

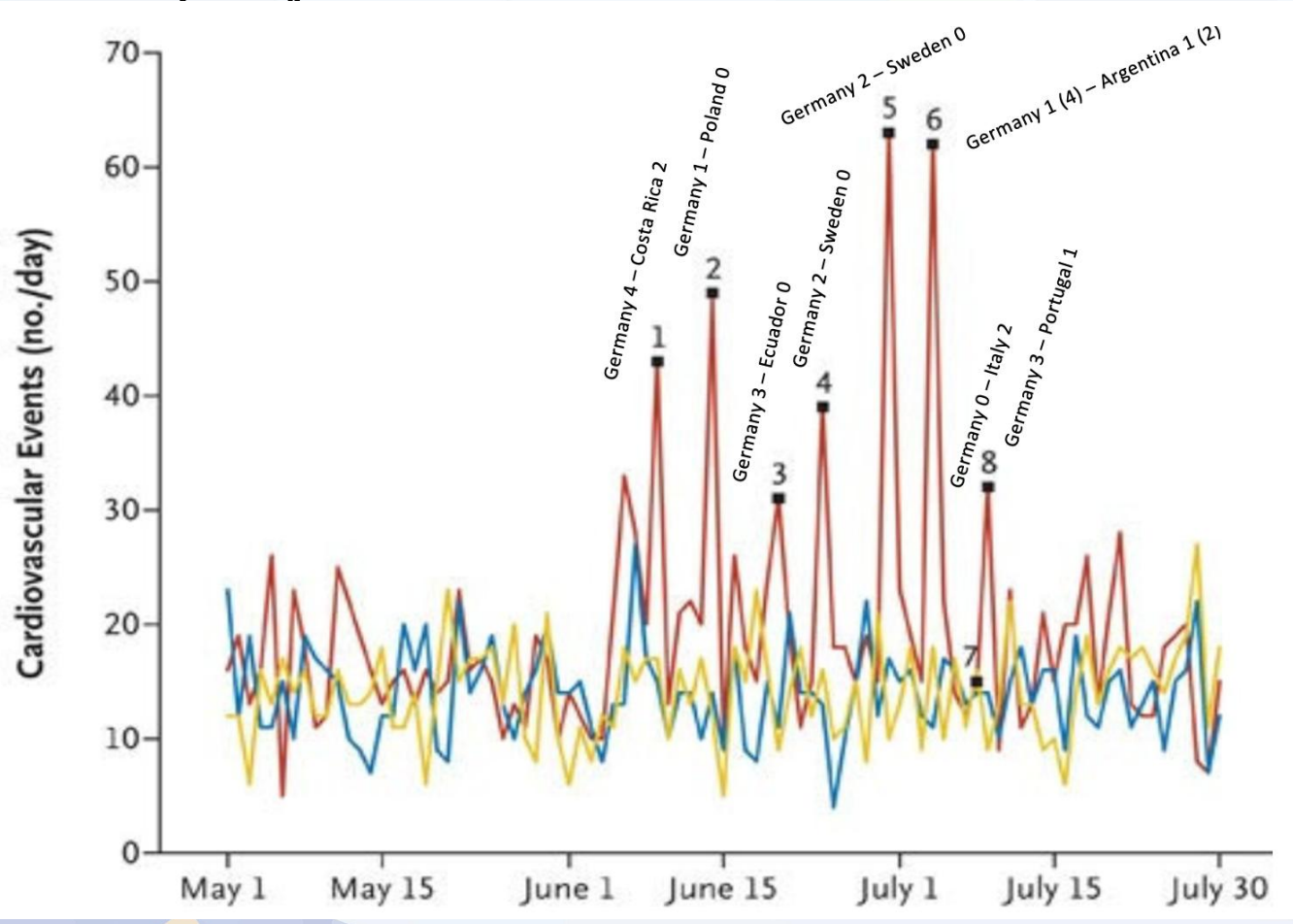
Imagen en placa vulnerable

*Josep Gómez Lara
Hospital Universitari de Bellvitge*





- Número de hospitalizaciones por eventos CV durante el Mundial del 2006 comparado con los años previos (sin competición deportiva)



— 2003
— 2005
— 2006





SPOT
45th

0 4
R. MADRID BARÇA

NOVIEMBRE 24/25
DOMINGO 27/10/2024
225€
1,50 euros

El Barça le endosa una paliza histórica al Madrid de Mbappé y sale del Bernabéu como el claro favorito al título

Lewandowski firmó un doblete y pudo marcar algún tanto más. Lamine Yamal y Raphinha completaron la goleada

¡VAYA MENEÚ!

LALIGA UD Las Palmas, 1-Girona, 0

EL GIRONA CAE EN OTRO PARTIDO CON MUY POCa FORTUNA



MUNDO DEPORTIVO
FUNDADO EN 1966

LALIGA R. MADRID
0-4
BARÇA

REAL MADRID C. F. 0

BAÑO AL MADRID

- El Barça de Flick goleó en una extraordinaria segunda mitad y tomó el Bernabéu en otra noche para la historia
- El líder se exhibió con goles de Lewandowski (2), Lamine y Raphinha para dejar a 6 puntos a un Madrid desquiciado

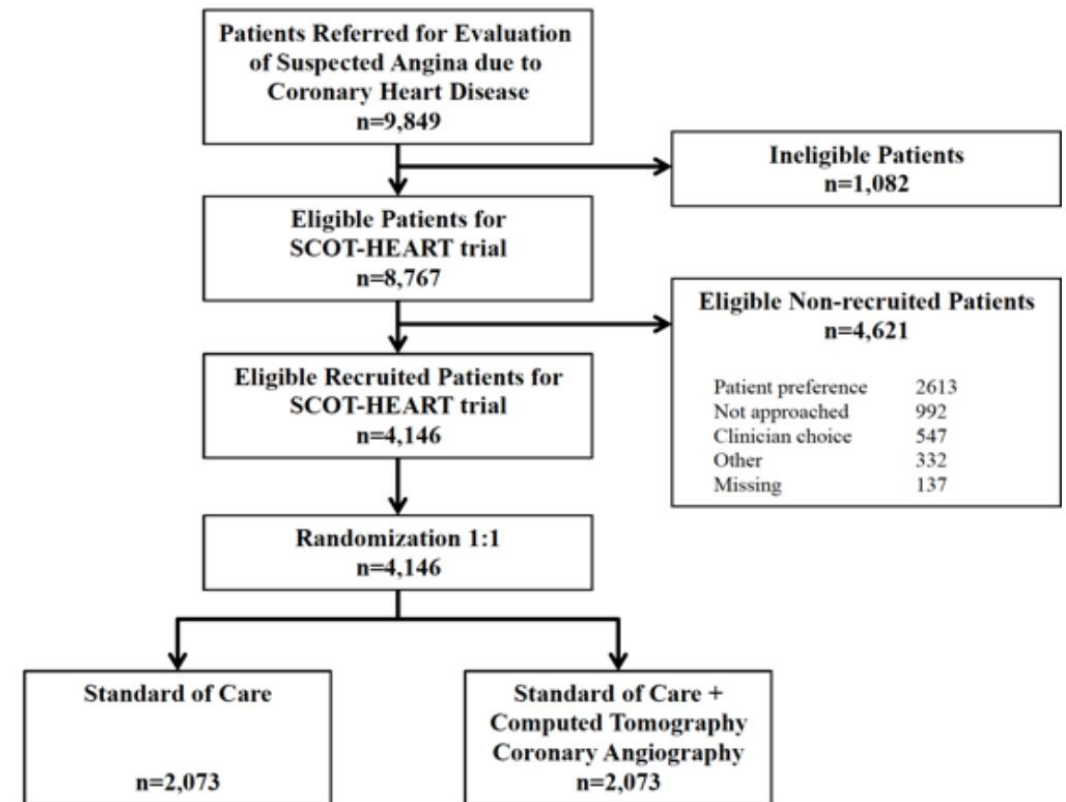
- Un total de 4000 pacientes con **síndrome coronario crónico** fueron aleatorizados a **manejo estándar vs. manejo estándar + TC cardíaco**.



SCOT-HEART trial



CT SCAN

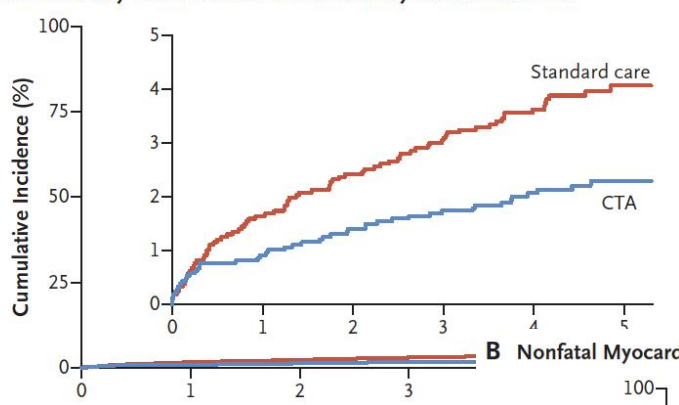


- Un total de 4000 pacientes con **síndrome coronario crónico** fueron aleatorizados a **manejo estándar vs. manejo estándar + TC cardíaco**.



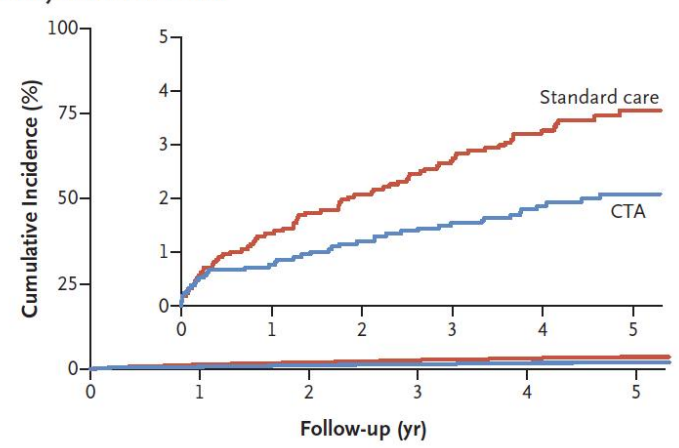
SCOT-HEART trial

A Death from Coronary Heart Disease or Nonfatal Myocardial Infarction

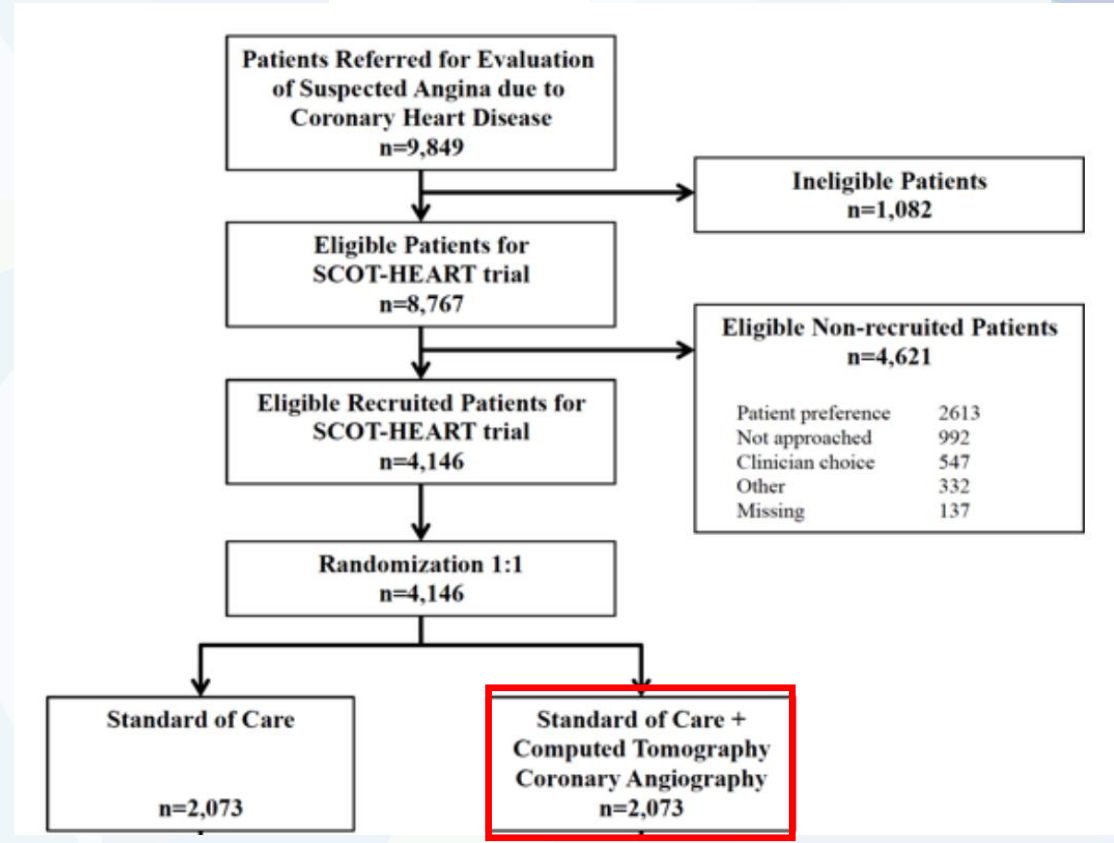


No. at Risk	0	1	2	3	4	5
Standard care	2073	2033	2008	1994	1994	1994
CTA	2073	2051	2029	2015	2015	2015

B Nonfatal Myocardial Infarction



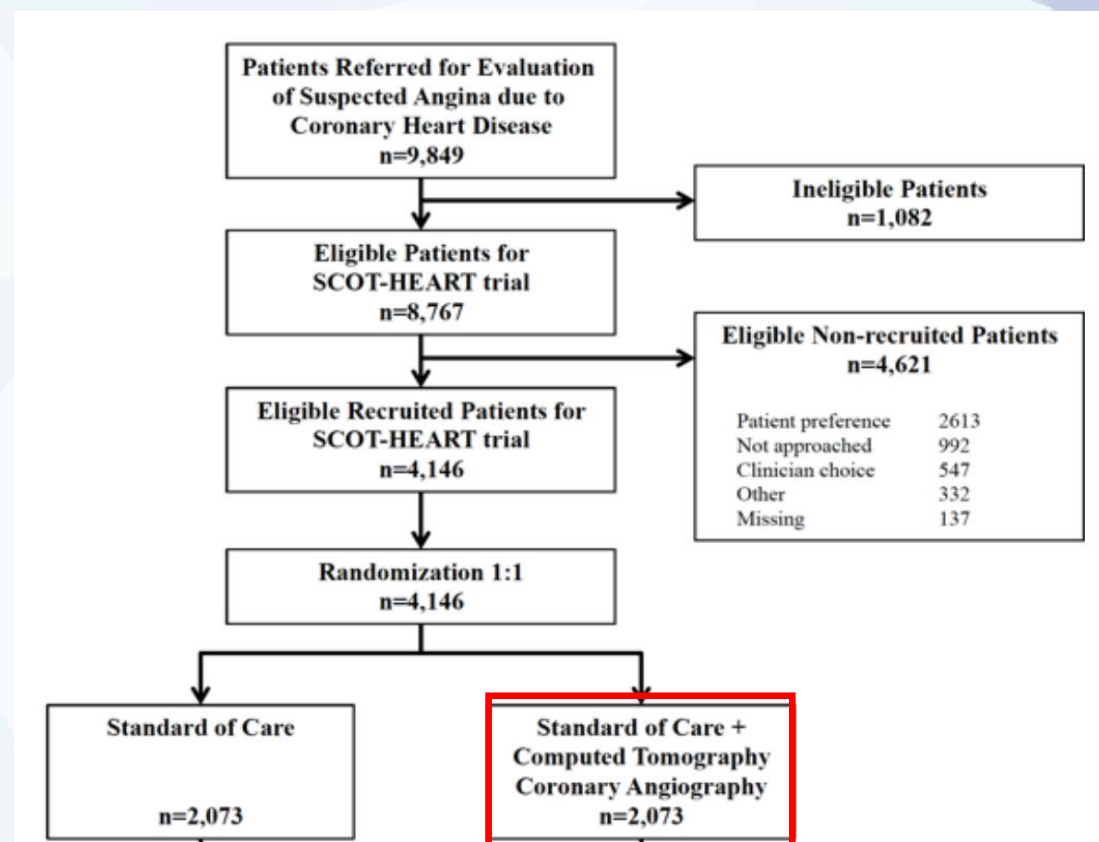
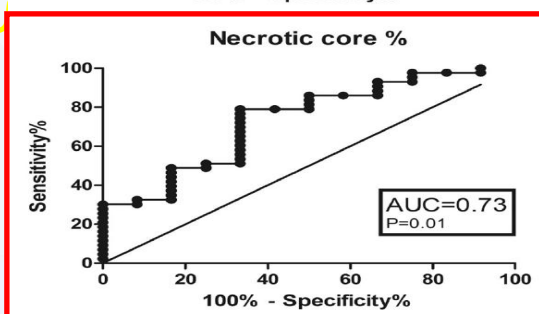
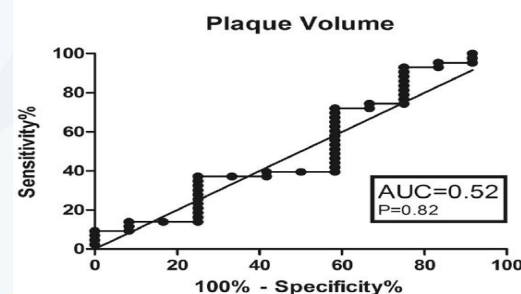
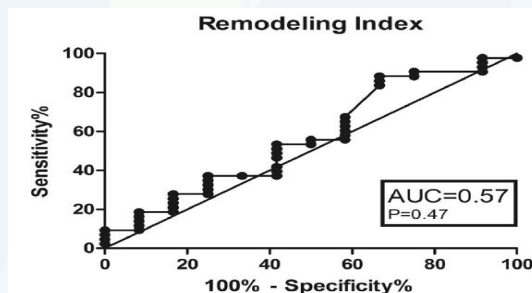
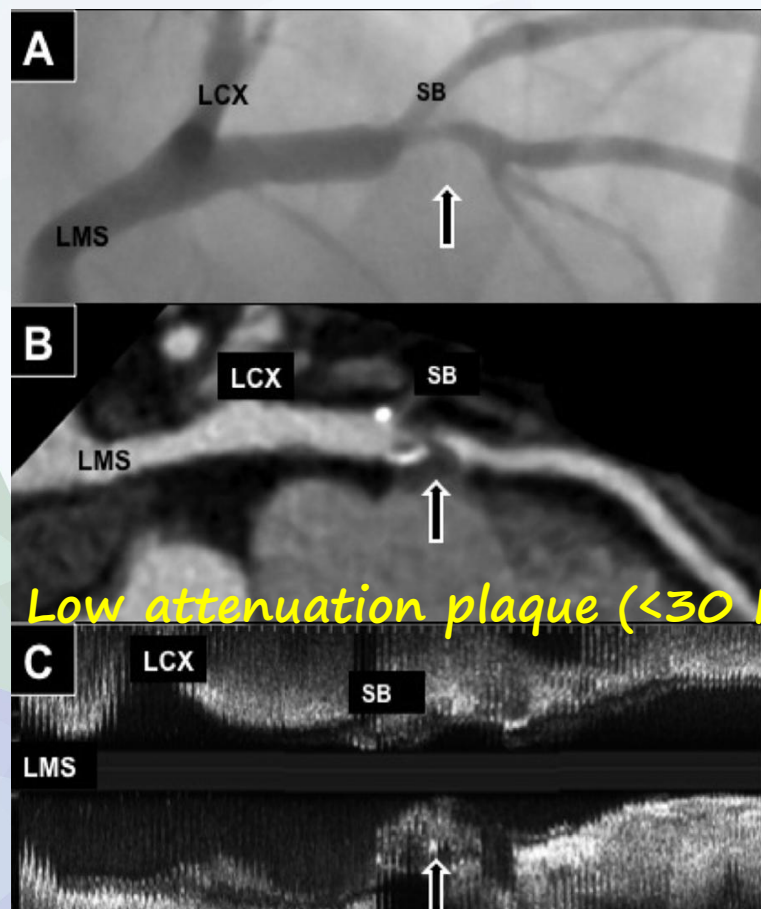
No. at Risk	0	1	2	3	4	5
Standard care	2073	2045	2030	2017	1597	881
CTA	2073	2057	2048	2041	1618	891



- Sub-estudio con los pacientes del SCOT-HEART aleatorizados a TC cardíaco.



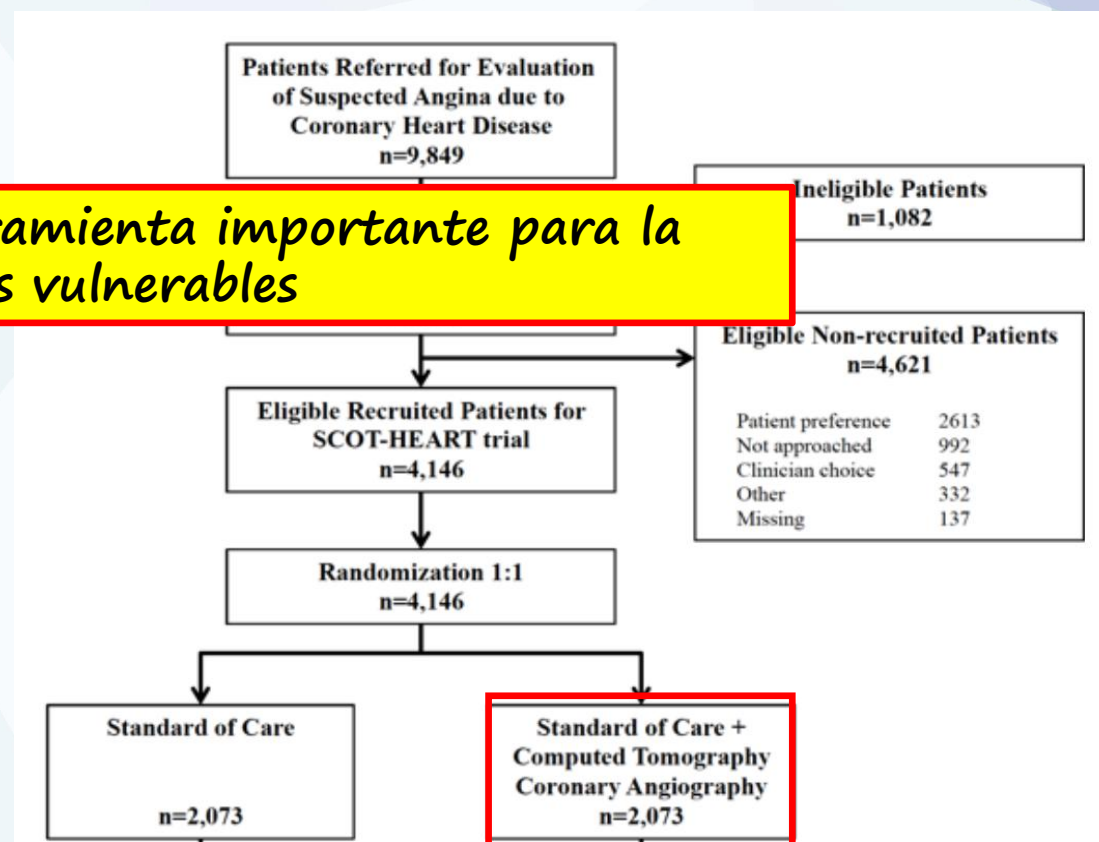
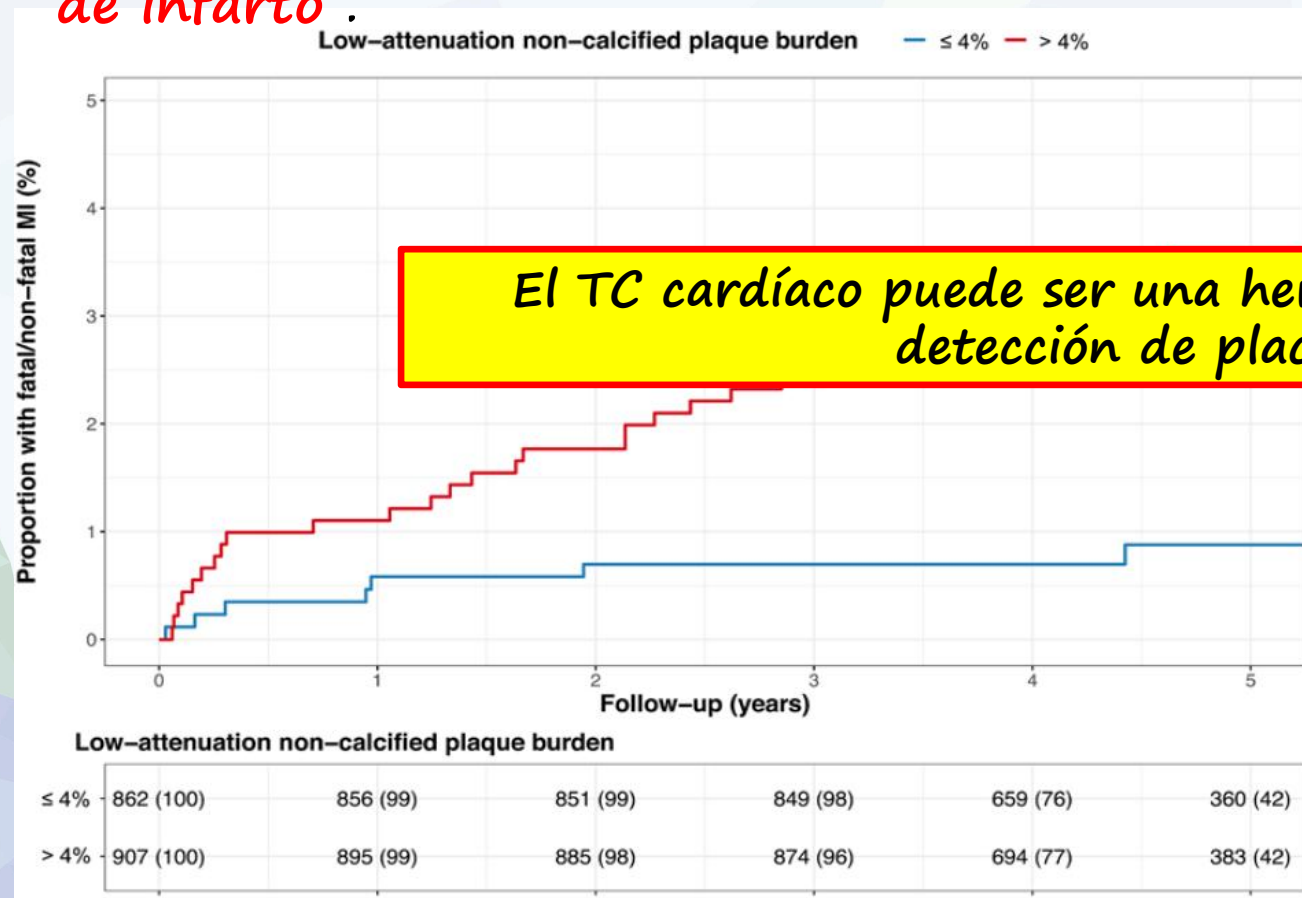
SCOT-HEART trial





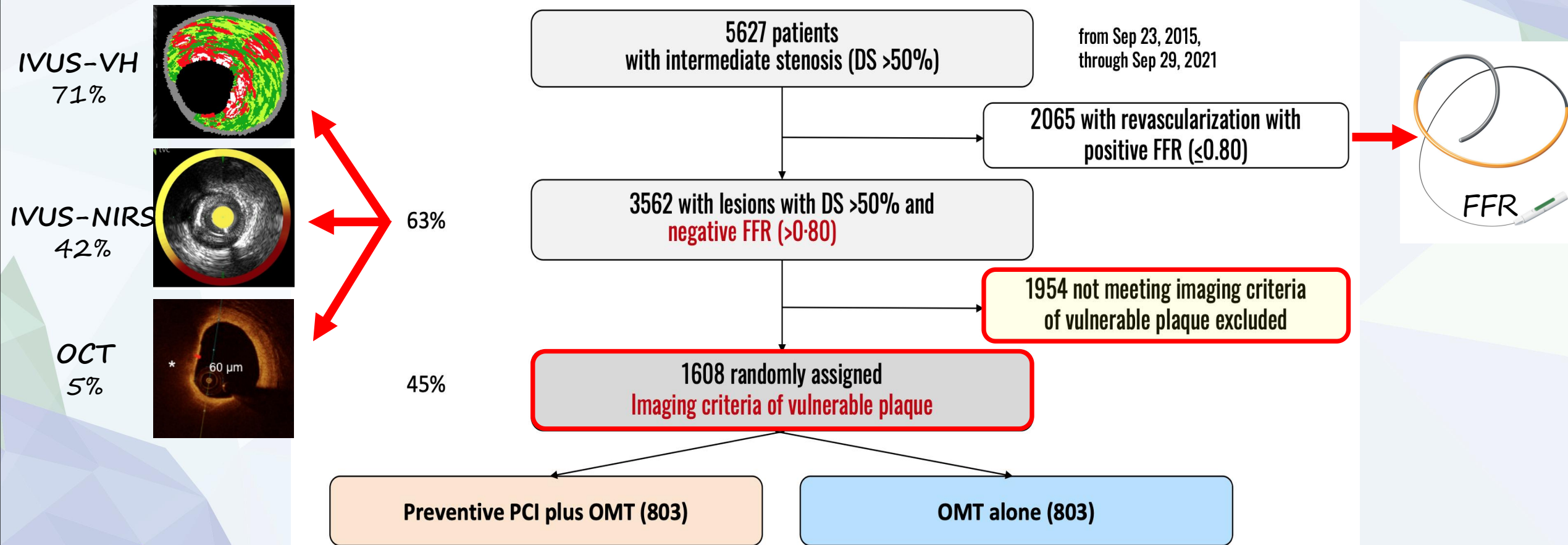
SCOT-HEART trial

- En pacientes con SCC, la presencia de “**low attenuation plaques**” por TC cardíaco fue el **predictor más importante de infarto**.

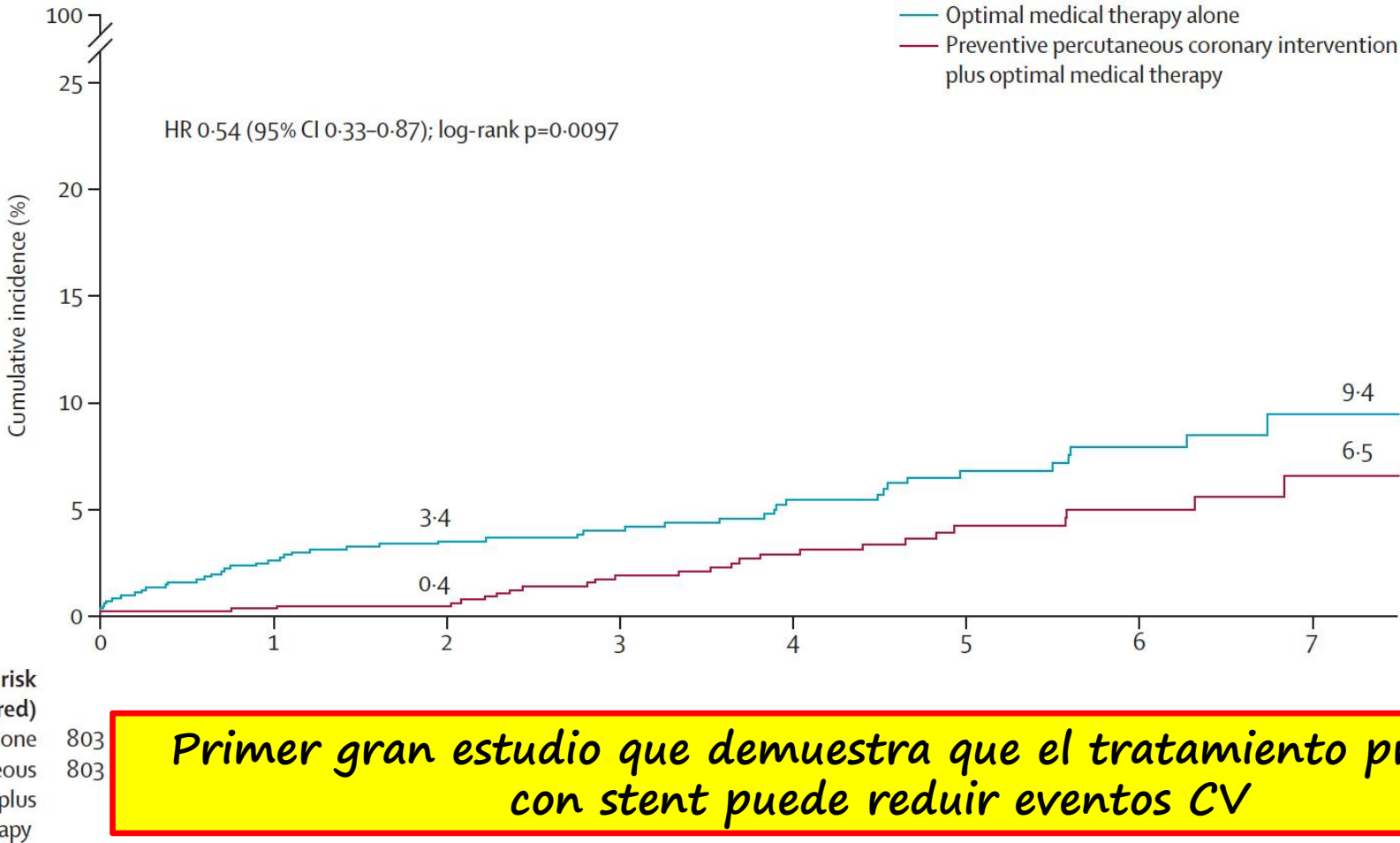


PREVENT

- En pacientes con SCC que se les realiza cateterismo y presentan lesiones intermedias por angiografía.



- Los pacientes con **placas vulnerables** presentaron menos eventos CV.



PREVENT

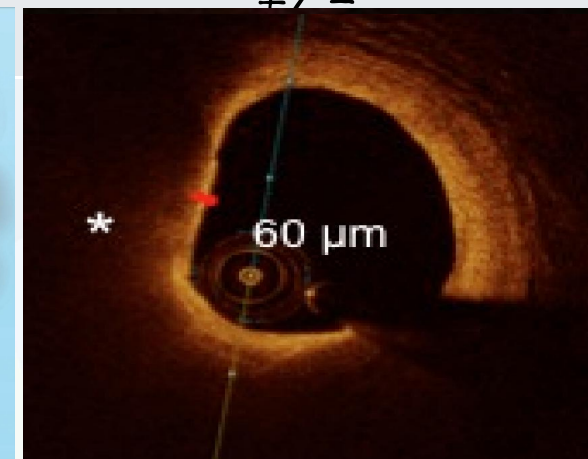
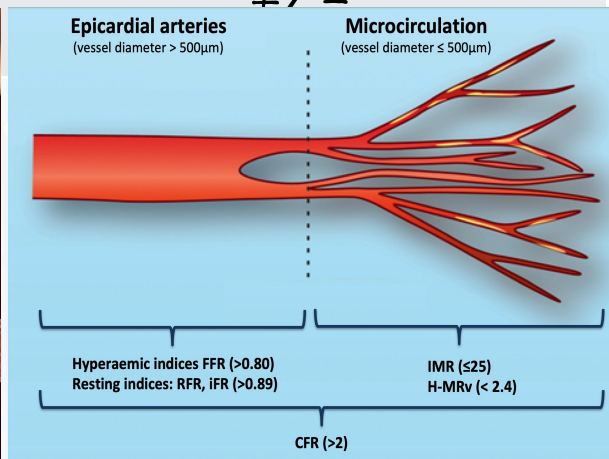
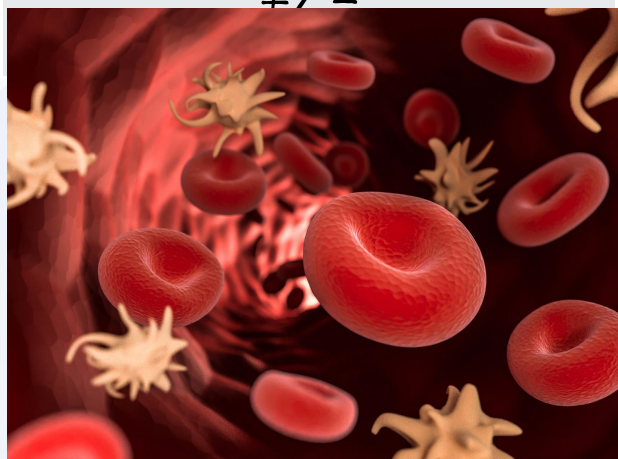
Primary end-point:

- Cardiac death
- TV Non-fatal MI
- Ischemic-driven TV revasc.
- Hospitalization unstable angina

Primer gran estudio que demuestra que el tratamiento preventivo con stent puede reducir eventos CV

Paciente con SCA = Paciente Vulnerable

Pacient con:	Sangre vulnerable (Pro-trombosis)	Miocardio vulnerable (Mala microcirculación)	Arterias vulnerables (Placas vulnerables)
Síndrome coronario agudo	+++	+++	+++
Síndrome coronario crónico	+/-	+/-	+/-



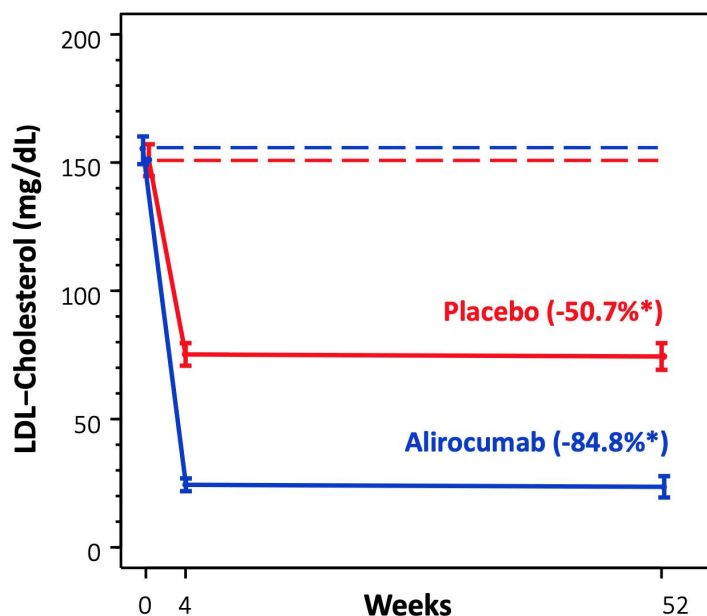


- Un total de 300 pacientes con SCA estudiados con IVUS, NIRS y OCT en el KT inicial y aleatorizados a alirocumab vs. placebo. Se repite estudio a 1 año.

Change in LDL-C, mean (SD)

154.8 (31) mg/dL
4.00 (0.8) mmol/L

150.9 (36) mg/dL
3.9 (0.9) mmol/L

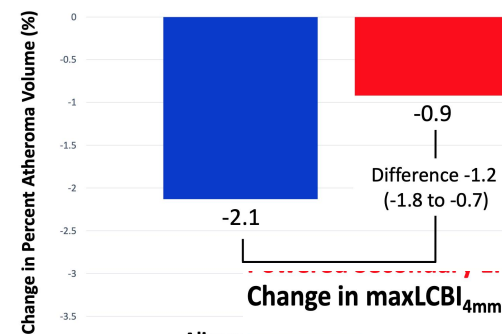
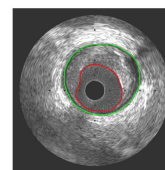


74.4 (31) mg/dL
1.9 (0.8) mmol/L

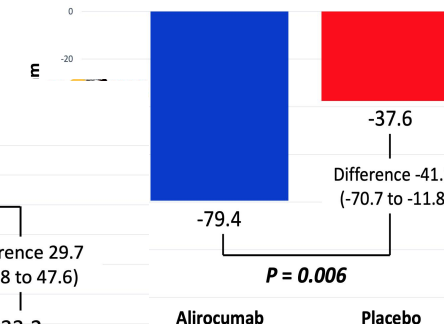
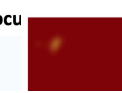
23.6 (24) mg/dL
0.6 (0.6) mmol/L

* Week 52 vs. Baseline

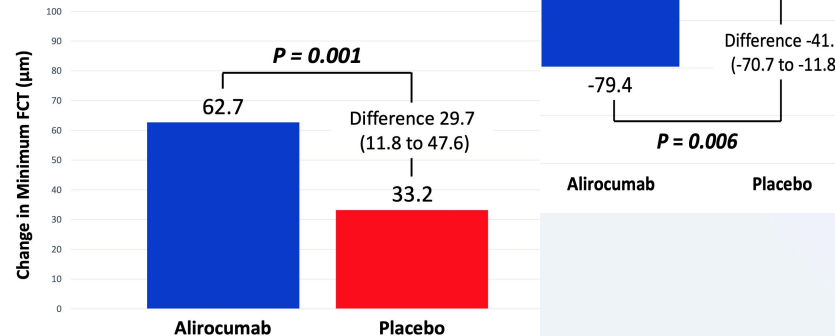
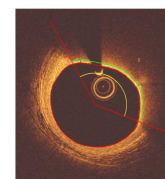
Change in Percent Atheroma Volume (IVUS)



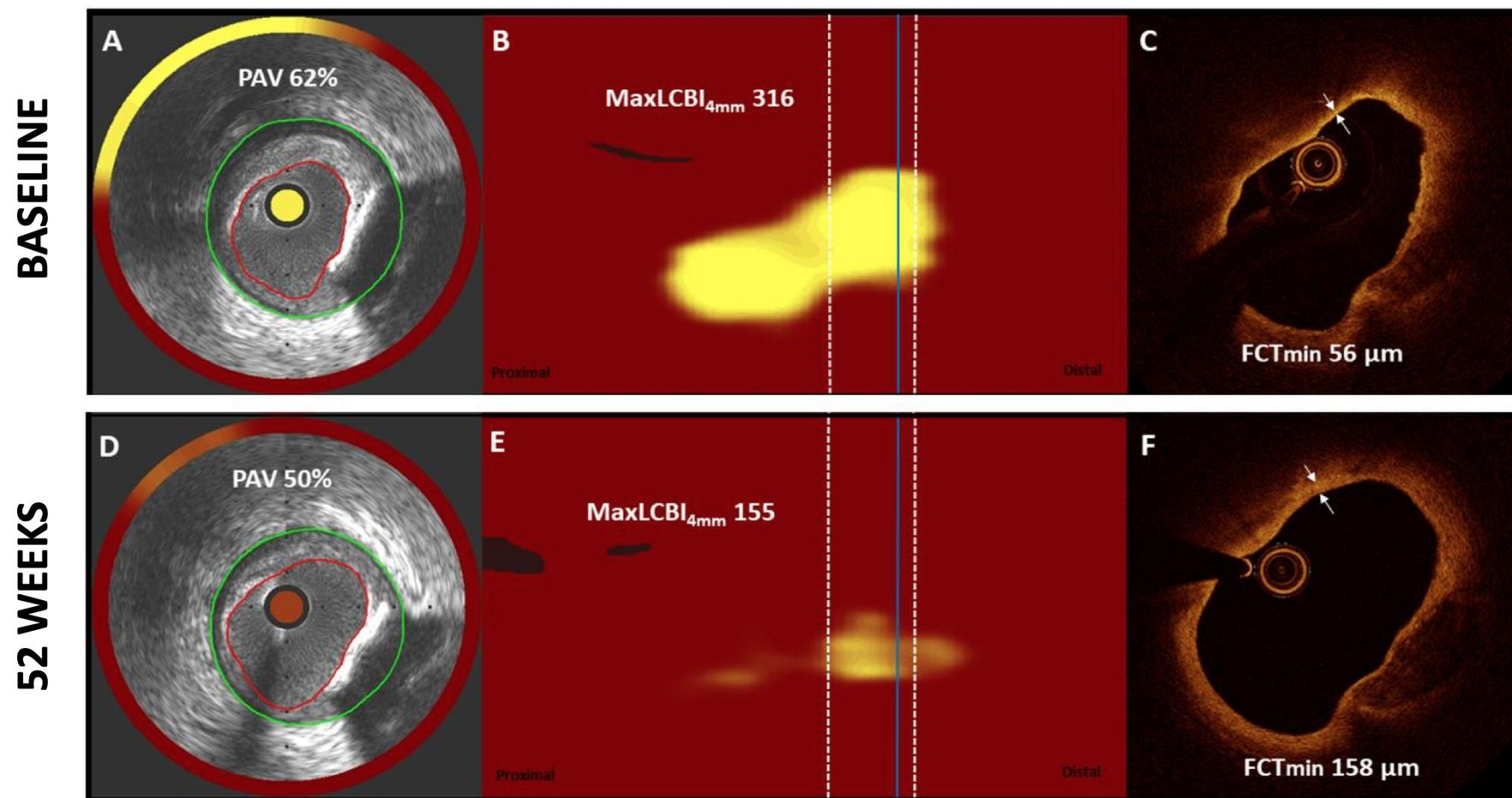
Change in maxLCBI_{4mm} (NIRS)



Change in Minimum FCT (OCT)



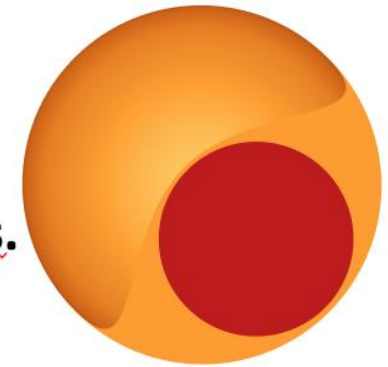
Case Example Alirocumab & Statin Group



VULNERABLE TRIAL

This is a controlled, multicenter, single blinded & randomized trial
investigating the role of imaging and physiology in non-culpritSTEMI lesions.

> 45 Institutions



Vulnerable Trial
Epic 28



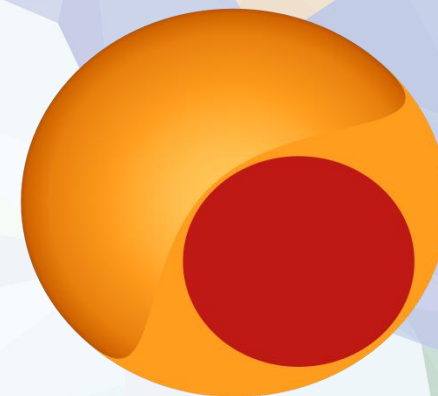
Grupo de trabajo de diagnóstico intracoronario de la ACI-SEC

VULNERABLE TRIAL

Multivessel STEMI patients successfully treated with PCI

Expected 2000 patients

↓
Staged procedure
(>24h and < 60 days after primary PCI)



Vulnerable Trial
Epic 28



Grupo de trabajo de diagnóstico intracoronario de la ACI-SEC

VULNERABLE TRIAL

Multivessel STEMI patients successfully treated with PCI

Expected 2000 patients

Staged procedure (>24h and < 60 days after primary PCI)

FFR assessment of non-culprit lesion/s

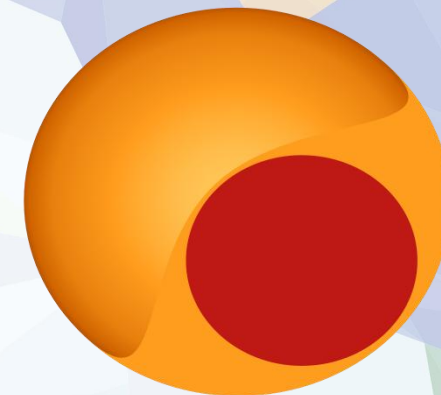
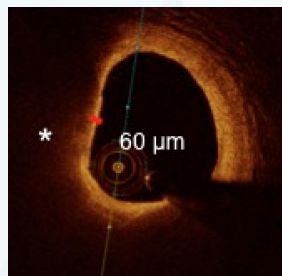
At least 1 lesion with $FFR > 0.80$

OCT imaging

Expected 500 patients

All lesions with $FFR \leq 0.80$

PCI (screening failure)

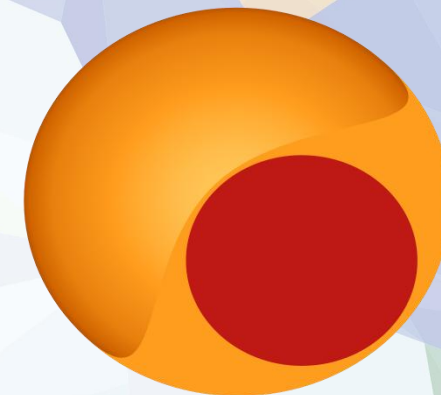


Vulnerable Trial
Epic 28



Grupo de trabajo de diagnóstico intracoronario de la ACCI-SEC

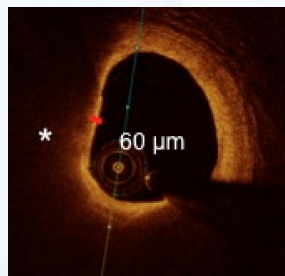
VULNERABLE TRIAL



Vulnerable Trial
Epic 28



Grupo de trabajo de diagnóstico intracoronario de la ACI-SEC



n = 600 patients

Multivessel STEMI patients successfully treated with PCI

Expected 2000 patients

Staged procedure (>24h and < 60 days after primary PCI)

FFR assessment of non-culprit lesion/s

At least 1 lesion with FFR > 0.80

All lesions with FFR ≤ 0.80

Expected 500 patients

PCI (screening failure)

OCT imaging

TCFA

No TFCA

randomization

Stent implantation
n = 300

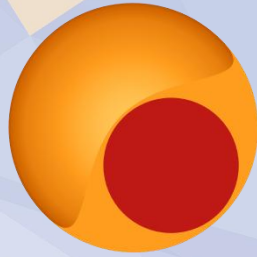
OMT
n = 300

OMT registry

Expected 900 patients

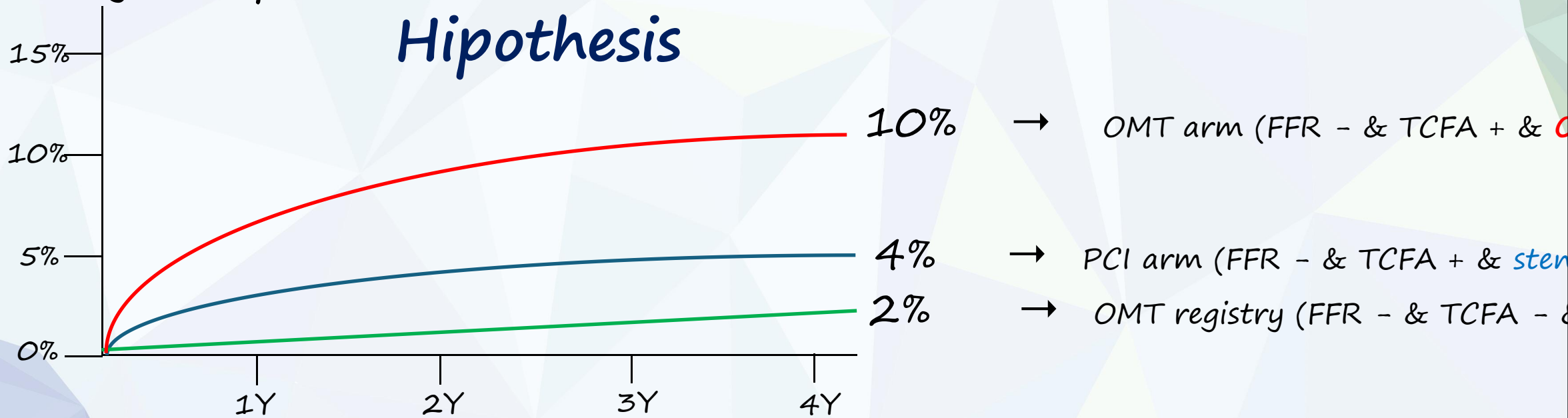
VULNERABLE TRIAL

VULNERABLE TRIAL



- **Primary end-point (Target Vessel Failure):**
CV death + TV-MI + Ischemic-driven TV revascularization
- Clinical follow-up of 4 years.
- Sample size calculation for superiority with a difference of 6% in the primary end-point.

Hipotesis



VULNERABLE TRIAL



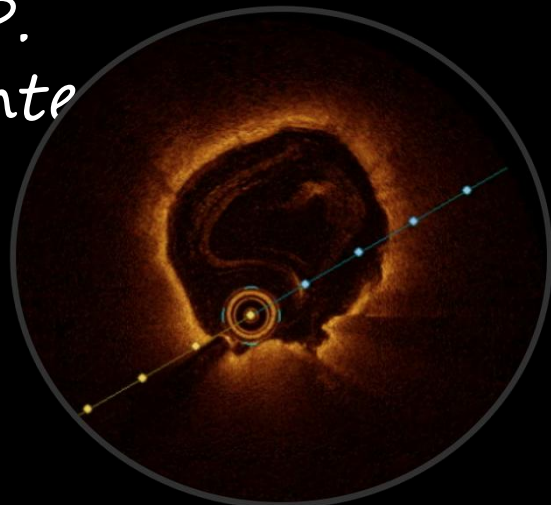
Estado del reclutamiento:



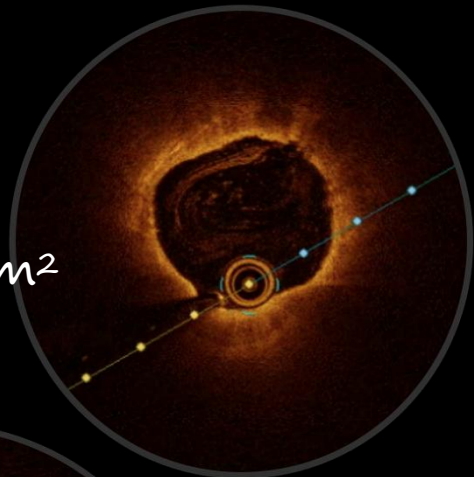
Ejemplo:



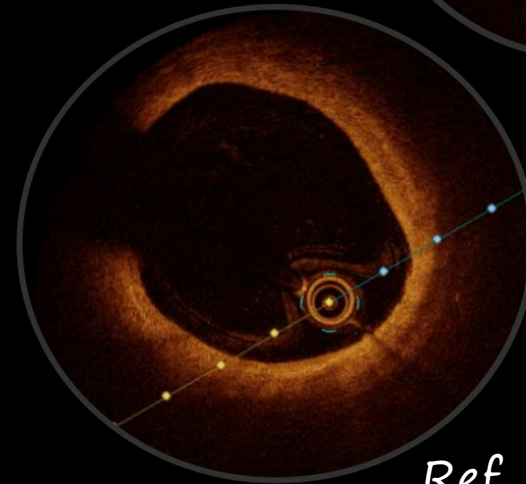
Hombre 51 años HTA y DLP.
En enero 2024 SCACEST ante
Se valora CD para el estudio



Min FCT = 0 μm

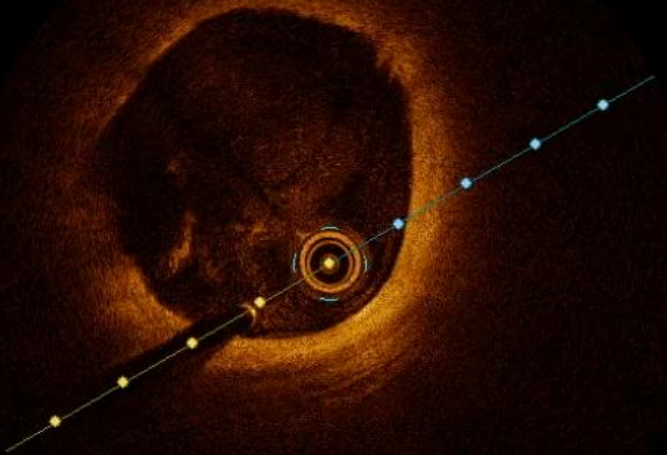


MLA = 3.05 mm²

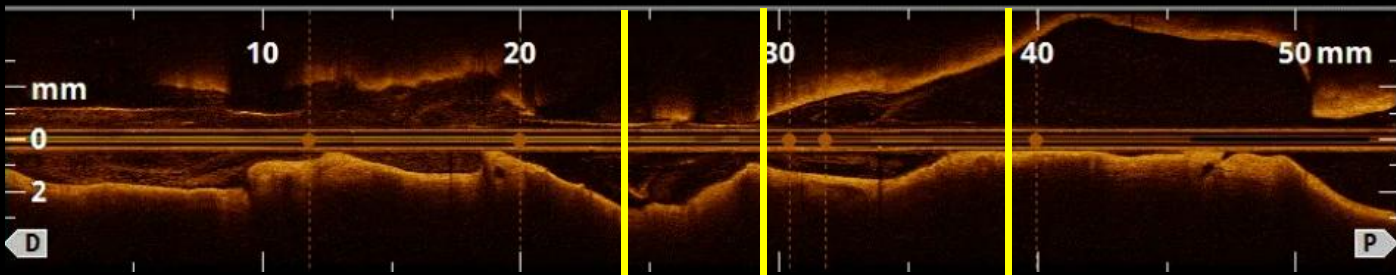


PB = 79%

Ref. EEM = 14.52 v



Min FCT MLA Reference

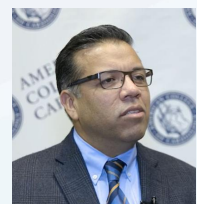
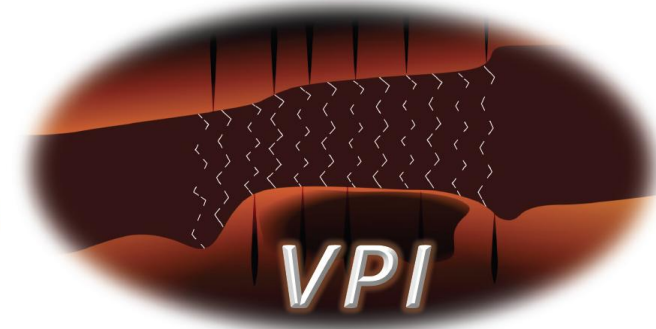


Conclusiones:

1. El tratamiento preventivo con stent de lesiones NO isquémicas ($FFR > 0.80$) con características de placa vulnerable está aún por demostrar.
2. Tampoco tenemos datos sobre si un tratamiento médico intensivo permite “pasivar” estas placas.
3. Ni sobre los criterios anatómicos para catalogar una placa vulnerable, que técnica de imagen es mejor ni que grupo de pacientes puede beneficiarse más.

Os invitamos al primer curso sobre intervencionismo en placa vulnerable:

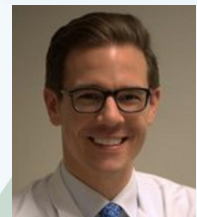
Vulnerable Plaque Interventions meeting



Héctor M. García-García
Medstar Medical Center, Washington, U



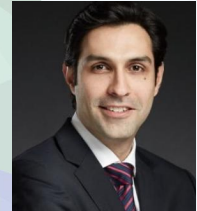
Fernando Alfonso
Hospital La Princesa, Madrid, España



Lorenz Raber
Bern University Hospital, Switzerland



Nieves Gonzalo
Hospital San Carlos, Madrid, España



Carlos Collet
Aalst Medical Center, Belgium



Inés García Lunar
CNIC, Madrid, España



Francesco Prati
San Giovanni Hospital, Rome, Italy



Richard Rapoza
VP Abbott, California, US

... y muchos más...

Hotel AC Atocha
C/ Delicias, 42 - Madrid

Save the date:
23 / 01 / 2025

[Bit.ly/VPI25](https://bit.ly/VPI25)



Grupo de trabajo de
diagnóstico intracoronario
ACI-SEC