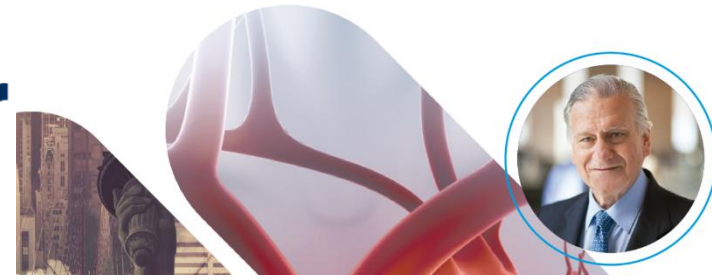


# New York Cardiovascular Symposium



## STEMI 1: Timing, Mechanical Type and Pharmacology of Reperfusion: The Three Main Challenges to Decrease Infarct Size and Increase Viability

**Borja Ibanez, MD PhD FESC.**

- Centro Nacional de Investigaciones Cardiovasculares Carlos III (CNIC).
- Fundación Jiménez Díaz Hospital.

[@Borjaibanez1](#)



# CONFLICTS OF INTEREST

**B Ibanez has no conflicts to declare**



Endorsed by:  
The New York  
Cardiological  
Society of:

New York State  
CHAPTER





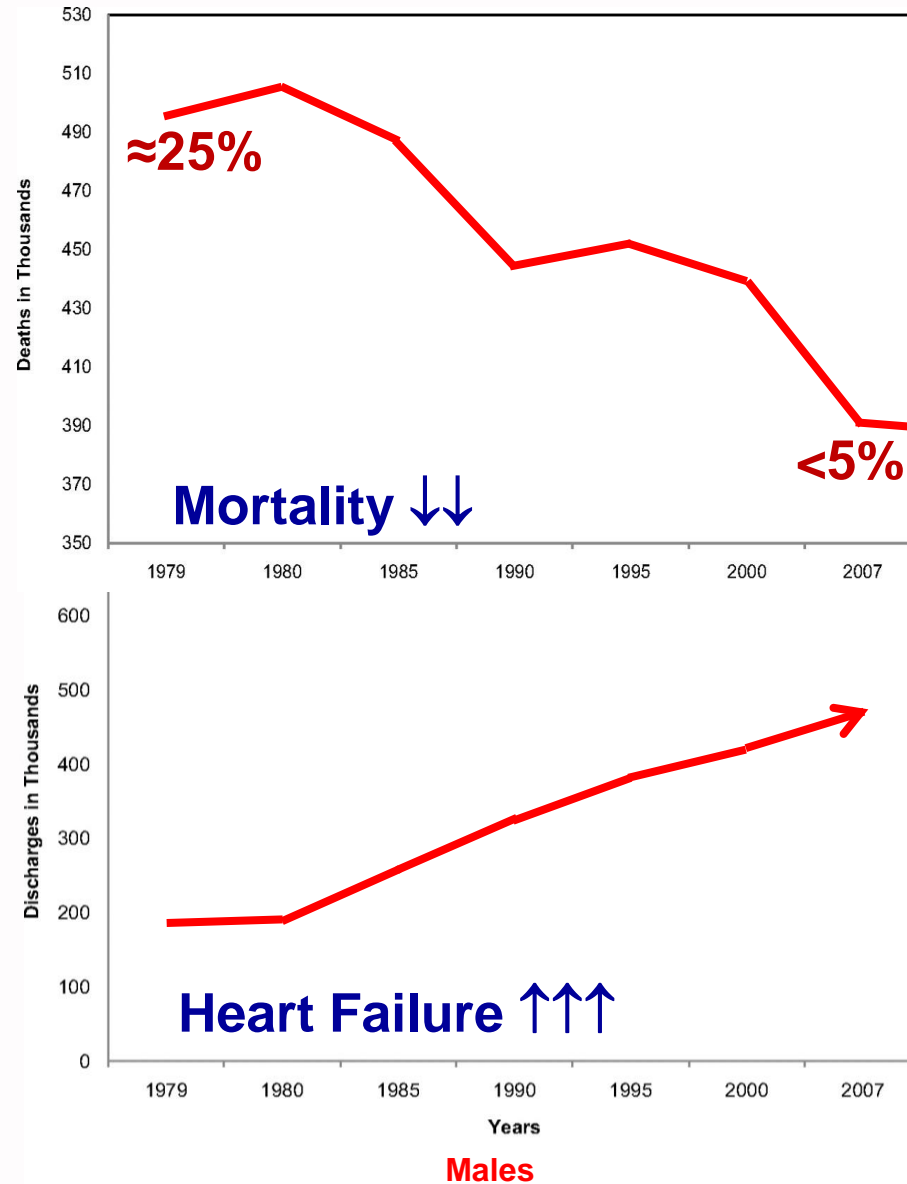
- 1) Reperfusion: a paradigm shift → from mortality to HF.
- 2) Next goal: Infarct size limitation in reperfused STEMI.
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- 5) Impact of timing of intervention on infarct size reduction



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# STEMI: A paradigm shift



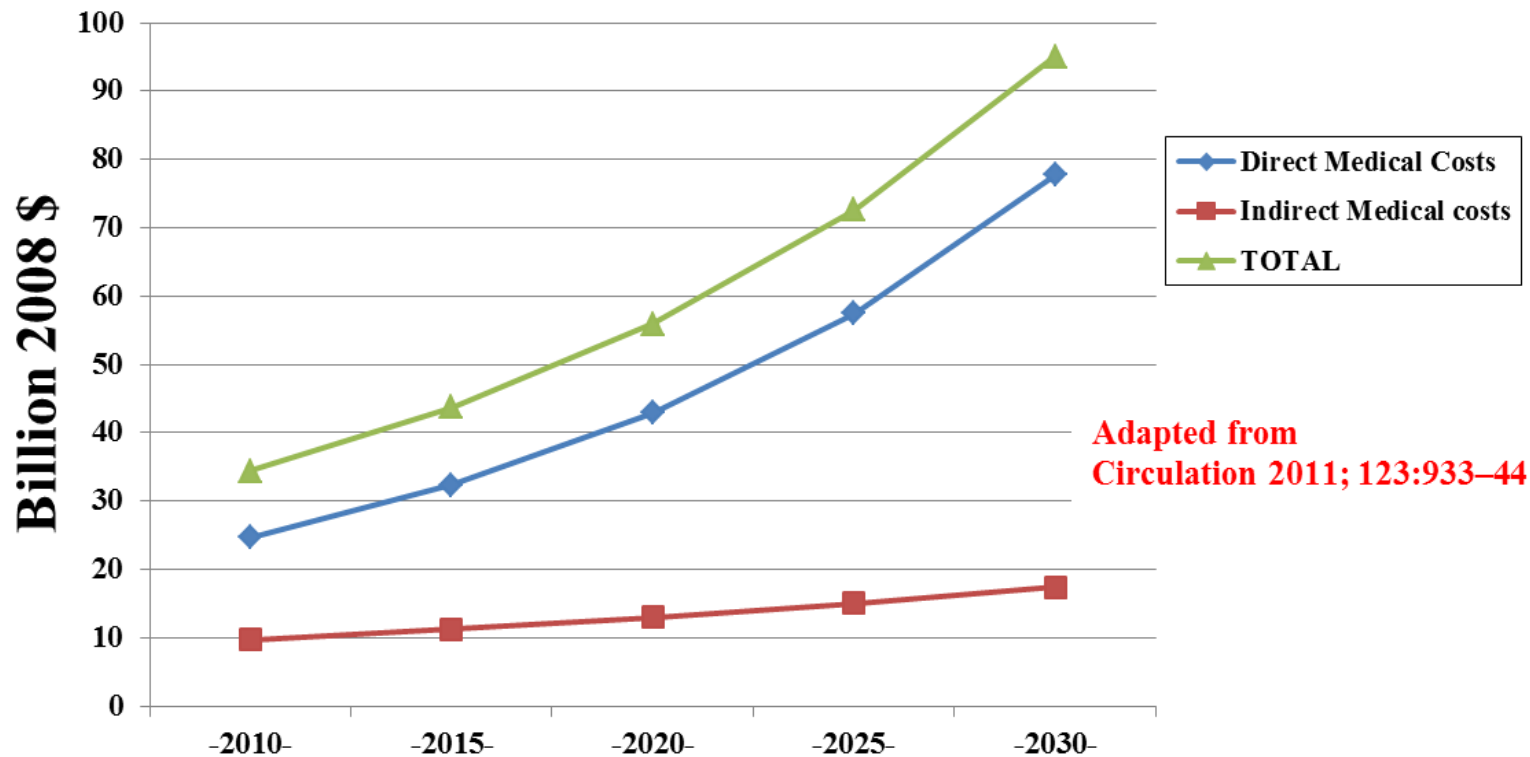
Adapted from Roger VL et al. *Circulation* 2011;123:e18-e209



# STEMI → Heart Failure

•Figure 2:

**Projected Heart Failure direct medical costs and indirect (lost productivity) costs.**



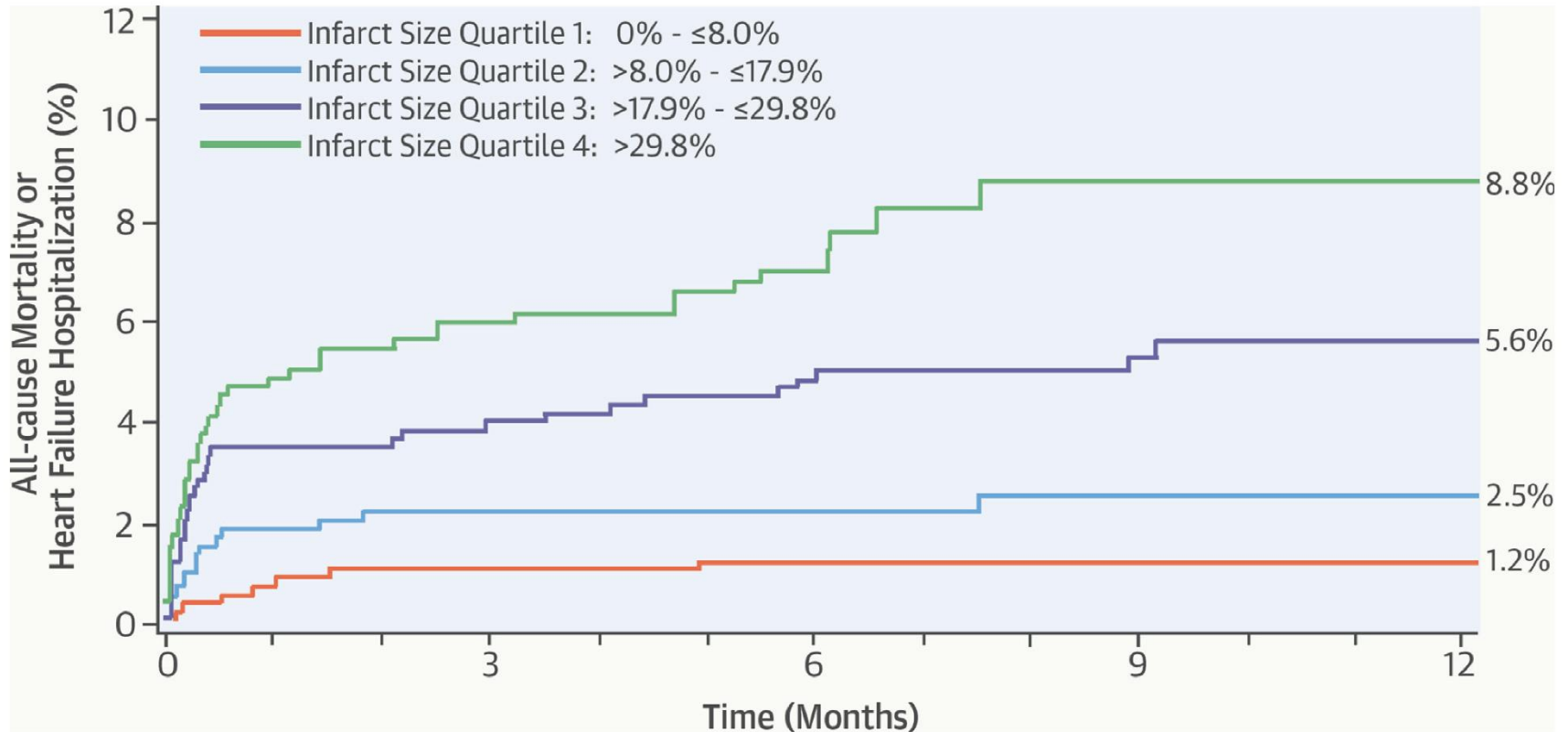




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## CENTRAL ILLUSTRATION IS and Prognosis After Primary PCI: All-Cause Mortality or HF Hospitalization



Stone, G.W. et al. J Am Coll Cardiol. 2016;67(14):1674-83.

**Infarct size is a strong determinant of long-term mortality and chronic heart failure**





# Therapies to reduce MI size

cnic

**Circulation**

JOURNAL OF THE AMERICAN HEART ASSOCIATION



**JACC**  
JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY

**2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction :  
A Report of the American College of Cardiology Foundation/American Heart Association  
Task Force on Practice Guidelines**

Patrick T. O'Gara, Frederick G. Kushner, Deborah D. Ascheim, Donald E. Casey, Jr, Mina K. Chung, James A. de Lemos, Steven M. Ettinger, James C. Fang, Francis M. Fesmire, Barry A. Franklin, Christopher B. Granger, Harlan M. Krumholz, Jane A. Linderbaum, David A. Morrow, L. Kristin Newby, Joseph P. Ornato, Narith Ou, Martha J. Radford, Jacqueline E. Tamis-Holland, Carl L. Tommaso, Cynthia M. Tracy, Y. Joseph Woo and David X. Zhao



**2017 ESC Guidelines for the management of  
acute myocardial infarction in patients  
presenting with ST-segment elevation**

**The Task Force for the management of acute myocardial infarction  
in patients presenting with ST-segment elevation of the European  
Society of Cardiology (ESC)**

**Authors/Task Force Members: Borja Ibanez\* (Chairperson) (Spain), Stefan James\***



**ESC**

European Society  
of Cardiology

**No therapy to reduce MI size  
→ URGENT clinical need**

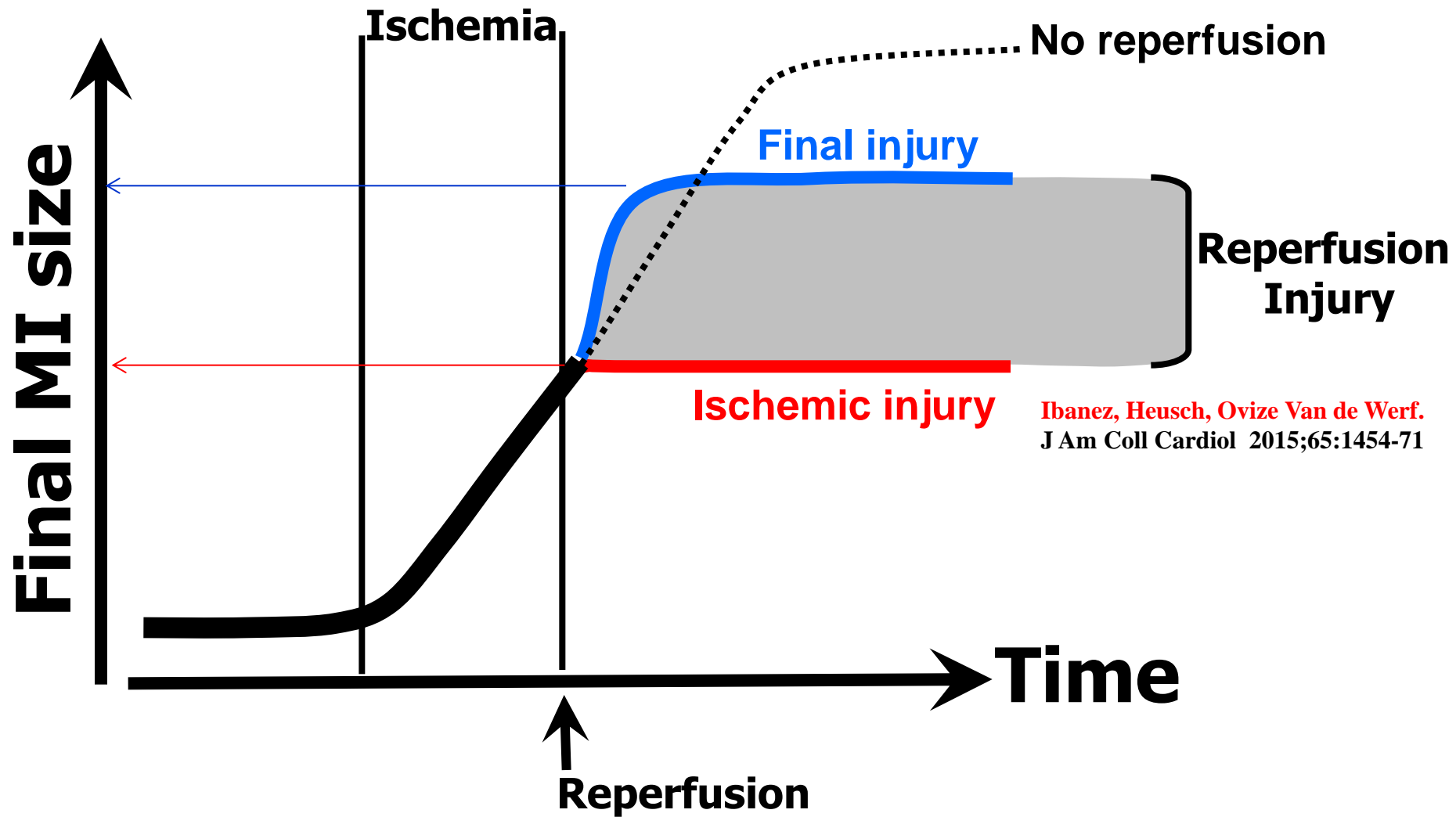


- 1) Reperfusion: a paradigm shift → from mortality to HF.
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  - Reperfusion
  - + Conditioning.
  - +  $\beta$ -blockers.
- 5) Impact of timing of intervention on infarct size reduction.



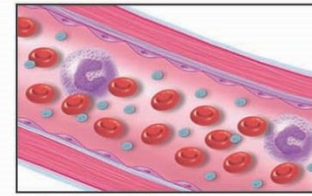
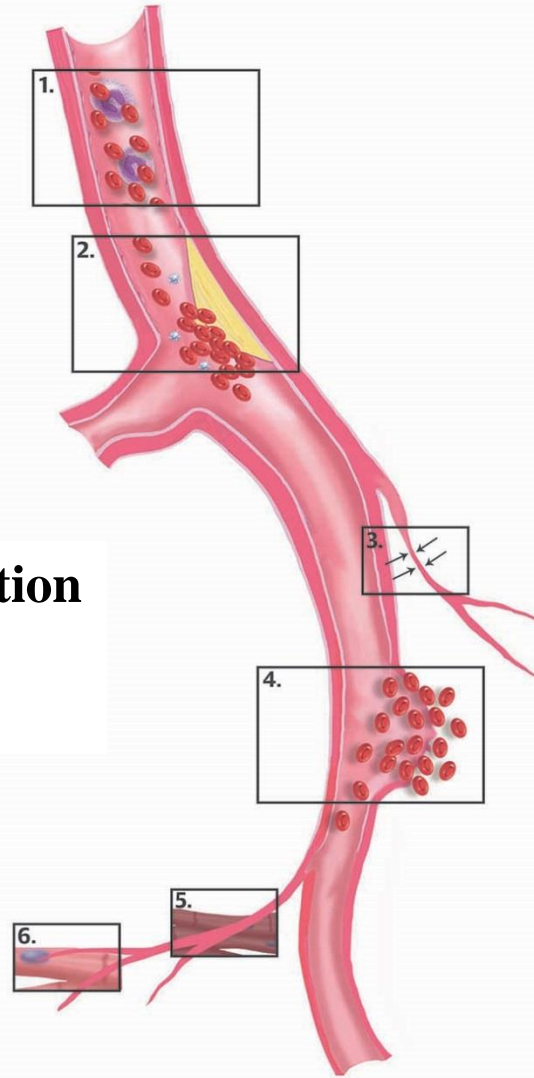
# Ischemia/Reperfusion injury

cnïc

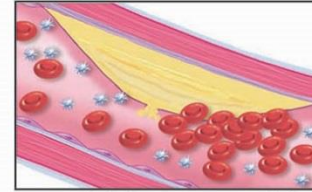




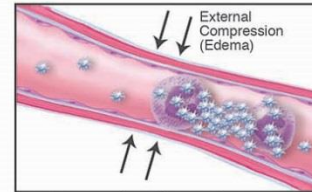
## Microvascular Obstruction Myocardial Healing : critical players



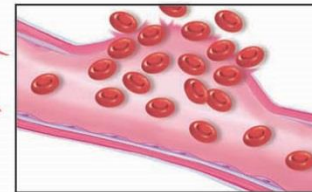
1. Circulating Cells



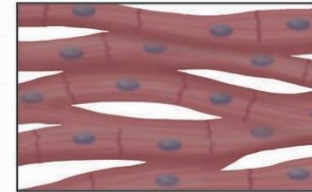
2. Epicardial Plaque Rupture and Thrombosis



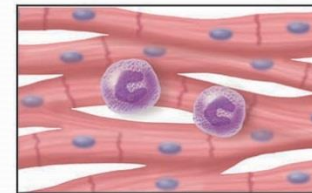
3. Microvascular Obstruction



4. Hemorrhage



5. Cardiomyocyte Death



6. Inflammation/Healing

State of the art review  
J Am Coll Cardiol 2015;65:1454-71



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# Type of Reperfusion: PCI Vs Lysis *cnïc*

Head to head PCI >>Thrombolysis (Up to 120 min PCI-delay)

Do early presenters without immediate PCI benefit from Lysis?

STREAM trial (STEMI  $\leq 3$  hours evolution)  $\rightarrow$  No differences between transfer to PCI and immediate thrombolysis

**PCI when STEMI diagnosis to PCI  $\leq 120$ min... even for early presenters**

**2017 ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation**

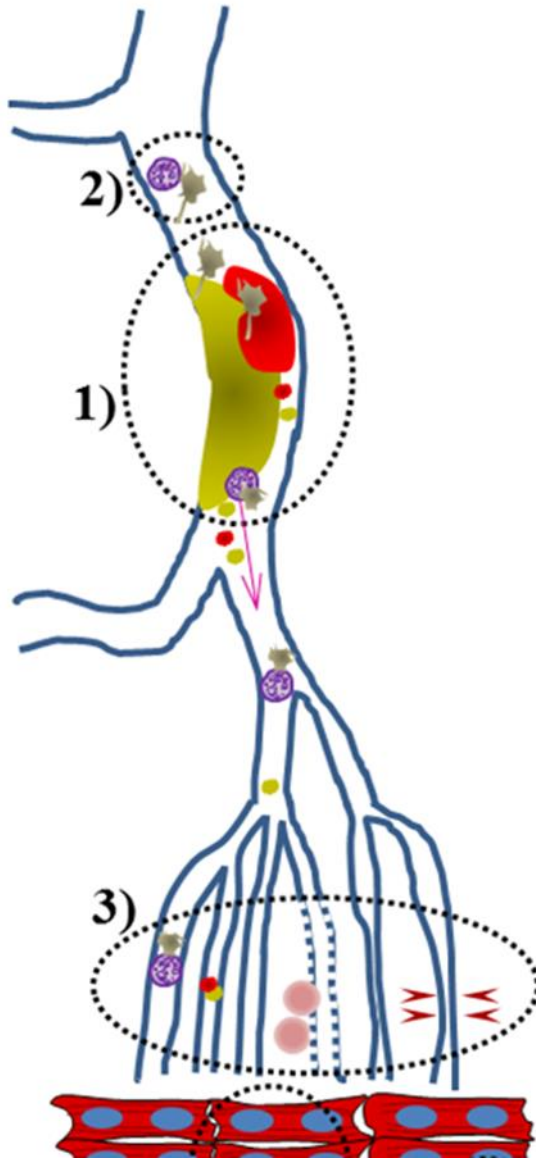
**The Task Force for the management of acute myocardial infarction in patients presenting with ST-segment elevation of the European Society of Cardiology (ESC)**

**Authors/Task Force Members: Borja Ibanez\* (Chairperson) (Spain), Stefan James\***





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High thrombus burden → risk of embolization and microvascular obstruction

Is there a role of deferred stenting (under intense antithrombotic therapy)?

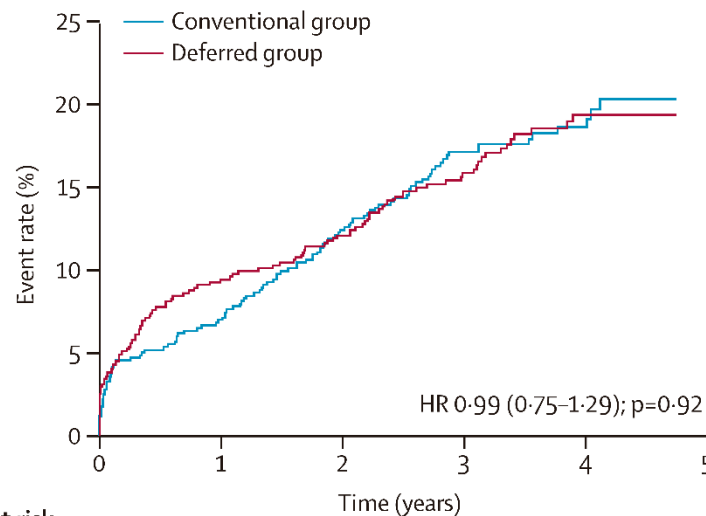


## Deferred versus conventional stent implantation in patients with ST-segment elevation myocardial infarction (DANAMI 3-DEFER): an open-label, randomised controlled trial



Henning Kelbæk, Dan Eik Høfsten, Lars Køber, Steffen Helqvist, Lene Kløvgård, Lene Holmvang, Erik Jørgensen, Frants Pedersen, Kari Saunamäki, Ole De Backer, Lia E Bang, Klaus F Kofoed, Jacob Lønborg, Kiril Ahtarovski, Niels Vejlsstrup, Hans E Bøtker, Christian J Terkelsen, Evald H Christiansen, Jan Ravkilde, Hans-Henrik Tilsted, Anton B Villadsen, Jens Aarøe, Svend E Jensen, Bent Raungaard, Lisette O Jensen, Peter Clemmensen, Peer Grande, Jan K Madsen, Christian Torp-Pedersen, Thomas Engstrøm

Lancet 2016; 387: 2199–206



### Number at risk

Conventional group	612	568	533	360	159	0
Deferred group	603	543	526	359	156	0

N= 1215

Primary outcome: “death, HF admission, re-MI, unplanned TVR”  
median F-Up 42 months



## Myocardial Damage in Patients With Deferred Stenting After STEMI

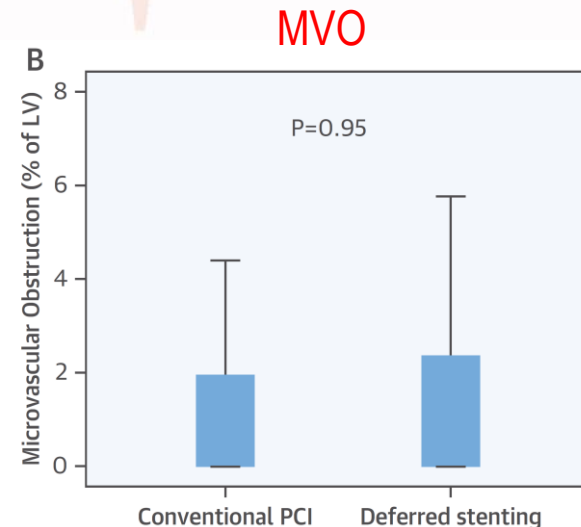
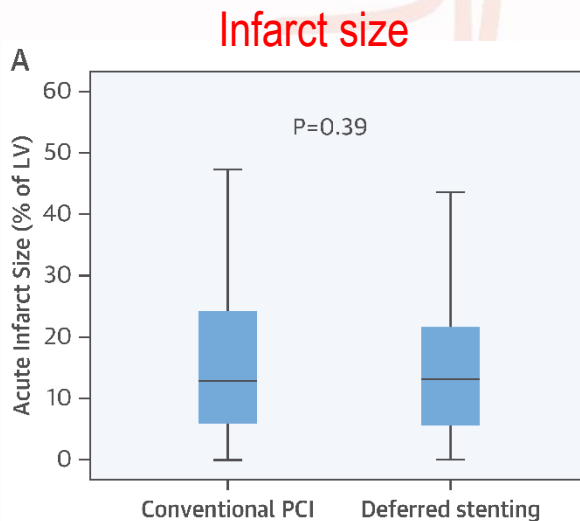


### A DANAMI-3-DEFER Substudy

Jacob Lønborg, MD, PhD, DMSc,<sup>a</sup> Thomas Engstrøm, MD, PhD, DMSc,<sup>a</sup> Kiril Aleksov Ahtarovski, MD, PhD,<sup>a</sup> Lars Nepper-Christensen, MD,<sup>a</sup> Steffen Helqvist, MD, DMSc,<sup>a</sup> Niels Vejlsstrup, MD, PhD,<sup>a</sup> Kasper Kyhl, MD,<sup>a</sup> Mikkel Malby Schoos, MD, PhD,<sup>a</sup> Ali Ghotbi, MD,<sup>a</sup> Christoffer Göransson, MD,<sup>a</sup> Litten Bertelsen, MD,<sup>a</sup> Lene Holmvang, MD, DMSc,<sup>a</sup> Frants Pedersen, MD, PhD,<sup>a</sup> Erik Jørgensen, MD,<sup>a</sup> Kari Saunamäki, MD, DMSc,<sup>a</sup> Peter Clemmensen, MD, DMSc,<sup>b,c</sup> Ole De Backer, MD, PhD,<sup>a</sup> Lene Kløvgård, RN,<sup>a</sup> Dan Eik Høfsten, MD, PhD,<sup>a</sup> Lars Køber, MD, DMSc,<sup>a</sup> Henning Kelbæk, MD, DMSc,<sup>d</sup> for the DANAMI-3 Investigators

J Am Coll Cardiol 2017;69:2794-804

N=510 (out of 1215)  
2 CMR (predischARGE, 3 months)





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Preinfarction angina confers protection

Ischemic preconditioning protect the heart





## THE PRESENT AND FUTURE

### STATE-OF-THE-ART REVIEW

*J Am Coll Cardiol* 2015;65:177-95

## Remote Ischemic Conditioning

Gerd Heusch, MD,\* Hans Erik Bøtker, MD, PhD,† Karin Przyklenk, PhD,‡ Andrew Redington, MD,§  
Derek Yellon, PhD, DSc||

### NATURE OF STIMULUS



Ischemia/  
Reperfusion

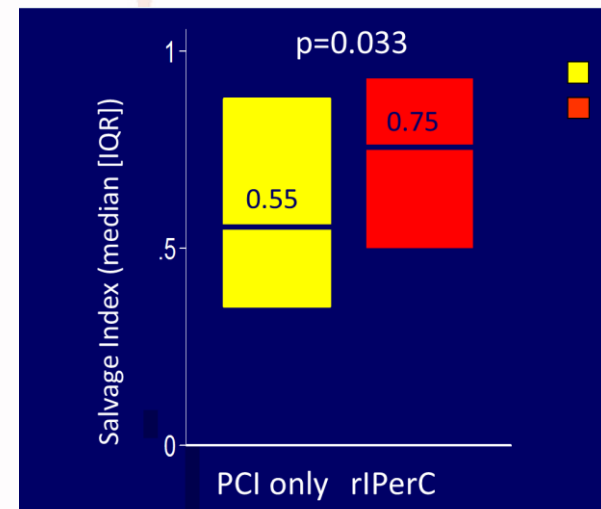
Brief episodes of occlusion/  
reperfusion in a distant organ  
protects the heart

## Remote ischaemic conditioning before hospital admission, as a complement to angioplasty, and effect on myocardial salvage in patients with acute myocardial infarction: a randomised trial

**Lancet** 2010;375:727-734

Hans Erik Bøtker, Rajesh Kharbanda, Michael R Schmidt, Morten Bøttcher, Anne K Kaltoft, Christian J Terkelsen, Kim Munk, Niels H Andersen, Troels M Hansen, Sven Trautner, Jens Flensted Lassen, Evald Høj Christiansen, Lars R Krusell, Steen D Kristensen, Leif Thuesen, Søren S Nielsen, Michael Rehling, Henrik Toft Sørensen, Andrew N Redington, Torsten T Nielsen

### 333 patients with first STEMI. RIC (4 cycles arm cuff inflation) or regular PCI





## Letters

*J Am Coll Cardiol.* 2015;65:2764-70

Remote Ischemic  
Conditioning Reduces  
Myocardial Infarct Size  
in STEMI Patients  
Treated by Thrombolysis



**JACC**  
JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY

N=519

No access to PCI at all

**TABLE 1** Patient Characteristics and AUC Cardiac Enzymes

	Control (n = 258)	RIC (n = 261)	p Value
Enzymatic MI size, ng.h/ml			
24-h AUC CK-MB	2,894 ± 2,306	2,378 ± 2,089	
	2,381 (980-4,690)	1,928 (780-3,289)	0.026
24-h AUC Troponin T	105.9 ± 69.5	90.0 ± 67.6	
	109.0 (41.1-162.7)	74.6 (28.5-149.0)	0.020



**CONDI-2 trial, Denmark, Spain, Serbia.**

- 2,000 STEMI patients**
- conventional PCI vs. RIC+PCI**
- Combined end-point:  
all-cause mortality /heart failure @ 2 years**

**ONGOING TRIAL**



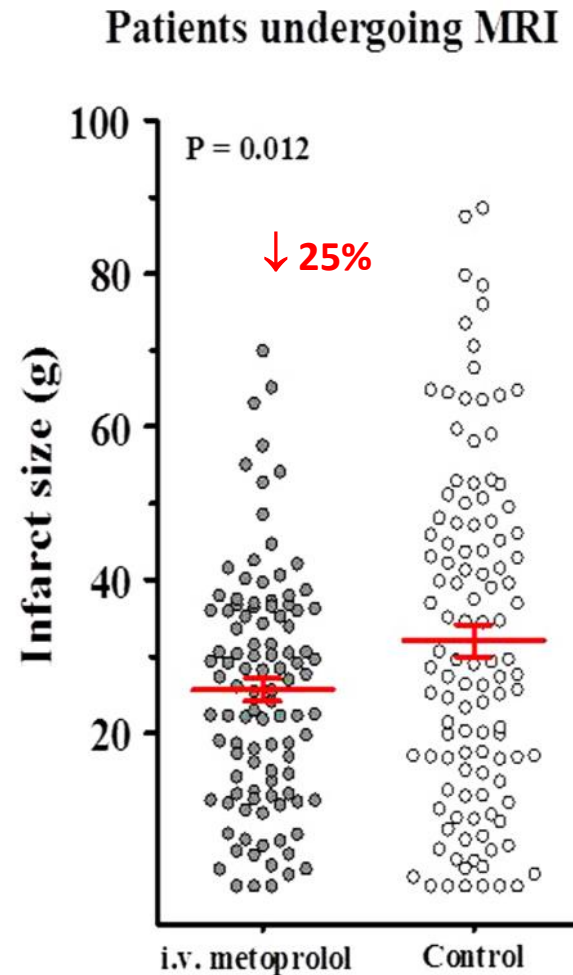
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# EARLY METOPROLOL

*cnic*

i.v. metoprolol before pPCI → ↓↓↓ infarct size



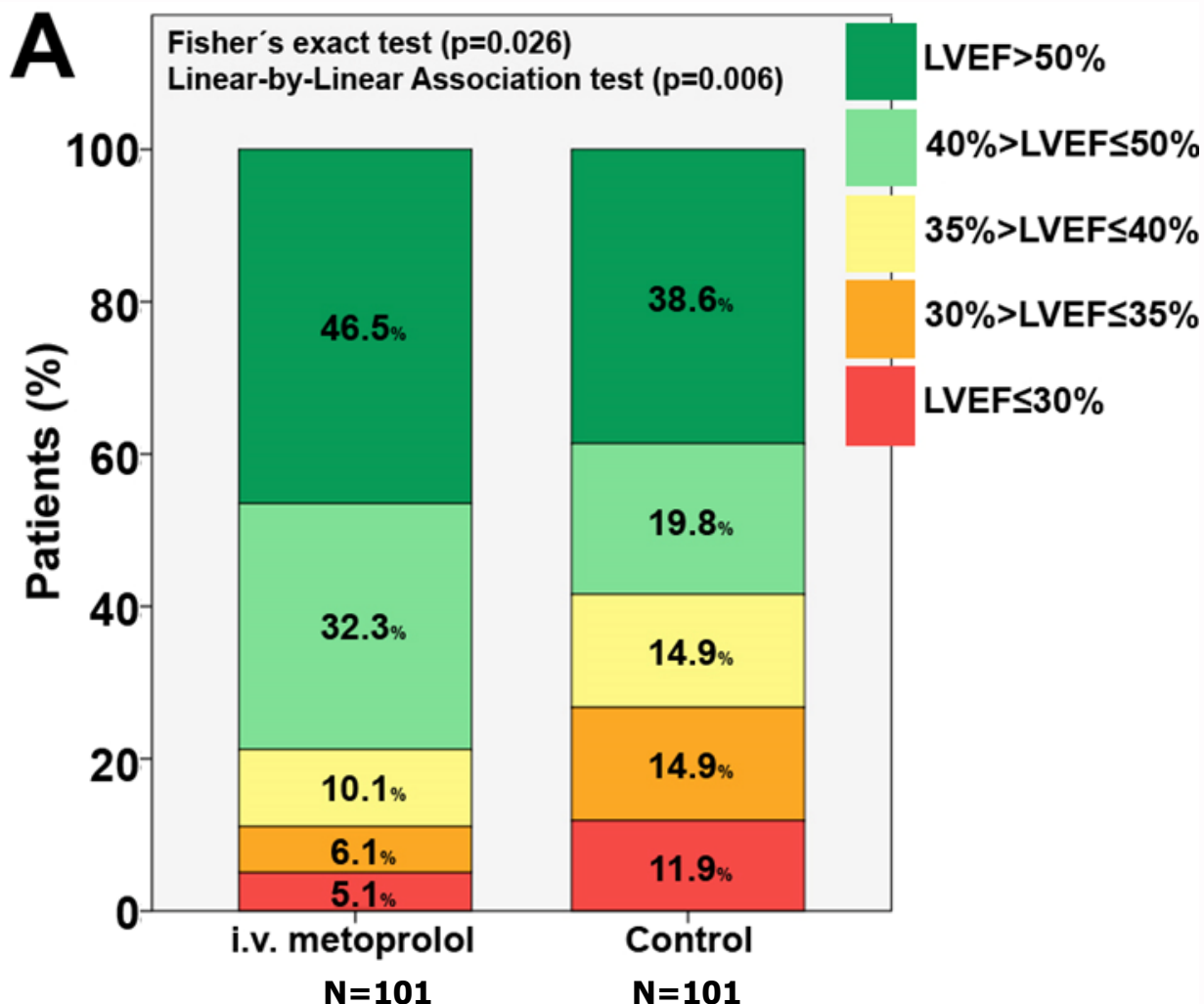




# EARLY METOPROLOL

cnic

Mean LVEF (6 mo CMR):  
**48.7±9% vs. 45.0±11%**



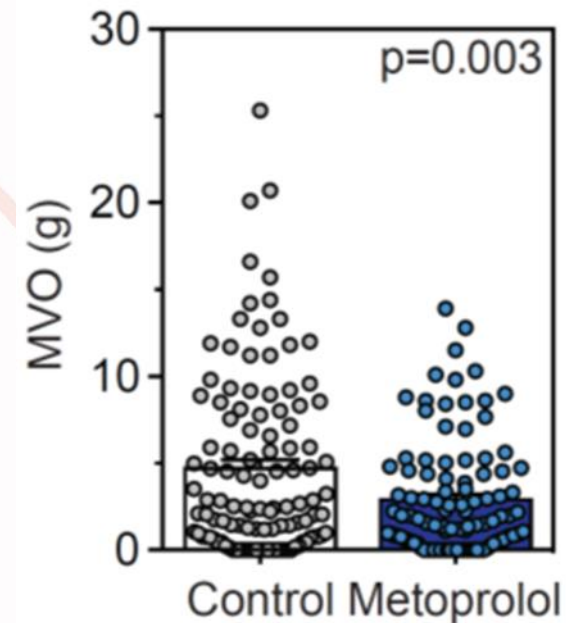
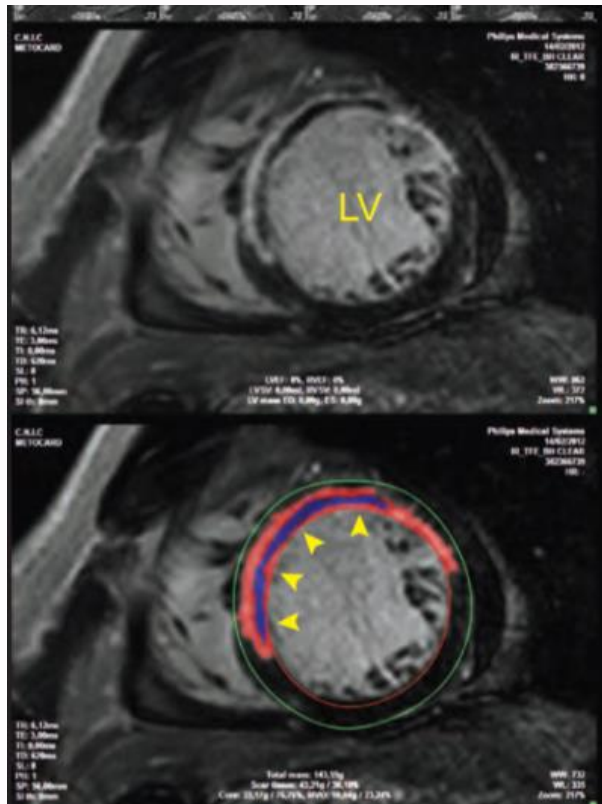
G Pizarro, V Fuster, B Ibanez et al.  
*J Am Coll Cardiol* 2014; 63: 2356-62.





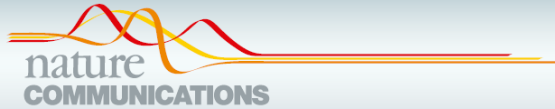
# EARLY METOPROLOL

cnic



Metoprolol reduces Microvascular Obstruction in STEMI patients.

García-Prieto J, Fuster V, Ibanez B et al **Nature Commun** 2017



ARTICLE

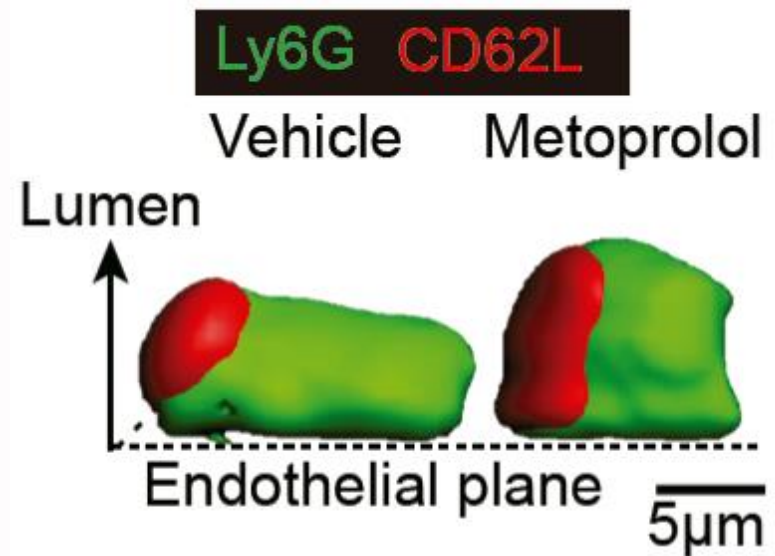
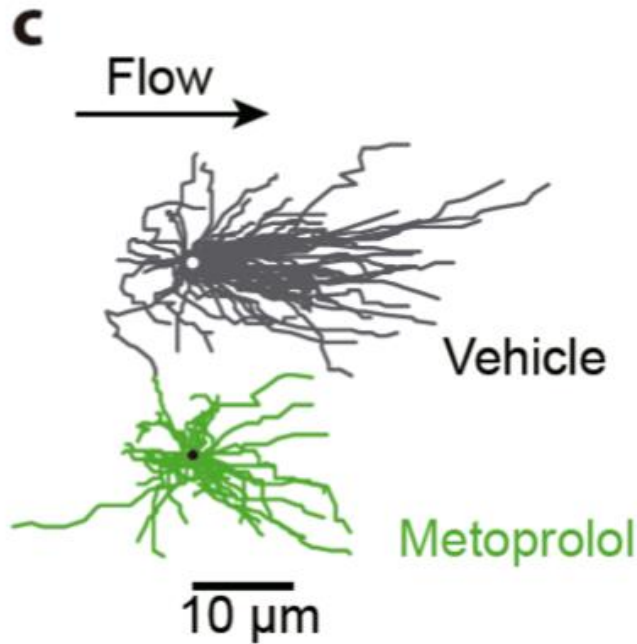
Received 22 Mar 2016 | Accepted 30 Jan 2017 | Published 18 Apr 2017

DOI: 10.1038/ncomms14780

OPEN

Neutrophil stunning by metoprolol reduces infarct size

García-Prieto et al  
Nature Commun 2017



Metoprolol stuns neutrophils to protect the heart

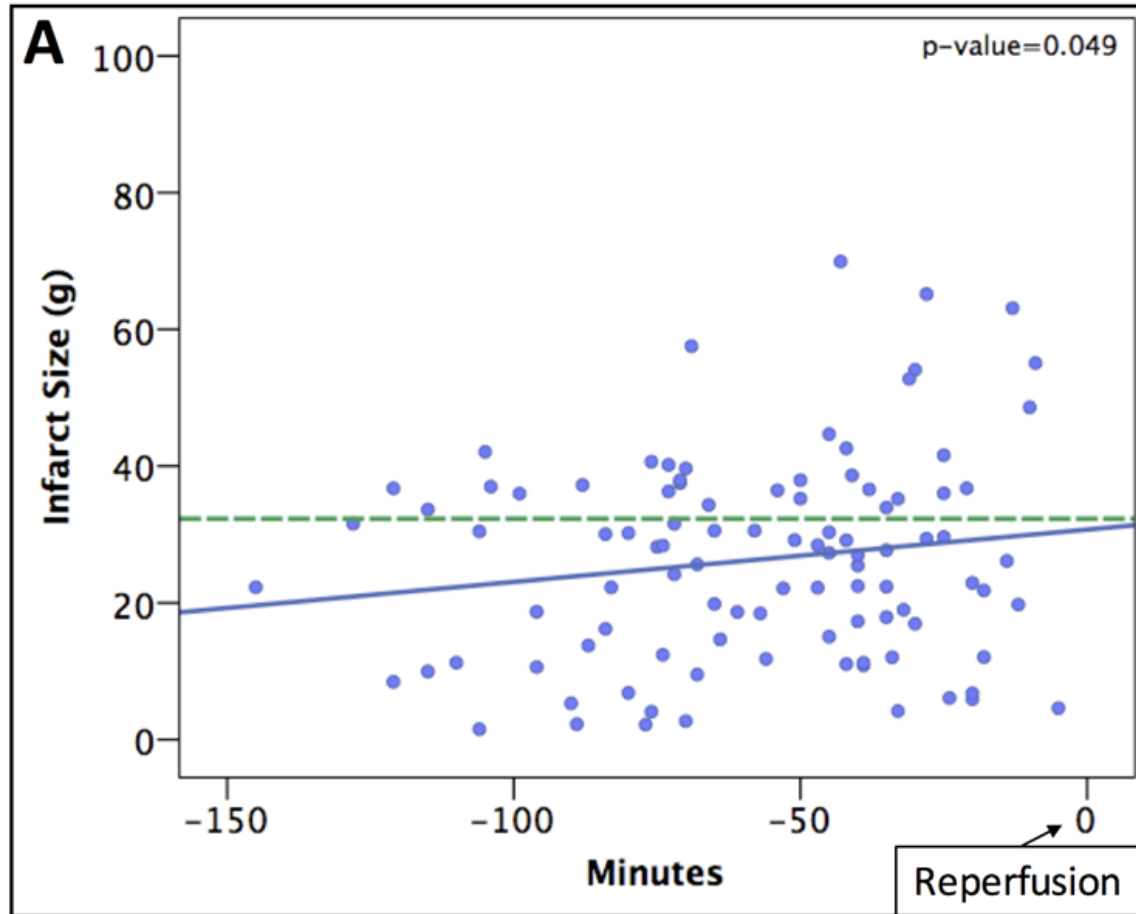


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# Timing of metoprolol admin

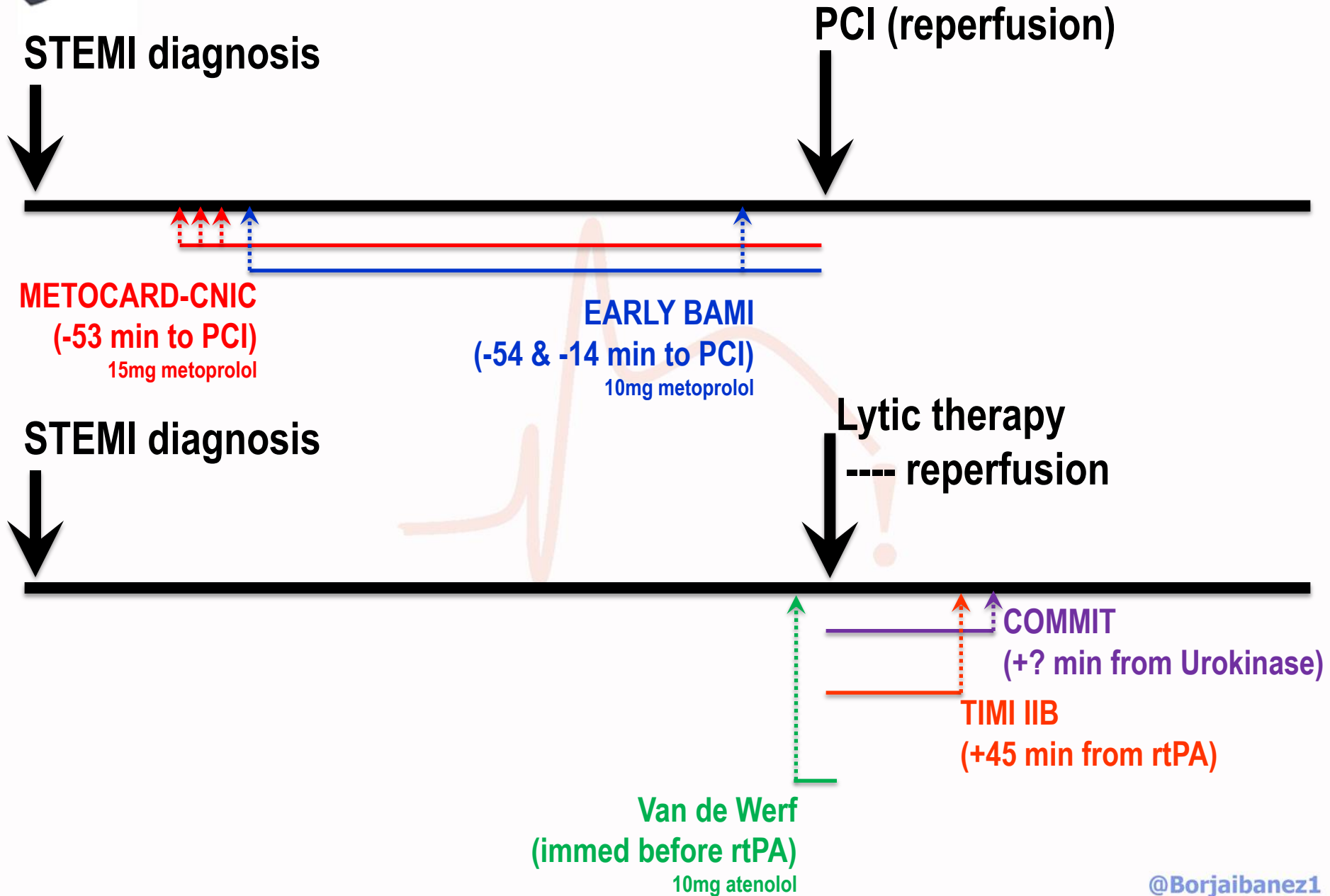
Time of i.v. metoprolol bolus before reperfusion



The longer the “on board” metoprolol duration at reperfusion, the higher the cardioprotection



# Window $\beta$ -blk admin in trials *enic*





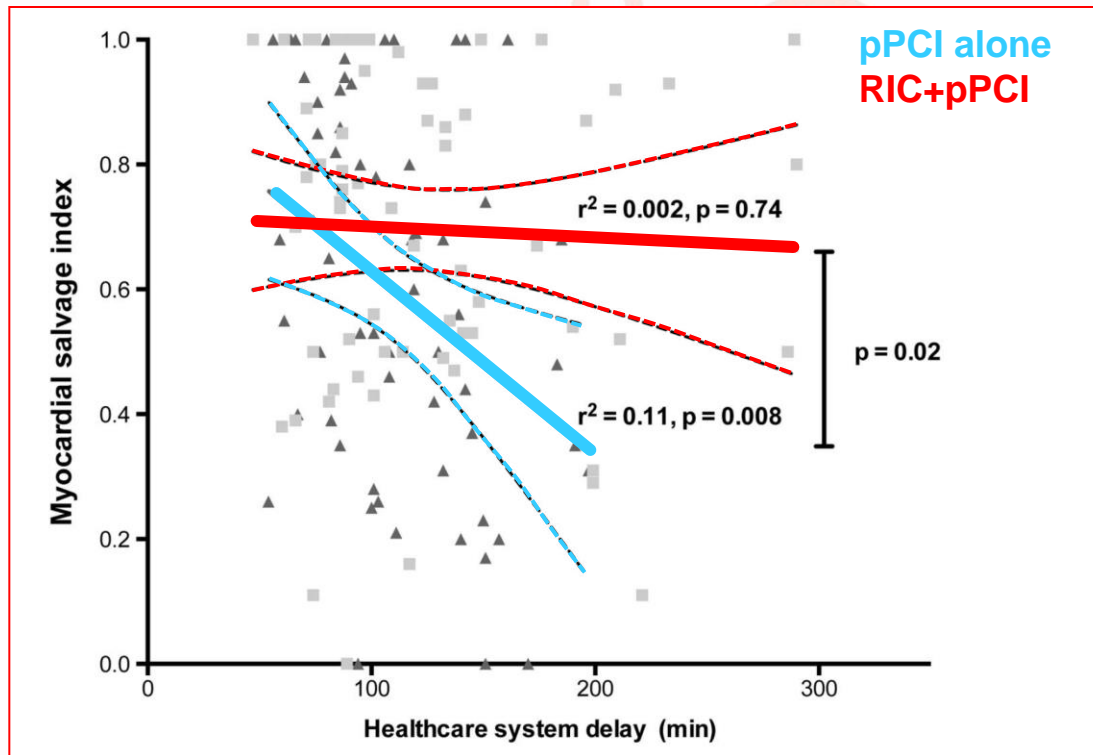


ORIGINAL ARTICLE

## Remote ischaemic conditioning and healthcare system delay in patients with ST-segment elevation myocardial infarction

Kasper Pryds,<sup>1,2</sup> Christian Juhl Terkelsen,<sup>1</sup> Astrid Drivsholm Sloth,<sup>1,2</sup> Kim Munk,<sup>1</sup> Søren Steen Nielsen,<sup>3</sup> Michael Rahbek Schmidt,<sup>1</sup> Hans Erik Bøtker,<sup>1</sup>  
CONDI Investigators

*Heart. 2016 Feb 24. pii: heartjnl-2015-308980.*

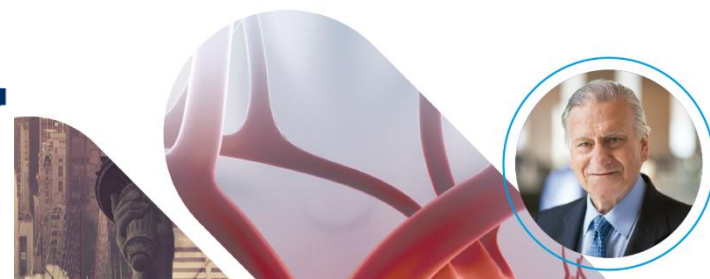




- 1) **Timely** reperfusion widespread use has resulted in a massive reduction of acute mortality during STEMI.
- 2) The next goal is to reduce infarct size to reduce chronic post-MI HF
- 3) Reperfusion injury reduction is a relevant target. Preserve microvascular integrity!
- 4) Metoprolol and remote ischemic conditioning are promising therapies
- 5) **Timing** of administration of therapies to reduce infarct size seem to play a critical role in its ability to protect from ischemia/reperfusion.

# STEMI 1: Timing, Mechanical Type and Pharmacology of Reperfusion: The Three Main Challenges to Decrease Infarct Size and Increase Viability

## New York Cardiovascular Symposium



**Borja Ibanez, MD PhD FESC.**

- Centro Nacional de Investigaciones Cardiovasculares Carlos III (CNIC).
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**@Borjaibanez1**

