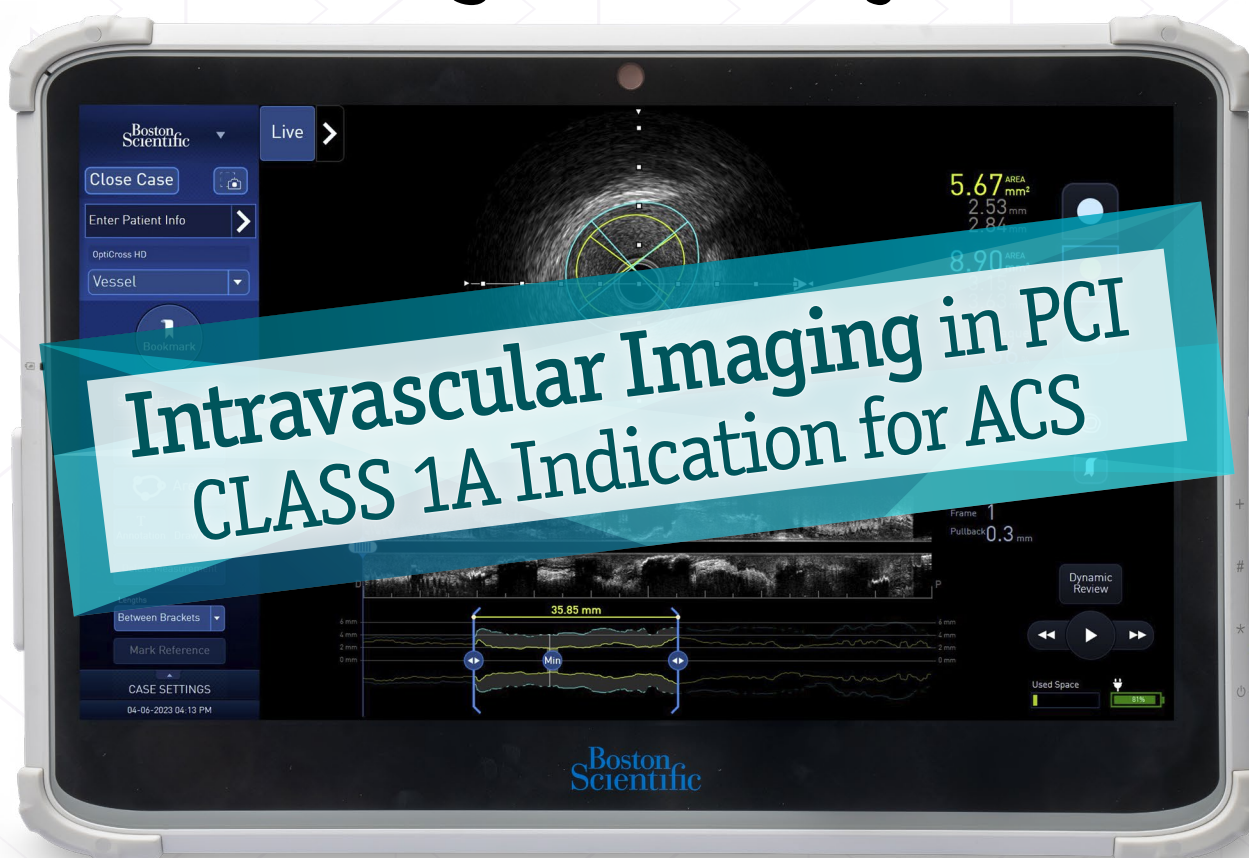




The ACC Guidelines have changed, have you?

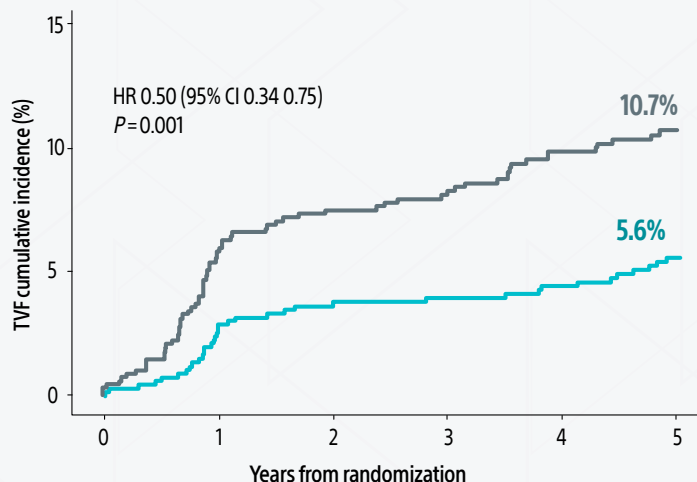


Intravascular ultrasound (IVUS) is a Class 1A recommendation in the 2025 ACC/AHA/ACEP/NAEMSP/SCAI Guideline for the Management of Patients With Acute Coronary Syndromes (ACS) for guiding PCI in patients with ACS involving complex coronary lesions.¹

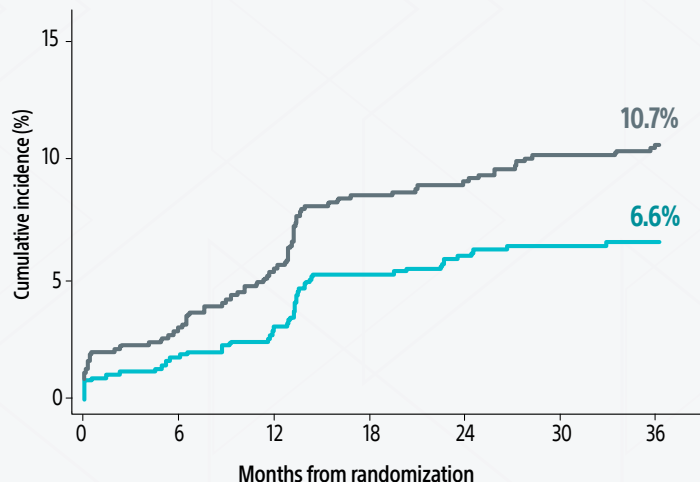
- **IVUS is recommended to guide PCI in ACS patients with complex lesions** to optimize stent placement, ensure adequate expansion, and reduce complications.
- **Numerous recent clinical studies** such as RENOVATE-Complex PCI (complex lesions & restenosis), IVUS-XPL (long lesions), ULTIMATE (all comers), 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.²

IVUS-XPL³ (n=1400) Long lesions (> 28 mm)

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

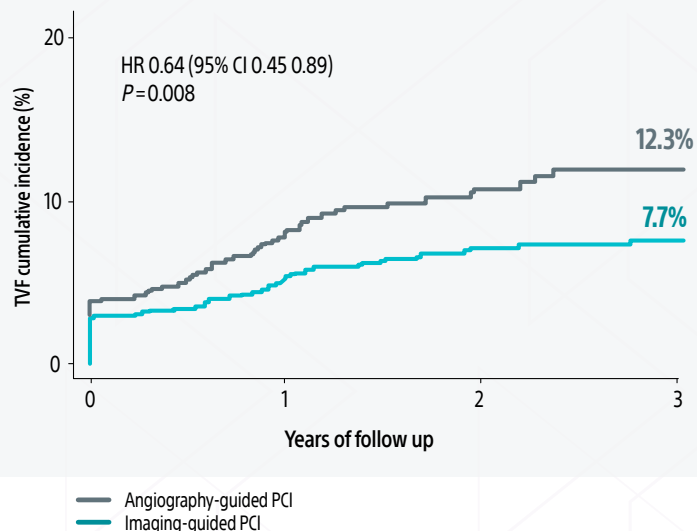


ULTIMATE TVF⁴ (n=1448) All-comers

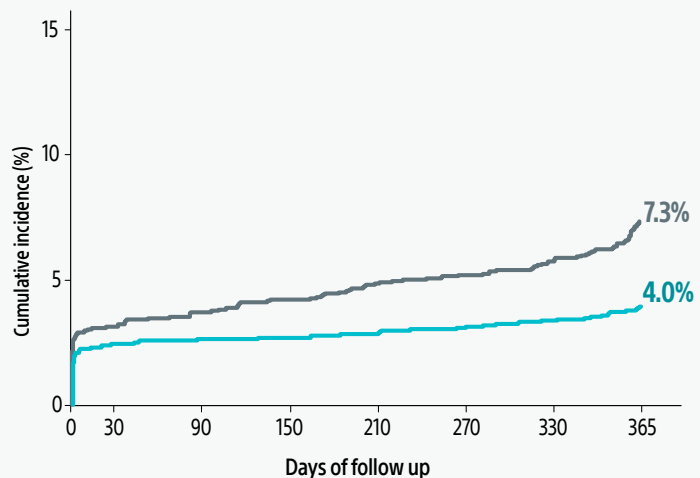


RENOVATE-COMPLEX-PCI⁵ (n=1639) Complex lesions

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



IVUS-ACS TVF⁶ (n=3505) Acute coronary syndrome



Learn more:



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

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