

The Philips logo is displayed in a white rounded rectangle with a teal gradient at the bottom. The background of the entire top section is a photograph of a medical professional in a catheterization lab, with a large monitor showing a coronary angiogram and a pressure waveform. The monitor displays 'iFR' 0.89 and a table of data. The waveform shows a series of peaks and troughs, characteristic of a pressure measurement during a procedure. The monitor also shows '0:06' at the top left and '3/25/2016 0 3/25/2016 11:41 AM Run 1 - Frame 41/171' at the top right. The Philips logo is visible at the bottom right of the monitor.

iFR clinical evidence
compendium

Proven outcomes.
Superior value.^{1,2}

DEFINE FLAIR¹

Functional Lesion Assessment of Intermediate stenosis to guide Revascularisation. First global study of physiology N = 2492 patients.

Primary objective

- To assess safety and efficacy of decision-making on coronary revascularisation based on iFR vs FFR
- To assess whether the iFR is non-inferior to FFR when used to guide treatment of coronary stenosis with PCI

Primary endpoint

- Major adverse cardiac events (MACE) rate in the iFR and FFR groups at 30 days, 1 and 2 years.
Data from one year follow up will be presented
- MACE (combined endpoint of death, non-fatal MI, or unplanned revascularisation)

iFR Swedeheart³

Evaluation of iFR vs FFR in stable angina or acute coronary syndrome N = 2037 patients.

Primary objective

- Compare the clinical outcome of patients assessed by iFR with patients assessed by FFR
- Registry based randomized clinical trial (RRCT) in SCAAR/SWEDEHEART

Primary endpoint

- All cause death: national death registry, 100% follow-up adjudication
- Myocardial infarction
- Unplanned revascularization
- Follow up: SCAAR (Swedeheart/Iceland) > 99%, Denmark follow-up in the Danish registry
- Angiographic assessment by experienced observer (blinded to the randomization)

FAME⁴

Primary objective

- To assess safety and efficacy of FFR guided PCI in patients with multivessel coronary artery disease who are undergoing PCI, compared to angiography alone

Primary endpoint

- Rate of death, nonfatal myocardial infarction, and repeat revascularization at 1 year

FAME II⁵

Primary objective

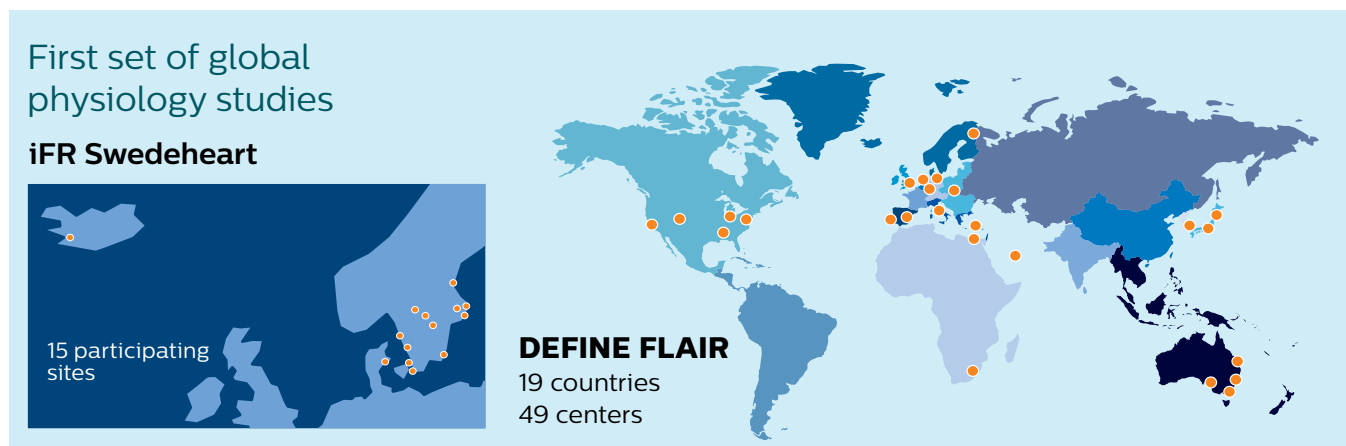
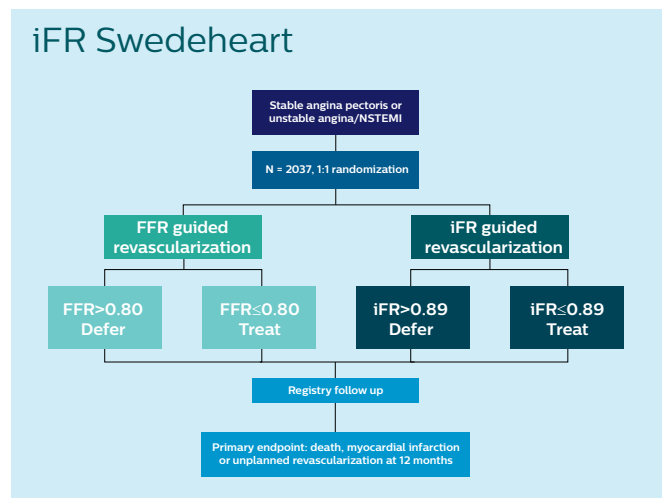
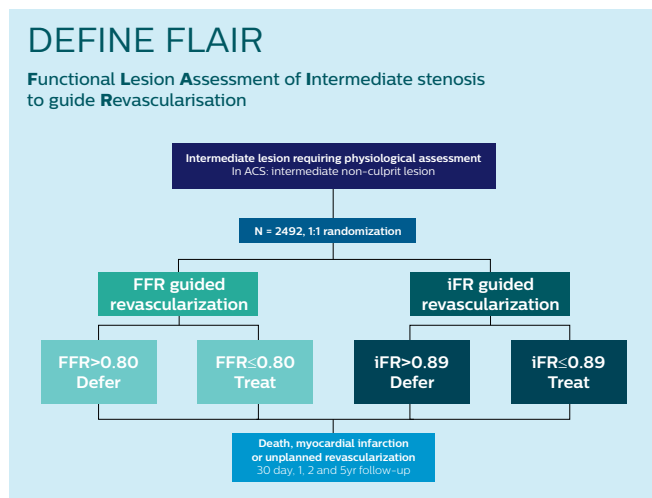
- To assess outcome in patients with functionally significant stenoses, as determined by measurement of FFR, between PCI plus the best available medical therapy versus the best available medical therapy alone.

Primary endpoint

- Composite of death, myocardial infarction, or urgent revascularization

Trial comparisons

	DEFINE FLAIR ¹	iFR Swedeheart ³	FAME ⁴	FAME II ⁵
# of physiology-guided patients	2492	2037	509	441
Centers	Global	EU	EU & US	EU & US
Core lab analysis	Yes	Yes	No	No
Follow-up blinded	Yes	Yes	No	No
Inclusive of all stable CAD patients	Yes	Yes	No (MVD patients only)	Yes
Inclusive of ACS patients	Yes	Yes	No	No



1. DEFINE FLAIR: Functional Lesion Assessment of Intermediate Stenosis to Guide Revascularisation <https://clinicaltrials.gov/ct2/show/NCT02053038>
2. Late breaker presentation "DEFINE-FLAIR: Comparative Cost Effectiveness of the Instantaneous Wave-free Ratio versus Fractional Flow Reserve in Coronary Revascularization Decision-making" ACC Marc 10, 2018.
3. iFR Swedeheart: Evaluation of iFR vs FFR in Stable Angina or Acute Coronary Syndrome <https://clinicaltrials.gov/ct2/show/NCT02166736>
4. Tonino PA, et al., FAME Study Investigators. Fractional flow reserve versus angiography for guiding percutaneous coronary intervention. N Engl J Med. 2009 Jan 15;360(3):213-24.
5. De Bruyne B, et al., FAME 2 Trial Investigators. Fractional flow reserve-guided PCI versus medical therapy in stable coronary disease. N Engl J Med. 2012 Sep 13;367(11):991-1001.

