

# DEFINE-PCI

- **CONDITION:** Coronary Artery Disease
- **PI:** Emmanouil Brilakis, MD
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- **DESCRIPTION:** This is a prospective, single-arm, multi-center, non-significant risk pilot study. Consented subjects with CAD who undergo physiologic lesion assessment with iFR<0.90 in at least 1 coronary artery are eligible for participation. After successful PCI to all culprit lesions based on angiographic assessment of the treating physician, a blinded post-PCI iFR and iFR pullback will be performed.
- **CRITERIA LIST/ QUALIFICATIONS:**
  - Present with stable angina, silent ischemia or non-ST-elevation ACS
  - Pre-PCI iFR performed in all vessels intended for PCI
  - No acute STEMI within the past 7 days
  - No Chronic Total Occlusion (CTO) of study vessel or prior CABG
- **SPONSOR:** Phillips Volcano

# MHIF CARDIOLOGY GRAND ROUNDS

**Title: Standardization of preoperative testing and high risk medication management for non-cardiac surgery across the Allina system**

**Speaker: Alex R. Campbell, MD**

Cardiologist

Minneapolis Heart Institute® at Abbott Northwestern Hospital

**Michael K. Cummings, MS, MD**

Director, Abbott Northwestern General Medicine Associates

**Dr. David P. Ingham, DO**

Abbott Northwestern Hospital

**Date: January 8, 2018**

**Time: 7:00 – 8:00 AM**

**Location: ANW Education Building, Watson Room**

## OBJECTIVES

At the completion of this activity, the participants should be able to:

1. Understand the evidence behind decreasing routine preoperative testing for non-cardiac surgery.
2. Understand the rationale for standardizing perioperative antiplatelet and antithrombotic management for non-cardiac surgery.
3. Understand the joint research and quality improvement initiative between Allina and MHIF.

## ACCREDITATION

### Physician

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Allina Health and Minneapolis Heart Institute Foundation. Allina Health is accredited by the ACCME to provide continuing medical education for physicians.

Allina Health designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### Nurse

This activity has been designed to meet the Minnesota Board of Nursing continuing education requirements for 1.0 hours of credit. However, the nurse is responsible for determining whether this activity meets the requirements for acceptable continuing education.

## DISCLOSURE STATEMENTS

### Moderator(s)/Speaker(s)

Dr. Campbell, Dr. Cummings and Dr. Ingham have disclosed that they do not have a conflict of interest in making this presentation.

### Planning Committee

Dr. Alex Campbell, Jake Cohen, Jane Fox, Dr. Mario Goessl, Dr. Kevin Harris, Dr. Kasia Hryniewicz, Rebecca Lindberg, Amy McMeans, Dr. Michael Miedema, Dr. JoEllyn Moore, Pamela Morley, Laura Onstot, Dr. Scott Sharkey, and Jolene Bell Makowsky have declared that they do not have any conflicts of interest associated with the planning of this activity. Dr. David Hurrell declares the following relationship –Boston Scientific: Chair, Clinical Events Committee.

We gratefully acknowledge the following organizations for their commercial support for this activity.

**Bristol-Myers Squibb**

**Janssen Pharmaceutical Companies of  
Johnson & Johnson**

**PLEASE SAVE A COPY OF THIS FLIER AS YOUR CERTIFICATE OF ATTENDANCE**

**Signature:** \_\_\_\_\_

*My signature verifies that I have attended the above stated number of hours of the CME activity.*

*Allina Health - Learning & Development - 2925 Chicago Ave - MR 10701 - Minneapolis MN 55407*

New ideas do not battle so much with  
ignorance, as with solid knowledge.

- Jacques Barzun

Why?

## The Challenge

- Patient Characteristics
- Procedure
- Anesthesia

- CV risk
- CV testing
- Anti-platelet therapy
- Thromboembolic risk
- Bleeding risk
- Interrupt anticoagulation
- Bridge

## The Design

Design is not just what it looks like and feels like.  
Design is how it works.

- Steve Jobs

- Simple
- Quick
- Intuitive

Simple can be harder than complex: you have to  
work very hard to get your thinking clean to  
make it simple.

- Steve Jobs

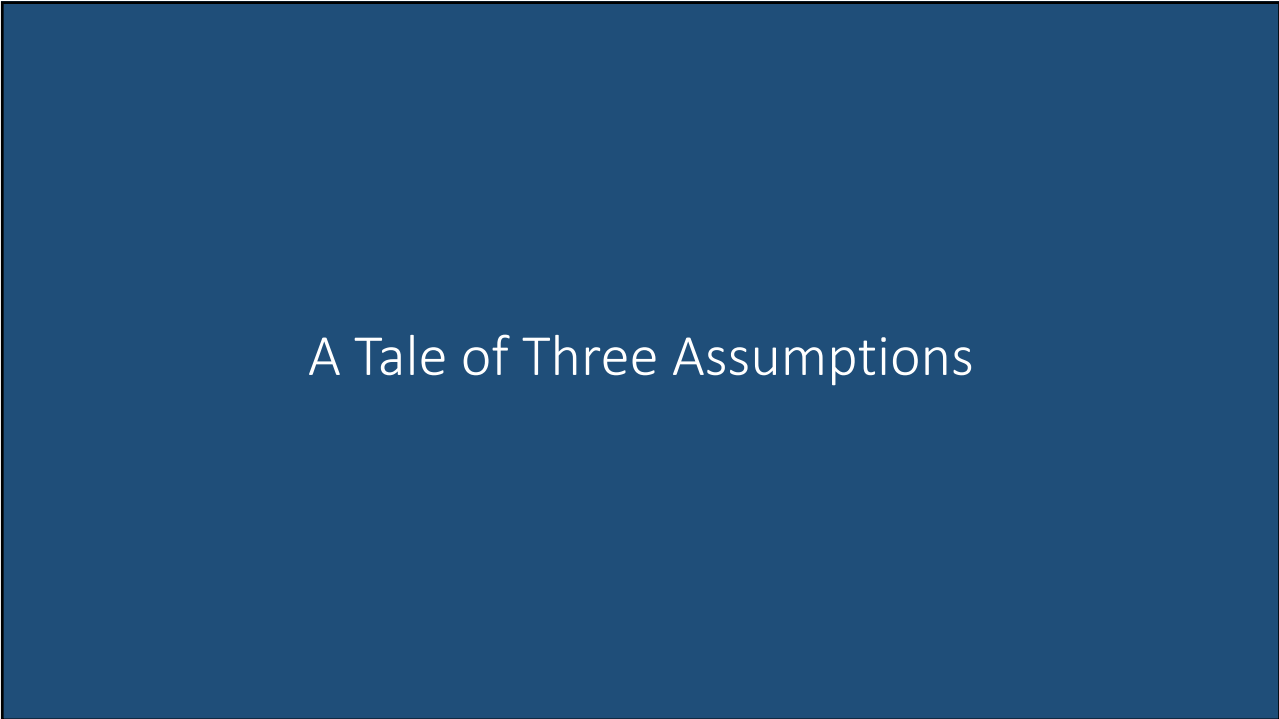
- Primary sources
- Heuristic wisdom
- Expert opinion



- Contextual
- Prescriptive
- Judgement

Each “man” has a moral duty to find out what is true, but he is bound also to exercise self-control...[and] instead of a single dividing act – “I believe; I disbelieve” – the mind were trained to recognize degrees of belief.

- Jacques Barzun



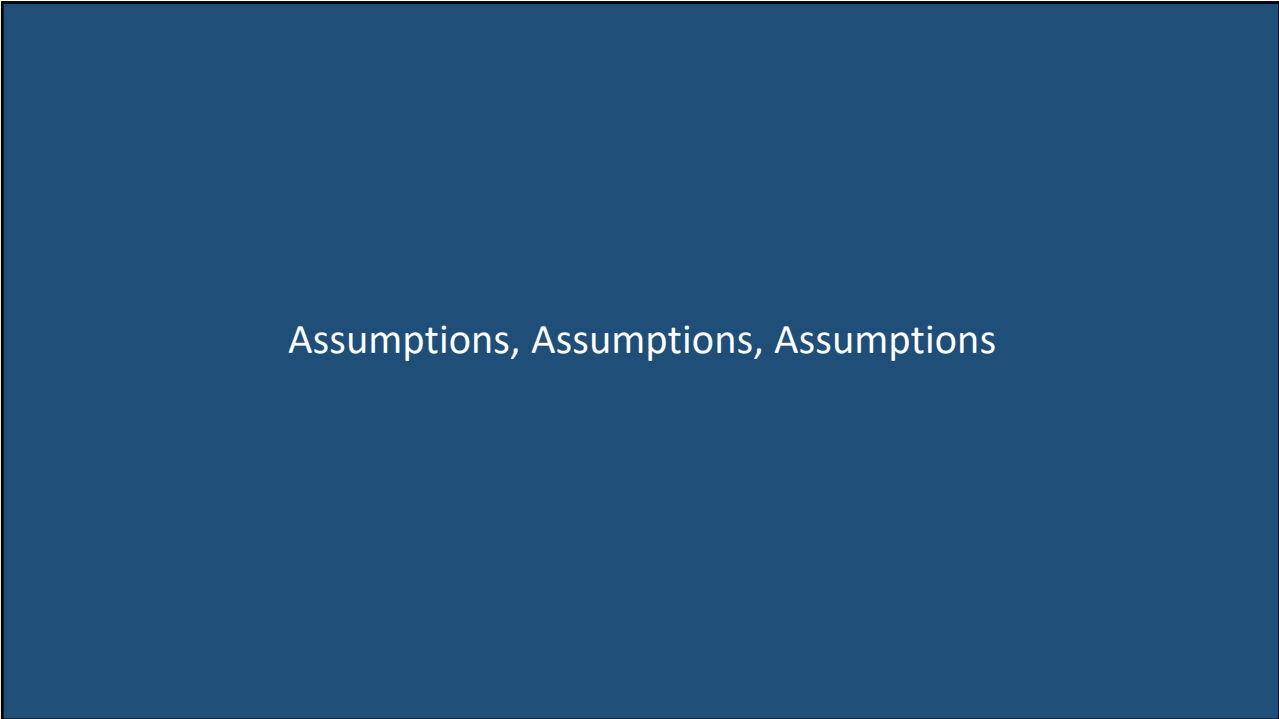
- Stable CAD
- Perioperative MI
- Eliminate Ischemia

## 2004 CARP

- 500 patients
- Confirmed severe CAD
- High risk vascular surgery

What Happened?

No Difference



- Autopsy studies
- Non-obstructive
- Non-ischemic

- CV risk
- Surgery
- Aspirin

## 2014 POISE-2

- 10,000 patients
- CV risk
- Aspirin vs placebo

What Happened?

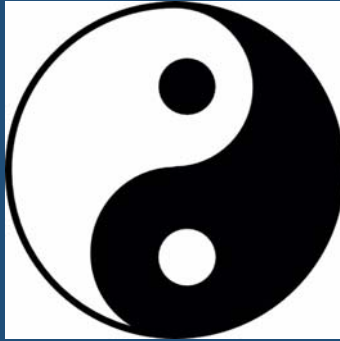
No Difference

?



## Assumptions, Assumptions, Assumptions

- Thrombosis, bleeding, fluid shifts, tachycardia, hypertension, hypotension, vasospasm, etc
- ASA
- Bleeding



- A fib & CVA
- Anticoagulation
- Bridging

## 2015 BRIDGE

- 2,000 patients
- A fib
- Bridge vs no bridge

What Happened?

No Difference

?

## Assumptions, Assumptions, Assumptions

- Thromboembolism common / bleeding uncommon
- Bridging is safe
- Bleeding is benign



- RCT & Observational
- Validated
- Model
- PERIOP 2
  - RCT
  - Mechanical valves
  - Bridge vs no bridge

