



## OCT versus angiography


### Conclusion

 Optical coherence tomography (OCT)-guided percutaneous coronary intervention (PCI) leads to a larger minimum stent area but does not reduce the 2-year rate of target vessel failure compared with angiography-guided PCI.

### Impact on clinical practice

 OCT-guided PCI led to a larger minimum stent area, enhanced the safety of the PCI procedure and resulted in nearly a two-thirds reduction in stent thrombosis during 2-year follow-up. However, OCT guidance did not reduce the 2-year rate of target vessel failure compared with angiography-guided PCI.

### Study objectives

 The ILUMIEN IV trial investigated whether OCT-guided PCI is superior to angiography-guided PCI for minimum stent area and target vessel failure in complex patients and lesions.

### Study population

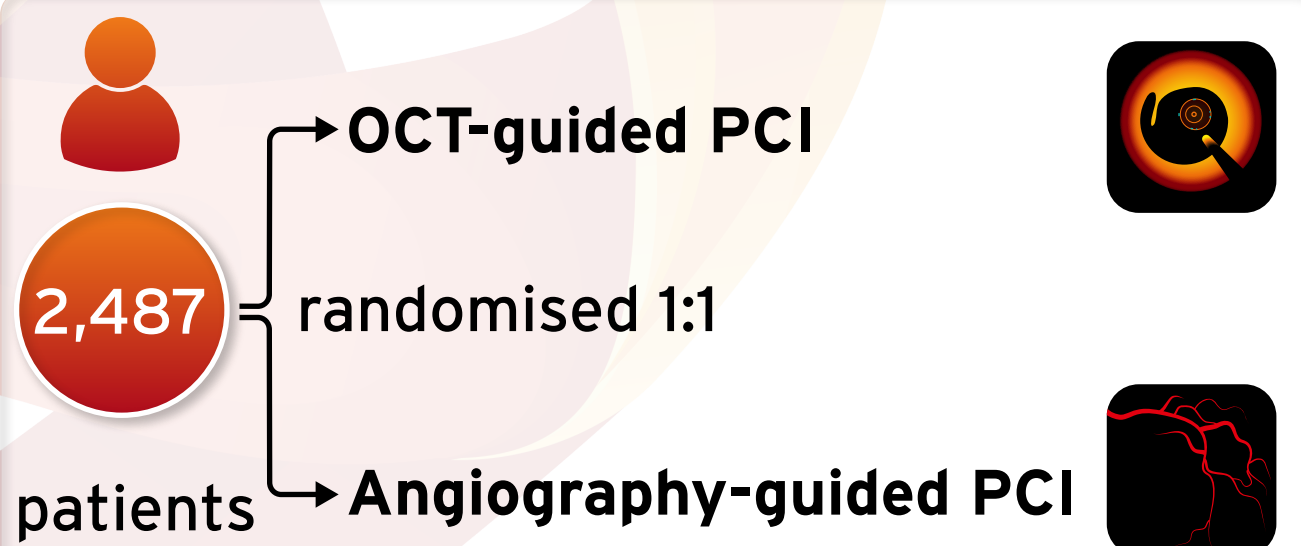
Patients with medication-treated diabetes and/or complex lesions.

### Where?

 18 countries

 80 sites

### Who and what?

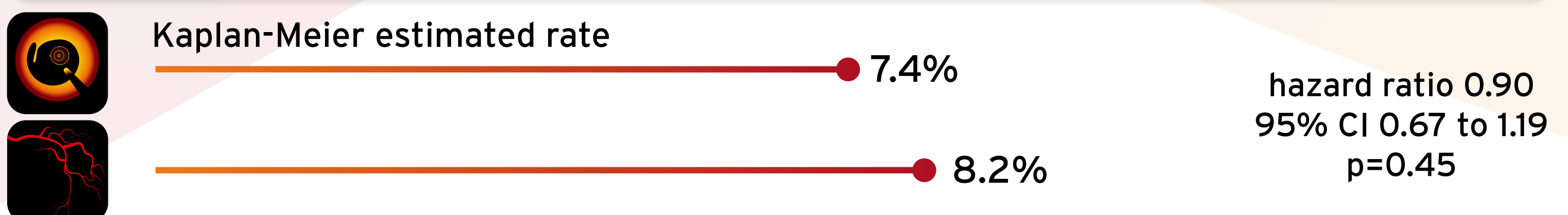


### Co-primary endpoints

post-PCI minimum stent area assessed by OCT



2-year rate of target vessel failure (composite of cardiac death, target vessel myocardial infarction, or ischaemia-driven target vessel revascularisation)



### Secondary endpoint

Stent thrombosis within 2 years

