## BVS Bench esting

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## BVS and Bifurcation

## Background

- Absorb ${ }^{\circledR}$ BVS has been clinically evaluated in simple lesions

- Bifurcation management with BVS remains challenging...
- We need Bench Study !


## BVS and Bifurcation

## Background

- Bioresorbable Vascular Scaffold Features :
- Radiolucent, mechanical performance of Polymer
- BVS behaviour and result in bifurcation remain unknown
- Clinical impact of malapposition, struts fractures, side-branch obstruction...?


## BVS Bench Bifurcation study <br> Based on our experience of Bench 2013 <br> \& publication of John Ormiston (Eurointervention 2014)

## «POT \& Kiss » <br> Absorb $^{\circledR}: 3.5 \times 28 \mathrm{~mm}$ (14 atm) <br> POT: NC Balloon 4.0 mm (20 atm) <br> Kissing : NC Balloon 3.0 mm \& 2.5 mm <br>  <br> EBC 2013, London <br> O. Darremont



## BVS and Bifurcation

Absorb everolimus-eluting bioresorbable scaffolds in coronary bifurcations: a bench study of deployment, side branch dilatation and post-dilatation strategies

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- Low inflation pressure
- Small Non Compliant Balloon on the side branch
- Mini Kissing : Snuggle


## BVS and Bifurcation

## Method : Bench

- BVS deployment in aqueous bath at $37^{\circ}$
- Dedicated Translucent silicone phantoms
- Geometric Fractal Law (Finet)



## BVS and Bifurcation

## Bench A (LAD/Diagonal)

Bench B (Left Main)


| Diameters (mm) \& inflation pressure |  |  |  |  |  |  |  |  | 10 atm | 12 atm | 12 atm | $5+5 \mathrm{~atm}$ |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Bench | Prox MB | Dist MB | SB | BVS | POT | Side | Kiss |  |  |  |  |  |
| LAD/Diag | 3.5 | 3.0 | 2.5 | $\mathbf{3 . 0} \times \mathbf{2 8}$ | 3.5 | 2.5 | $3.0+2.5$ |  |  |  |  |  |
| Left Main | 4.2 | 3.5 | 3.0 | $\mathbf{3 . 5} \times \mathbf{2 8}$ | 4.0 | 2.5 | $3.5+2.5$ |  |  |  |  |  |

## BVS and Bifurcation

## Method : Stenting

- Slow BVS deployment, different strategies

|  |  | One Stent |
| :---: | :---: | :---: |
| Strategy 1 : BVS + POT + Side Opening + Final POT = | PSP |  |
| Strategy 2 : BVS + POT + Snuggle Kissing + Final POT = | PKP |  |
|  |  | Two Stents |
| Strategy 3 : BVS + POT + Snuggle Kissing + T stenting = | PKP+T |  |
| Strategy 4 : BVS side + BVS main + POT + Snuggle Kissing = | MiniCr |  |
| Strategy 5 : BVS side + BVS Main + Snuggle Kissing + POT = | Culotte |  |

## BVS and Bifurcation

## Method : Stenting

16 Bifurcations Strategies

- Example of PKP in Bench A

POT


BVS 3.0x28mm 10 atm


NCB 3.5mm
12 atm

Snuggle Kissing


NCB 2.5 mm \& 3.0mm
5 atm

Final POT


NCB 3.5mm 12 atm

## BVS and Bifurcation

## OCT assessment

OFDI, Lunawave TERUMO® System Pullback speed $=10 \mathrm{~mm} / \mathrm{s}$


OCT criterias : area and diameter measurements of lumen and BVS, stent deployment, stent apposition, struts fractures....

## Micro-CT assessment

3D rendering, qualitative assessment


## BVS and Bifurcation

## Results : Distal Segment

- Final results : excellent
- Perfect apposition
- No stent distortion
- No strut fracture


|  | Bench A |  | Bench B |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| PSP |  |  |  |  |  |
| PKP |  |  |  |  |  |
| PKP+T |  |  |  |  |  |
| Crush |  |  |  |  |  |
| Culotte |  |  |  |  |  |



## BVS and Bifurcation

## Results : Proximal Segment

- Final results : excellent
- No stent distortion
- No strut fracture
- POT is safe \& mandatory


|  | Bench A |  | Bench B |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| PSP |  |  |  |  |  |
| PKP |  |  |  |  |  |
| PKP+T |  |  |  |  |  |
| Crush |  |  |  |  |  |
| Culotte |  |  |  |  |  |



## BVS and Bifurcation

## Results: Bifurcation Segment

« Heterogeneous Results »

- Apposition
- Side Opening
- Protrusion
- Lumen Obstruction
- Strut Fracture

|  |  | Bench A |  |  | Bench B |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| One stent | PSP | 1 | 2 | 1 | 2 |  |  |
|  | PKP | 1 | 2 | 1 | 2 | 3 |  |
|  | PKP+T | 1 |  | 1 |  |  |  |
| Two stents | Crush | 1 | 2 | 1 | 2 |  |  |
|  | Culotte | 1 |  |  |  |  |  |

- Simplest strategy
- Soft strategy : no fracture (small NCB $\varnothing$ : 2.5 mm , low pressure : 5atm)
- Good result on Main Branch


## Excellent correlation Micro-CT/OFDI



## OFDI provides BVS assessment Step by Step



- Final POT is mandatory to correct BVS distorsion induced by Side opening

Impact of Final POT on BVS distorsion


- Sub-optimal Side ostium scaffolding

bench defect? inelasticity of BVS ?
low angle ?
Bench B
- Final result very similar to PSP
- Good result on Main branch



## PKP (POT, Kissing, final POT)

- Soft distorsion of BVS without fracture
- Sub-optimal Side ostium scaffolding



## PKP (POT, Kissing, final POT)

- Final POT is not essential



## Culotte or Minicrush

Even if appearances are flattering....


Culotte or Minicrush should be avoided with BVS

- Complex strategy with BVS (recrossing)
- Culotte inapplicable in Left Main Bench
- Bad OCT and Micro-CT results :

Struts fracture, Side branch Obstruction, Protrusion in main branch....

## Culotte

Lumen and Side Branch Obstruction


## Minicrush

Lumen and Side Branch Obstruction


- If two stents are required, the least worst strategy is...
- Good result especially in Left Main Bench

- If two stents are required, the least worst strategy is...
- Good result especially in Left Main Bench


## BVS and Bifurcation

## Conclusion

- Stenting Bifurcation with BVS is possible but we must stay cautious
- Bench study is useful to assess the behaviour of BVS in bifurcation
- OCT gives information very similar to these provided by micro-CT :
- Small NCB and low pressure prevent strut fractures
- One Stent rather than Two
- Simplest is better:

POT + Side \& Final POT or POT + Snuggle


## BVS Bench Testing Appearances are Sometimes Deceptive

Low angulation
BVS Bench Bifurcation Study



Ormiston JA, Eurointervention 2014

PSP (POT, Side opening, final POT)


## PSP (POT, Side opening, final POT)

View from distal SB


