



# Insights from the educational case scenario from the trial



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**PCR**



# Potential conflicts of interest

## **Speaker's name : Simone Biscaglia**

I have the following potential conflicts of interest to declare:

*Research grants:* SMT, Abbott, Medis, Siemens, GE, Insight Lifetech

*Speaker's fee:* SMT, Abbott, Medis, Siemens, Insight Lifetech

# Inclusion & Exclusion Criteria

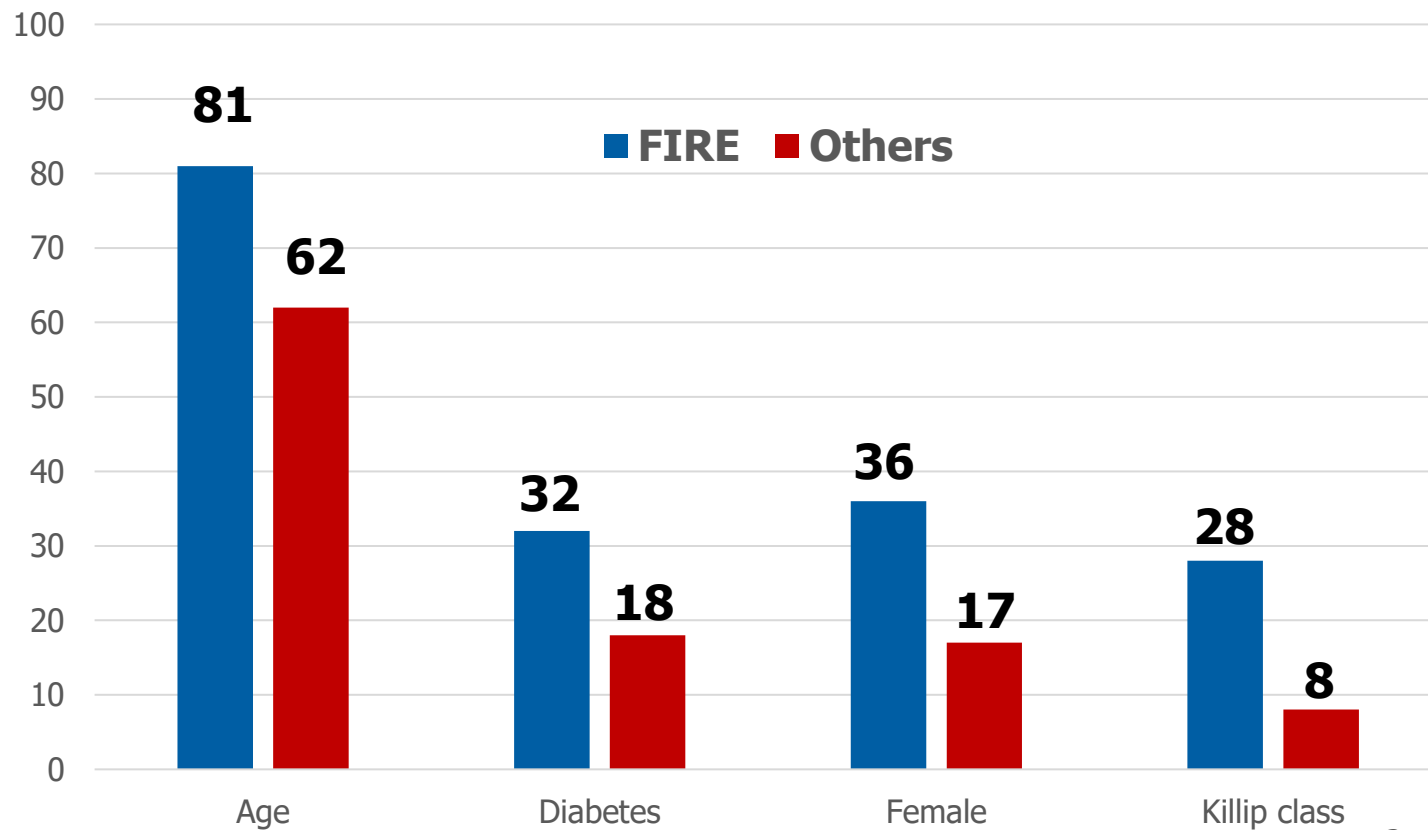
## **Inclusion**

- **75+ years old**
- **MI (STEMI or NSTEMI)**
- **Multivessel disease**
- **Successful PCI of culprit lesion**

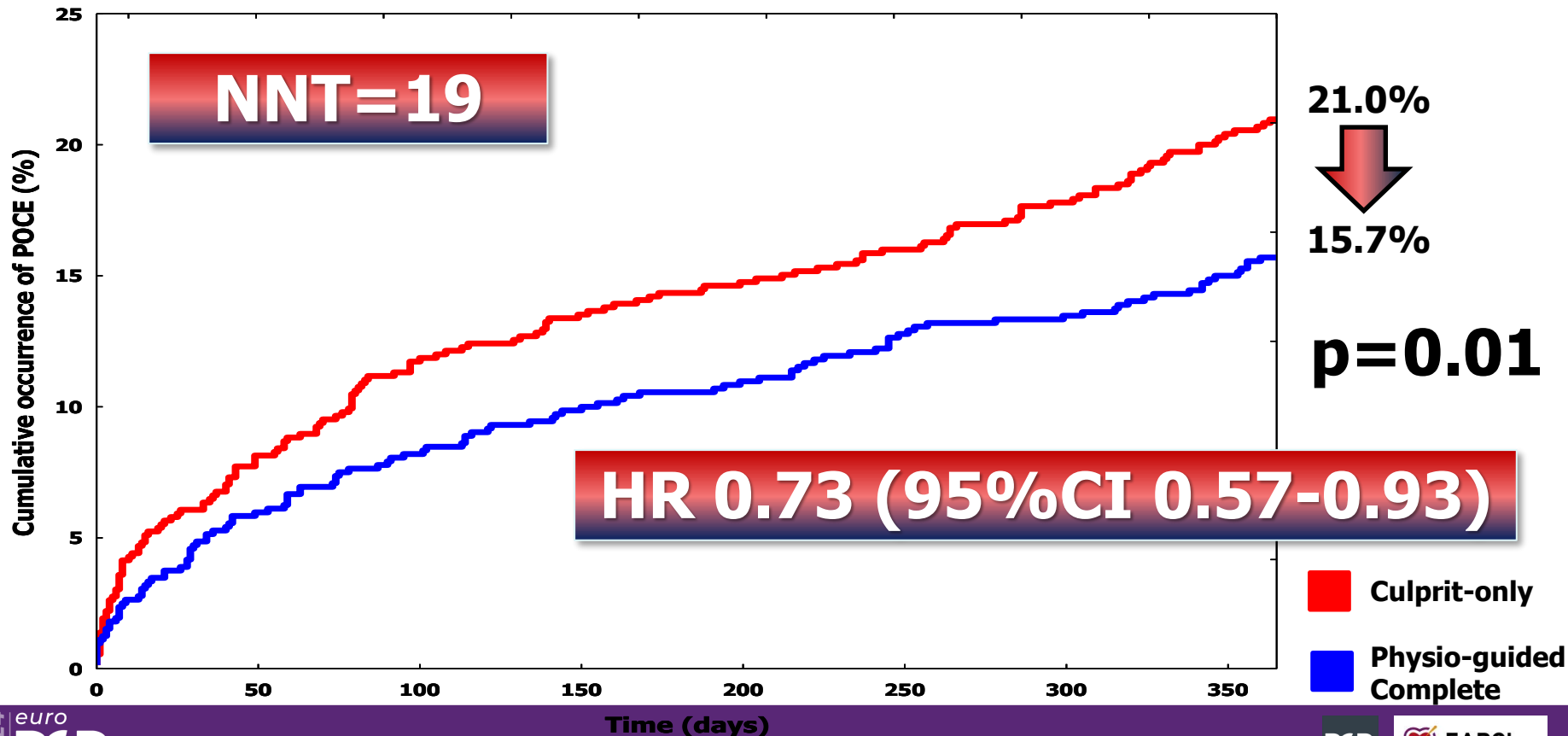
## **Exclusion**

- **Non culprit lesion on left main**
- **Unclear culprit lesion**
- **Life expectancy <1 year**
- **Prior CABG**
- **Planned surgical revasc**

# Baseline Characteristics



# POCE: Primary EP





The NEW ENGLAND  
JOURNAL of MEDICINE

ORIGINAL ARTICLE

## Complete or Culprit-Only PCI in Older Patients with Myocardial Infarction

S. Biscaglia, V. Guiducci, J. Escaned, R. Moreno, V. Lanzilotti, A. Santarelli, E. Cerrato, G. Sacchetta, A. Jurado-Roman, A. Menozzi, I. Amat Santos, J.L. Díez Gil, M. Ruozi, M. Barbierato, L. Fileti, A. Picchi, V. Lodolini, G. Biondi-Zoccai, E. Maietti,\* R. Pavasini, P. Cimaglia, C. Tumscitz, A. Erriquez, C. Penzo, I. Colaiori, G. Pignatelli, G. Casella, G. Iannopollo, M. Menozzi, F. Varbella, G. Caretta, D. Dudek, E. Barbato, M. Tebaldi, and G. Campo, for the FIRE Trial Investigators†



## Woman, 80 y.o.

**CV risk factors:** arterial hypertension, dyslipidemia.

**Comorbidities:** CKD stage IIIb (eGFR 40 ml/min), chronic anemia (Hb 9,5 g/dl).

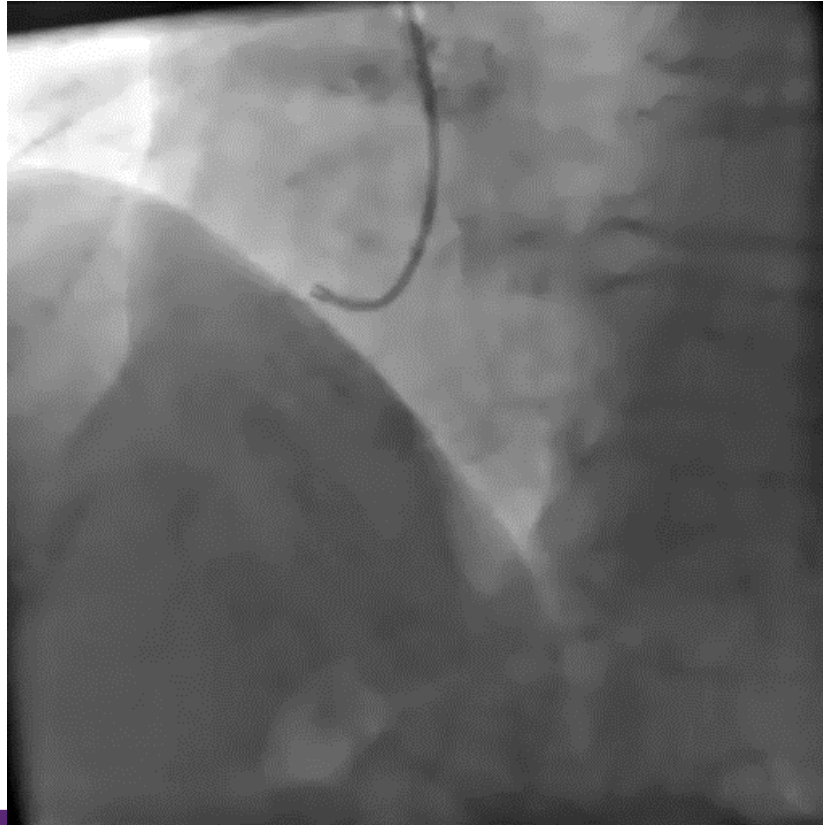
No previous CV history

Chest pain 30 min → 118 → infero-lateral STEMI



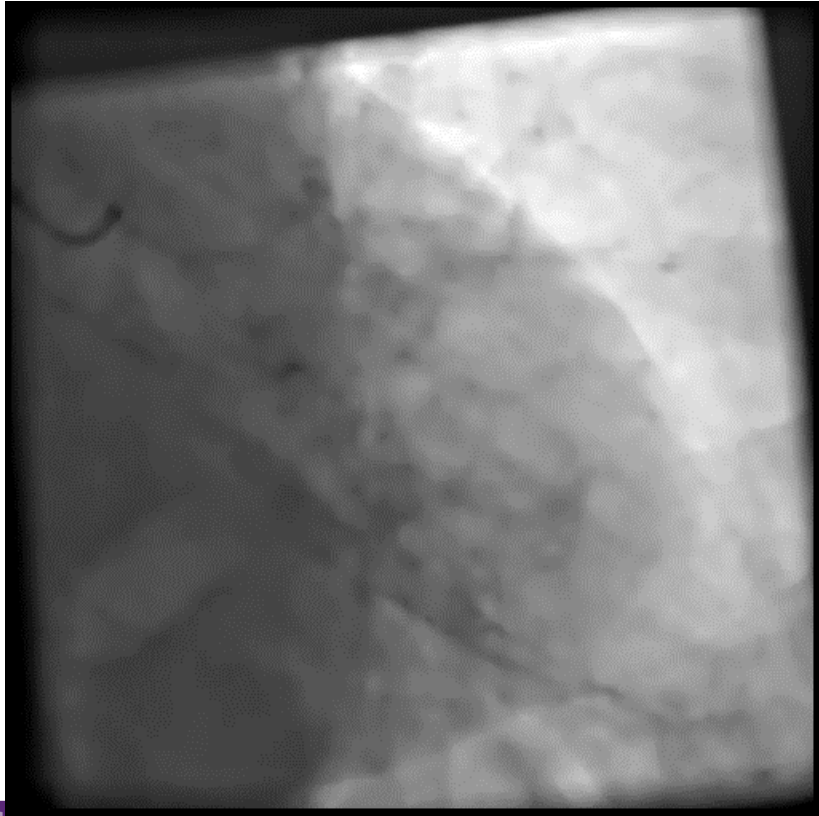
**Emergency Cath lab**

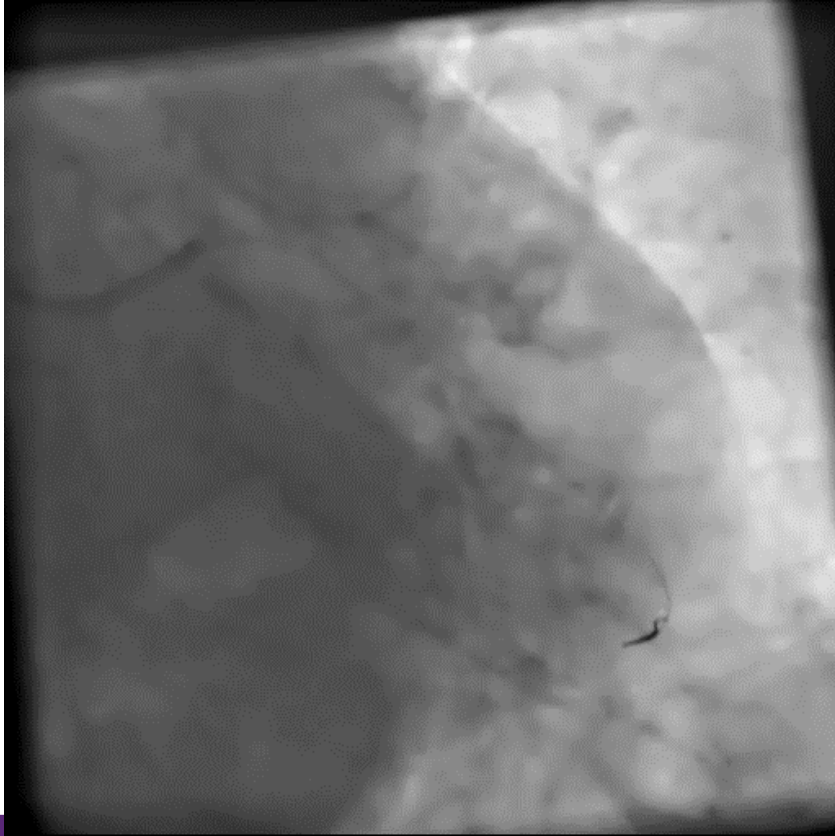
# Baseline Angio





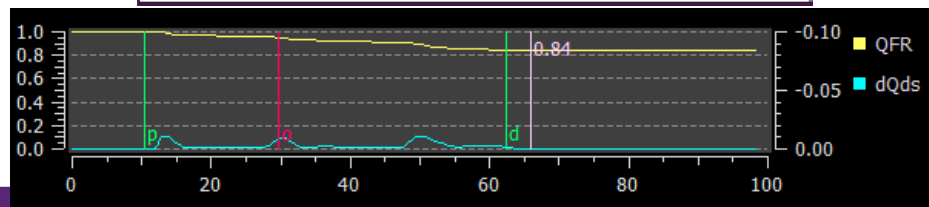
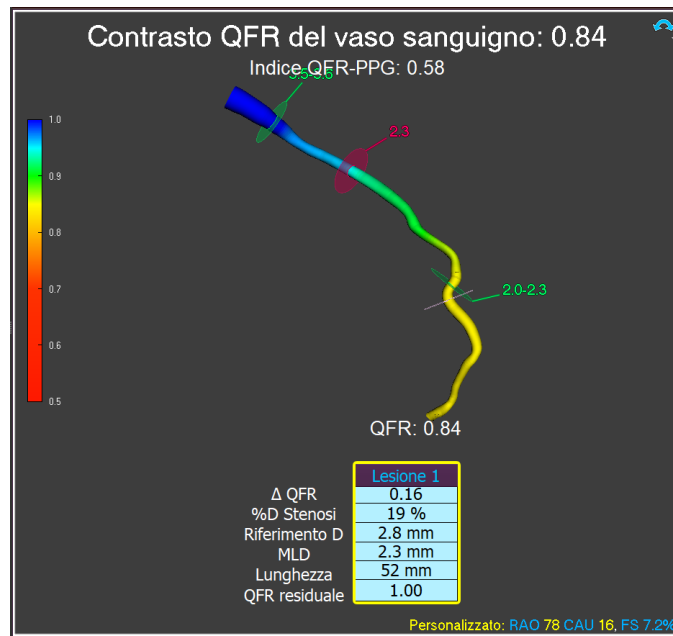
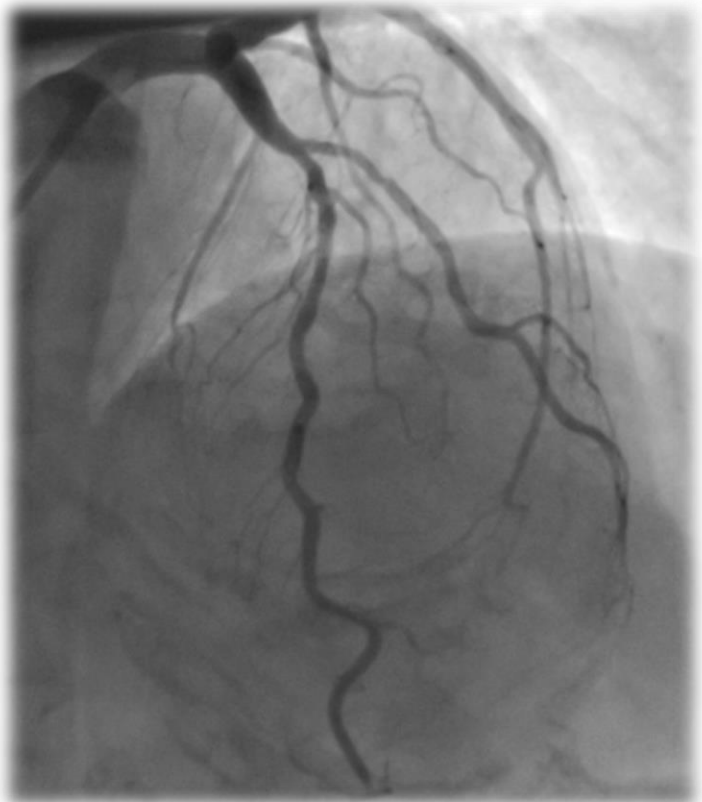
# Baseline Angio



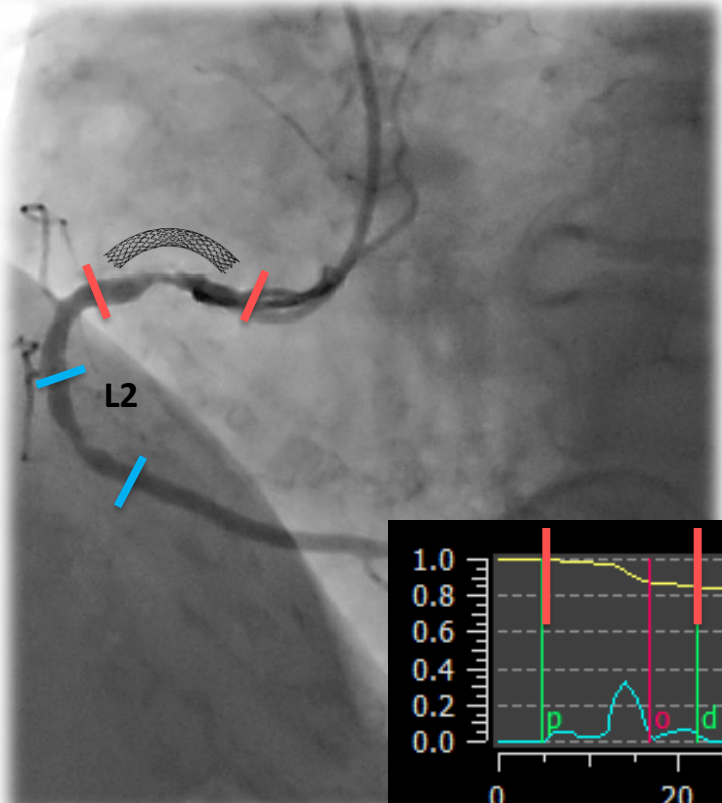


- **TIMI II after the wire**
- **Predilation with SC balloon  
2x15 mm**
- **Supraflex Crux 3.5 x 28 mm**
- **Postdilation with NC balloon  
4.0**
- **No chest pain, complete ST-  
segment resolution**

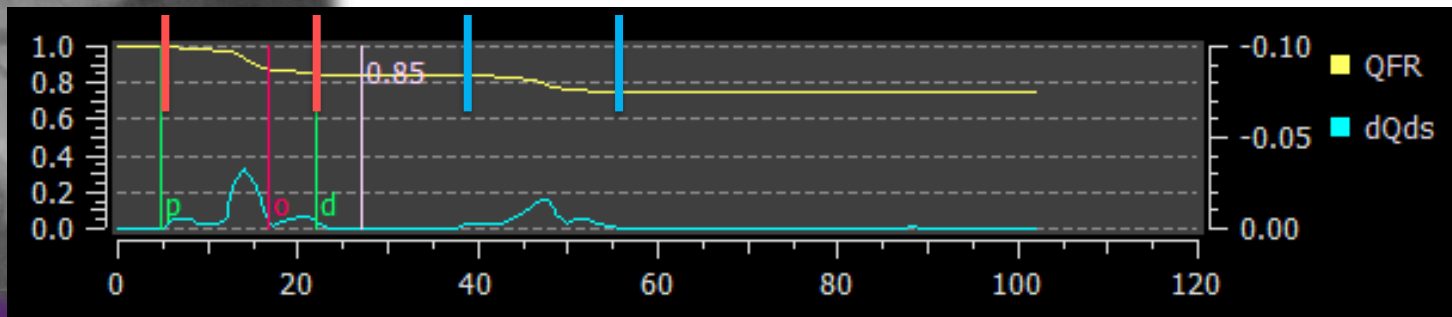
# FIRE complete: QFR on LAD



# RCA virtual pullback



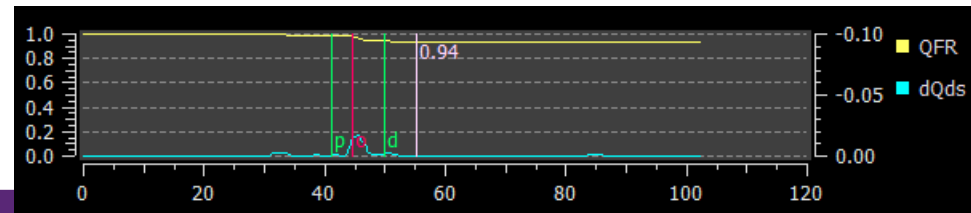
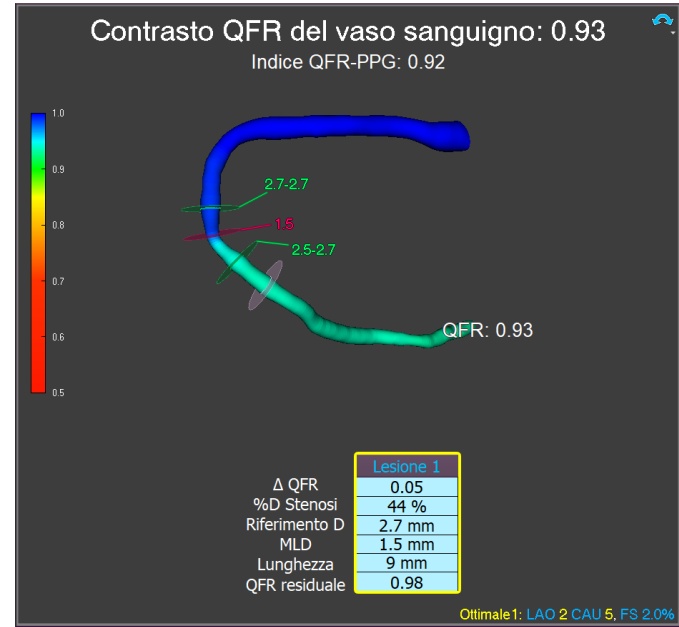
	Lesione 1	Lesione 2
$\Delta$ QFR	0.15	0.10
%D Stenosi	58 %	56 %
Riferimento D	2.9 mm	2.6 mm
MLD	1.2 mm	1.1 mm
Lunghezza	17 mm	16 mm
QFR residuale	0.90	0.84





- **Predilation with SC balloon  
2x15 mm**
- **Supraflex Crux 3.0 x 24 mm**
- **Post-dilation with NC  
balloon 3.5 mm**

# Post-PCI functional evaluation



# ARC-HBR criteria



**Major:** Hb 9.5 g/dl

**Minor:** 80 y, CKD IIIb (eGFR 40 ml/min)

## High ischemic risk

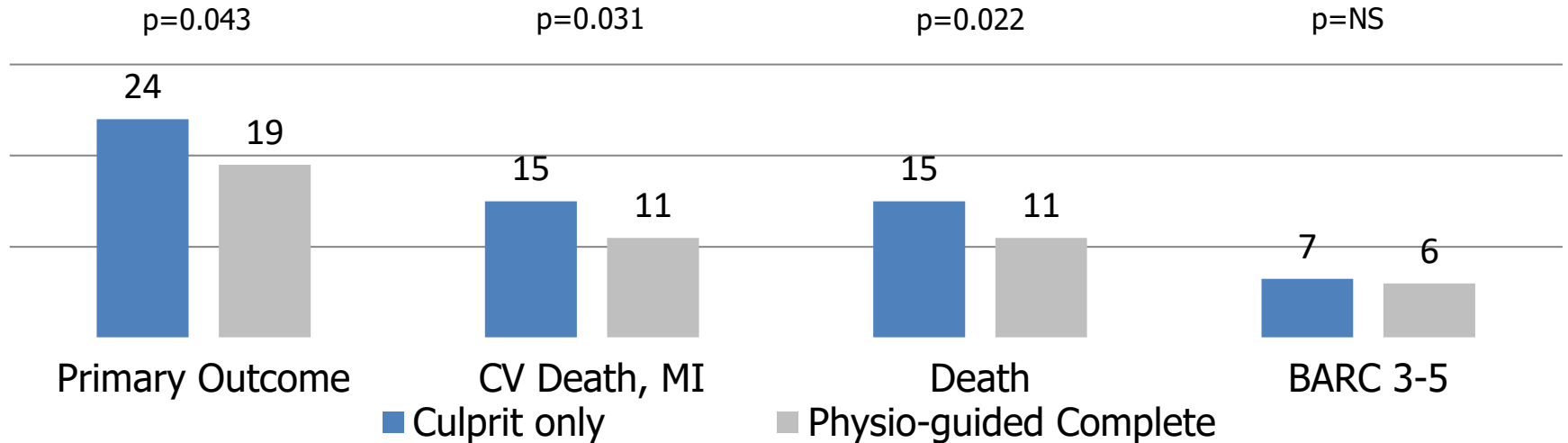
Age, MI, MVD, CKD

# Study Endpoints

1025/1445 (**71%**) fell within the HBR category, as defined by the ARC-HBR criteria

## *HBR patients / Culprit vs Physio-Complete*

Percentage

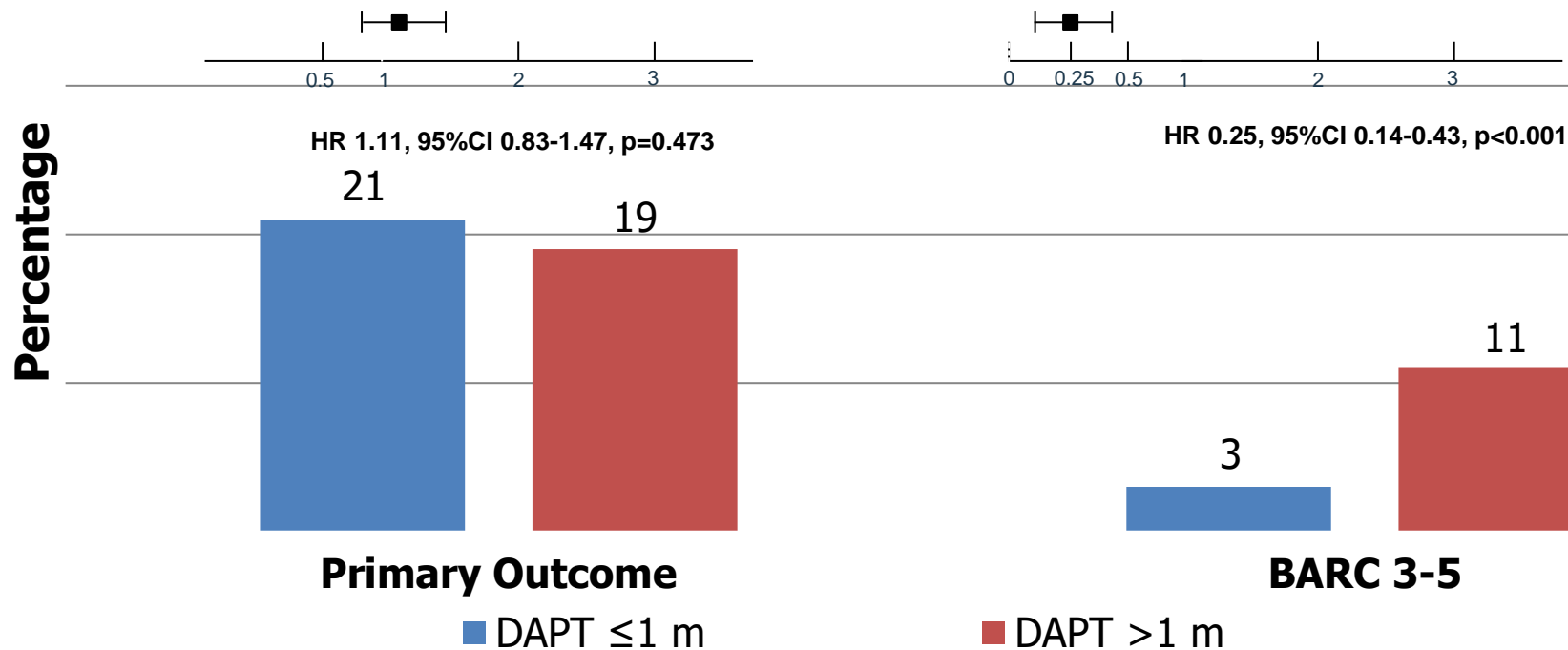




# Study Endpoints

DAPT  $\leq$ 1-month 611 (61%)

DAPT >1-month 398 (39%)



# Conclusions

- **FIRE trial** provided original evidence supporting physio-guided complete revascularization on one of the most complex patients populations
- **HBR** patients had the same benefit from complete revascularization of non-HBR patients
- **Short DAPT** is superior to long DAPT in patients at high dual risk