

Functional Coronary Angiography for the Assessment of Epicardial Vessels and Microcirculation.

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I have no conflict of interests
related to this presentation

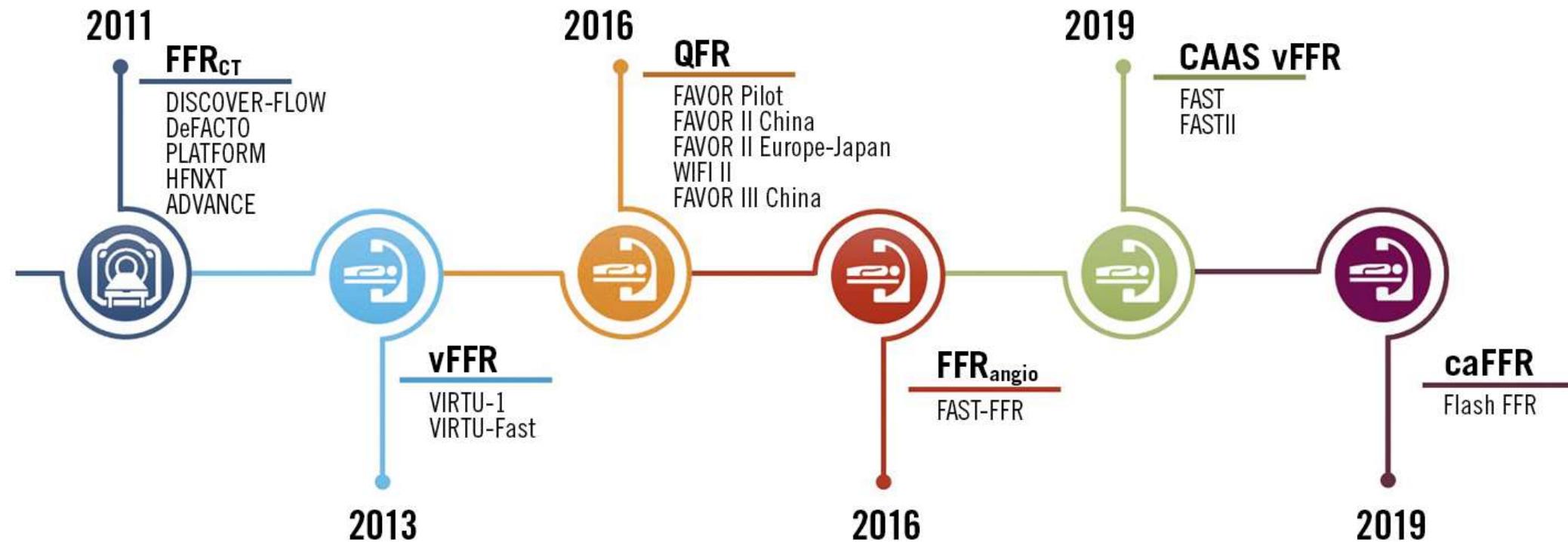
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*Invasive functional coronary angiography (FCA) is an angiography-derived physiological index of the **functional significance** of coronary obstruction.*

*Physiological assessment tool for coronary obstruction that **does not require** the utilization of a pressure wire.*

*The concept of FCA calculation stems from the estimation of the pressure loss across the stenosis using **computational flow dynamics (CFD)** according to **angiographic anatomical information***



EuroIntervention

	User display	Projections needed	Pressure sensor	Micro circulation	Side branches	Available data
QFR		2	No	Yes	No	
CAAS vFFR		2	No	No	No	
Ca FFR		2	Yes	Yes	No	
FFR Angio		3	Yes	No	Yes	
μ QFR		1	No	Yes	Yes	



QFR

JACC: CARDIOVASCULAR INTERVENTIONS
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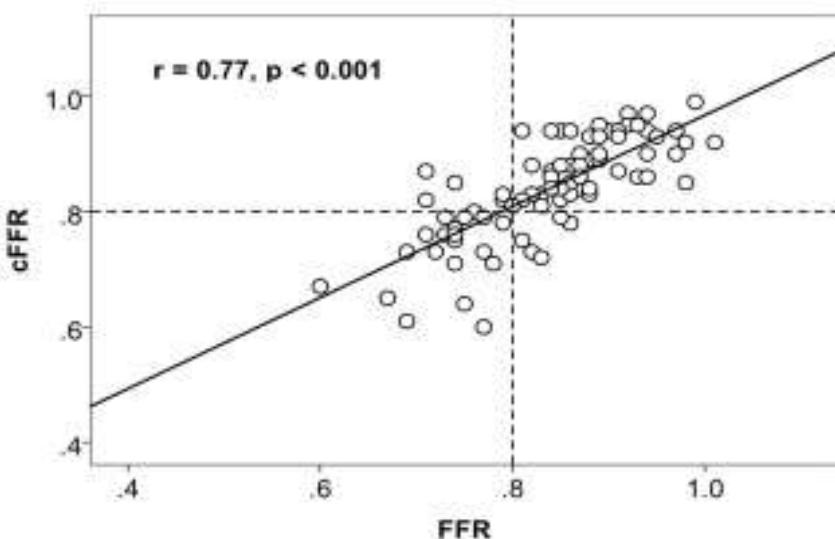
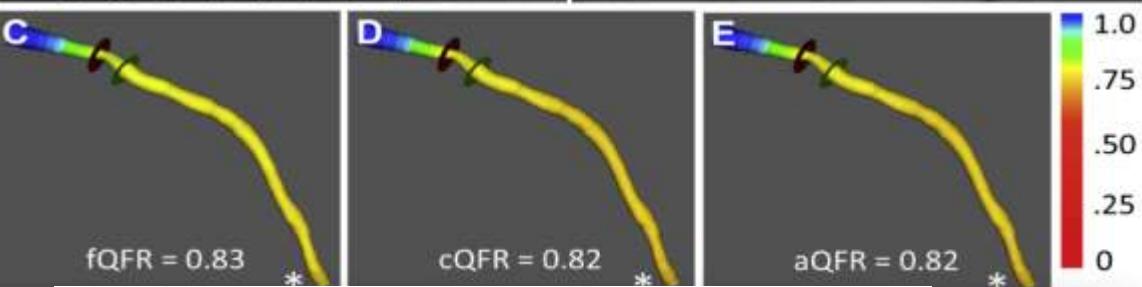
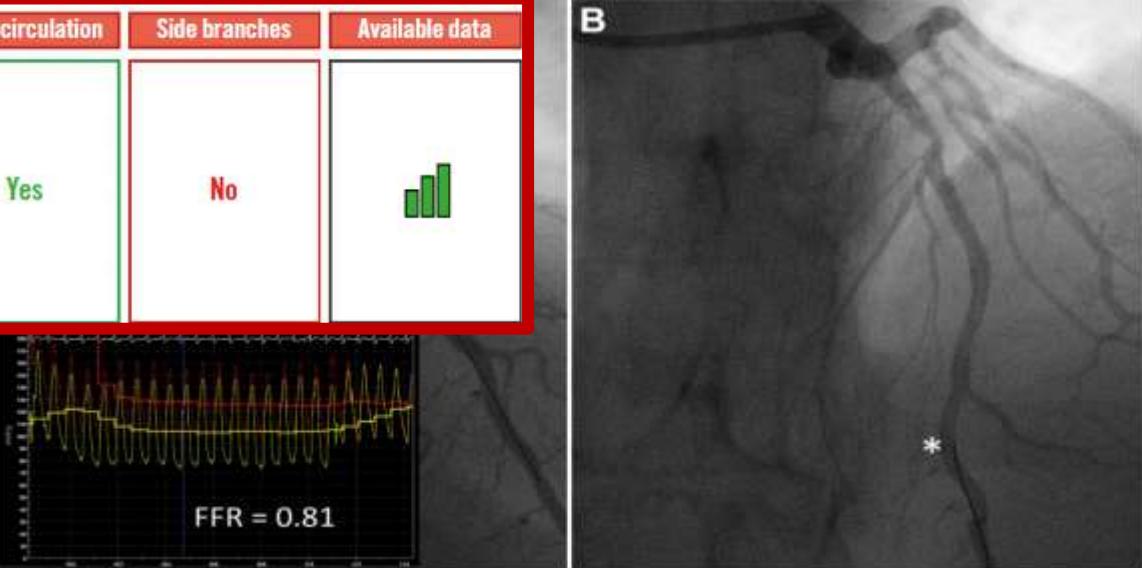
ISSN 1936-8798/\$36.00

<http://dx.doi.org/10.1016/j.jcin.2016.07.013>

Diagnostic Accuracy of Fast Computational Approaches to Derive Fractional Flow Reserve From Diagnostic Coronary Angiography

The International Multicenter FAVOR Pilot Study

Shengxian Tu, PhD,^a Jelmer Westra, MS,^b Junqing Yang, MD,^c Clemens von Birgelen, MD, PhD,^d Angela Ferrara, MD,^e Mariano Pellicano, MD,^{e,f} Holger Nef, MD,^g Matteo Tebaldi, MD,^h Yoshinobu Murasato, MD, PhD,ⁱ Alexandra Lansky, MD, PhD,^j Emanuele Barbato, MD, PhD,^{e,f} Liefke C. van der Heijden, MD,^d Johan H.C. Reiber, PhD,^k Niels R. Holm, MD,^b William Wijns, MD, PhD,^{e,l} on behalf of the FAVOR Pilot Trial Study Group



Diagnostic performance of quantitative flow ratio in prospectively enrolled patients: An individual patient-data meta-analysis.

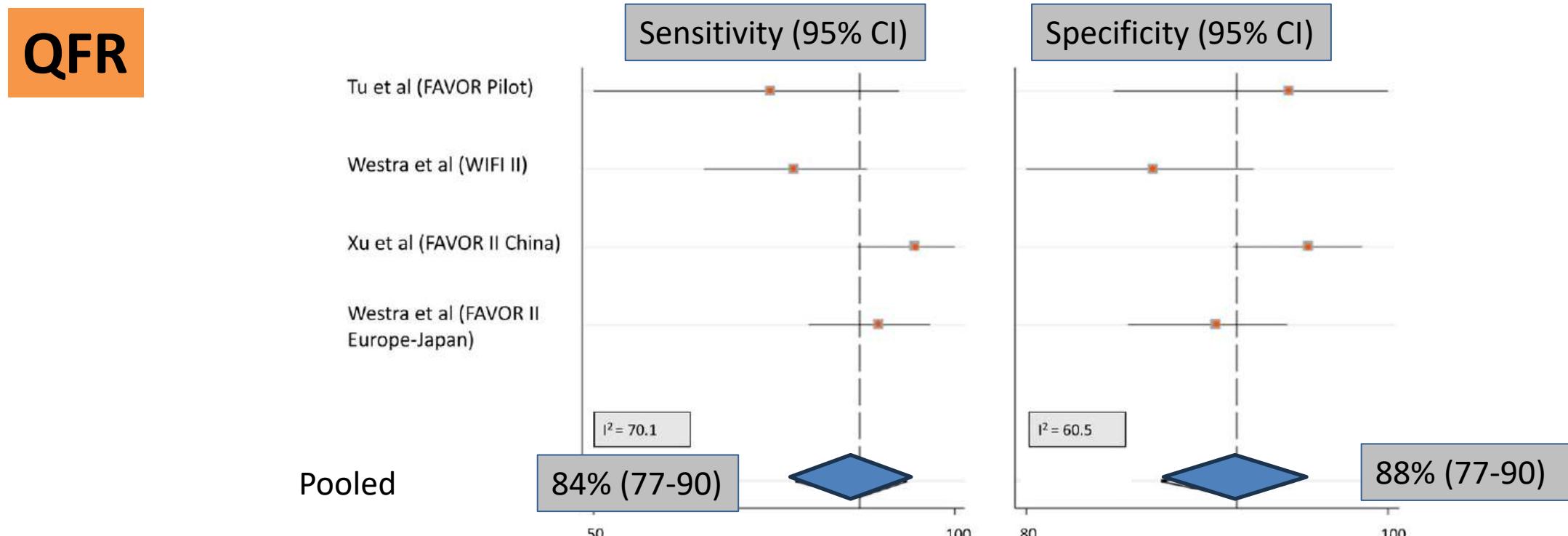
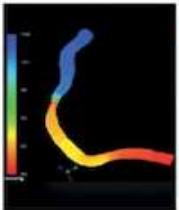


FIGURE 3 Diagnostic accuracy. Sensitivity and specificity of QFR with FFR as reference standard [Color figure can be viewed at wileyonlinelibrary.com]

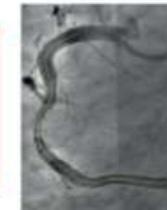
Two – year outcomes from FAVOR III China Trial

QFR

3,825 patients with at least 1 lesion with DS% of 50%-90% in a coronary artery
with at least a 2.5 mm RVD by visual assessment

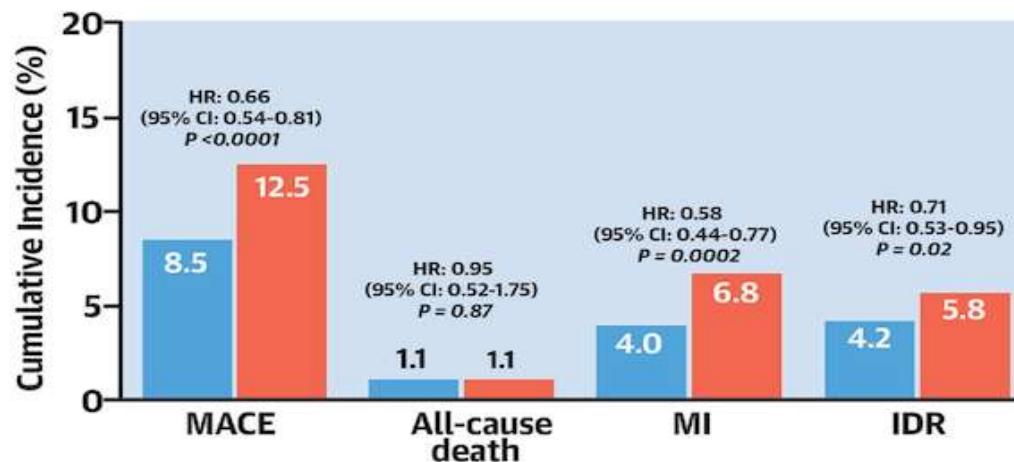


Quantitative Flow
Ratio-Guided Group
N = 1,913

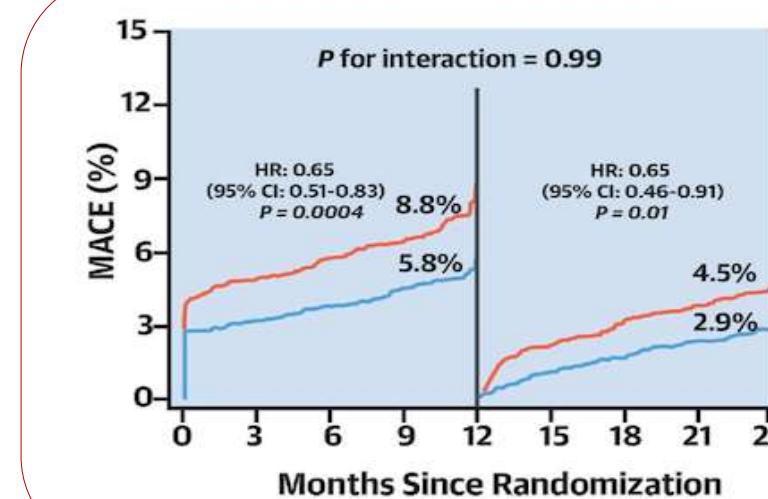


Angiography-Guided Group
N = 1,912

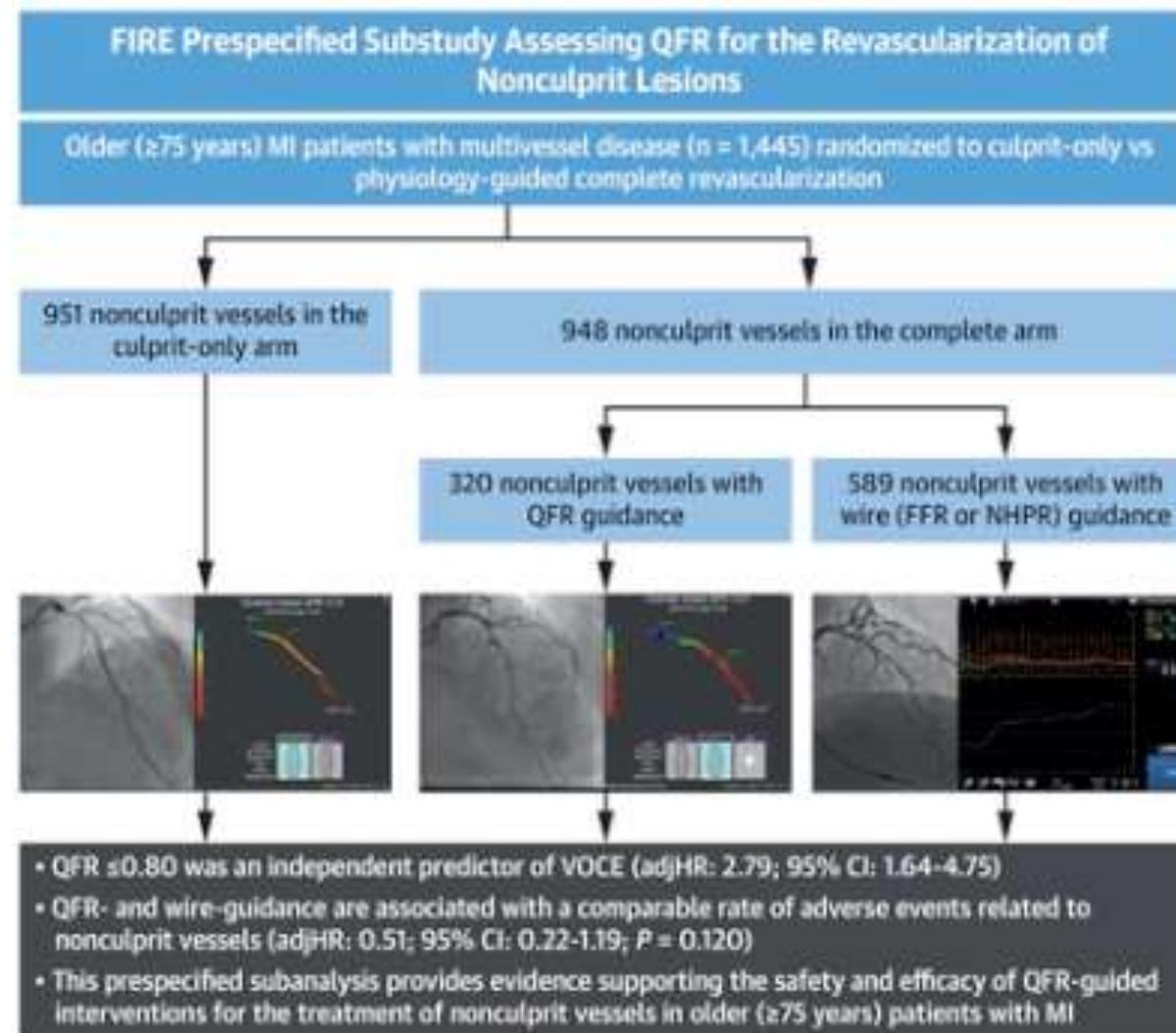
2-Year Clinical Outcomes



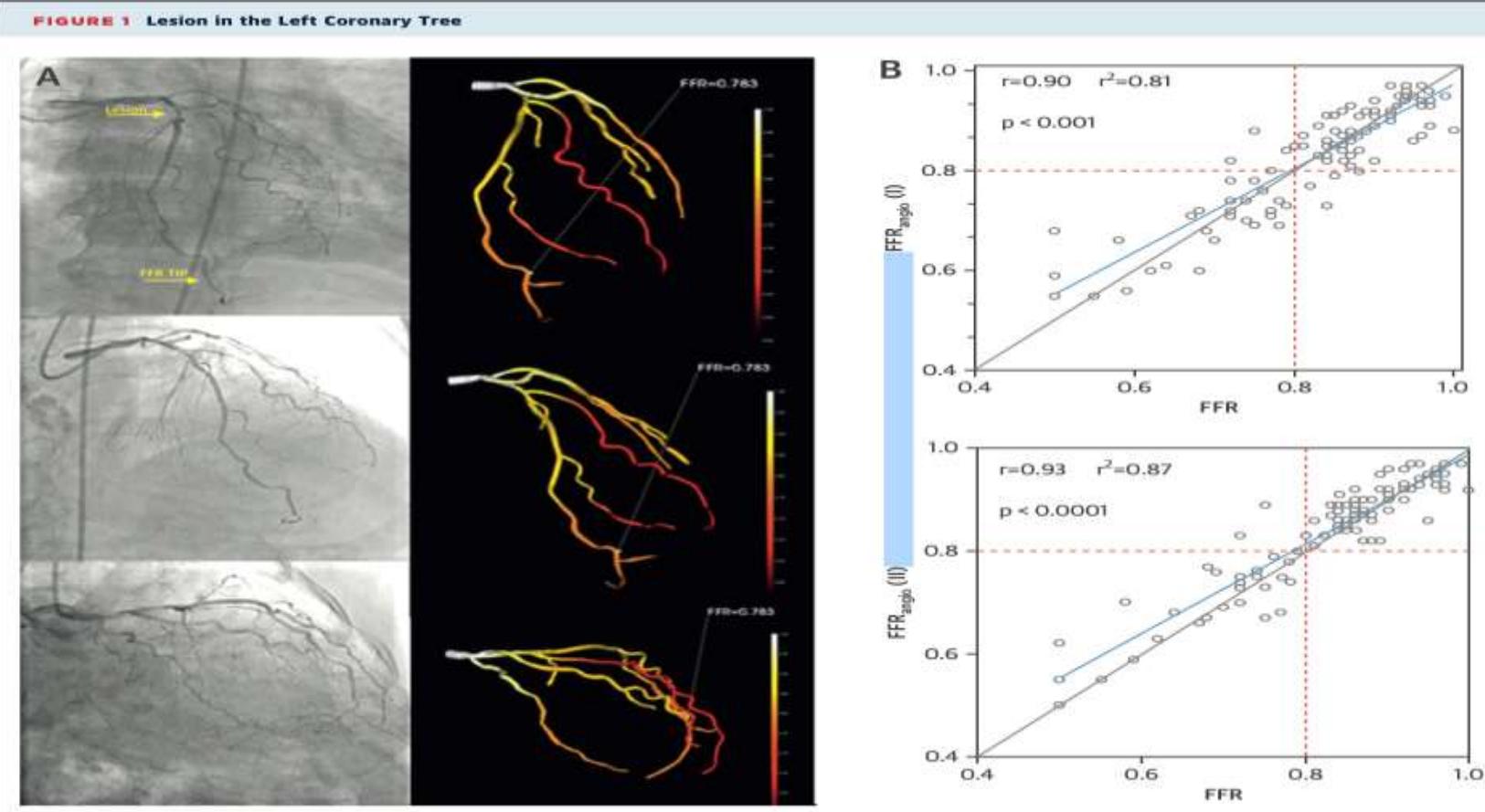
Landmark Analysis



QFR for the Revascularization of Nonculprit Vessels in MI Patients: Insights From the FIRE Trial.



FFR angio

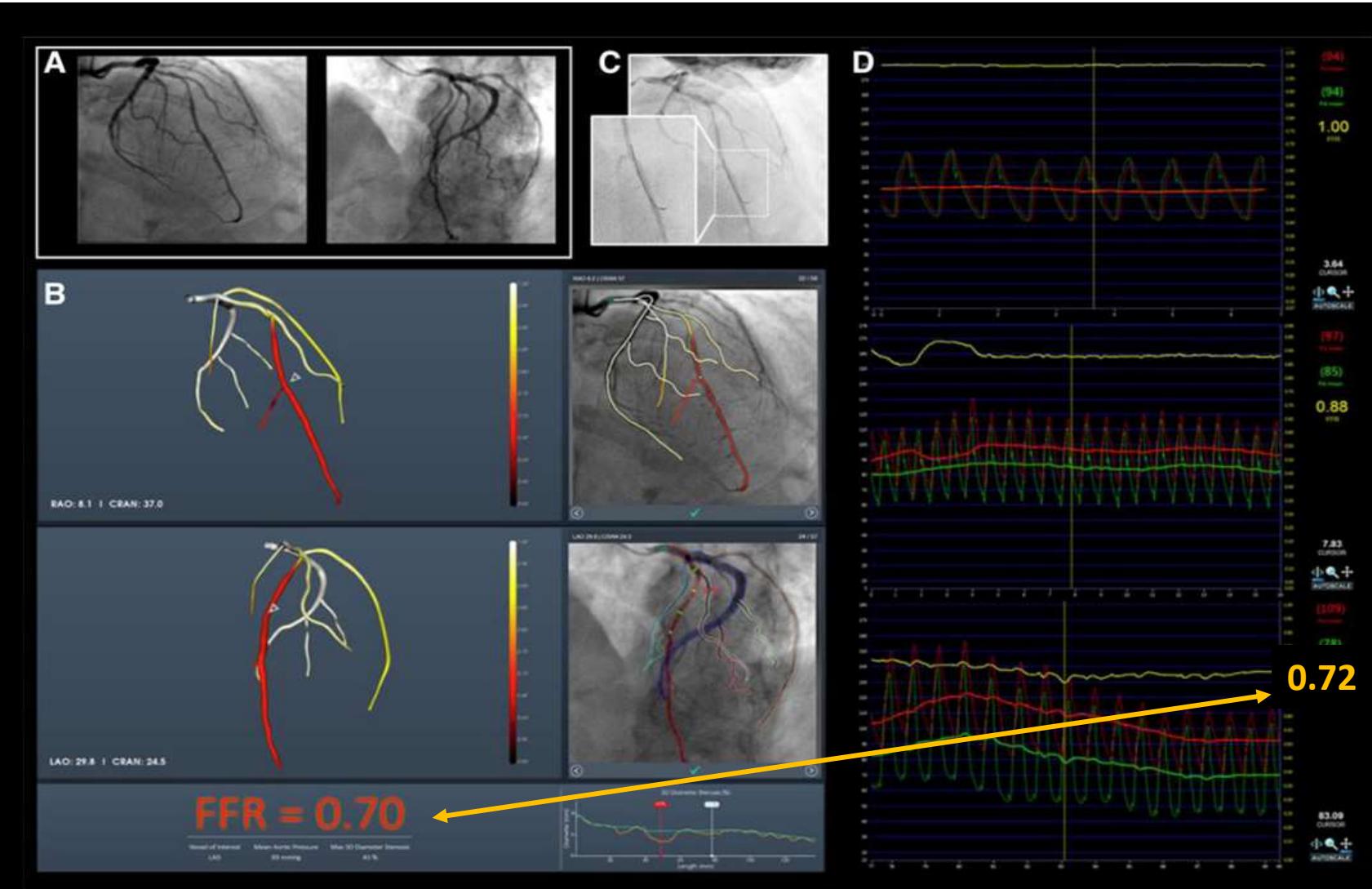


Kornowski R. Et al J Am Coll Cardiol. 2016 Nov 15;68(20):2235-2237.

Accuracy of Fractional Flow Reserve Derived From Coronary Angiography

FAST-FFR Study

FFR angio

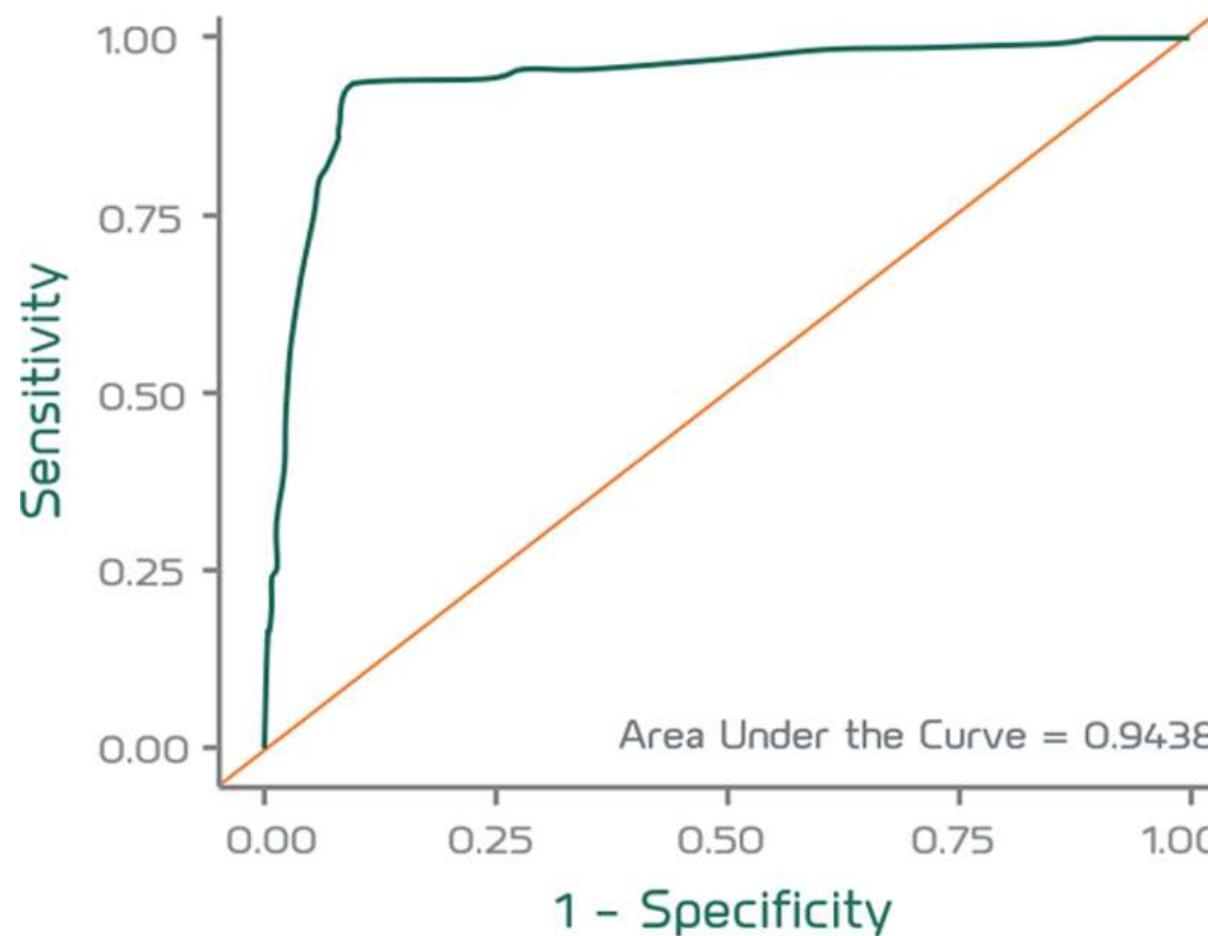


Fearon WF, et al. Circulation. 2019 Jan 22;139(4):477-484

Accuracy of Fractional Flow Reserve Derived From Coronary Angiography

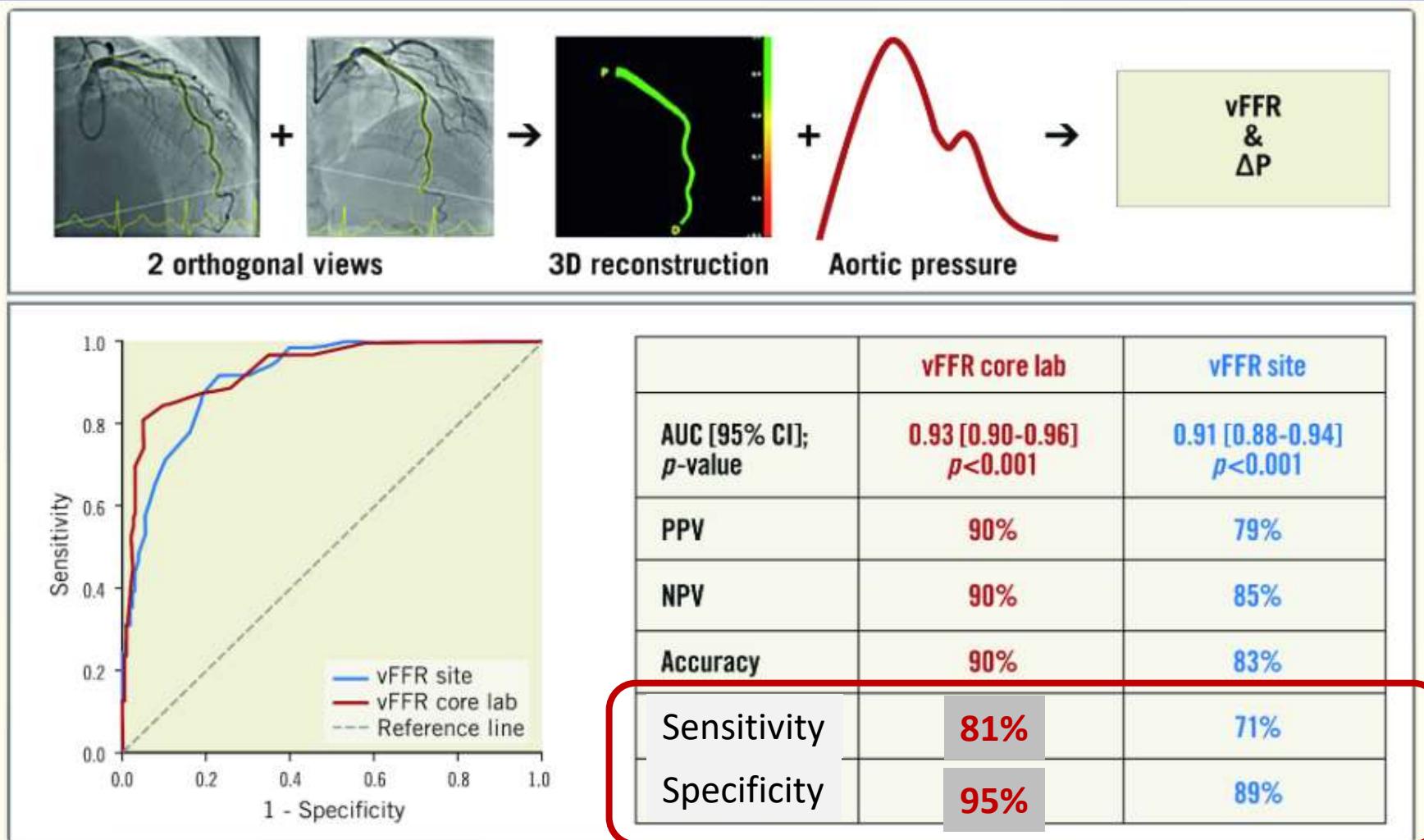
FAST-FFR Study

FFR angio



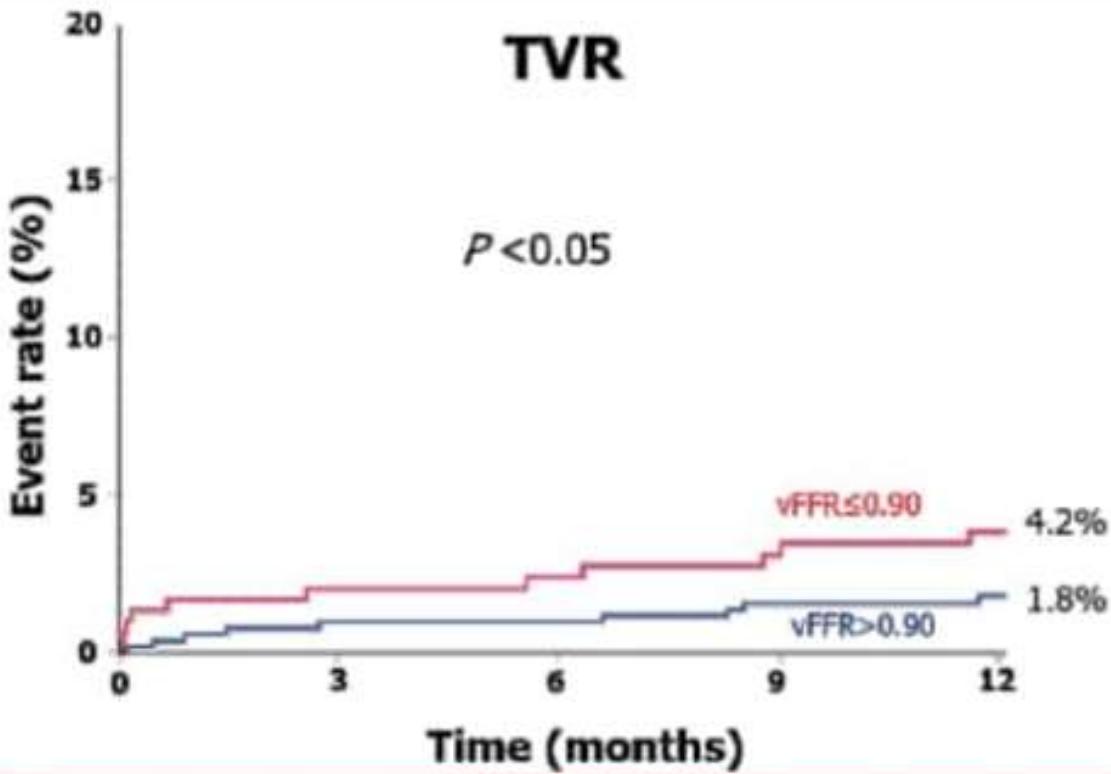
Vessel fractional flow reserve (*vFFR*) for the assessment of stenosis severity: the *FAST II* study.

vFFR



Vessel fractional flow reserve (**vFFR**) for the assessment of stenosis severity: the **FAST II study**.

Caas vFFR Pie Medical Imaging

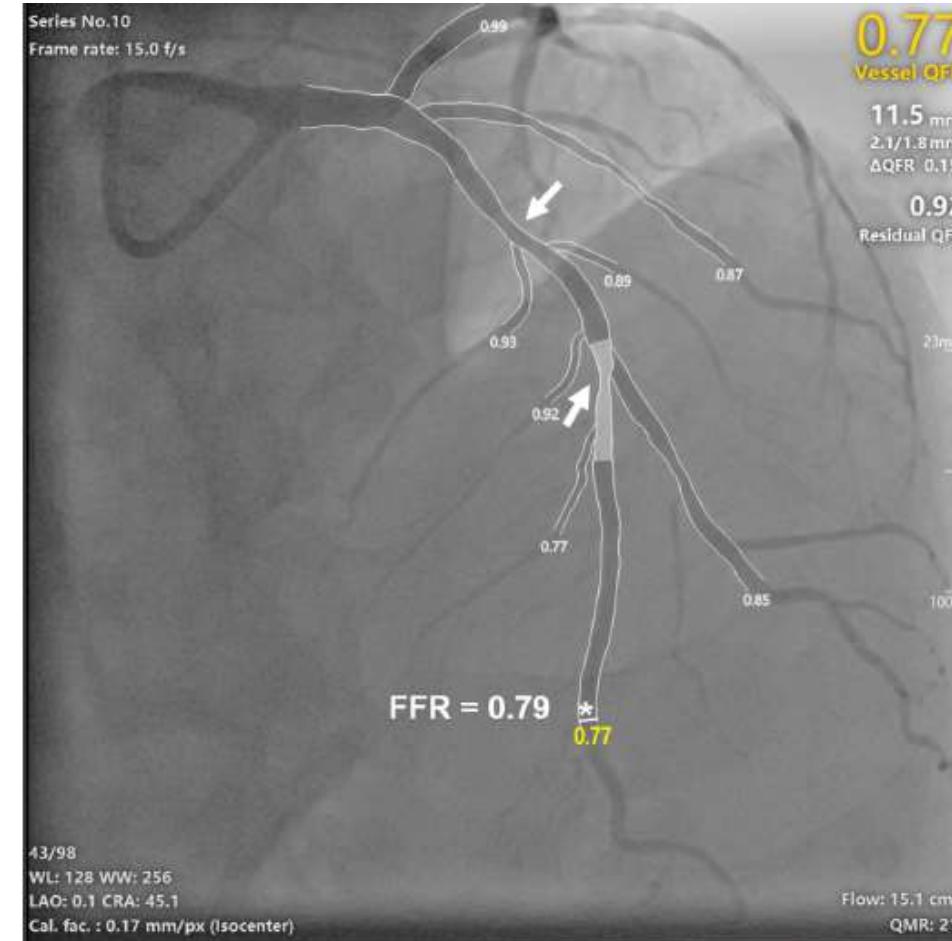
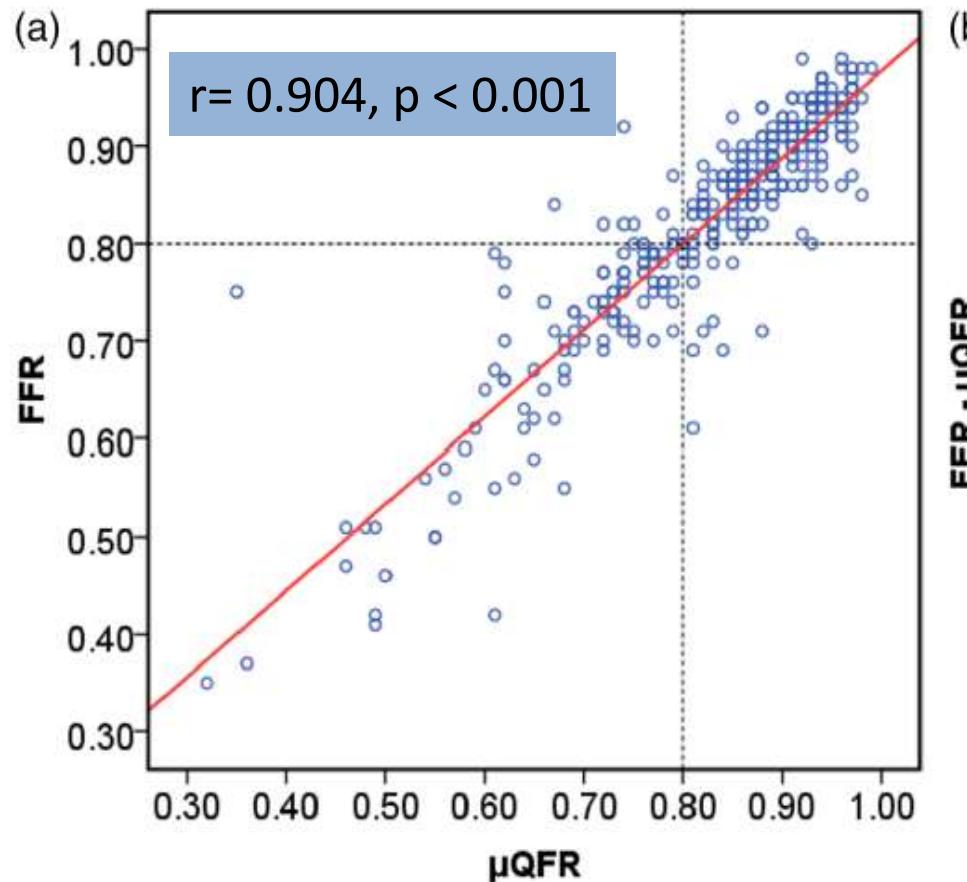


TCT 2019



TCT 2020

Diagnostic accuracy of quantitative flow ratio for assessment of coronary stenosis significance from a single angiographic view: a novel method based on bifurcation fractal law. (μ QFR)



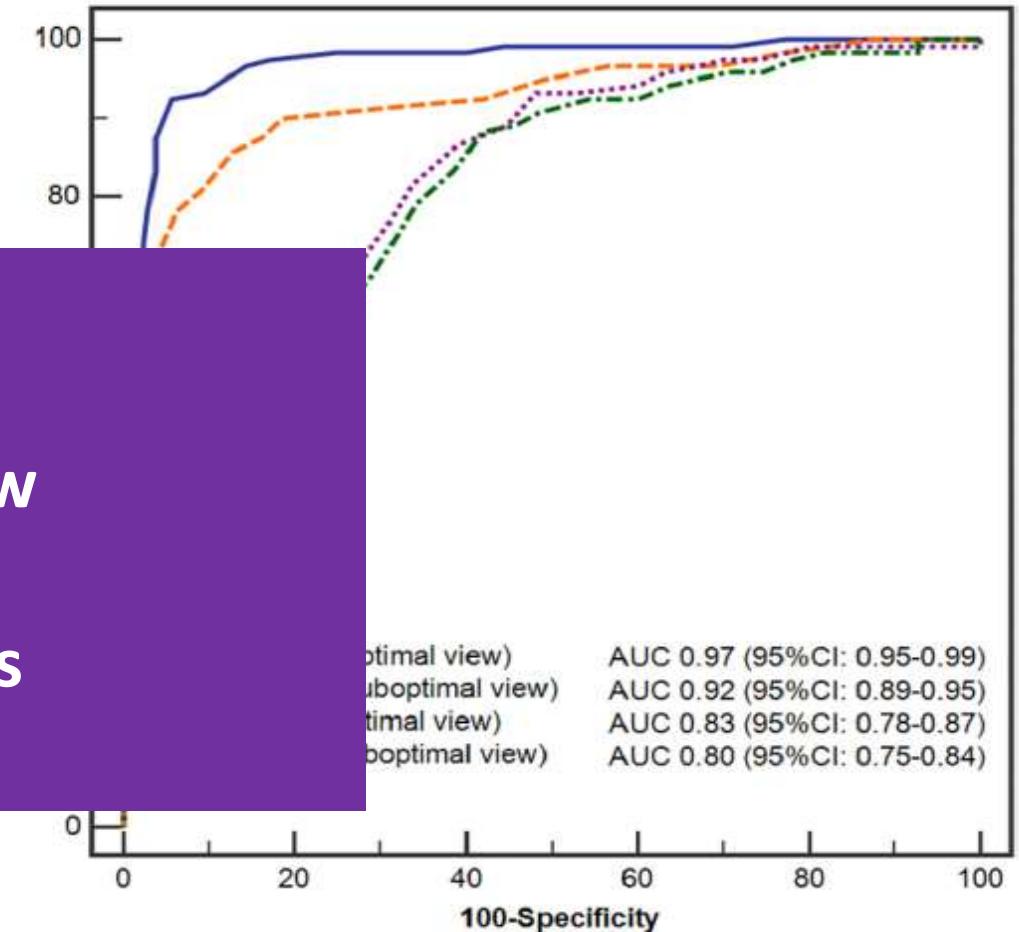
Diagnostic accuracy of QFR for assessment of coronary stenosis significance from a single angiographic view: a novel method based on bifurcation fractal law. (μ QFR)

Diagnostic performance of μ QFR and QCA-derived %DS **in predicting FFR ≤ 0.80**

Accuracy, % (95% CI)
Sensitivity, % (95% CI)
Specificity, % (95% CI)
PPV, % (95% CI)
NPV, % (95% CI)

Comparison μ QFR vs QFR:

- Needs only one single view
- Faster (1 vs 5 minutes)
- Allows bifurcation analysis

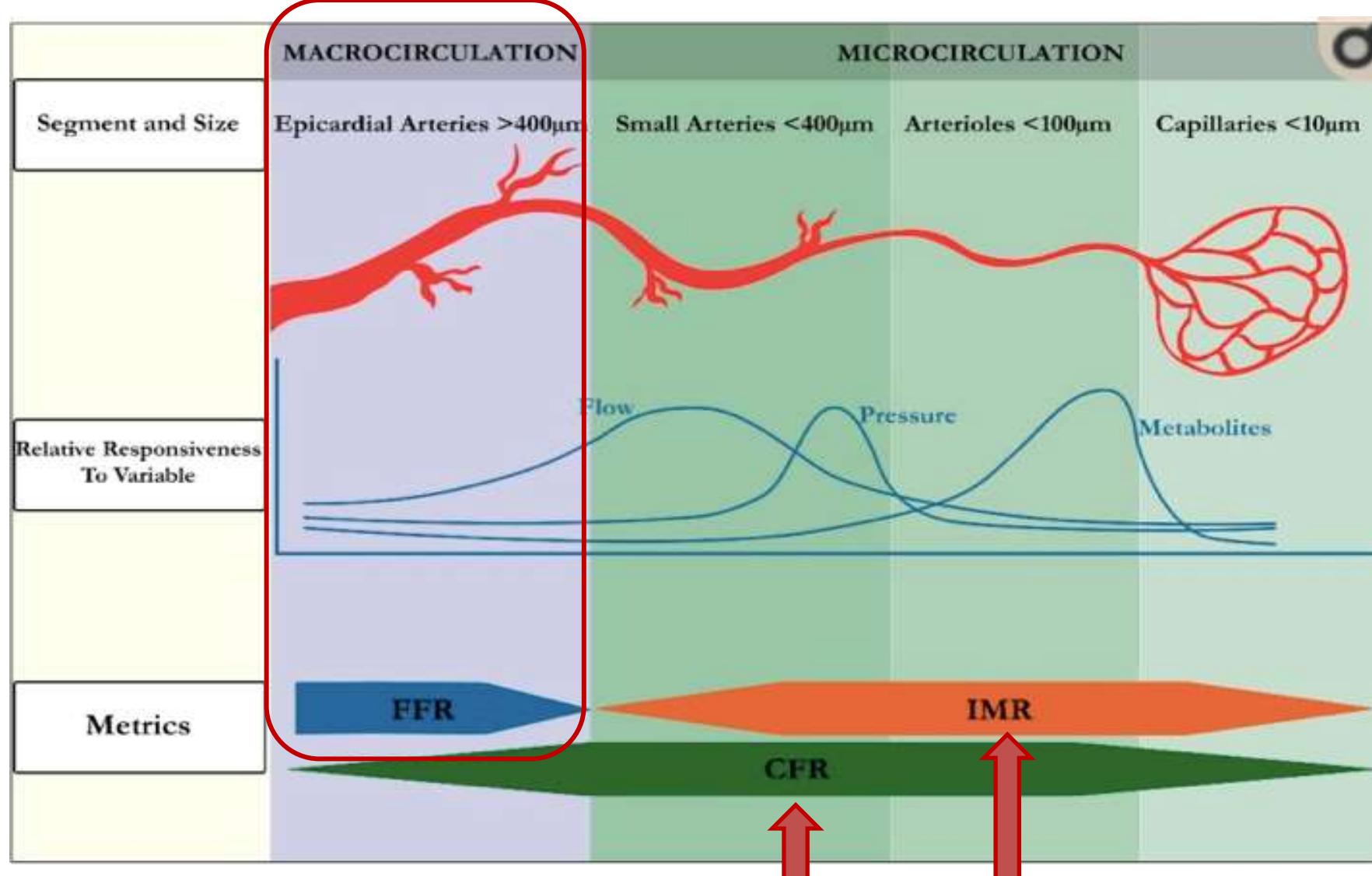


	QFR	vFFR	FFRangle	μ QFR
Image				
Vendor	Medis/ Pulse Medical	Pie Medical	CathWorks	Pulse Medical
Number of required Angio projections				
Aortic pressure data Required				
Frame counting Required				
Models including side branch				
Time to computation, min				
Evidence				
C-statistics for FFR ≤ 0.80	0.92-0.96	0.93	0.94	0.97

Consensus document on the clinical application of invasive functional coronary angiography from the Japanese Association of Cardiovascular Intervention and Therapeutics

Asano T, et al Cardiovasc Interv Ther. 2024 Apr;39(2):109-125.

Coronary microcirculation assessment using wire-free conventional coronary angiograms



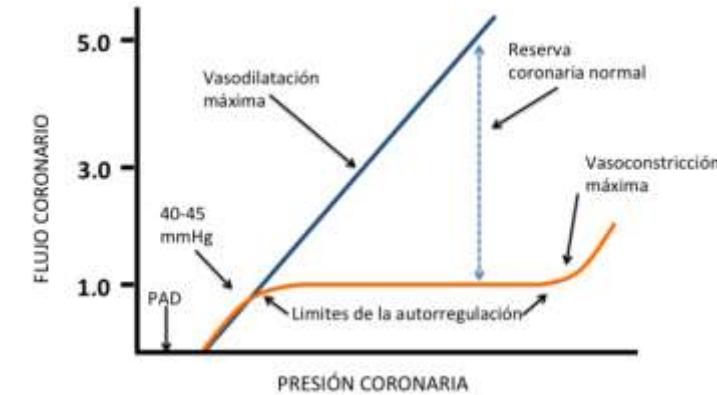
Invasive Coronary Flow Reserve

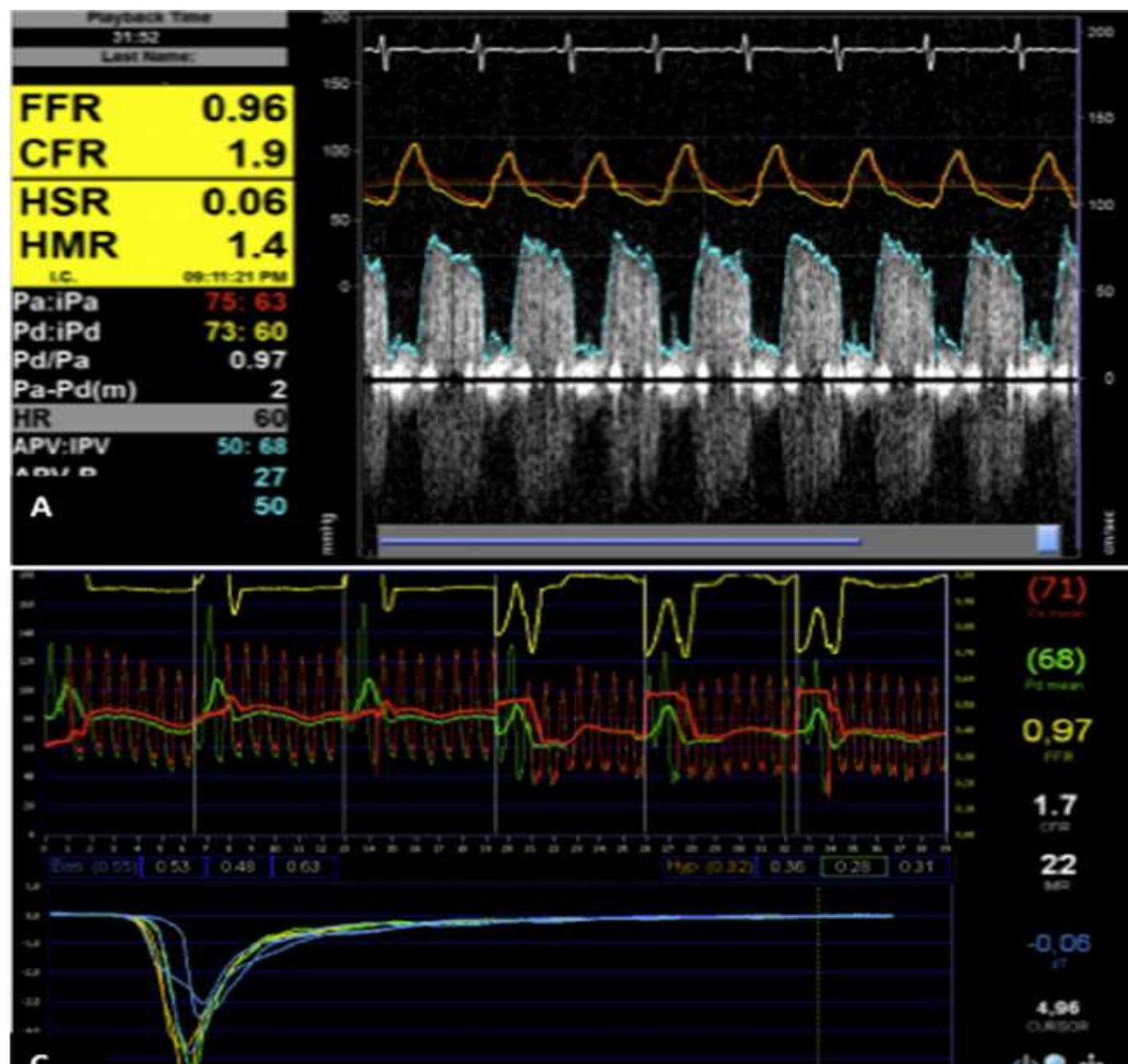
$$CFR = \frac{\text{Hyperemic Flow}}{\text{Resting Flow}}$$

CFR Doppler wire

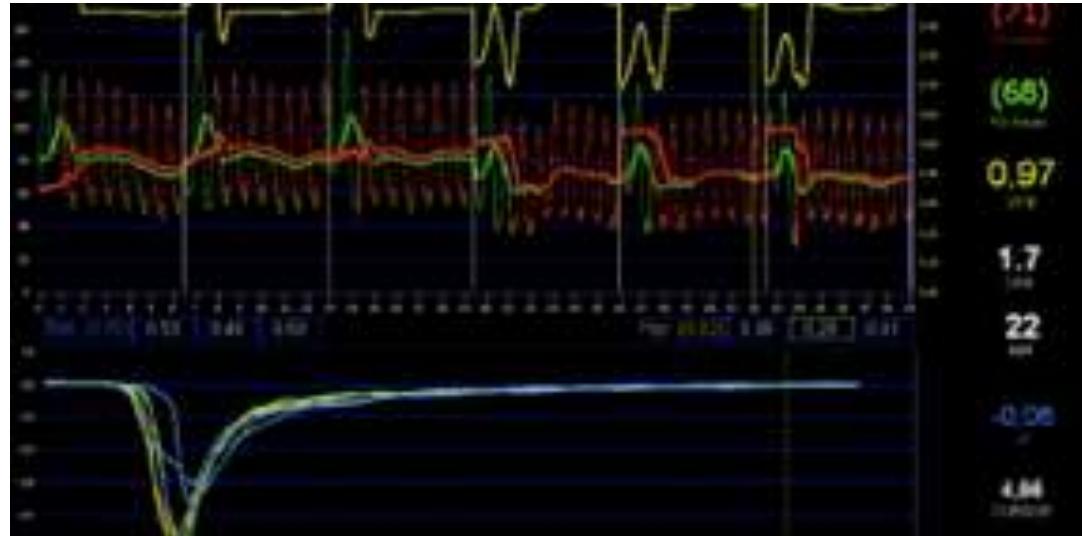
CFR thermodilution

CFR continuous thermodilution





$$F = \frac{V}{T_{mn}}$$



F: Flujo

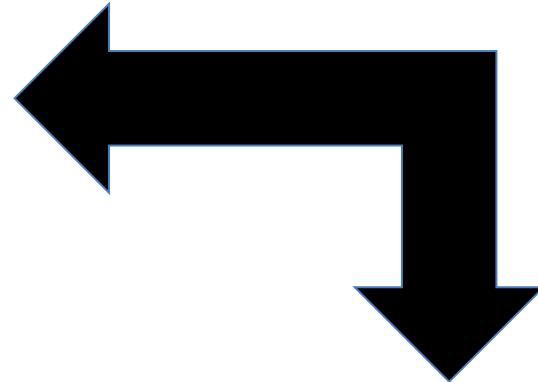
V: Volúmen (en general 3 ml de solución salina)

T_{mn}: tiempo de tránsito entre la inyección y el sensor

Index of Microcirculatory Resistance (IMR)

$$\text{IMR} = \frac{P_d}{\left(\frac{1}{T_{mn}}\right)},$$

$$R = \frac{\Delta P}{Q},$$

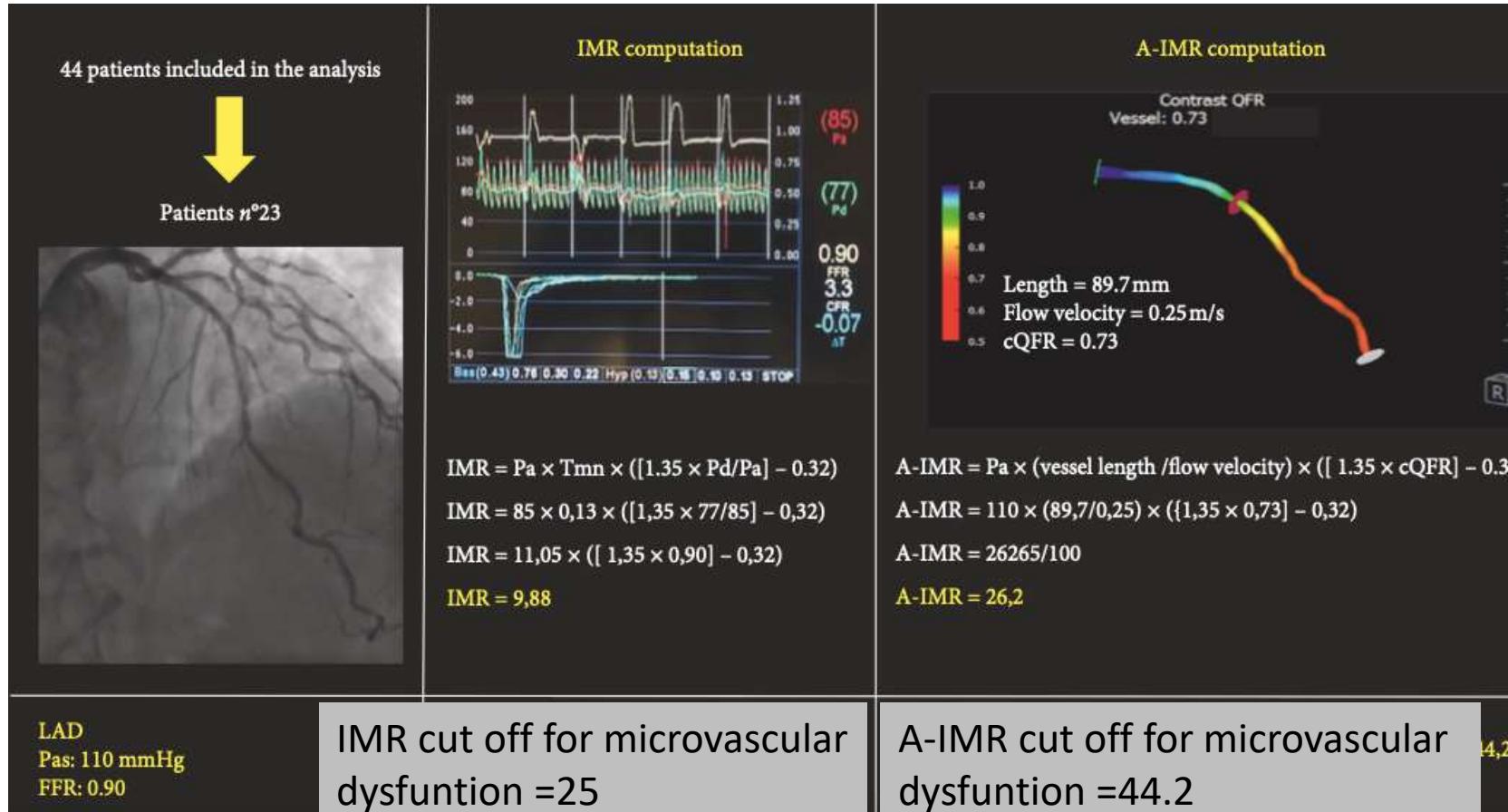


$$\text{IMR} = P_d \times T_{mn},$$

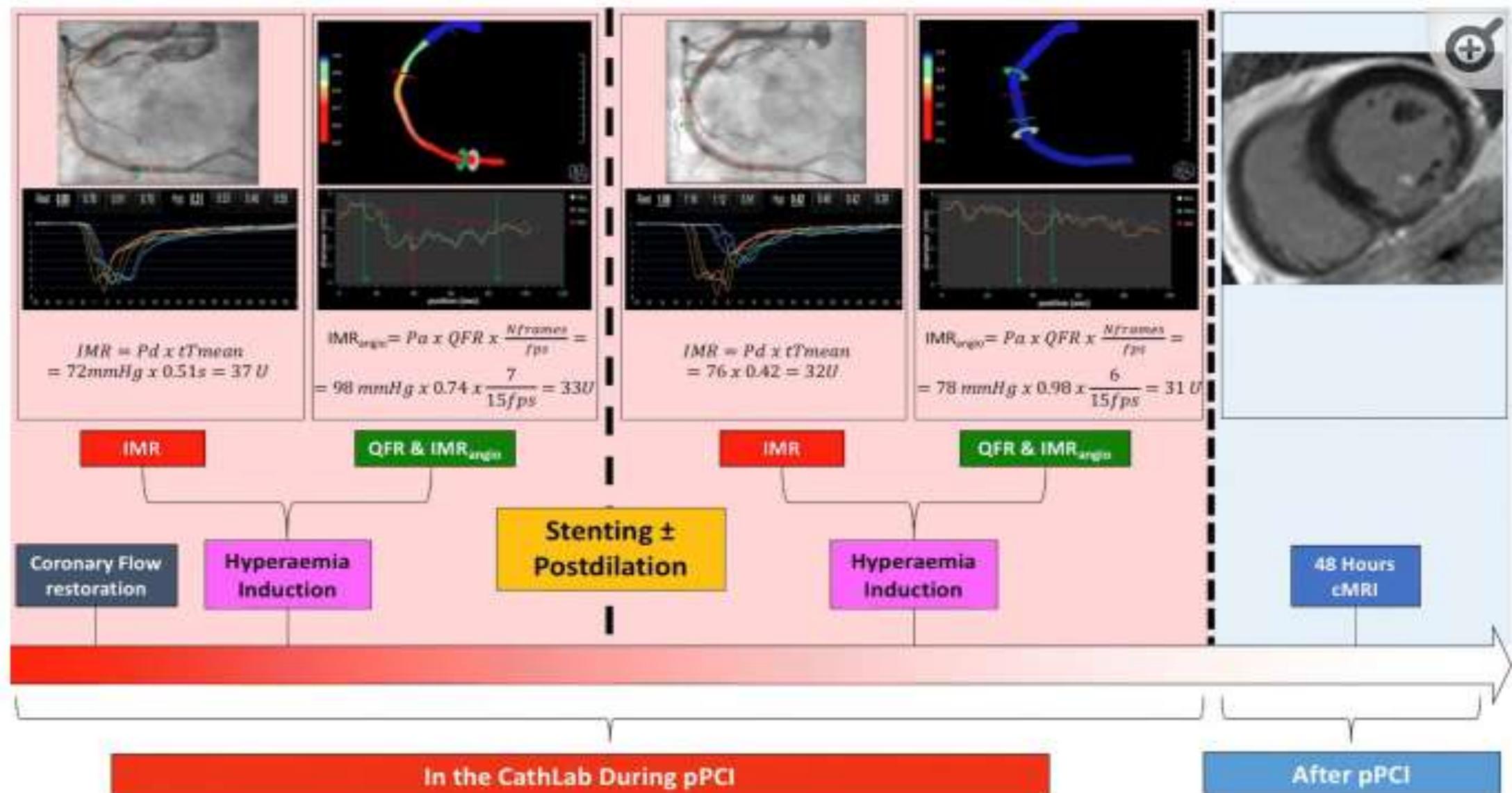
Coronary microcirculation assessment using Functional Angiography

Angio-Based Index of Microcirculatory Resistance for the Assessment of the Coronary Resistance: A Proof of Concept Study

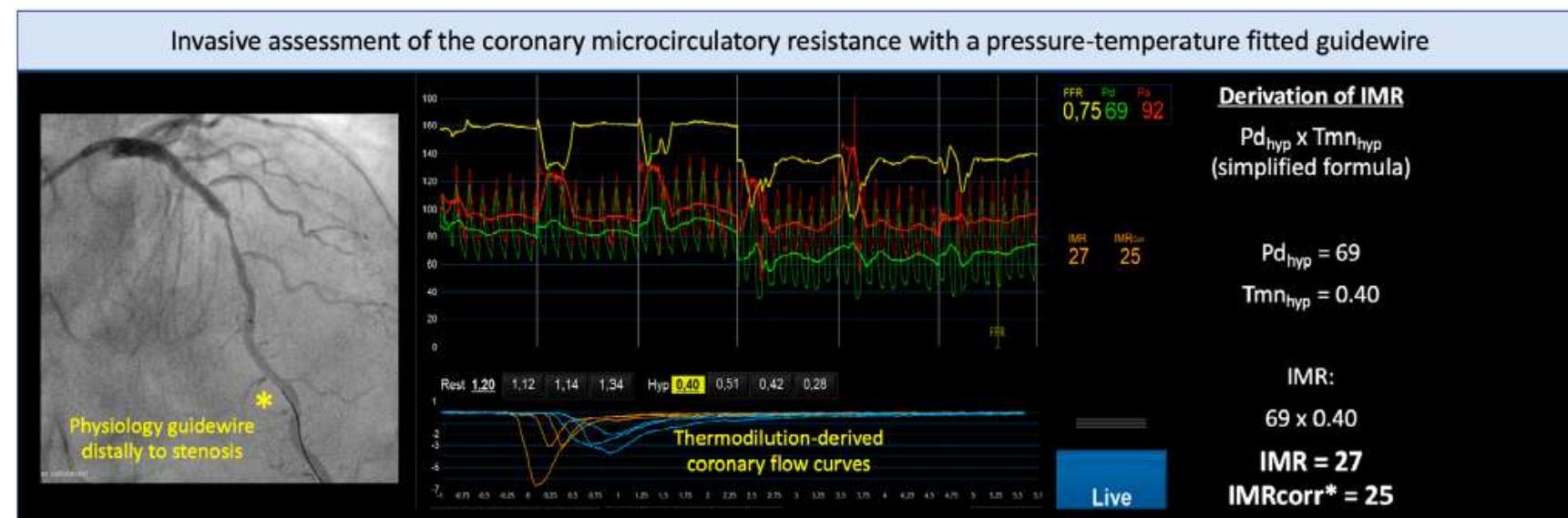
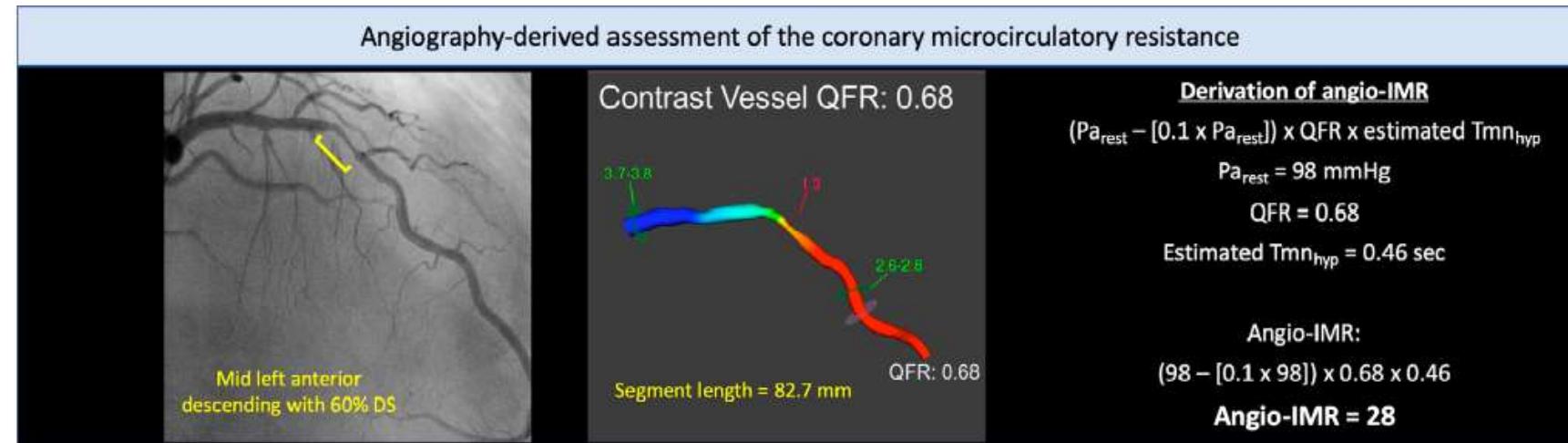
$$A - IMR = \frac{Pa \times (\text{vessel length}/\text{flow velocity}) \times ([1.35 \times cQFR] - 0.32)}{100}.$$



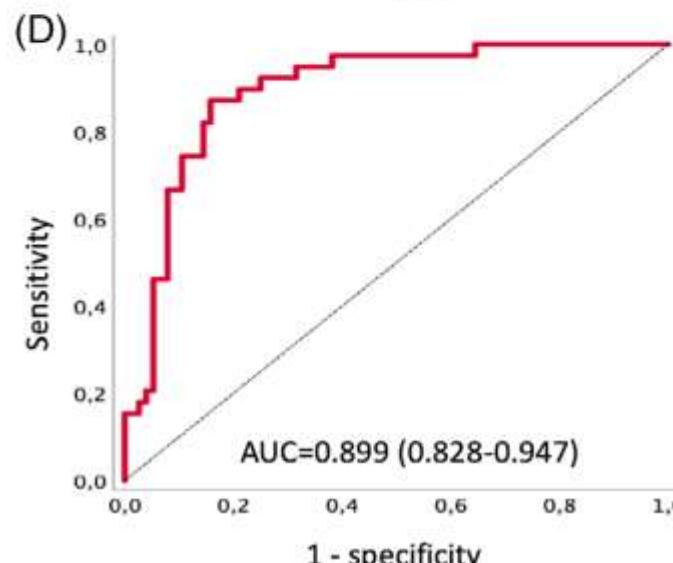
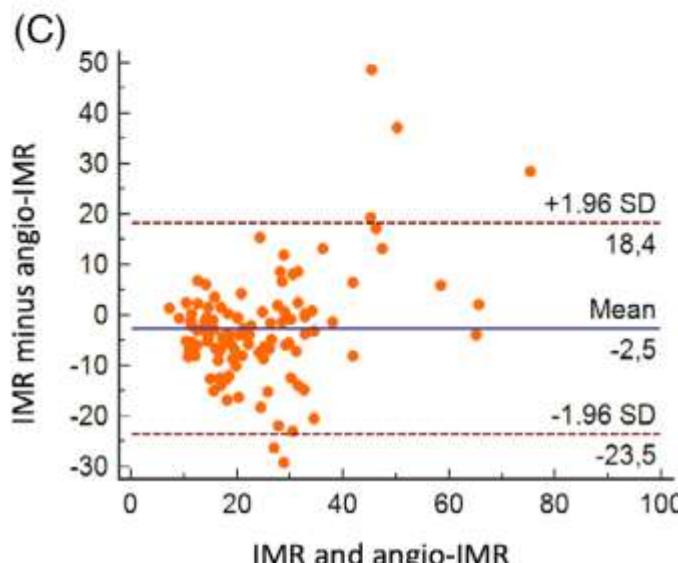
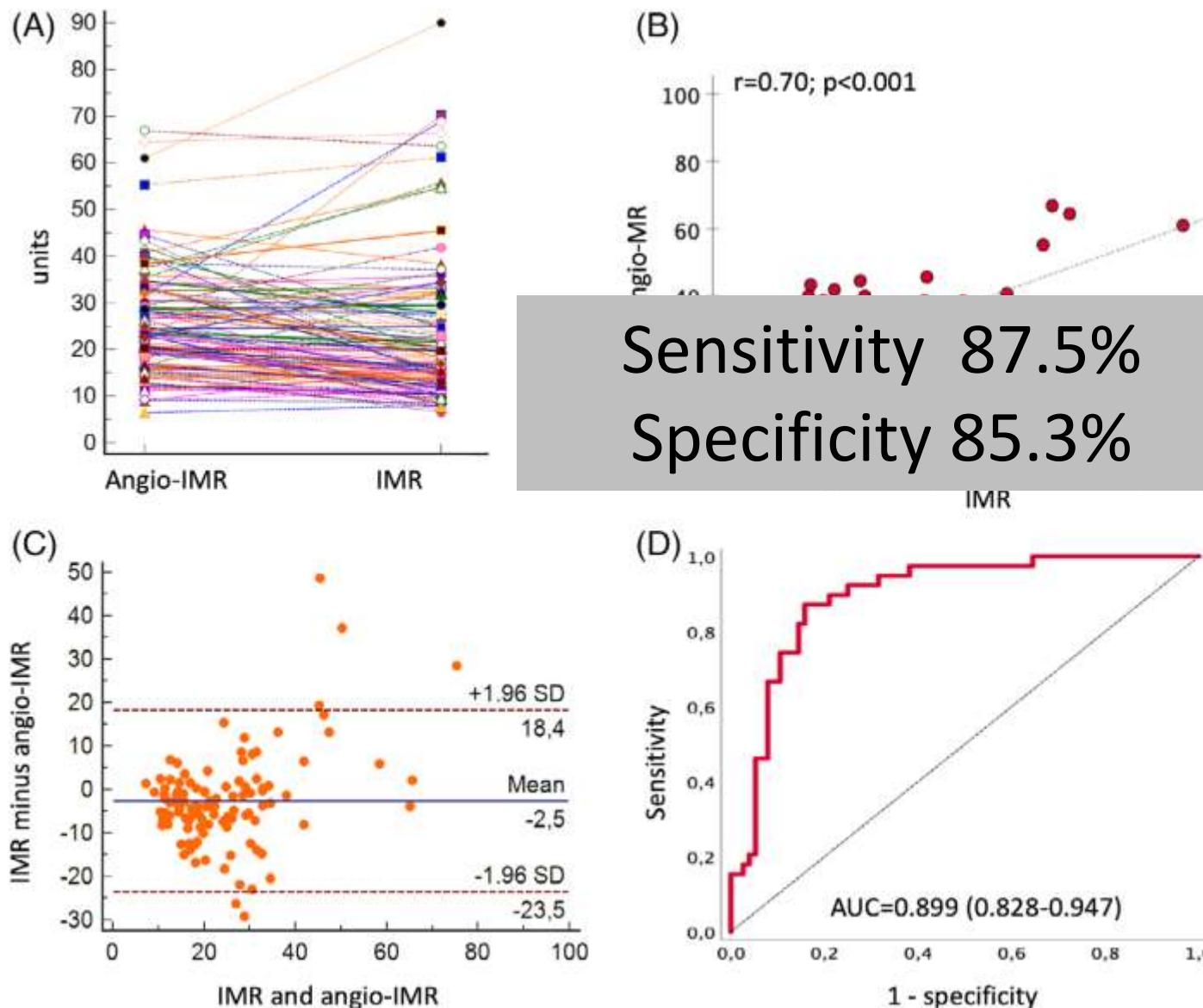
Angiography-derived index of microcirculatory resistance as a novel, pressure-wire-free tool to assess coronary microcirculation in ST elevation myocardial infarction



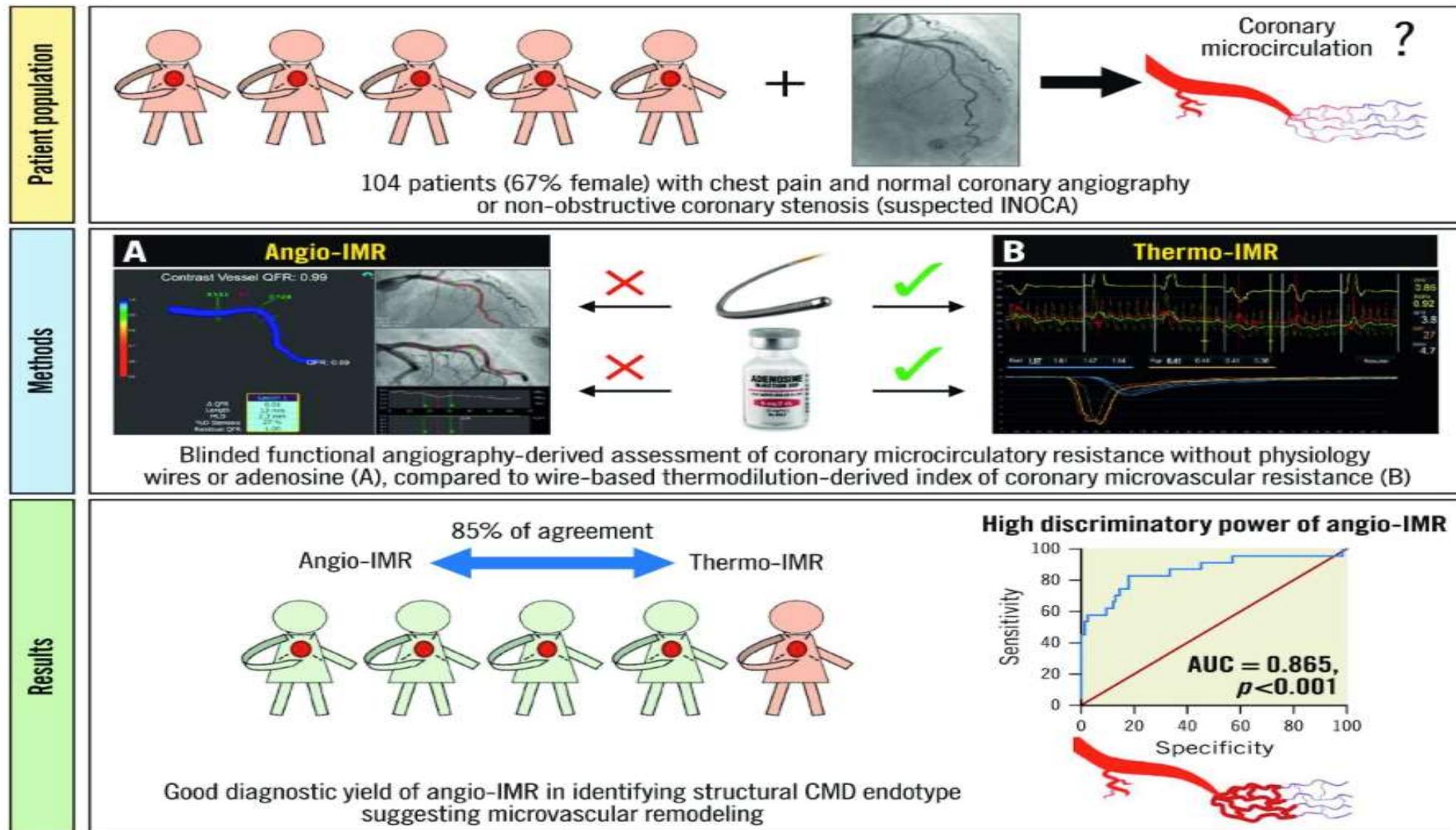
$$\text{Angio-IMR} = (\text{Pa}_{\text{rest}} - [0.1 \times \text{Pa}_{\text{rest}}]) * \text{QFR} * (\text{vessel length} / \text{V}_{\text{hyp}})$$



Coronary microcirculation assessment using FCA



Diagnostic yield of angiography-derived assessment of coronary microcirculatory resistance in patients with suspected myocardial ischaemia and non-obstructive coronary arteries (INOCA)



Take-home message

In recent years, major technical developments in the field of coronary imaging (invasive angiography and CCTA) have made it possible to obtain functional information from a primary anatomical examination.

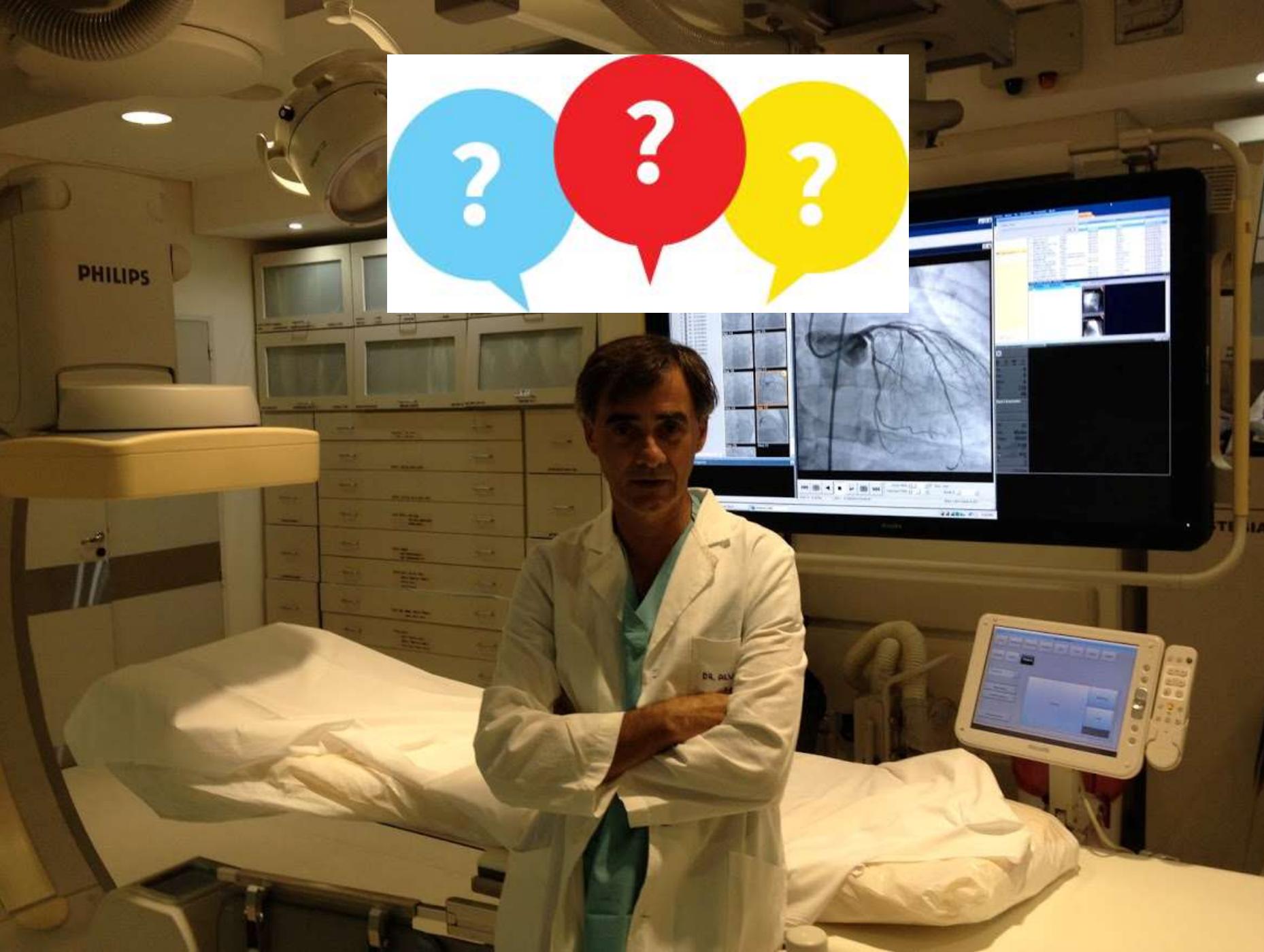
The evaluation of coronary microcirculatory resistance in patients with INOCA syndrome using cAngio-IMR from coronary angiography is feasible and accurate.

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Take-home message

In recent years, major technical developments in the field of coronary imaging (invasive angiography and CCTA) have made it possible to obtain functional information from a primary anatomical examination.

*The evaluation of coronary microcirculatory resistance in patients with INOCA syndrome using cAngio-IMR from coronary angiography is **feasible** and **accurate**.*



Friday 10:40 / 12:00 Buen Ayre A Contemporary Management of INOCA patients:
Practical Guideliness

(15') - General discussion and key Learning points

Alcántara, Marco Antonio - Chairman

(5') - Welcome and Session Objectives.

Álvarez, José Amadeo Guillermo - Chairman

(10') - INOCA Prevalence and Causes: Between Epicardial and Microvascular Factors.

Paiva, Maria Sanali - Speaker

(10') - Invasive Physiological Assessment of Coronary Disease (FFR and iFR).

Dauvergne Maya, Christian - Speaker

(10') - Functional Coronary Angiography for the Assessment of Epicardial Vessels and Microcirculation.

Álvarez, José Amadeo Guillermo - Speaker

(10') - Endotype-Based INOCA Management.

Mehran, Roxana - Speaker

Rubilar, Bibiana - Panelist

Galon, Micheli - Panelist

Rivero, Mirza Vanessa - Panelist

Ponce, Juan Manuel - Panelist

Vigo, César Federico - Panelist

Rifourcat, Ignacio - Panelist