

# SYNTAX II: CABG-LIKE OUTCOMES WITH SYNERGY™ BP STENT AND STATE-OF-THE-ART PCI STRATEGY

The SYNTAX II Trial evaluated the SYNERGY™ BP-EES Stent in a procedure-related trial involving a multitude of variables when treating patients with three-vessel disease including:

## PHYSIOLOGY

physiological assessment of the lesion and vessel

## CROSSING

contemporary CTO techniques

## TREATMENT

use of an advanced generation thin strut BP-EES with abluminal coating

## STENT OPTIMIZATION

IVUS guidance for optimal DES implantation

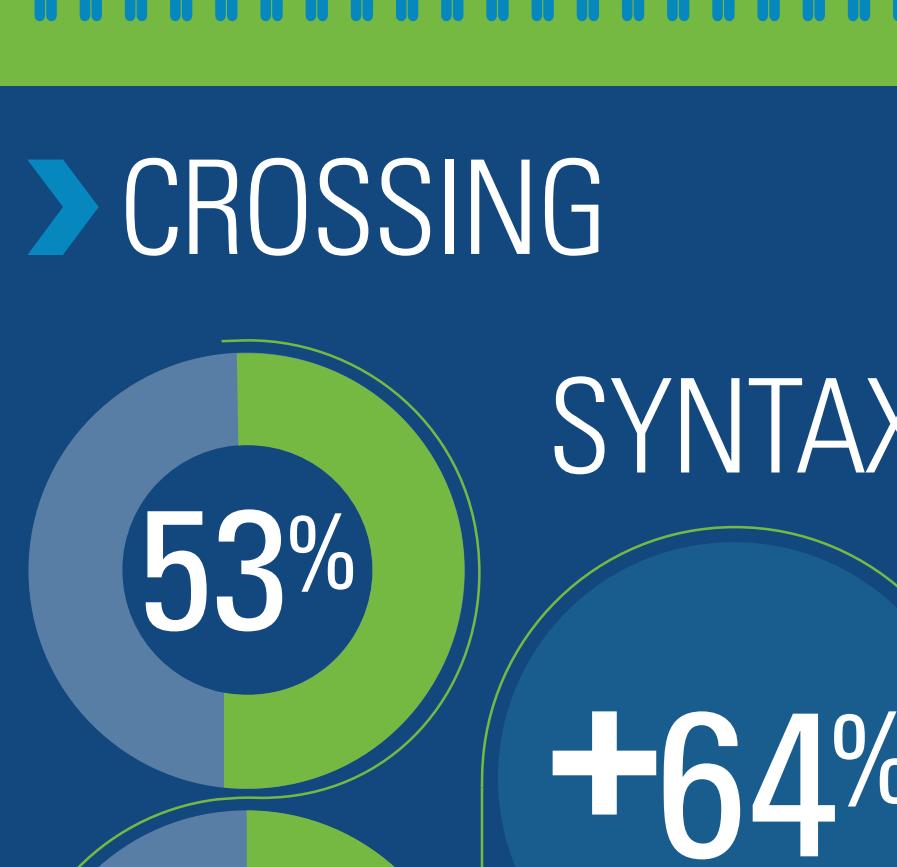
The 12 month results were then compared to the PCI and CABG arms of the original SYNTAX I Trial as historical comparators. So what did we learn?

## ▶ PHYSIOLOGY

We learned that the right patients were treated for the right reasons when physiology (FFR/iFR) is utilized.

Use of physiology assessment resulted in deferring of intervention in

**31% of patients**



**31 PCI Deferred**

**69 PCI Performed**

## ▶ CROSSING



**SYNTAX I**

**+64%**

**SYNTAX II**

We learned that contemporary

CTO PCI in SYNTAX II Trial demonstrated a significantly higher procedural success rate compared to those in SYNTAX I.

PCI with CTO procedural success rates jumped from **53% in SYNTAX I to 87% in SYNTAX II**.

That represents a **64% increase in successful CTO treatment**.

## ▶ TREATMENT

We learned that SYNERGY™ BP-EES together with other contemporary technologies and techniques proved PCI could be an option for patients with complex three-vessel disease.

Low rates of revascularization, peri-procedural MI and acute ST suggest that SYNERGY BP-EES might help in reducing procedural related complications.

**SYNTAX I and SYNTAX II ARC Def. ST Comparisons:**

**0.7%**

**74%**  
relative risk reduction

SYNTAX I PCI Arm: 2.7%

SYNTAX II: 0.7%

$p = 0.045$

**MACCE Comparisons:**

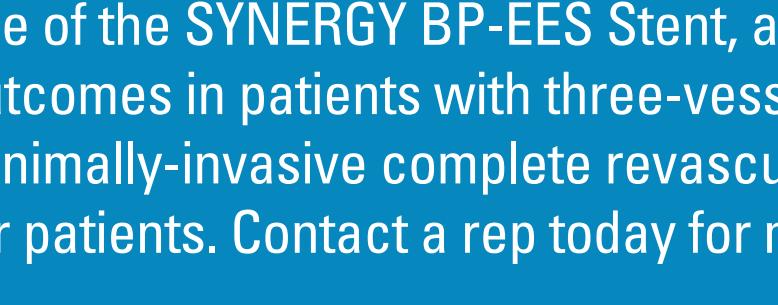
**10.2%**

**42%**  
relative risk reduction

SYNTAX I MACCE CABG arm: 11.2%

SYNTAX II MACCE: 10.2%

## ▶ STENT OPTIMIZATION



We learned that IVUS helps to optimize stent placement and achieve better outcomes when used as a part of contemporary PCI.

Post-Implantation IVUS was performed in **84% of patients** leading to further stent optimization in **30% of lesions**.