



COMPLEX CARDIOVASCULAR CATHETER THERAPEUTICS

Advanced Endovascular and Coronary
Intervention Global Summit

JUNE 23-26, 2019

HILTON BONNET CREEK | ORLANDO, FLORIDA

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COMPLEX CARDIOVASCULAR CATHETER THERAPEUTICS

Advanced Endovascular and Coronary Intervention Global Summit

CELEBRATING

15
YEARS

The Concept of Reasonable Uncomplete Revascularization

“To do or not to do... That is the question...”

Jeff Rich

Gustavo Samaja, MD, FSCAI.



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The Concept of Reasonable Incomplete Revascularization



Nothing to disclose
related to this
presentation

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“Perfect Complete Revascularization” The Holy Grail of PCI

Advantages of complete revascularization are intuitively logical, so complete revascularization was always pursued...



Perfect CR

- Simple.**
- Armless.**
- Improvement in QOL and Benefit on Hard End Points.**
- Safe over long time.**

3 **The Holy Grail of Complete Revascularization Was Not Yet Found...**

Complete Revascularization in Multivessel Disease can be achieved in about 65% of CABG and 60% of PCI patients.

Concerns & Caveats

- **Universal Definition Unavailable...**
- **Confounding Variables Unavoidable...**
- **Successful CR in PCI versus CABG:
Angiography ≠ Reported...**
- **CR should be a Major Tenet or a Valuable
Objective?**
- **CR should be an Standard for CABG and
PCI Comparison?**
- **CR should be performed always if we can,
or IR is an alternative?**
- **Role of Functional Tests?**

The Holy Grail of Reasonable Complete Revascularization is Now Pursued

Functional SYNTAX Score for Risk Assessment in Multivessel Coronary Artery Disease

JACC 2011

Prediction of Coronary Risk by SYNTAX and Derived Scores

Synergy Between Percutaneous Coronary Intervention With Transcatheter and Cardiac Surgery

JACC 2013

Reasonable incomplete revascularisation after percutaneous coronary intervention: the SYNTAX Revascularisation Index

Eurointerventions 2014

Clinical outcomes of "complete, partially complete, and incomplete" revascularisation at five-year follow-up after percutaneous intervention of unprotected left main coronary artery disease with drug-eluting stents

Eurointerventions 2015

The Incremental Impact of Residual SYNTAX Score on Long-Term Clinical Outcomes in Patients With Multivessel Coronary Artery Disease Treated by Percutaneous Coronary Interventions

CCI 2015

Validation of the SYNTAX Revascularization Index to Quantify Reasonable Level of Incomplete Revascularization After Percutaneous Coronary Intervention

Modifying angiographic syntax score according to PCI strategy: lessons learnt from ERACI IV Study

Alfredo E. Rodriguez ^{a,*}, Carlos Fernandez-Pereira ^a, Juan Mieres ^a, Omar Santaera ^b, David Antonucci ^c, on behalf of ERACI IV investigators

Cardiovascular Revascularization Medicine 2015

off value of

Association of Coronary Vessel Characteristics With Outcome in Patients With Percutaneous Coronary Interventions With Incomplete Revascularization

JAMA Cardiology

Impact of Completeness of Revascularization in Complex Coronary Artery Disease as Measured With the SYNTAX Revascularization Index: An SEEDS Substudy

Bo Xu, ^{1*} MBBS, Nicolas Bettinger, ^{2,3} MD, Changdong Guan, ¹ MSc, Björn Redfors, ² MD, PhD, Yuejin Yang, ¹ MD, Bao Li, ⁴ MD, Yaling Han, ⁵ MD, PhD, Xi Su, ⁶ MD, Zuyi Yuan, ⁷ MD, and Philippe Genereux, ^{2,3,8,9} MD

CCI 2017



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“Perfect Incomplete Revascularization” The Holy Grail of PCI

Tough Clinical and Graphical Scenarios

Time	Topic	Location	Speaker
10:45 AM - 12:15 PM	Paradox of PCI: CACI and C3 Joint Session		
10:45 AM - 10:50 AM	Introduction: Look for the Holy Grail of Appropriated Coronary Revascularization	Salon G	Gustavo A. Samaja, MD – Hospital de Alta Complejidad de Formosa; Instituto Ramón Carrillo de Formosa
10:50 AM - 11:00 AM	PCI, without Opening the Vessel: Acute Treatment of Myocardial Infarction with Non-Obstructive Coronary Arteries	Salon G	Gustavo A. Samaja, MD – Hospital de Alta Complejidad de Formosa; Instituto Ramón Carrillo de Formosa
11:00 AM - 11:10 AM	Shock and Multivessel Disease: How Much Revascularization is Enough?	Salon G	José J. Castro, MD, MTCACI – Hospital San Juan de Dios
11:10 AM - 11:25 AM	Stable Patients: Revascularization is not Dead, Despite ORBITA Trial	Salon G	Alfredo E. Rodríguez, MD, PhD – Otamendi Hospital
11:25 AM - 11:40 AM	C3 Presentation: Is Complete Revascularization Essential for Better Long-term Outcome	Salon G	Spencer B. King, MD, MACC, FSCAI – Emory University School of Medicine
11:40 AM - 11:50 AM	C3 Presentation: TAVR in Low Flow Low Gradient AS: My Essentials for Success	Salon G	Fayaz Shawl, MD – Washington Adventist Hospital
11:50 AM - 12:00 PM	Case for Discussion	Salon G	Juan R. Mieres, MD – Otamendi Hospital

Left Untreated?

- Uncertain Scenarios
- “Normal Coronary Arteries” some times should be treated...
- Non Culprit Vessel in Shock
- Multivessel Disease