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INSIDE THIS ISSUE

CORONARY

First Report of the Resolute Onyx 2.0-mm Zotarolimus-Eluting Stent for the Treatment of Coronary Lesions With Very Small Reference Vessel Diameter

1381

Matthew J. Price, Shigeru Saito, Richard A. Shlofmitz, Douglas J. Spriggs, Michael Attubato, Brent McLaurin, Alexandra Popma Almonacid, Sandeep Brar, Minglei Liu, Elizabeth Moe, Roxana Mehran

It is unclear whether the excellent outcomes with drug-eluting stents (DES) observed with smaller reference vessel diameter are also seen with extremely small diameters. In this first report of a DES with a dedicated size to treat lesions with reference vessel diameter <2.25 mm, the Resolute Onyx 2.0-mm zotarolimus-eluting stent was associated with a low rate of target lesion failure and late lumen loss, without a signal for stent thrombosis. This novel-sized DES appears to be a feasible option for the treatment of coronary lesions in extremely small vessels.



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EDITORIAL COMMENT

Percutaneous Treatment of Extremely Small Coronary Vessels: Does Size Matter in Terms of Performance?

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Salvatore Brugaletta, Manel Sabate

Accuracy of Fractional Flow Reserve Measurements in Clinical Practice: Observations From a Core Laboratory Analysis

1392

Mitsuaki Matsumura, Nils P. Johnson, William F. Fearon, Gary S. Mintz, Gregg W. Stone, Keith G. Oldroyd, Bernard De Bruyne, Nico H.J. Pijls, Akiko Maehara, Allen Jeremias

A total of 763 patients with 4,946 fractional flow reserve (FFR) and distal coronary artery pressure/aortic pressure (nonhyperemic) measurements were analyzed by an independent core laboratory (CL) and compared with site-reported FFR values. Patients with signal drift (defined as distal coronary artery pressure/aortic pressure (nonhyperemic) <0.97 or >1.03 ; $n = 108$ [17.5%]) and either ventricularization or distortion of the aortic waveform ($n = 390$ [9.3%]) were excluded by the CL. Among the remaining patients, there was an excellent correlation between site-reported and CL-calculated FFR, with a mean difference of 0.003 ± 0.020 by Bland-Altman analysis.

EDITORIAL COMMENT

Fractional Flow Reserve: A Powerful and Simple, Yet Nuanced, Tool

1402

Habib Samady, Arnav Kumar



Articles with this symbol are
accompanied by videos. Please go to
www.jacc-interventions.org to view.

**Full Metal Jacket With Drug-Eluting Stents for Coronary Chronic Total Occlusion****1405**

Pil Hyung Lee, Seung-Whan Lee, Sung-Cheol Yun, Jaeseok Bae, Jung-Min Ahn, Duk-Woo Park, Soo-Jin Kang, Young-Hak Kim, Cheol Whan Lee, Seong-Wook Park, Seung-Jung Park

On the basis of an analysis of 1,107 consecutive patients undergoing successful percutaneous coronary intervention for coronary chronic total occlusions, 36.7% of patients required the “full metal jacket” (stent length ≥ 60 mm without gap, average stent length 76.8 ± 14.6 mm) procedure. Despite concerns related to the long stent length, the clinical performance of the full metal jacket procedure with a drug-eluting stent was acceptable (median 5.1 years, target lesion failure in 16.0%). Despite procedural success, persistent luminal narrowing at the distal reference segment increased the future likelihood of target lesion failure. The information provided by our study will be important considering the potential clinical benefits of successful chronic total occlusion recanalization.

■ EDITORIAL COMMENT**Full Metal Jacket: Is it En Vogue?****1413**

Subhash Banerjee, Emmanouil S. Brilakis

Comparison of Stenting Versus Bypass Surgery According to the Completeness of Revascularization in Severe Coronary Artery Disease: Patient-Level Pooled Analysis of the SYNTAX, PRECOMBAT, and BEST Trials**1415**

Jung-Min Ahn, Duk-Woo Park, Cheol Whan Lee, Mineok Chang, Rafael Cavalcante, Yohei Sotomi, Yoshinobu Onuma, Erhan Tenekecioglu, Minkyu Han, Pil Hyung Lee, Soo-Jin Kang, Seung-Whan Lee, Young-Hak Kim, Seong-Wook Park, Patrick W. Serruys, Seung-Jung Park

The authors compared long-term survival between patients with severe coronary artery disease undergoing coronary artery bypass grafting (CABG) and those undergoing percutaneous coronary intervention (PCI) achieving complete revascularization (CR) or incomplete revascularization. Compared with patients undergoing CABG with CR, those undergoing PCI with incomplete revascularization had a higher risk for mortality. However, there was no significant difference between patients undergoing CABG with CR and those undergoing PCI with CR regarding long-term survival. Therefore, the ability to achieve CR should enter into the decision algorithm for choice of revascularization strategy.

**SEE ADDITIONAL CONTENT ONLINE****■ EDITORIAL COMMENT****Complete Coronary Revascularization: The End Justifies the Means, as Long as Something Justifies the End****1425**

Sunil V. Rao

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