



AMERICAN
COLLEGE of
CARDIOLOGY

FLOWER-MI

Flow Evaluation to Guide Revascularization in
Multivessel ST-Elevation Myocardial Infarction

Randomized, open-label, multicenter trial

OBJECTIVE: To evaluate complete revascularization guided by fractional flow reserve (FFR) versus angiography among patients with ST-segment elevation myocardial infarction (STEMI) and multi-vessel coronary disease who underwent percutaneous coronary intervention (PCI) of their culprit vessel.

1,171
PATIENTS

INCLUSION CRITERIA: Patients with STEMI and multi-vessel non-culprit coronary disease



**FFR-GUIDED
REVASCULARIZATION
(N=590)**

vs.



**ANGIOGRAPHY-GUIDED
REVASCULARIZATION
(N=581)**

PRIMARY OUTCOME

**DEATH, MYOCARDIAL INFARCTION,
OR URGENT REVASCULARIZATION AT 12 MONTHS:
5.5% vs. 4.2% (P = 0.31)**

SECONDARY OUTCOMES

**NONFATAL MYOCARDIAL INFARCTION AT 12 MONTHS:
3.1% vs. 1.7% (P = NOT SIGNIFICANT)**

**URGENT REVASCULARIZATION AT 12 MONTHS:
2.6% vs. 1.9% (P = NOT SIGNIFICANT)**

CONCLUSION

Among patients who underwent primary PCI for STEMI and had non-culprit multi-vessel coronary disease, FFR-guided revascularization was not superior to angiography-guided revascularization.

Puymirat E, Cayla G, Simon T, et al. Multivessel PCI Guided by FFR or Angiography for Myocardial Infarction. *N Eng J Med* 2021;May 16:[Epub Ahead of Print].

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