

# IMAGING MATTERS

2024 ESC GUIDELINES FOR CHRONIC CORONARY SYNDROMES (CCS)

**IT'S TIME TO RAISE THE PCI STANDARD. ANGIOGRAPHY IS NOT ENOUGH. THE USE OF INTRAVASCULAR IMAGING IS NOW RECOMMENDED WHEN PERFORMING COMPLEX PCI.<sup>1</sup>**

RECOMMENDATIONS	CLASS	LEVEL
<b>ASSESSMENT OF PROCEDURAL RISKS AND POST-PROCEDURAL OUTCOMES</b>		
Intracoronary imaging guidance by IVUS or OCT is recommended when performing PCI on anatomically complex lesions, in particular left main stem, true bifurcations and long lesions <sup>1</sup>	I	A

**ABBOTT OCT CLINICAL EVIDENCE IS ONE OF THE FOUNDATIONS FOR ESC GUIDELINES RECOMMENDATIONS:**

## ILUMIEN IV

OCT-guided PCI significantly reduced stent thrombosis (ST)<sup>2</sup>



## OCTOBER

OCT-guided PCI of complex bifurcation lesions is superior to angiography-guided PCI for major adverse cardiac events (MACE) at 2 years<sup>3</sup>

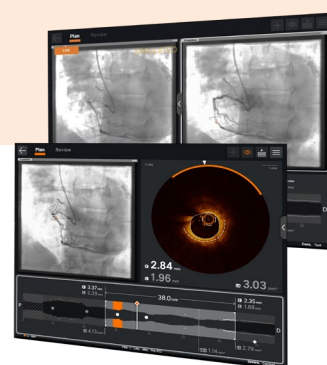


## RENOVATE-COMPLEX-PCI

IVI-guided PCI led to lower risk of composite death from cardiac cause, target vessel-related MI or clinically driven target-vessel revascularization than angiography-guided PCI by 2 years<sup>4</sup>



**Powered by AI, Ultrreon™ 2.0 Software** instantly provides you with actionable OCT and angiographic insights, enabling PCI procedural efficiencies and optimal outcomes<sup>5-9</sup>



References: 1. 2024 ESC Guidelines for the Management of Chronic Coronary Syndromes. *European Heart Journal*, ehael177, <https://doi.org/10.1093/eurheartj/ehae177>. 2. Ali Z. et al., Optical Coherence Tomography-Guided versus Angiography-Guided PCI, *NEJM*, DOI: 10.1056/NEJMoa230586. 3. Holm N.R. et al., OCT or Angiography Guidance for PCI in Complex Bifurcation Lesions, *NEJM*, DOI: 10.1056/NEJMoa2307770 (OCTOBER). 4. Lee JM, Choi KH, Song YB, Lee JY, Lee SJ, Lee SY, et al. Intravascular imaging-guided or angiography-guided complex PCI. *N Engl J Med* 2023;388:1668-79. <https://doi.org/10.1056/NEJMoa2216607>. 5. Ultrreon™ 2.0 Software Instructions for Use (IFU). Refer to IFU for additional information. 6. Ali, Z. A., et al. (2016). Optical coherence tomography compared with intravascular ultrasound and with angiography to guide coronary stent implantation (ILUMIEN III: OPTIMIZE PCI): a randomised controlled trial. *The Lancet*, 388(10060), 2618-2628. [https://doi.org/10.1016/s0140-6736\(16\)31922-5](https://doi.org/10.1016/s0140-6736(16)31922-5). 7. Prati F, et al. (2015). Clinical Impact of OCT Findings During PCI. *JACC Cardiovascular Imaging*, 8(11), 1297-1305. <https://doi.org/10.1016/j.jcmg.2015.08.013>. 8. Osborn, E., et al. Safety and efficiency of percutaneous coronary intervention using a standardised optical coherence tomography workflow. *Coronary Interventions* 2022; 18: 1-15. 9. Lee J. M., et al. (2023). Intravascular Imaging-Guided or Angiography-Guided Complex PCI. *The New England Journal of Medicine*. <https://doi.org/10.1056/nejmoa2216607>.

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# GO BEYOND THE ANGIOGRAM

WITH FULL PHYSIOLOGY<sup>1,2</sup>

**ANGIOGRAPHY DOESN'T TELL YOU THE FULL STORY.  
ASSESSING FULL PHYSIOLOGY LEADS TO BETTER OUTCOMES.**

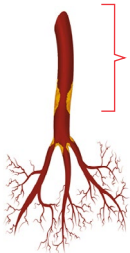
**40 TO 60%**

of all elective patients undergoing angiography suffer from ischemia and no obstructive coronary artery disease (INOCA)<sup>3-4</sup>

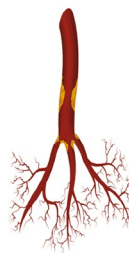


**UP TO 50%**

of INOCA patients might have recurrent angina due to CMD<sup>4</sup>



**FFR: Fractional Flow Reserve**  
**RFR: Resting Full-cycle Ratio**



**IMR: Index of Microcirculatory Resistance**

**CFR: Coronary Flow Reserve**

## THE 2024 ESC GUIDELINES REFLECT THE IMPORTANCE OF MICROVASCULAR ASSESSMENT AND PREVALENCE OF ANOCA/INOCA.<sup>5</sup>

CCS includes not only epicardial but small vessels of the heart or microcirculation<sup>5</sup>  
ANOCA/INOCA is a prevalent factor on the clinical spectrum of CCS<sup>5</sup>

### Updated ESC Guidelines for microvascular assessment

RECOMMENDATIONS	CLASS	LEVEL
Invasive coronary angiography with the availability of invasive functional assessments is recommended to confirm or exclude the diagnosis of obstructive CAD or ANOCA/INOCA in individuals with an uncertain diagnosis on non-invasive testing	I	B

### Guidelines for epicardial assessment

RECOMMENDATIONS	CLASS	LEVEL
During ICA, selective assessment of functional severity of intermediate diameter stenoses is recommended to guide the decision to revascularize...using FFR/iFR <sup>5</sup>	I	A

**The PressureWire™ X Guidewire used with the CoroFlow‡ Cardiovascular System is the only\* one-wire full physiology solution to assess both epicardial arteries and the microvasculature.<sup>1,2,6,7</sup>**

**This easy to use solution offers a full physiology assessment to provide a clear diagnosis and optimize patient treatment.<sup>6</sup>**



\*As compared to all commercially available full physiology (FFR/RFR, IMR and CFR) solutions outside the U.S. as of Q3, 2024.

References: 1. CoroFlow‡ Cardiovascular System Instructions for Use (IFU). Refer to IFU for additional information. 2. PressureWire™ X Guidewire Instructions for Use (IFU). Refer to IFU for additional information. 3. Patel, M. et al., *The New England Journal of Medicine*. 2010; 363; 498. 4. Maas, A. et al., *European Medical Journal, Interventional Cardiology*. Reprints of EMJ Int Cardiol. 2019 Suppl 1. 2019; 7; 2-17. 5. 2024 ESC Guidelines for the Management of Chronic Coronary Syndromes. *European Heart Journal*, ehae177. 6. Ford, T. et al., *Journal of the American College of Cardiology*. 2018; 72; 2841-2855. 7. Data on file at Abbott.

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Park Lane, Culliganlaan 2B, 1831 Diegem, Belgium

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