



Fisiologia Coronária

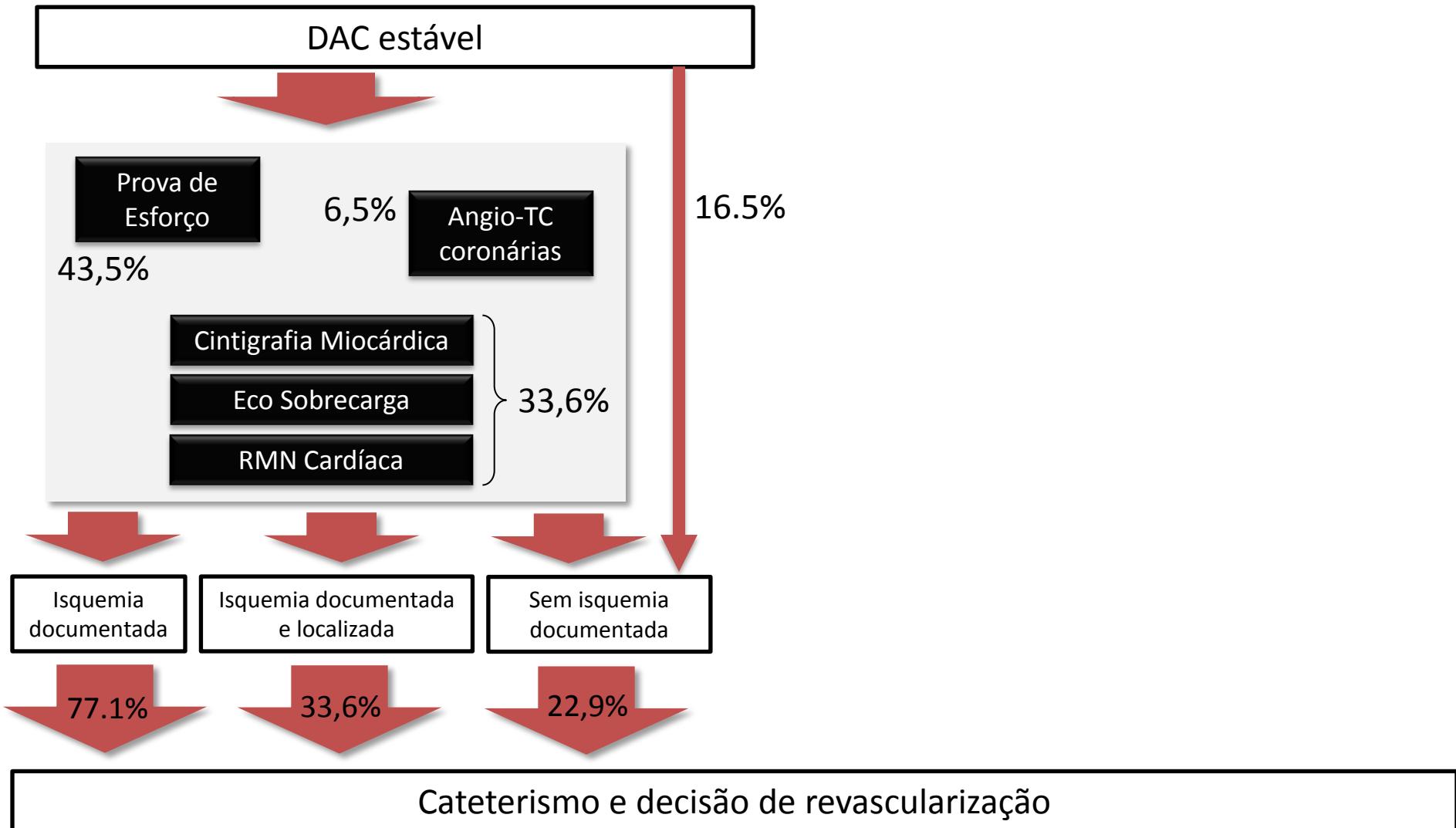
Investigação

Sérgio Bravo Baptista

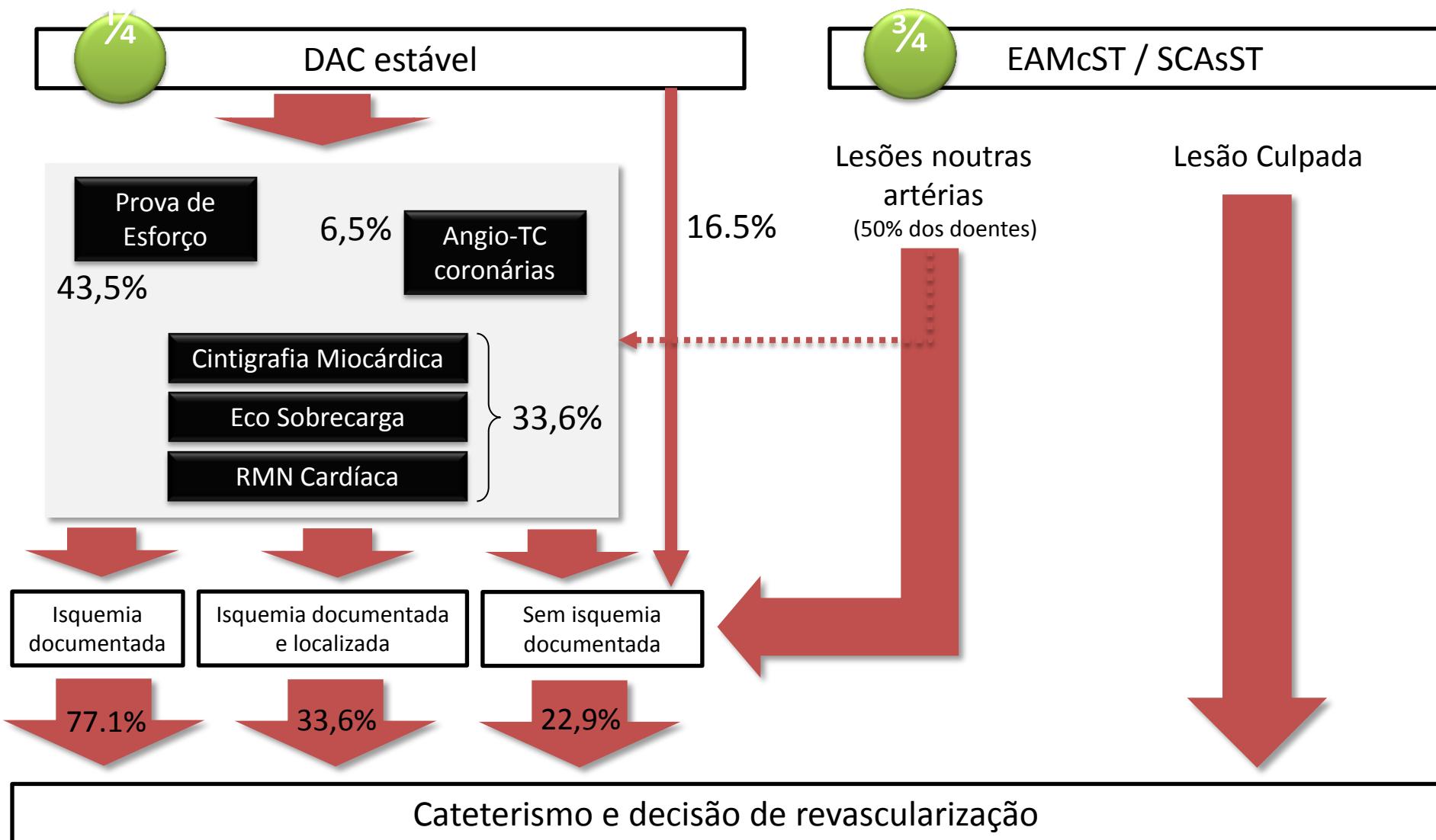
Serviço de Cardiologia, Unidade de Cardiologia de Intervenção

Hospital Fernando Fonseca

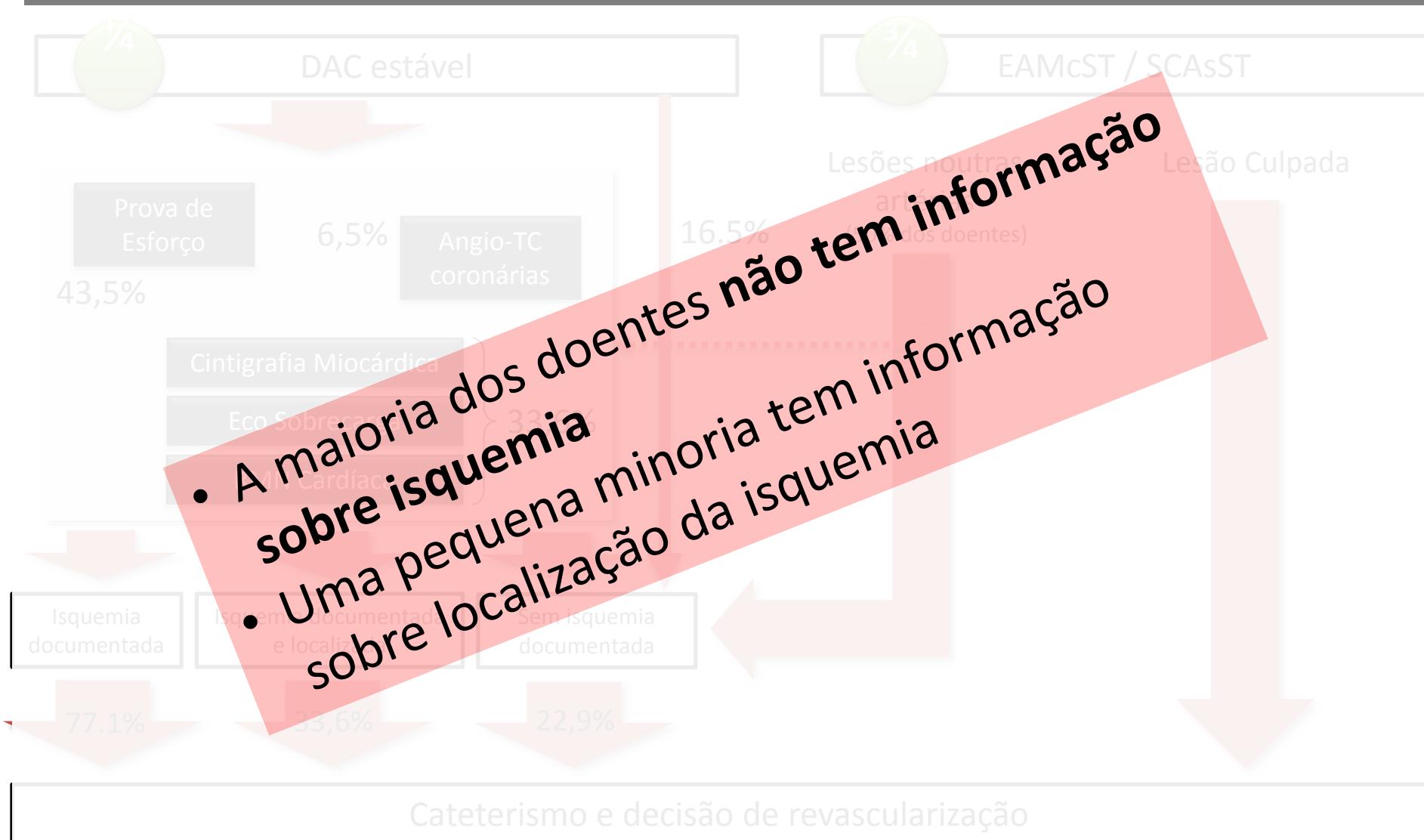
Percorso dos doentes submetidos a cateterismo por suspeita de doença coronária



Percorso dos doentes submetidos a cateterismo por suspeita de doença coronária



Percorso dos doentes submetidos a cateterismo por suspeita de doença coronária



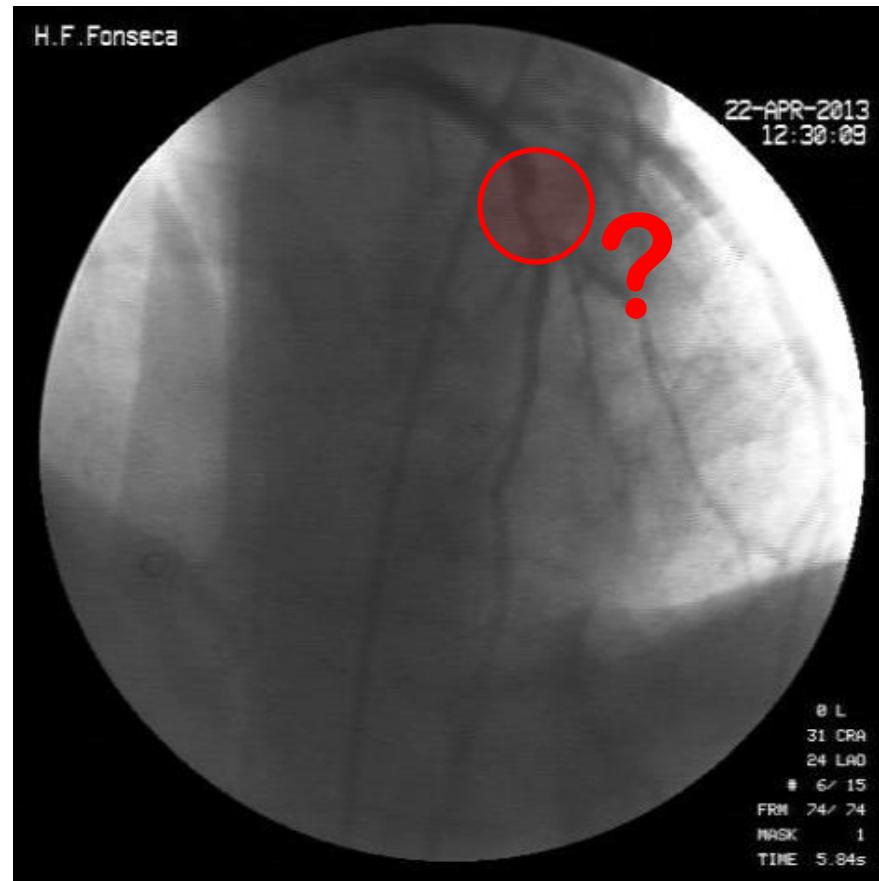
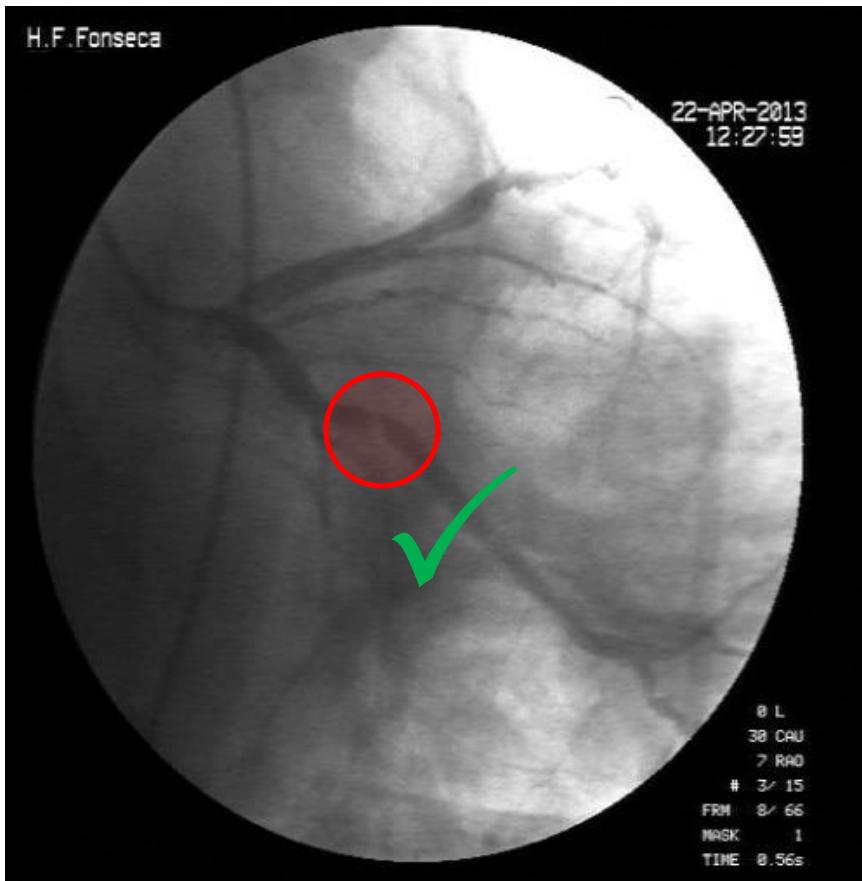
Revacularização de lesões “estáveis”

52 anos, sexo masculino.

Fumador, HTA, Dislipidemia, Diabetes Tipo 2

EAMsST (TnI max 16 ng/dl)

Eco: FEVE50%, hipocinesia lateral

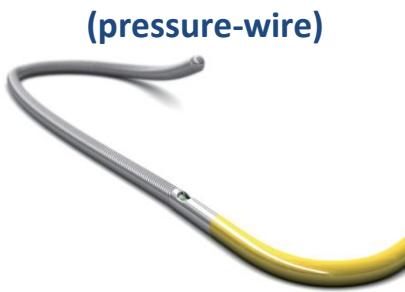


Revascularização de lesões “estáveis”

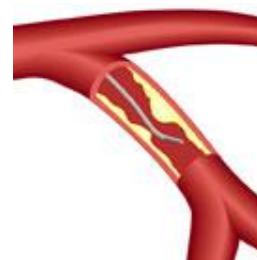
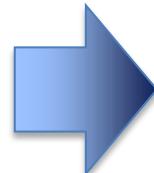
Papel da avaliação da *Fractional Flow Reserve*

Avaliação da *Fractional Flow Reserve* (FFR)

Fio coronário com sensores de pressão (pressure-wire)



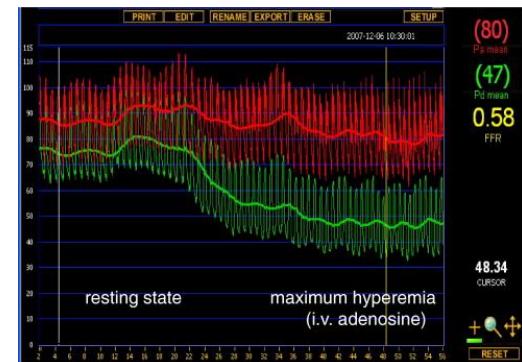
O fio de pressão passa a lesão coronária



Avaliação do fluxo máximo através da lesão, sob hiperemia máxima (com adenosina)

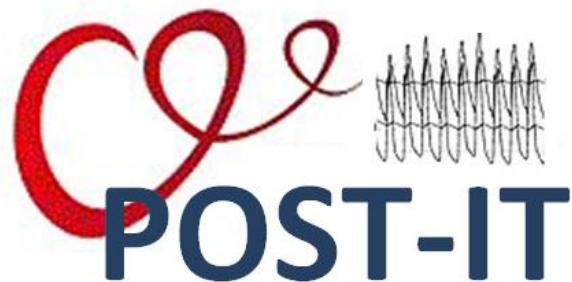


$$FFR = \frac{\text{Fluxo máximo através da lesão}}{\text{Fluxo máximo teórico normal}}$$



Investigaçāo em Fisiologia Coronária

Portuguese Study on
The Evaluation of FFR
Guided Treatment of
Coronary Disease



Hot Line - PCI registries
to be held on Thursday 22nd May, 2014,
from 14:40 to 15:40 in Room 253

Background

Limited data concerning:

- 1) Patients in **whom** FFR is being used in routine clinical practice
- 2) The **impact of FFR** in changing revascularization decisions “per lesion” and “per patient”
- 3) The **clinical results** of a FFR based strategy in unselected “**real-world**” patients

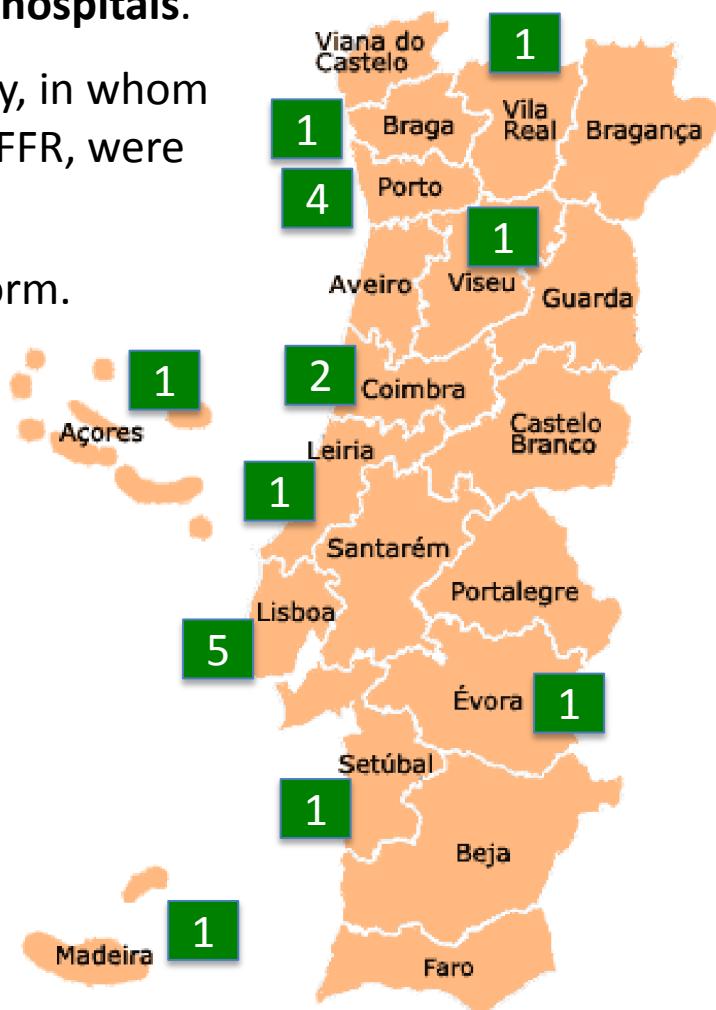
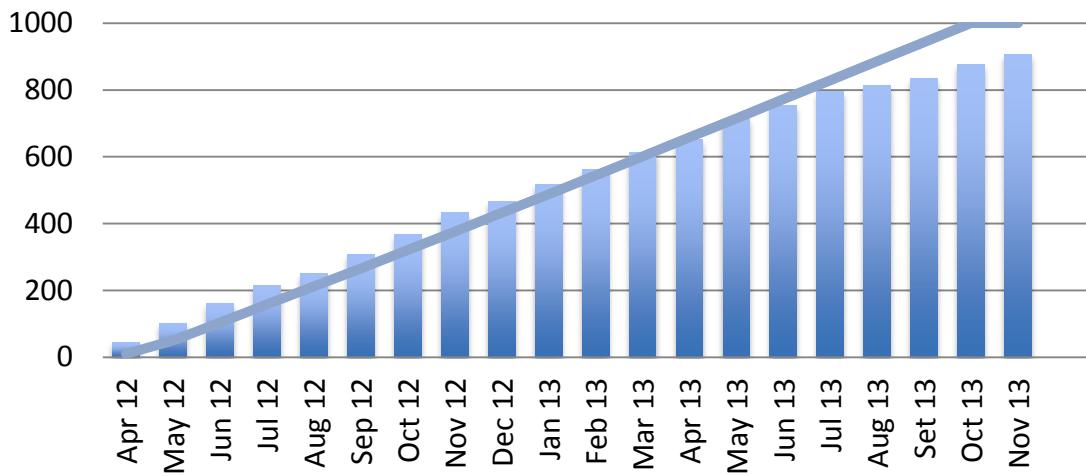
Purpose

- 1) To *describe the patterns of use* of FFR in a real world setting
- 2) To *evaluate* to which extent the information obtained from FFR would **impact on the final management** strategy
- 3) To *assess the concordance* between FFR and the non-invasive stress tests usually used as gate-keepers for coronary angiography
- 4) To *evaluate the clinical results* (1 year MACE) of FFR-guided myocardial revascularization in an unselected patient population from daily practice (*available late 2014*)

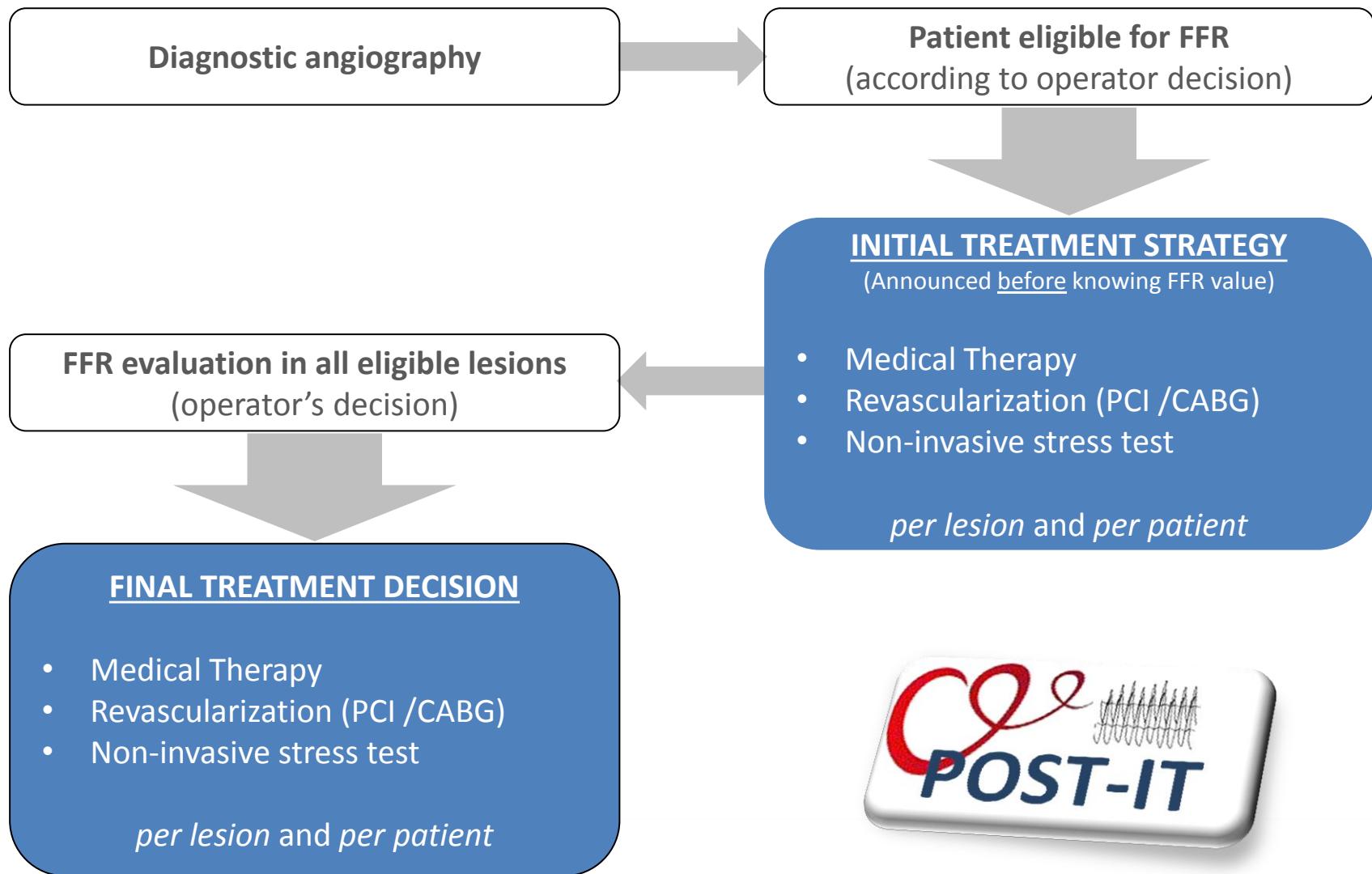
Methods

- National **prospective** multicenter registry, involving **19 hospitals**.
- **Consecutive patients** referred for coronary angiography, in whom at least one lesion was intended to be interrogated by FFR, were enrolled from **April 2012 to November 2013**.
- Data collected in a dedicated electronic Case Report Form.
- **Non-restricted grant** from St. Jude Medical (Portugal)

Inclusion rate over the study period



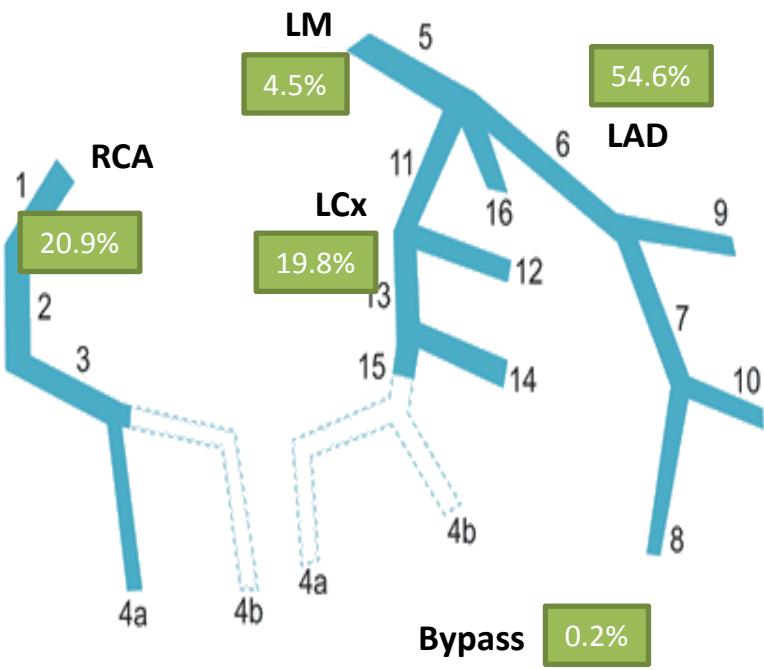
Methods



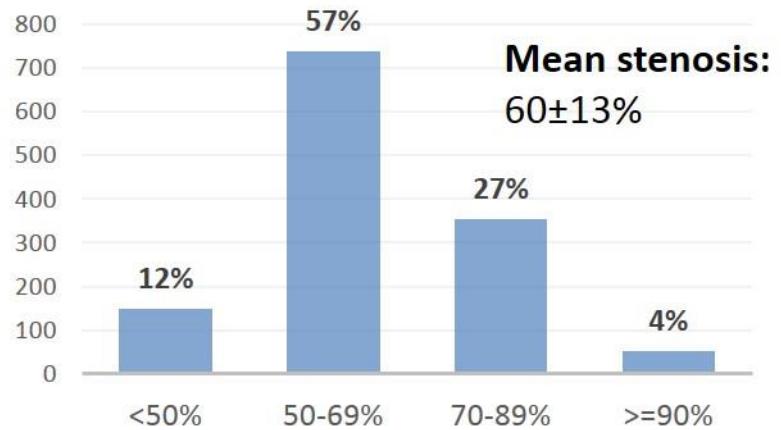
Results: Lesions Characteristics

- **1.293 lesions** (1.4/patient)

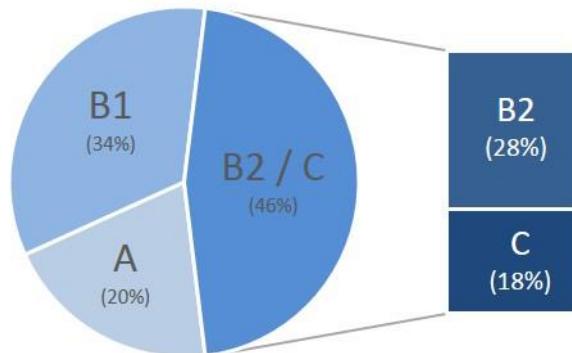
- **Lesion localization**



- **Stenosis severity:**



- **ACC/AHA lesion classification:**



Patterns of use and clinical utility of Fractional Flow Reserve evaluation in patients referred for coronary angiography

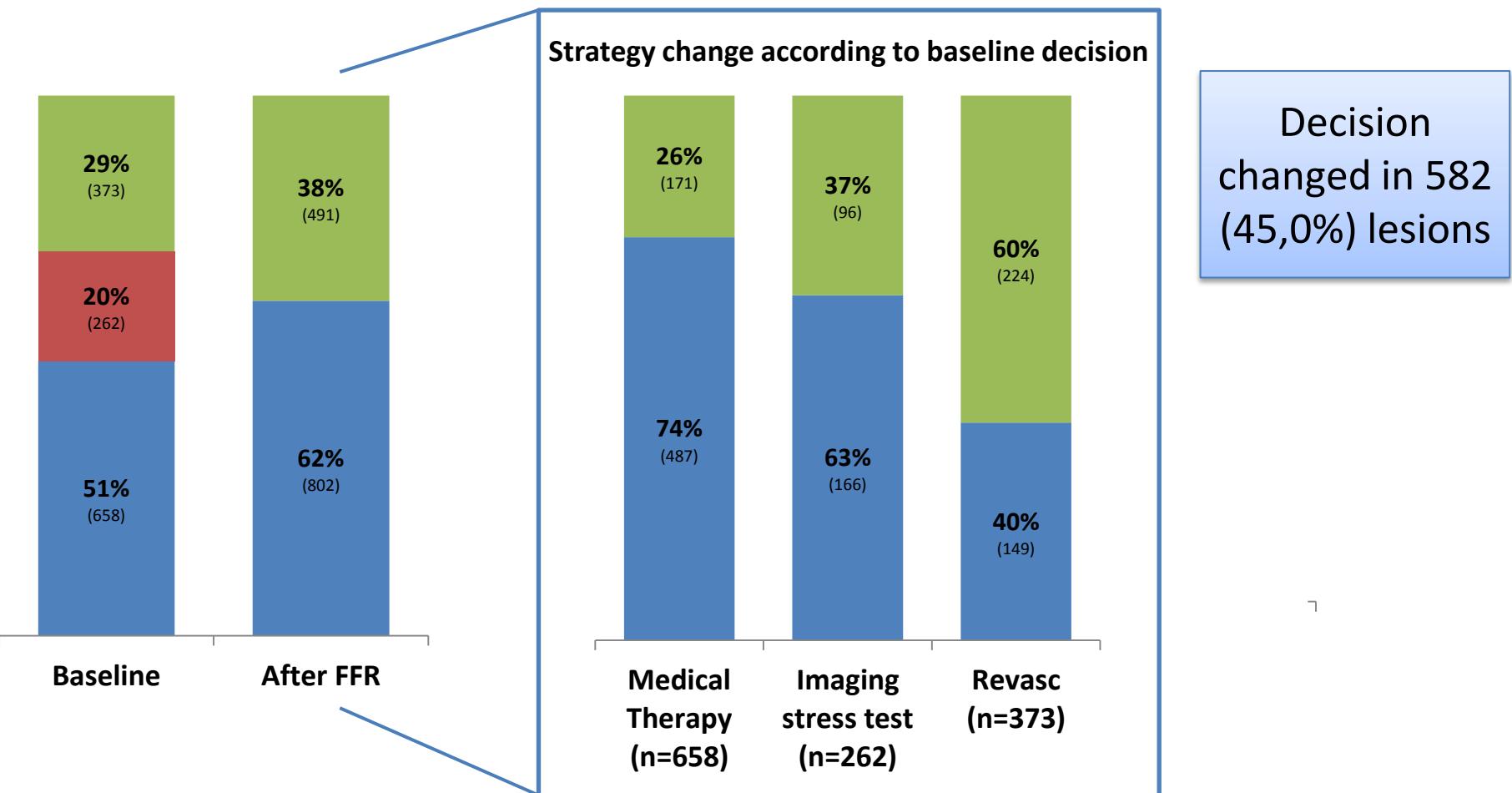
The prospective multicenter Portuguese Study on the Evaluation of FFR-Guided Treatment of Coronary Disease (**POST-IT**)

BAPTISTA S.B., RAPOSO L., SANTOS L., CALÉ R., RAMOS R., JORGE E., MACHADO C., MOTA P., OLIVEIRA E., NABAIS S.,
PIPA J., FONSECA N., GUARDADO J., SILVA B., SOUSA M.J., SILVA J.C., RODRIGUES A., SECA L., SOARES R.,

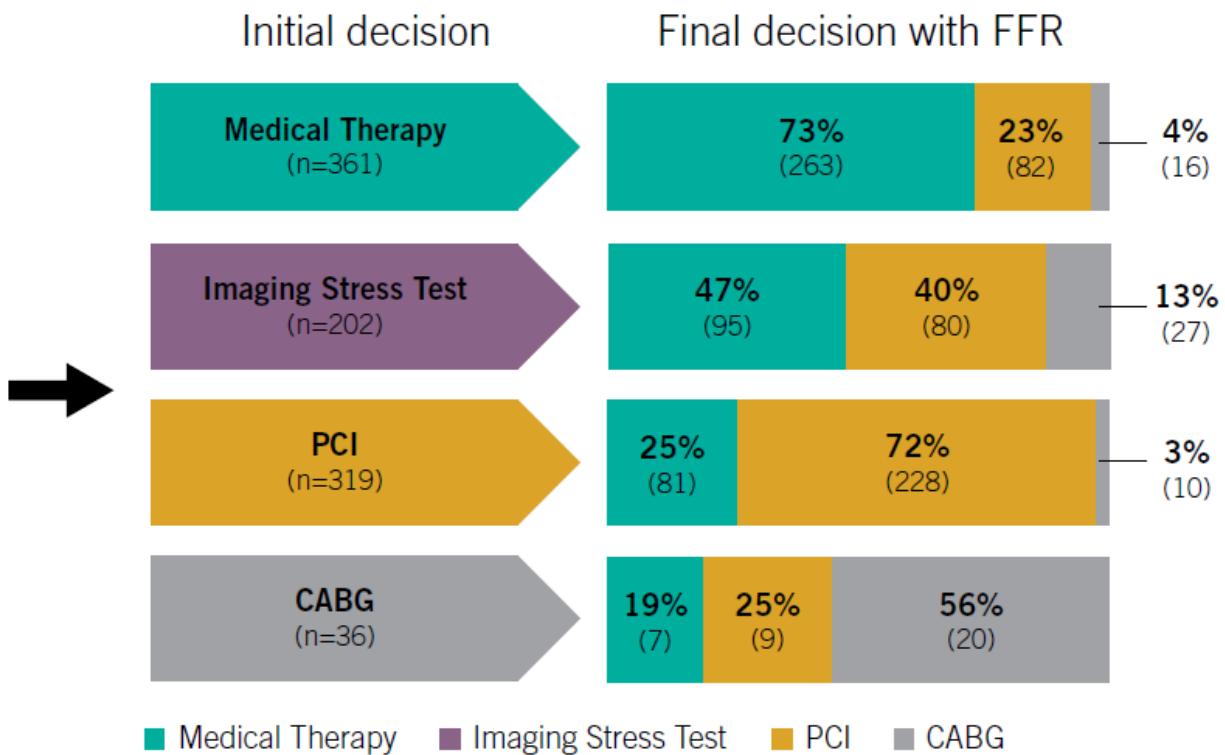
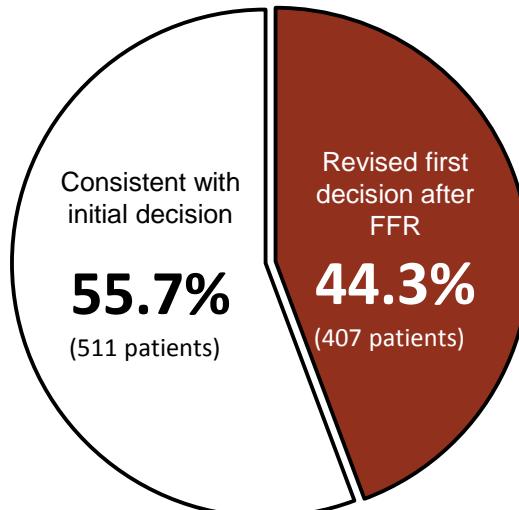
for the POST.IT Investigators

Results: strategy change per lesion

■ Medical therapy ■ Imaging stress test ■ Revascularization



Results: strategy change per patient



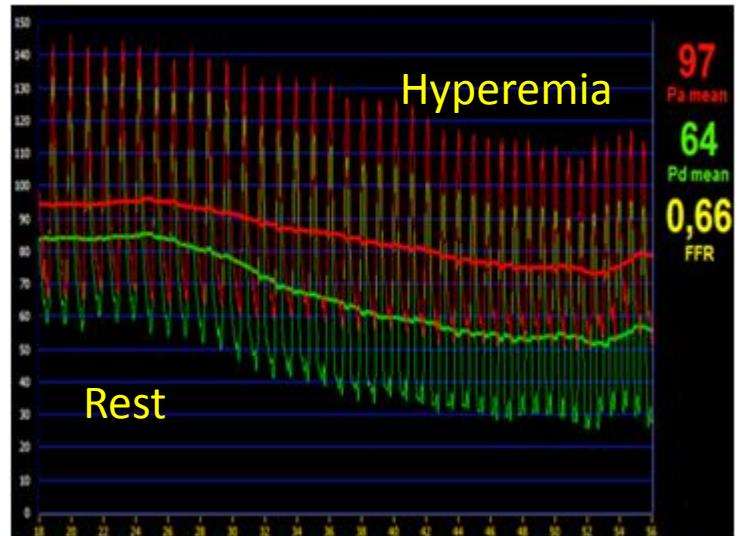
Background and Purpose

Evaluation of functional severity of coronary artery stenosis with a pressure wire implies the induction of pharmacological maximal hyperemia, to eliminate the microvascular flow resistance and accurately calculate the fractional flow reserve (FFR).

Adenosine is the most widely used drug to obtain maximal hyperemia

However, adenosine has several side effects and alternatives to its use have been recently evaluated (Pd/Pa, iFR)

The contrast medium used in angiography is in itself a hyperemic stimuli, that correlates with adenosine hyperemic response



Contrast-induced hyperemia as an alternative to adenosine-induced hyperemia in the evaluation of fractional flow reserve in coronary lesions

Baptista SB, Faustino M, Loureiro J, Brizida L, Magno P, Leal P, Lourenço E, Monteiro C, Nédio M, Farto e Abreu P, Gil V, Morais C

Cardiology Department

Hospital Fernando Fonseca, Amadora, Portugal

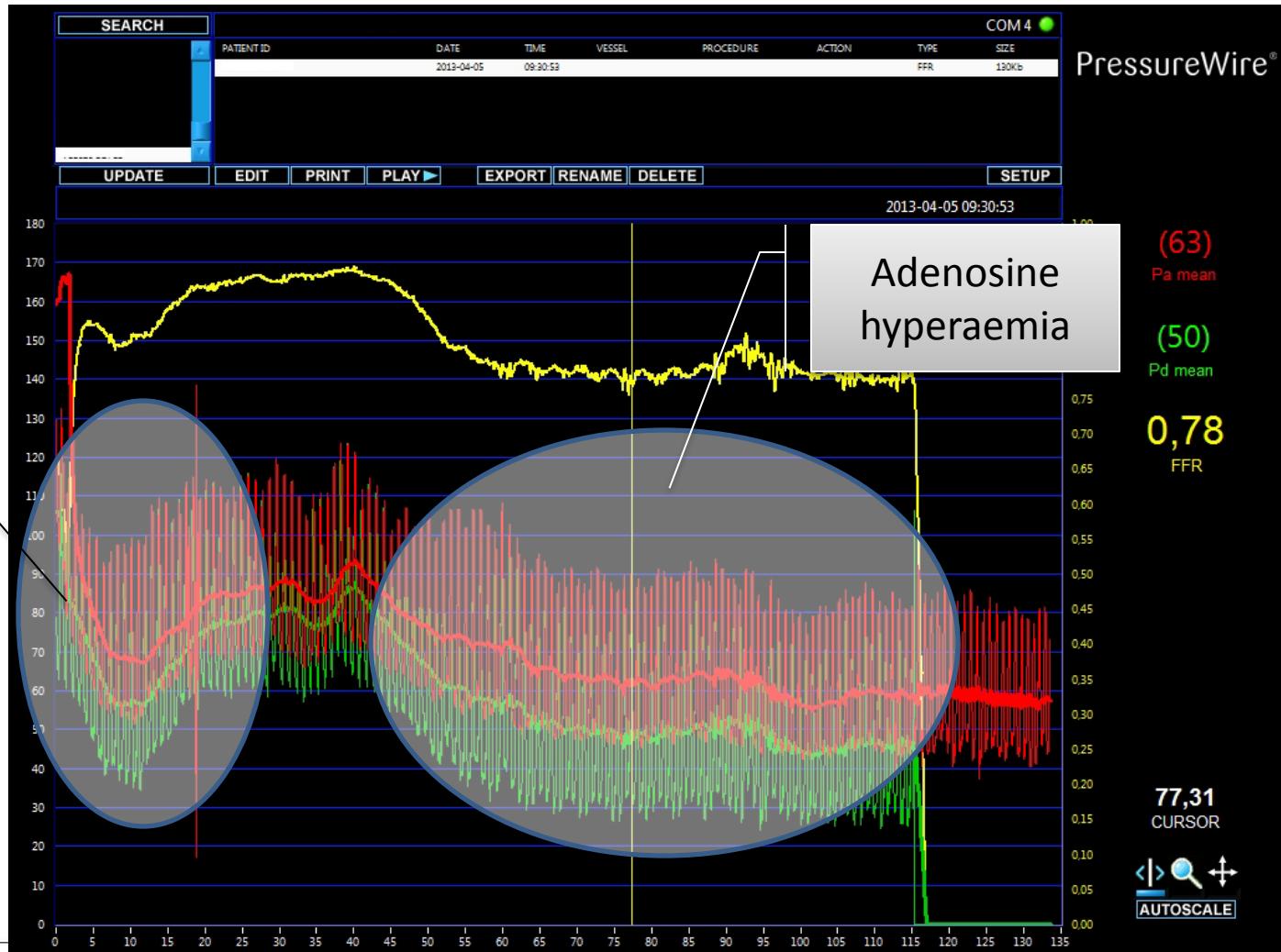


serviço de
cardiologia



Contrast FFR evaluation

Example 1



Contrast FFR evaluation

Example 1



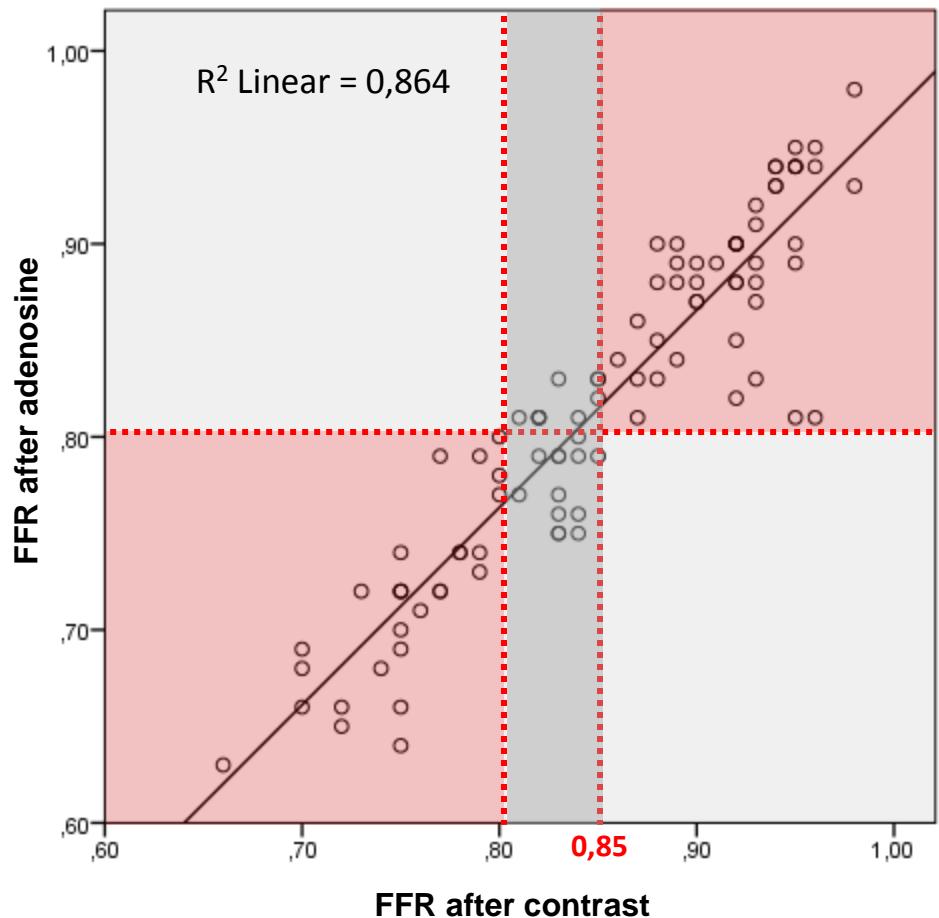
Results

Correlation FFR_{cont} vs. FFR_{ad}

FFR_{cont} adequately
classified functional
significance of **84/98**
lesions (85,7%)

“Gray zone”

FFR_{cont} 0,80 – 0,85



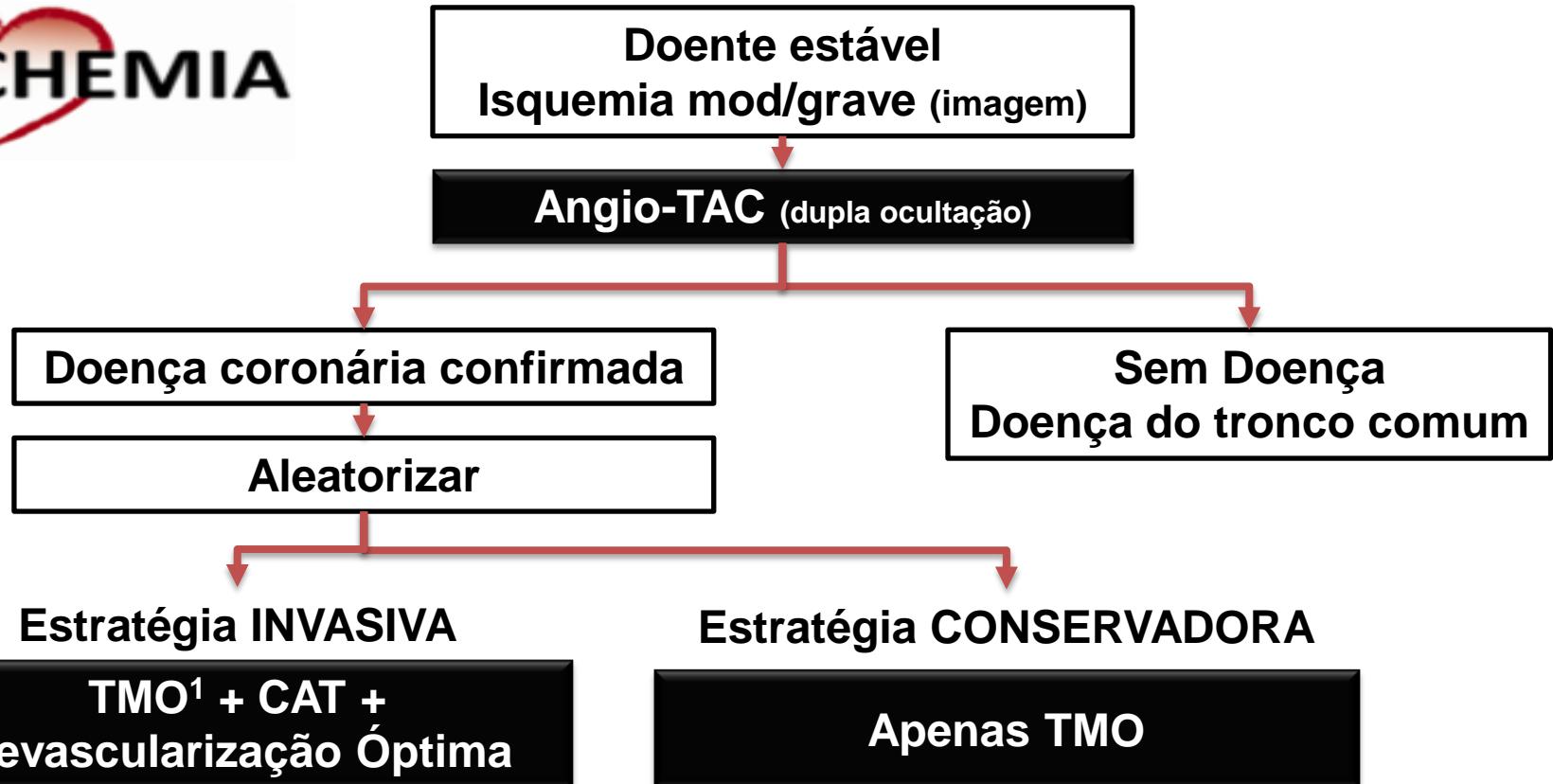
CONTRAST STUDY

Stanford University

CONTRAST
**(Can cONTrast injection better approximate
FFR compAred to pure reSTing physiology?)**

Em curso...

ISCHEMIA Trial

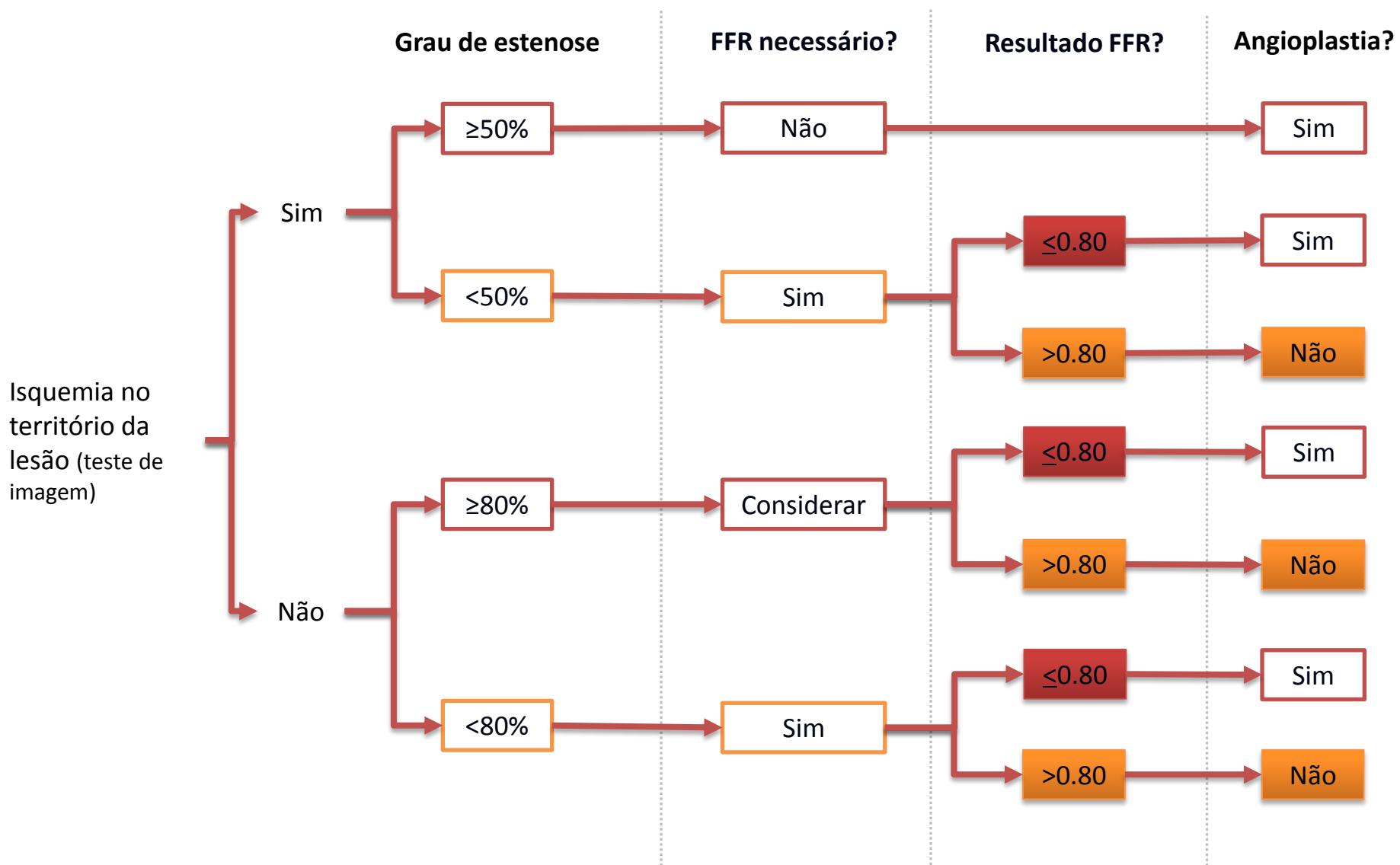


4 anos Follow-up
Endpoint primário: Composto de morte CV e EAM

¹ TMO = Terapêutica médica optimizada

ISCHEMIA Trial

Avaliação da Isquemia no cateterismo





**Doente estável
Isquemia mod/grave (imagem)**

Angio-TAC (dupla ocultação)

Doença coronária confirmada

**Sem Doença
Doença do tronco comum**

Aleatorizar

Estratégia INVASIVA

**TMO¹ + CAT +
Revascularização Óptima**

Estratégia CONSERVADORA

Apenas TMO

**4 anos Follow-up
Endpoint primário: Composto de morte CV e EAM**

Pronto para começar inclusão...



ASSOCIAÇÃO PORTUGUESA
DE INTERVENÇÃO CARDIOVASCULAR
sociedade portuguesa de cardiologia



Functional Assessment of Severity of Coronary Artery Disease in Patients Undergoing Surgery for Severe Valvular Heart Disease



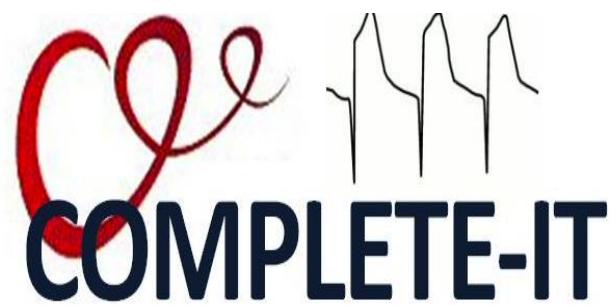
Início Fev 2015



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sociedade portuguesa de cardiologia



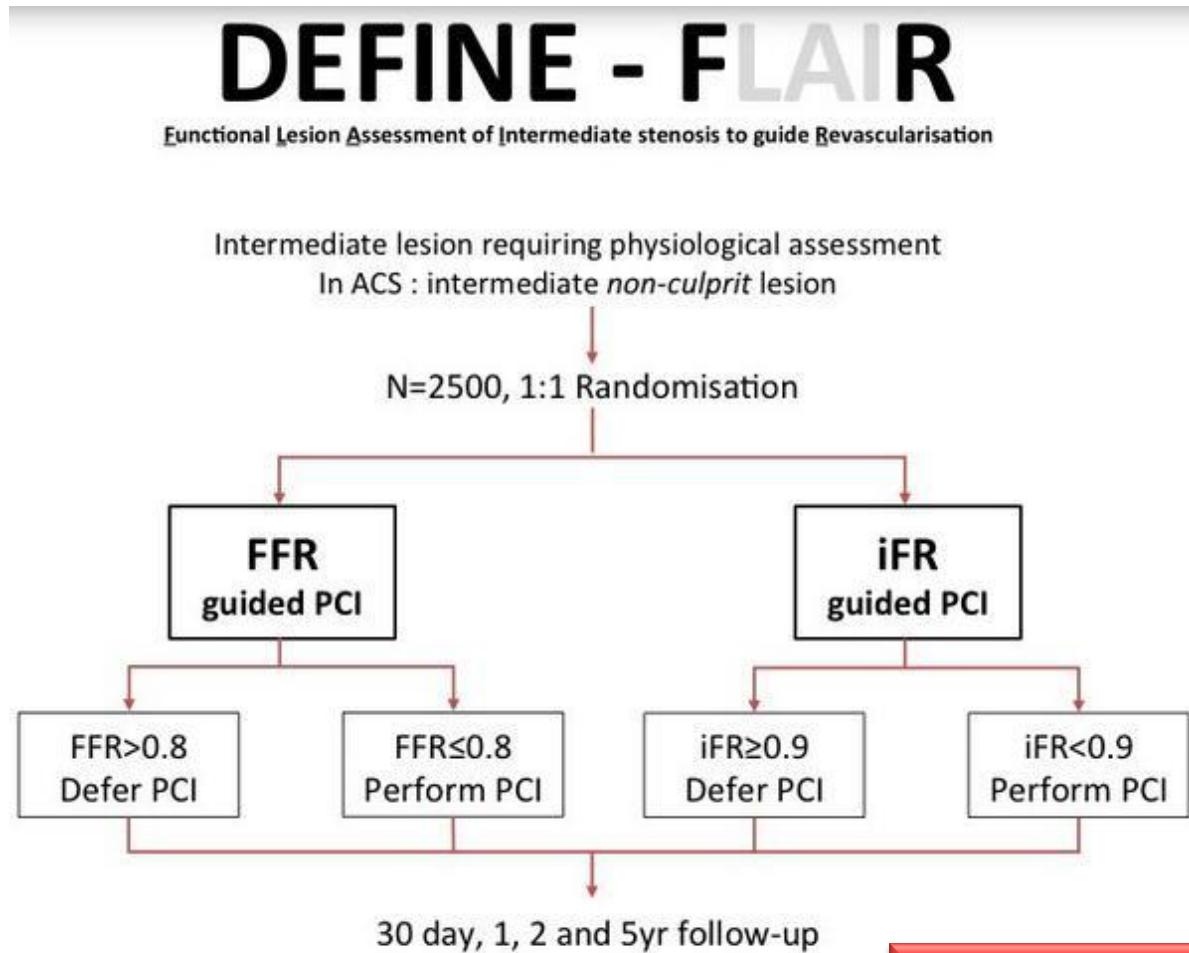
**Single-stage COMplete
revascularization
guidEd by
instantaneous wave
frEE ratio in patients
with STEMI undergoing
primary PCI**



Estudo Piloto: 1º Semestre 2015

iFR versus FFR – DEFINE-FLAIR

Imperial College London



Aprovado hoje!



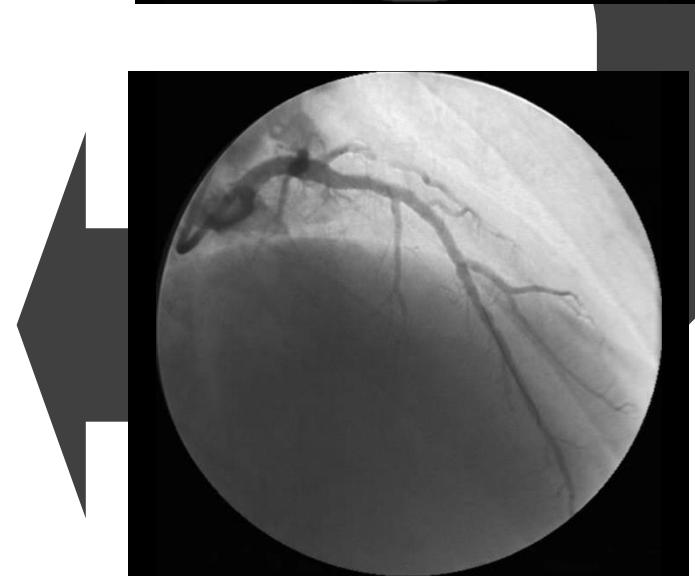
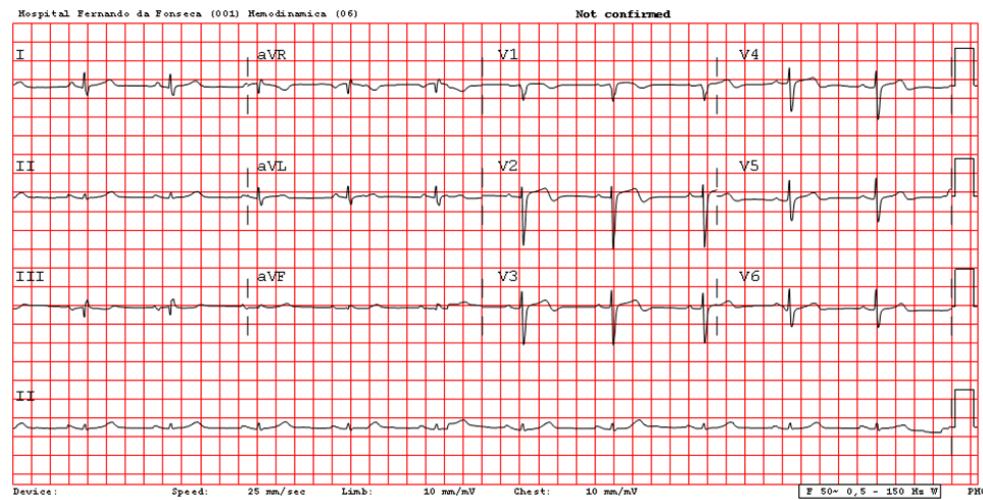
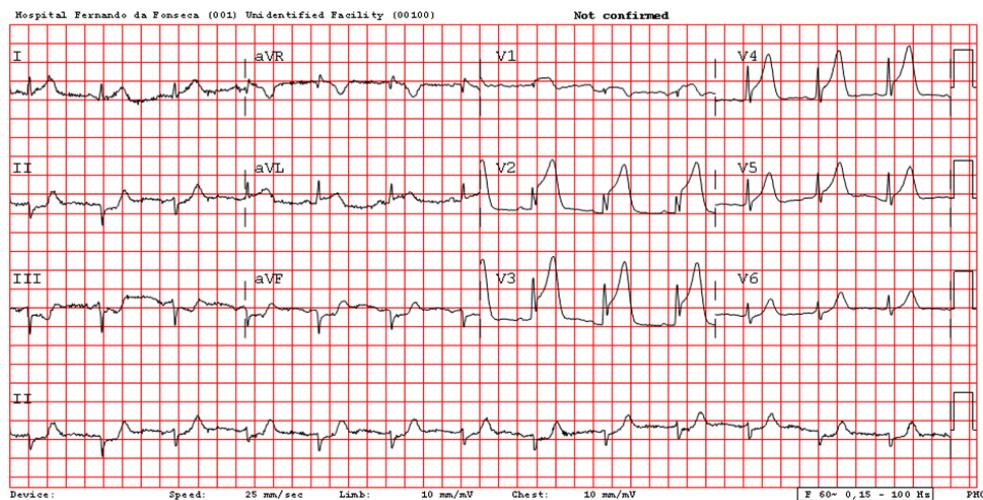
PhD in Medicine – Clinical Research
Faculty of Medical Sciences – Nova University of Lisbon



“Coronary microcirculation and endothelial function evaluation after acute ST elevation myocardial infarction treated with primary angioplasty ”

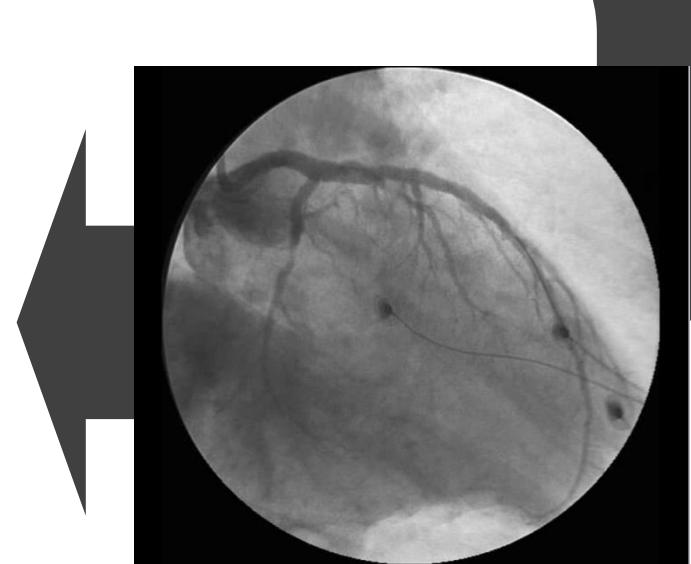
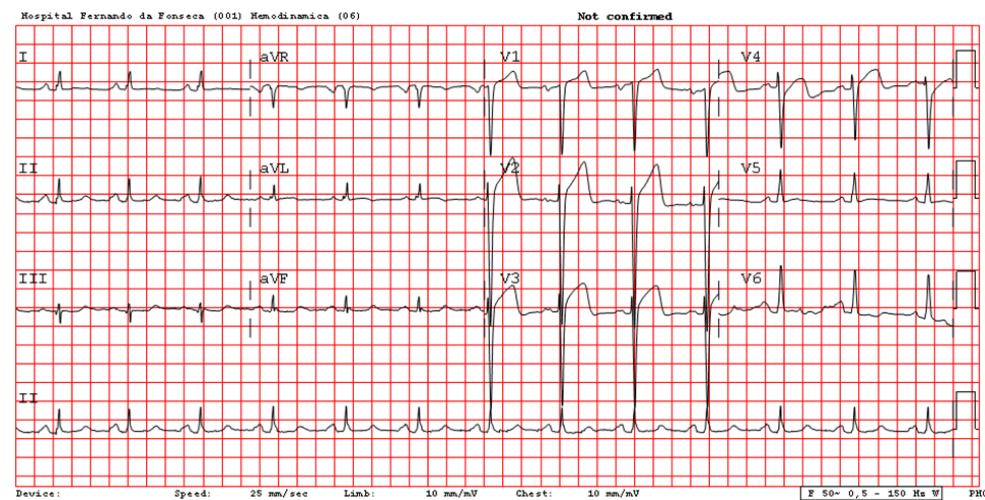
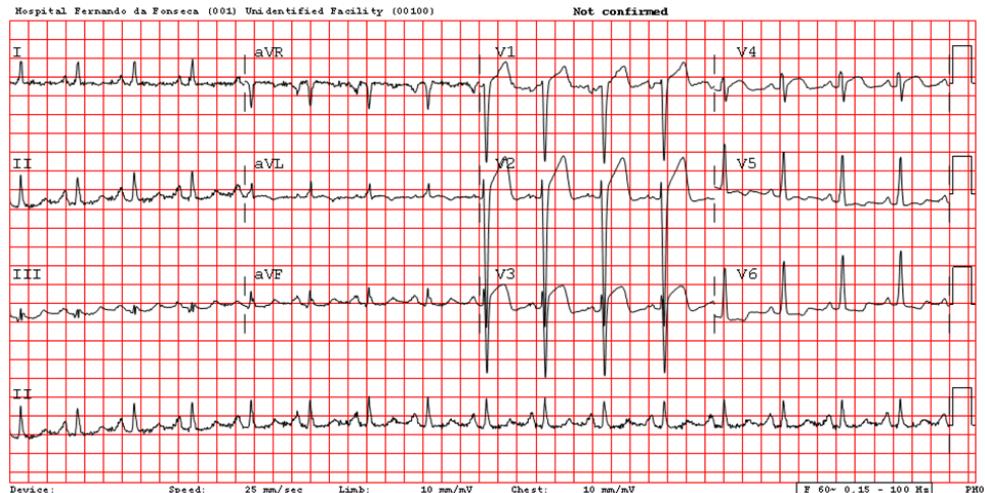
Why is it important? Research Problem

Primary PCI – Some patients do good...



Why is it important? Research Problem

Primary PCI – ...While others don't...

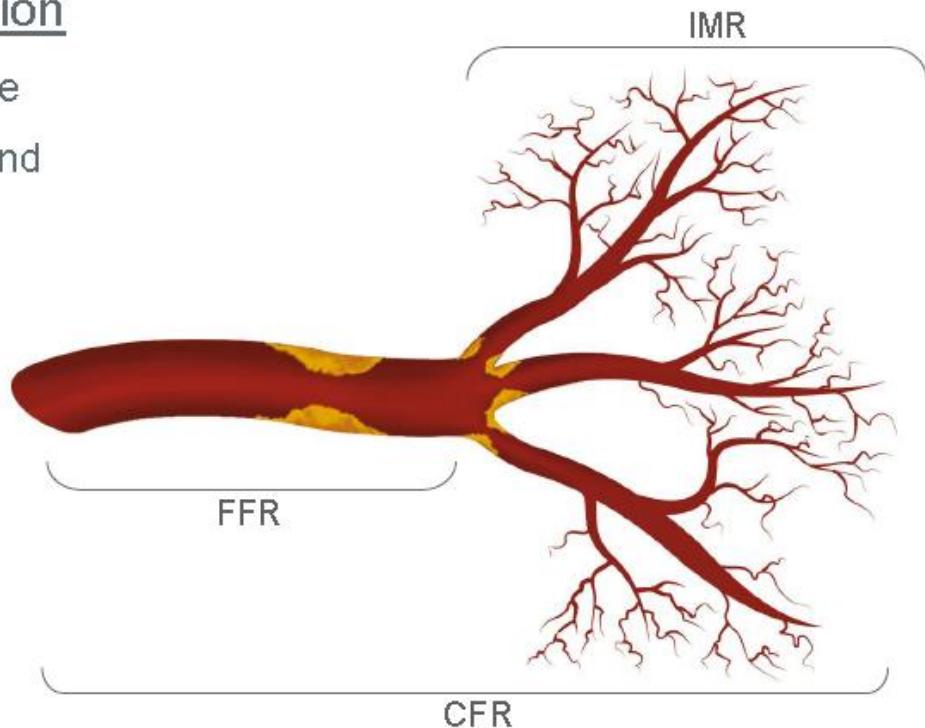


Microcirculation in STEMI patients

Index of Microvascular Resistance (IMR)

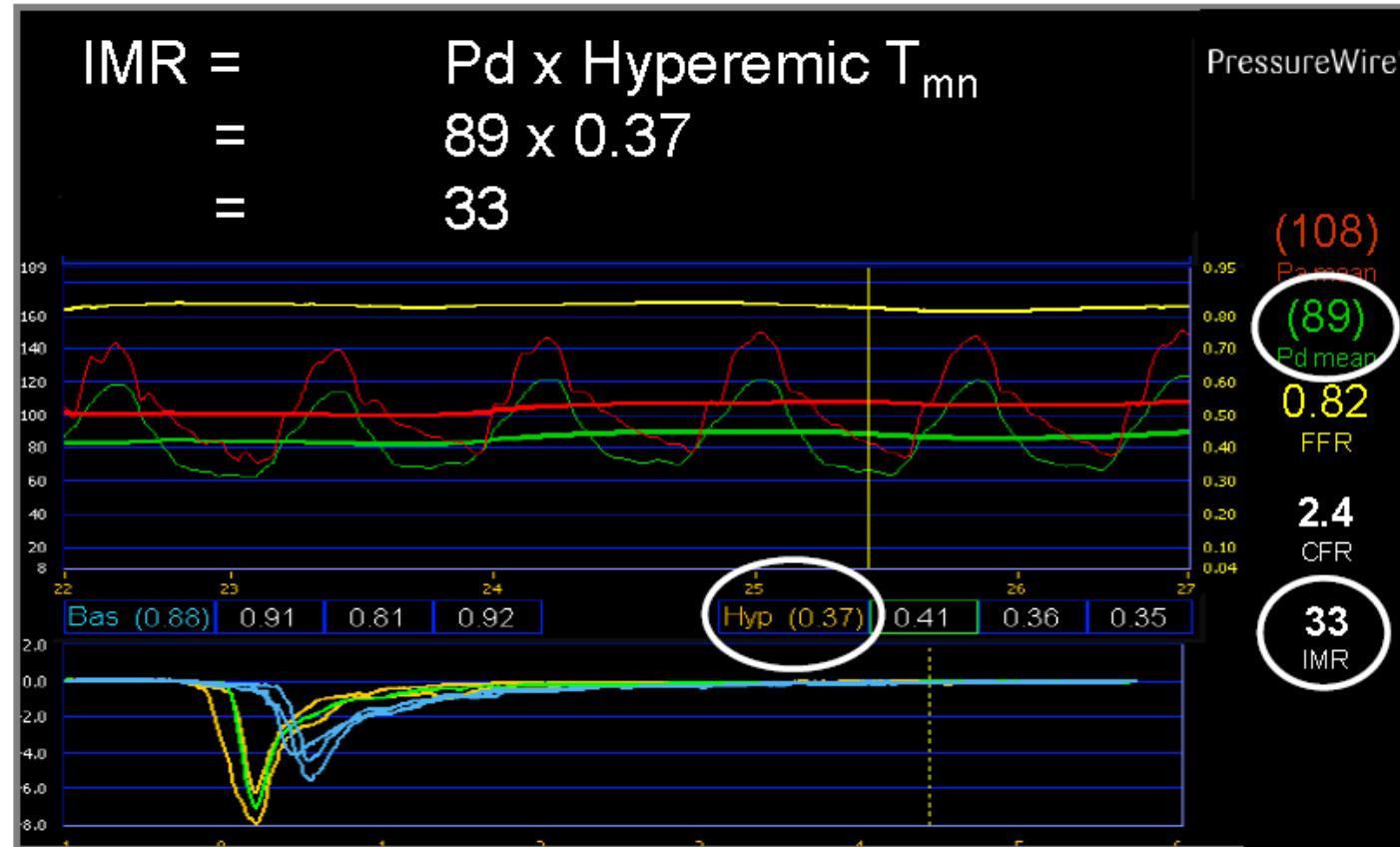
Invasive and quantitative method
for evaluating the microcirculation

- FFR: Specific for epicardial disease
- CFR: Affected by both epicardial and microcirculatory disease (cannot distinguish between the two)
- IMR: Specific for microcirculatory disease



Microcirculation in STEMI patients

Index of Microvascular Resistance (IMR)



Microcirculation in STEMI patients

Digital Pulse AmplitudeTonometry (PAT)

- Noninvasive measurement of endothelial-dependent vasodilator function in the microcirculation of the finger.
- Pulse amplitude in the fingertip measured at rest and following the induction of reactive hyperemia.



EndoPAT 2000
(Itamar Medical, Caesarea, Israel)

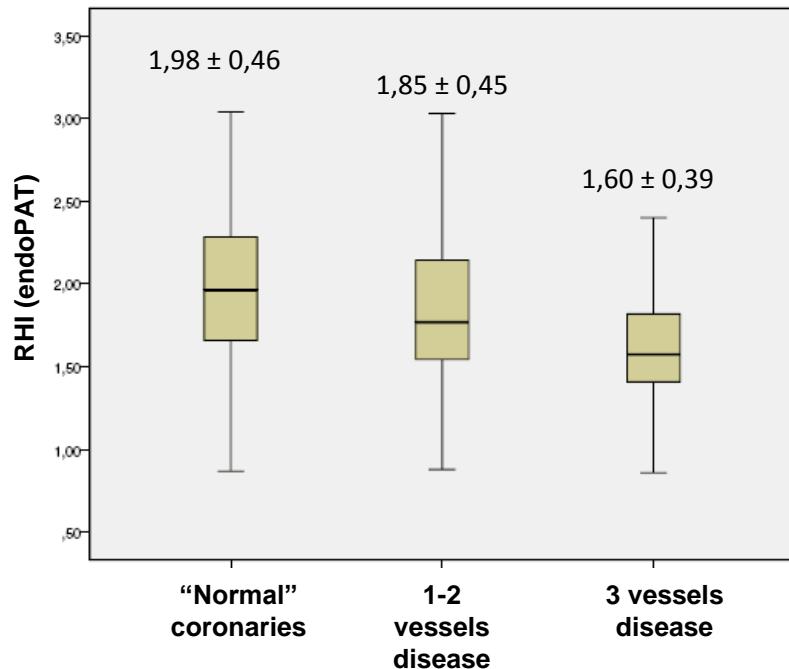
Microcirculation in STEMI patients

Endothelial dysfunction and severity of CAD

- Endothelial-dependent dysfunction evaluated by RHI-PAT relates it the severity of CAD disease

- 231 CAD patients
- Angiography performed
- endoPAT evaluation

RHI-PAT = only predictor of
3 vessel disease on
multivariate analysis



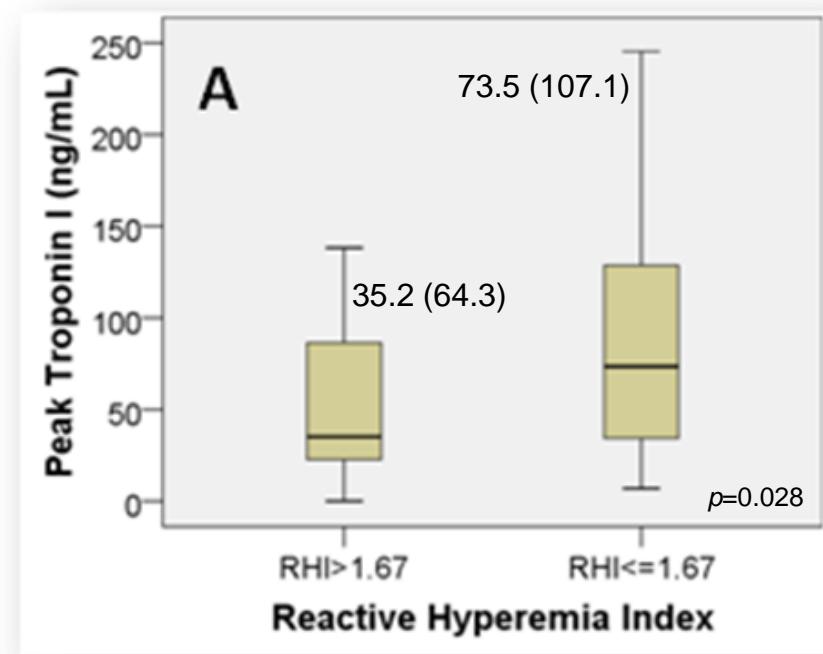
Microcirculation in STEMI patients

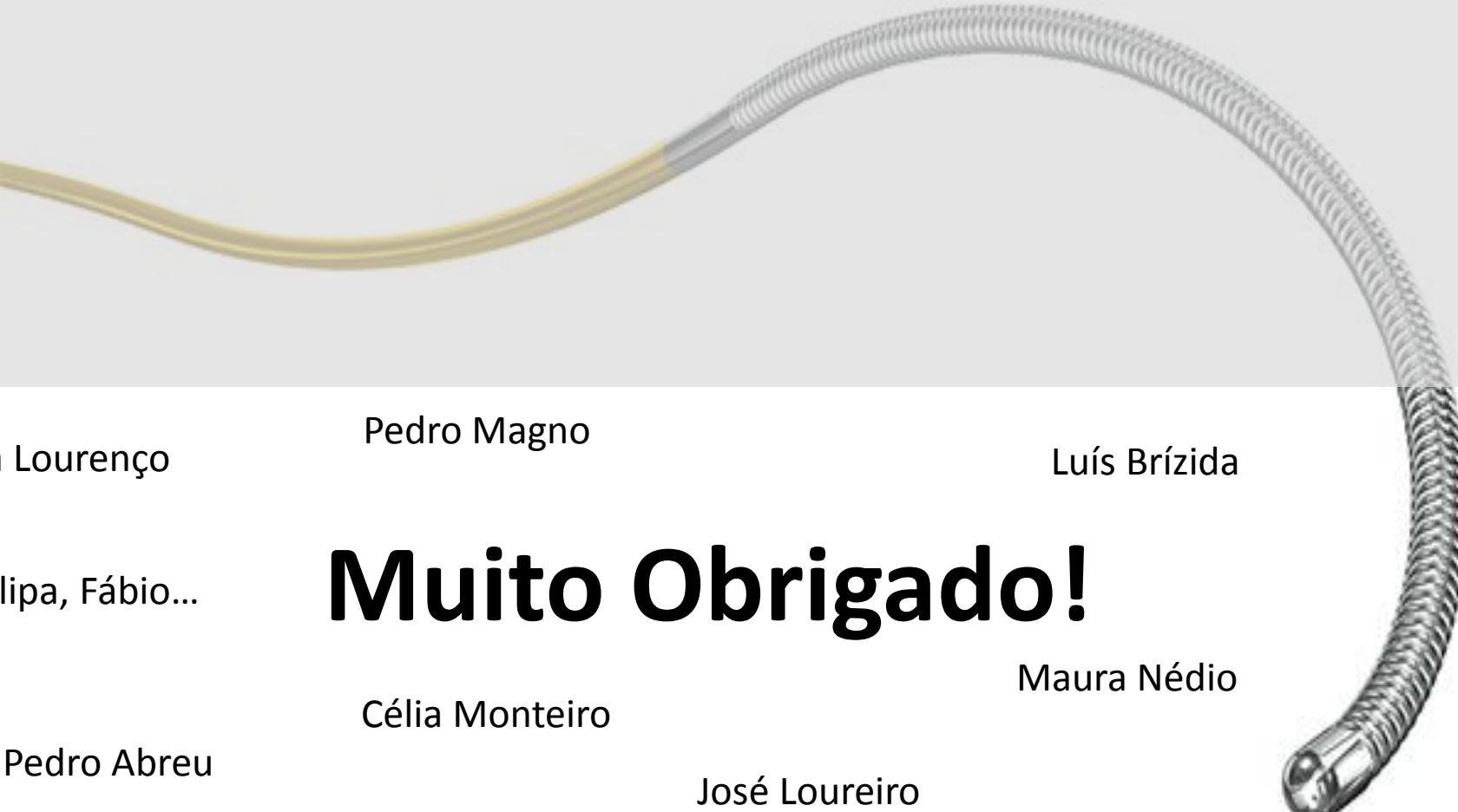
Endothelial dysfunction and extension of STEMI

- Endothelial dysfunction evaluated by RHI-PAT relates with the extension of myocardial infarction (P-PCI treated) measured by peak TnI

- 58 primary PCI patients
- Peak TnI
- endoPAT evaluation

RHI-PAT <1,67 = only variable related with peak TnI on multivariate analysis





Elsa Lourenço

Pedro Magno

Filipa, Fábio...

Luís Brízida

Muito Obrigado!

Pedro Abreu

Célia Monteiro

Paulo Leal

José Loureiro

Maura Nédio

Mariana Faustino

