

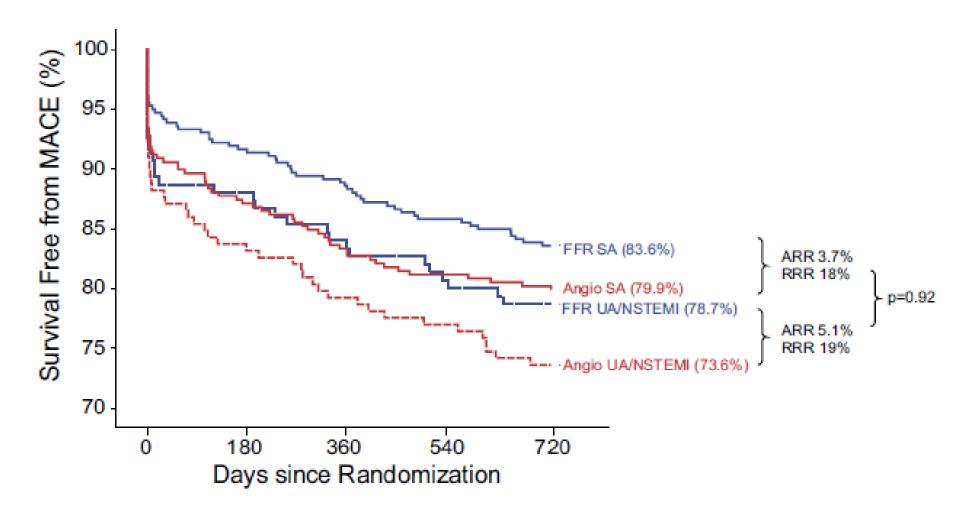


# Case(s) From Scotland

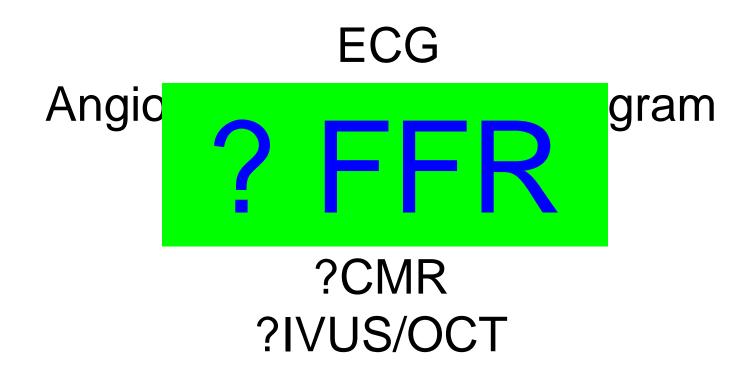
Keith G Oldroyd
Consultant Interventional Cardiologist
West of Scotland Regional Heart & Lung Centre
Golden Jubilee National Hospital
Glasgow, Scotland

# FAME: Unstable Angina and NSTEMI

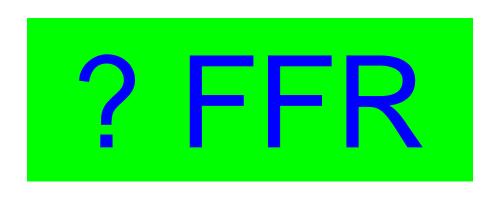
(Stabilised i.e. not 5 < days)



# Can You Always Identify the "Culprit" Lesion in Patients Presenting with NSTEMI +/- Multi-Vessel Disease?



# Should You Always Stent the "Culprit" Lesion in Patients Presenting with NSTEMI?



#### Symptoms and hospital admission Diagnosis of NSTEMI Intermediate-high risk Referred for coronary angiography **Patients** Ineligible on n = 1400 (100%)Screening clinical criteria n = 1050 (75%)Eligible Ineligible on Informed consent 1 = 700 (50%)angiographic criteria e.g. Non-obstructive Coronary arteriogram CAD; severe 'flow limiting' disease **Obstructive CAD** n = 350 (25%)≥ 1 stenosis > 50% severity Amenable to revascularisation Randomised n = 175n = 175n = 350FFR not disclosed FFR disclosed (usual care) Cath lab treatment decision Medical therapy PCI Referral to MDT/CABG **Decision based on visual** FFR ≤ 0.80 ~ revascularisation assessment of CAD FFR > 0.80 ~ medical therapy severity (usual care)

## FAMOUS NSTEMI

### **FAMOUS - NSTEMI**

#### Primary endpoint

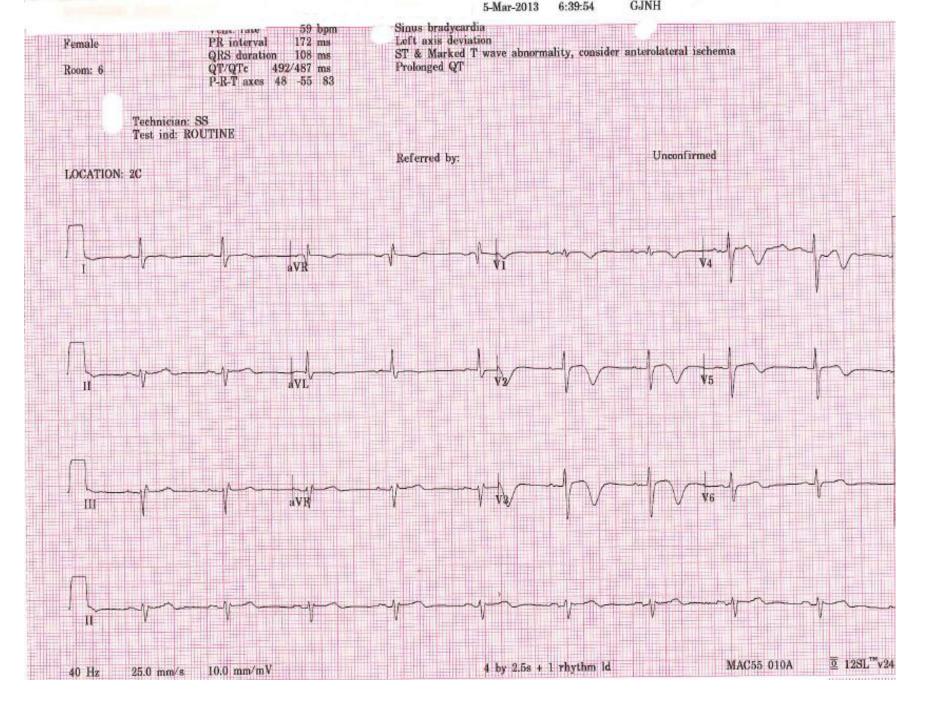
 Between-group difference in the proportion of patients allocated to medical management compared to revascularisation

#### Power calculation

- 90% power at a 5% level of significance to detect a 100% increase in patients being treated medically
- Absolute rate of 15% increasing to 30% in FFR disclosed group
- Secondary endpoints (selected)
  - ROC values for FFR and subsequent adverse events.
  - Health-care costs associated with the index hospitalisation (or subsequent revascularisation).
  - Difference in QoL between each group at 12 months.
  - Relationship between FFR results and health outcomes in the longer term.

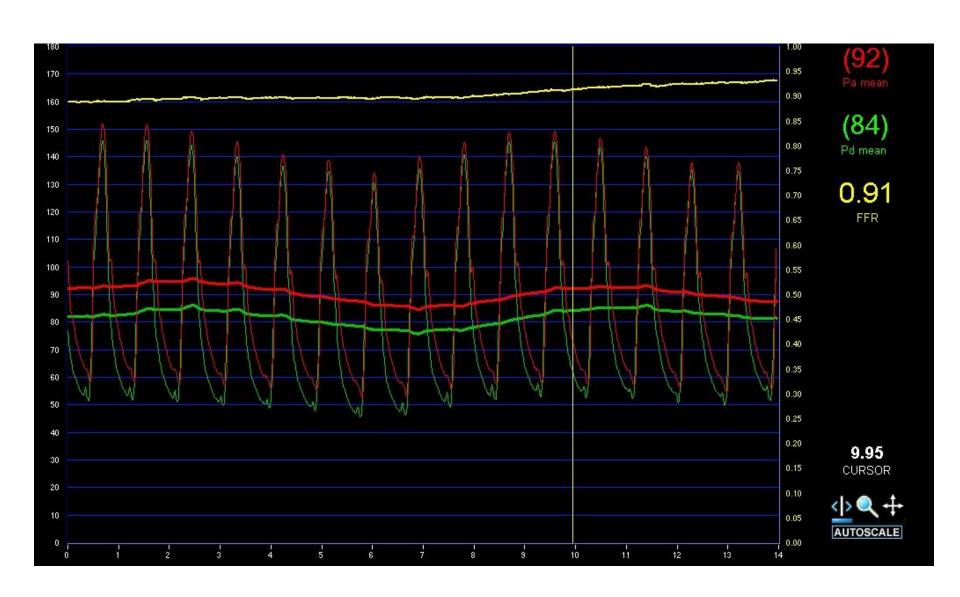
#### Health Outcomes

- Death from any cause, CV death, non-fatal MI
- Unplanned hospitalisation for unstable angina or CHF or TIA/Stroke
- PCI or CABG

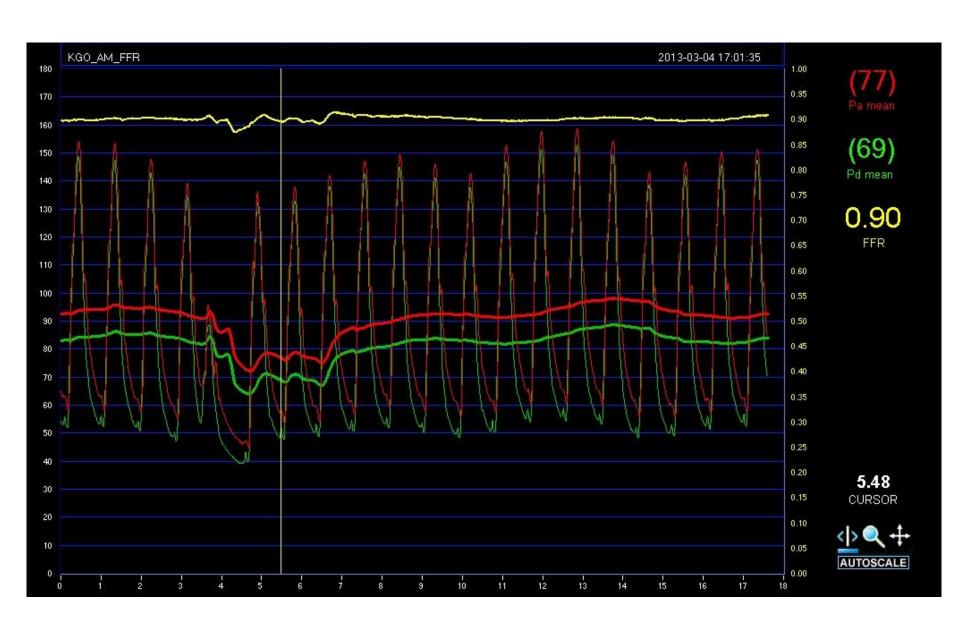




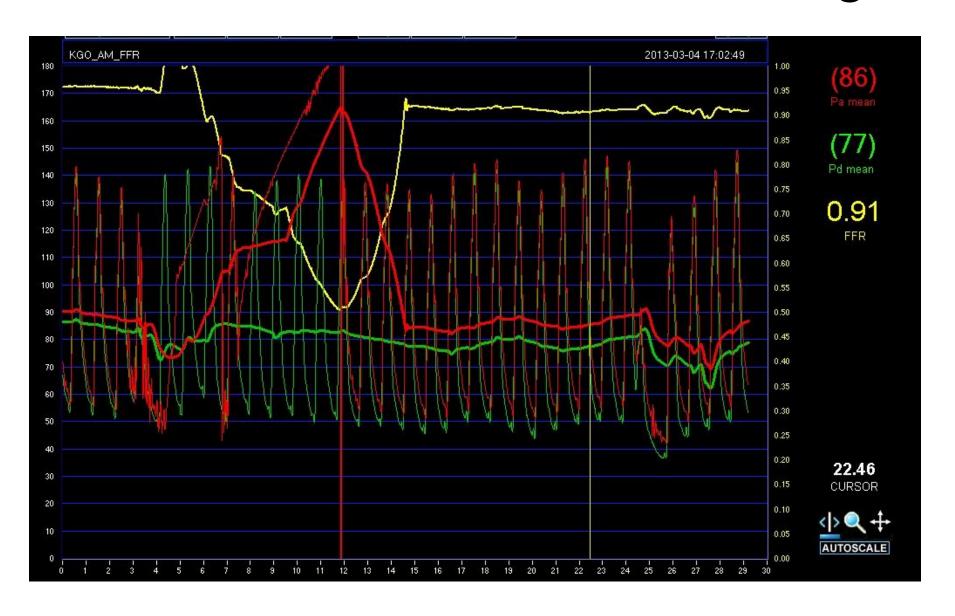
### FFR #1 – iv adenosine



## FFR #2 - iv adenosine

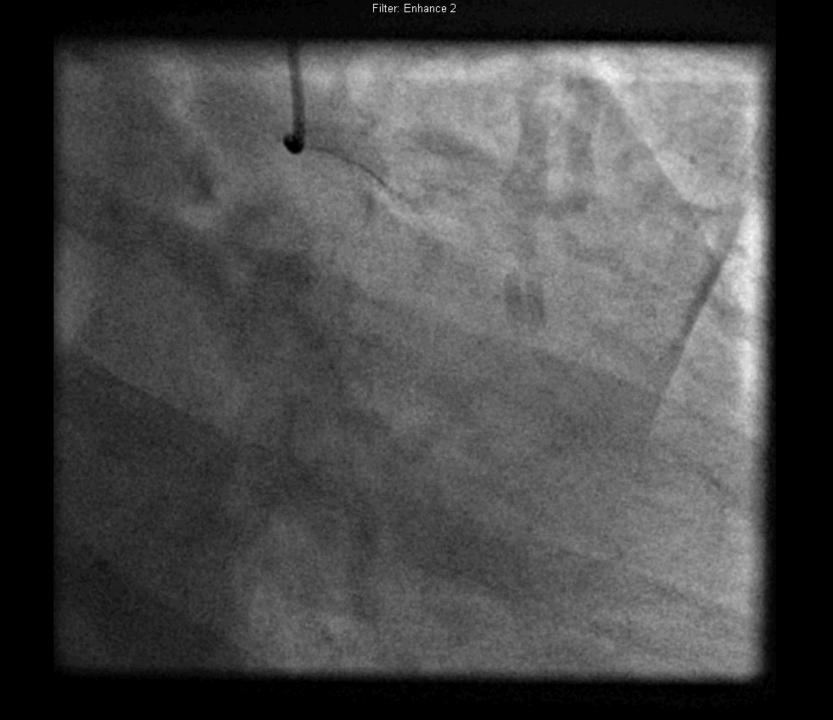


## FFR #3 – ic adenosine 60mcg

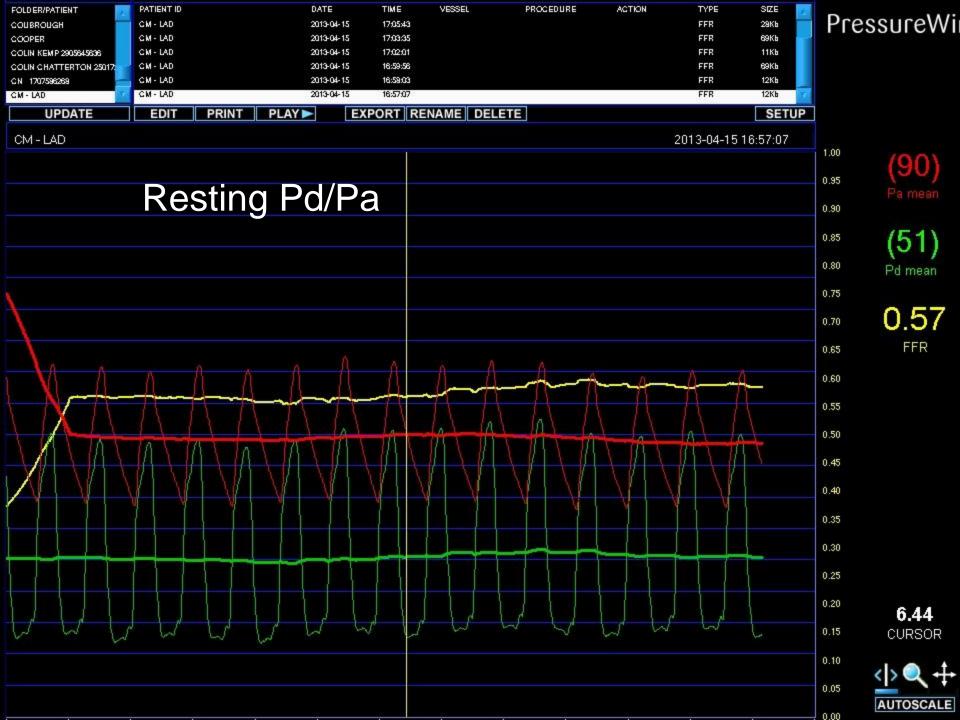


29-JUL-1905 (47 yr) Female Caucasian Room:5 Loc:0	PR interval 14 QRS duration 9 QT/QTc 442/38 P-R-T axes 30 1	46 BPM Sinus bradycardia 48 ms T wave abnormality, consider ant 96 ms No previous ECGs available 86 ms	GOLDEN JUBILEE NATIONAL HOSPITAL terior ischemia
Technician: AA Test ind:ADMISSION			
LOCATION:2C		Referred by:	Unconfirmed
	aVR	$\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	V4
П	aVL		V5 V5
	aVF		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	<b>├</b>		

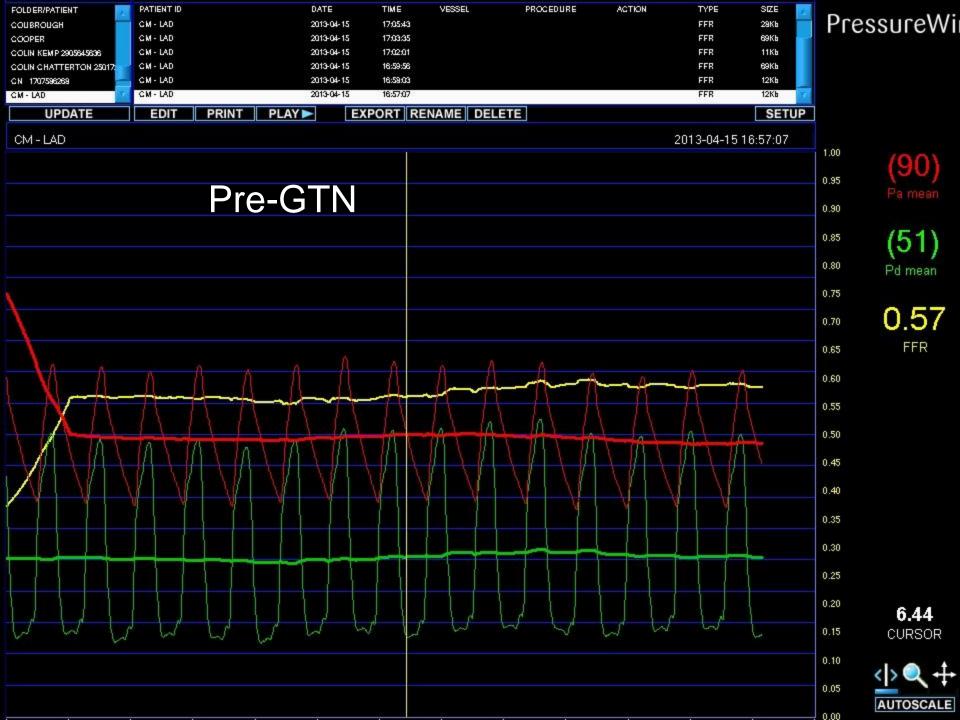








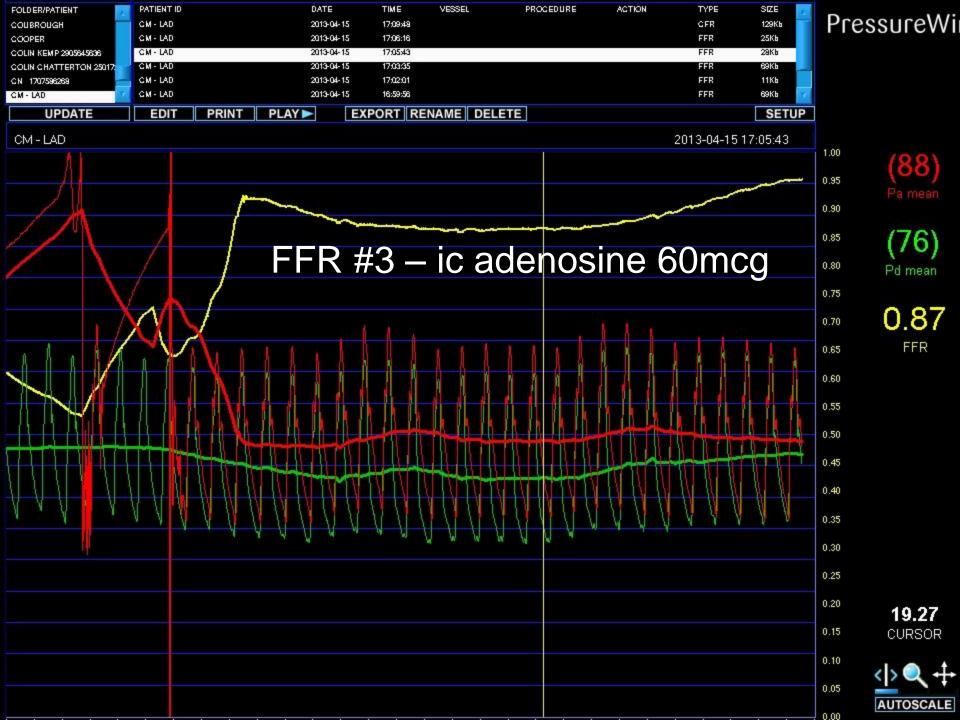


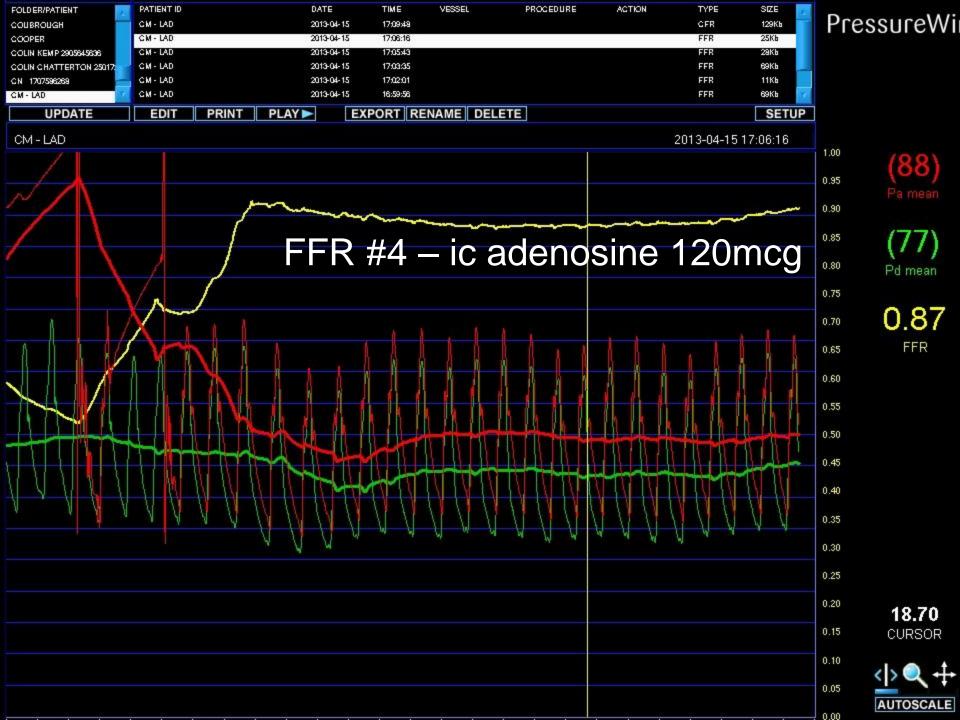


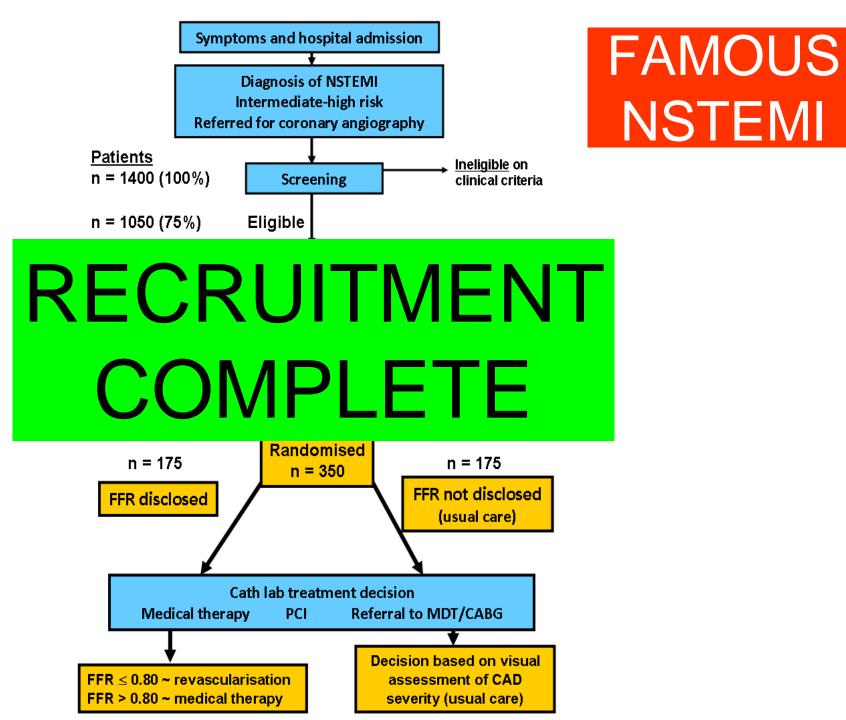












## Thank You

