**OBJECTIVE:** To evaluate the effects of preventive PCI with OMT vs. OMT alone on major adverse cardiovascular events in patients with non–flow-limiting, high-risk, vulnerable plaques.

**INCLUSION CRITERIA:** Adults with non–flow limiting (fractional flow reserve >0.80) vulnerable coronary plaques identified by intracoronary imaging.

**PRIMARY ENDPOINT**

Composite of death from cardiac causes, target-vessel myocardial infarction (MI), ischemia-driven target-vessel revascularization, or hospitalization for unstable or progressive angina assessed at two years.

3 Patients (0.4% in PCI group) vs. 27 Patients (3.4% in OMT group)

**SECONDARY ENDPOINT**

Death from any cause: hazard ratio (HR), 0.61 (95% CI, 0.35-1.06)

Combined death from any cause, all MIs, any revascularization: HR, 0.69 (95% CI, 0.50-0.95)

**CONCLUSION**

In patients with non–flow limiting vulnerable coronary plaques, preventive PCI reduced major adverse cardiac events arising from high-risk vulnerable plaques compared with OMT alone.