

FAME 3

Fractional Flow Reserve-Guided PCI as Compared With Coronary Bypass Surgery

Multicenter, International, Noninferiority Trial

OBJECTIVE: To evaluate fractional flow reserve (FFR)-guided percutaneous coronary intervention (PCI) performed with current-generation drug-eluting stents as compared with coronary-artery bypass grafting (CABG) for patients with three-vessel coronary artery disease (CAD) with respect to 1-year major adverse cardiac or cerebrovascular events.

1,500
PATIENTS

INCLUSION CRITERIA: Three-vessel CAD (>50% diameter stenosis) not involving the left main coronary artery amenable to revascularization.



FFR-GUIDED PCI (N=757)





PRIMARY COMPOSITE OUTCOME

DEATH FROM ANY CAUSE, MYOCARDIAL INFARCTION (MI), STROKE, OR REPEAT REVASCULARIZATION:
10.6% vs. 6.9% (P=0.35 FOR NONINFERIORITY)

SECONDARY OUTCOMES

DEATH:

1.6% vs. 0.9%

MI:

5.2% vs. **3.5%**

STROKE:

0.9% vs. **1.1%**

REPEAT REVASCULARIZATION:

5.9% vs. **3.9%**

CONCLUSION

FFR-guided PCI was not found to be noninferior to CABG with respect to incidence of death, MI, stroke, or repeat revascularization.

Fearon WF, Zimmermann FM, De Bruyne B, et al., on behalf of the FAME 3 Investigators. Fractional Flow Reserve-Guided PCI as Compared with Coronary Bypass Surgery. *N Engl J Med* 2021; Nov 4:[Epub Ahead of Print].