

RESEARCH CORRESPONDENCE

# Optical Coherence Tomography Assessment for Percutaneous Coronary Intervention of the Left Main Artery



The IDEAL-LM Trial

Biodegradable polymer (BP)-coated drug-eluting stents (DES) were developed to try to accelerate vessel healing and potentially allow a shorter period of mandatory dual-antiplatelet therapy (DAPT) compared with patients treated with durable polymer (DP)-coated DES. The optimal duration of DAPT after percutaneous coronary intervention (PCI) of the left main (LM) coronary artery remains uncertain. The IDEAL-LM (Xience Versus Synergy in Left Main PCI) study is a multicenter, randomized clinical trial that enrolled 818 patients undergoing PCI of the unprotected LM coronary artery. Patients were randomly assigned to either the BP-platinum-chromium everolimus-eluting stent (PtCr-EES) followed by 4 months DAPT or a DP-cobalt-chromium everolimus-eluting stent (CoCr-EES) followed by 12 months DAPT (1). In the IDEAL-LM optical coherence tomography (OCT)

substudy, we sought to evaluate vessel healing. At 3 months post-PCI, OCT assessment of the stented segment was performed in 100 patients and was analyzed by an independent core laboratory (Cardialysis B.V., Rotterdam, the Netherlands). The healing score was calculated according to previously published methods (2).

The mean age of the study population was 64 years, 79% were male, and 50% presented with acute coronary syndrome. Overall, 48% of LM stenoses were true bifurcation lesions, and 73% were treated by a single-stent approach. The healing score was similar at 3 months (BP-PtCr-EES vs. DP-CoCr-EES 0.93 [0.00 to 3.03] vs. 0.86 [0.00 to 2.67];  $p = 1.00$ ). The proportion of covered struts was high (>96% for both), and the incidence of strut malapposition was very low (<3%) in both groups, with no differences between proximal or distal segments of the bifurcation (Table 1).

The optimal duration of DAPT should maintain a balance between ischemic events and bleeding risks. Vascular healing assessed by OCT is considered to be a safety index for using a short duration of DAPT after DES implantation. The specific design of the BP-PtCr-EES has shown favorable vascular healing in a small series of non-LM stenoses (3), but not yet properly compared with DP-coated DES. However, in the IDEAL-LM OCT substudy, BP-PtCr-EES and DP-CoCr-EES had similar vascular healing responses at

TABLE 1 OCT Results at 3 Months

	BP-PtCr-EES			DP-CoCr-EES		
	Proximal (n = 49)	Bifurcation (n = 49)	Distal (n = 47)	Proximal (n = 42)	Bifurcation (n = 43)	Distal (n = 43)
<b>Lumen measures</b>						
Minimum lumen diameter, mm	3.6 (3.3-4.0)	3.9 (3.5-4.1)	3.0 (2.8-3.4)	3.6 (3.3-4.0)	3.8 (3.4-4.3)	2.8 (2.6-3.3)
Minimal lumen area, mm <sup>2</sup>	10.4 (8.7-12.5)	11.7 (9.9-13.3)	7.3 (6.1-9.1)	10.2 (8.6-12.4)	11.2 (9.3-14.6)	6.3 (5.3-8.4)
Mean of intraluminal mass area, mm <sup>2</sup>	0.04 (0.03-0.05)	0.03 (0.01-0.04)	0.03 (0.02-0.08)	0.09 (0.03-0.09)	0.00 (0.00-0.00)	0.00 (0.00-0.00)
<b>Stent measures</b>						
Mean stent area, mm <sup>2</sup>	13.7 (12.0-15.6)	13.6 (11.8-15.8)	10.7 (9.5-11.9)	13.5 (12.5-15.3)	13.8 (11.3-15.6)	10.0 (8.3-12.2)
<b>Neointimal hyperplasia measures</b>						
Neointimal hyperplasia areas, mm <sup>2</sup>	0.8 (0.6-1.1)	0.8 (0.4-1.2)	0.6 (0.5-0.9)	0.8 (0.6-1.1)	0.7 (0.6-1.1)	0.6 (0.6-1.1)
<b>Strut malapposition measures</b>						
Number of struts	64 (43-87)	25 (19-36)	151 (78-273)	71 (51-114)	25 (20-31)	138 (102-297)
Malapposed struts, %	0.0 (0.0-3.1)	0.0 (0.0-0.0)	0.2 (0.0-3.0)	0.0 (0.0-4.6)	0.0 (0.0-0.0)	0.4 (0.0-1.7)
Mean malapposed distance, mm	0.3 (0.2-0.4)	0.4 (0.3-0.5)	0.4 (0.3-0.5)	0.3 (0.2-0.4)	0.3 (0.2-0.7)	0.4 (0.3-0.5)
Mean malapposed area	0.0 (0.0-0.1)	0.0 (0.0-0.0)	0.0 (0.0-0.2)	0.0 (0.0-0.1)	0.0 (0.0-0.0)	0.0 (0.0-0.1)
<b>Strut coverage measures</b>						
Covered struts, >20 μm, %	97.7 (95.7-100)	100 (94.7-100)	96.9 (95.4-98.8)	98.0 (95.6-99.2)	100 (96.0-100)	97.7 (95.4-99.2)
Mal-apposed + covered, %	0.0 (0.0-3.1)	0.0 (0.0-0.0)	0.1 (0.0-2.9)	0.0 (0.0-4.6)	0.0 (0.0-0.0)	0.4 (0.0-1.7)
Uncovered struts, <20 μm, %	2.3 (0.0-4.23)	0.0 (0.0-5.3)	3.1 (1.2-4.6)	2.0 (0.8-4.4)	0.0 (0.0-4.0)	2.3 (0.8-4.6)
Healing score	0.93 (0.00-3.03)			0.86 (0.00-2.67)		

Values are median (interquartile range). All  $p > 0.05$  between 2 groups in proximal, bifurcation, and distal segments.  
 CoCr-EES = cobalt-chromium everolimus-eluting stent; OCT = optical coherence tomography; PtCr-EES = platinum-chromium everolimus-eluting stent.

3 months after implantation in the LM coronary artery. The main trial will report clinical outcomes after 2 years of follow-up.

Chun Chin Chang, MD  
Yoshinobu Onuma, MD, PhD  
Maciej Lesiak, MD  
Evgeny Merkulov, MD  
Richard Anderson, MD  
Evgeny Kretov, MD, PhD  
Paul Barragan, MD  
Keith G. Oldroyd, MB, ChB, MD  
\*Robert-Jan van Geuns, MD, PhD

\*Department of Cardiology  
Radboud University Medical Center  
Geert Grooteplein Zuid 10  
Route 616  
Nijmegen, 6525 GA  
the Netherlands  
E-mail: [robertjan.vangeuns@radboudumc.nl](mailto:robertjan.vangeuns@radboudumc.nl)  
<https://doi.org/10.1016/j.jcin.2019.09.012>

© 2020 the American College of Cardiology Foundation. Published by Elsevier. All rights reserved.

Please note: Dr. Onuma has been an advisory board member for Abbott Vascular. Dr. Lesiak has received speaker fees from Abbott Vascular, Boston Scientific, AstraZeneca, and Terumo. Dr. Oldroyd has received grants and speaker fees from Boston Scientific and Abbott Vascular. Dr. van Geuns has received speaker fees from Boston Scientific and Abbott Vascular. All other authors have reported that they have no relationships relevant to the contents of this paper to disclose.

## REFERENCES

1. Lemmert ME, Oldroyd K, Barragan P, et al. Reduced duration of dual antiplatelet therapy using an improved drug-eluting stent for percutaneous coronary intervention of the left main artery in a real-world, all-comer population: rationale and study design of the prospective randomized multi-center IDEAL-LM trial. *Am Heart J* 2017;187:104-11.
2. Raber L, Onuma Y, Brugaletta S, et al. Arterial healing following primary PCI using the Absorb everolimus-eluting bioresorbable vascular scaffold (Absorb BVS) versus the durable polymer everolimus-eluting metallic stent (XIENCE) in patients with acute ST-elevation myocardial infarction: rationale and design of the randomised TROFI II study. *EuroIntervention* 2016;12:482-9.
3. de la Torre Hernandez JM, Tejedor P, Camarero TG, et al. Early healing assessment with optical coherence tomography of everolimus-eluting stents with bioabsorbable polymer (Synergy) at 3 and 6 months after implantation. *Catheter Cardiovasc Interv* 2016;88:E67-73.