



Improved health-status outcomes in older patients with MI a FIRE substudy

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On behalf of the



investigators



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Potential conflicts of interest

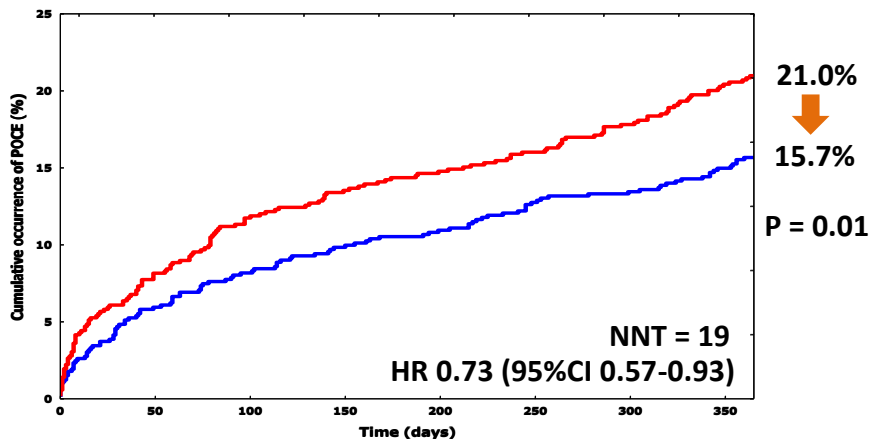
Speaker's name : Andrea Marrone

I do not have any potential conflict of interest to declare

Why this study?



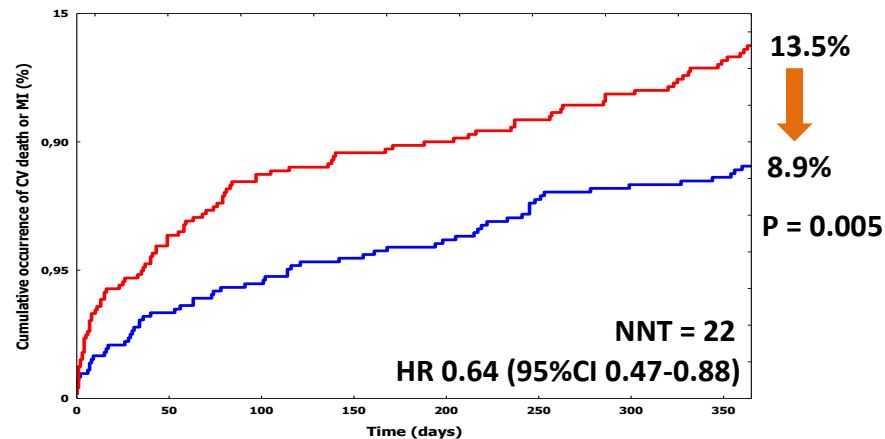
Physiology-guided complete revascularization, as compared to a culprit-only strategy, was able to reduce ischemic endpoints in patients aged 75 years or older with MI (STEMI and NSTEMI) and MVD



■ Physio-guided Complete ■ Culprit-only

Primary Endpoint

All-cause death, any MI, stroke or ID-revascularization



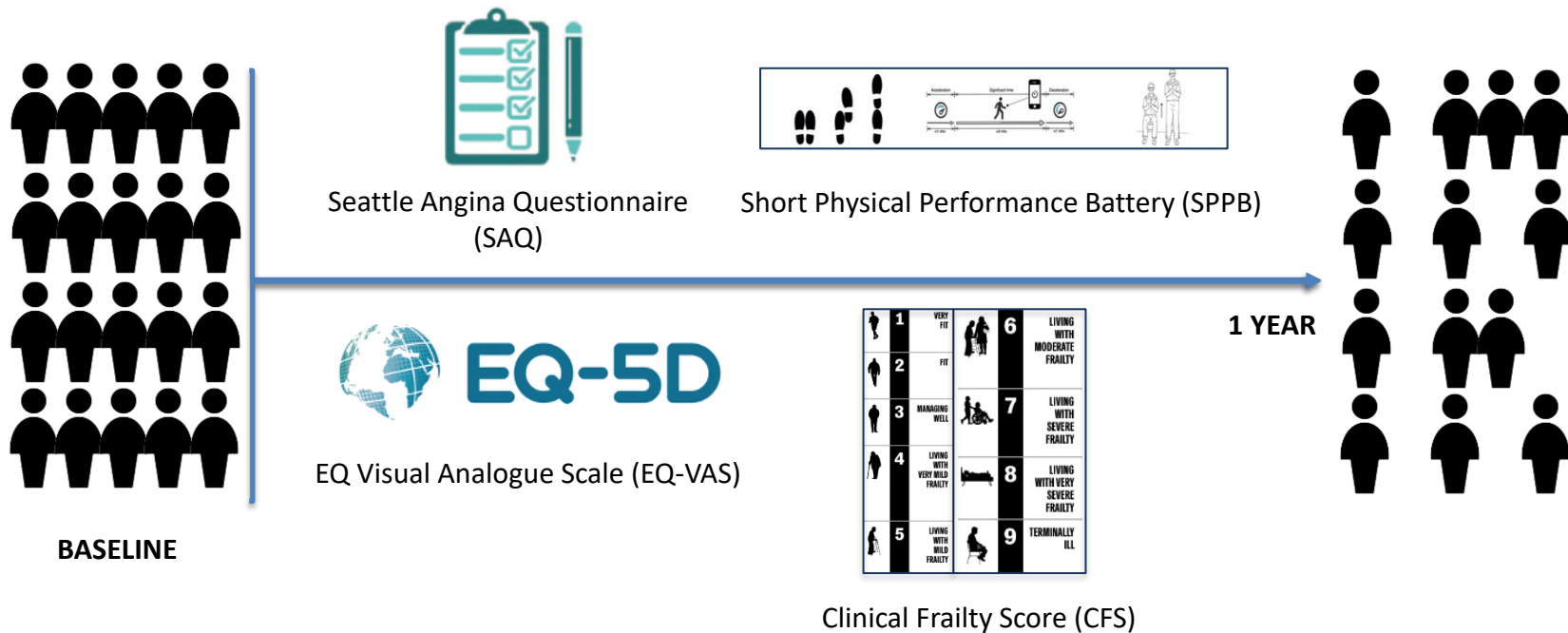
Key Secondary Endpoint

CV death or MI

Why this study?

To investigate whether physiology-guided complete revascularization can consistently improve angina status, quality of life, physical performance, and frailty as assessed by validated scales in the older MI patient population.

What did we study?



ANGINA STATUS

PHYSICAL PERFORMANCE

QUALITY OF LIFE

FRAILTY

How was the study executed?

Fire “Quality of Life”: prespecified analysis of the FIRE Trial

1445 patients included and randomized in the FIRE Trial

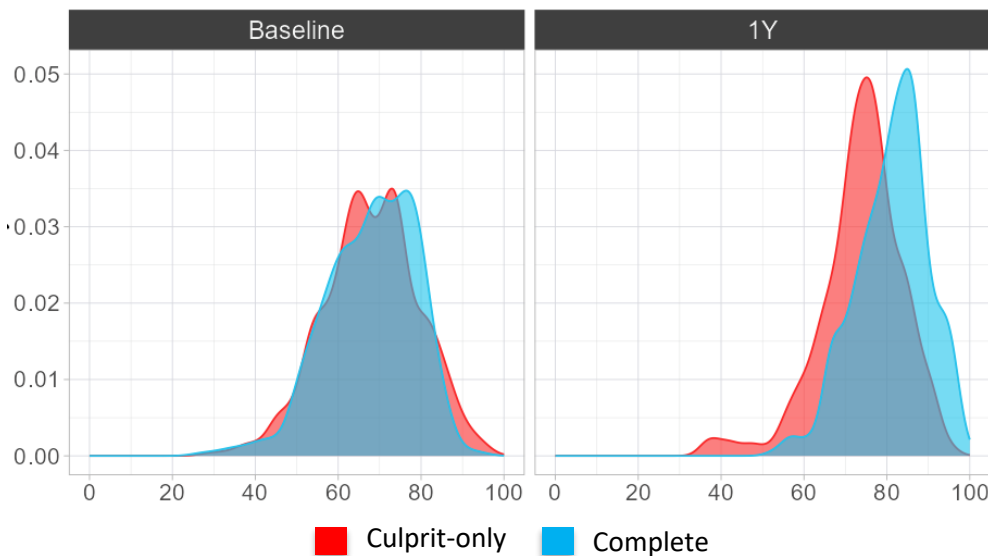
Questionnaires and scales available at baseline and follow-up in **918 patients (63.5%)**

Physiology-guided complete revascularization (N=469)

Culprit Lesion-Only revascularization (N=449)

	QoL population (n=918)	Culprit-only (n=449)	Physio-guided Complete (n=469)	p
Age – years	80.9±4.6	80.9±4.6	80.8±4.3	0.894
Female sex – no. (%)	330 (35.9)	162 (36.1)	168 (35.8)	0.990
Diabetes	268 (29.2)	131 (29.2)	137 (29.2)	0.999
eGFR <60 ml/min	541 (58.9)	257 (57.2)	284 (60.5)	0.807
STEMI – no. (%)	324 (35.3)	158 (35.2)	166 (35.4)	0.999
NSTEMI – no. (%)	594 (64.7)	291 (64.8)	303 (64.6)	0.999
LVEF – %	49.9±10.5	49.6±10.6	50.3±10.4	0.405

Results: ANGINA STATUS



SAQ summary score greater increase in the physiology-guided complete revascularization group compared to the culprit-only revascularization group (7.3 [6.1-8.6] points, $p<0.001$)

ANGINA FREQUENCY

0.8 (from 1.1 to 2.6) $p=0.422$

ANGINA STABILITY

6.1 (from 2.9 to 9.3) $p<0.001$

QUALITY OF LIFE

9.4 (from 7.1 to 11.7) $p<0.001$

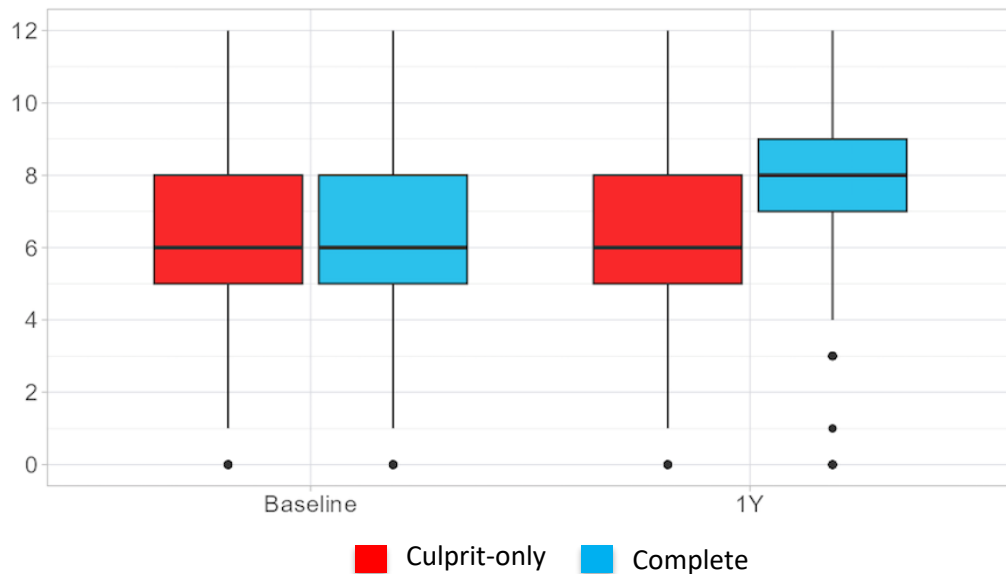
TREATMENT SATISFACTION

5.2 (from 3.5 to 7) $p<0.001$

PHYSICAL LIMITATION

8.6 (from 6.7 to 10.5) $p<0.001$

Results: PHYSICAL PERFORMANCE

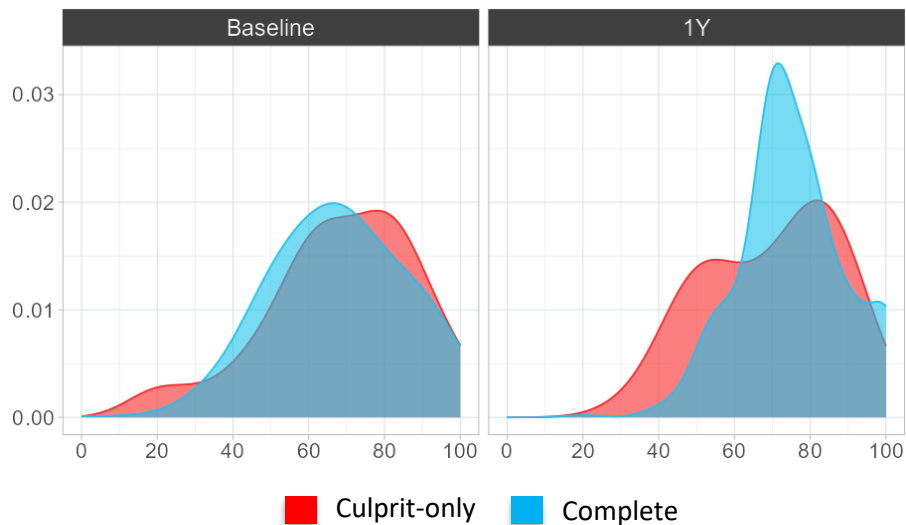


Culprit-only (n=449)		Physio-guided Complete (n=469)	
Baseline	1-year	Baseline	1-year
6.2 ± 2.5	6.7 ± 2.5	6.2 ± 2.4	7.8 ± 2.4

The baseline SPPB values did not differ between study groups

Physiology-guided complete revascularization: greater improvement at 1 year
(1.1 [0.9-1.3] points, $p < 0.001$)

Results: QUALITY OF LIFE

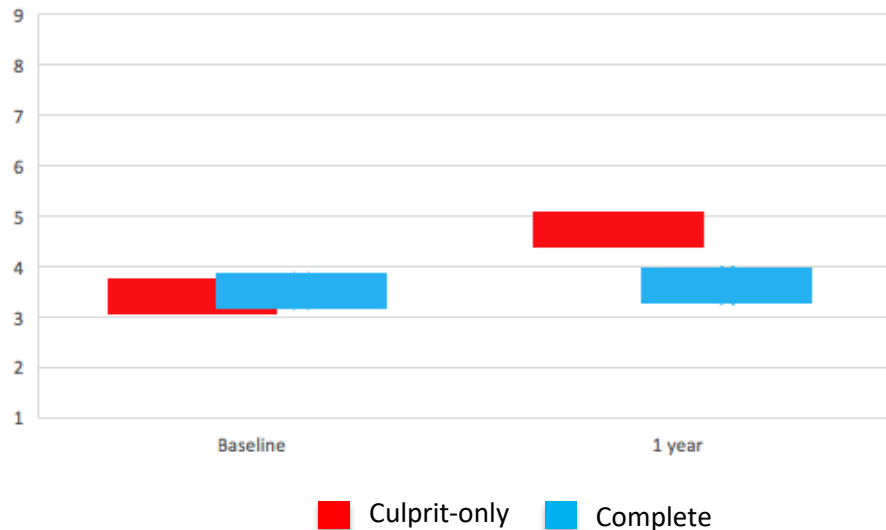


Culprit-only (n=449)		Physio-guided Complete (n=469)	
Baseline	1-year	Baseline	1-year
68.8 ± 19.4	69.9 ± 16.8	68.2 ± 17.0	75.3 ± 13.8

At baseline, the EQ-VAS values were similar between the study groups

Physiology-guided complete revascularization: significant improvement compared to the culprit-only group (6.2 [4.4-8.1] points, $p < 0.001$)

Results: FRAILITY



Culprit-only (n=449)		Physio-guided Complete (n=469)	
Baseline	1-year	Baseline	1-year
3.4 ± 1.1	3.7 ± 1.1	3.5 ± 1.3	3.5 ± 1.4

Baseline: CFS values of 3 (managing well) or 4 (vulnerable) in both groups, with no significant difference.

1 year: a slight worsening of the CFS values (mainly driven by patients in the culprit-only group).

In contrast, the distribution of CFS values remained similar over time in the physiology-guided complete revascularization group

Why is this important?

Insights from the FIRE Trial

- Impact of physiology-guided complete revascularization on angina status, quality of life, physical performance, and frailty using validated questionnaires and scales

Physiology-guided complete revascularization

- Significant improvements in terms of angina status, physical performance, and quality of life

Culprit-only revascularisation

- Worsening in frailty status

The essentials to remember

Why?

- Impact of physio-guided complete revascularization on patients reported outcomes

What?

- Residual angina, quality of life, physical performance and frailty

How?

- Prespecified analysis of the FIRE Trial

What are the results?

- Physio-guided complete revascularization improved residual angina, quality of life and physical performance without worsening in frailty status

Why is this important?

- Improve outcomes in older MI patients

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