

FIRST CORONARY BIFURCATION SUMMIT

The World Belongs to the Brave

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Coronary bifurcation lesions constitute a sizable percentage of all percutaneous coronary interventions (PCIs) in a busy cardiac laboratory. By definition and in real life, most of them are complex and technically challenging. The acute angiographic results may look superb; however, it is also difficult to guarantee to the patient, family, or the operator excellent long-term results. Despite the development of many techniques (V, T, crush, mini-crush, culotte, DK, SKS, etc., which can fill the alphabet soup), the only consensus is that provisional side-branch stenting is the best default strategy. Otherwise the majority of the interventional cardiology community worldwide agrees to disagree about the superiority or noninferiority of each and every stenting technique.

In the context of such idealistic or down-to-earth expectations and with so much intellectual enthusiasm, the activists in the Asian Bifurcation Club (ABC) and the European Bifurcation Club (EBC) co-organized the First Coronary Bifurcation Summit in Nanjing, China, from November 27 to 29, 2008. The major presentations were summarized and graciously allowed to be published in this issue of the *Journal of Interventional Cardiology* (JOIC).

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The proceedings of the Nanjing meeting begin with the presentation of Chen et al. on “Perspectives of Bifurcation Stenting” on behalf of the ABC and EBC. It reviews all the bifurcation techniques and strategies from the point of view of the young interventional cardiologist generation of China, a new powerhouse in the interventional cardiology landscape. In 2008, for the first time, China became the country with the highest number of PCI in Asia.

Then from the land of the rising sun, deep inside a well-respected bench study laboratory, Murasato et al. unveil the results of their “Examination of Stent Deformation and Gap Formation after Complex Stenting of Left Main Coronary Artery Bifurcations Using Microfocus Computed Tomography.” These astute investigators try to decipher the structural deformation of crushed stents and explain the gaps created after bifurcation intervention. By a similar technical tool, Hikichi et al. present the “Benefits and Limitations of Cypher Stent-Based Bifurcation Approaches: In Vitro Evaluation Using MFCT.” These smart and hyperactive investigators try to highlight the limitations and benefits of different bifurcation techniques or stent designs on a bifurcation phantom model.

Then leaving the in vitro laboratory and entering the clinical arena, Chen et al. share their experiences from the “Twenty-Four-Month Update on Double-Kissing

Crush Stenting of Bifurcation Lesions.” The results of several subgroup analyses include review of left main bifurcation lesions and different bifurcation angle groups. Will these excellent results be duplicated independently from another randomized trial? Only time (and the sponsoring device industry) can tell. Then from a prestigious interventional cardiology institution from Korea, Bon-Kwon Koo discusses his elegant “Physiologic Evaluation of Bifurcation Lesions Using Fractional Flow Reserve.” The evidence from his works suggests that FFR-guided intervention for bifurcation lesions is feasible and may prevent unnecessary complex coronary interventions. Then from Southeast Asia, Gim-Hooi Choo presents the “Importance of Kissing Balloon Inflation in Bifurcation Stenting” and Huay-Cheem Tan presents his review on “Stent Thrombosis After Percutaneous Coronary Intervention for Bifurcation Lesions.”

At the end and after so much debate on strategies (one stent or two stents), which techniques (T, V, DK, SKS, FKBI, etc.), or which stent (DES or BMS), the question is what the future can bring.

In a first report, Chen et al. present the successful implantation of a novel dedicated bifurcation stent, “BI-GUARD.” However, behind the short narrative of the implantation of a new bifurcation stent made in China, this is a partial view of a huge domestic interventional cardiology industry which is carving a larger share in the Chinese market, and in a not far future, the world. In the second report from a prestigious Italian institution, Sheiban et al. present “Dedicated Bifurcation Stents.” They give a glimpse of the future by reviewing 11 different types of currently available or investigational dedicated bifurcation stents. Which ones will dominate the market? (Let us know your opinion, so the cardiologist investor can buy the stocks of that company.)

At the end, after a long day in the interventional laboratory, after a long educational meeting, or at the top of a long, exciting or challenging interventional cardiology career, to tackle a bifurcation lesion is a tiring process. To be experienced in bifurcation interventions requires more than patience and labor. It is a challenge when thinking about intervention in bifurcation lesions because of the contradictory results from many randomized trials. For the interventional cardiologist or scientist, interventions in bifurcation lesions still require a lot of innovation and imagination even after many techniques have been invented, modified, designed, and reinvented. However, to join the debate in intervention of bifurcation lesions is an ethereal experience. It is free for all, open for all players (from new kids on the block to old guards), with rules or without rules (thinking outside the box) as long as the data show that the patient has a heart and the operator has a brain. The debate on bifurcation lesions has recently been energized by the entry of a new heavyweight—China, with its new generation of supercharged young interventional cardiologists who behave like a kid in a candy shop or a bull in a china shop, with plenty of energy to burn and resources to spend (intravascular ultrasound is required for every procedure). So as in Nanjing, and now in the printed media, please enter the world of the young and restless, to review the data and pick and choose the experiences you can use in your interventional laboratory. Live life in the fast lane again. Let the adrenaline rush through your body and let the game begin, *because the world belongs to the brave.*¹

¹Motto carved on the wooden CD boxes given to participants and faculty of the First Bifurcation Summit in Nanjing, China, as a souvenir.