



28-30
JANVIER
2026

MARSEILLE
PALAIS DU PHARO

**Quel ballon pour les lésions
calcifiées?**

Etudes SHORT-CUT & VICTORY

G.SOUTEYRAND

CONFLITS D'INTÉRÊTS

Consultant

Medtronic, Abbott, Terumo, B Braun, Edwards

Lésions calcifiées

Arsenal thérapeutique ++

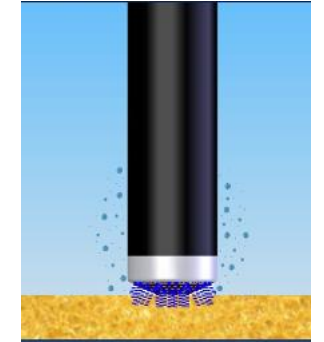
Ballons non
compliants



Ballons très haute pression
OPN



Laser



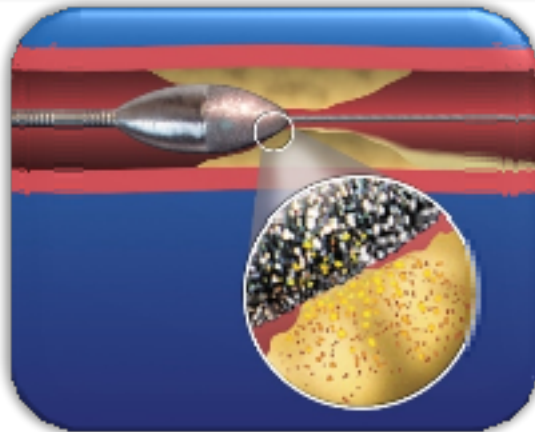
Scoring ballon



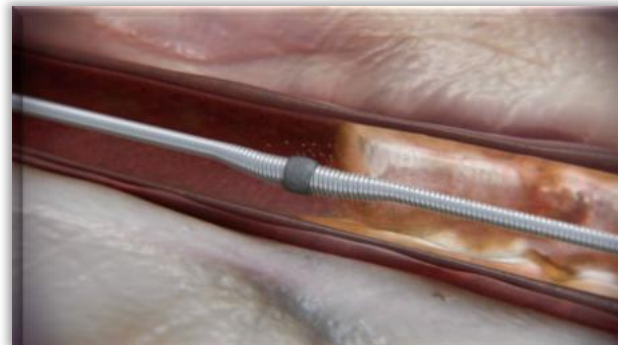
Cutting ballon



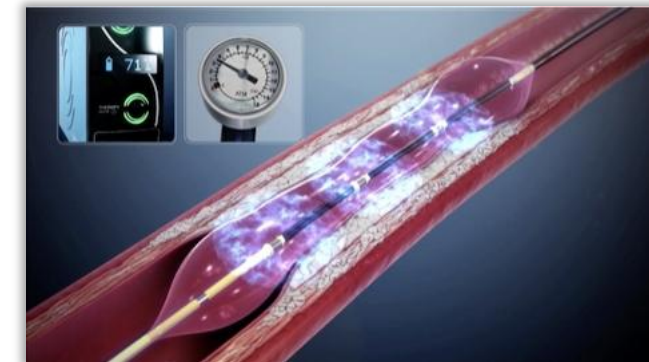
Athérectomie
rotationnelle



Athérectomie
orbitale



Lithotripsie
intravasculaire



Avant ces études

Management strategies for heavily calcified coronary stenoses: an EAPCI clinical consensus statement in collaboration with the EURO4C-PCR group

UNCROSSABLE

SUPERFICIAL
CALCIUM

UNDILATABLE

DEEP
CALCIUM

Rotational Atherectomy/Orbital Atherectomy

Laser

Intravascular Lithotripsy

C/S Balloon

SHP Balloon

NC Balloon

Barbato E. Eur Heart J. 2023

Etude Short-CUT

Design de l'étude

The ShortCUT Trial:
Shockwave Lithotripsy Compared to
Cutting Balloon Treatment in
Calcified Coronary Artery Disease

Suzanne J. Baron MD MSc

Massachusetts General Hospital, Boston MA
Baim Institute for Clinical Research, Boston MA

Patients with Significantly Calcified CAD Undergoing IVUS-Guided PCI

Planned Rotational Atherectomy

No Planned Rotational Atherectomy

Randomize 1:1

Cutting Balloon
"Rota-Cut"

IVL
"Rota-Shock"

Randomize 1:1

Cutting Balloon

IVL

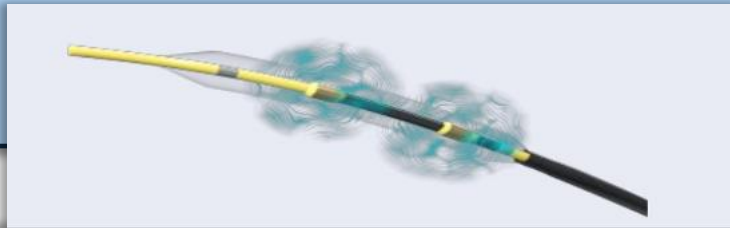
PCI with DES

Primary Endpoint: Post-procedural minimal stent area (MSA) at site of maximal Ca^{++}
(IVUS Core Lab Adjudicated)

Etude Short-CUT

Groupe Lithotripsie

Taille 1/1 par rapport \varnothing artère
Nombre pulses à discrétion
opérateur



Groupe Cutting ballon

Taille ballon 0.5mm plus petit que
référence artère
Pression inflation haute : 16-20 atm



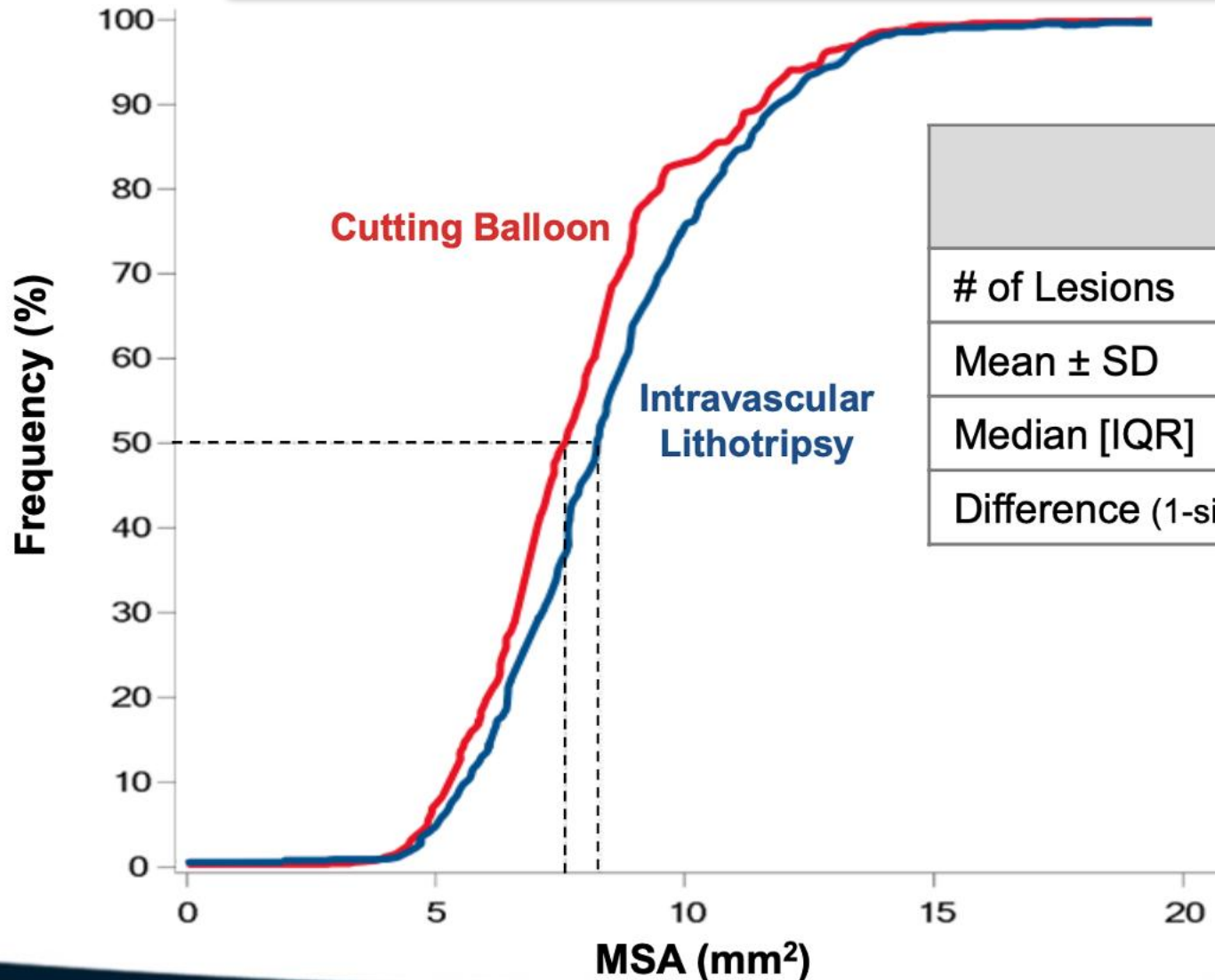
IVUS haute définition

Recommandé avant la randomisation
Nécessaire après randomisation & fin procédure

Caractéristiques Population	Intravascular Lithotripsy N = 207 Subjects	Cutting Balloon N = 206 Subjects
Age (yrs)	72.1 ± 9.3	72.2 ± 9.5
Male Sex	75.8%	74.3%
Diabetes Mellitus	44.1%	46.1%
Renal Insufficiency On Dialysis	25.7% 5.9%	24.4% 5.9%
Prior PCI	44.1%	51.0%
Prior CABG	14.9%	18.6%
LVEF (%)	53.3 ± 11.5	54.6 ± 10.9
Indication for PCI		
Stable Angina	85.5%	82.0%
Unstable Angina	6.8%	8.3%
NSTEMI	7.7%	9.7%

Etude Short-CUT

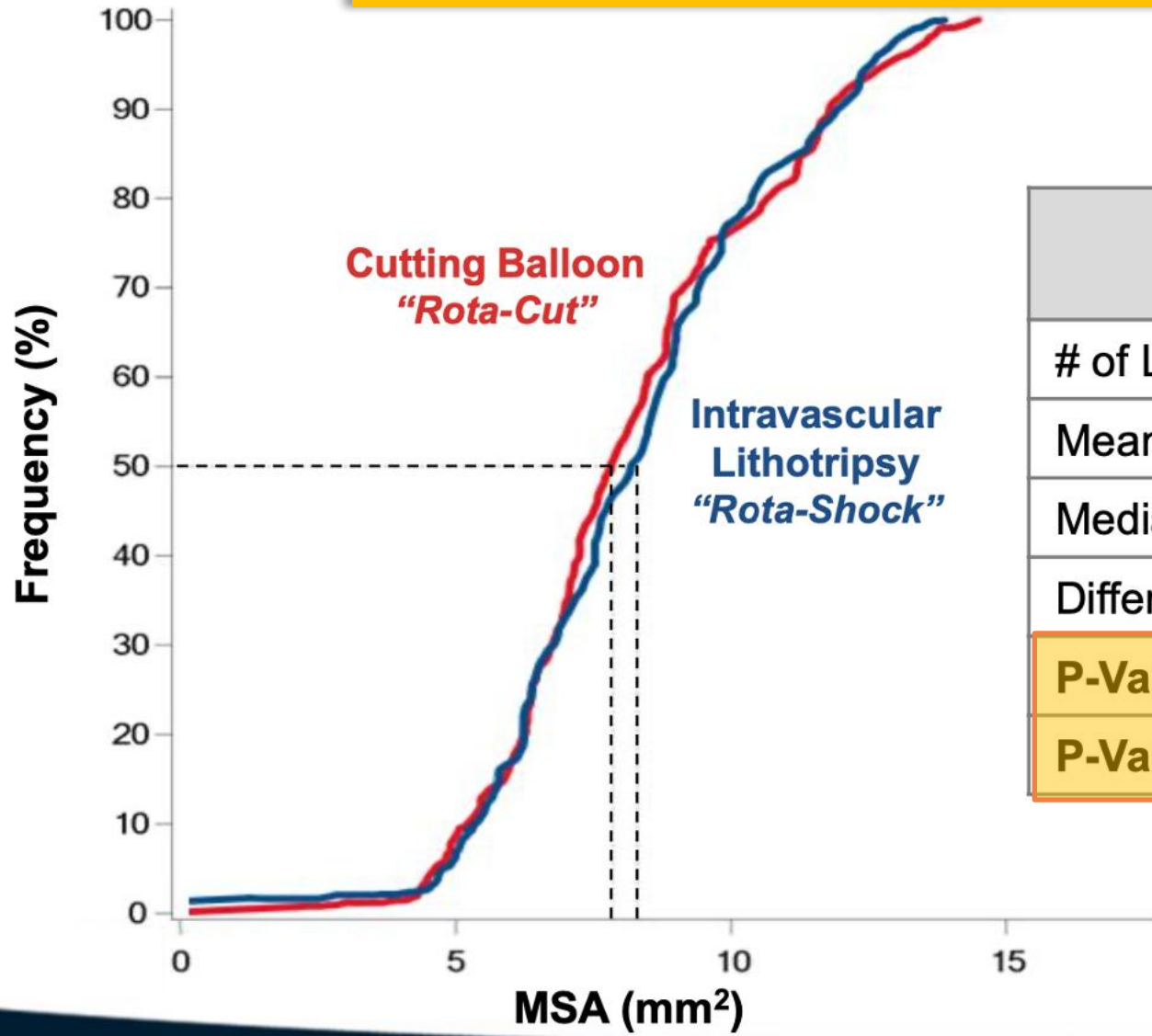
Post procédure MSA sur site Max de calcifications



	Intravascular Lithotripsy	Cutting Balloon
# of Lesions	218	212
Mean \pm SD	8.6 \pm 2.5	8.0 \pm 2.4
Median [IQR]	8.3 [6.7,9.9]	7.6 [6.4,9.0]
Difference (1-sided 97.5% CI)	0.6 (∞ , 1.1) mm ²	

Etude Short-CUT

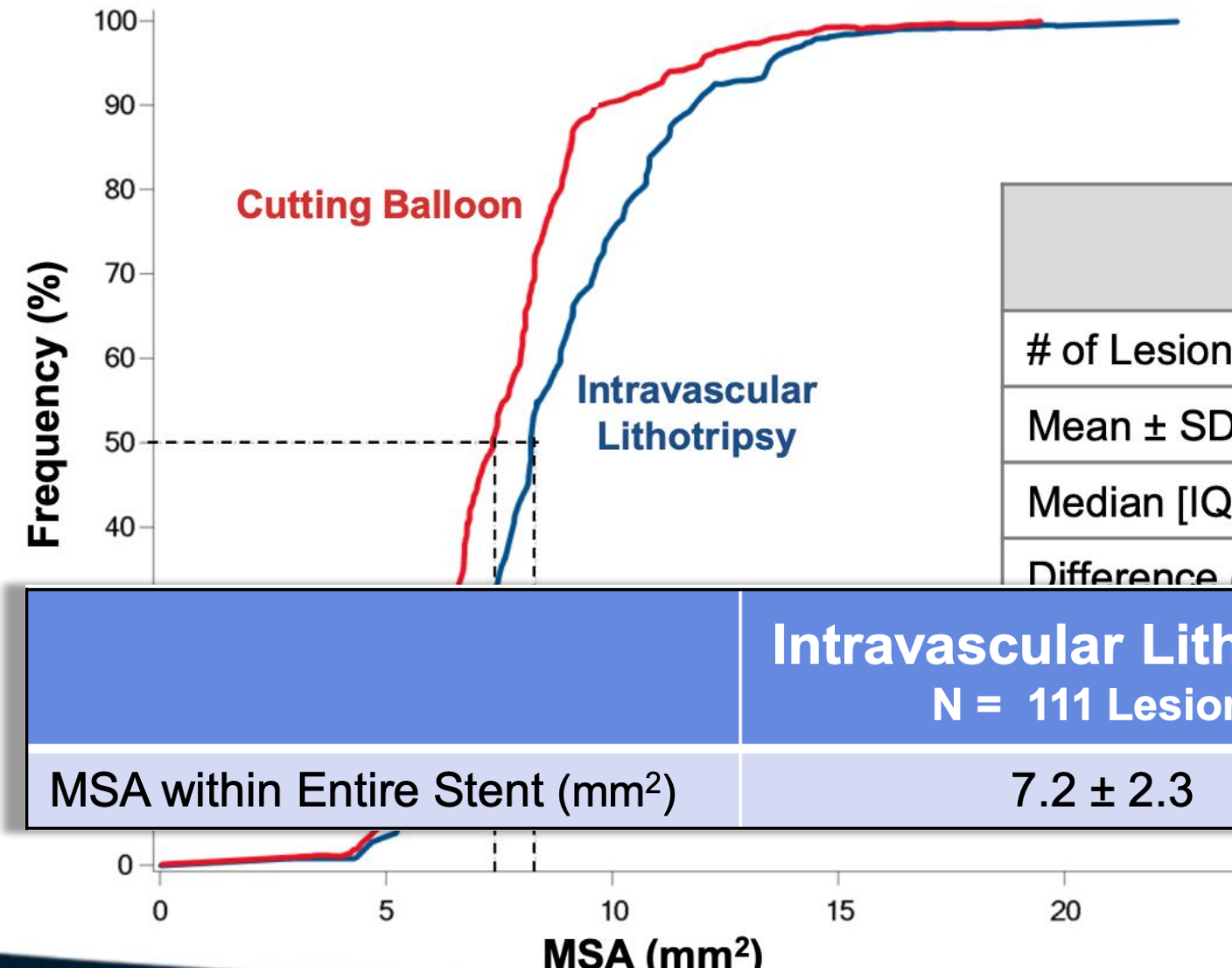
Cohorte Athérectomie



	Intravascular Lithotripsy	Cutting Balloon
# of Lesions	107	107
Mean ± SD	8.4 ± 2.3	8.3 ± 2.5
Median [IQR]	8.3 [6.5,9.9]	7.9 [6.4,9.8]
Difference (1-sided 97.5% CI)	0.1 (∞, 0.8) mm ²	
P-Value (Non-Inferiority)*	< 0.001	
P-Value (Superiority)	0.622	

Etude Short-CUT

Cohorte non Athérectomie



	Intravascular Lithotripsy	Cutting Balloon
# of Lesions	111	105
Mean \pm SD	8.8 \pm 2.7	7.7 \pm 2.3
Median [IQR]	8.3 [7.2,10.0]	7.4 [6.3,8.5]
Difference (1-sided 97.5% CI)	1.1 (∞ , 1.8) mm ²	

	Intravascular Lithotripsy N = 111 Lesions	Cutting Balloon N = 105 Lesions	P-Value
MSA within Entire Stent (mm ²)	7.2 \pm 2.3	6.5 \pm 2.2	0.03

Etude Short-CUT

Résultats cliniques

	Intravascular Lithotripsy N = 207 Subjects	Cutting Balloon N = 206 Subjects	P-Value
Complication associated with Randomized Device			0.34
Dissection	0.9%	2.7%	
Perforation	0.0%	0.5%	
Abrupt Closure	0.0%	0.0%	
Balloon Rupture	3.1%	2.3%	
Intraprocedural Adverse Events *	1.0%	1.0%	1.00
Strategy Success **	89.7%	89.2%	0.88
In-Hospital MACCE	1.0%	1.0%	1.00
30-Day MACCE	2.9%	2.9%	1.00

Etude VICTORY

Critères d'inclusion

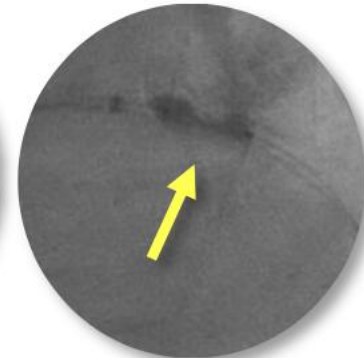
Sténose mono tronculaire sur SCA ou angor chronique

Lésion calcifiée angiographiquement

Et/ou OCT avec arc calcaire $>270^\circ$

Et/ou ballon d'angioplastie non ouvert

Angiographic and OCT inclusion criteria:



Etude VICTORY

3 centres, Etude prospective

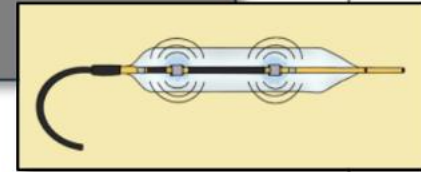
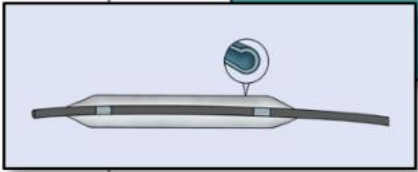
ACS / CCS patients* with severely calcified lesions
undergoing OCT-guided PCI



Lesion preparation with
OPN NCB

Randomization
1:1

Lesion preparation with
IVL



Stent implantation (everolimus- or zotarolimus eluting stents)

Post-PCI OCT (primary outcome): Final stent expansion (%)

Clinical follow-up @ 30 days (safety outcomes)

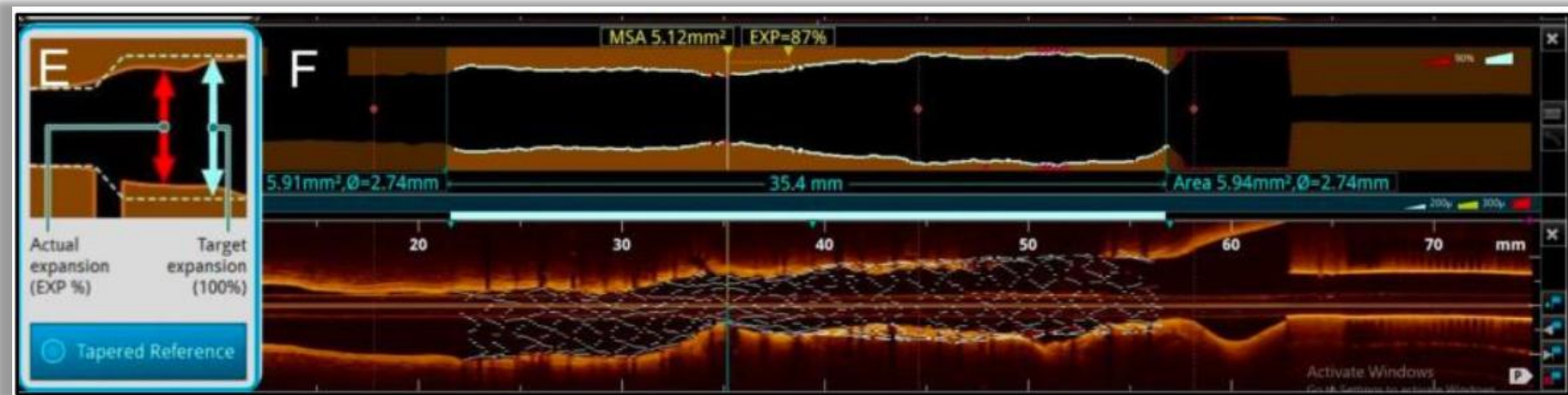
Suivi clinique à 1 & 2 ans

Etude VICTORY

Methode

- Critère primaire

Expansion finale du stent en %



- Critère secondaire

Expansion optimale, acceptable

Succès de procédure, de stratégie

Complications

Etude VICTORY

Population

282 patients randomisés

	OPN NCB (n=139)	IVL (n=139)
Age (years)	70.6±8.6	71.6±8.2
Females (%)	25 (18.0)	17 (12.2)
Symptomatic chronic coronary syndrome (%)	81 (59.6)	74 (54.4)
Planned staged PCI after MI (%)	32 (23.5)	37 (27.2)
Diabetes (%)	42 (30.7)	33 (23.9)
Previous MI (%)	53 (39.3)	56 (40.6)
Previous PCI (%)	81 (58.3) *	59 (42.4) *
Previous CABG (%)	10 (7.2)	7 (6.1)
Heart failure (%)	19 (13.9)	20 (14.6)
Target vessel : Proximal LAD (%)	56 (40.3)	57 (41.0)

Analyse lésions

OPN NCB
(n=139)

IVL
(n=139)

Angiographic findings:

Target lesion SYNTAX Score

8.0 (5.0)

8.0 (5.0)

Angiographic severity of calcification (%)

Moderate

40 (28.8)

35 (25.2)

Severe

83 (59.7)

86 (61.9)

Bifurcation lesion (%)

56 (40.3)

52 (37.4)

OCT findings:

Reference vessel diameter – mean (mm)

3.53 (0.91)

3.51 (0.72)

Mean lumen diameter (mm)

1.57 (0.49)

1.56 (0.52)

Minimal lumen area (mm²)

2.00 (1.28)

1.93 (1.28)

Lesion length (mm)

32.9 (15.8)

31.0 (16.6)

Eccentric calcium (%)

60 (43.5)

63 (45.9)

Nodular calcium (%)

38 (27.5)

34 (24.8)

Length of stented segment (mm)

46.3 (23.8)

45.8 (24.3)

Caractéristiques procédure		OPN NCB (n=139)	IVL (n=139)	
Radial access (%)		118 (85.5)	116 (83.4)	
Procedure time (min)		70 (36)	79 (31)	* p-value = 0.061
Contrast dose (mL)		284 (146)	294 (125)	
Radiation time (min)		22.4 (14.3)	24.7 (16.0)	
SCB prior to study device (%)		19 (13.7)	32 (23.0)	* p-value 0.044
NCB prior to study device (%)		33 (23.74)	56 (40.29)	* p-value 0.003
Scoring/cutting balloon (%)		1 (0.72)	0 (0)	
Rotational atherectomy (%)		22 (15.83)	17 (12.23)	
Study devices : OPN NCB vs. IVL group				
Number of devices used (n, %)				
	1	91 (65.9)	133 (95.7)	} * p-value <0.001
	2	46 (33.3)	6 (4.3)	
	3	1 (0.72)	0 (0)	
Number of devices used [mean, (SD)]		1.35 (0.49)	1.04 (0.20)	
Max. diameter (atm)		3.0 (0.5)	3.5 (0.5)	
Max. pressure (atm)		40.0 (4.0)	6.0 (2.0)	

Etude VICTORY

Critère d'analyse

*Final stent expansion
(%, medians [95%CI])*

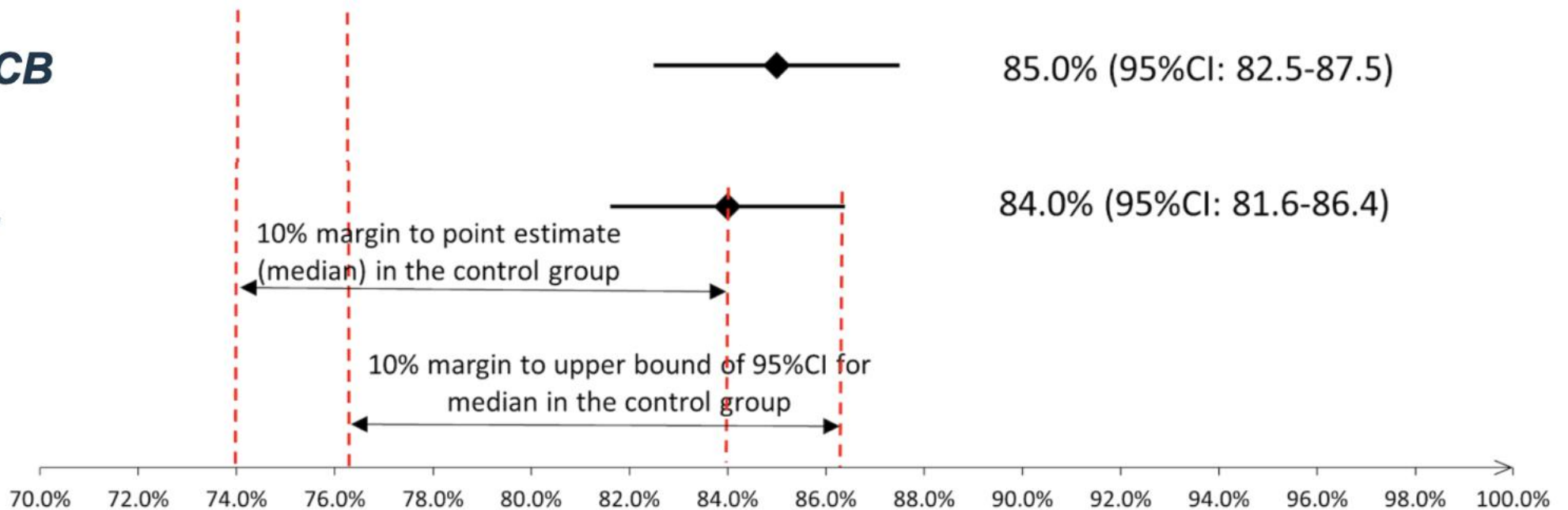
p for non-inferiority <0.0001

OPN NCB

85.0% (95%CI: 82.5-87.5)

IVL

84.0% (95%CI: 81.6-86.4)

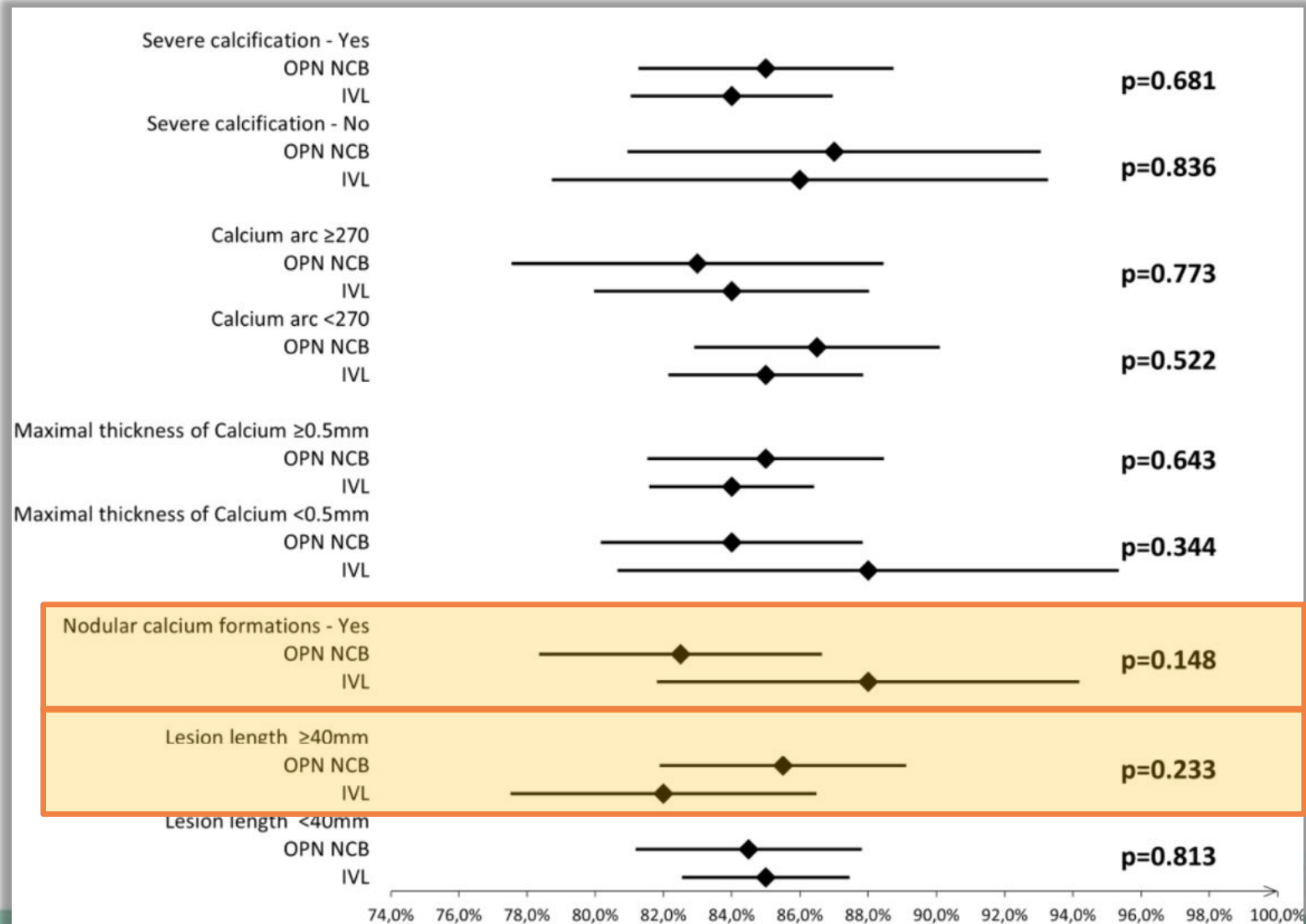


OPN NCB did **not** demonstrate superiority over IVL for the primary outcome.
(Difference in medians: 1.0 (95%CI -2.45 to 4.45), p for superiority 0.570)

Etude VICTORY

Analyse de sous-groupes

**Expansion
finale
en %**



Critères sécurité	OPN NCB (n=139)	IVL (n=139)	p-value
Persistent side-branch occlusion (%)	2 (1.44)	1 (0.72)	0.571
Dissections (%)			
<i>Mild</i>	6 (4.3)	1 (0.7)	0.081
<i>Flow limiting</i>	2 (1.4)	1 (0.7)	
Coronary perforations (%)			
<i>Ellis I</i>	0 (0)	2 (1.45)	0.592
<i>Ellis II</i>	2 (1.44)	1 (0.72)	
<i>Ellis III</i>	0 (0)	1 (0.72)	
<i>Ellis III cavity spilling</i>	0 (0)	1 (0.72)	
Cardiac tamponade (%)	0 (0)	0 (0)	NA

Etude VICTORY

Suivi clinique	OPN NCB (n=139)	IVL (n=139)	95%CI	p-value
New MI (%)	3 (2.2)	5 (3.6)	0.600 (0.143-2.511)	0.484
Periprocedural MI (%) *	40 (28.8)	46 (33.1)	0.870 (0.569-1.328)	0.518
Target vessel MI (TV-MI) (%)	0 (0.0)	3 (2.2)	NA	0.121
Target vessel revascularization (TVR) (%)	2 (1.5)	3 (2.2)	0.667 (0.111-3.990)	0.657
Target lesion revascularization (TLR) (%)	2 (6.7)	1 (3.4)	1.867 (0.169-20.586)	0.610
Stent thrombosis (%)	0 (0.0)	1 (0.74)	NA	0.498
MACE (%) †	4 (2.90)	11 (8.03)	0.361 (0.114-1.134)	0.081
CABG surgery (%)	0 (0.0)	2 (1.5)	NA	0.245
CV Death (%)	2 (1.4)	2 (1.4)	1.000 (0.141-7.099)	0.999
All-cause death (%)	2 (1.4)	3 (2.2)	0.667 (0.111-3.990)	0.657

Change ma pratique?

Conclusions

UNCROSSABLE

**SUPERFICIAL
CALCIUM**

UNDILATABLE

**DEEP
CALCIUM**

Rotational Atherectomy/Orbital Atherectomy

Laser

Intravascular Lithotripsy

C/S Balloon

OPN

NC Balloon

Conclusions

Imagerie endoconaire importante

**Données sécurisantes pour utilisation OPN sur lésions natives
de gros calibre**

Très peu de complications

Associer outils ++

Ballons coupants & rotablator

Manque données clinique à long terme



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