# Influence of Sex on Coronary Anatomical and Physiologic Disease Burdens and Their Prognostic Implications



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#### **Total Anatomical Disease Burden**

 Total atherosclerotic disease burden has a prognostic implication in patients with coronary artery disease.



# **Total Physiologic Disease Burden**

• To overcome a limitation of angiography in defining ischemia, a concept of **total physiologic disease burden** has been suggested.



#### **Is This a Significant Stenosis?**

F/63, Stable Angina, HTN/DM (+/+)



M/71, Stable Angina, HTN/DM (+/+)



# **FFR in Women**

• FAME substudy showed that mean FFR value was higher in women than in men.



# Is This a Significant Stenosis?



FFR 0.85 Insignificant FFR 0.76 Significant

# **Objectives**

- To compare anatomical and physiologic disease burden between women and men
- To evaluate the sex influence on prognostic implication of total

anatomical and physiologic disease burden

#### 3V FFR-FRIENDS study (2011.12.~2014.03.)



# **Baseline Clinical Characteristics**

Characteristics	Women	Men		
	(N=301)	(N=835)	p-value	
Age, years	65.0 ± 9.6	60.8 ± 9.7	<0.001	
Diabetes mellitus	107 (35.5%)	256 (30.7%)	0.119	
Hypertension	199 (66.1%)	490 (58.7%)	0.024	
Hypercholesterolemia	152 (50.5%)	445 (53.3%)	0.405	
Current smoking	22 (7.3%)	305 (36.5%)	<0.001	
Previous MI	21 (7.0%)	79 (9.5%)	0.192	
Previous PCI	88 (29.2%)	272 (32.6%)	0.286	
Clinical presentation			0.180	
Stable angina	242 (80.4%)	640 (76.6%)		
Acute coronary syndrome	59 (19.6%)	195 (23.4%)		

# **Lesion Characteristics**

Characteristics	Women (N=878)	Men (N=2,420)	p-value
Quantitative coronary angiography			
Reference vessel diameter, mm	2.89 ± 0.57	3.03 ± 0.61	<0.001
Minimum lumen diameter, mm	1.66 ± 0.71	1.72 ± 0.72	0.044
Diameter stenosis, %	43.3 ± 19.6	43.8 ± 19.1	0.530
Lesion length, mm	$10.9 \pm 9.0$	11.2 ± 8.8	0.356
FFR	0.89 ± 0.10	0.87 ± 0.11	<0.001
FFR ≤ 0.80	139 (16.8%)	502 (22.1%)	0.001

#### **Per-Vessel and Per-Patient Disease Burden**



#### **Clinical Outcomes at 2 Years**

2-Year MACE

Mutivariable Cox Analysis



Kim CH, Koo BK et al. JAHA 2019;8:e011002

Sex was not an independent factor for clinical outcomes

#### **Predictive Values of Total Disease Burden for MACE**

Total anatomical disease burden



**SYNTAX Score** 

**Residual SYNTAX Score** 

Kim CH, Koo BK et al. JAHA 2019;8:e011002

#### **Predictive Values of Total Disease Burden for MACE**

#### Total physiologic disease burden

Women: HR 0.55 (95% CI 0.34-0.88), P = 0.013 Women: HR 1.11 (95% CI 1.02-1.21), p=0.014 30 Men: HR 1.056 (95% CI 1.02-1.10), p=0.001 Men: HR 0.78 (95% CI 0.66-0.92), P = 0.004 20-0 0<sup>0</sup> **Estimated 2-Year MACE Rate Estimated 2-Year MACE Rate** 0 15-0 20-0 P for interaction = 0.309 0 P for interaction = 0.168 10-10-5-0 0 0 0 0 C 40 2.20 2.00 2.40 2.60 20 30 2.80 3.00 10 **3-Vessel FFR Functional SYNTAX Score** 

**3-Vessel FFR** 

**Functional SYNTAX Score** 

### Summary

- Per-vessel FFR value was higher in women than in men for the same stenosis severity.
- There was no sex difference in total anatomical disease burden, but total physiologic disease burden was lower in women.
- Women showed a lower MACE rate than men. However, sex was not an independent predictor for clinical outcomes after adjusting total disease burden.
- There was no sex influence on prognostic implications of total disease burden.

# Conclusion

- Despite similar angiographic disease severity, both per-vessel and perpatient physiologic disease severity based on FFR was less in women than in men.
- There was no influence of patient sex on the prognostic implications of total anatomical and physiologic disease burden in patients with coronary artery disease.

# **Thank You for Your Attention**