



An assessment of the effects of pressure wire drift and measurement variability on stenosis misclassification

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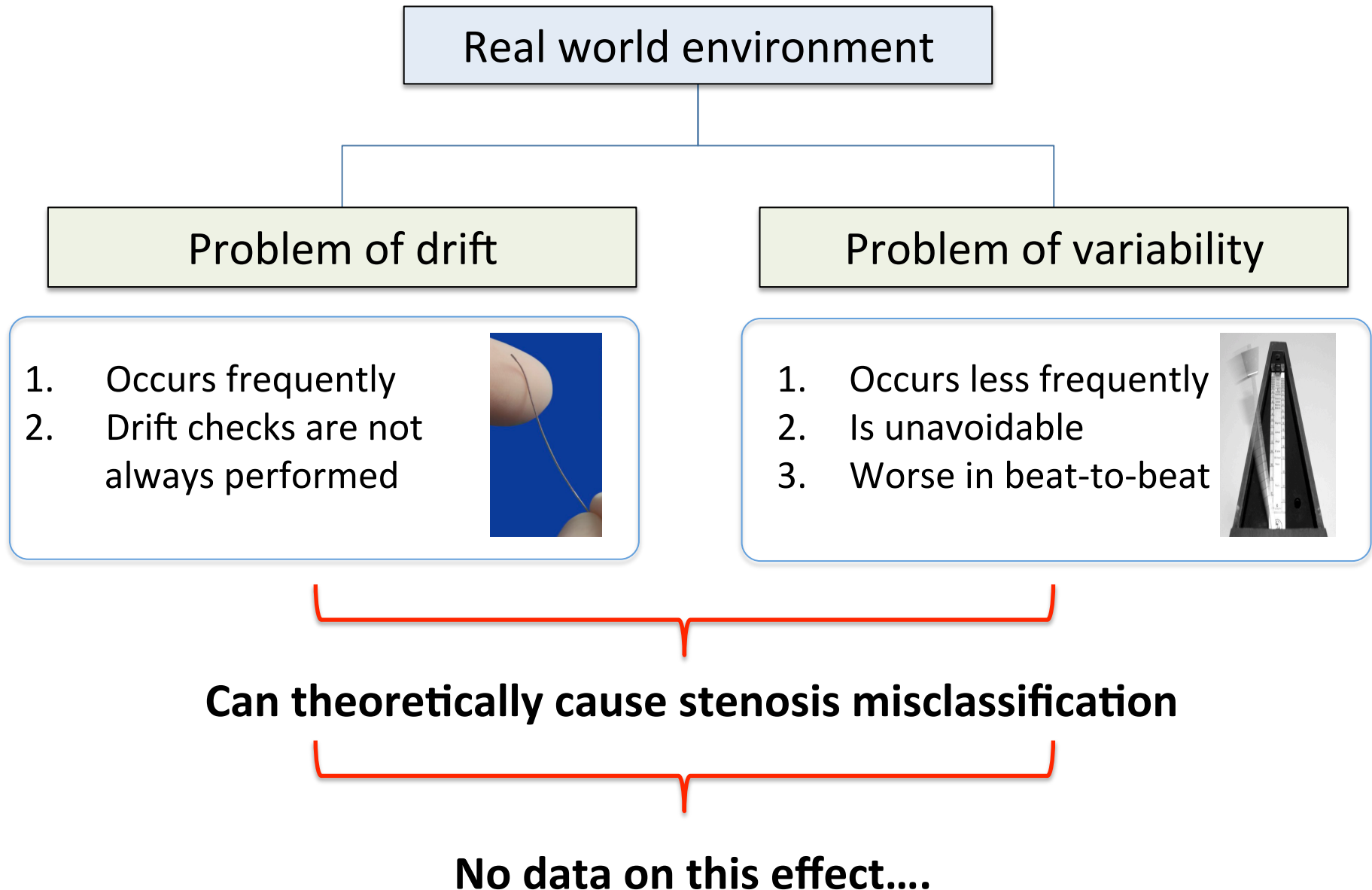
Potential conflicts of interest

Speaker's name: Christopher Cook



☐ I do have the following potential conflict of interest to report:

- Speaker's bureau for Volcano Philips



What did we study?

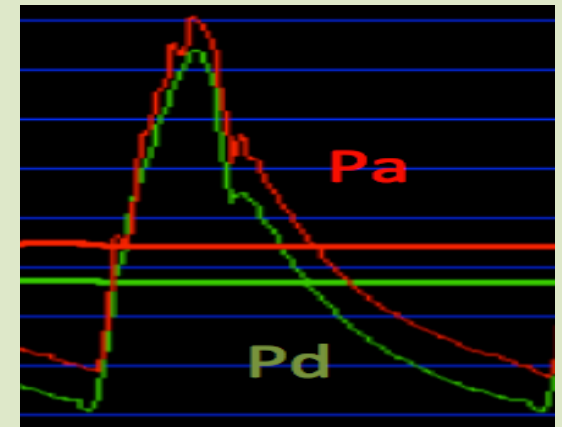
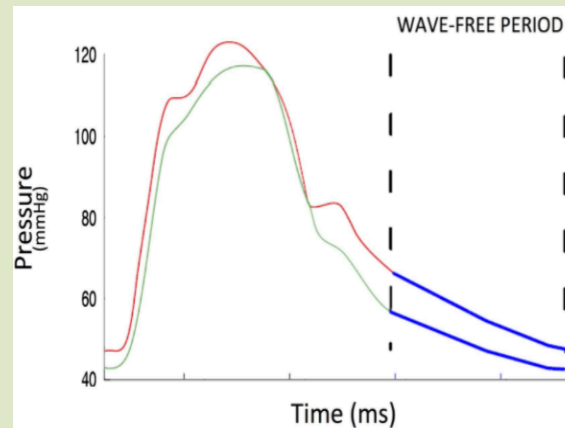
FFR

Pressure only

iFR

Vs Whole cycle Pd/Pa

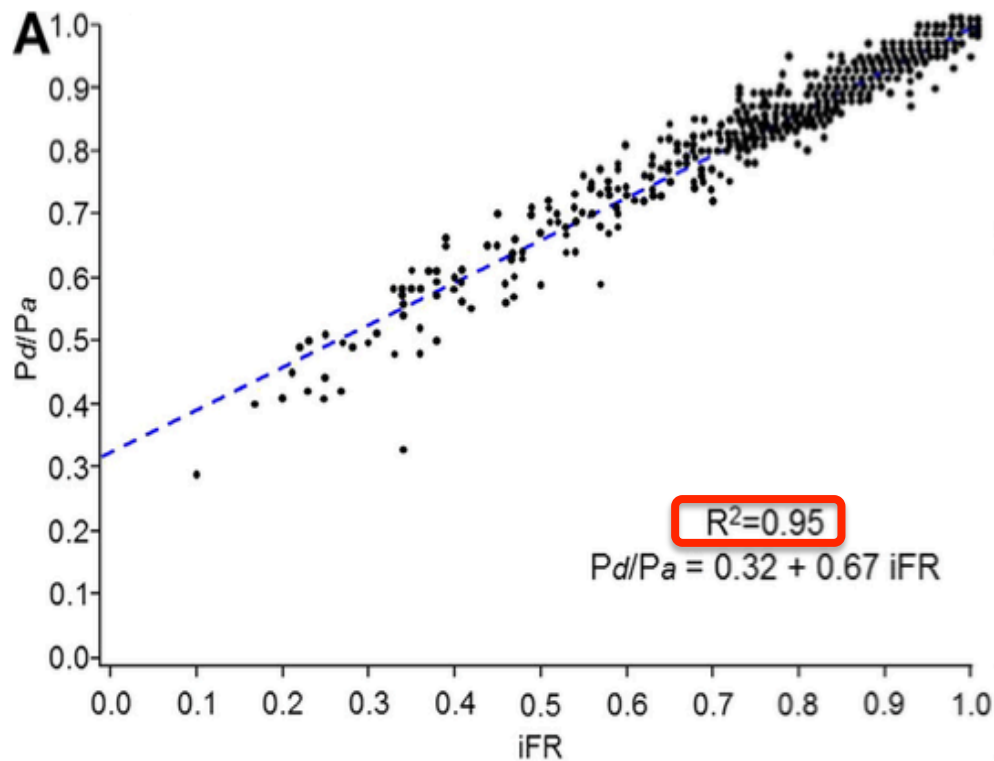
Hyperaemic



Resting

What did we study?

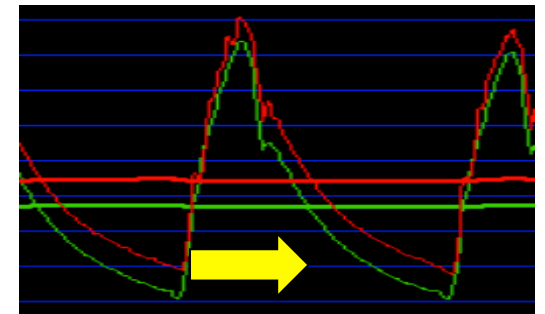
Aren't PdPa and iFR the same?



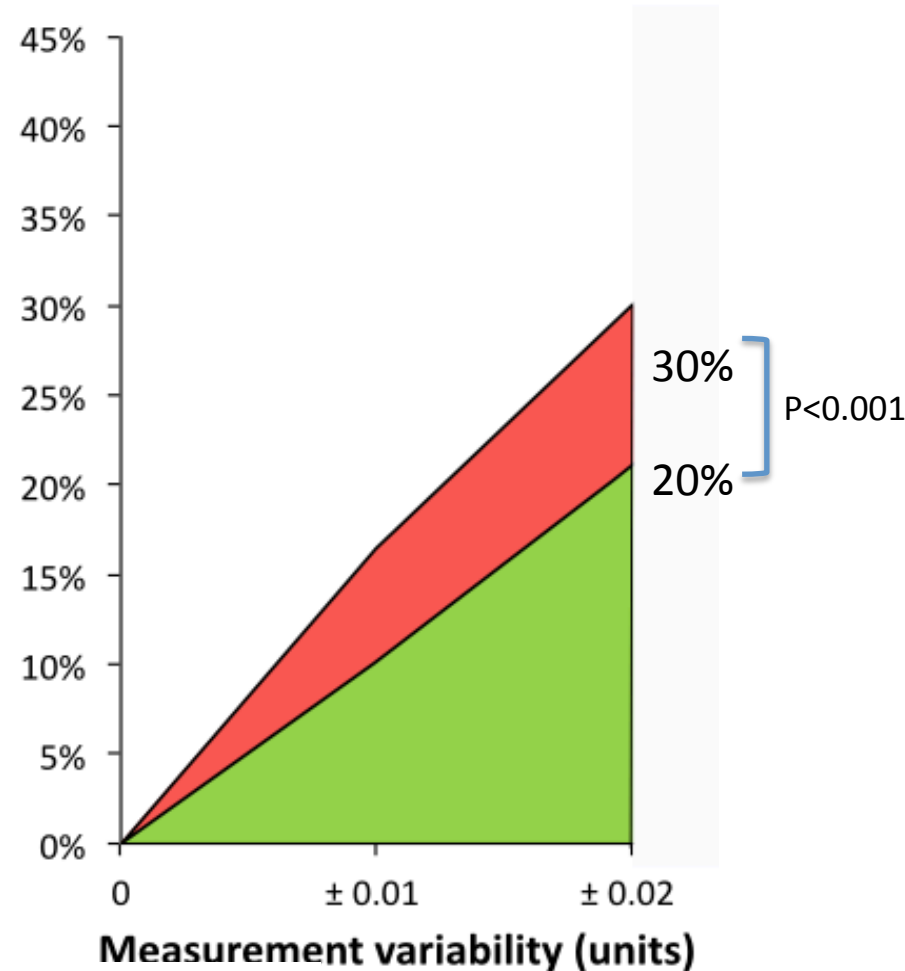
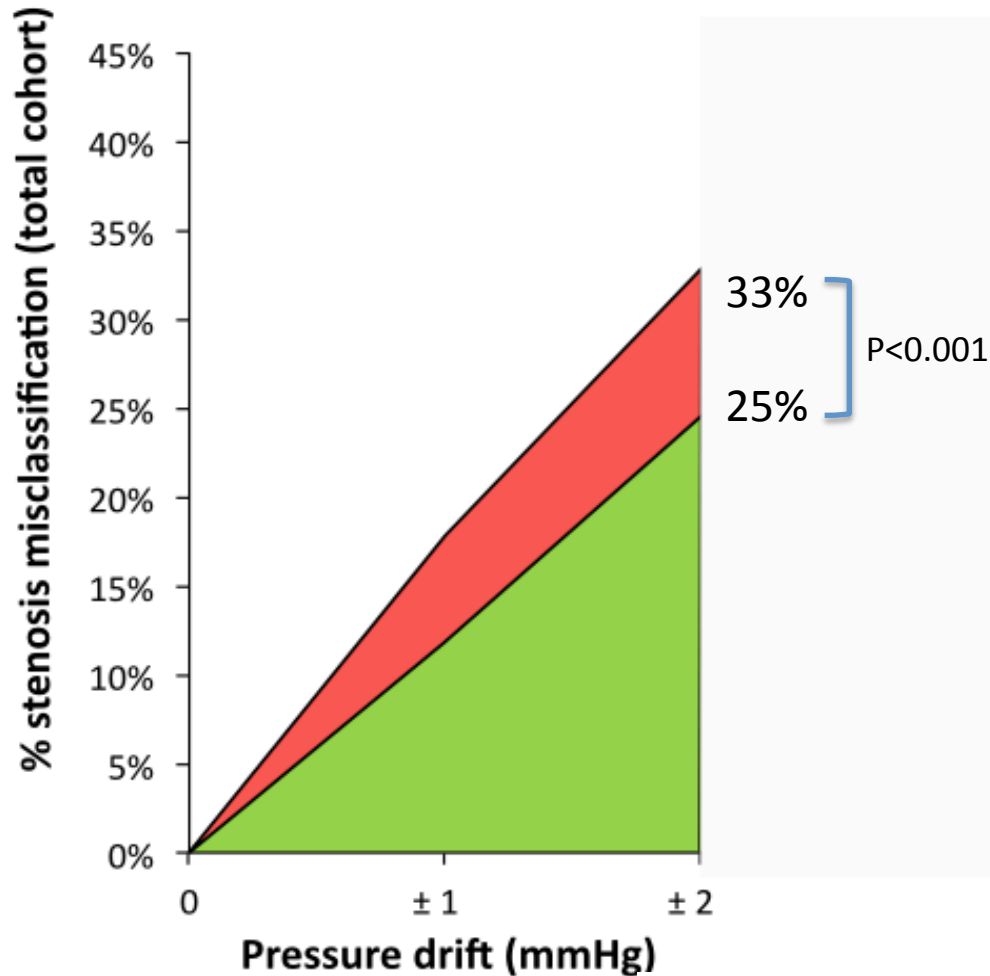
'A regression coefficient tells me nothing about real world clinical practice!'

How was the study executed?

- 447 stenoses (447 patients) were categorised with iFR and whole cycle Pd/Pa and whole cycle Pd/Pa
- Thresholds for significance were <0.90 and <0.93 respectively
- PWD was modeled across the range of $\pm 2\text{mmHg}$
- MV was modeled across the range of $\pm 0.02\text{units}$
- iFR and Pd/Pa indices were recalculated and stenosis misclassification quantified



What are the essential results?

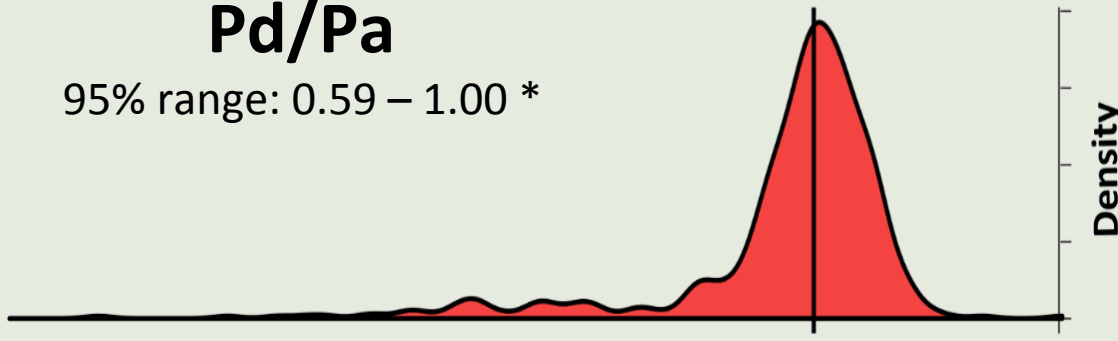


What are the essential results?

iFR has a superior signal-to-noise ratio

Pd/Pa

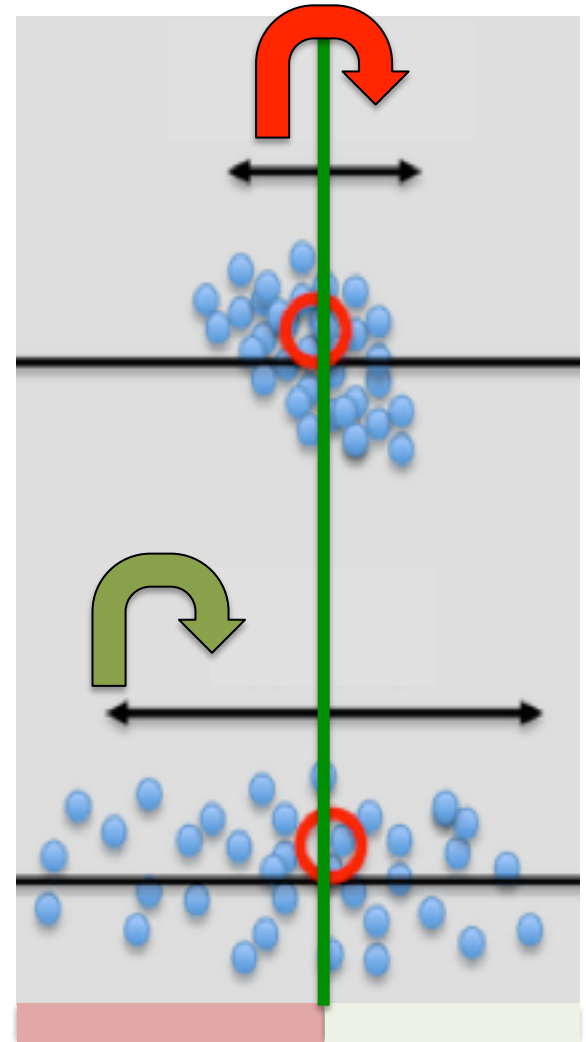
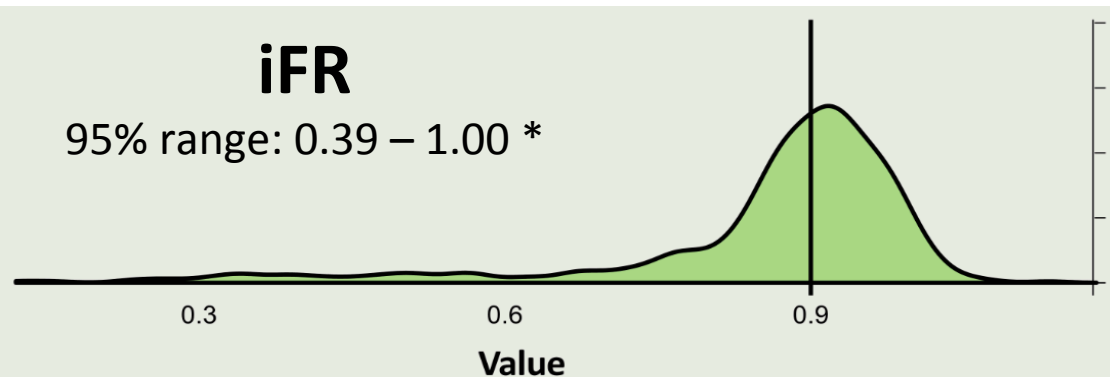
95% range: 0.59 – 1.00 *



* $p < 0.001$

iFR

95% range: 0.39 – 1.00 *



Why is this important?

- **Small** amounts of PWD/MV lead to **big** changes in diagnosis



Q: How will this change my practice?

A:

- Always perform a drift check
- Take meticulous care in measurements
- Borderline value....with even small amounts of drift...repeat and correlate with the clinical picture

– Why?

- PWD and MV are commonly observed in clinical practice

– What?

- 447 stenoses measured with both PdPa and iFR

– How?

- Modeling of PWD and MV to quantify the impact on misclassification

– What are the results?

- 33% and 25% stenosis misclassification with Pd/Pa and iFR, respectively

– Why is this important?

- SMALL amounts of PWD/MV cause BIG changes in diagnosis

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