



JEOPARDY!

Board



Categories

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Board

\$500

\$0

\$900

\$900



Reset

Instructions

- To start a new game, click the “reset” button on the board slide. This will reset the board, set each player’s score to 0, and randomly move the Daily Double.
- Click “Adj Scores” from the board to manually change scores.
- Click on the lights at the bottom to start a countdown (click below to change).
- Incorrect response: Click the “incorrect” button if the player responds incorrectly, and their score will subtract.
- Correct response: Press the “correct” button if the player responds correctly, and the correct response will then be shown.
 - To skip viewing the correct response, check the box below
- If no one gets the question correct, press the arrow to go to the next slide (or return to the board if the checkbox below is checked).
- **Troubleshooting:**
 - Do not delete the value shape (e.g. \$400) from any slide. If you don’t like it, you can move it off the screen, but DON’T DELETE IT, and don’t change its text!!!
 - Do not delete question slides and copy them in from somewhere else. You can do this to replace “answer” slides, but just not question slides (unless you re-apply the hyperlinks to the board)
 - If none of the functions are working, see [“Macro Troubleshooting”](#)

Return to Board on correct response

Adjust Countdown Timer

Enable Daily Doubles

Board

\$500

\$0

\$900

\$900



Instructions

IVUS

Physio

Prep

Data
Monkey

\$100

Adj Scores

Final



Board

✓ \$500 ✗

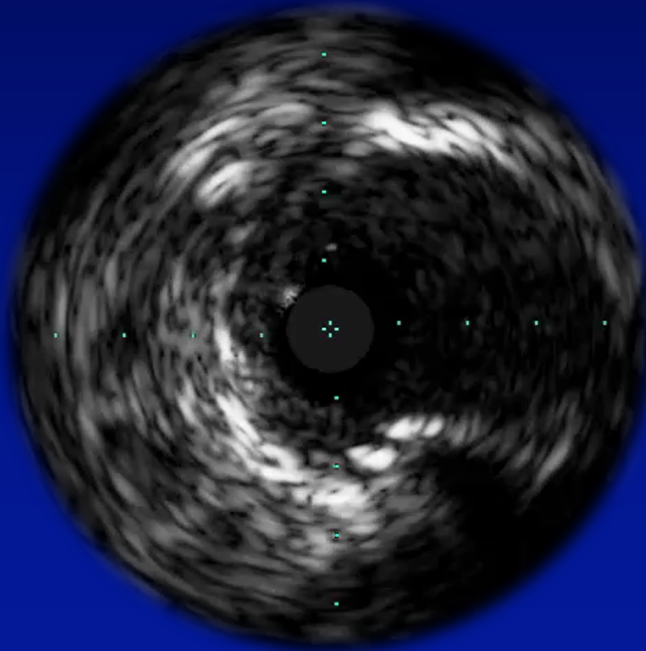
✓ \$0 ✗

✓ \$900 ✗

✓ \$900 ✗



IVUS \$100



Board

\$500

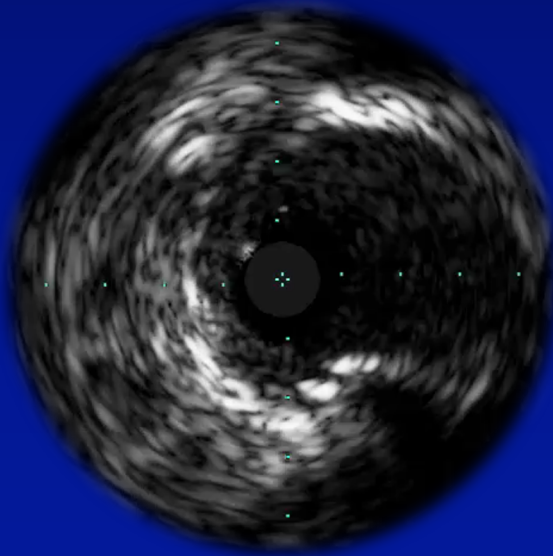
\$0

\$900

\$900

Shocking Drugs \$100

What is a dissection flap?



Board

✓ \$500 ✗

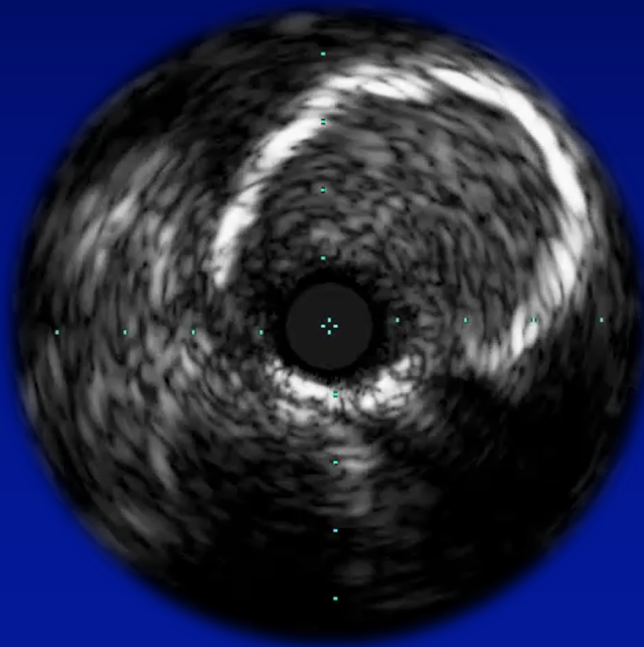
✓ \$0 ✗

✓ \$900 ✗

✓ \$900 ✗



IVUS \$200



Board

\$500

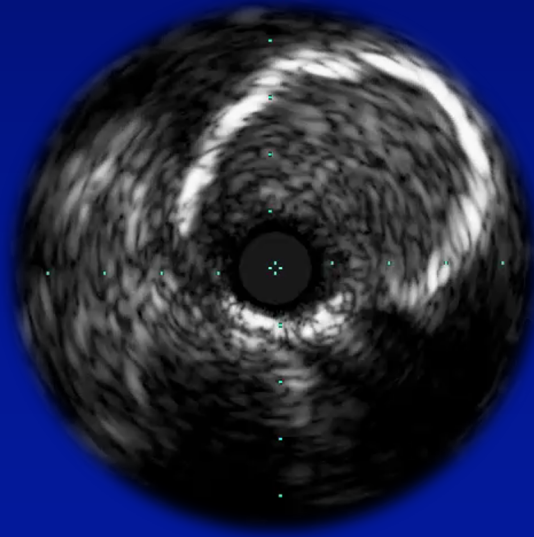
\$0

\$900

\$900

IVUS \$200

What is Blood stasis artifact?



Board

✓ \$500 ✗

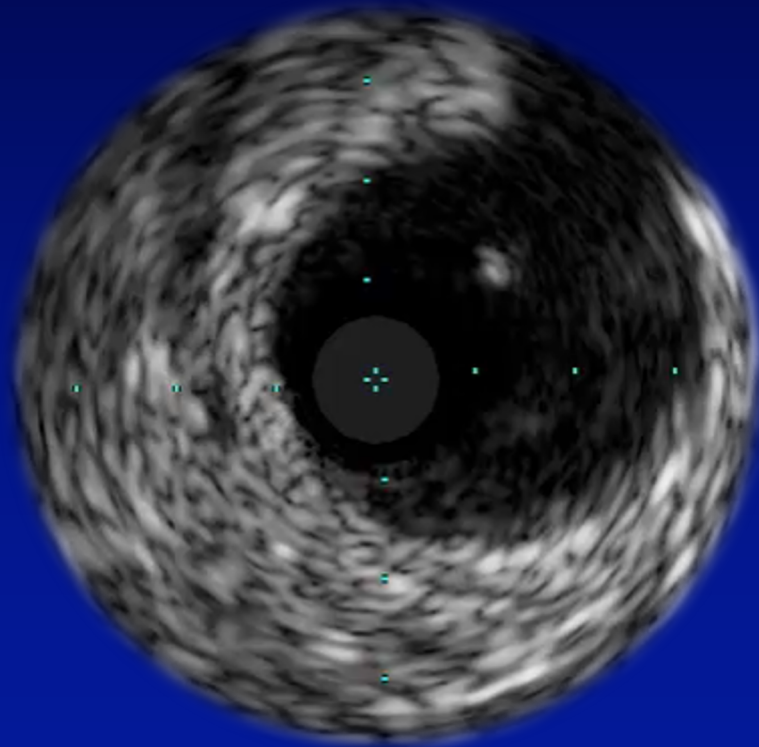
✓ \$0 ✗

✓ \$900 ✗

✓ \$900 ✗



IVUS \$300



Board

\$500

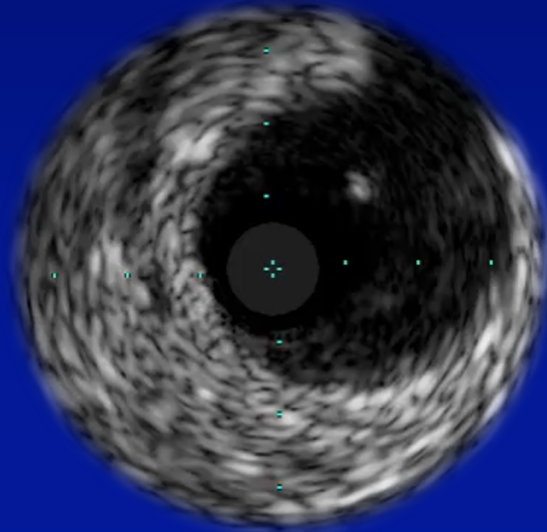
\$0

\$900

\$900

IVUS \$300

What is dissection with intramural hematoma?



Board

✓ \$500 ✗

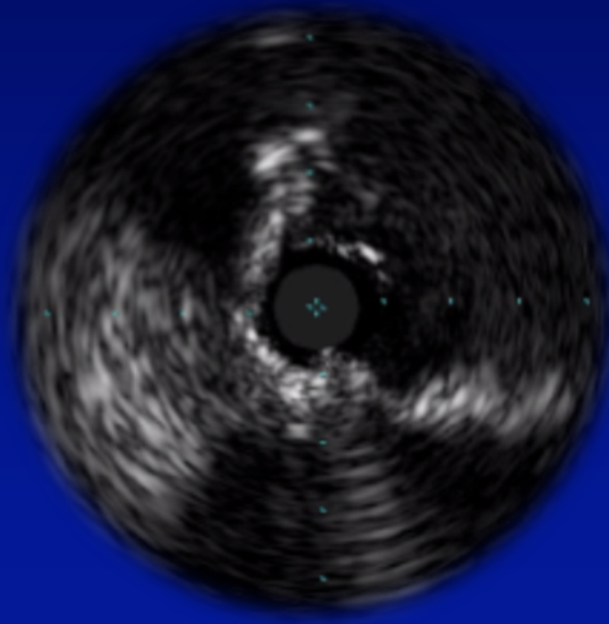
✓ \$0 ✗

✓ \$900 ✗

✓ \$900 ✗

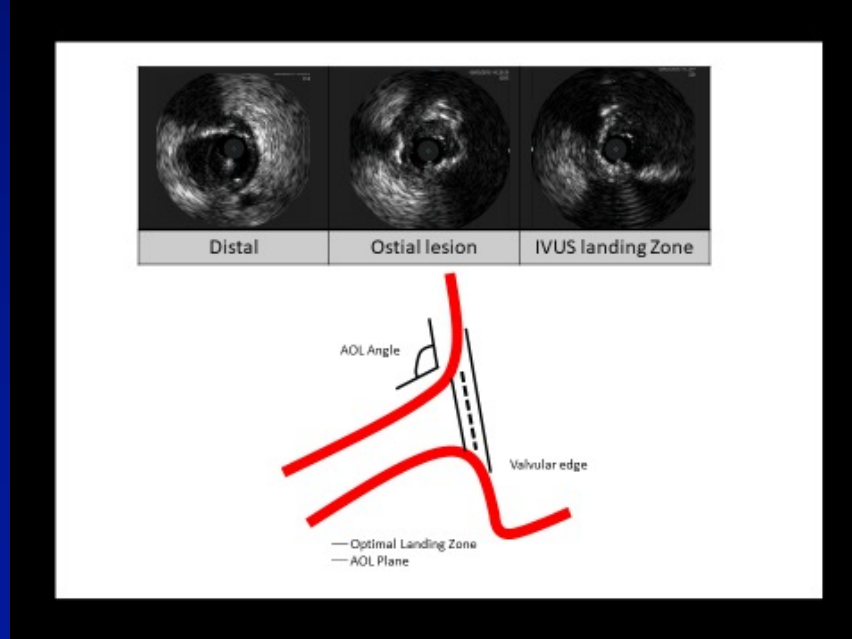


IVUS \$400



IVUS \$400

What is Aorto-Ostial Landing zone?



Physio Ain't for suckers \$100

The best place to normalize the
pressure wire



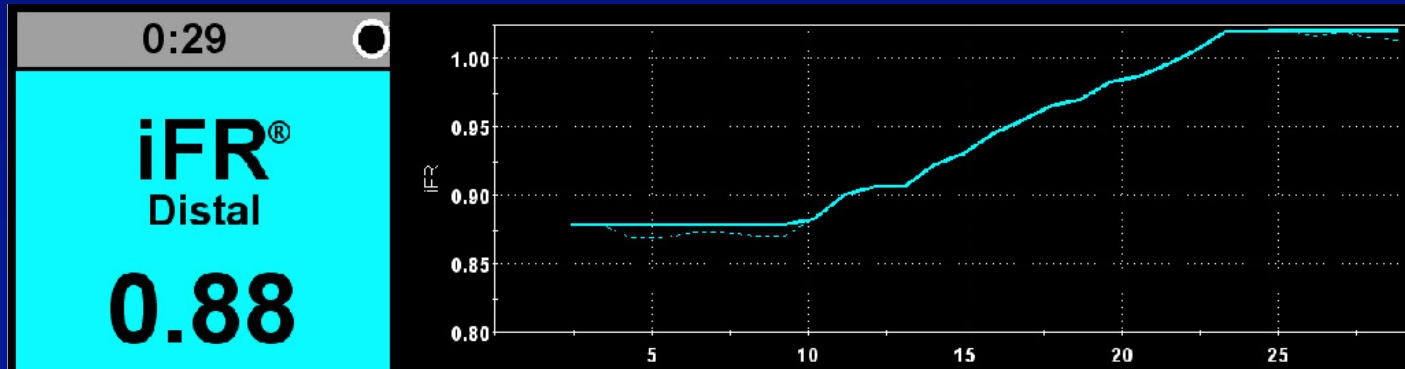
Physio Ain't for suckers \$100

What is the ascending aorta?

- The best place to normalize the wire is where there is absolutely nothing that interferes with matching the tip of the guide pressure to the pressure sensor on the wire.

Physio Ain't for suckers \$200

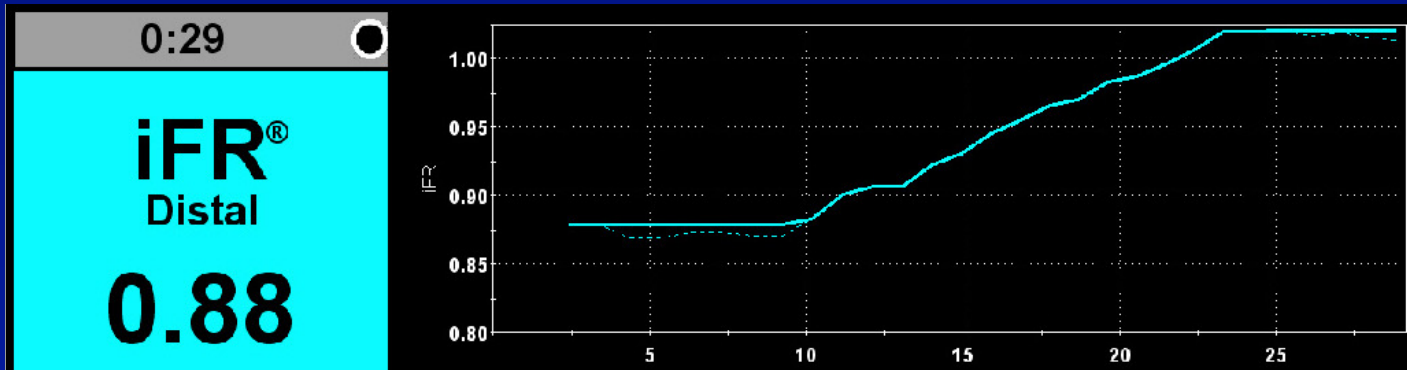
The following pullback pattern



Physio Ain't for suckers \$200

What is a diffuse pattern?

- Consistent with diffuse ischemia across the entire vessel



Physio Ain't for suckers \$300

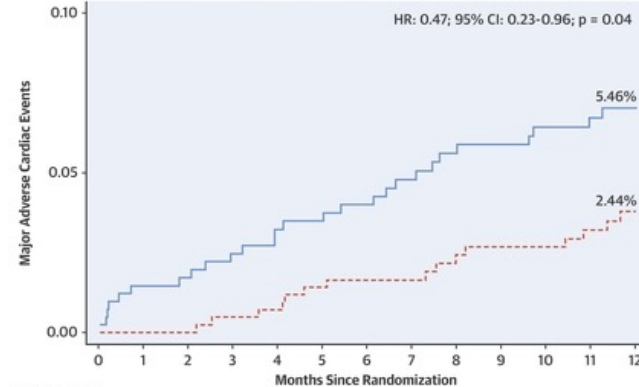
The major epicardial vessel where iFR has a proven benefit over FFR.



Physio Ain't for suckers \$300*

What is the Left anterior descending artery?

CENTRAL ILLUSTRATION: Major Adverse Cardiac Events in Left Anterior Descending-Deferred Patients: Kaplan-Meier Curves



Number at risk

FFR	421	403	398	395	392	391	385	370	363	360	356	345	266
iFR	451	430	428	424	423	417	409	394	390	385	382	373	279

— Fractional Flow Reserve - - - - Instantaneous Wave-Free Ratio

Sen, S. et al. *J Am Coll Cardiol.* 2019;73(4):444-53.

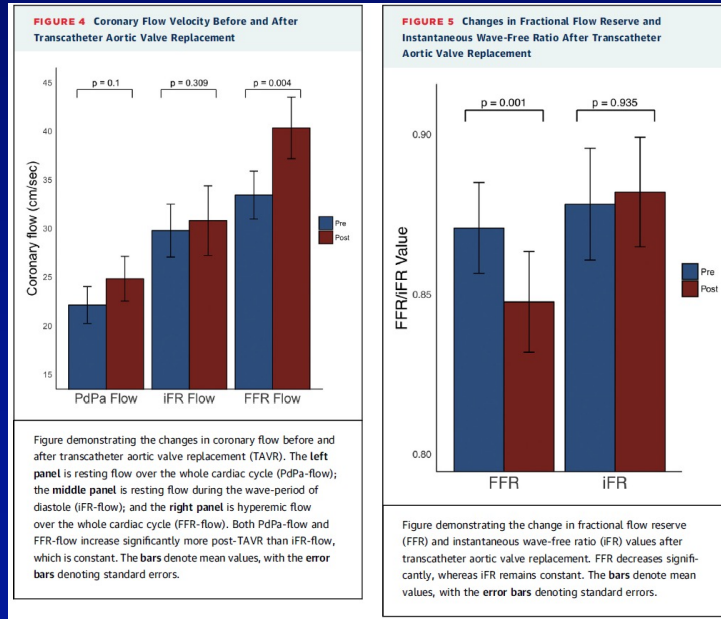
Physio Ain't for suckers \$400

This is the best physiologic test for moderate coronary stenosis in patients with severe AS.



Physio Ain't for suckers \$400

What is iFR?



P-P-Prep \$100

What degree of calcium seen on IVUS increases the need for rotational or orbital atherectomy?

Board

\$500

\$0

\$900

\$900



P-P-Prep \$100

What is 270 degrees?

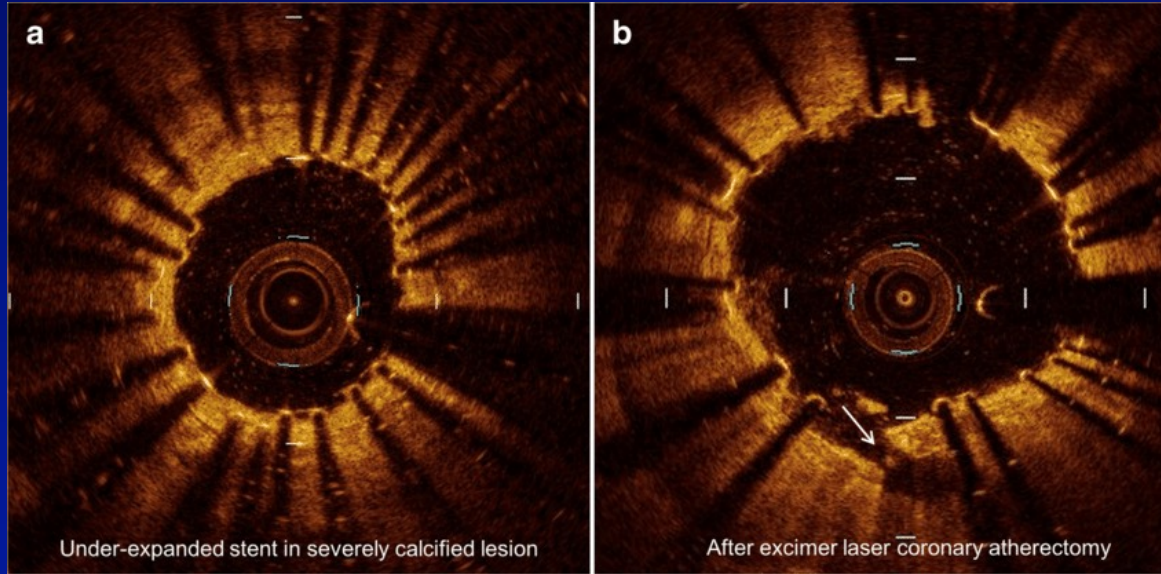
P-P-Prep \$200

This modality can be used to help treat under-expanded stents due to calcium or fibrosis



P-P-Prep \$200

What is Laser Atherectomy?



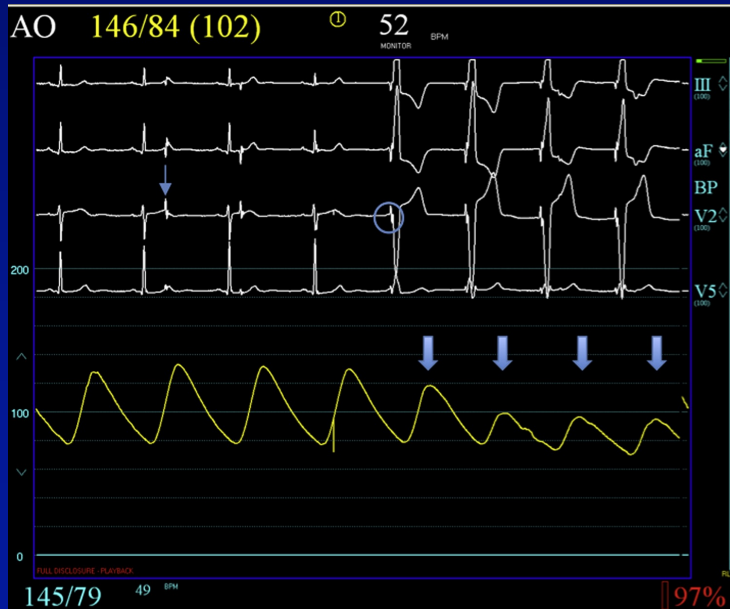
P-P-Prep \$300

Even though safety data did not reveal any adverse events, this modality can lead to electromechanical capture and has a theoretical risk of inducing tachyarrhythmias



P-P-Prep \$300

What is SHOCKWAVE Lithotripsy?



P-P-Prep \$400

Name the drug that can be used to reduce the risk of bradyarrhythmia when performing orbital or rotational atherectomy of the right coronary artery



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P-P-Prep \$400

What is Aminophylline?

Data Monkey \$100

The definitive RCT trials for iFR compared to FFR.



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Data Monkey \$100

What is Define Flare and iFR Swedeheart?

Data Monkey \$200

The trial exemplifying the benefit of routine use IVUS, physiology, and 2nd generation DES over prior PCI.



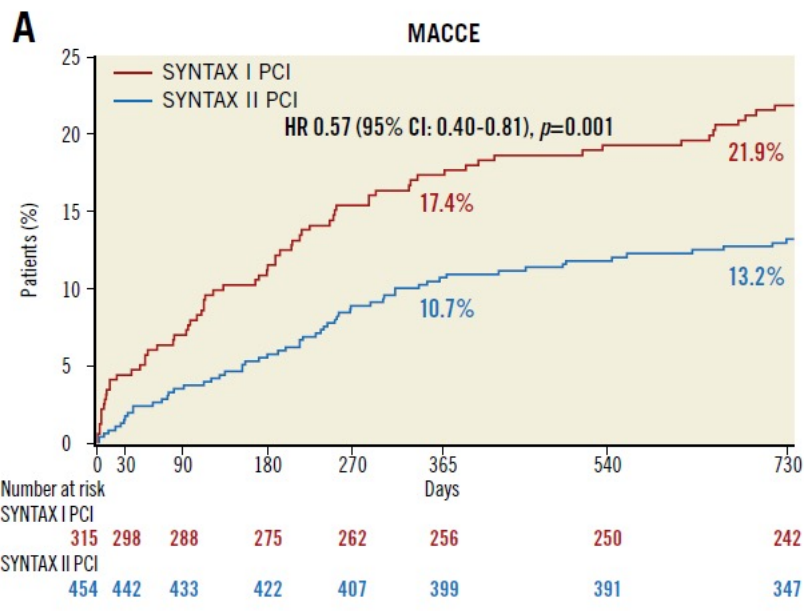
Data Monkey \$200

What is Syntax II?

Supplementary Table 3. Achievement of SYNTAX II strategy.

	SYNTAX II	SYNTAX-I PCI	p-value
SYNTAX score II calculated	100% (454/454)	100% (315/315)	1.000
iFR/FFR per patient	96.4% (431/447)	NA	NA
iFR/FFR per lesion	75.5% (1,177/1,559)	NA	NA
Post-stenting IVUS per patient	84.1% (384/454)	4.8% (15/311)	<0.001
Post-stenting IVUS per lesion	76.4% (872/1,142)	NA	NA
Success rate of CTO PCI per lesion	87.0% (94/108)	57.4% (54/94)	<0.001
Current-generation DES used	98.4% (440/447)	0% (0/315)	<0.001
	SYNERGY EES (strut thickness: 74 μ m)	TAXUS PES (strut thickness: 132 μ m)	
Statin at discharge	97.3% (437/449)	85.4% (268/314)	<0.001

CTO: chronic total occlusion; DES: drug-eluting stent; FFR: fractional flow reserve; iFR: instantaneous wave-free ratio; IVUS: intravascular ultrasound; PCI: percutaneous coronary intervention



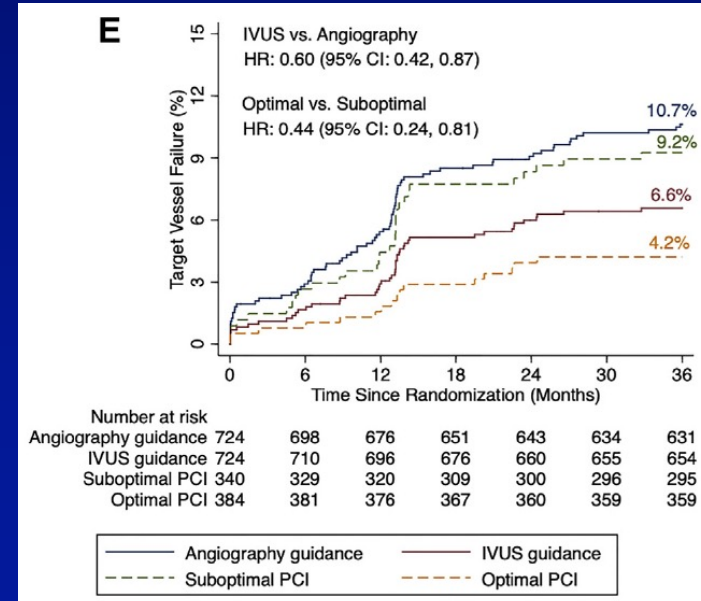
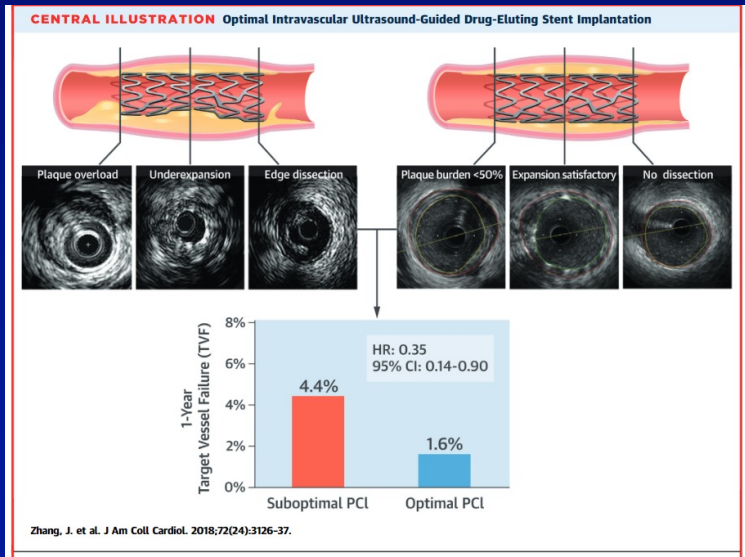
Data Monkey \$300

The most recent RCT showing optimal PCI with IVUS imaging is superior to angiographic PCI.



Data Monkey \$300

What is ULTIMATE?



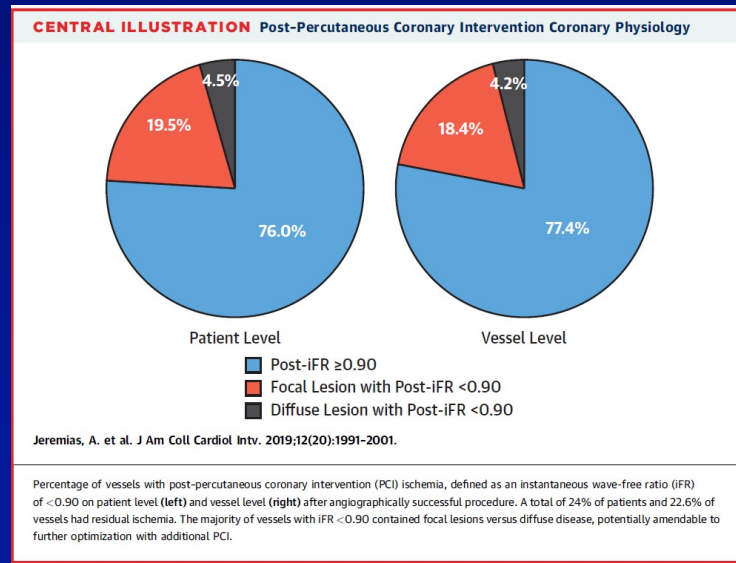
Data Monkey \$400

The study evaluating post PCI iFR that showed nearly a quarter of vessels are left ischemic after PCI.



Data Monkey \$400

What is a DEFINE PCI?



Board

\$500

\$0

\$900

\$900

DAILY DOUBLE!

Enter your wager

Go!

Board

\$500

\$0

\$900

\$900



FINAL JEOPARDY!



Next

Board

\$500

\$0

\$900

\$900



Category



IVUS, again?

Next

Board

\$500

\$0

\$900

\$900



Final Jeopardy Question

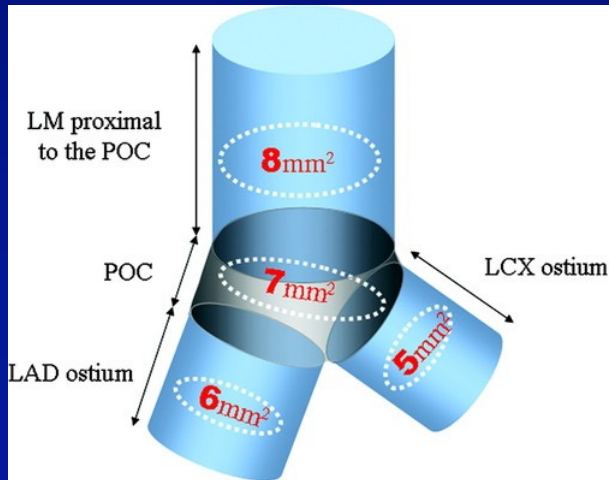
What is the 5-6-7-8 rule or criteria?



Next

Final Jeopardy Response

What is obtaining an MSA 5.0 mm² for the LCx ostium, 6.3 mm² for the LAD ostium, 7.2 mm² for the polygon of confluence, and 8.2 mm² for the proximal LM?



- A smaller IVUS-MSA of one of the segments = higher rate of ISR and clinical MACE