

# Complete vs Incomplete Revascularization After Left Main PCI: Does an Open RCA Matter?

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# Disclosure Statement of Financial Interest

**I, David Antonucci DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.**

# ULMD PCI Florence Registry (*Migliorini A, JACC 2011*)

## Characteristics of 330 LM Patients with and without RCA CTO

	<i>Pts without RCA CTO</i>	<i>Pts with RCA CTO</i>	<i>p value</i>
	<i>n=252</i>	<i>n=78</i>	
<i>Age</i>	<i>72 ± 10</i>	<i>71 ± 11</i>	<i>0.728</i>
<i>Diabetes mellitus</i>	<i>71 (28)</i>	<i>27 (35)</i>	<i>0.277</i>
<i>LVEF</i>	<i>47 ± 12</i>	<i>39 ± 14</i>	<i>&lt; 0.001</i>
<i>EuroSCORE,</i>	<i>6.11 [3.18-14.55]</i>	<i>9.65 [4.52-28.03]</i>	<i>0.002</i>
<i>EuroSCORE ≥ 6</i>	<i>129 (51)</i>	<i>53 (68)</i>	<i>0.009</i>
<i>LM + 3-vessels</i>	<i>58 (33)</i>	<i>38 (49)</i>	<i>&lt; 0.001</i>
<i>Distal LM location</i>	<i>211 (84)</i>	<i>72 (92)</i>	<i>0.058</i>

# **CTO 118**

**RCA n = 78**

**LAD n = 21**

**Circ n = 19**

**PCI attempt**

**PCI success**

**39**

**35**

**19**

**18**

**13**

**11**

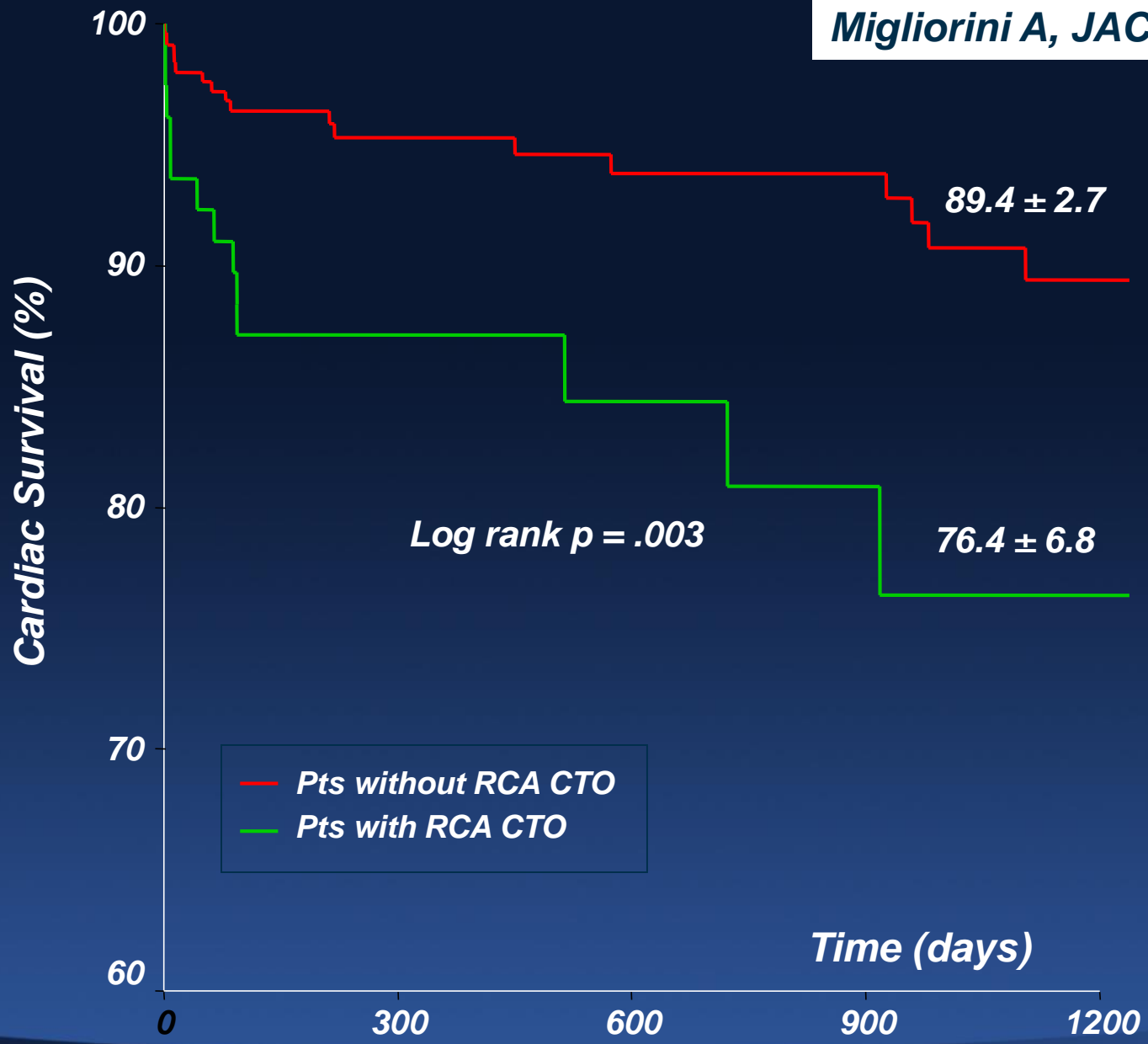
**Complete Revascularization 254 (77%)**

**Migliorini A, JACC 2011**

# Three-Year Outcome

	<b>Non RCA CTO</b>	<b>RCA CTO</b>	
	<b>n=252</b>	<b>n=78</b>	
<b>Cardiac death (%)</b>	<b>10.5 ± 2.7</b>	<b>23.6 ± 6.8</b>	<b>0.003</b>
<b>MI (%)</b>	<b>6.3 ± 4.3</b>	<b>13.2 ± 7.3</b>	<b>0.065</b>
<b>Any revasc. (%)</b>	<b>31 ± 3.4</b>	<b>45.7 ± 8.7</b>	<b>0.063</b>

Migliorini A, JACC 2011



# Long-Term Outcome

**CR (n =255)**

**non-CR (n = 75)**

## **Cardiac mortality**

**<0.001**

**1-year (%)**

**3.7 ± 1.2**

**16.4 ± 4.3**

**2-year (%)**

**5.3 ± 1.6**

**21.1 ± 5.2**

**3-year (%)**

**8.9 ± 2.6**

**27.9 ± 6.6**

**3-year MI (%)**

**2.0 ± 1.0**

**10.6 ± 5.6**

**0.134**

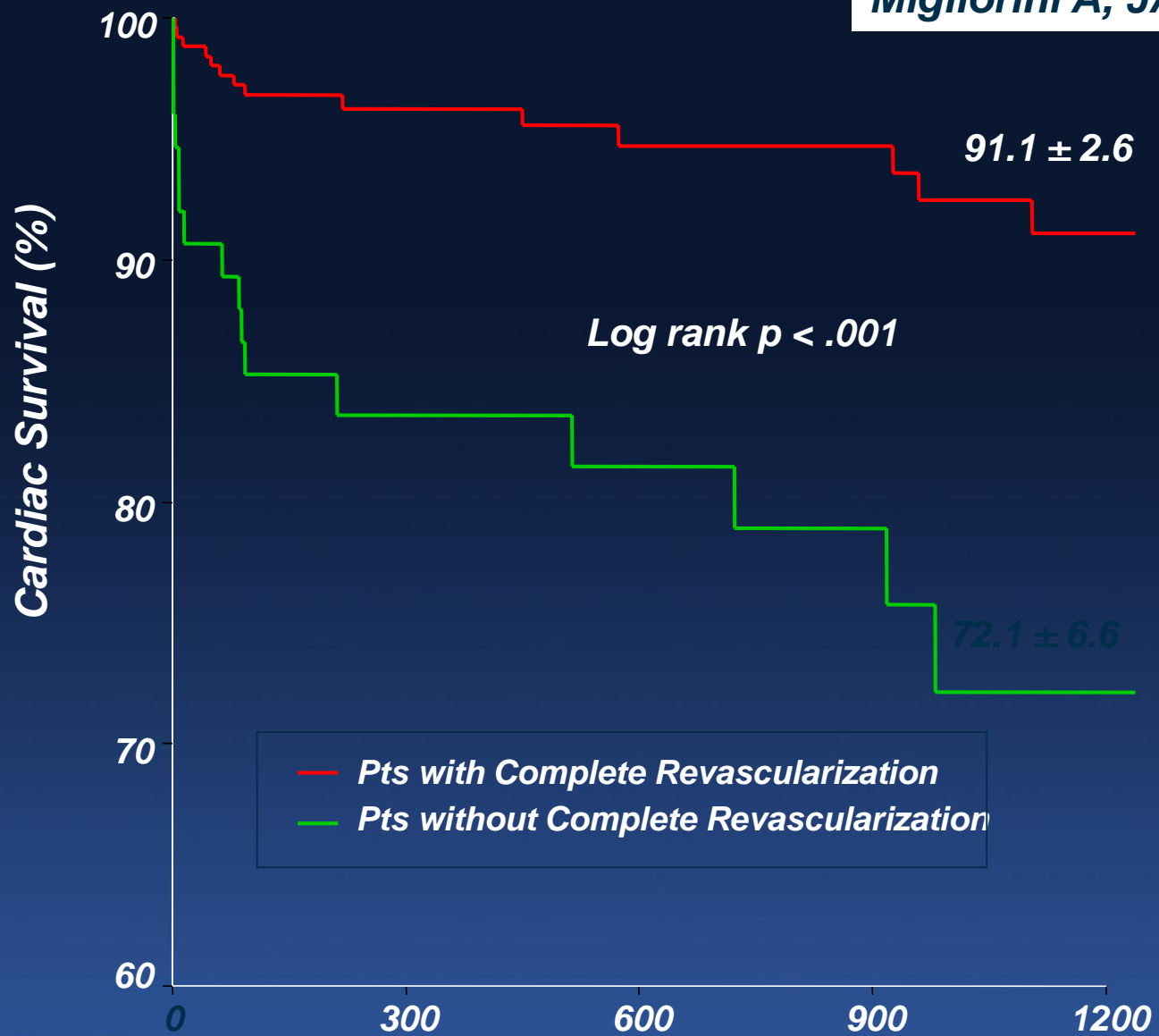
**3-year any revascularization (%)**

**32.2 ± 4.0**

**41.0 ± 7.5**

**0.117**

Migliorini A, JACC 2011





# Predictors of 3-Year Cardiac Death

## **Completeness of Revascularization**

**HR 0.31, 95% CI 0.15-0.64,  $p = 0.001$**

## **EuroSCORE**

**HR 1.03, 95% CI 1.02-1.05,  $p < 0.001$**

Migliorini A, JACC 2011

**Propensity score and CR as covariate.**

***c- = statistic 0.77***

***(Hosmer and Lemeshow goodness-of-fit test  $p = 0.392$ )***

***Completeness of Revascularization***

***HR 0.40, 95% CI 0.18-0.86;  $p = 0.020$***

***Migliorini A, JACC 2011***

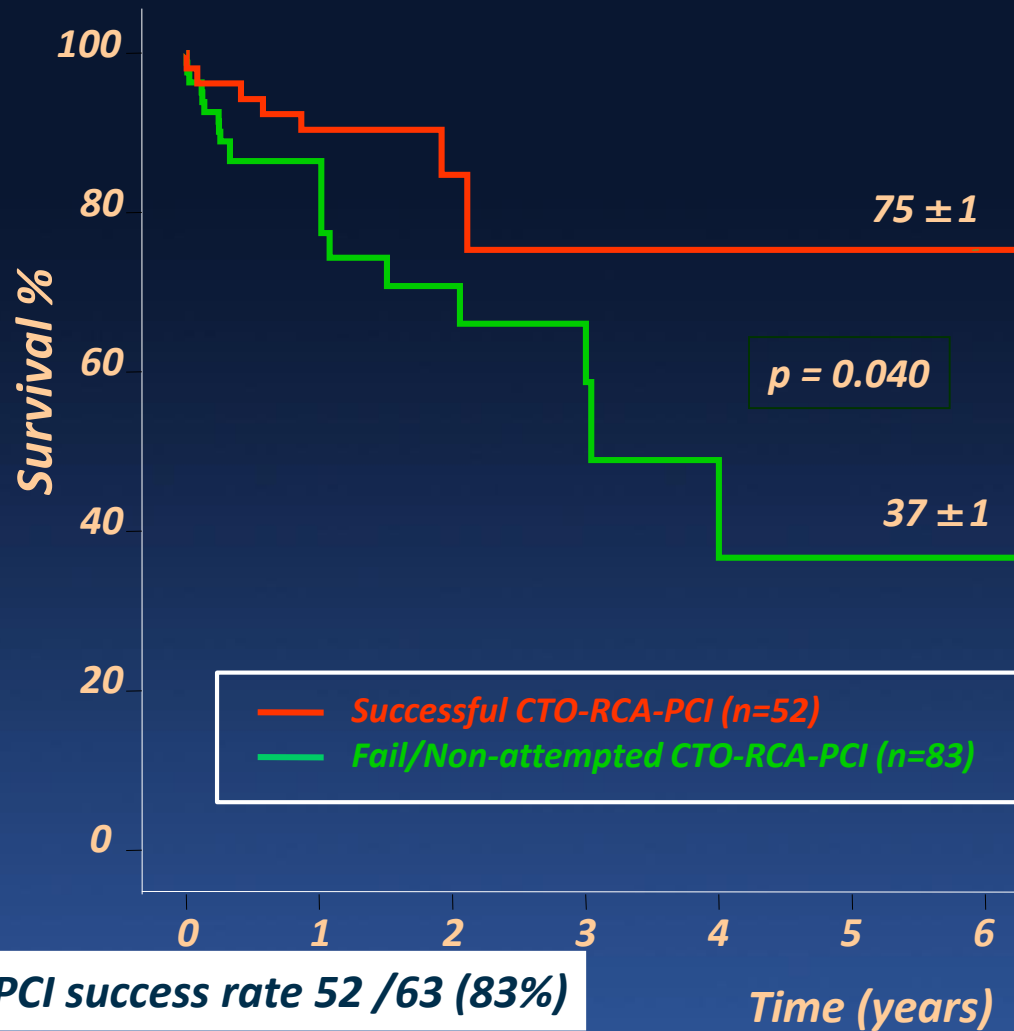
# *ULMD PCI Florence Registry Update*

<b>From 2004 to 2014</b>	<b>n=702</b>
<b>Age, mean <math>\pm</math> SD</b>	<b>72 <math>\pm</math> 11</b>
<b>Diabete mellitus, n (%)</b>	<b>192 (27)</b>
<b>ACS, n (%)</b>	<b>474 (68)</b>
<b>AMI, n (%)</b>	<b>74 (11)</b>
<b>LVEF &lt; 0.40, n (%)</b>	<b>264 (37)</b>
<b>EuroSCORE, median (IQR)</b>	<b>7.6 (3.3-19.6)</b>
<b>EuroSCORE <math>\geq</math> 6 , n (%)</b>	<b>247 (35)</b>
<b>Three-vessel disease, n (%)</b>	<b>212 (30)</b>

# ULMD PCI Florence Registry Update

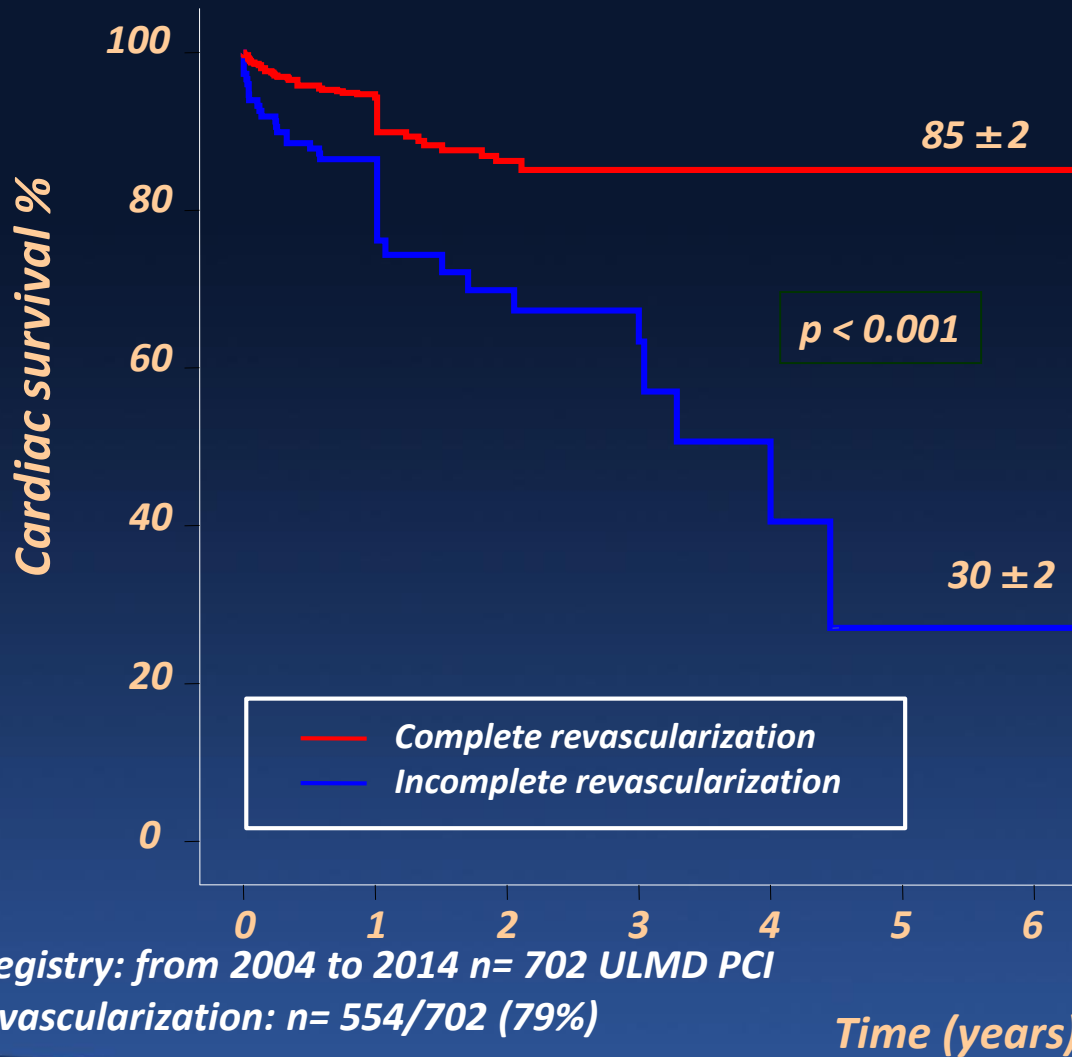
<b>From 2004 to 2014</b>	<b>n=702</b>
<b>Distal LM</b>	<b>623 (88)</b>
<b>Single stent, n (%)</b>	<b>362 (58)</b>
<b>Both Branches stenting</b>	<b>261 (42)</b>
<b>Everolimus-eluting stent</b>	<b>393 (56)</b>
<b>1<sup>st</sup> generation DES</b>	<b>309 (44)</b>
<b>IVUS guidance, n (%)</b>	<b>512 (74)</b>
<b>CTO vessel, n (%)</b>	<b>222 (32)</b>
<b>CTO PCI attempted, n</b>	<b>135/222 (61)</b>
<b>Successful CTO PCI, n (%)</b>	<b>119 (88)</b>
<b>Complete revascularization, n (%)</b>	<b>554 (79)</b>

# Long-Term Survival ULMD PCI Florence Registry



CTO-RCA-PCI success rate 52 / 63 (83%)

# Long-Term Cardiac Survival ULMD PCI Florence Registry



ULMD PCI Registry: from 2004 to 2014 n= 702 ULMD PCI

Complete revascularization: n= 554/702 (79%)

Time (years)

# Conclusions

- ***RCA CTO is frequent in LM disease (25% in LM-PCI Florence Registry).***
- ***Complete revascularization should be achieved in pts with ULMD and multivessel disease (including CTO).***

# Design

- **DESIGN:** Prospective single-center registry of ULM PCI treated with DES.
- **End point:** survival at 1 month, 6 months, 1, 2, 5 years.
- **METHODS:** Cardiac survival was assessed by Kaplan-Meier estimation and by forward stepwise multivariate Cox regression analysis.

From January 2004 to December 2009  
379 pts with ULM disease were screened.

5 pts died before  
PCI attempt.

374 pts underwent ULM PCI.

44 pts STEMI

330 pts non-STEMI

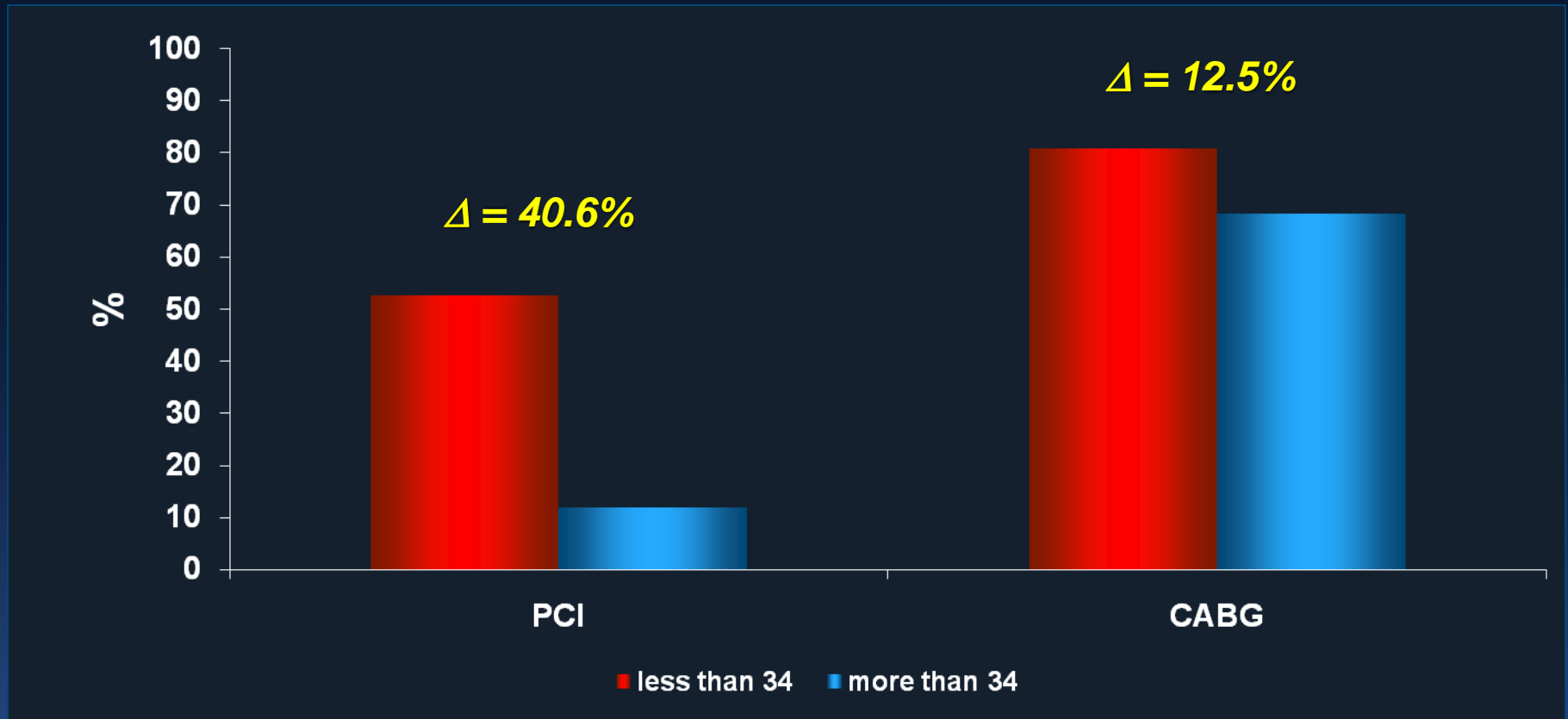
Median F-U length 16  
months  
F-U Rate 100%



# Complete vs Incomplete Revascularization

	<i>Pts with CR</i> <i>n=255</i>	<i>Pts without CR</i> <i>n=75</i>	<i>p value</i>
<i>Age,</i>	<i>71 ± 10</i>	<i>75 ± 10</i>	<i>0.002</i>
<i>Diabetes</i>	<i>67 (26)</i>	<i>31 (41)</i>	<i>0.012</i>
<i>Peripheral vascular disease</i>	<i>74 (29)</i>	<i>31 (43)</i>	<i>0.044</i>
<i>Previous myocardial infarction</i>	<i>55 (22)</i>	<i>28 (37)</i>	<i>0.006</i>
<i>Creatinine &gt; 150 μmol/ L,</i>	<i>43 (17)</i>	<i>16 (21)</i>	<i>0.374</i>
<i>LVEF, %</i>	<i>45 ± 15</i>	<i>35 ± 15</i>	<i>&lt; 0.001</i>
<i>EuroSCORE</i>	<i>6.12 [3.11-13.83]</i>	<i>13.0 [4.36-13.0]</i>	<i>&lt; 0.001</i>
<i>EuroSCORE ≥ 6</i>	<i>131 (51)</i>	<i>51 (68)</i>	<i>0.011</i>
<i>LM plus 3-vessel disease</i>	<i>68 (27)</i>	<i>28 (37)</i>	<i>0.074</i>
<i>RCA CTO</i>	<i>34 (13)</i>	<i>44 (59)</i>	<i>&lt; 0.001</i>

# Differences of complete revascularization rates per revascularization treatment. \*



\* when forced into the Cox multivariable proportional hazard regression model, complete revascularization was found to be an independent predictor of lower mortality (HR 0.55, 95% CIs 0.31-0.98,  $p = 0.041$ ), but this finding did not affect the prognostic significance of a SYNTAX score. Conversely, treatment type was no longer a significant predictor of mortality