# Intravascular Lithotripsy is Effective in the Treatment of Calcified Nodules

Patient-level Pooled Analysis of the Disrupt CAD OCT Sub-studies

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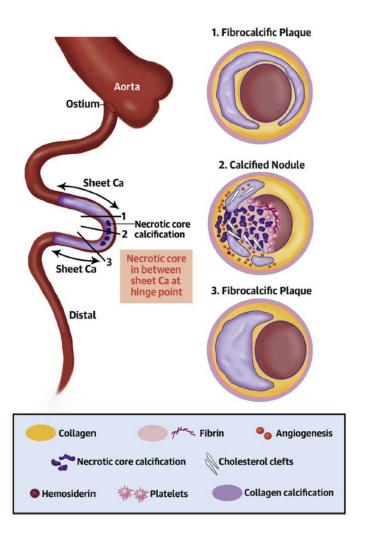
## **Disclosure Statement of Financial Interest**

Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below.

Affiliation/Financial Relationship	Company
Consulting Fees	Boston Scientific, Philips
Research Grant	Boston Scientific, Abbott Vascular
Advisory Board	SpectraWave



# Background



#### Calcium nodule (CN)

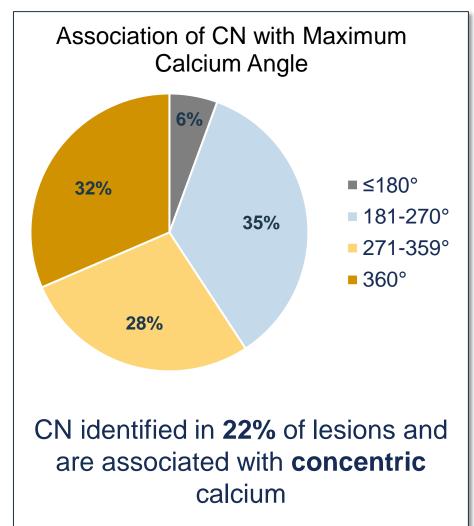
- Eruptive CN: Accumulation of small calcium fragments with irregular surface and adjacent proximal or distal deep sheet calcification
- Nodular calcification (healed calcified nodule): Accumulation of small calcium fragments with smooth thick fibrous cap with adjacent proximal or distal deep sheet calcification

Torii, S. et al. J Am Coll Cardiol. 2021;77(13):1599-611. Lee, T. et al. J Am Coll Cardiol. 2017;10:883-91.

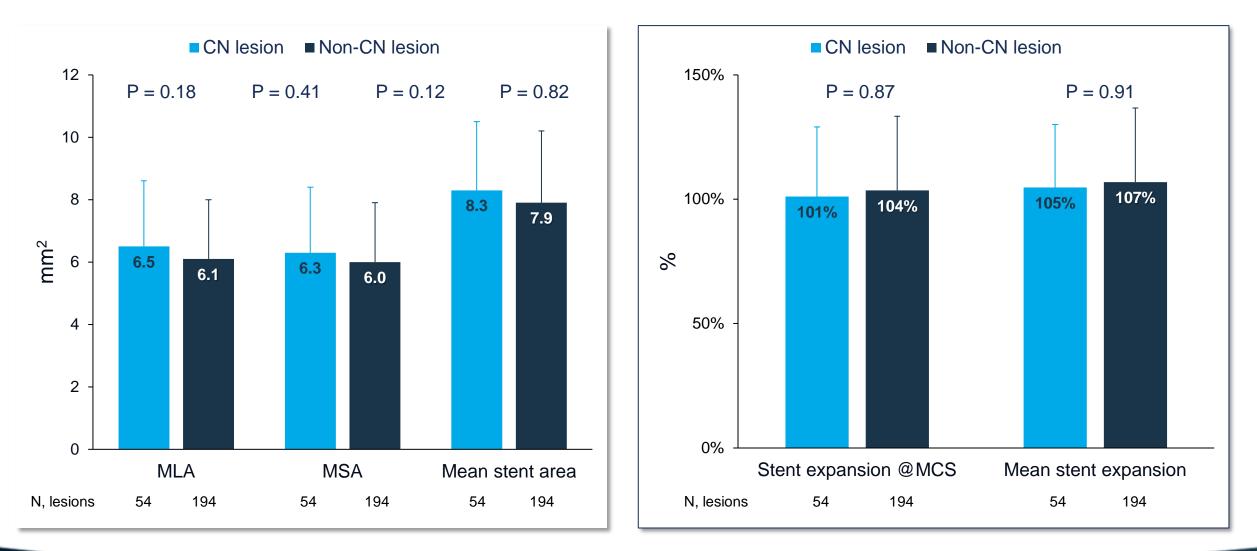
#### **Lesion Characteristics**

	CN lesion	Non-CN lesion N=194	<i>P</i> value	
ACL				
Target vessel				
Left main	3.7%	0%	0.05	
LAD	29.6%	77.8%	<0.0001	
Circumflex	14.8%	5.7%	0.04	
RCA	51.9%	16.5%	<0.0001	
Lesion length, mm	24.8 ± 12.3	26.1 ± 11.1	0.44	
Calcification length, mm	43.5 ± 22.9	42.6 ± 20.7	0.78	
Diameter stenosis, %	66.5 ± 14.4	61.3 ± 10.4	0.02	
ОСТ				
MLA, mm <sup>2</sup>	2.3 ± 1.3	$2.0 \pm 0.8$	0.19	
Area stenosis @MLA, %	71.0 ± 13.4	72.1 ± 11.0	0.92	
Max Ca angle @MCS	287.9 ± 70.9	264.8 ± 83.4	0.10	
Ca thickness @MCS	1.00 ± 0.24	0.95 ± 0.25 0.10		

CRF<sup>\*</sup>



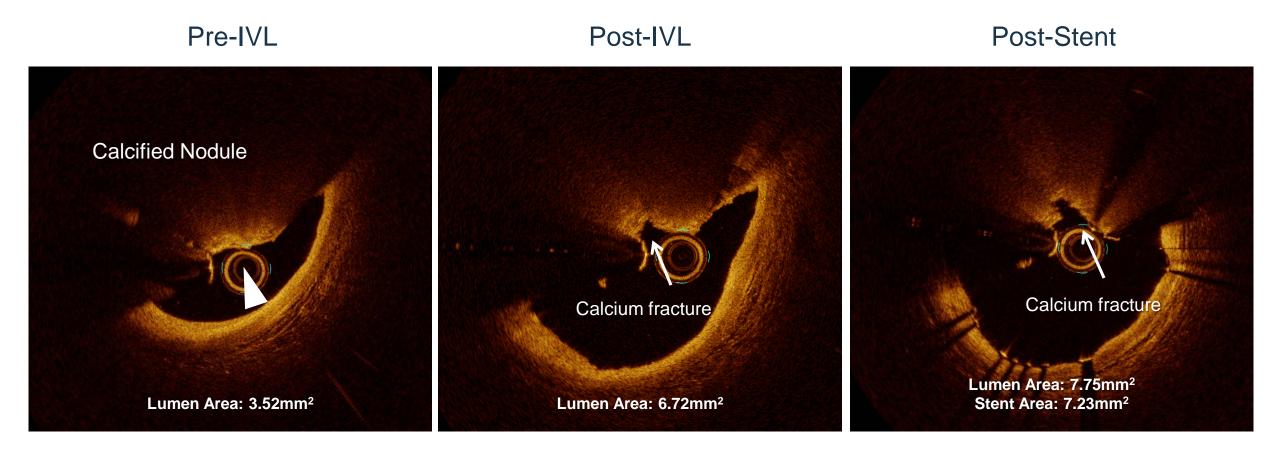
#### **Post-stent Outcomes**



Consistent MSA and stent expansion in both CN and non-CN lesions

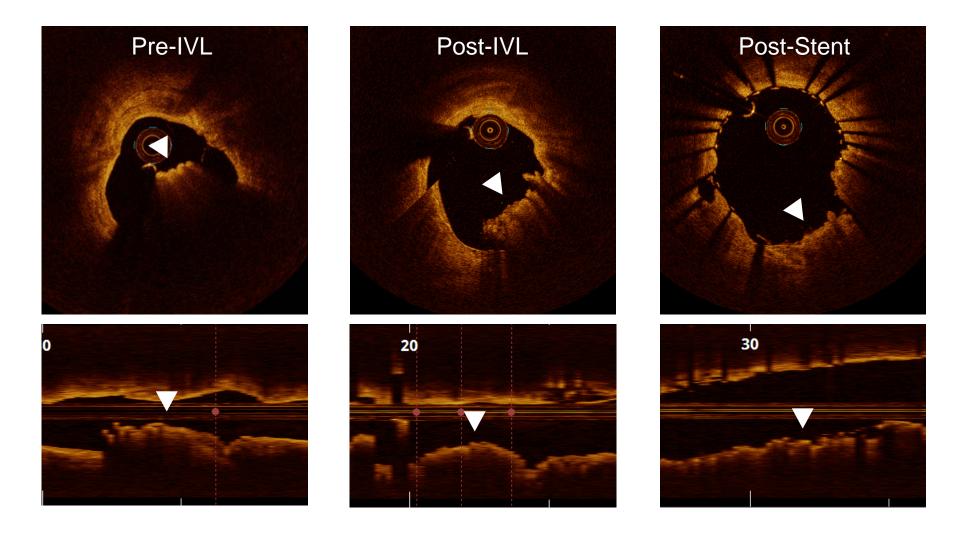
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#### **Calcium Nodule Visualization by OCT**



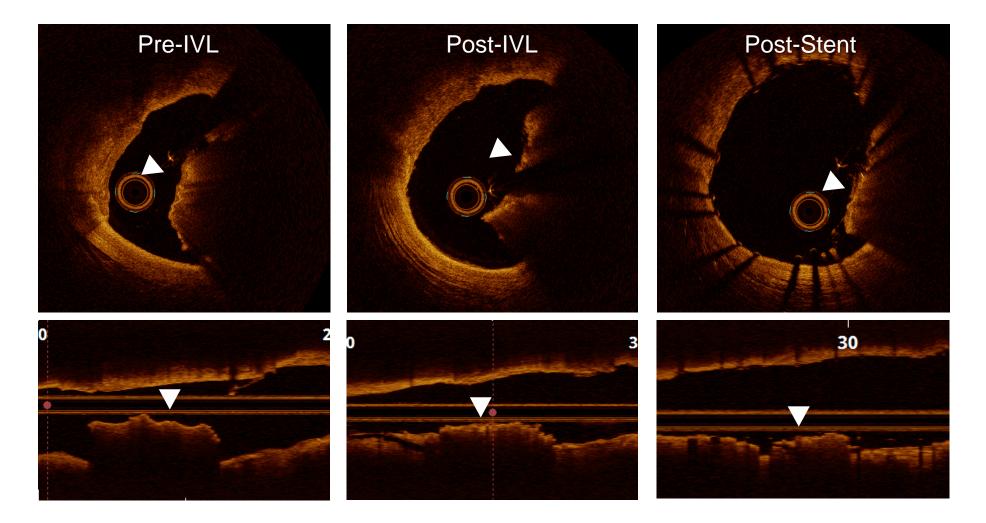
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#### **Concentric Stent Expansion: Deformed Eruptive CN**



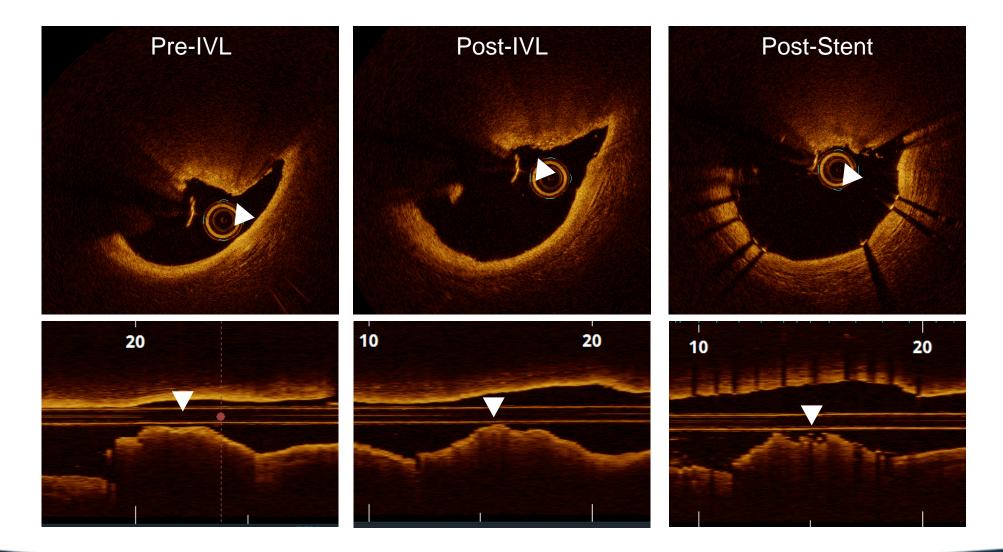


#### **Concentric Stent Expansion: Deformed Nodular Calcification**





#### **Eccentric Stent Expansion: Non-Deformed Nodular Calcification**





#### **Patterns of Stent Expansion**

Concentric expansion<br/>Deformed Eruptive Nodule<br/>34%Concentric expansion<br/>Deformed Nodular Calcification<br/>43%Eccentric expansion<br/>Non-deformed Nodular Calcification<br/>23%Pre-IVLPost-StentPre-IVLPost-StentImage: Concentric expansion<br/>Concentric expansionConcentric expansion<br/>Concentric expansion<br/>Concentric expansionConcentric expansion<br/>Conce



#### **Post-stent Outcomes**

Core Lab Analysis	CN lesion <sub>N=54</sub>	Non-CN lesion <sub>N=194</sub>	<i>P</i> value
Visible calcium fracture	79%	65%	0.07
Visible fractures/lesion	4.1 ± 3.6	2.9 ± 2.5	0.04
Acute lumen gain at MLA site, mm <sup>2</sup>	2.6 ± 2.1	2.6 ± 1.8	0.83
Mean lumen area, mm <sup>2</sup>	8.8 ± 2.4	8.1 ± 2.2	0.05
Mean stent area, mm <sup>2</sup>	8.3 ± 2.2	7.9 ± 2.3	0.12
Mean stent expansion, mm <sup>2</sup>	104.7 ± 25.3	106.9 ± 29.8	0.91
Any malapposition strut, %	$5.8 \pm 5.8$	3.4 ± 4.2	0.0003

Greater number of visible calcium fractures in CN lesions Concentric stent expansion in CN lesions in majority of cases



## Conclusions

- OCT demonstrated consistent MSA and stent expansion outcomes regardless of the presence of calcified nodules
- Deformation of calcified nodules was observed following treatment with IVL
  - IVL acoustic shockwaves may affect calcium deep to the CN allowing for concentric stent expansion
- Increased visible calcium fracture was observed in CN lesions likely due to increased calcium concentricity

