

## Clinical evidence for CAAS vFFR

---

### FAST Study series

#### Pre-stent scenario

- The **initial FAST I**<sup>1</sup> study evaluated 100 patients and assessed the diagnostic accuracy of vFFR to predict invasive FFR  $\leq 0.8$ . The diagnostic accuracy was 0.93 and a high reproducibility was shown with a correlation coefficient of 0.95
- In the **FAST Extend**<sup>2</sup> study 303 were evaluated confirming the high diagnostic accuracy (0.94) of vFFR to predict FFR  $\leq 0.8$ .
- The **FAST Left Main**<sup>3</sup> study investigated the correlation between vFFR and IVUS for left main coronary stenosis.
- The **FAST II**<sup>4</sup> study was an *international multi-center prospective trial* in 6 countries (Netherlands, Germany, Italy, France, Unites States and Japan) evaluating the diagnostic accuracy and reproducibility of vFFR in an in-hospital and off-line core laboratory setting. The diagnostic accuracy to predict FFR  $\leq 0.8$  for both corelab and in-hospital were very high 0.93 and 0.91, respectively. Reproducibility between in-hospital and corelab also demonstrated to be very high at 0.87.
- The **FAST III**<sup>5</sup> study is an *international multi-center prospective trial* in 7 European countries at 35 sites enrolling 2228 patients investigating a vFFR vs FFR guided stenting strategy. The principal investigator is Dr. Joost Daemen and the study carried out by the European Cardiovascular Research Institute: <https://www.ecri-trials.com/studies/fast-iii/>

#### Post-stent scenario

- The **FAST Post**<sup>6</sup> study evaluated 100 patients and assessed the diagnostic accuracy of vFFR to predict invasive FFR  $\leq 0.9$  after stent implantation. The diagnostic accuracy was 0.98 and high reproducibility was shown with a correlation coefficient of 0.95.
- In the **FAST Outcome**<sup>7</sup> study vFFR was carried out post-stenting in 800 patients and related to 1-year clinical outcome in these patients. The study demonstrated that patients with a

---

<sup>1</sup> Masdjedi et al. Validation of 3-Dimensional Quantitative Coronary Angiography based software to calculate Fractional Flow Reserve: Fast Assessment of STenosis severity (FAST)-study. EuroIntervention 2019

<sup>2</sup> Neleman et al. Extended Validation of Novel 3D Quantitative Coronary Angiography-Based Software to Calculate vFFR: The FAST EXTEND Study. JACC Cardiovasc Imaging. 2021

<sup>3</sup> Tomaniak M et al. Correlation between 3D-QCA based FFR and quantitative lumen assessment by IVUS for left main coronary artery stenoses. Catheter Cardiovasc Interv. 2020

<sup>4</sup> Daemen et al. Presented as Late Breaking Clinical Trial at EuroPCR 2021.

<sup>5</sup> Clinicaltrials.gov identifier: NCT04931771

<sup>6</sup> Masdjedi et al. Validation of novel 3-dimensional quantitative coronary angiography-based software to calculate fractional flow reserve post stenting. Catheter Cardiovasc Interv. 2020

<sup>7</sup> Masdjedi et al. The Prognostic Value of Angiography-Based Vessel-FFR After Successful Percutaneous Coronary Intervention: The FAST Outcome Study. Presented at TCT 2019.

post-stent vFFR < 0.9 showed a significantly higher rate of target vessel revascularization at 1 year.

## LIPSIA STRATEGY

### Pre-stent scenario

- The **LIPSIA STRATEGY**<sup>8</sup> study is a *German multi-center prospective trial* at 6 sites enrolling 2000 patients investigating a vFFR vs FFR guided stenting strategy. The study is led by Prof. Holger Thiele (principal investigator) from Herzzentrum Leipzig

---

<sup>8</sup> Clinicaltrials.gov identifier: NCT03497637