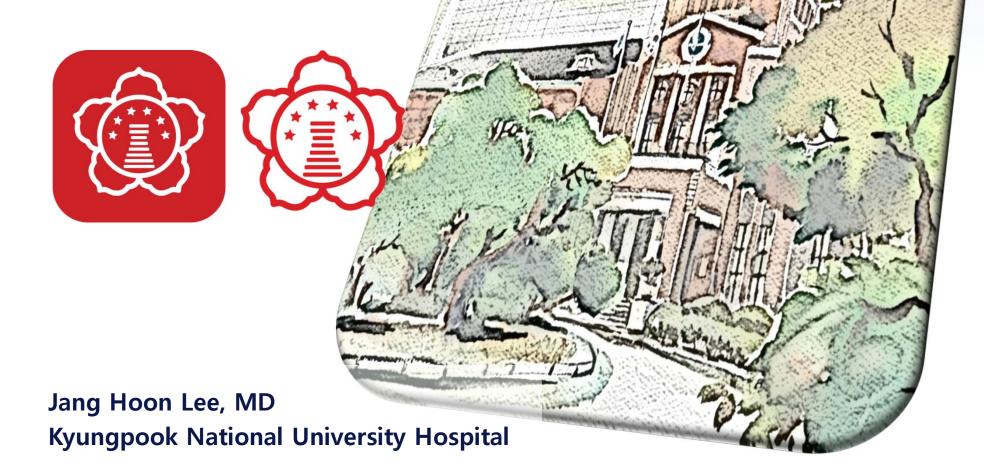
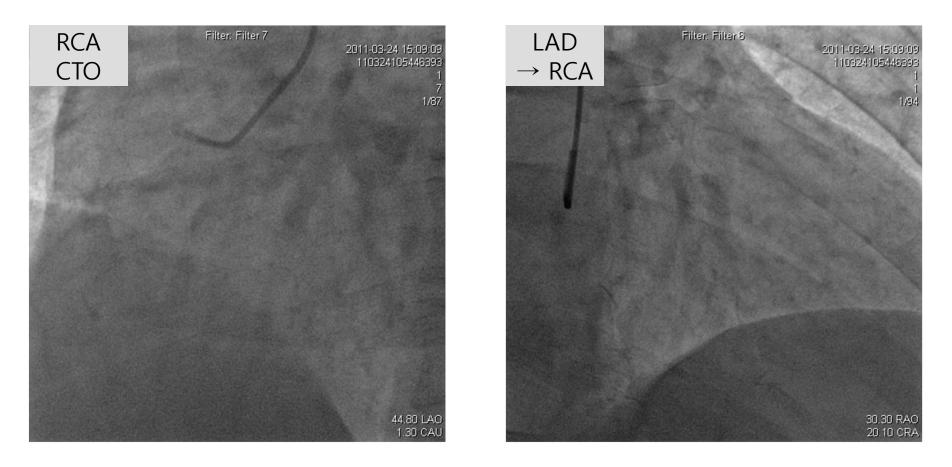
2019 Joint Meeting of Cardiovascular intervention and Revascularization Deep Dive into the Post-PCI Coronary Physiology Serial FFR measurements post coronary CTO PCI







CTO with good collaterals



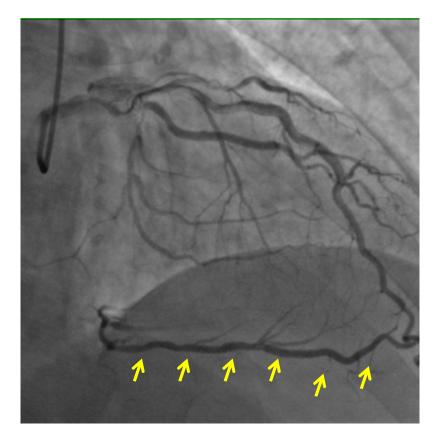
Do you believe that this well-developed collateral support is enough to save patient's life?



KNUH



Clinical implications of collateral circulation in chronic total occlusion



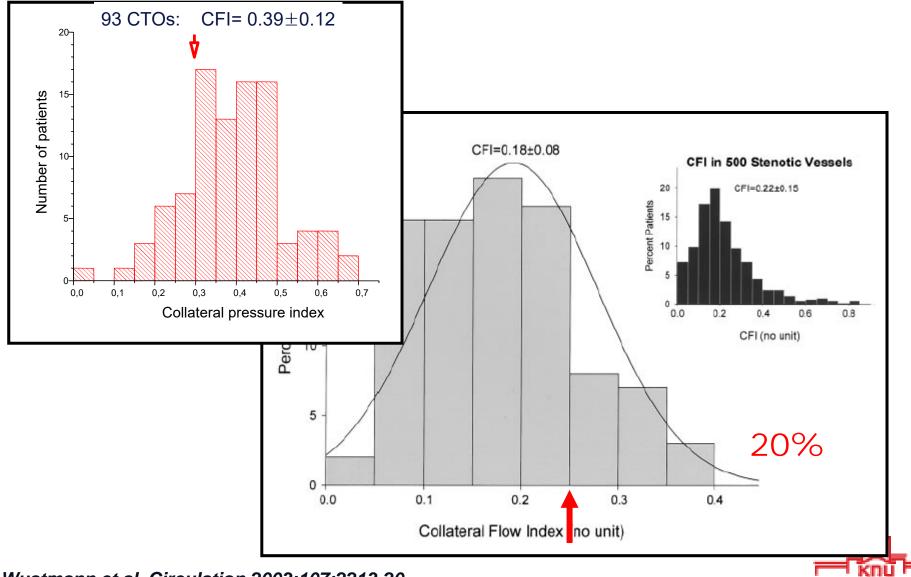
- Alternative conduits of the blood supply to myocardial areas jeopardized by ischemia
- Regression of the collaterals after CTO PCI would render the myocardium susceptible to an infarction in the event of a subsequent coronary occlusion.







Preformed collaterals in man?



Wustmann et al. Circulation 2003;107:2213-20.





Major Point #1

Collaterals are preformed and vary individually

•••







Clinical Concerns

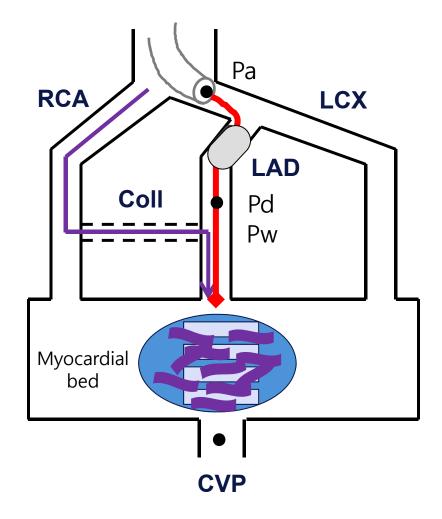
• Collateral amount in CTO







Measurements of collateral flow



- Myocardial fractional flow reserve
 FFRmyo = (Pd Pv)/(Pa Pv)
- Coronary fractional flow reserve

FFRcor = (Pd - Pw)/(Pa - Pw)

• Collateral pressure index

CPI = (Pw-CVP)/(Pa-CVP)







Major Point #2

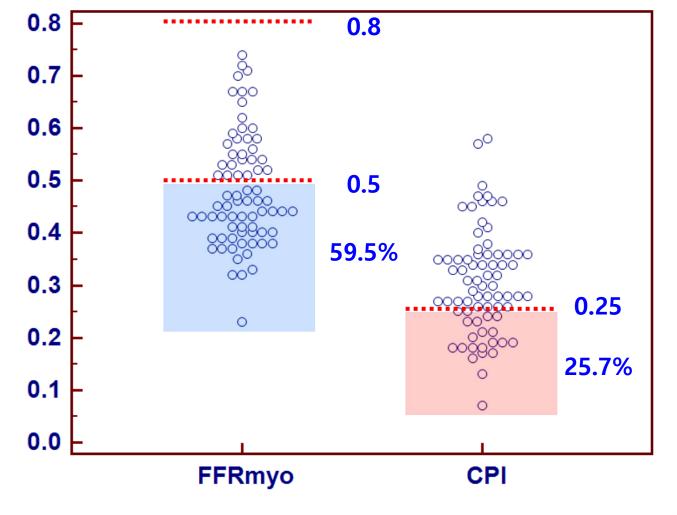
Pressure intracoronary collateral measurements are regarded as the reference method for assessment of coronary collateral flow







FFRmyo & CPI in CTO







Major Point #3

Patients with CTO have substantial ischemic burden despite a well-developed collateral circulation







Clinical Concerns

- Collateral amount in CTO
- The time course of change in CTO





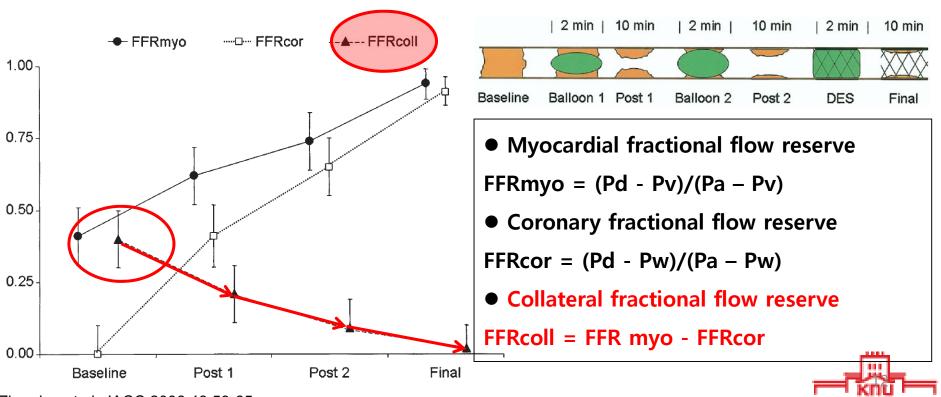


What happens to collaterals after CTO PCI?

Rapid Decline of Collateral Circulation Increases Susceptibility to Myocardial Ischemia

The Trade-Off of Successful Percutaneous Recanalization of Chronic Total Occlusions

Marco Zimarino, MD, PHD, Arturo Ausiello, MD, Gaetano Contegiacomo, MD, Irene Riccardi, MD, Giulia Renda, MD, PHD, Cesare Di Iorio, MD, Raffaele De Caterina, MD, PHD *Chieti, Italy*



Zimarino et al. JACC 2006;48:59-65.



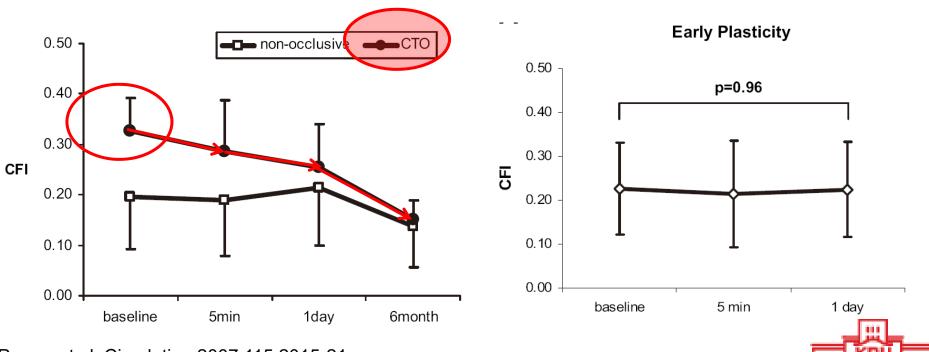
KNUH

What happens to collaterals after CTO PCI?

Interventional Cardiology

Coronary Collaterals Remain Recruitable After Percutaneous Intervention

Divaka Perera, MA, MB, BChir, MD, MRCP; Gajen S. Kanaganayagam, PhD; Mrinal Saha, MA, MBBS, MRCP; Rizwan Rashid, BSc; Michael S. Marber, MBBS, PhD, FRCP; Simon R. Redwood, MBBS, MD, FRCP



Perera et al. Circulation 2007;115:2015-21.





Coronary Collaterals Function and Clinical Outcome in Patients with Chronic Total Occlusion

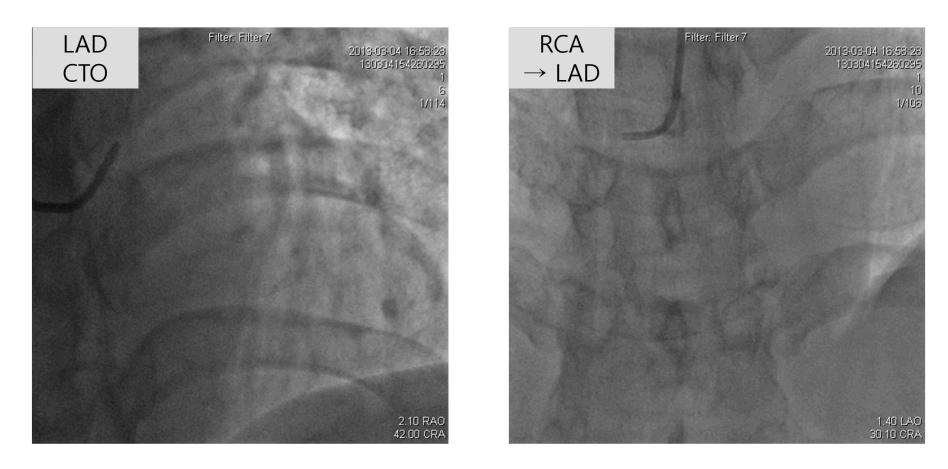
- The time-behavior of the changes in the collateral function and its clinical significance before and after PCI has not been fully investigated yet.
- We performed invasive physiologic studies in CTO patients (n=74).
- Major adverse cardiac events were defined as death, non-fatal myocardial infarction, rehospitalization for angina, and repeat revascularizations.
- Mean follow-up duration = 930 ± 446 days







M/52 effort-related chest pain for 6 months





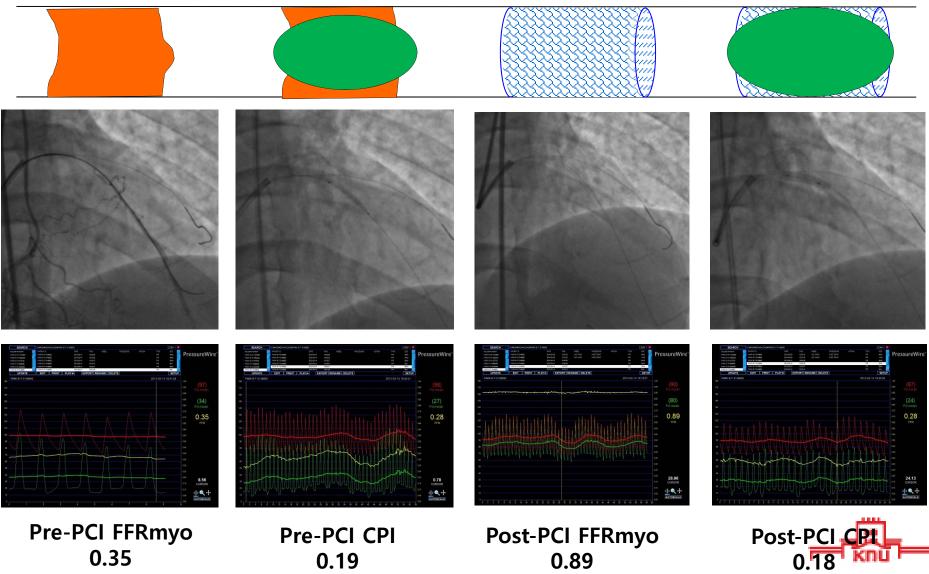




KNUH Protocol



Post PCI

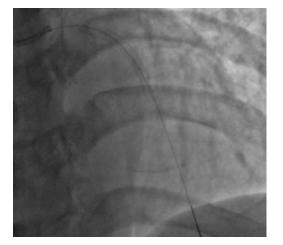


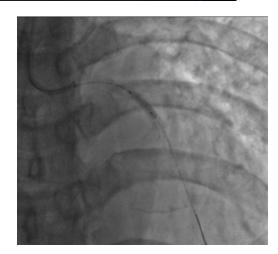


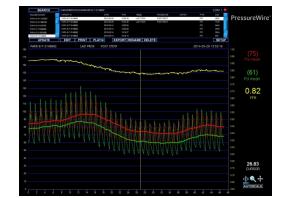


Post PCI @ 1 year









Pre-PCI FFRmyo 0.82

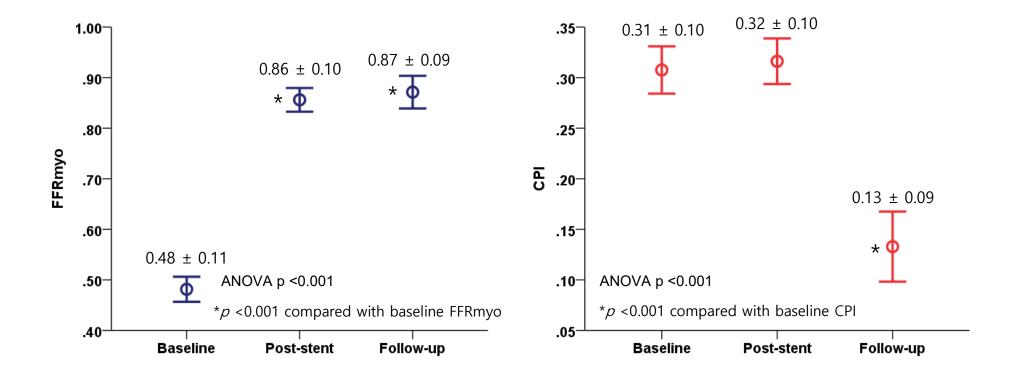


Post-PCI CPI 0.04





Time-behavior changes of FFRmyo & CPI





KNUH





Major Point #4

The recruitable coronary collateral flow did not regress immediately after the PCI.

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Clinical Concerns

- Collateral amount in CTO
- The time course of change in CTO
- Collateral function and prognosis
 - LV function

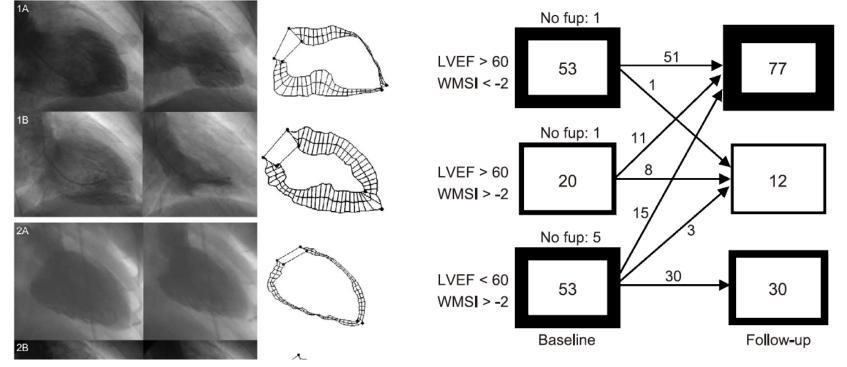




LV function in CTOs KNUH

Collaterals and the recovery of left ventricular function after recanalization of a chronic total coronary occlusion

Gerald S. Werner, MD, Ralf Surber, MD, Friedhelm Kuethe, MD, Ulf Emig, MD, Gero Schwarz, MD, Philipp Bahrmann, MD, and Hans R. Figulla, MD *Jena, Germany*



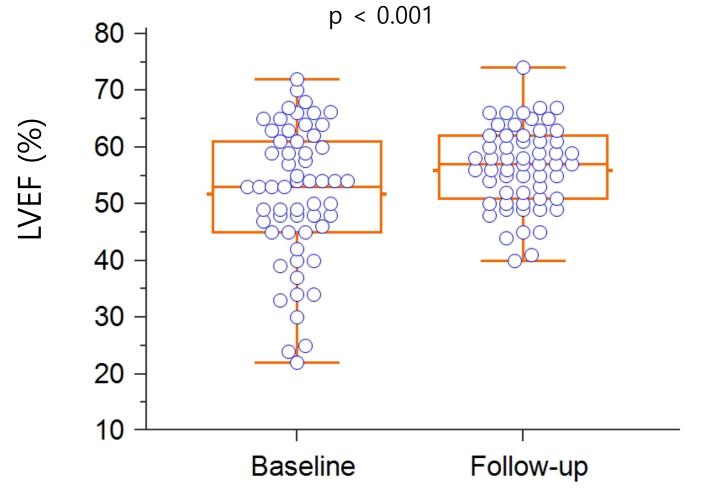
Do good collaterals predict viability and functional recovery ?

Werner et al. Am Heart J 2005,149:429-37.





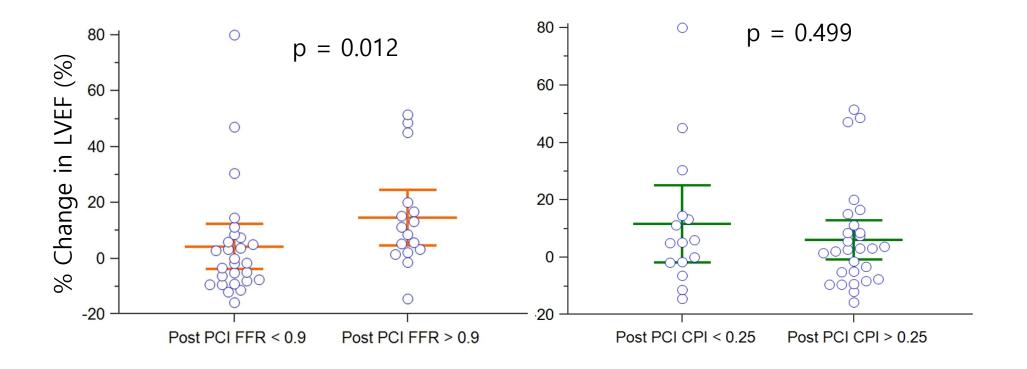
LV function after CTO PCI







Do good collateral circulations predict functional recovery?









Major Point #5

Collaterals are mandatory for a preserved LV function in CTOs, but they do not predict LV recovery







Clinical Concerns

- Collateral amount in CTO
- The time course of change in CTO
- Collateral function and prognosis
 - LV function
 - Clinical outcome







Meta-analysis (12 studies, n=6,529)

	High CCC		Low CCC		: 1				Study	Year	Collateral
Study	Total	Deaths	Total	Deaths			RR	95% CI			assessment
									Helfant	1971	Visual
Helfant 1971	61	6	58	10			0.57	[0.22; 1.47]	Williams	407/	Marcal
Williams 1976	6	0	14	8		-	0.13	[0.01; 1.95]	vvilliams	1976	Visual
Nestico 1985	183	5	176	5			0.96	[0.28; 3.26]	Nestico	1985	Visual
Hansen 1989	67	32	29	19			0.73	[0.51; 1.05]			
Perez-Castellano 1999	65	5	115	26			0.34	[0.14; 0.84]	Hansen	1989	Visual
Nicolau 1999	59	16	363	54		-	1.82	[1.12; 2.96]	David Castallana	1000	Marcal
Antioniucci 2002	264	11	900	80			0.47	[0.25; 0.87]	Perez-Castellano	1999	Visual
Monteiro 2003	35	4	35	6		-2	0.67	[0.21; 2.16]	Nicolau	1999	Visual
Meier 2007	226	25	586	170			0.38	[0.26; 0.56]			
Regieli 2009	263	2	616	4			1.17	[0.22; 6.35]	Antioniucci	2002	Visual
Desch 2009	69	2	166	13	<		0.37	[0.09; 1.60]	Monteiro	2003	Visual
Steg 2010	1922	155	251	28			0.72	[0.49; 1.06]	FIOIttello	2005	VISUAL
									Meier	2007	CFI
Random effects model	3220		3309		\diamond		0.64	[0.45; 0.91]			
Heterogeneity: I ² =66.5%, τ ² =0.2097, P=0.0006									Regieli	2009	Visual
					0.2 0.5 1	2 5			Desch	2009	Visual
				L	ower Mortality High With High CC	ner Mortalit C	У		Steg	2010	Visual







Major Point #6

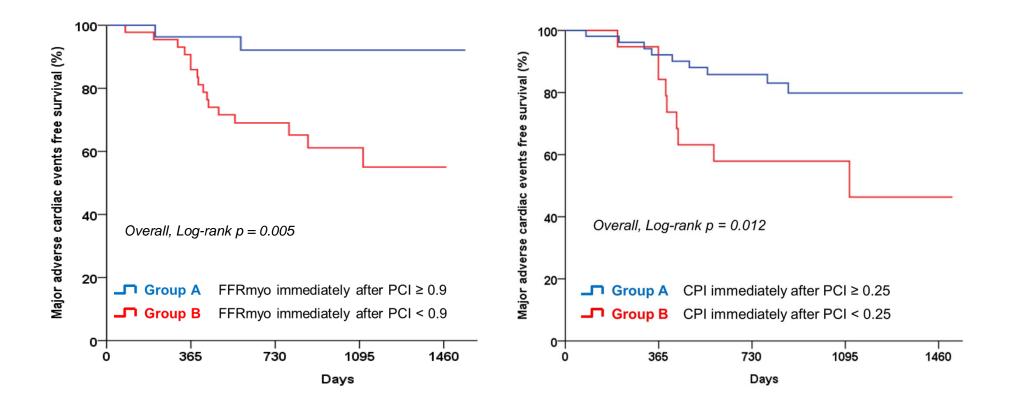
Despite controversial, a well-functioning collaterals minimize future cardiovascular events and saves lives







Cumulative MACE free survival rates

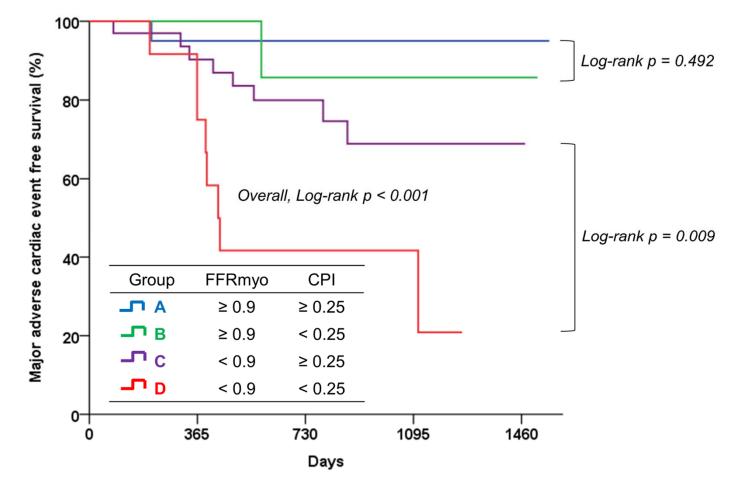








Cumulative MACE free survival rates



Major adverse cardiac events were defined as death, non-fatal myocardial infarction, rehospitalization for angina, and repeat revascularizations.

Lee JH, et al. JACC Cardiovasc Interv 2017







Major Point #7

Good collateral function does not reach the capacity of the open artery

•••







Take Home Message

- CTO patients have substantial ischemic burden despite a well-developed collateral circulation.
- The recruitable coronary collateral flow did not regress immediately after the PCI.
- Aggressive effort to reduce the ischemic burden should be tried to further improve the clinical outcome in CTOs.







Thank you for your attention!!

