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Pillar Two

ACCEPTANCE

"Despite strong evidence that intracoronary imaging (ICI) improves outcomes in percutaneous coronary intervention (PCI), it remains underutilized. This white paper, simultaneously published in JSCAI, was the product of a panel of ICI experts who collectively identified key barriers to ICI utilization, followed by recommendations to improve utilization."

-Factors Contributing to Low Utilization of Intracoronary Imaging in Clinical Practice: A White Paper—Coverage of EuroPCR 2025 | SCAI

For ICs who try IVI, why might they not persist?

Acceptance reflects what happens after an interventional cardiologist first uses IVI. The white paper makes clear that acceptance is not driven by belief in evidence alone, but by whether the initial hands-on experience feels valuable, efficient, and actionable in the realities of daily PCI practice. This is the most fragile stage of the adoption journey. Below are some of the key addressable elements discussed in the Acceptance portion of the paper.

I. Acceptance begins with experience, not evidence

A central insight from the paper is that **no amount of published data can substitute for firsthand use.** Operators who lack direct exposure to IVI cannot develop confidence in its value, regardless of guideline strength or trial results.

However, the first experience must be a good one. Poor early encounters create durable resistance.

II. Nonavailability is a primary acceptance killer

The paper identifies **nonavailability of IVI systems** as a foundational barrier to acceptance. Operators cannot build familiarity or confidence when imaging is:

- Not consistently present in the cath lab
- Dependent on company representatives
- Difficult to integrate into workflow

If the equipment isn't always in the room—or requires a company rep to operate—imaging becomes a special-occasion technology instead of part of routine PCI workflow. Dabbling in IVI prevents clinicians from methodically benchmarking their angio-based PCI results compared to potential imaging enhancements. Trained cath lab staff can be part of the solution, providing consistent support for this phase of investigation, eliminating the need for a company representative to be present for all IVUS use.

III. Training gaps: Operators don't feel competent

Multiple surveys cited in the white paper show that although trainees report "experience," very few are actually proficient across all aspects of imaging acquisition and interpretation.

This mismatch generates:

- Hesitation
- Slow workflow
- Misinterpretation
- Patient-flow pressures

IV. Difficulty extracting actionable information

IVI images can feel overwhelming to the untrained operator. The paper notes that clinicians often lack guidance in turning images into decisions:

- Is the stent adequately expanded?
- Should I modify calcium?
- Is the landing zone optimal?

Without a clear mental model for "how this image changes my next step," acceptance plummets.

V. Procedural pressures: High volume, limited time

Heavy case loads, long queues, and concerns about procedural duration create emotional resistance. The white paper states that the initial learning curve requires more time, and operators under pressure retreat to familiar techniques.

VI. Nursing and allied professional engagement

NAPs are essential to executing PCI workflow, yet the paper shows they are often undertrained or excluded from IVI processes. This results in:

- Poor system setup
- Slow preparation
- Limited enthusiasm
- Dependence on reps

VII. Lack of structured reporting and data capture

Even when operators use IVI, many fail to document the findings. Without recorded endpoints, clinicians cannot quantify success or demonstrate value to peers or administrators. The paper recommends automated transfers of imaging parameters into PCI reports.

ARTICLE SUMMARY – Part 2 of 3
Escaned J, Lombardi M, Götberg M, et al. Factors Contributing to Low Utilization of Intracoronary Imaging in Clinical Practice: A White Paper. J Soc Cardiovasc Angiogr Interv. 2025;4(7):103607. Published 2025 May 20. doi:10.1016/j.jscai.2025.103607

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