



Functional Coronary **Angiography to Indicate and Guide **R**evascularization in **STEMI** Patients with Multivessel Disease:**

The  **STEMI** trial



BACKGROUND



Perfect application:

- 1. STEMI: projections during primary PCI**
- 2. Virtual PCI: based on the same projections**

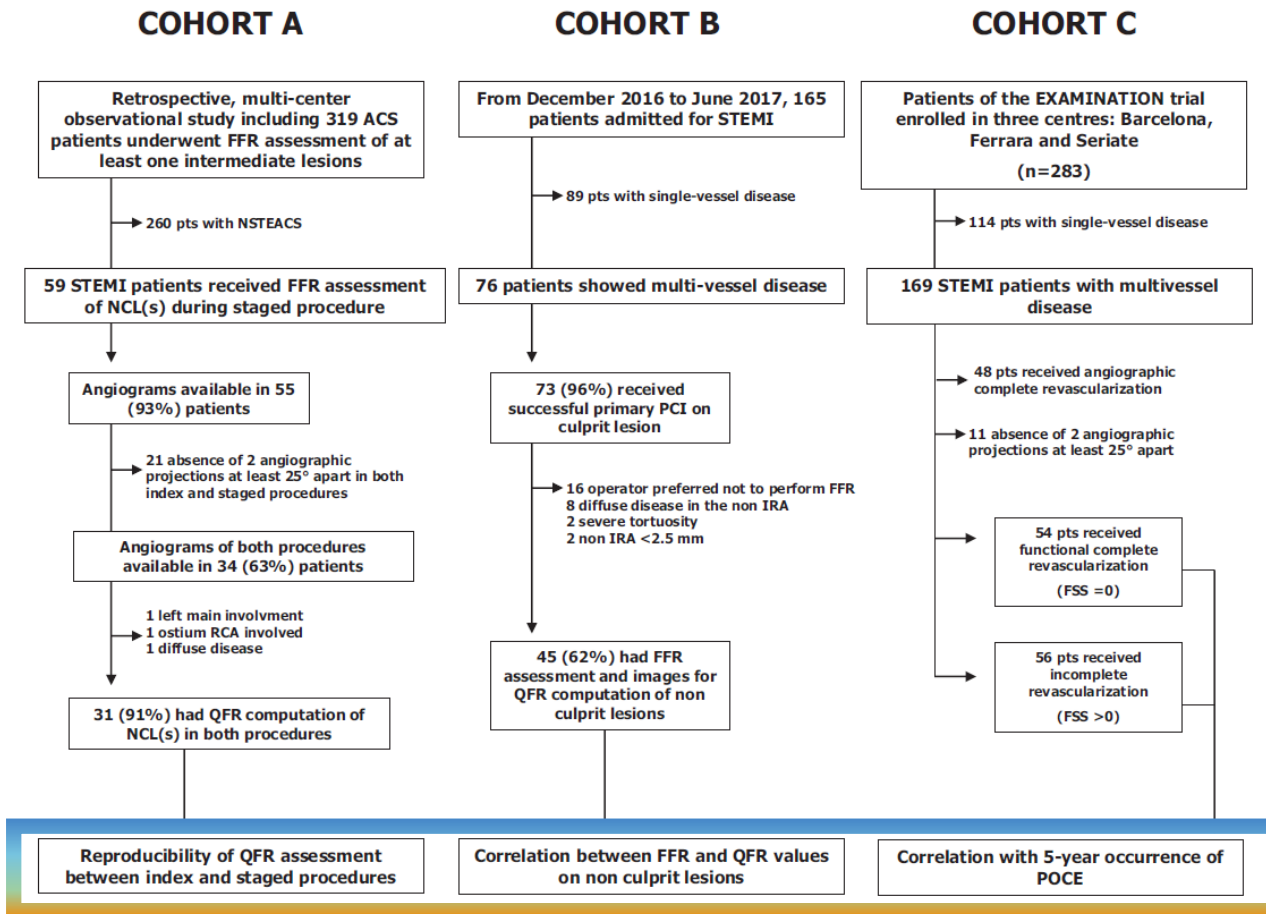


Perfect application:

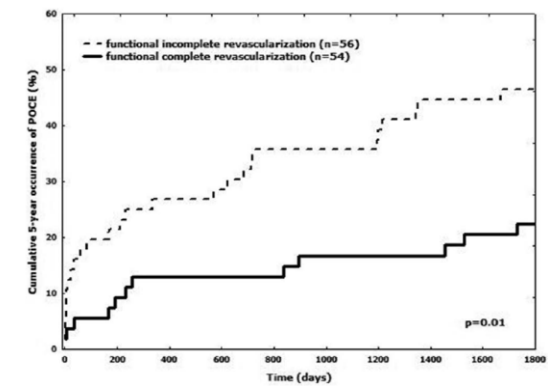
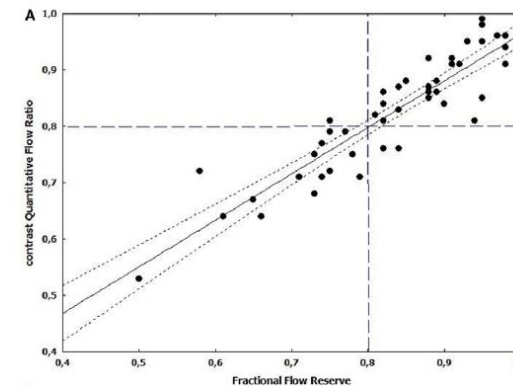
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QFR in STEMI setting

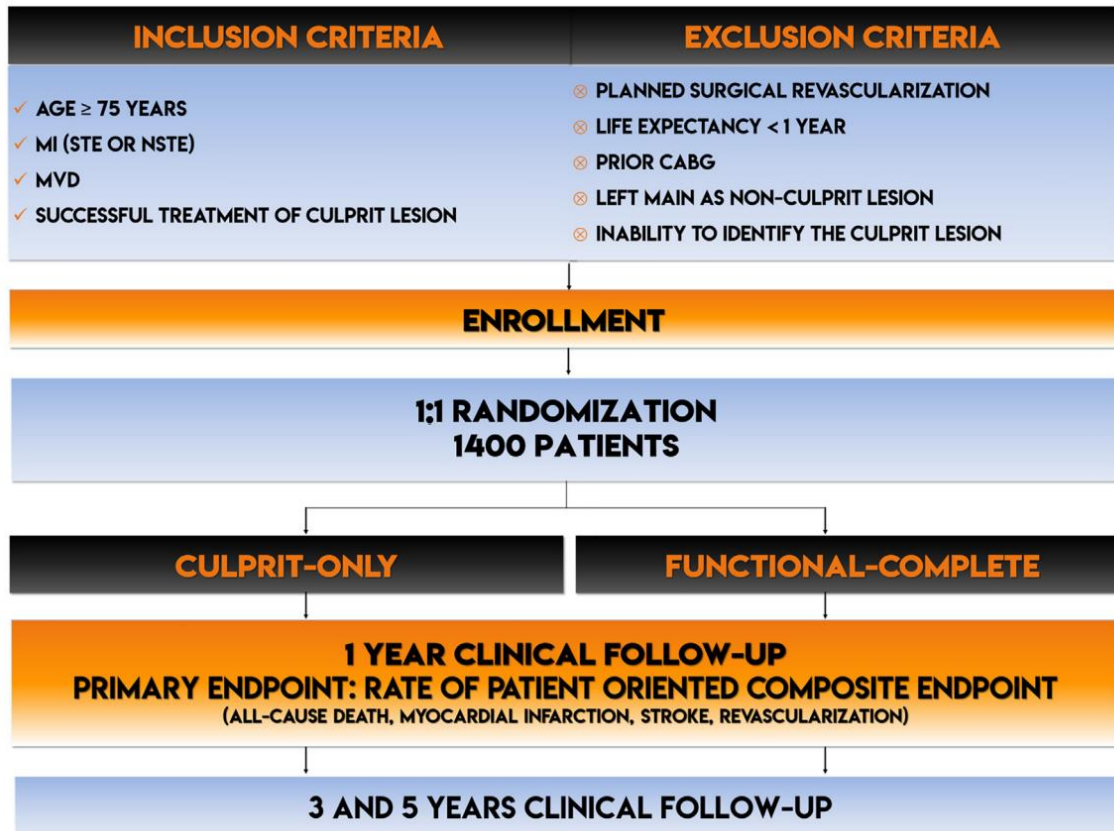


- QFR reproducible in **index** vs **staged** procedure
- QFR correlates with **FFR**
- QFR correlates with 5-year **POCE**





FIRE TRIAL



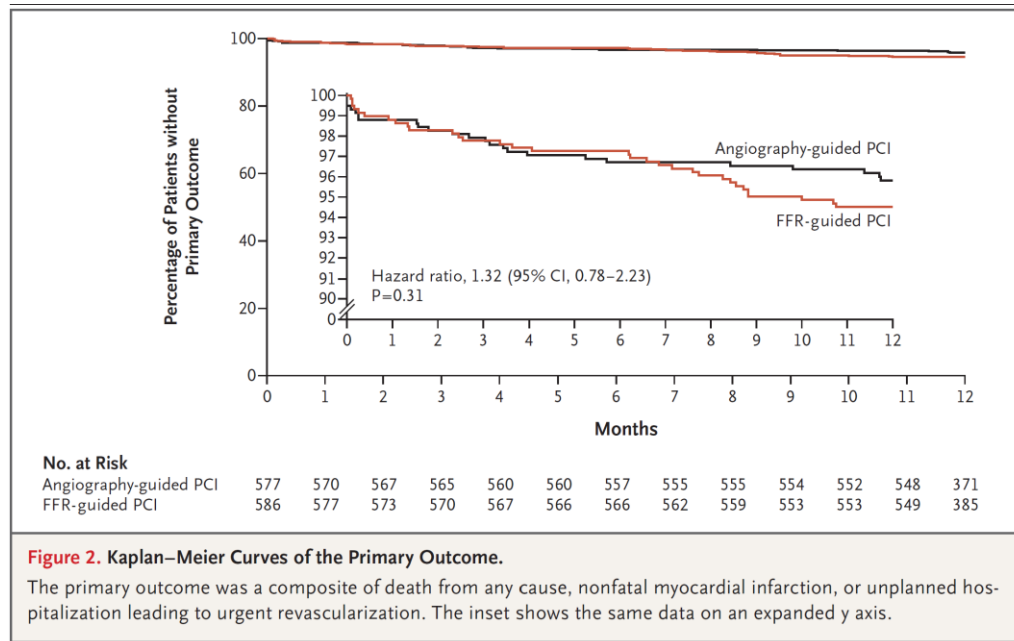
In **>300** patients in the PHYSIOLOGY-GUIDED COMPLETE arm the decision regarding non-culprit lesions was based on **QFR**



FLOWER-MI



No difference between FFR & angio-complete, but...



- **16%** no FFR pre
- **82%** no FFR post
- **FFR ⊖** patients received **2** procedures



CAN ANGIO-DERIVED FFR OVERCOME FLOWER-MI LIMITATIONS?



ISSUES:

- **Low rate of events**
- **FFR staged**
- **No post-PCI FFR**

SOLUTIONS:

- **Consecutive enrollment**
- **Angio-FFR at index procedure**
- **Angio-FFR Virtual-PCI plan**



Perfect application:

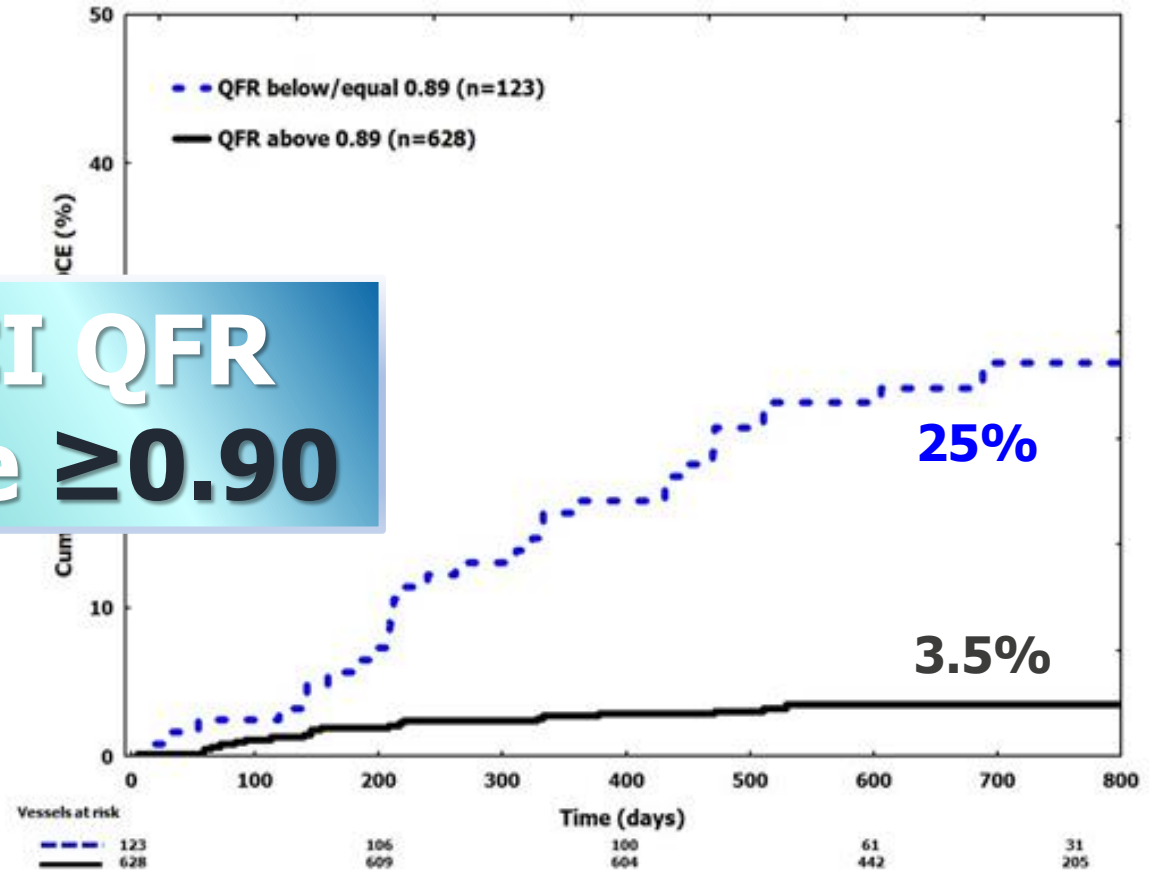
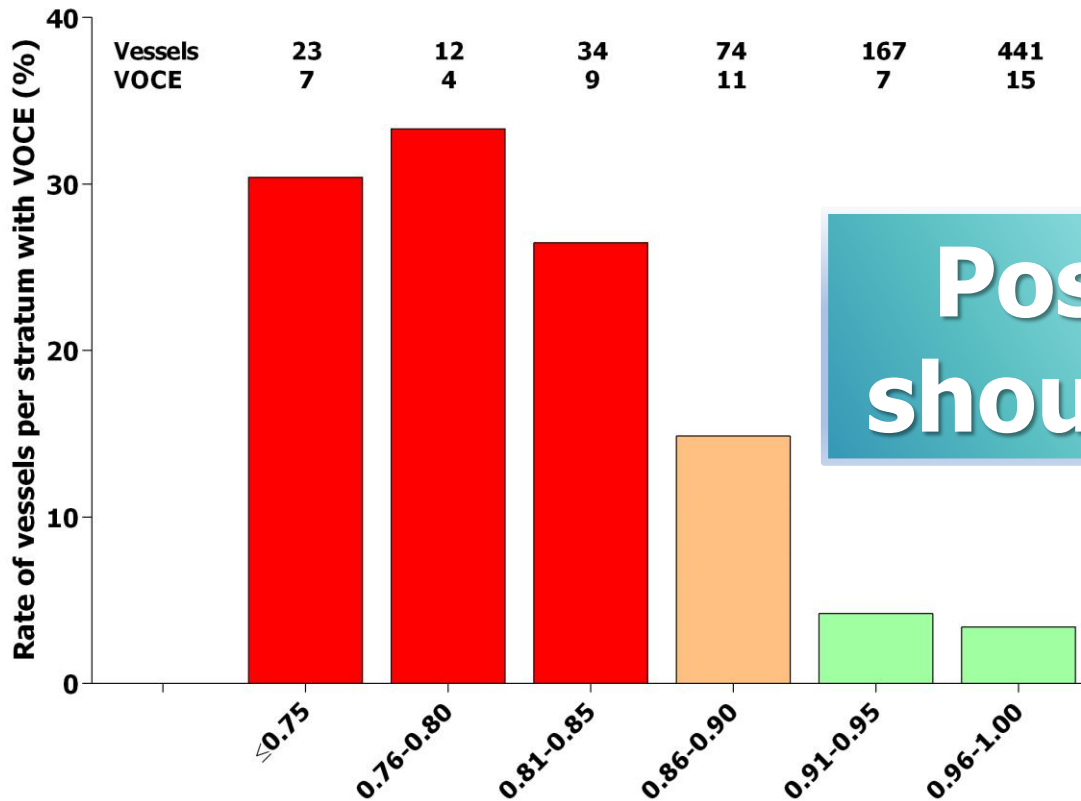
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Post-PCI QFR

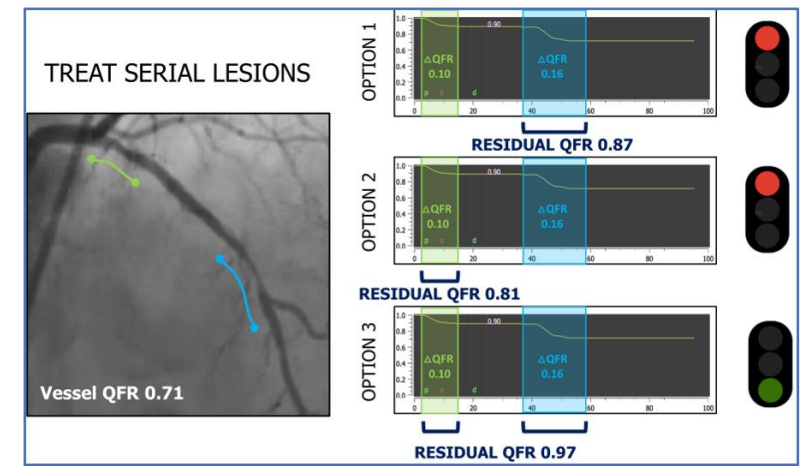
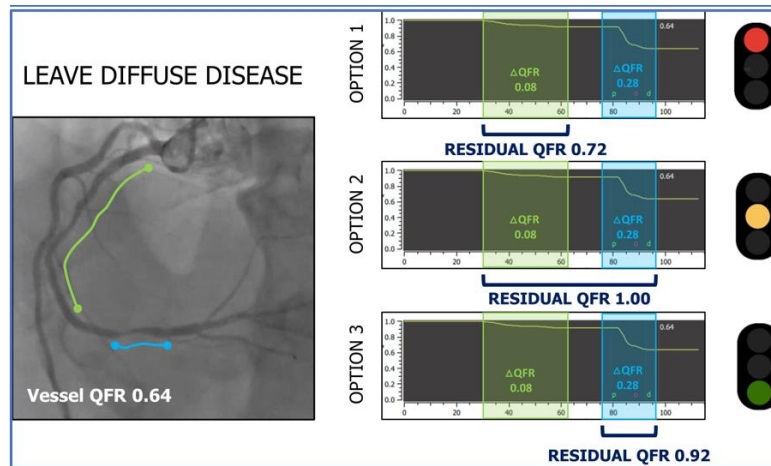
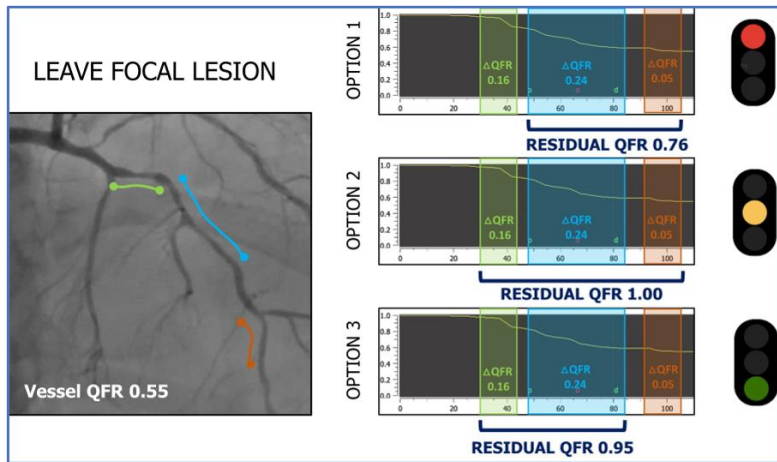


VOCE stratified according to post-PCI QFR



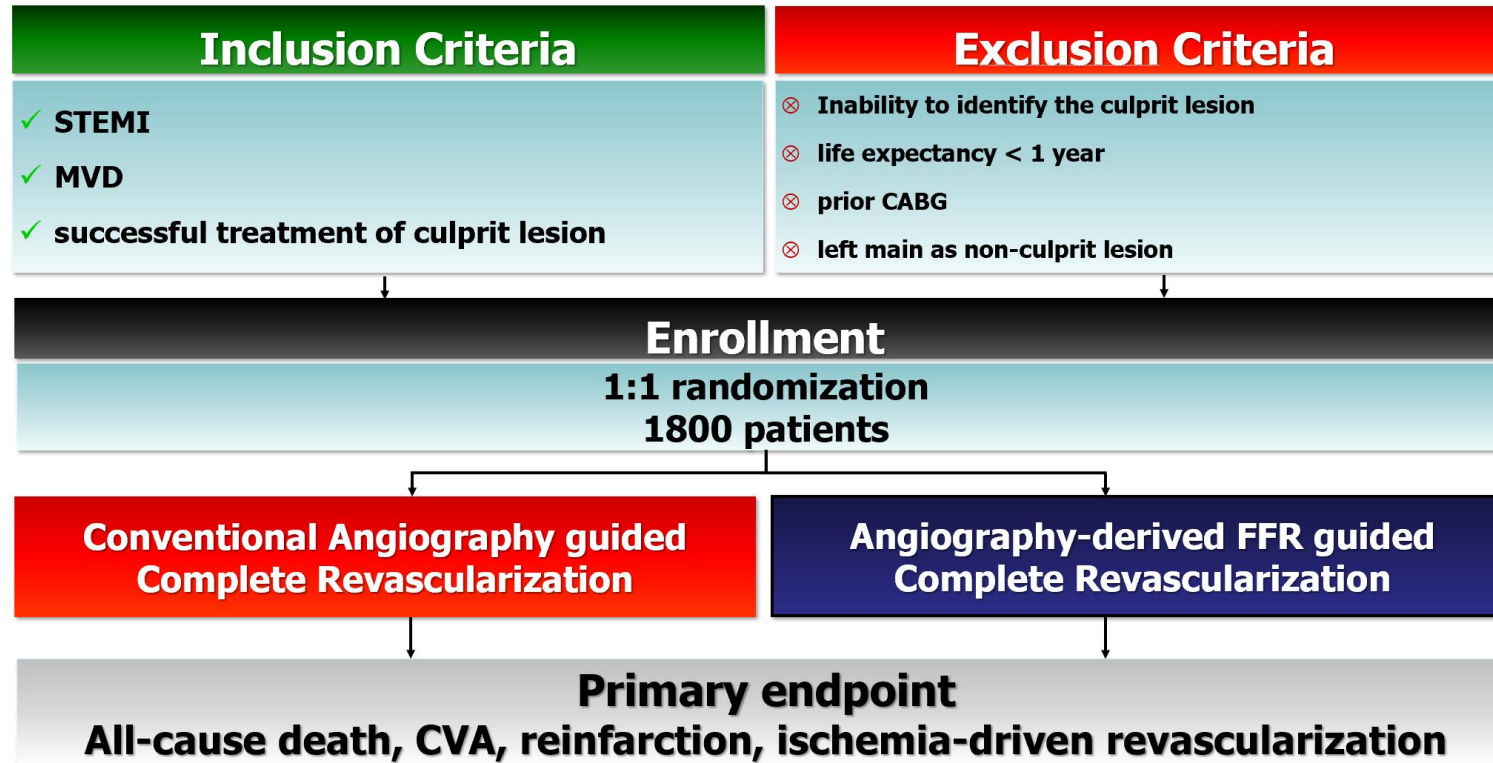


VIRTUAL PCI PLAN CAN SUGGEST TO:





Study Flow

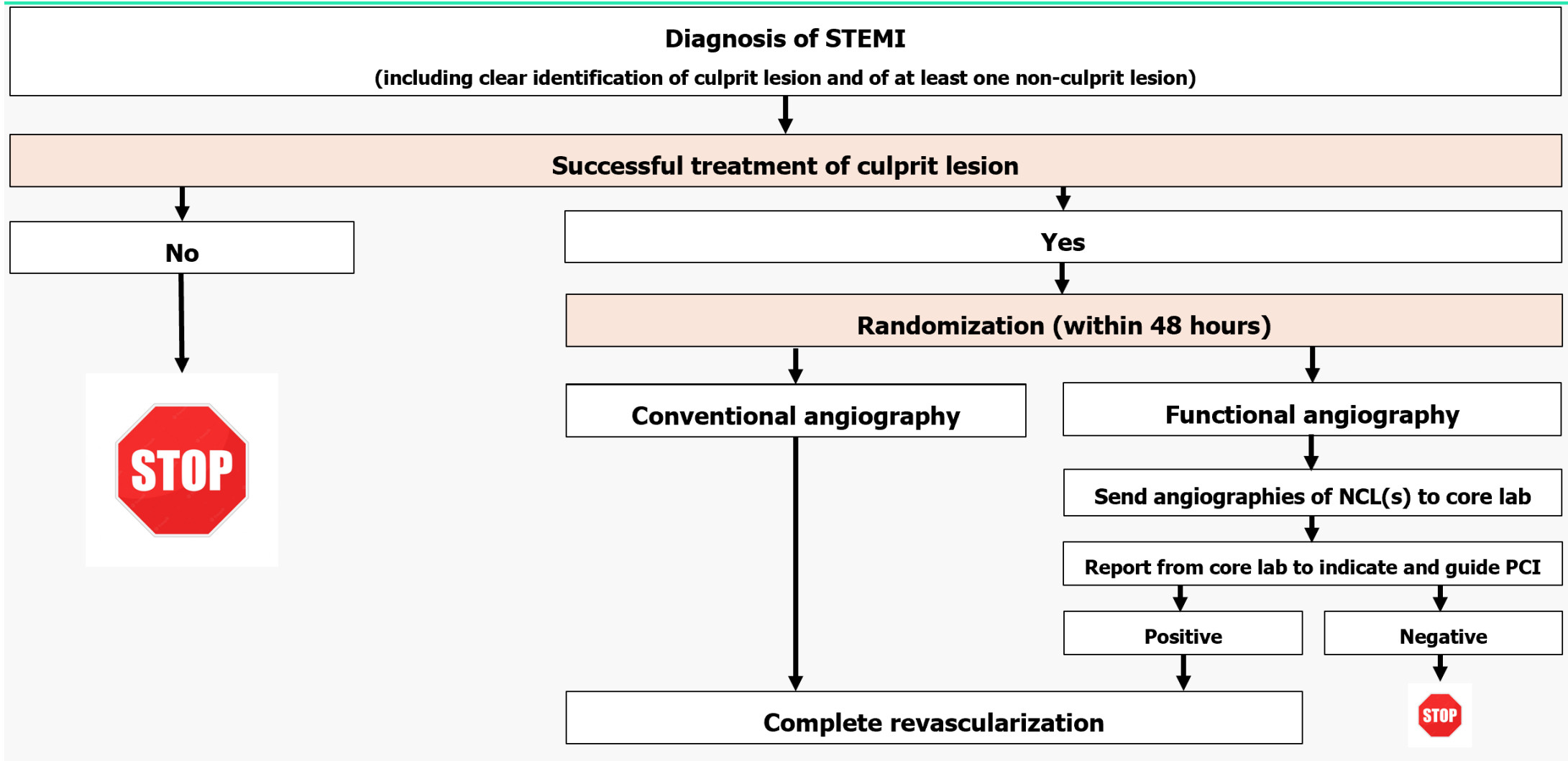


Sample size: 1800 patients

Safety EP: BARC 3-5, CI-AKI, periprocedural MI



trial – Study Procedures





ENDPOINTS



PRIMARY EFFICACY ENDPOINT

Death, cerebrovascular accident, reinfarction, or ischemia driven revascularization

MAIN SECONDARY EFFICACY ENDPOINT

CV death and reinfarction

SAFETY ENDPOINT

Composite of contrast-associated acute kidney injury and bleeding BARC 3-5



CONTACTS

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