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##### CORONARY

### Combined Use of Bivalirudin and Radial Access in Acute Coronary Syndromes Is Not Superior to the Use of Either One Separately: Meta-Analysis of Randomized Controlled Trials 1523

George S. Mina, George F. Gobrial, Kalgi Modi, Paari Dominic

Bivalirudin and radial access are 2 strategies to avoid bleeding in patients with acute coronary syndrome. The interaction between those strategies is unclear. This analysis included trials that compared bivalirudin to heparin with or without glycoprotein IIb/IIIa inhibitors. Meta-analyses of outcomes on the basis of access site and anticoagulation regimen were performed. Bivalirudin lowered major bleeding in patients with femoral access but not in patients with radial access. Moreover, radial access lowered major bleeding in patients treated with heparin and not in patients treated with bivalirudin. In conclusion, the combined use of bivalirudin and radial access will not likely provide additional benefit compared with the use of either one separately.

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#### ■ EDITORIAL COMMENT

### The Fuzzy Math of Anticoagulation and Access Site: When 1 + 1 Does Not Always Equal 2 1532

Sunil V. Rao, Rahman Shah

### Prognostic Impact of Chronic Total Occlusions: A Report From SCAAR (Swedish Coronary Angiography and Angioplasty Registry) 1535

Truls Råmunddal, Loes P. Hoebers, José P.S. Henriques, Christian Dworeck, Oskar Angerås, Jacob Odenstedt, Dan Ioanes, Göran Olivecrona, Jan Harnek, Ulf Jensen, Mikael Aasa, Per Albertsson, Hans Wedel, Elmir Omerovic

The aim of the present study was to determine the prognostic impact of chronic total occlusion (CTO) in patients with coronary artery disease. The study, based on 14,441 patients with CTO, demonstrates that the presence of CTO is associated with increased risk for mortality. The increased risk attributable to CTO was lowest in patients with stable angina and highest in younger patients with ST-segment elevation myocardial infarction. Future randomized clinical trials are needed to determine whether routine revascularization of CTO in patients with stable angina and acute coronary syndromes is associated with improved outcome.

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### Chronic Total Coronary Occlusions, Percutaneous Coronary Intervention, and Mortality: A "Hybrid Approach" to Interpretation 1545

David F. Kong, E. Magnus Ohman

#### CME

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**Physiological Severity of Coronary Artery Stenosis Depends on the Amount of Myocardial Mass Subtended by the Coronary Artery** **1548**

Hyung Yoon Kim, Hong-Seok Lim, Joon-Hyung Doh, Chang-Wook Nam, Eun-Seok Shin, Bon-Kwon Koo, Myeong-Ho Yoon, Seung-Jea Tahk, Doo Kyoung Kang, Young Bin Song, Joo-Yong Hahn, Seung Hyuk Choi, Hyeon-Cheol Gwon, Sang-Hoon Lee, Eun-Kyoung Kim, Sung Mok Kim, Yeonhyeon Choe, Jin-Ho Choi

Discordance between anatomical stenosis and physiological severity is common but poorly understood. The authors established fractional myocardial mass (FMM), a concept of downstream myocardial mass subtended by artery. Vessels with fractional flow reserve  $<0.80$  could be identified by FMM-to-minimal luminal diameter ratio with higher accuracy than with conventional angiographic diameter stenosis. FMM may explain the anatomical-physiological discordance in coronary artery disease.



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■ **EDITORIAL COMMENT**

**Noninvasive Physiological Assessment of Coronary Stenoses With Computed Tomography: Can Fractional Myocardial Mass Trump Computed Tomographic Fractional Flow Reserve Via Simplification?** **1561**

Justin E. Davies, Ricardo Petraco

**Individual Long-Term Mortality Prediction Following Either Coronary Stenting or Bypass Surgery in Patients With Multivessel and/or Unprotected Left Main Disease: An External Validation of the SYNTAX Score II Model in the 1,480 Patients of the BEST and PRECOMBAT Randomized Controlled Trials** **1564**

Yohei Sotomi, Rafael Cavalcante, David van Klaveren, Jung-Min Ahn, Cheol Whan Lee, Robbert J. de Winter, Joanna J. Wykrzykowska, Yoshinobu Onuma, Ewout W. Steyerberg, Seung-Jung Park, Patrick W. Serruys

The SYNTAX score II is a mortality prediction tool created on the basis of the SYNTAX trial. Pooled individual patient-level data from the PRECOMBAT and BEST trials were used to assess calibration and discrimination of the SYNTAX score II prediction model for all-cause mortality after percutaneous coronary intervention and coronary artery bypass grafting at 4-year follow-up. The SYNTAX score II has good calibration but only moderate discrimination ability for the long-term mortality prediction in this randomized population. This score provides an important tool to help guide the heart team's decision-making process regarding the selection of the best revascularization strategy for patients with multivessel coronary disease and/or unprotected left main disease.



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**Coronary Revascularization: How Can Model-Derived Probabilities Inform Clinical Judgment?** **1573**

John W. Hirshfeld, Jr., Matthew D. Saybolt

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