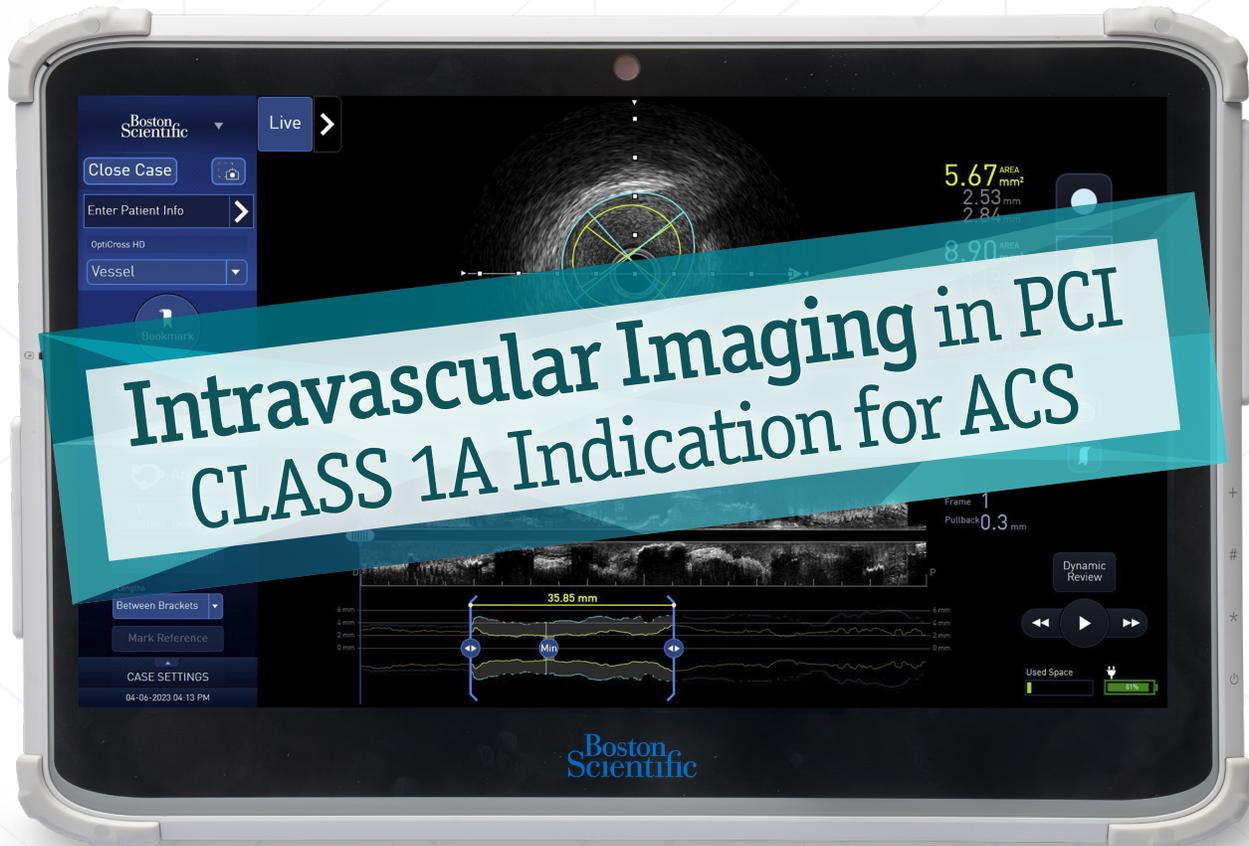




The ACC Guidelines have changed, have you?

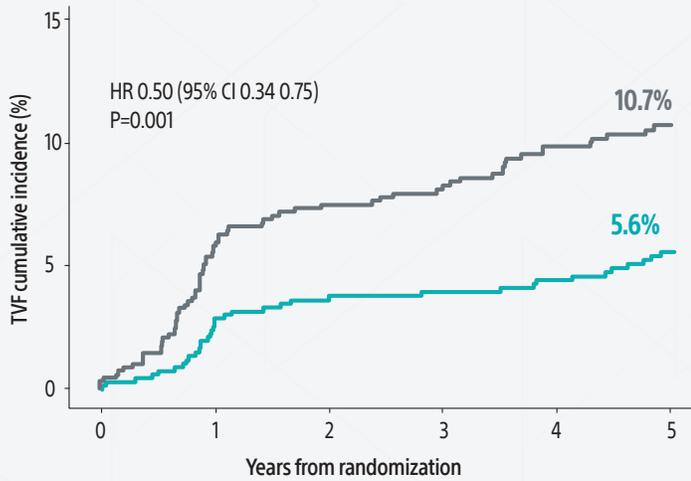


Intravascular ultrasound (IVUS) is a Class 1A recommendation in the 2025 ACC/AHA/ACEP/NAEMSP/SCAI Guideline for the Management of Patients With Acute Coronary Syndromes (ACS) for guiding PCI in patients with ACS involving complex coronary lesions.

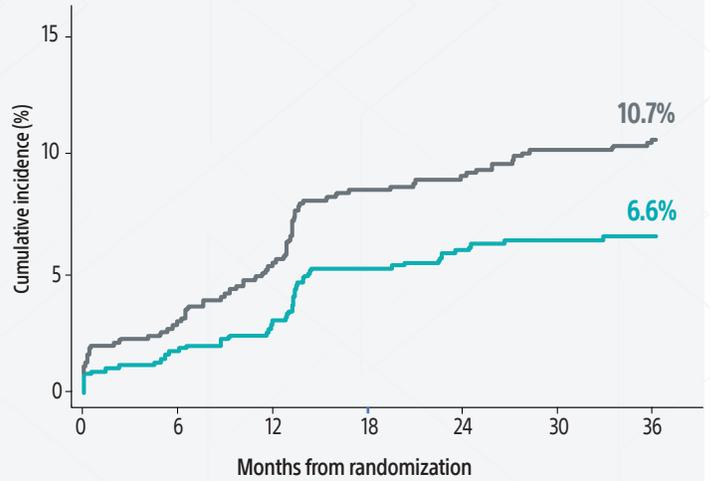
- **IVUS is recommended to guide PCI in ACS patients with complex lesions** to optimize stent placement, ensure adequate expansion, and reduce complications.
- **Numerous recent clinical studies** such as RENOVATE-Complex PCI (complex lesions & restenosis), IVUS-XPL (long lesions), ULTIMATE (all comers), and though not referenced IVUS-ACS (largest IVUS RCT trial supporting IVI use in ACS) demonstrate IVUS-guided PCI leads to better clinical outcomes, including **lower rates of restenosis, stent thrombosis, and major adverse cardiovascular events (MACE)**.
- IVUS provides superior vessel assessment compared to angiography alone, especially in cases of: left main disease, bifurcation lesions, heavily calcified plaques, stent failure (restenosis or thrombosis)
- This guideline change is **additional supporting evidence** to the 2024 ESC Guideline recommendation for the use of intravascular imaging in PCI for complex lesions

IVUS-XPL¹ (n=1400)
Long lesions (>28mm)

TARGET VESSEL FAILURE: cardiac death, TV-MI, TV Revascularization

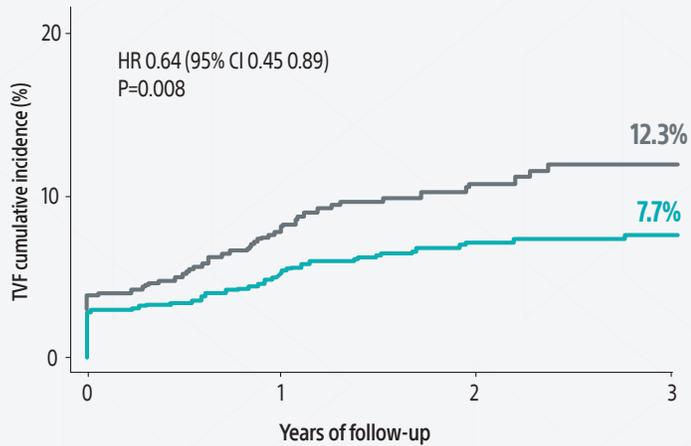


ULTIMATE TVF² (n=1448)
All-comers

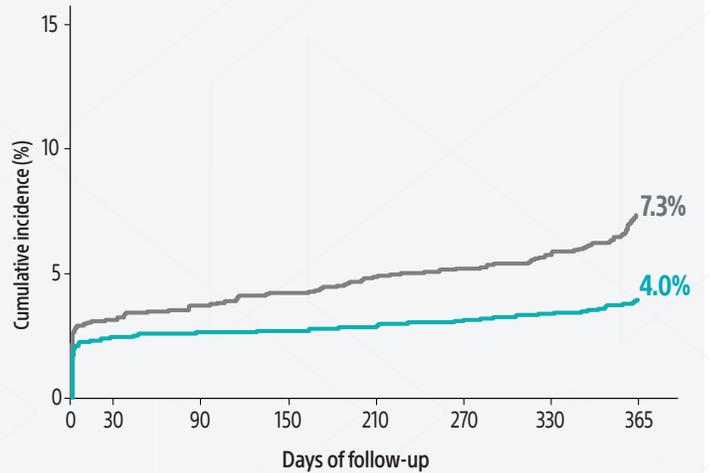


RENOVATE-COMPLEX-PCI³ (n=1639)
Complex Lesions

TARGET VESSEL FAILURE: cardiac death, TV-MI, TV Revascularization



IVUS-ACS TVF⁴ (n=3505)
Acute Coronary Syndrome



— Angiography-guided PCI
— Imaging-guided PCI

➤ Access the complete IVUS training series on the Boston Scientific EDUCARE Medical Education platform.



1. Vrints C., et al. *European Heart Journal*(2024) 00,1-123 <https://doi.org/10.1093/eurheartj/ehae177>.
 2. Lee et al, *N Engl J Med* 2023;388:1668-1679.
 3. Hong, SJ, et al. *JAMA* 314, 20 (2015): 2155-2163.
 4. Holm et al. *N Engl J Med* 2023;389:1471-1487.

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