



Long-term survival in patients with stable angina pectoris undergoing PCI with or without intracoronary pressure wire guidance:

A report from Swedish Coronary Angiography and Angioplasty Registry

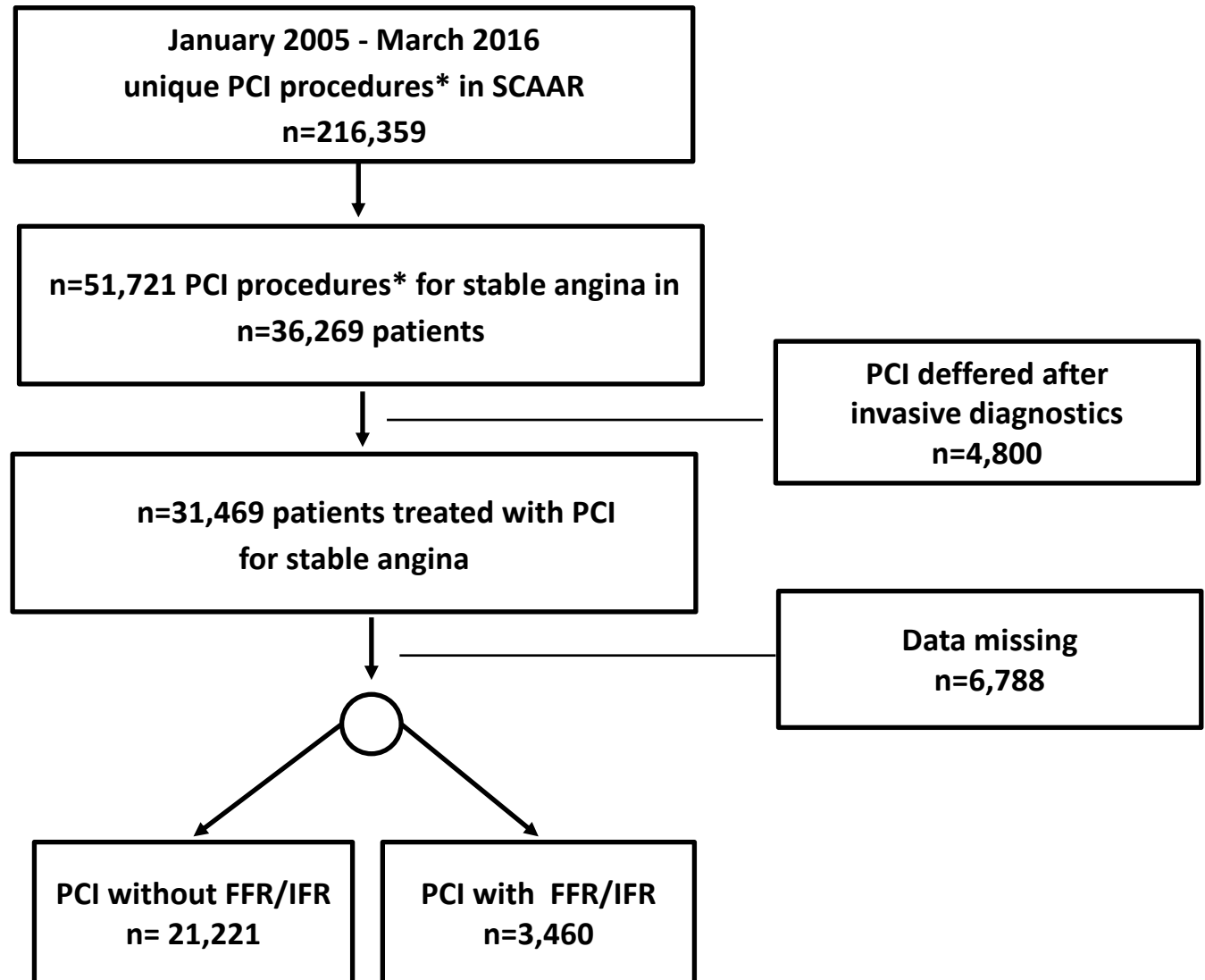


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- Our primary aim was to determine the effect on long-term survival of using FFR/IFR for decision-making during PCI in patients with stable angina pectoris.
- Our secondary aim was to determine the effect on restenosis and stent thrombosis of using FFR/IFR for decision-making during PCI in patients with stable angina pectoris.

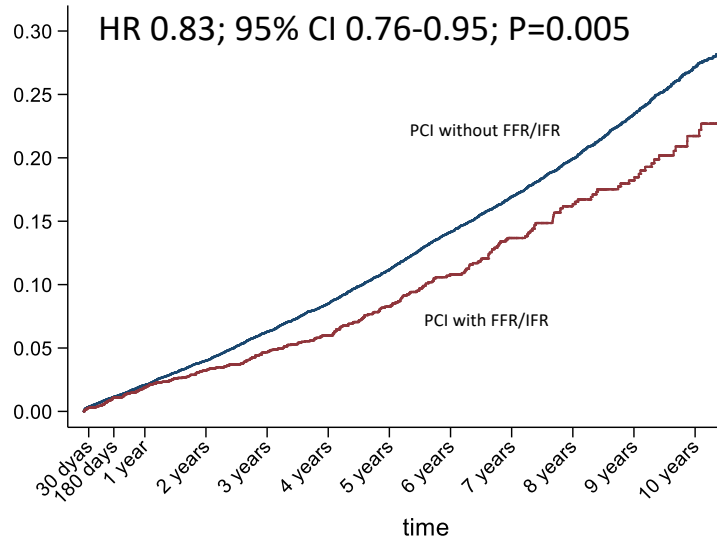
Methods



* invasive diagnostic procedures included (IVUS, OCT, FFR, IFR)

Results

Total mortality

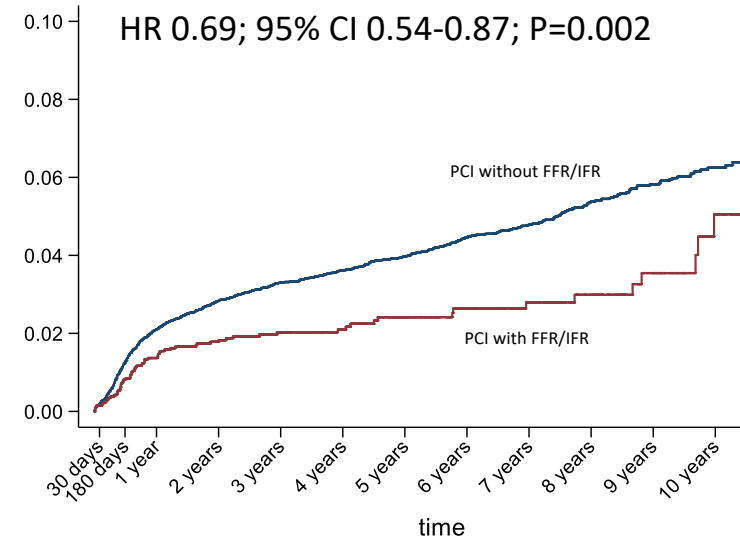


At risk:

PCI without FFR/IFR 21222 19081 16750 14527 12412 10446 8577 6777 5010 3406 1752

PCI with FFR/IFR 3460 2832 2234 1764 1407 1064 852 636 477 324 175

Restenosis and stent thrombosis



At risk:

PCI without FFR/IFR 21221 18671 16236 13997 11897 9957 8131 6388 4691 3192 1630

PCI with FFR/IFR 3460 2794 2190 1723 1370 1032 826 616 461 312 164

Conclusions

- **In this observational study, the use of FFR/IFR was associated with lower risk of long-term mortality, stent thrombosis and restenosis in patients undergoing PCI for stable angina pectoris.**
- **Our results support the current ESC/ACC/AHA guidelines for the use of invasive assessment of coronary physiology for decision-making during PCI.**