The accuracy, feasibility and safety of Fractional Flow Reserve in patients with acute ST-elevation myocardial infarction

Published: 04-11-2010 Last updated: 04-05-2024

The objective is to investigate the accuracy, feasibility and safety of FFR in patients presenting with STEMI and MVD.

Ethical review	Not approved
Status	Will not start
Health condition type	Coronary artery disorders
Study type	Observational invasive

Summary

ID

NL-OMON34319

Source ToetsingOnline

Brief title FFR in STEMI

Condition

• Coronary artery disorders

Synonym

Coronary artery disease, multivessel disease

Research involving Human

Sponsors and support

Primary sponsor: Universitair Medisch Centrum Groningen Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: multivessel disease, myocardial infarction, percutaneous coronary intervention

Outcome measures

Primary outcome

Accuracy defined as difference between FFR in the acute phase and second

procedure (delta FFR).

Secondary outcome

Feasibility defined as completion of the FFR protocol and safety measured as

procedural time, contrast volume used and procedural complications (bleeding,

dissection, perforation, reinfarction).

Study description

Background summary

Fractional Flow Reserve(FFR)-guided percutaneous coronary intervention (PCI) in elective patients with multivessel disease (MVD) has proven to limit unnecessary PCIs in clinical irrelevant lesions. It is currently unclear whether FFR is also accurate, feasible and safe when used in the acute phase of a ST-elevation myocardial infarction (STEMI).

Study objective

The objective is to investigate the accuracy, feasibility and safety of FFR in patients presenting with STEMI and MVD.

Study design

A prospective, non-randomized, longitudinal study. Investigator driven.

Study burden and risks

As with any invasive coronary procedure the risks of a PCI procedure include; bleeding, perforation of a coronary vessel, infarct extension, and arrhythmias.

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Current used FFR wires have comparable safety profiles as standard angioplasty wires. In the largest trial to date, usage of FFR was not associated with prolongation of the interventional procedure nor with more usage of contrast agent as compared with the normal angiography group.

Contacts

Public Universitair Medisch Centrum Groningen

Hanzeplein 1 PO Box 30 0001 9700 RB Groningen Nederland **Scientific** Universitair Medisch Centrum Groningen

Hanzeplein 1 PO Box 30 0001 9700 RB Groningen Nederland

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years) Elderly (65 years and older)

Inclusion criteria

- A diagnosis of a STEMI defined by 1/A diagnosis of acute MI defined by chest pain suggestive for myocardial ischemia for at least 30 minutes, with a time from onset of symptoms of less than 12 hours, before hospital admission, 2/ ECG with ST- segment deviation of more than 0.1 mV in 2 or more leads and 3/Positive cardiac troponin T >0.01 *g/l.

- Clinical indication for urgent PCI of the infarct related lesion as identified at coronary

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angiography

- Planned staged PCI for a lesion in a non-infarct related vessel
- Verbal followed by written informed consent
- 18 years or older

Exclusion criteria

- Presence of cardiogenic shock
- Implantation or planned implantation of an intra-aortic balloon pump
- Failed reperfusion of the infarct related vessel (>30% residual stenosis and less than TIMI 3 coronary flow)
- No staged PCI possible
- Need for coronary artery bypass grafting

- No suitable anatomy of the non-IRV (Left main stenosis of >50%, Diameter <2.5mm, Extremely tortuous or calcified coronary arteries, Chronic total occlusion, Collaterals visible, Previous CABG

- Contra-indications for adenosine intracoronary (Second or third degree AV block, Sick sinus syndrome, Asthma, Hypersensitivity to adenosine)

- Inability to provide informed consent

Study design

Design

Study type: Observational invasive	
Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Diagnostic

Recruitment

NL	
Recruitment status:	Will not start
Enrollment:	50
Туре:	Anticipated

Medical products/devices used

Generic name:	Fractional Flow Reserve measurements
Registration:	Yes - CE intended use

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Ethics review

Not approved	
Date:	04-11-2010
Application type:	First submission
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register CCMO **ID** NL33668.042.10