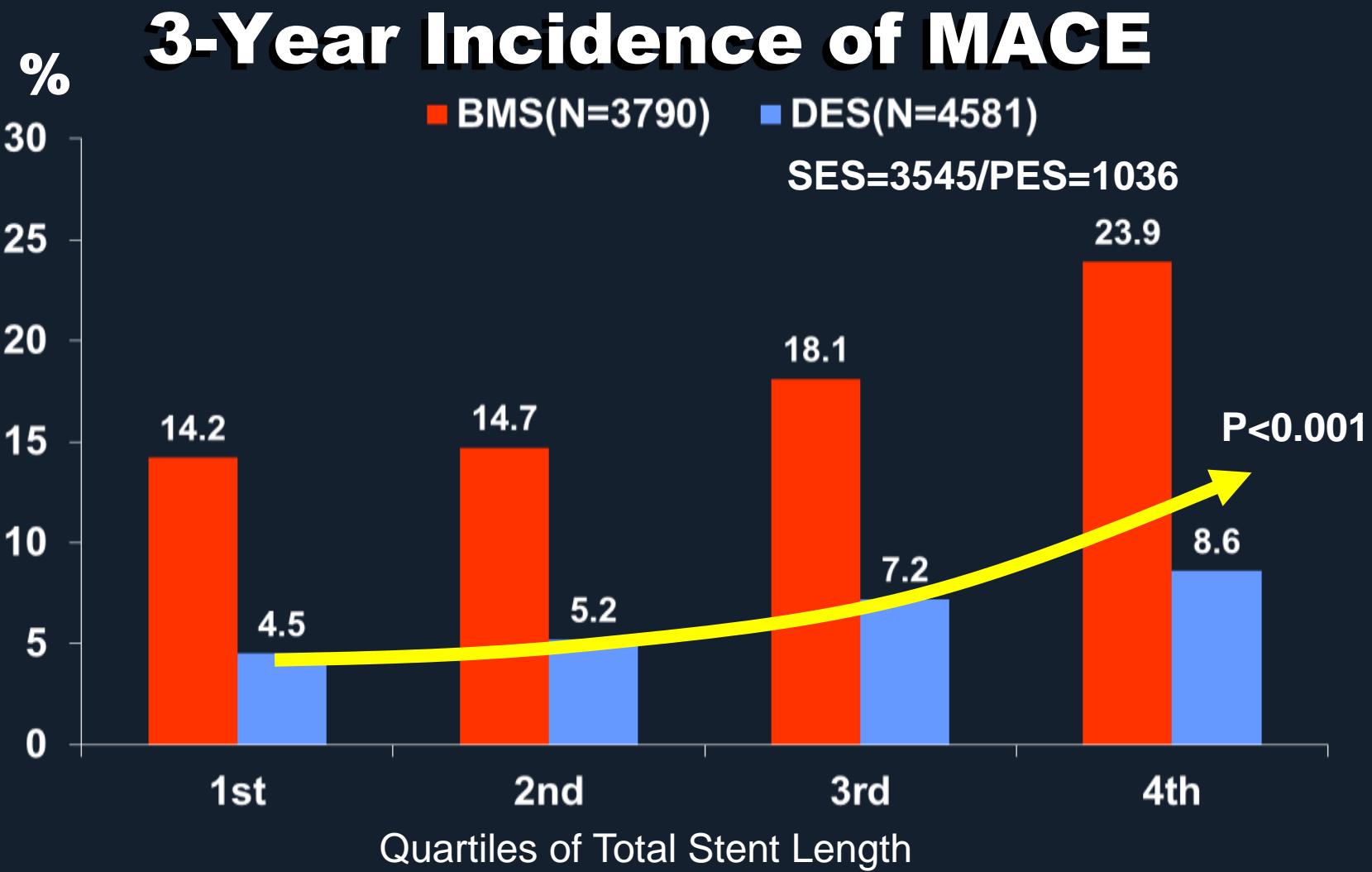


# 8 Year Follow-up of FMJ

**Event Rate is Acceptable**

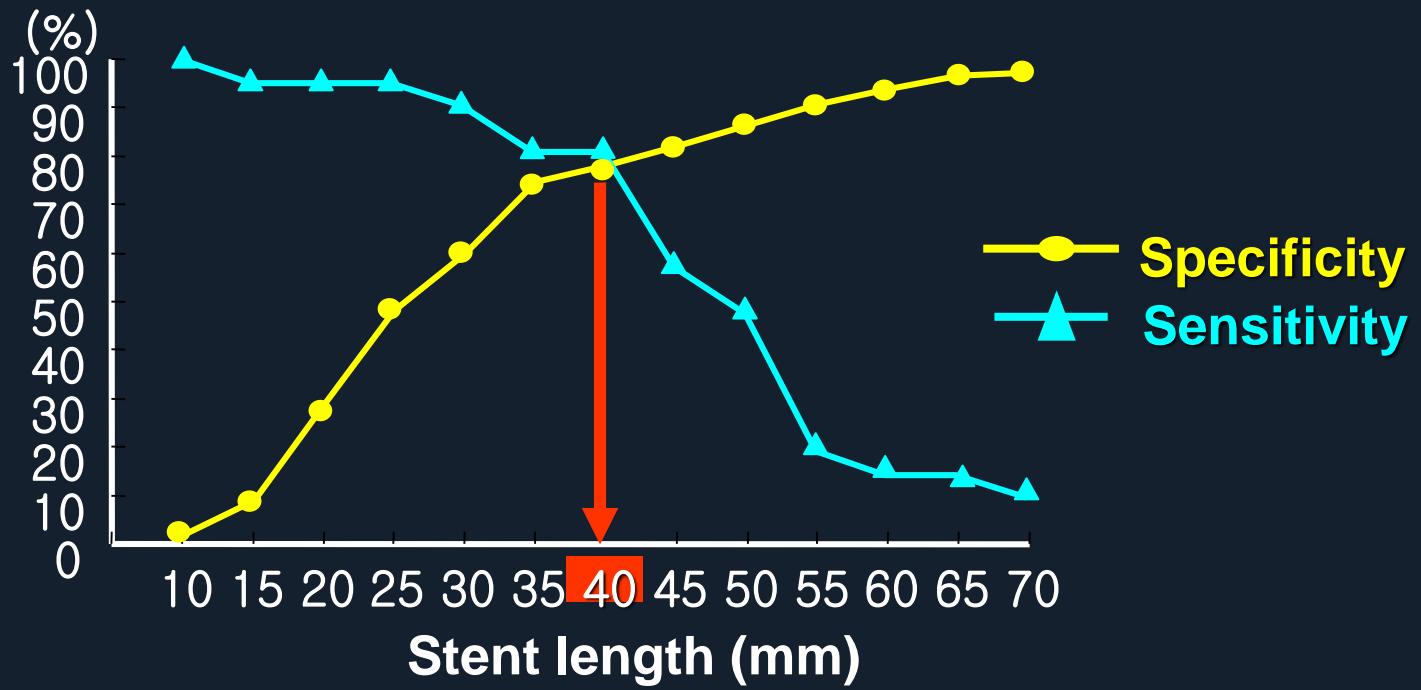


# Stent Length and Outcomes

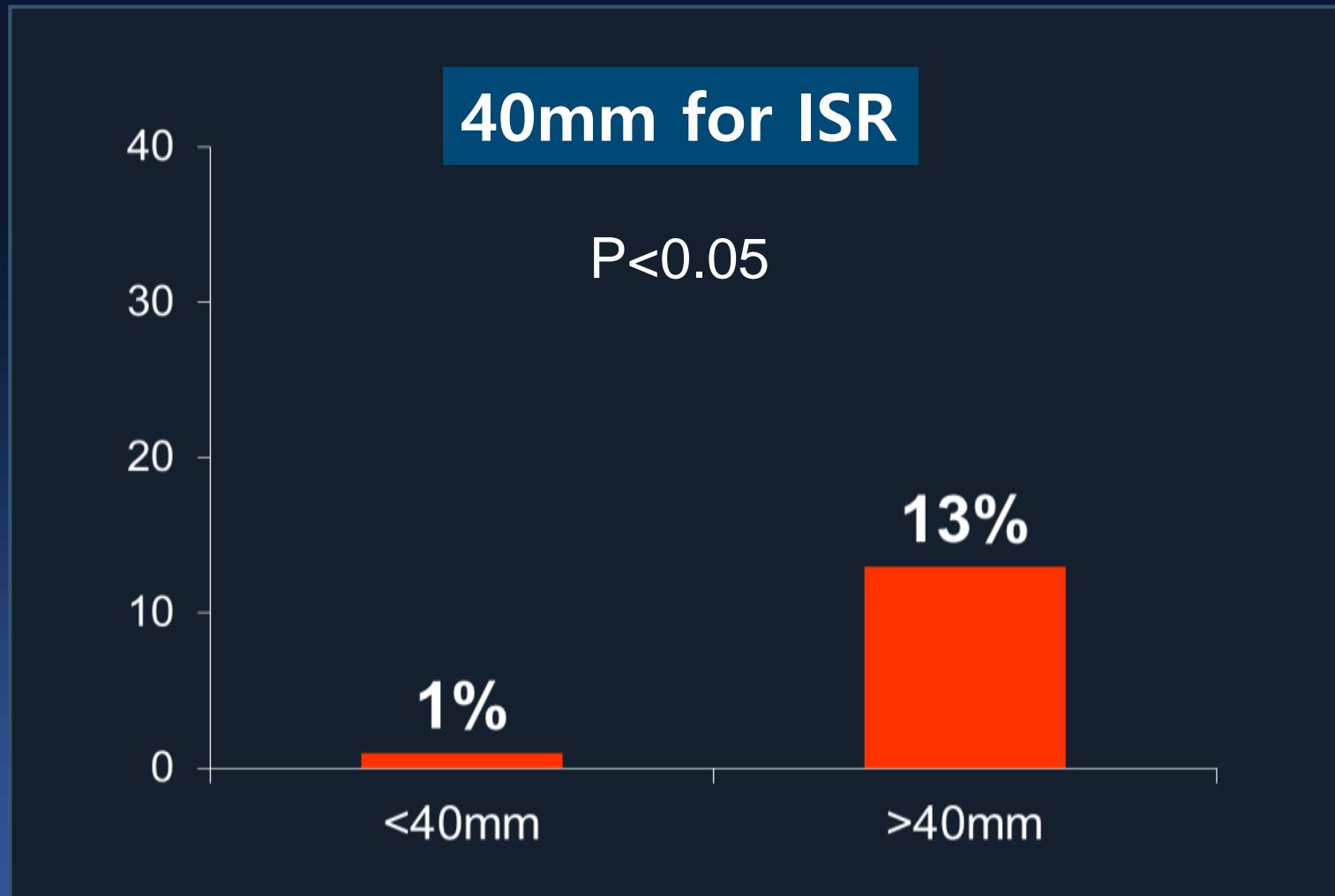


# How Long?

## *Stent Length 40 mm By IVUS*

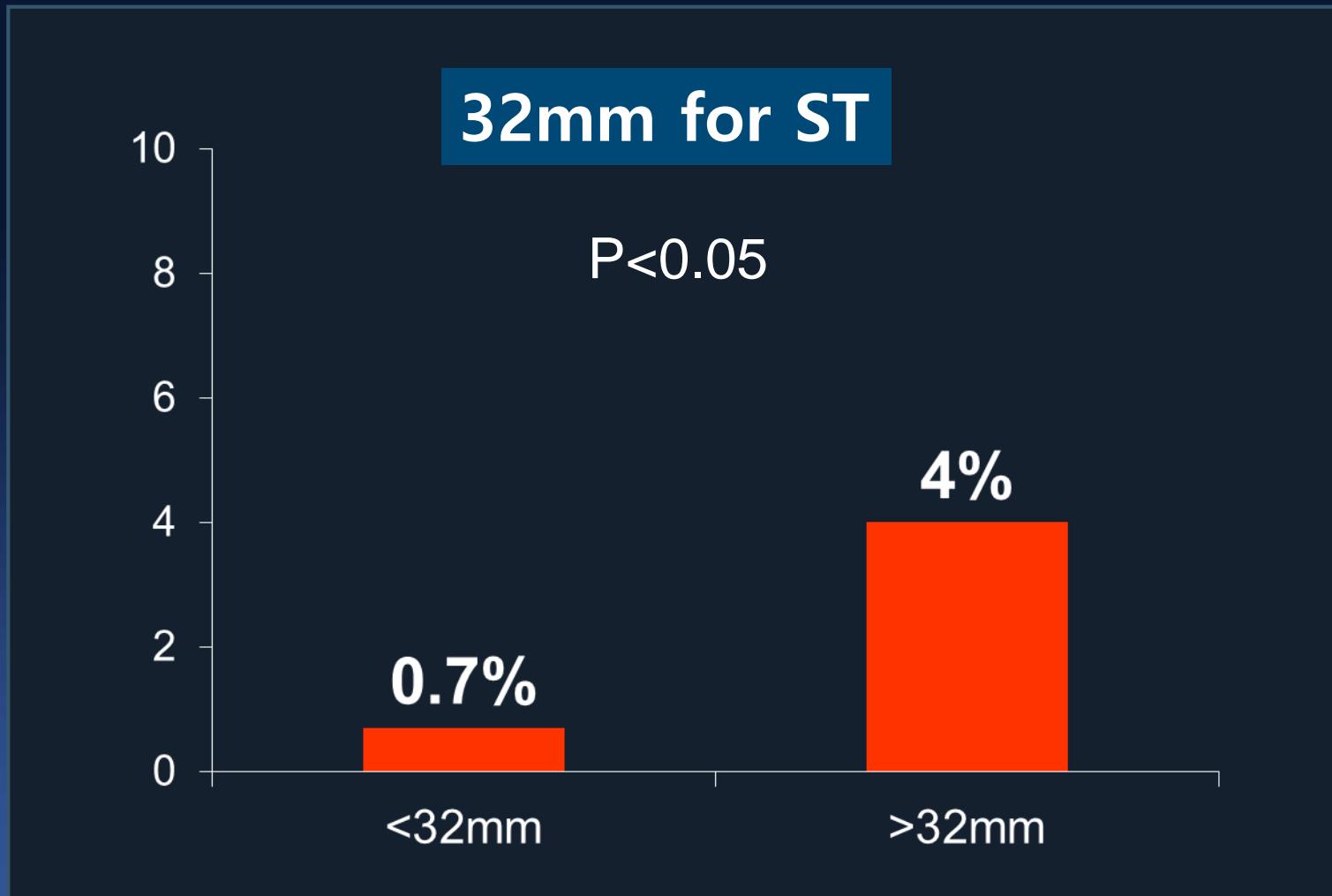


# How Long? In-Stent Restenosis



Hong MK, Park SJ, et al. Eur Heart J 2006 Jun;27(11):1305-10

# How Long? Stent Thrombosis

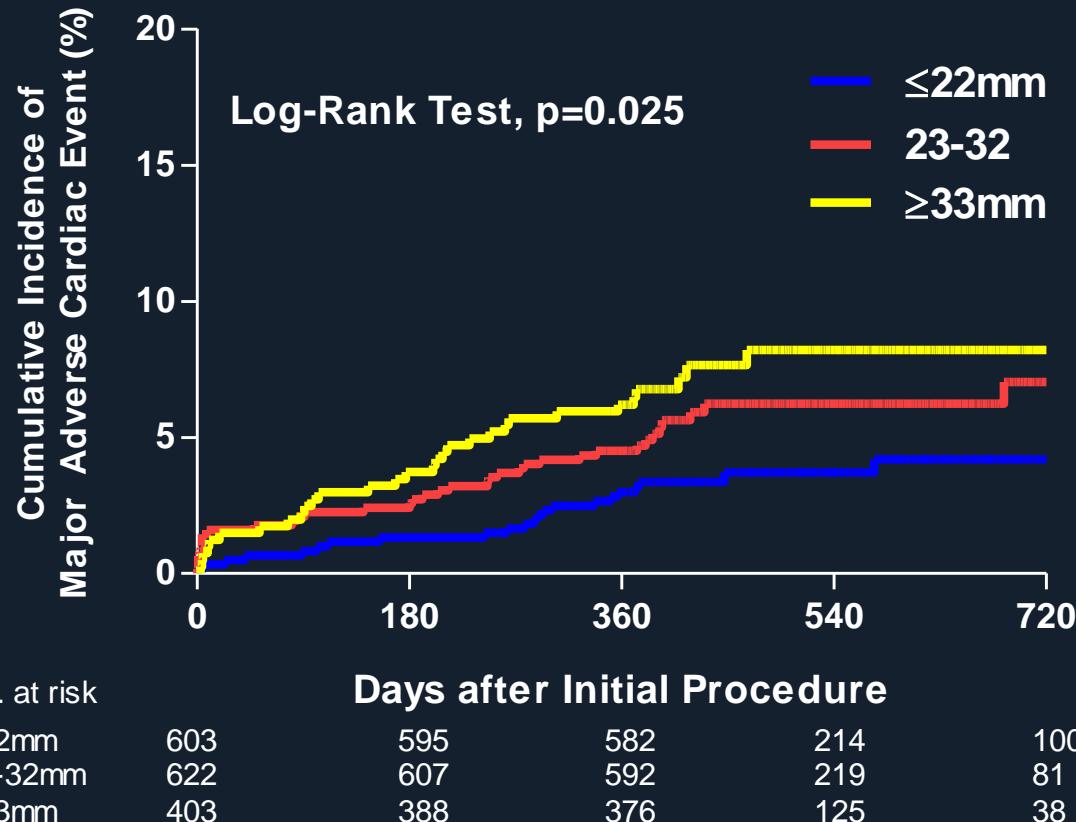


Suh J, Park SJ, et al. JACC Cardiovascular interventions 2010;3:383-9

# One Longest Stent (38-40mm) is Effective and Safe

# IVUS Utilization Modify the Stent Length Effect On Clinical Outcomes

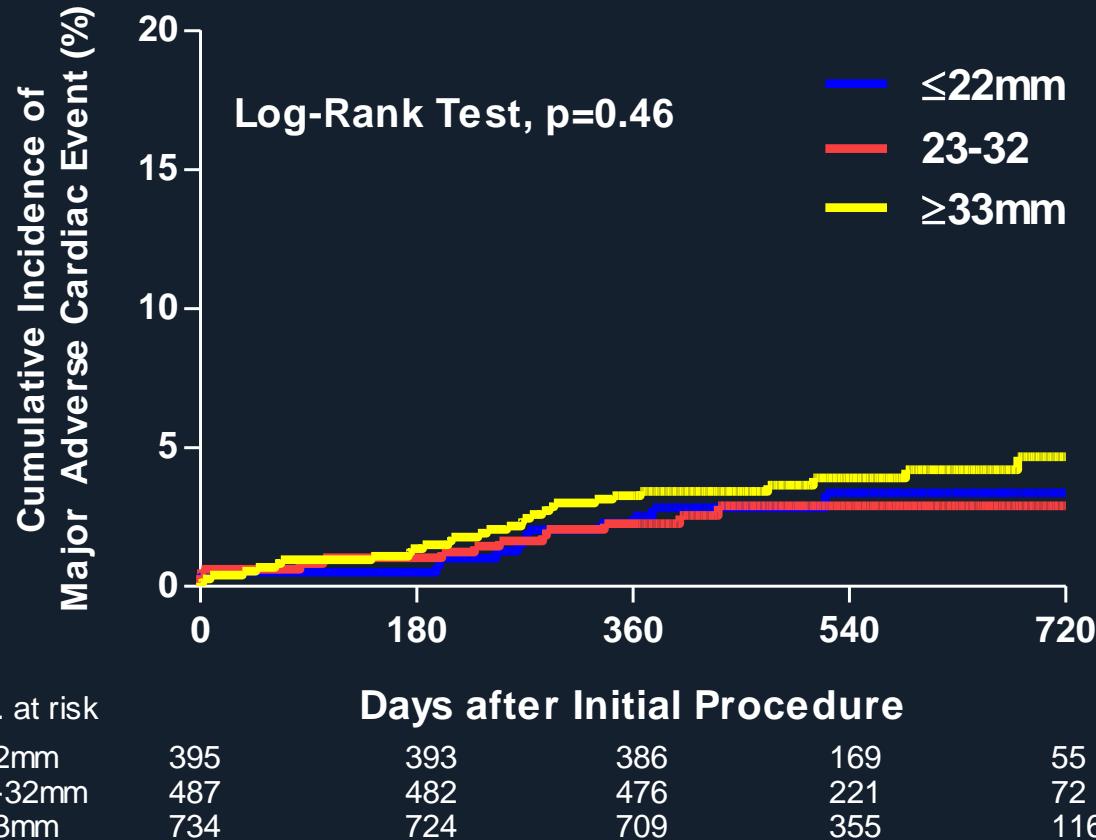
## Without IVUS



Ahn JM, Park SJ et al. Am J Cardiol 2013;111:829-35

# IVUS Utilization Modify the Stent Length Effect On Clinical Outcomes

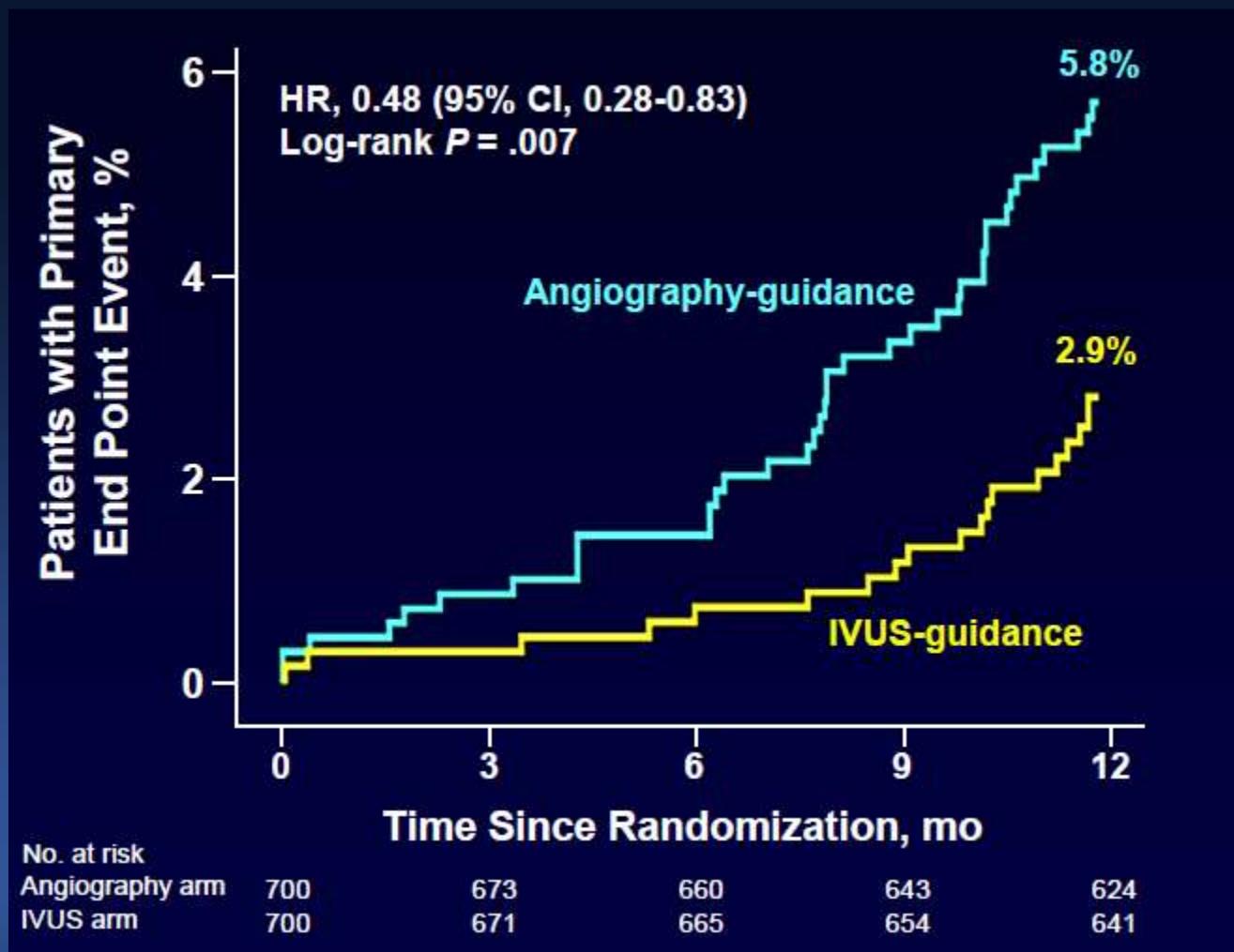
## With IVUS



Ahn JM, Park SJ et al. Am J Cardiol 2013;111:829-35

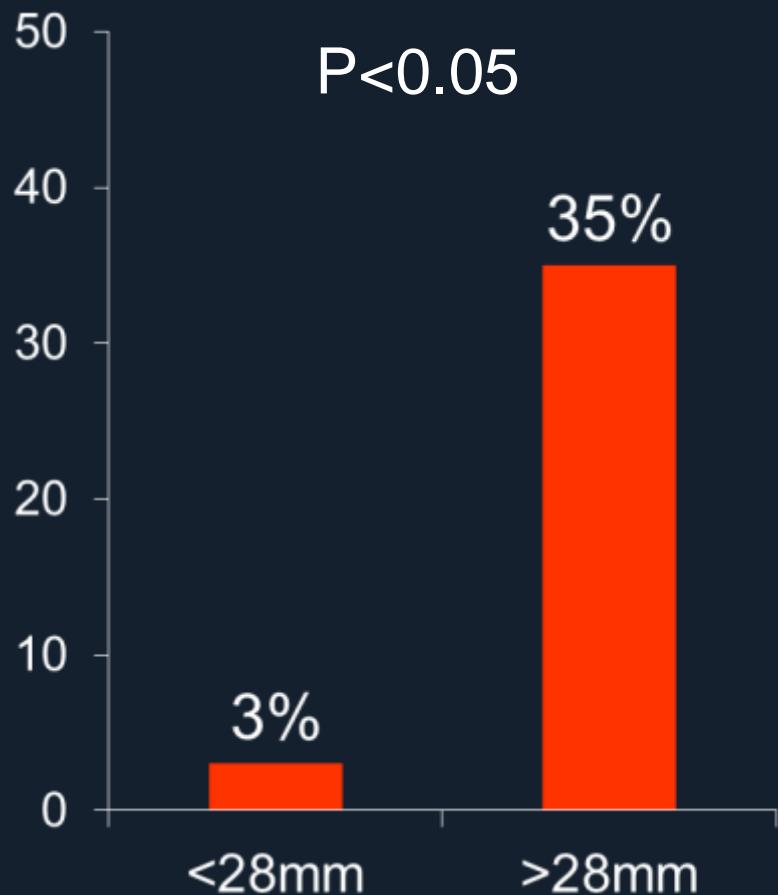
# IVUS-XPL Trial

(Implanted stent  $\geq 28$  mm in length)

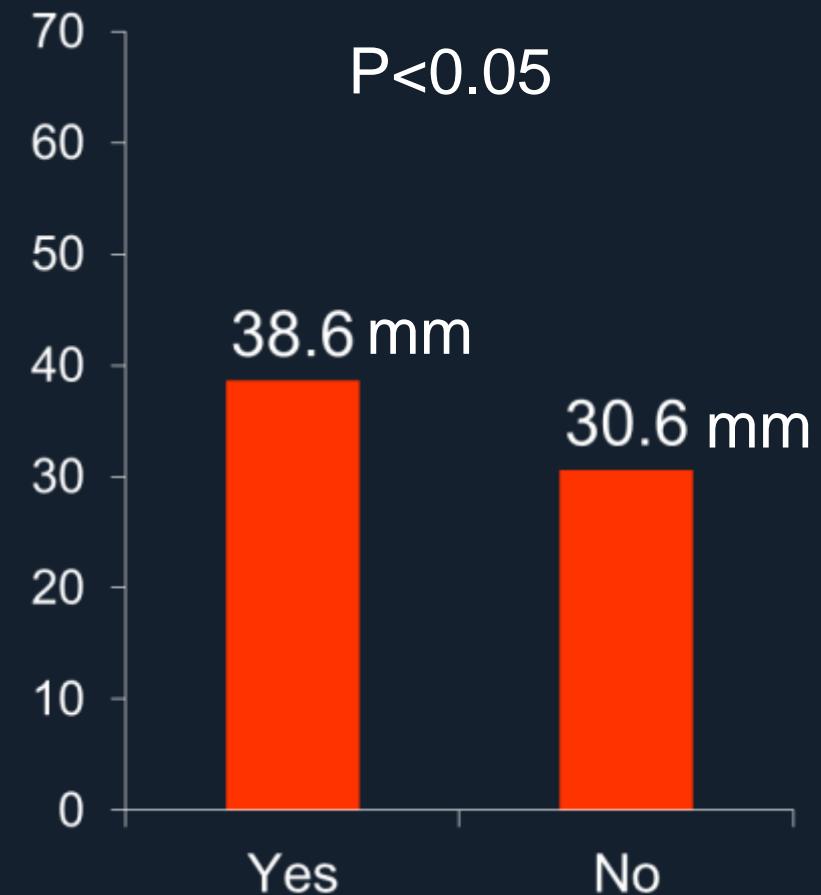


# Stent Length and Optimal Stenting

Underexpansion

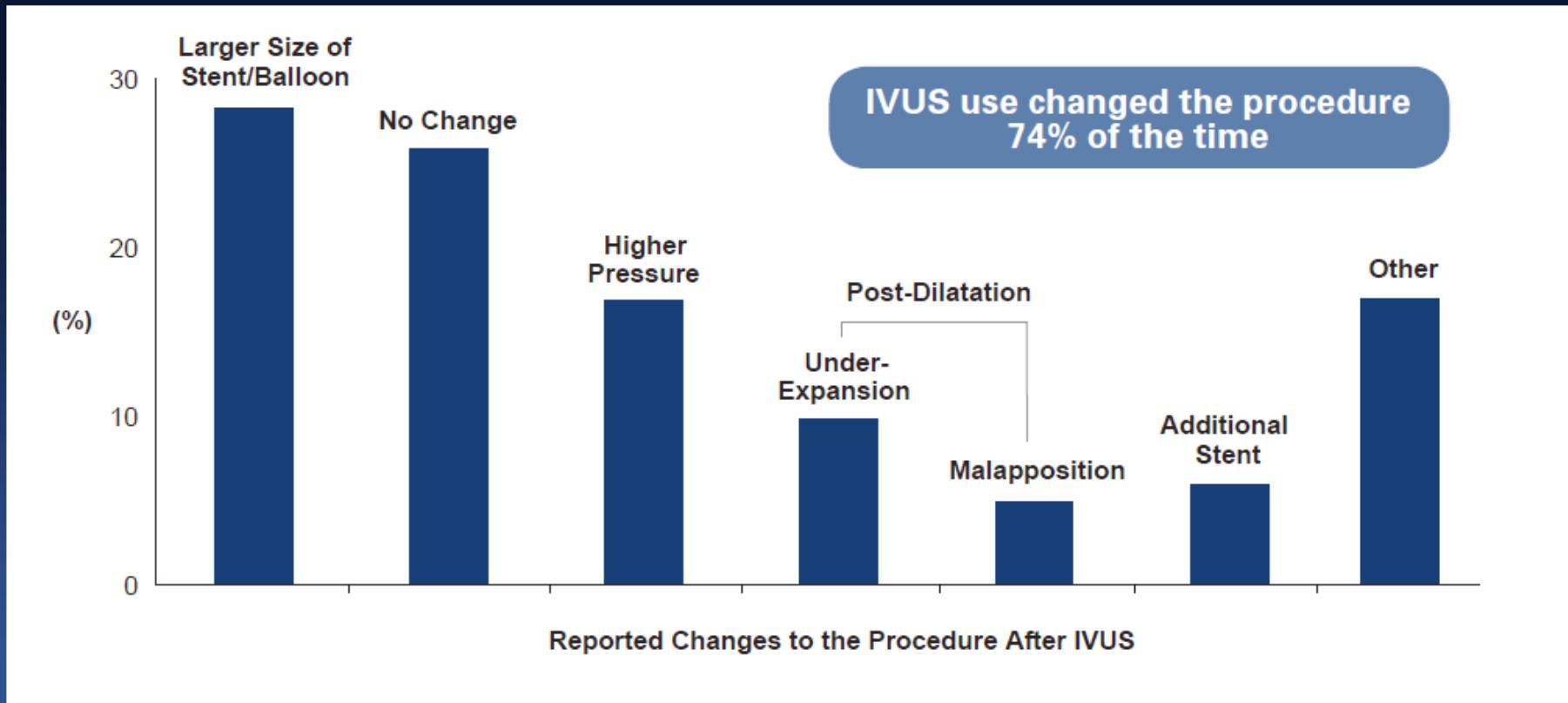


Late Malapposition



# IVUS Changed the Procedure

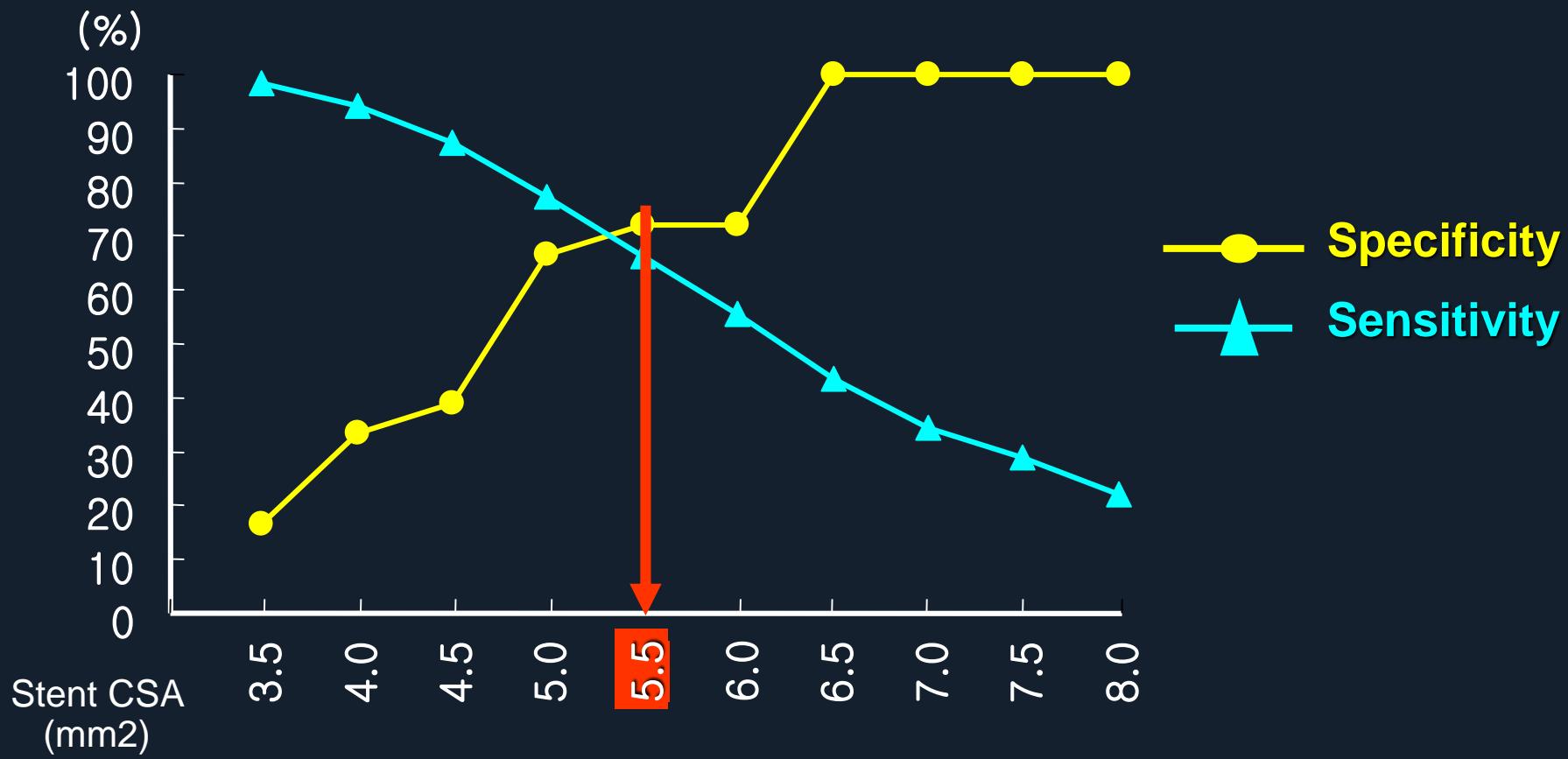
## ADAPT-DES Sub-Study



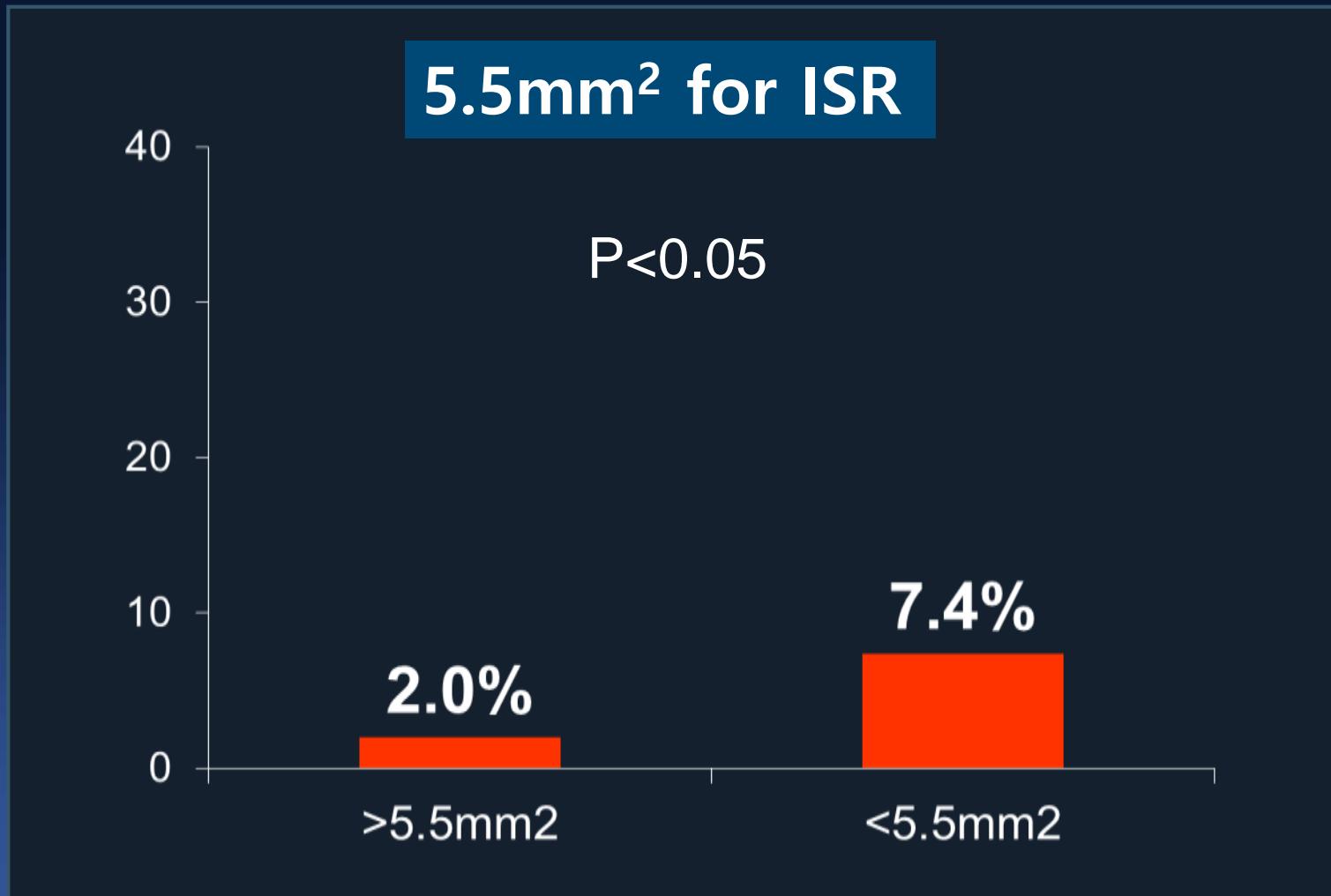
Witzenbichler B et al. Circulation. 2014 Jan 28;129(4):463-70

# How Big?

*Stent CSA 5.5 mm<sup>2</sup> By IVUS*



# How Big? In-Stent Restenosis



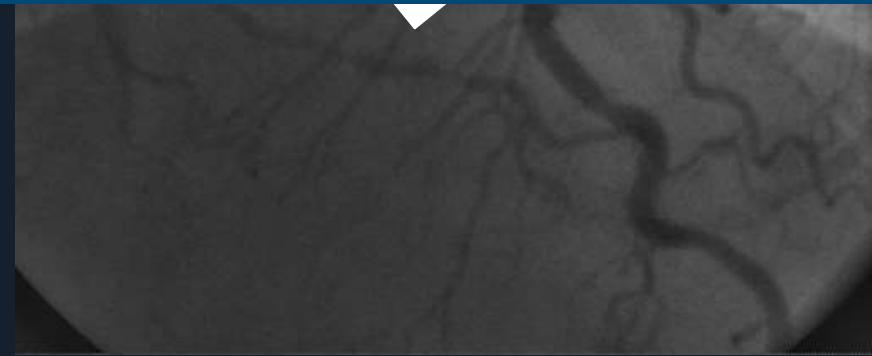
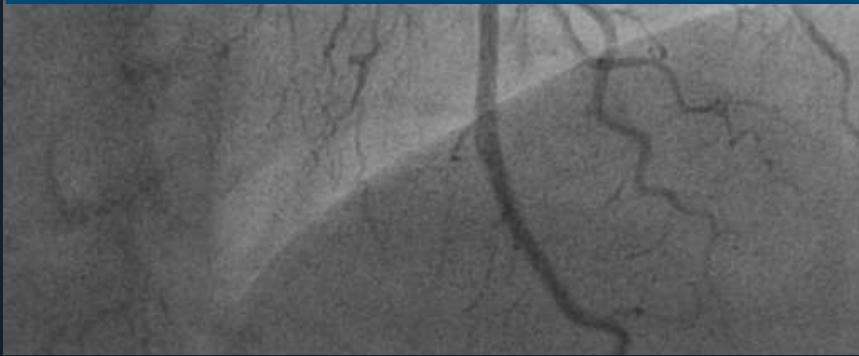
Hong MK, Park SJ, et al. Eur Heart J 2006 Jun;27(11):1305-10

# Tandem Lesions

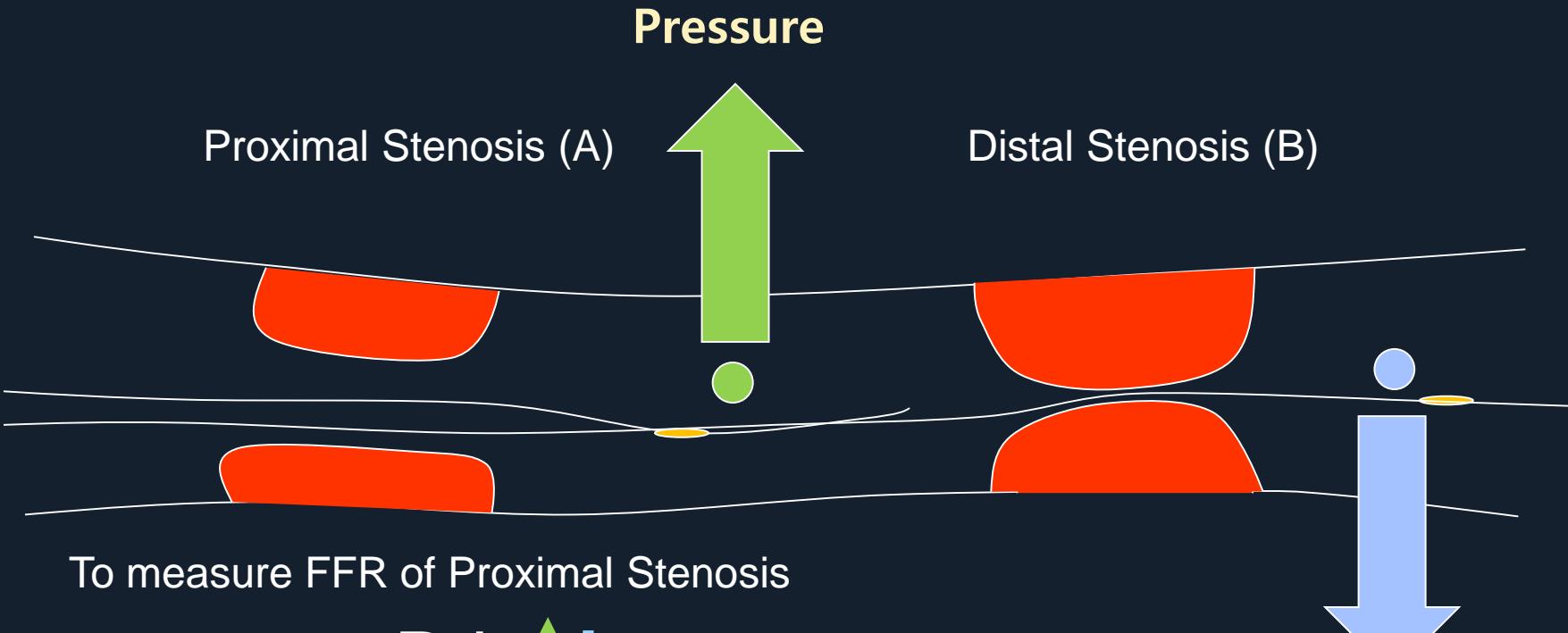
Multiple stenoses in series along one coronary artery



Long Stent Implantation (Full Metal Jacket or Full Polymer Jacket)  
But, If you use FFR wire, more selective stenting would be possible



# Hemodynamic Interaction in Tandem Lesion

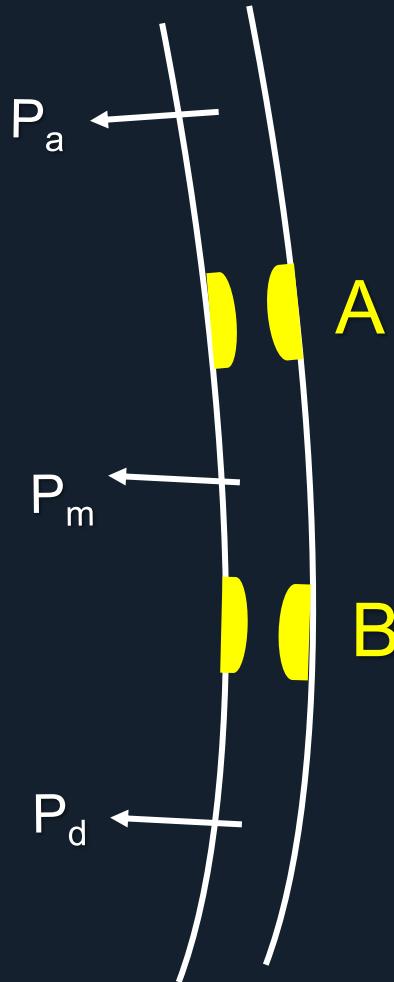


To measure FFR of Proximal Stenosis

$$FFR = \frac{P_d}{P_a}$$

FFR value of proximal stenosis should be underestimated

# The Separate Functional Significance of Tandem Stenoses



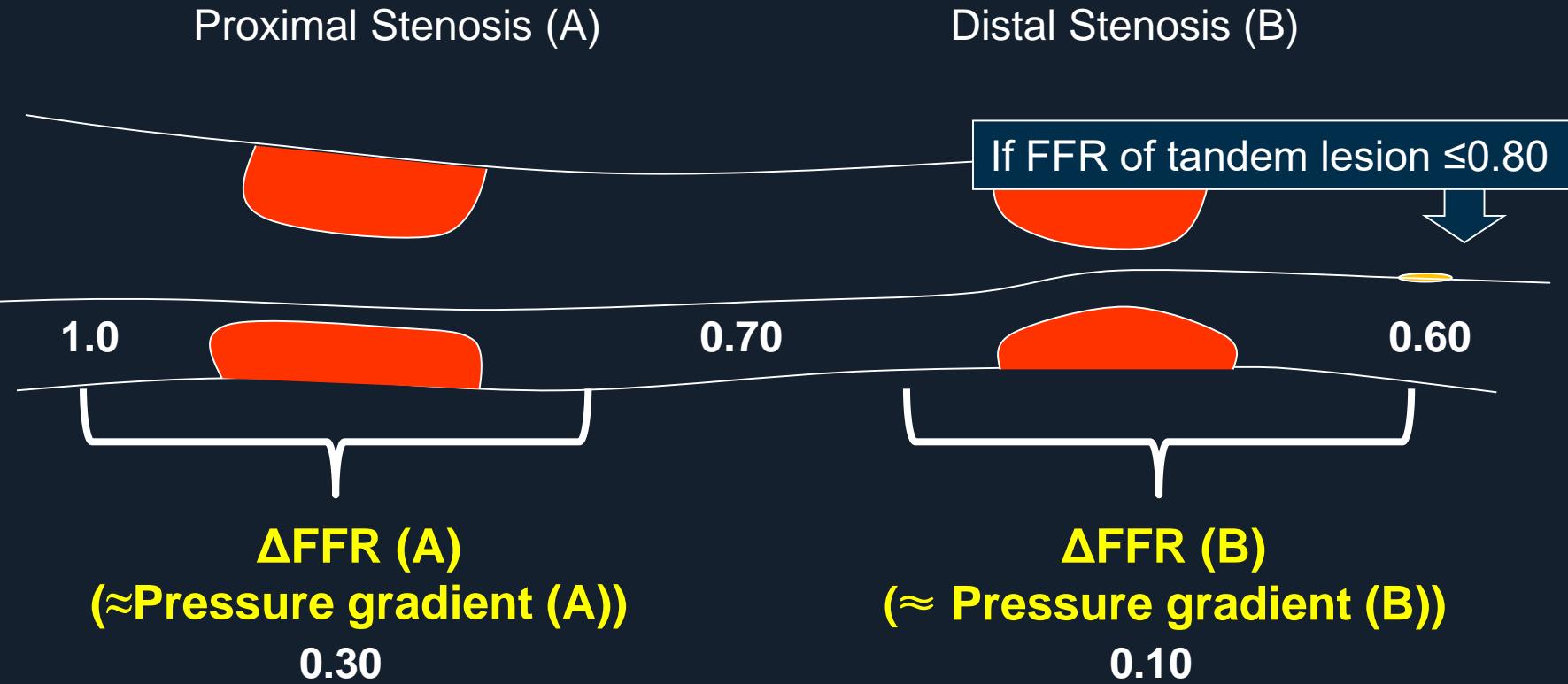
$$\text{FFR(A)}_{\text{pred}} = \frac{P_d - (P_m/P_a) P_w}{P_a - P_m + P_d - P_w}$$

$$\text{FFR(B)}_{\text{pred}} = \frac{(P_a - P_w) (P_m - P_d)}{P_a (P_m - P_w)}$$

$P_w$  = Coronary occlusive pressure

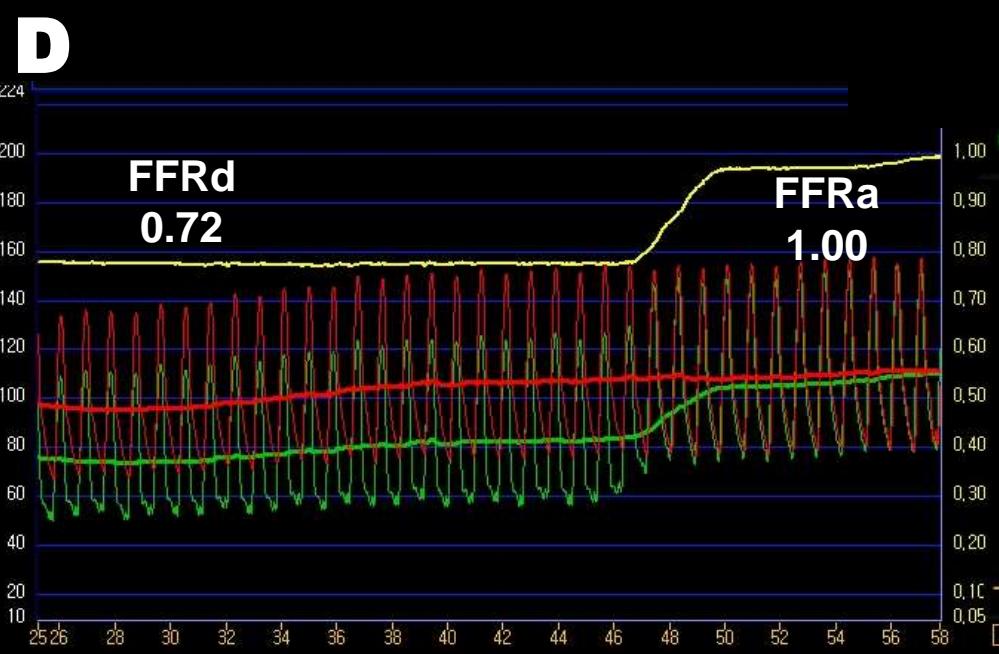
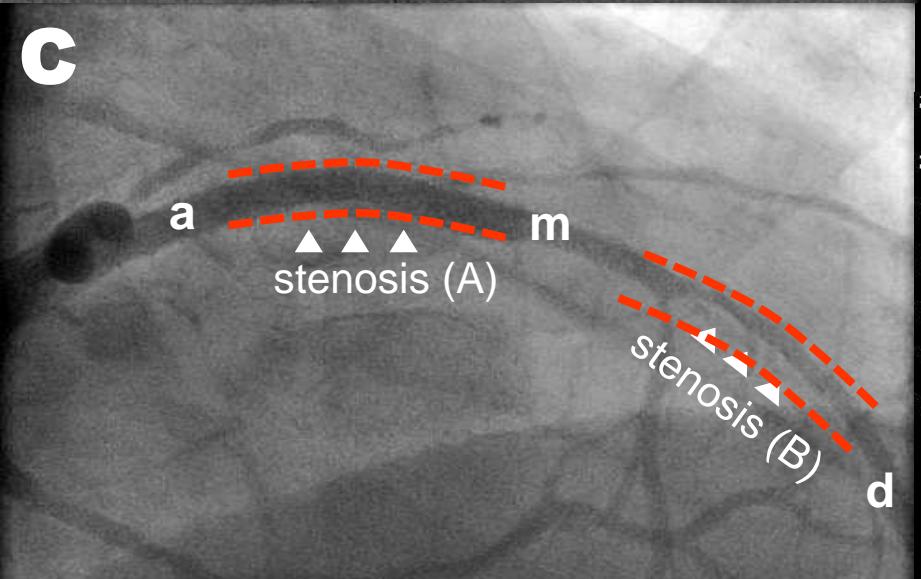
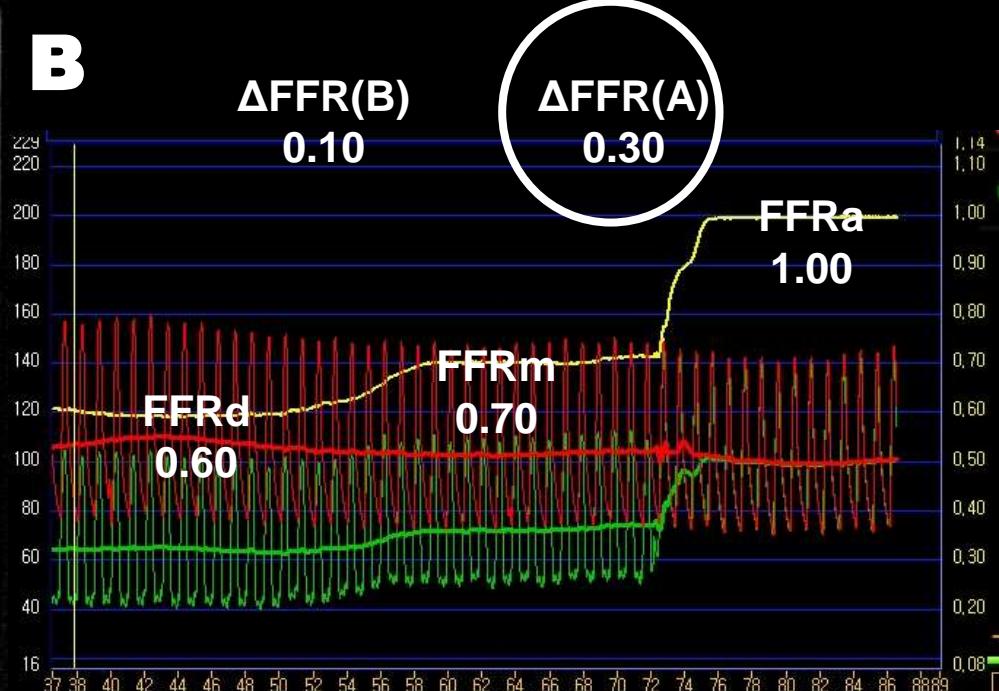
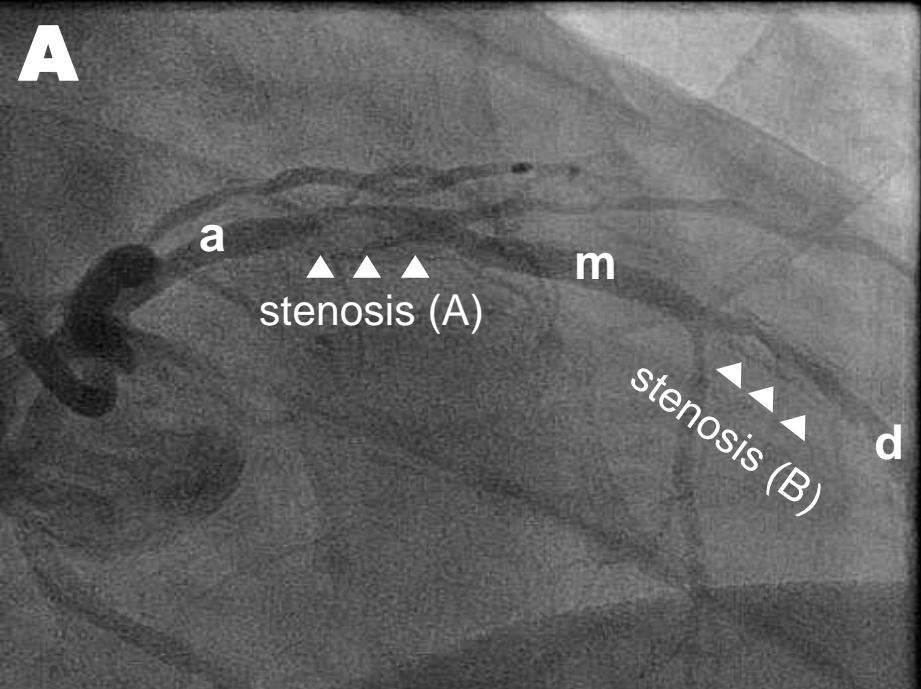
Nico H.J. Pijls and Bernard De Bruyne et al. Circulation 2000;102:2371-2377

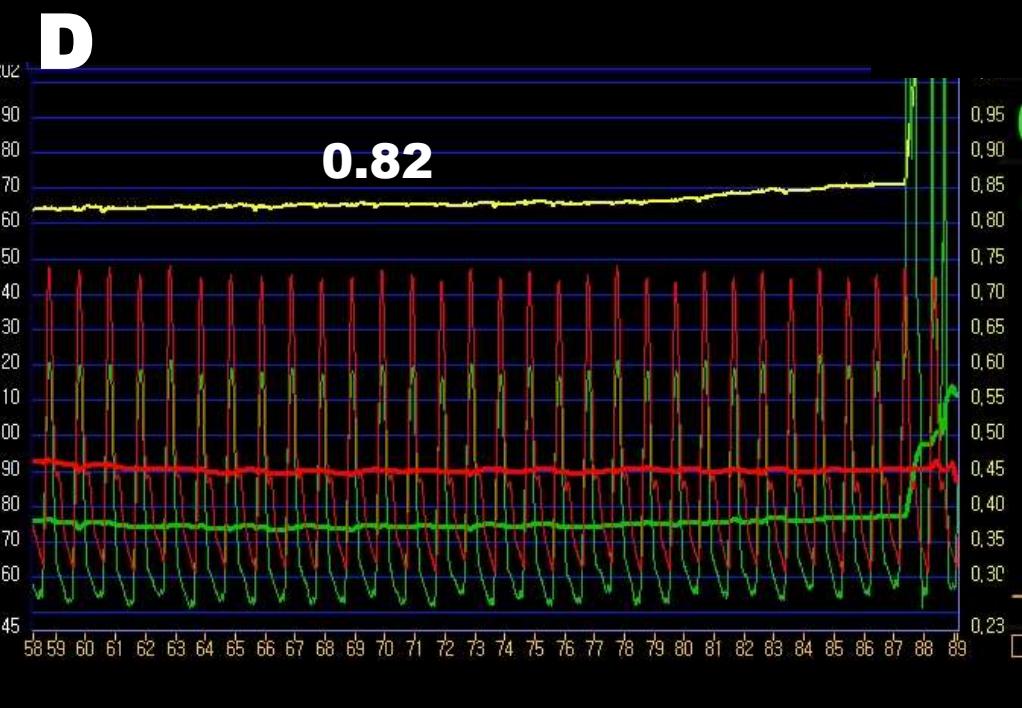
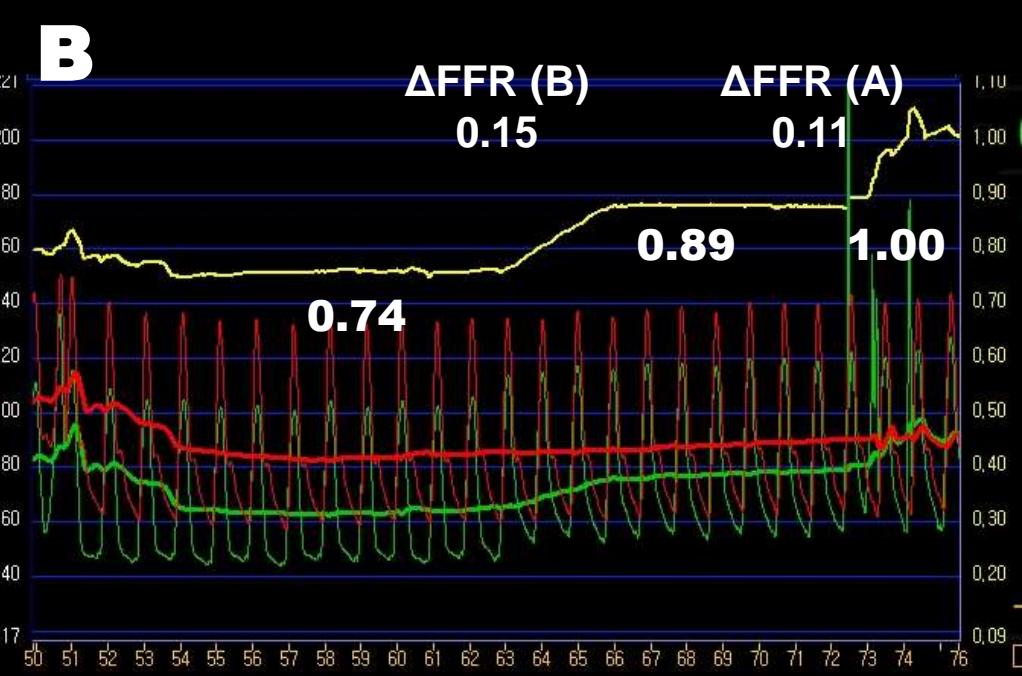
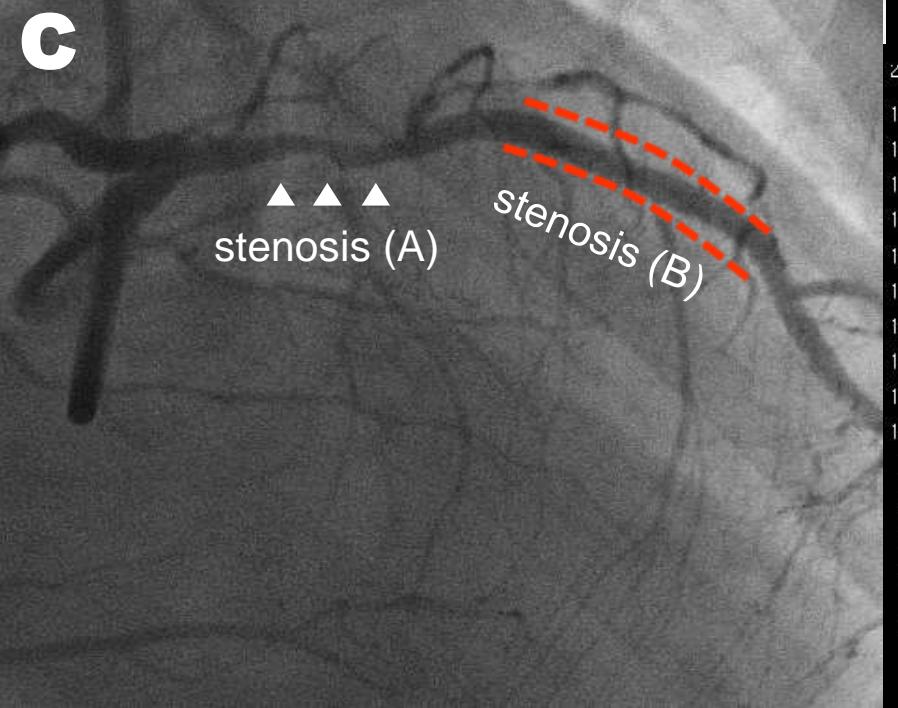
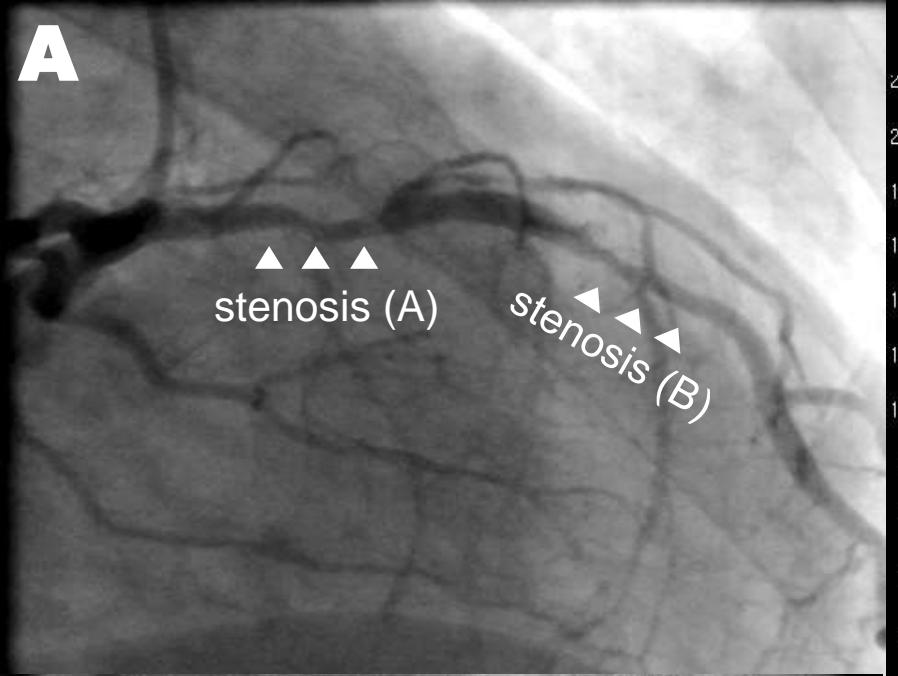
# Practical Approach: Rule of Big $\Delta$ FFR



1.  $\Delta\text{FFR}$  corresponds to relative functional severity
2. Perform revascularization first for lesions with more functional severity
3. This approach increase the chance of deferring PCI for the remaining lesions.

Park SJ, Ahn JM, et al Am J Cardiol. 2012 Dec 1;110(11):1578-84.





# According to the Rule of “Big Delta”

52 patients with coronary tandem lesion with FFR  $\leq 0.80$

Prioritizing the treatment according to  $\Delta$ FFR (“rule of big delta”)

- 28 (53.8%) patients had only single-lesion Tx
- 28 (26.9%) lesions were deferred

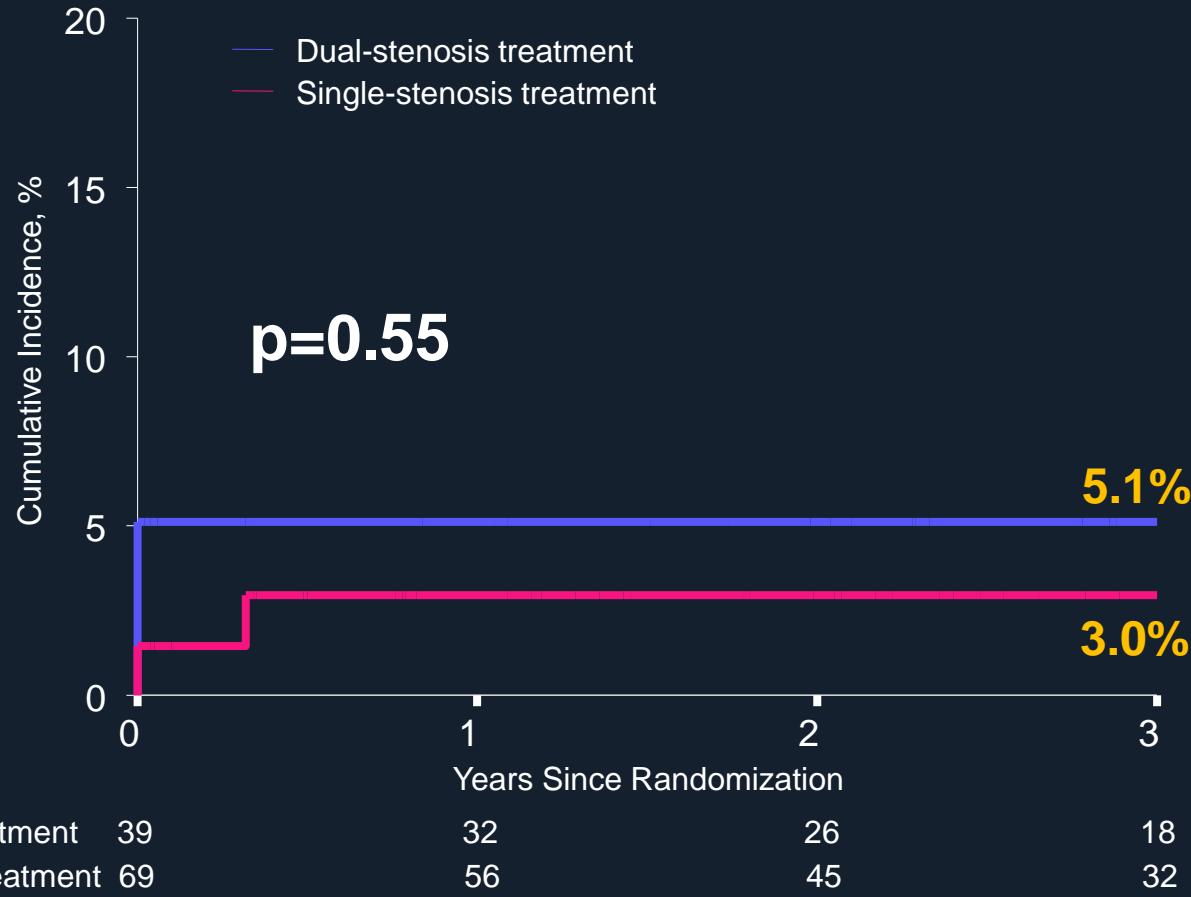
Proximal stenosis  
treated only  
N=16

Both stenoses  
treated  
N=16

Distal stenosis  
treated only  
N=12

Both stenoses  
treated  
N=8

# Long-Term Outcomes



DATA from IRIS FFR registry

# Summary

- In every day practice, long stent implantation for long coronary lesion was frequently performed.
- For diffuse long coronary stenosis, single long DES (38-40mm) implantation appears safe and effective. BRS appeared to be feasible in these common lesions.
- IVUS use may attenuate the detrimental effect of the increase of implanted stent length, particularly during PCI with the long stent implantation.

# Summary

- For functional lesion assessment of the coronary tandem lesions,  $\Delta$ FFR is a useful index for determining the relative functional severity between the two stenoses.
- In this way, we can prioritize the treatment sequence and avoid unnecessary stent implantation with achieving favorable functional and clinical outcomes.