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Outcomes of Lesions With Discordance Between FFR and Nonhyperemic Pressure Ratios

Purpose	Comparison	Outcomes
<p>The main objective of this study was to conduct a meta-analysis of all available prognostic data in coronary lesions with discordant physiology deferred for percutaneous coronary intervention (PCI).</p> <p>Studies were eligible for inclusion if patients were evaluated with both resting and hyperemic (FFR) physiology measurements for intermediate-grade lesions who were deferred for PCI.</p> <p>Excluded trials if they were lacking data outcomes or non-comparative nature of the study (eg, utilization of a single physiology index for lesion classification or predictive analysis of discordant physiology).</p> <p>Included total of 6 eligible registries enrolling a total of 9,854 lesions contributing data to 2 main outcome analyses. The follow-up duration reported from each trial ranged from 24 to 64 months.</p>	<p>Outcomes of three main groups: FFR– / Nonhyperemic pressure ratios (NHPRs)– (concordant-negative, reference group), FFR– /NHPRs+ (discordant pattern 1), FFR+/NHPRs– (discordant pattern 2).</p> <p>Primary endpoints:</p> <ul style="list-style-type: none"> • Major adverse cardiac events [death or cardiac death, myocardial infarction (MI)]; • Patient-oriented composite outcome (as all-cause death, any MI, any revascularization); • Vessel-oriented composite outcomes (cardiac death, vessel-related MI, ischemia-driven revascularization); • Target vessel failure (cardiac death, target vessel MI, and unplanned revascularization). <p>Secondary endpoints:</p> <ul style="list-style-type: none"> • Total event counts for hard endpoints [death (either all-cause or cardiac, cardiac death preferred) or MI (all or target-vessel, target-vessel preferred)]. 	<ul style="list-style-type: none"> • Primary endpoint: Deferral of revascularization in discordant lesions with pattern 1 (FFR– /NHPRs+) was associated with a HR of 2.73; 95% CI: [1.95-3.80]; P < 0.00001, vs reference group; Similar findings were seen when comparing pattern 2 (FFR+/NHPRs–) vs reference group (HR: 3.29, 95% CI: [2.33-4.64]; P < 0.00001). • Deferral of revascularization in discordant lesions with pattern 1 (FFR– /NHPRs+) was associated with an increase in the hard endpoints of death or MI (RR: 2.61; 95% CI: [1.44-4.72]; P = 0.002). • Revascularization was shown to be associated with a risk reduction of the primary endpoint in FFR+/NHPRs– lesions (RR: 0.29; 95% CI: [0.12-0.67]; P = 0.004) but not in FFR– /NHPRs+ lesions (RR: 1.51; 95% CI: [0.18-1.82]; P = 0.41; P for interaction = 0.01). • Nonsignificant trends were seen regarding the secondary endpoint when comparing the effect of revascularization to deferral of PCI in the discordant groups (P for interaction = 0.11).