**Objective**

Understand ischemia as mapped by iFR pullback and its implications for procedural improvement.

**Trial design**

- Primary endpoint: rate of residual ischemia (iFR<0.90) after angiographically successful PCI (residual DS < 50% in any treated lesion)
- Multi-center, prospective study in 22 US and 6 international centers
- N=500 patients with CAD and iFR < 0.90 in at least 1 coronary artery with tandem, diffuse, or multi-vessel intermediate lesions
- Blinded iFR pullback to assess ischemia after PCI
- 1 year patient follow-up

**Results**

1. **1 in 4 patients had residual ischemia**
   - 1 in 4 patients with angiographically successful PCI left the cath lab with residual ischemia.

2. **81.6% focal**
   - Of the patients with residual ischemia, 81.6% were caused by an untreated angiographically inapparent physiologically focal stenosis (≤ 15 mm).

3. **68% relative reduction in clinical events at 1 yr. follow-up among patients achieving post-PCI iFR ≥ 0.95 (p-value=0.04)**

4. **The final picture is often incomplete. iFR Co-registration uncovers focal ischemia producing lesions missed visually.**
Impactful solutions. Empowering care.

iFR Co-registration

Only Philips provides advanced physiologic guidance to help you decide not just whether to treat, but where to treat.

iFR Co-registration maps pressure drops right onto the angiogram, making it easy to:

1. Identify the precise locations causing ischemia – each yellow dot signifies a 0.01 drop
2. Plan your treatment, before a stent is even placed, with a virtual stent
3. Determine lesion lengths without need for a pullback device
4. Predict physiologic gain with iFR estimate

Having the full physiologic picture from the start may make it less likely to miss important vessel segments that would otherwise result in residual ischemia.

Learn more about iFR data and iFR Co-registration at philips.com/iFR