

Bypass graft に対するTrans-radial PCIの有用性について

－ Trans femoral PCIとの比較検討－

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COI Disclosure

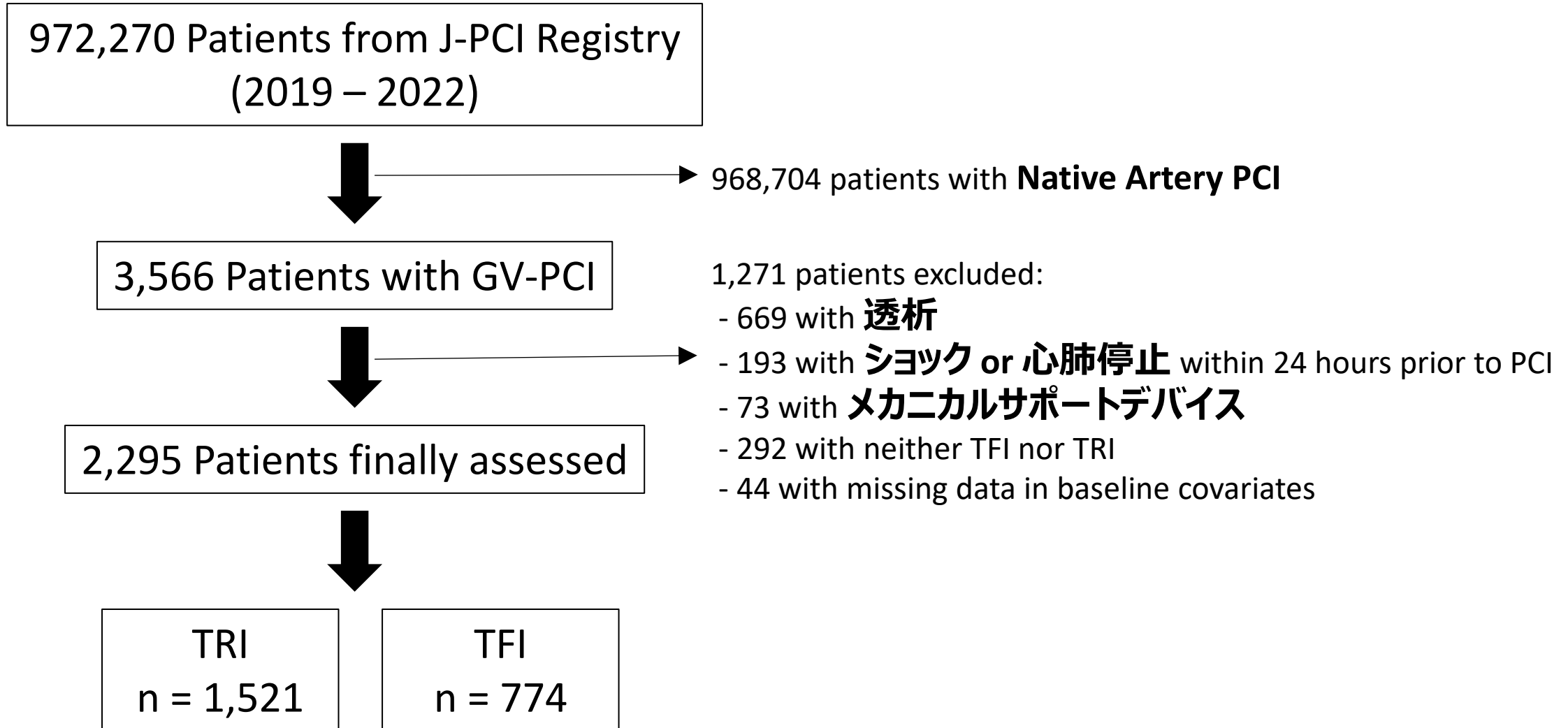
No conflict of interest is declared with regard to the presentation.

目的

J-PCIレジストリーを用いて

Bypass graft に対するTRIの有用性をTFIと比較し検証すること

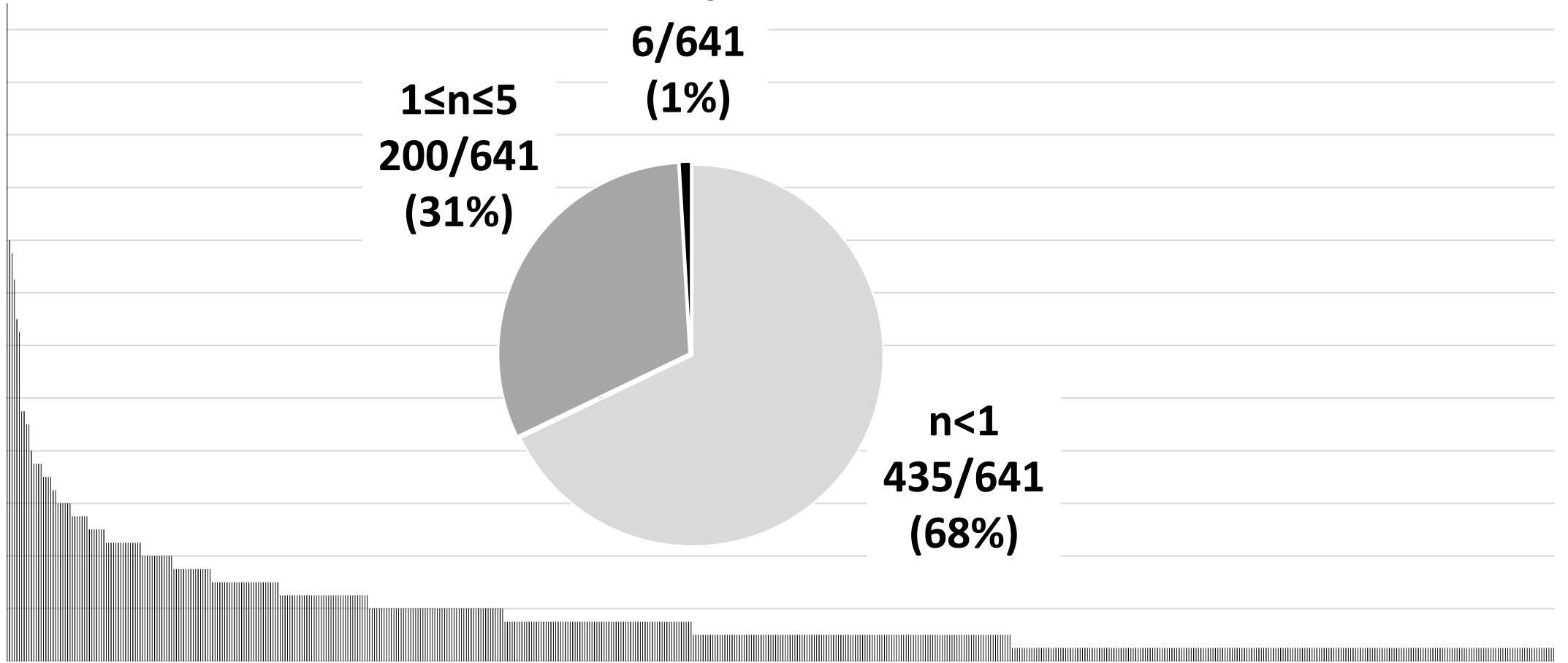
Study population



施設毎のGV-PCIの年間症例数

(cases/year)

12
11
10
9
8
7
6
5
4
3
2
1
0



Hospitals
(N = 641)

Patient and procedural characteristics (1)

Variables	TRI (n = 1,521)	TFI (n = 774)	P value
Age, years	75.1 ± 9.14	73.9 ± 9.85	0.004
Female	276 (18%)	177 (23%)	0.008
Hypertension	1,239 (82%)	658 (85%)	0.039
Diabetes	847 (56%)	453 (59%)	0.21
Hyperlipidemia	1,242 (82%)	643 (83%)	0.44
Smoker	371 (24%)	175 (23%)	0.37
CKD	465 (31%)	282 (36%)	0.005
Prior MI	730 (48%)	399 (51.6%)	0.12
Prior HF	467 (31%)	275 (36%)	0.022

Patient and procedural characteristics (2)

Variables	TRI (n = 1,521)	TFI (n = 774)	P value
Clinical presentation			< 0.001
ACS	512 (34%)	331 (43%)	
Non-ACS	1,009 (66%)	443 (57%)	
Acute heart failure within 24 h	32 (2%)	37 (5%)	< 0.001
Emergent PCI	295 (19%)	214 (28%)	< 0.001
Graft			0.005
Saphenous vein	1,211 (80%)	576 (74%)	
Arterial graft	310 (20%)	198 (26%)	
DES use	938 (62%)	451 (58%)	0.13
DCB use	508 (33%)	274 (35%)	0.36
Distal protection use	181 (12%)	76 (10%)	0.15

In-hospital clinical outcomes

Outcomes	TRI (n = 1,521)	TFI (n = 774)	P value
Composite of in-hospital death and all bleeding	14 (0.9%)	15 (1.9%)	0.039
In-hospital death	10 (0.7%)	7 (0.9%)	0.51
Major bleeding	4 (0.3%)	8 (1.0%)	0.027
Access site bleeding	2 (0.1%)	5 (0.6%)	0.047
Non-access site bleeding	2 (0.1%)	3 (0.4%)	0.34
Cardiac tamponade	0	1 (0.1%)	0.34
Cardiogenic shock	4 (0.3%)	4 (0.5%)	0.46
Stent thrombosis	0	0	NA
Emergent surgery	0	0	NA
Any complications	17 (1.1%)	17 (2.2%)	0.043

Logistic regression analysis for the primary outcome (Composite of death and all bleeding)

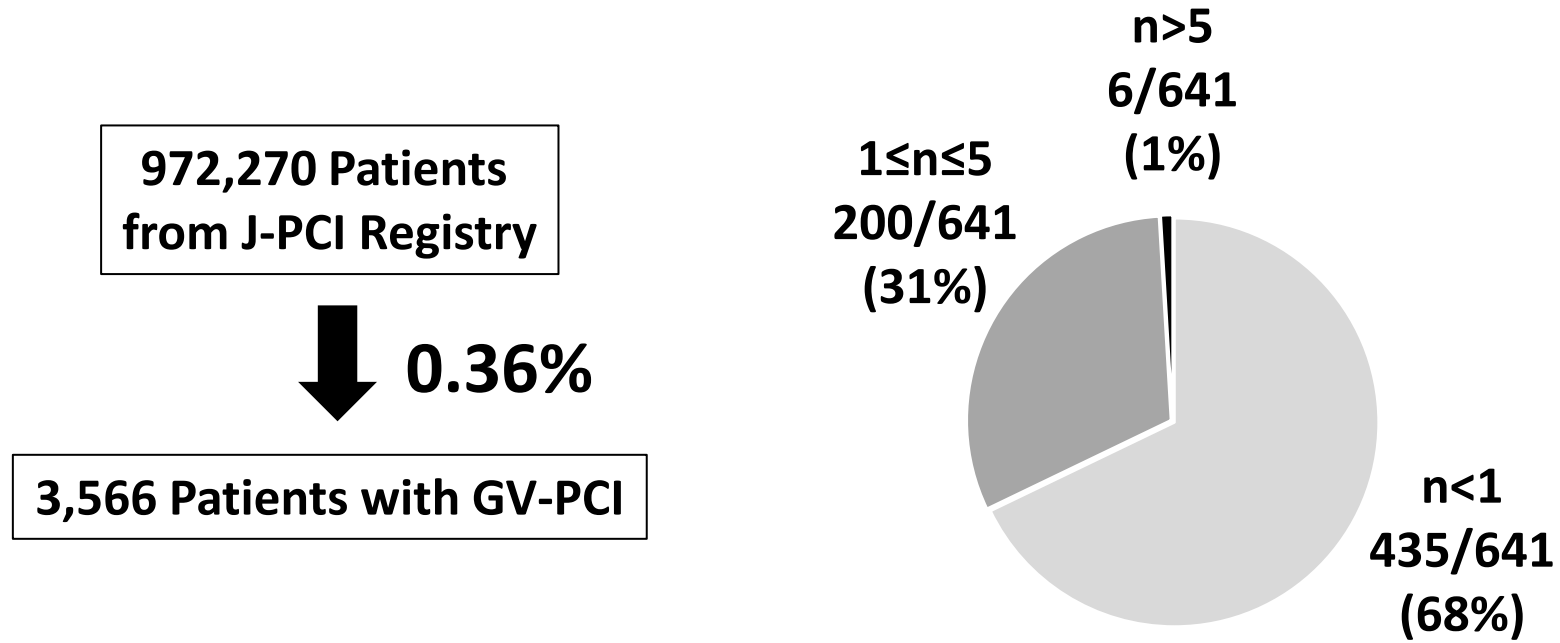
	Univariable			Multivariable		
variables	OR	95% CI	P value	OR	95% CI	P value
Female	2.92	1.35-6.12	0.007	2.45	1.11-5.27	0.03
CKD	2.98	1.43-6.43	0.004	2.45	1.14-5.41	0.02
ACS	2.86	1.36-6.28	0.005	2.49	1.16-5.54	0.02
TRI	0.47	0.22-0.98	0.044	0.57	0.27-1.22	0.14
PAD	2.48	1.02-5.44	0.045	1.95	0.79-4.41	0.12
Age	1.04	0.99-1.09	0.091	1.01	0.97-1.06	0.55
COPD	3.03	0.71-8.84	0.12	-	-	-
Hypertension	0.46	0.21-1.07	0.070	-	-	-
Diabetes	1.09	0.52-2.34	0.80	-	-	-
Hyperlipidemia	0.57	0.26-1.37	0.20	-	-	-

Odds ratios of TRI for in-hospital complications

Outcomes	Crude		Adjusted *	
	OR (95% CI)	P value	OR (95% CI)	P value
Major bleeding	0.25 (0.07-0.80)	0.020	0.29 (0.07-0.93)	0.037
Access site bleeding	0.20 (0.03-0.94)	0.042	0.21 (0.03-1.01)	0.052
Non-access site bleeding	0.34 (0.04-2.05)	0.20	0.38 (0.05-2.32)	0.29
In-hospital death	0.73 (0.28-2.00)	0.50	0.91 (0.27-1.22)	0.85
Cardiogenic shock	0.51 (0.12-2.15)	0.30	0.48 (0.11-2.08)	0.31
Composite of in-hospital death and all bleeding	0.47 (0.22-0.98)	0.045	0.57 (0.27-1.22)	0.14
Any complications	0.50 (0.25-1.00)	0.049	0.59 (0.11-2.08)	0.14

* Adjusted for age, sex, ACS, CKD, and PAD

Summary and Discussion 1

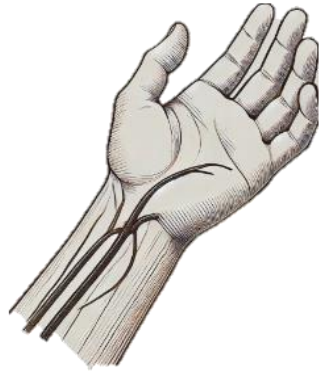


GV-PCIが必要な患者に出会うことは少ない（遭遇した際に適切に対処できるよう準備は必要）



大規模データ(J-PCI)での解析、情報共有の重要性

Summary and Discussion 2



VS



0.3% ↓

Major bleeding

1.0%

0.1% ↓

Access site bleeding

0.6%

0.7%

In-hospital death

0.9%



GV-PCIにおいても(臨床的、解剖学的な状況が許せば)TRIがfirst-lineになりうる

結語

GV-PCIにおいて、TRIはTFIに比べて出血イベントが少なかった

謝辞

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2024/1 解析終了

2024/2 Draft作成

2024/5 American Journal of Cardiology に Accept