Statement of Financial Interest

Speaker's name: Thomas Cuisset, MD, PhD

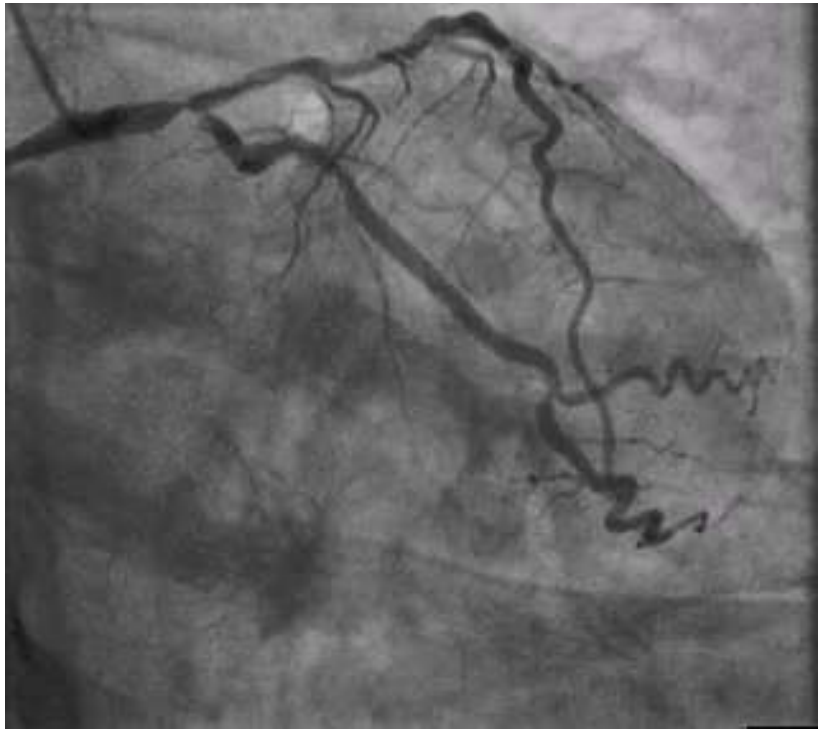
X **I have the following potential conflicts of interest to report:**

x Consulting and lecture fees: Abbott Vascular, Astra Zeneca, Boston Scientific, Crossroad Institute, Edwards, Europa Organisation, Medtronic, Terumo, Sanofi

❒ Employment in industry
❒ Stockholder of a healthcare company
❒ Owner of a healthcare company

26-27-28 JANVIER 2022 HIGH TECH MARSEILLE

Tronc commun et HBR : comment faire ?



Thomas CUISSET, CHU Timone, Marseille

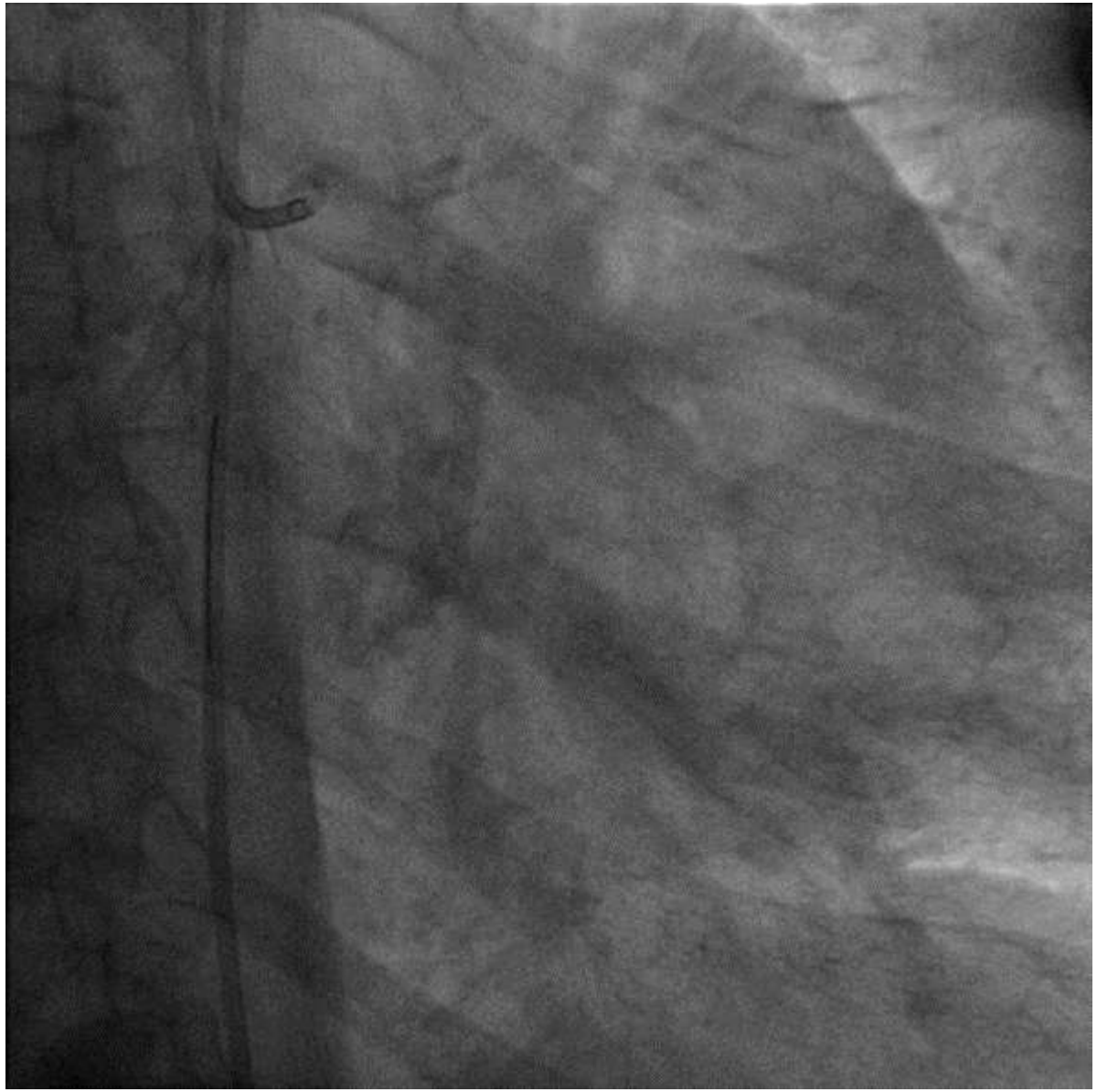
26-27-28 JANVIER 2022 HIGH TECH MARSEILLE

Cas

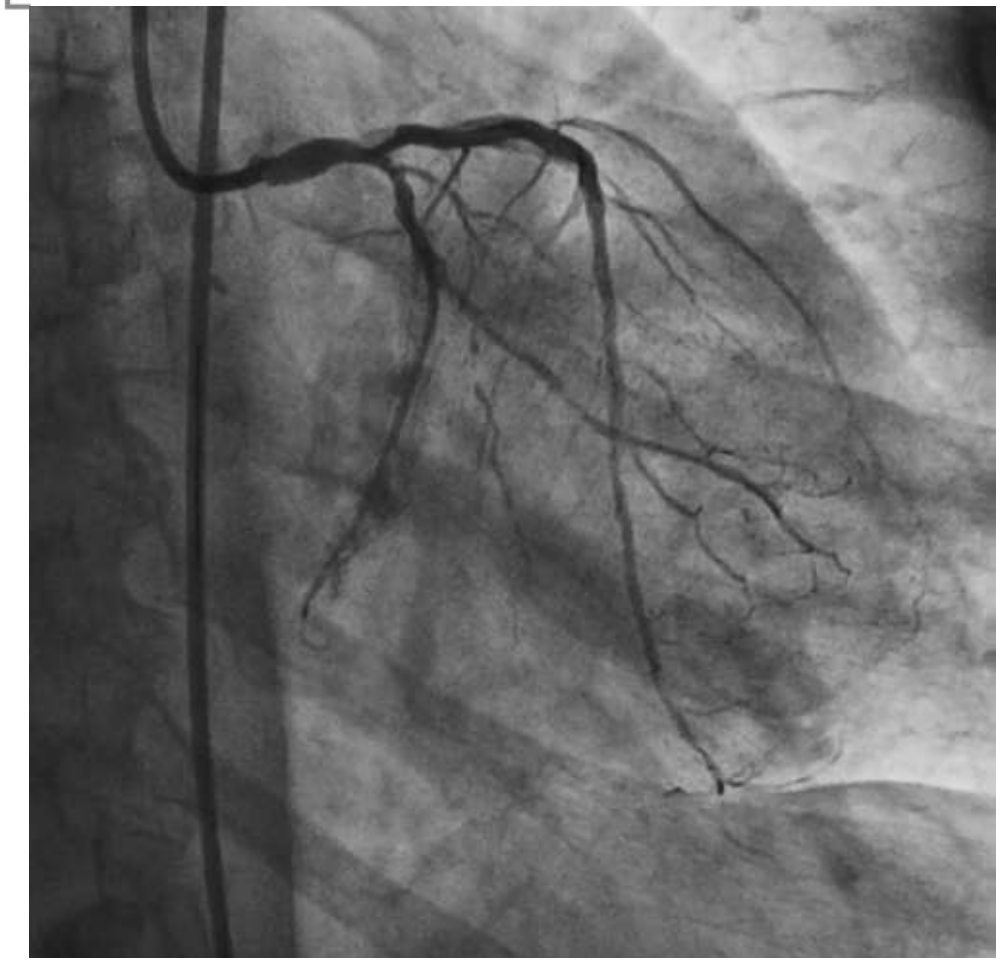
Homme 87 ans
ATCD Ulcère Hémorragique
Diabète type 2
IRC (MDRD 45 ml/min)
Hb 11,3
FE 50%

Admis pour NSTEMI

Coronarographie diagnostique
Aucun accès radial



Coronarographie



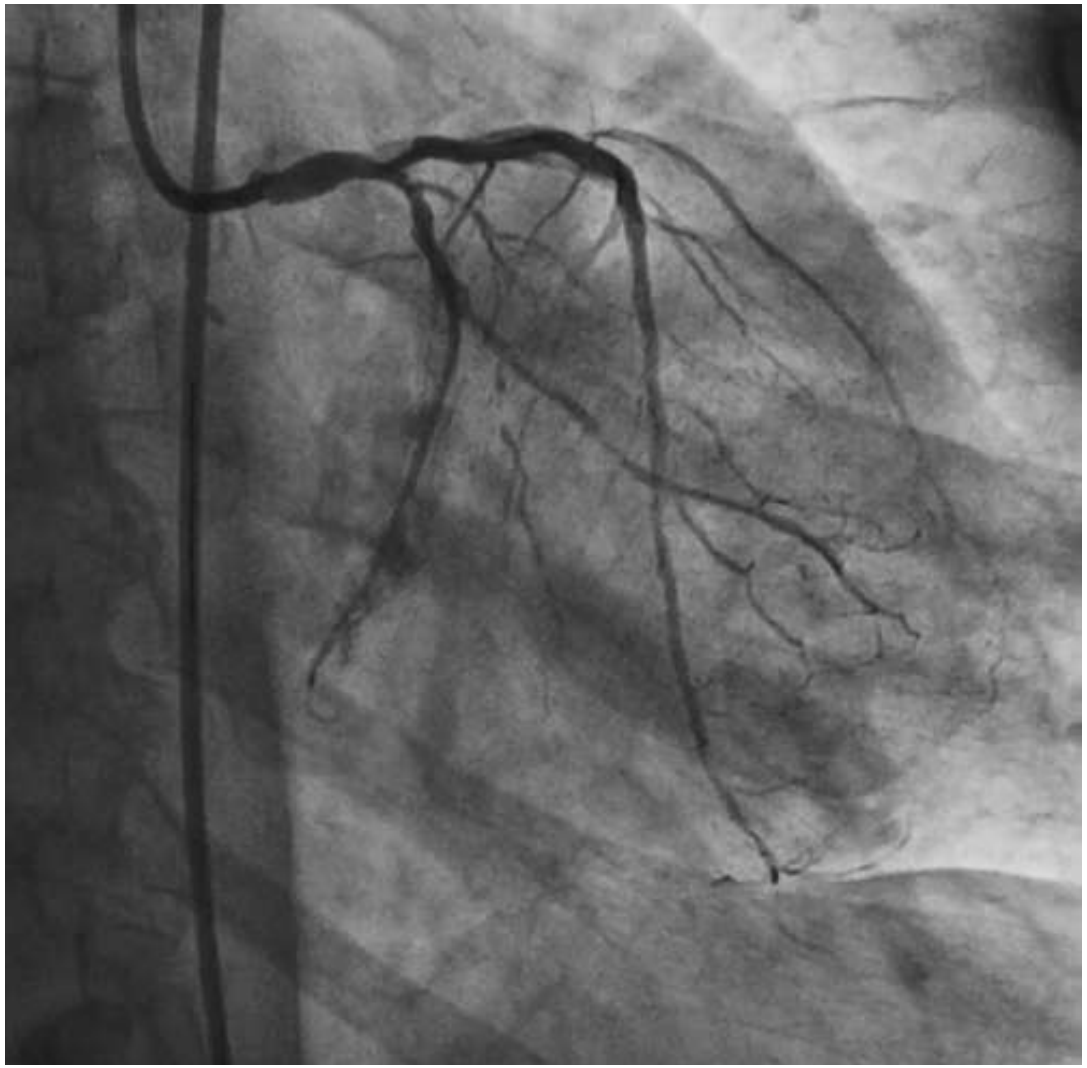
Coronarographie

Lésion TCG

Lésion TCG distal
« Plutôt » 1-1-1
Calcifiée
Lésions diffuses associées (MVD)

Patient HBR

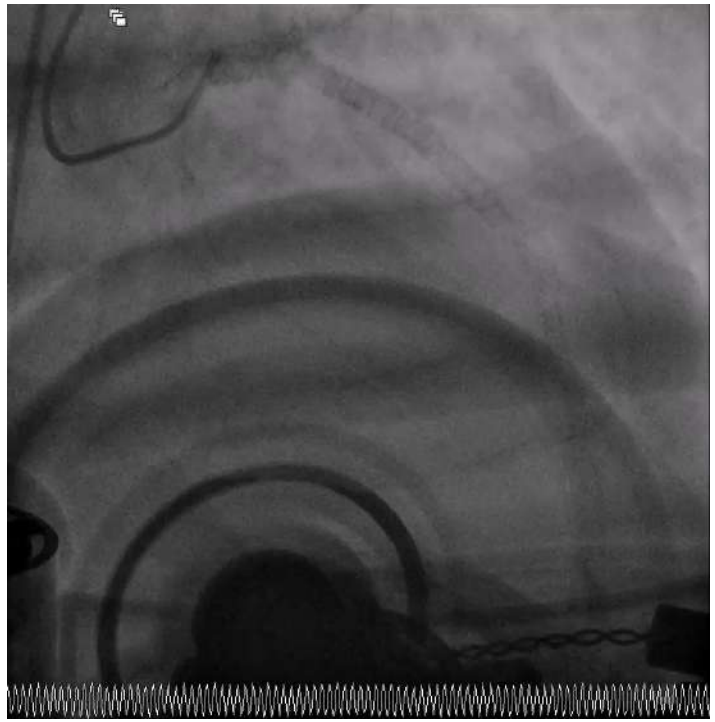
Age
ATCD saignement
IRC



HBR status of the patient ⟷ LM disease

What is the problem?

High-risk PCI in patients requiring less aggressive DAPT (potency and duration) !



Impact of HBR status of the patient

→ LM disease: Impact of HBR on Revascularisation strategy ?

Consider CABG to avoid need for prolonged DAPT
… but HBR often High surgical risk patient !

-> PCI

Lésion TCG chez patient « HBR » (1)

Timing of PCI

Patient HBR souvent âgé et fragile / IRC ici

Stable: Procédure **staged** même si NSTEMI
- Information patient et famille
- Préparer stratégie PCI et DAPT
- Considérer option « CABG » pour éviter DAPT
- Prévention CIN

Lésion TCG chez patient « HBR » (2)

PCI Strategy

Faire simple -> Moins dépendance à DAPT

Faire au mieux -> Moins risque arrêt DAPT précoce

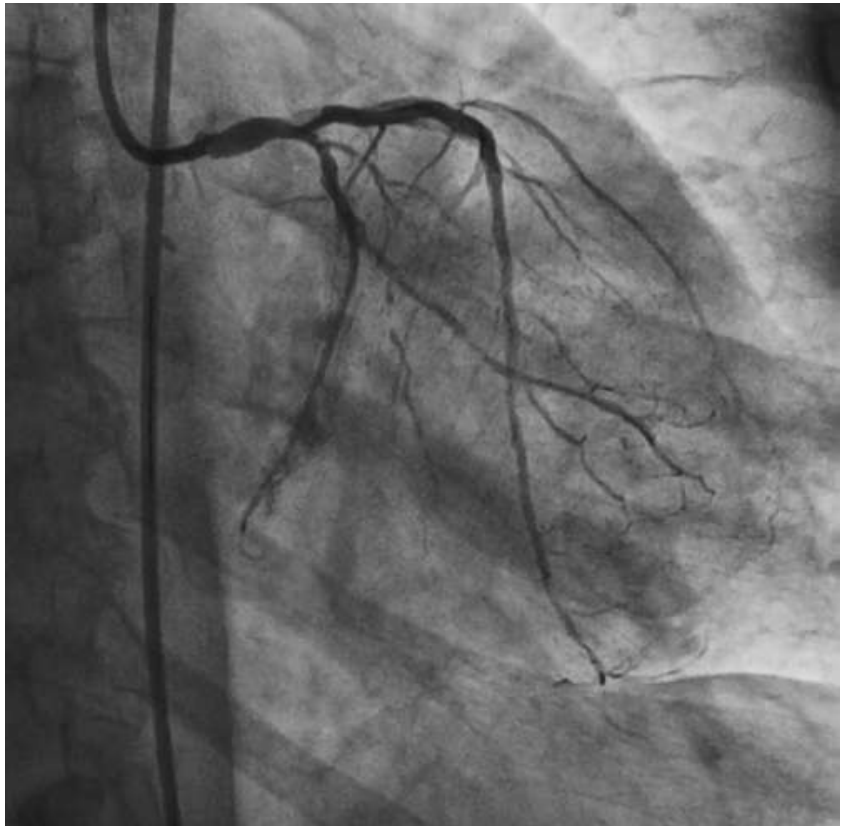
PCI Strategy for this case

Faire simple

-> Technique à un stent pour TCG

-> Incomplete revascularisation / « LM only »

Faire au mieux -> Optimiser avec imagerie



Choice of DES for LM in HBR patient

1. Evidence

Choice of stent with data in HBR patient + shorter DAPT

(LEADERS-FREE, SENIOR, ONYX ONE, MASTER DAPT)

2. Stent characteristics

Choice of stent with good mechanical properties

(overexpansion capacity, connectors…)

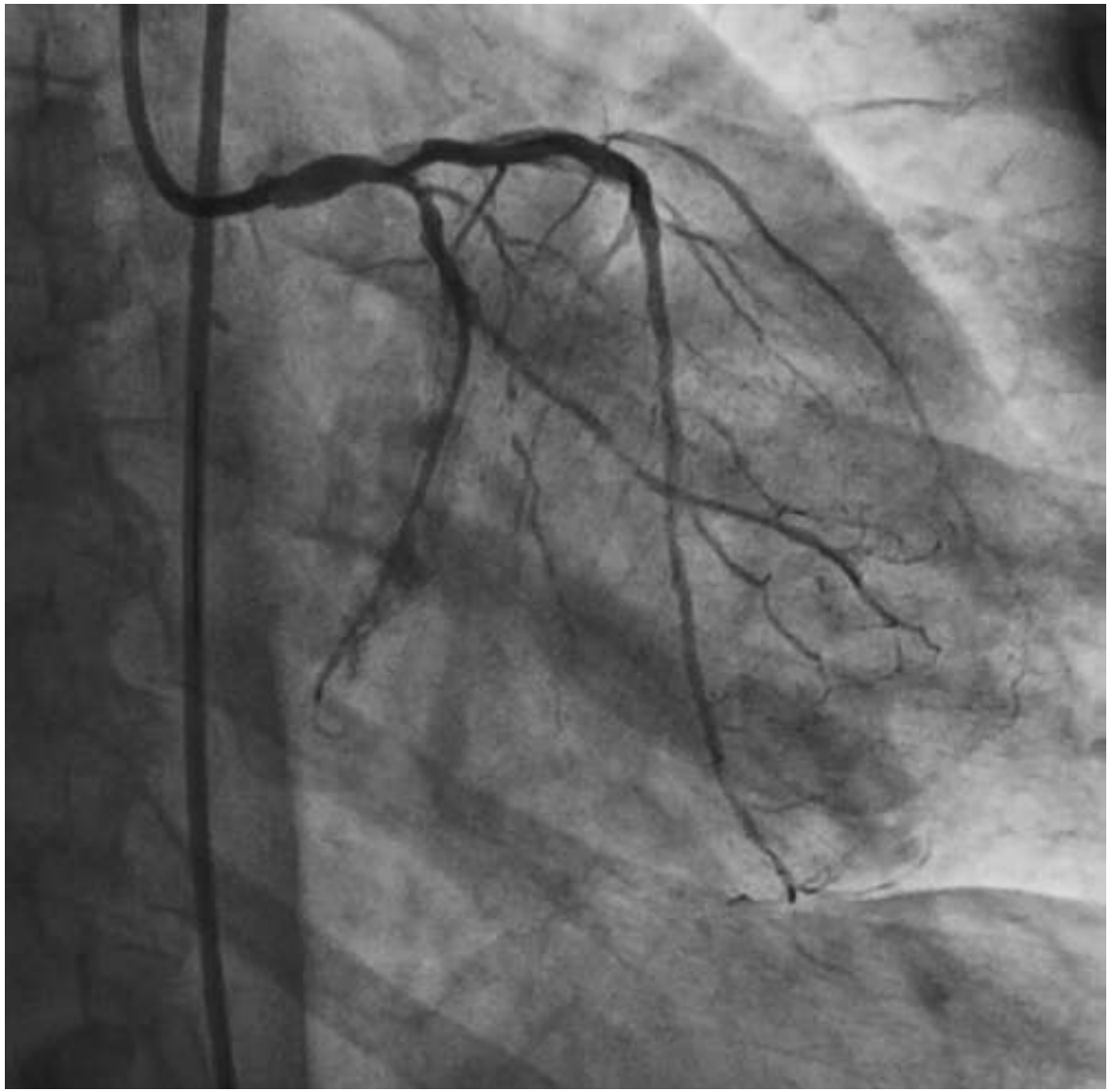
Angioplastie TCG

Timing and set-up

Staged procedure
UFH
600 mg clopidogrel
Femoral
Prevention of CIN

PCI strategy

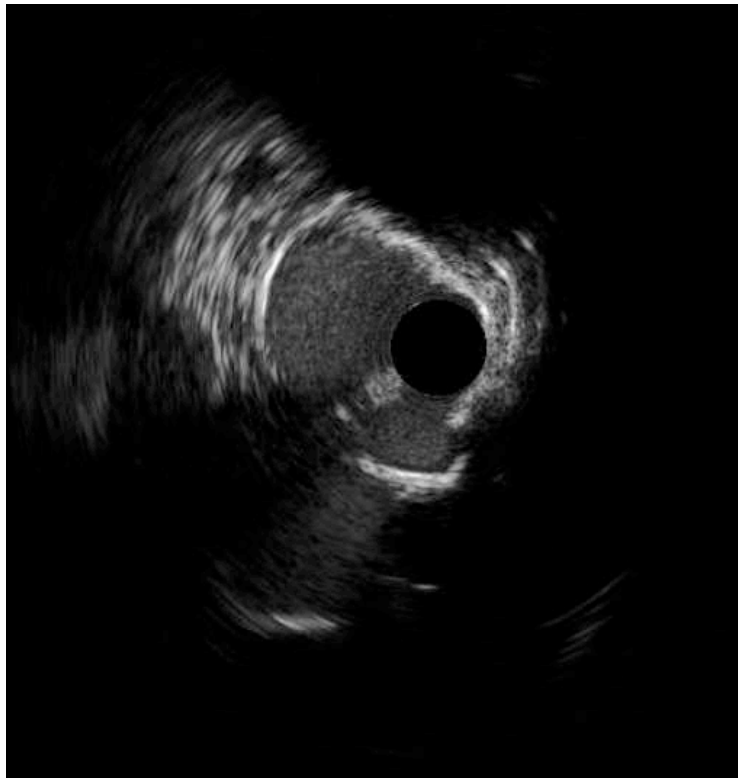
Keep it simple: Provisionnal for LM
« LM only strategy »
Optimize by IVUS guidance (CKD)
EBU 3,75
2 Wires

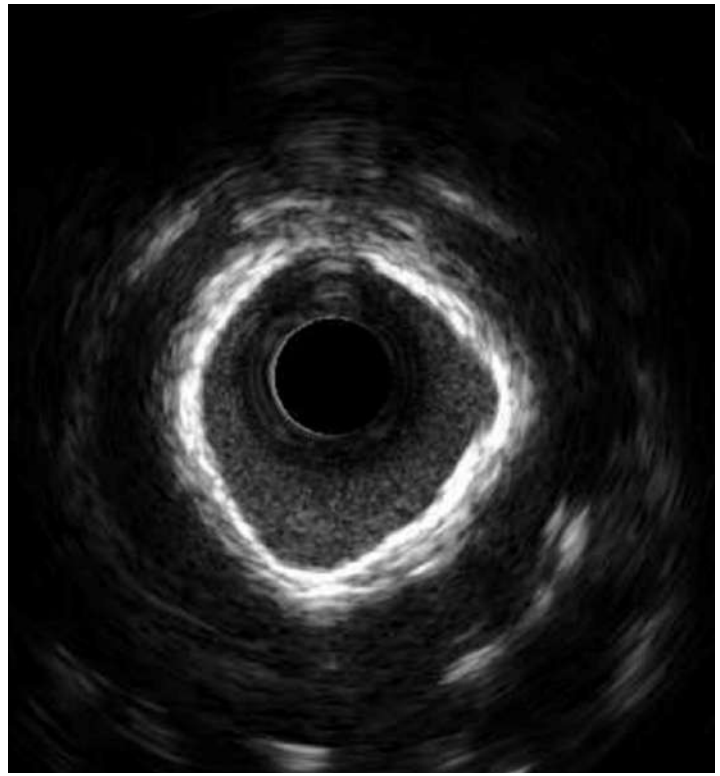


26-27-28 JANVIER 2022 HIGH TECH MARSEILLE

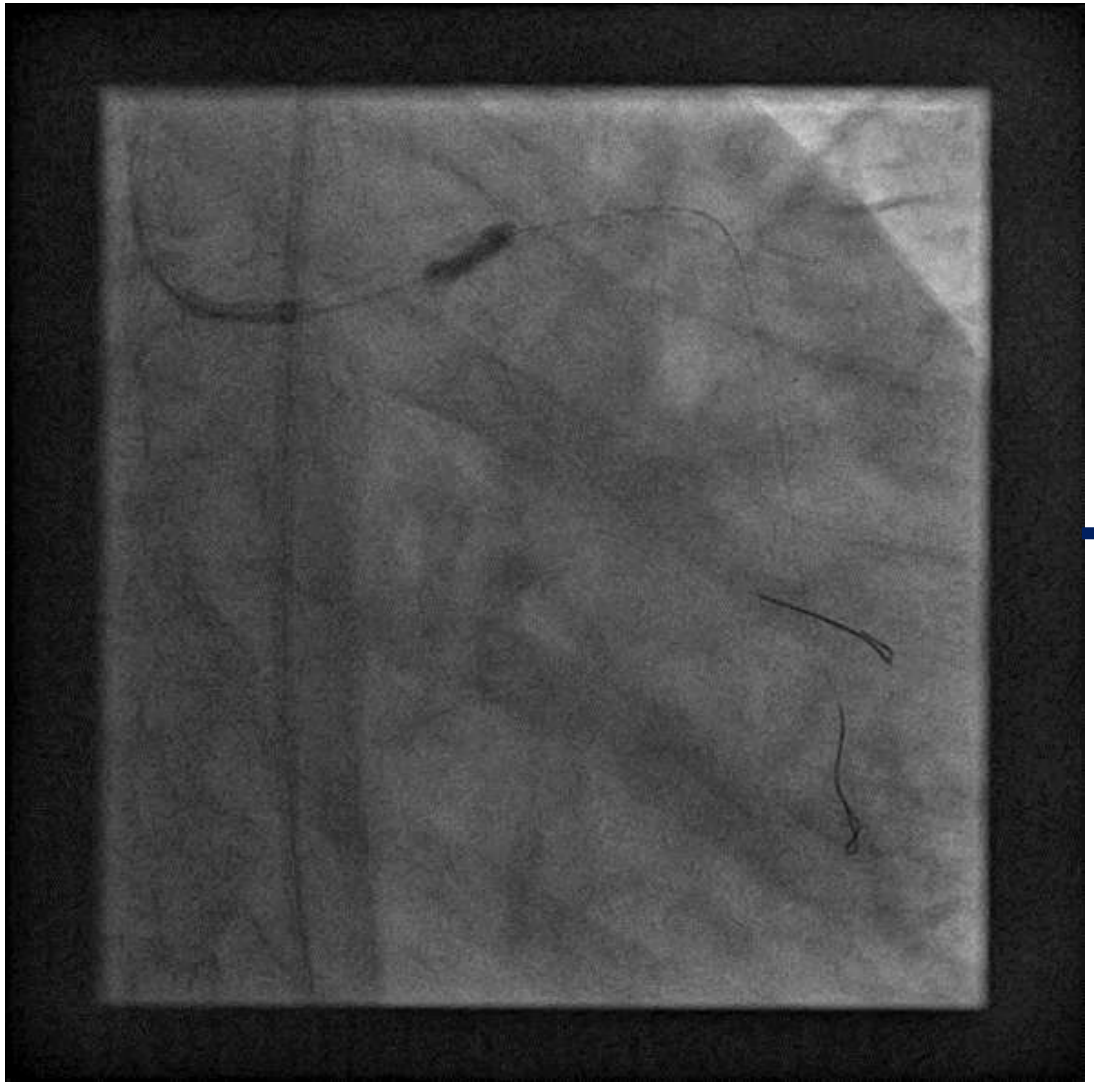
Initial IVUS

Tight and heavily calcified LM





PCI of LM



NC 3,5 Balloon, 18 atm

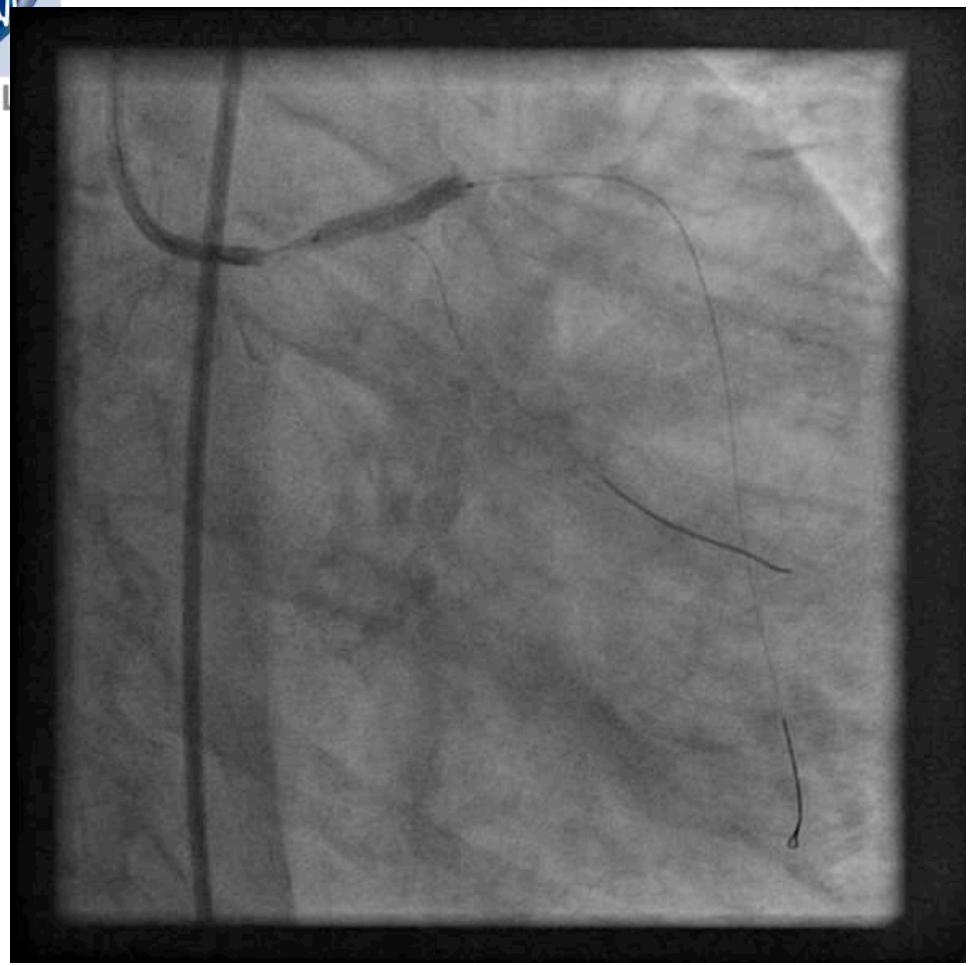
No full expansion

Decision IVL 3,5

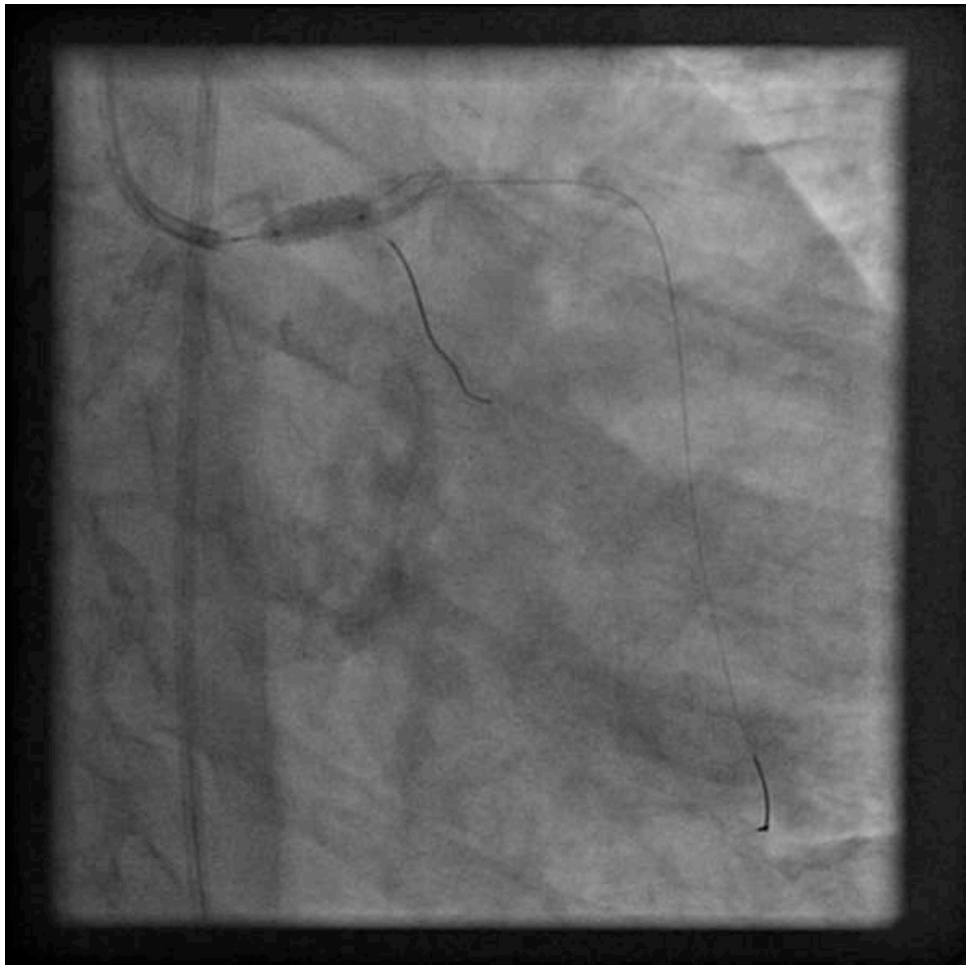
Shockwave
80 pulses

Followed by 3,5 NC

PCI of LM

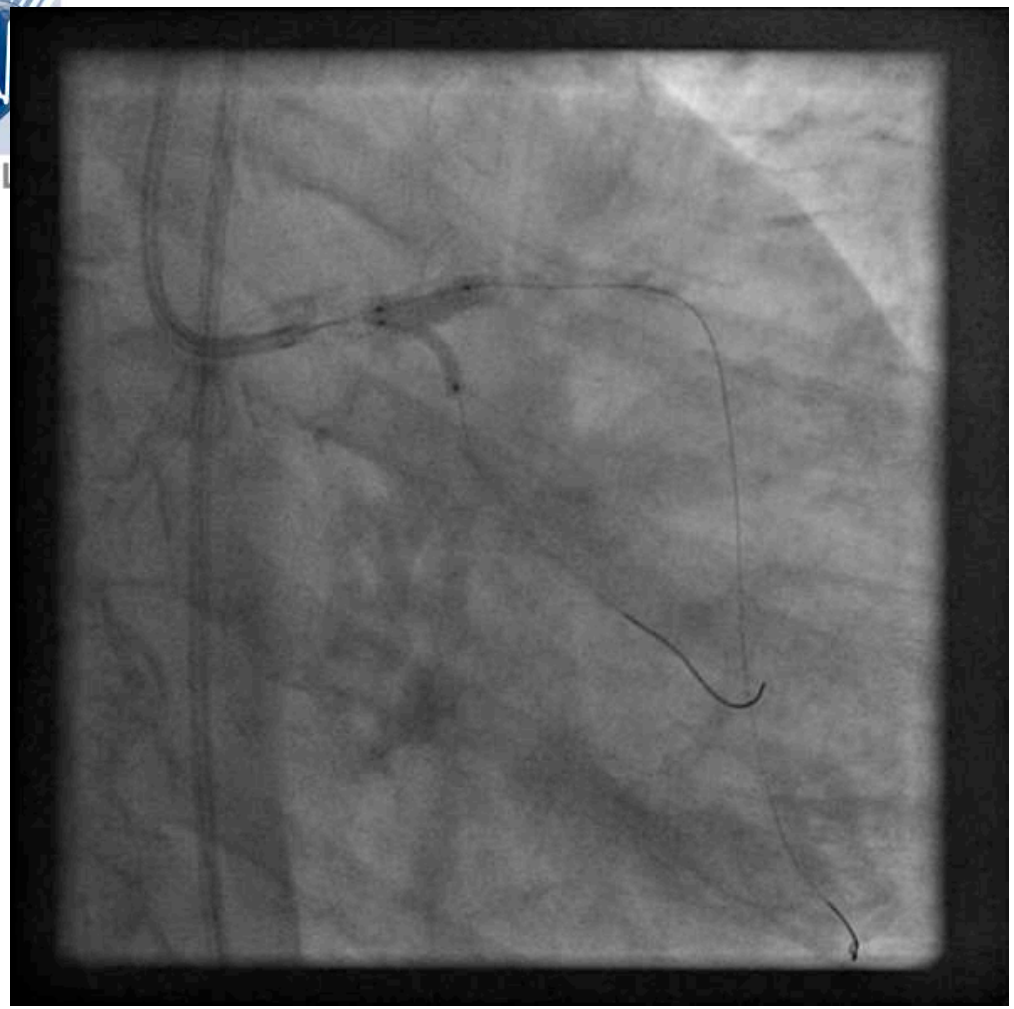


Stent LM/LAD DES 3,5-24



POT 5,0

PCI of LM



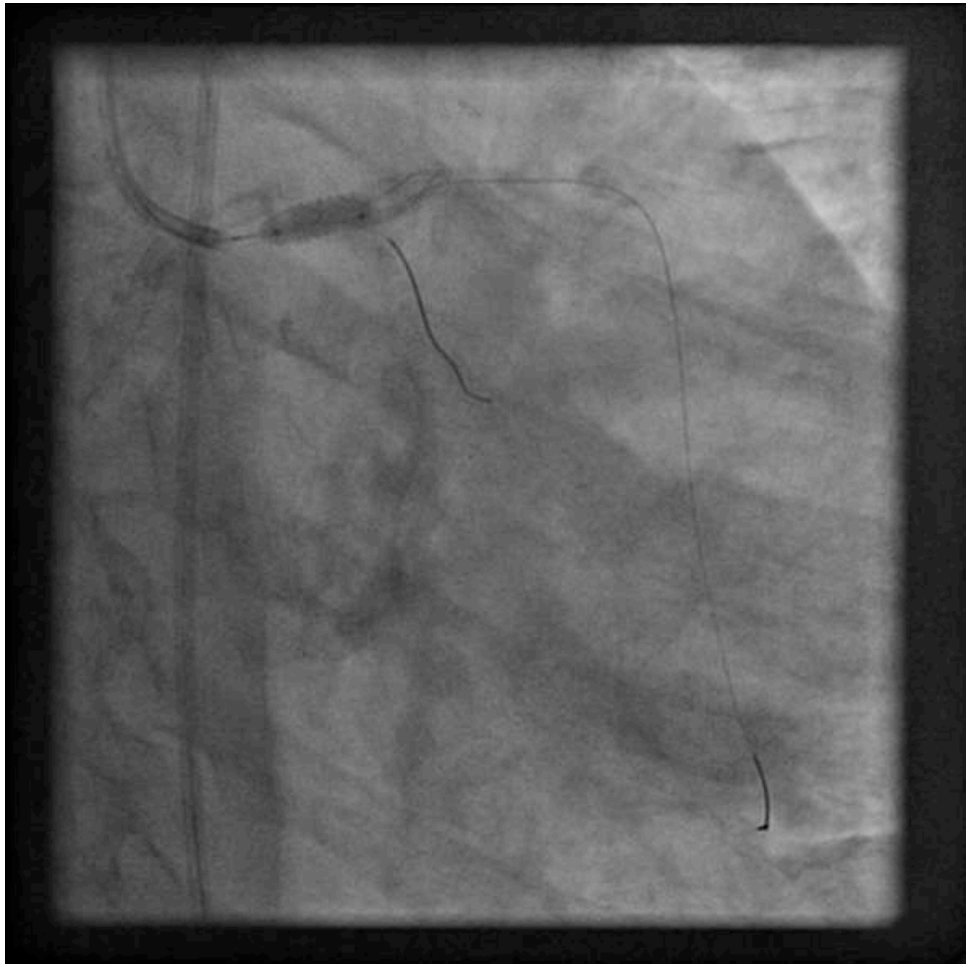
Kissing of LM: 3,5 and 2,0

We wants to keep it simple !

Undersized balloon in SB

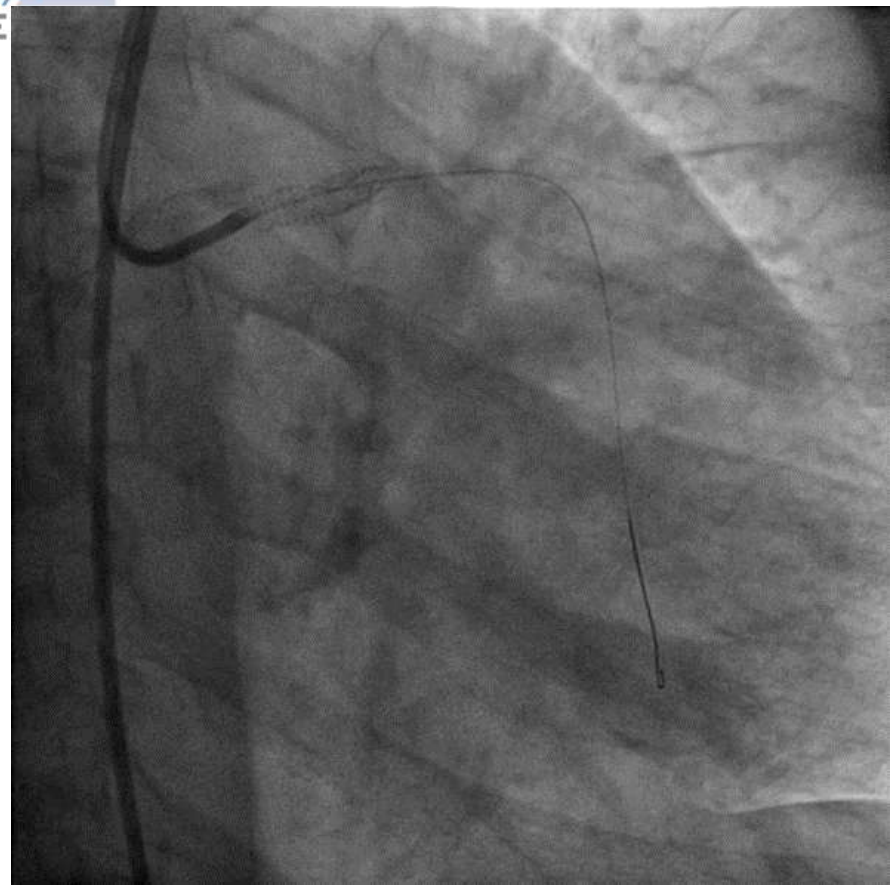
–> lower risk of dissection

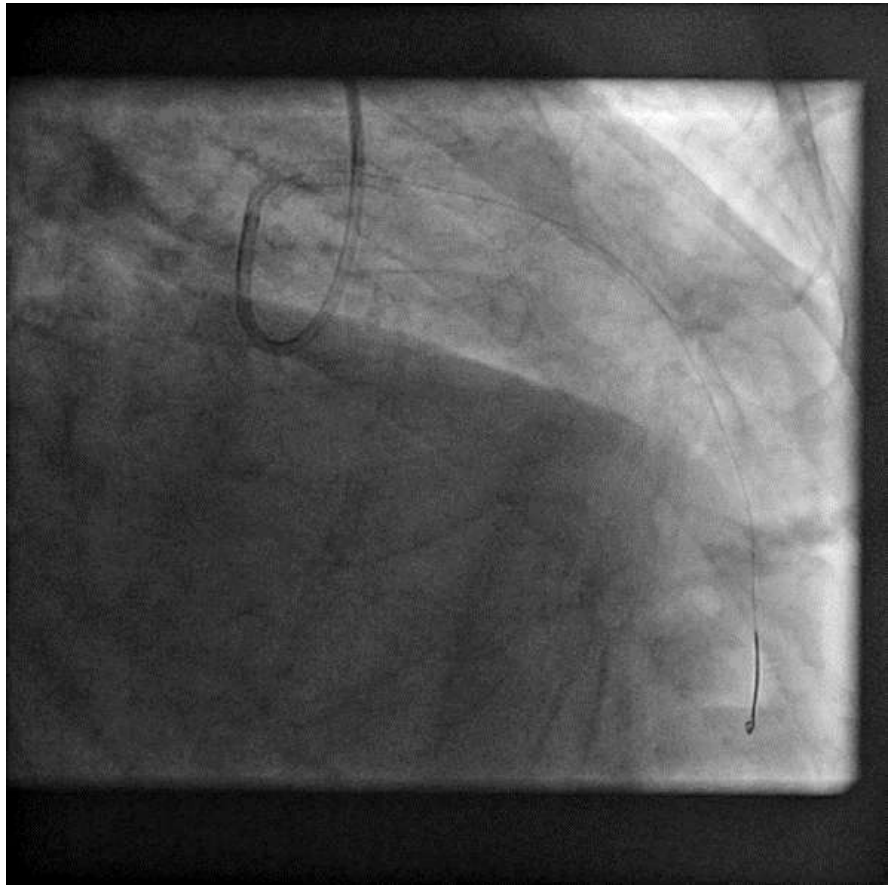
PCI of LM



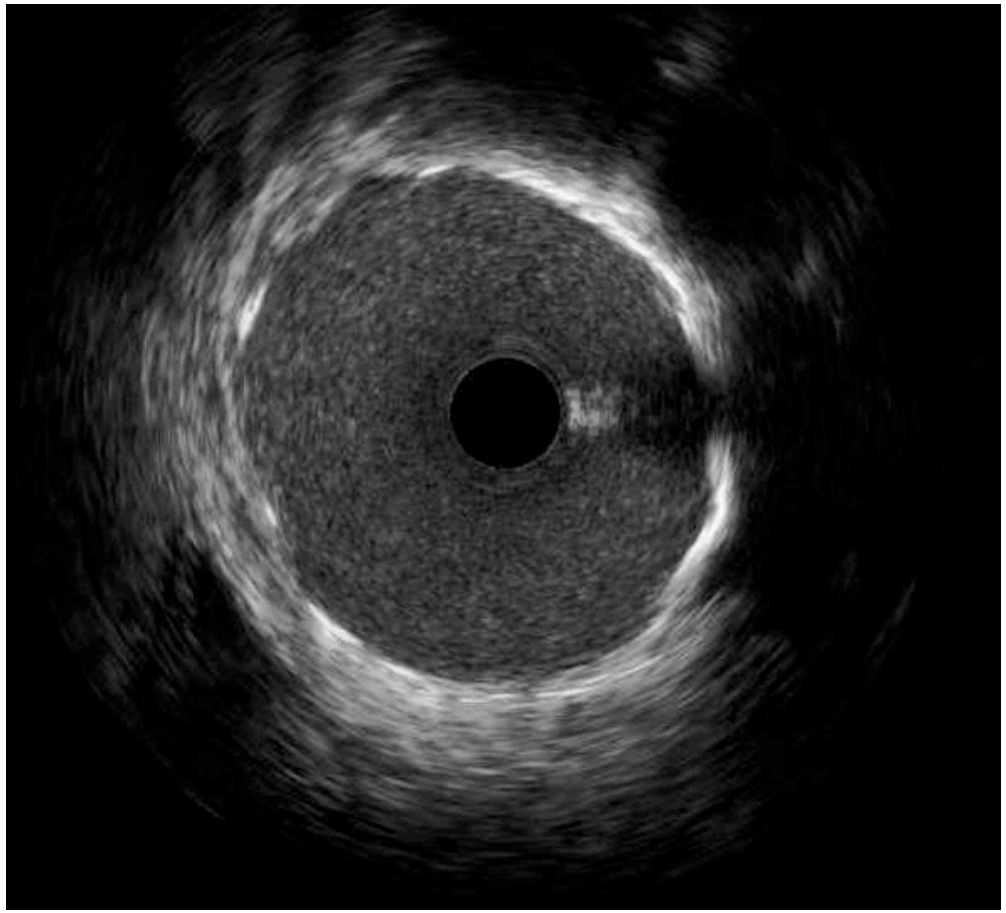
Final POT 5,0

Final Result





Final Result

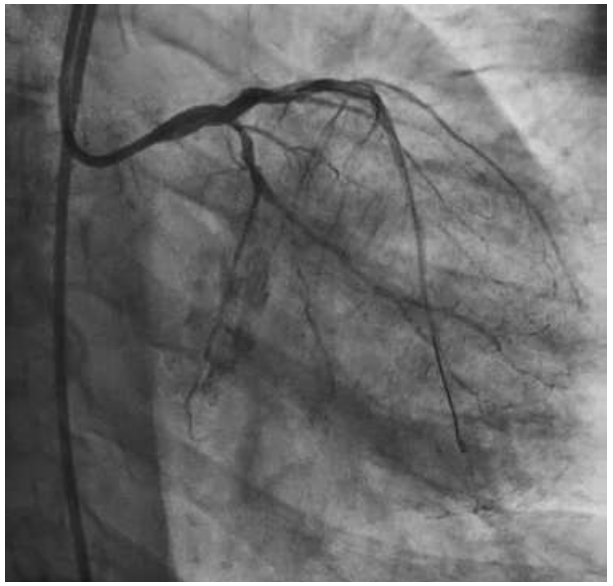


√ No dissection

√ Good apposition

√ Good expansion

DAPT strategy



Ischemic Risk

NSTEMI / DM / LM PCI

Potent P2Y12
DAPT 1 year

Bleeding risk

HBR patient

Clopidogrel
Short DAPT

Compromise

Clopidogrel 600 followed by ASA + Clopidogrel 6 Mo
PPI for GI bleeding prevention

Lésion TCG chez patient « HBR »: THM

Revascularisation strategy

Consider CABG to avoid long term DAPT

Timing of PCI: Staged in stable CAD, ad-hoc in unstable ACS

Strategy of PCI: Keep it simple, accept incomplete revascularisation, optimize result

DAPT strategy

Compromise between « light-short » DAPT (HBR) and optimal DAPT (LM PCI)

Staged for DAPT preparation (even more for clopidogrel)