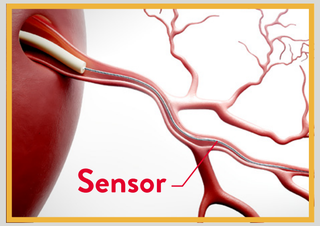
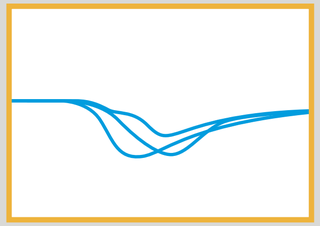
## C
### Catheter Engagement

- Flush thoroughly[1]
- Coaxial guide engagement[1]
- Ensure no damping[1]




## A
### Advance Wire

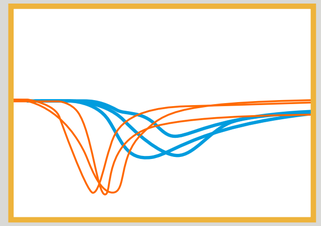
- Interrogate LAD unless there is a specific territory of interest[2]
- Advance wire sensor 2/3 distally in vessel[3]
- Administer GTN/NTG[1]



## T
### Transit Time at Rest

- Flush/purge pre-$Tmn_{rest}$ to clear any blood and contrast[3]
- Room temperature saline[3]
- Brisk 3 mL x 3 injections[3]
- Address outliers (± 0.15s) before proceeding[4*]

*Repeat measurement of $Tmn_{rest}$

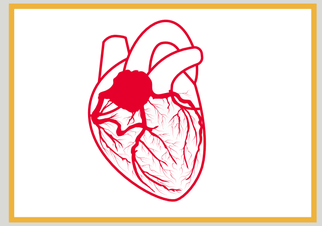


## H
### Hyperemic Transit Time

- Induce hyperemia[5]
- Confirm hyperemia*[6]
- Flush/purge pre-$Tmn_{hyp}$ to clear any blood and contrast[6]
- Room temperature saline[6]
- Brisk 3 mL x 3 injections[6]
- Address outliers (± 0.15s) before proceeding[4**]

*Decrease in pressure, patient symptoms, FFR drop

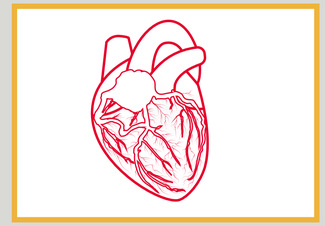
**Repeat measurement of $Tmn_{hyp}$



## C
### Coronary Flow Reserve (CFR)

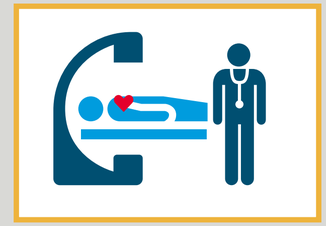
- CFR <2.5*[4]
- CFR grey zone 2.0-2.4*

*Evolving consensus



## M
### Index of Microcirculatory Resistance (IMR)

- IMR ≥25[2]
- Use IMRcorr if FFR ≤0.80[7]



## D
### Diagnosis

- Diagnosis of CMD based on IMR ≥25 and CFR <2.5*[2,4]
- CFR grey zone 2.0-2.4*
- Refer to guidelines and consensus document[2,4, 8-9]

*Evolving consensus

**GTN** (glyceryl trinitrate) | **NTG** (nitroglycerin) | **LAD** (left anterior descending) | **FFR** (fractional flow reserve) | **IMRcorr** (IMR corrected) | **CMD** (coronary microvascular dysfunction) | **$Tmn_{rest}$** (resting transit mean time) | **$Tmn_{hyp}$** (hyperemic transit mean time)

**References:**


1. Berry C. Fractional Flow Reserve, Coronary Flow Reserve and the Index of Microvascular Resistance in Clinical Practice. *Radcliffe Cardiology.* 2014, 1-6. 2. Kunadian V, et al. EAPCI Expert Consensus Document on Ischaemia with Non-Obstructive Coronary Arteries. *EHJ.* 2020; 0, 1-21.
3. Fearon W, et al. Invasive Assessment of the Coronary Microvasculature: The Index of Microcirculatory Resistance. *Circ Cardiovasc Interv.* 2017; 10:e005361 4. Perera D, et al. Invasive coronary physiology in patients with angina and non-obstructive coronary artery disease. *Heart.* 2022; 0, 1-8.
5. Ford T, et al. Stratified Medical Therapy Using Invasive Coronary Function Testing in Angina: *The CorMicA Trial. JACC.* 2018, 72, 2841-55. 6. Ang D, et al. Interventional Diagnostic Procedure: a Practical Guide for the Assessment of Coronary Vascular Function. *JOVE* 2022; 181, e2265.
7. Yong A, et al. Calculation of the Index of Microcirculatory Resistance Without Coronary Wedge Pressure Measurement in the Presence of Epicardial Stenosis. *JACC: Cardiovasc Interv.* 2013; 6, 53-8. 8. Knuuti J, et al. ESC guidelines. *EHJ.* 2020; 41, 407-477. 9. Gulati M, et al. 2021 Chest Pain Guideline, *Circulation.* 2021; 144, e368-e454.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**Abbott International BVBA**
Park Lane, Culliganlaan 2B, 1831 Diegem, Belgium, Tel: 32.2.714.14.11
www.cardiovascular.abbott