EMBARGOED UNTIL 22 May 2018, 12:20 CEST

PCR statement on Chronic Coronary Syndromes (CCS)

*Increasing evidence supports a CCS treatment strategy using PCI with newer-generation DES.*

*EuroPCR 2018, the annual Course of the European Association of Percutaneous Cardiovascular Interventions (EAPCI), a branch of the European Society of Cardiology (ESC), will take place in the Palais des Congrès in Paris, France, from 22 to 25 May.*

"Until now, the prognostic role of PCI in patients with chronic coronary syndromes is still unclear and has been questioned. Modern drug-eluting stent technology and better identification of ischaemia-driving lesions has helped to improve results. Important new data released during EuroPCR 2018 now strongly support the positive role of PCI in the treatment of chronic coronary syndromes”.

- Michael Haude, MD, FESC

*Paris, France, 22 May 2018. Chronic coronary syndromes (CCS), of which angina pectoris is an important symptom, have a major societal impact, affecting our patients’ quality of life (QoL) with reduced physical endurance, mental depression, and recurrent hospitalisations and office visits.*

Chronic coronary syndromes (CCS) are seen as stable, differentiated from acute coronary syndromes (ACS) where the disease has become destabilised with partial or complete coronary occlusion resulting in NSTEMI or STEMI.

Until recently, there was little evidence for the prognostic impact of percutaneous coronary interventions (PCI) using modern drug-eluting stent (DES) implantation versus medical therapy in the treatment of patients presenting with CCS. However, some of these previous trials did not use the latest-generation DES technology (which offers thinner struts or limus derivatives..."
for antiproliferation). In these trials, only modest benefits were observed in terms of survival or myocardial infarction (MI), although there was improvement of symptoms and QoL.

Today, this is changing with new and emerging evidence coming out of trials using the latest imaging technology and devices, as well as following patients over the long term.

**Emerging data**

Recent trials, many presented during EuroPCR 2018, re-address the role of PCI in CCS (lesions in stable CAD, or non-culprit lesions in stabilised ACS), bringing to the fore the beneficial role of this approach.

The highlights of some of these trials are:

**Fractional flow reserve and instantaneous wave-free ratio as predictors of the placebo-controlled response to percutaneous coronary intervention in stable single vessel coronary artery disease: the physiology-stratified analysis of ORBITA**

Results from the physiology-stratified analysis of ORBITA presented at EuroPCR 2018, and simultaneously published in Circulation, demonstrate that PCI improves ischaemia as assessed by dobutamine stress echocardiography and renders more patients free of angina than does placebo. FFR and iFR are shown to predict the strength of the PCI effect on ischaemia, but this is only clearly seen on blinded stress echo evaluation and is not visible in the symptom scores or exercise times.

**GZ-FFR: a randomised controlled trial of PCI vs. optimal medical therapy in patients with stable angina and Grey-Zone Fractional Flow Reserve values**

Results at two months show that PCI signals a significant reduction in angina frequency and improvement of QoL, exceeding what was seen in ORBITA, but without patient blinding.

**FAME 2, DANAMI-3-PRIMULTI, and COMPARE-ACUTE: a pooled, patient-level analysis of FFR-guided PCI vs. medical therapy to reduce cardiac death and myocardial infarction**

Results from the first patient-level pooled analysis of all existing trials comparing FFR-guided PCI with contemporary stents, versus medical therapy alone, demonstrate improved hard outcomes. In patients with stable coronary lesions, contemporary PCI – i.e., guided by FFR – reduces the risk of future myocardial infarction or cardiac death, independently of its impact on symptoms.
Long-term survival in patients with stable angina pectoris undergoing PCI with or without intracoronary pressure wire guidance in a report from Swedish Coronary Angiography and Angioplasty Registry (SCAAR)

This historic, large observational study involved 31,469 patients. The study looked at patients with CCS who underwent PCI - 3,460 pts with FFR/iFR guidance and 21,221 without. At 10 years, a significantly lower rate of overall mortality, restenosis and stent thrombosis was observed in the FFR/iFR-guided PCI group.

These trials demonstrate that PCI, with the latest-generation DES, are an effective strategy for the treatment of CCS in 2018, both in terms of symptom relief – patients will feel better – and in terms of hard outcomes. Together, these data point to the clear recognition of the usefulness of physiological guidance for stenting which, in the case of CCS, does have an impact on outcomes during longer-term follow-up. Physiological guidance has proven to be an important asset in planning interventions, and a reliable tool for predicting outcomes.

Points to remember in the treatment of CCS in 2018

- Recent data provide a strong signal that FFR/iFR, physiology-guided PCI is superior to angio-guided PCI in terms of mortality, restenosis and stent thrombosis, for up to 10 years.
- PCI results in less angina, better QoL, fewer urgent revascularisations and fewer spontaneous MIs compared to medical treatment alone.
- The longer the observation period is after PCI, the greater the benefit shown for PCI.
- The greater the degree of ischaemia that is documented for a particular coronary lesion, the greater the benefit demonstrated by PCI.

CONTACT

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EUROPCR 2018 Sessions

**Tuesday 22 May - Main Arena - 12:20-14:00**

12:20 ORBITA: a physiology-stratified analysis of the impact of FFR and iFR on efficacy of coronary angioplasty in stable coronary artery disease - Rasha Al-Lamee

12:35 GZ-FFR: a randomised controlled trial of PCI vs. optimal medical therapy in patients with stable angina and Grey-Zone Fractional Flow Reserve values - Barry Hennigan

12:50 FAME II: five-year results of the FFR-guided PCI vs. medical therapy in stable coronary disease trial – Panagiotis Xaplanteris

13:05 FAME 2, DANAMI-3-PRIMULTI, and COMPARE-ACUTE: a pooled, patient-level analysis of FFR-guided PCI vs. medical therapy to reduce cardiac death and myocardial infarction – Frederik Zimmermann

13:20 SCAAR: Long-term survival in patients with stable angina pectoris undergoing PCI with or without intracoronary pressure wire guidance in a report from Swedish Coronary Angiography and Angioplasty Registry (SCAAR) – Elmir Omerovic

HELP FOR JOURNALISTS TO COVER EUROPCR 2018

For any press-related inquiries, please contact EuroPCR Press Coordinator, Isabelle Uzielli: iuzielli@europcr.com

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**NOTES TO EDITORS**

**What is EuroPCR?**
EuroPCR is the world-leading Course in interventional cardiovascular medicine, and the official annual meeting of the European Association for Percutaneous Cardiovascular Interventions (EAPCI), a branch of the European Society of Cardiology (ESC).

In addition to this flagship course in Paris, PCR offers a large range of many other educational meetings and resources for the continuing education of the interventional cardiovascular community. These include major annual Courses across the globe, E-Learning with high-profile PCR Webinars, Courses specifically dedicated to valvular heart disease, tailor-made PCR Seminars on specific topics, online resources and medical publications such as EuroIntervention, the official journal of the EAPCI.

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