MAKE COMBINATION THERAPY GREAT AGAIN

DCBS AND AND SPOT STENTS IN FEMPOP LESIONS

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Disclosure

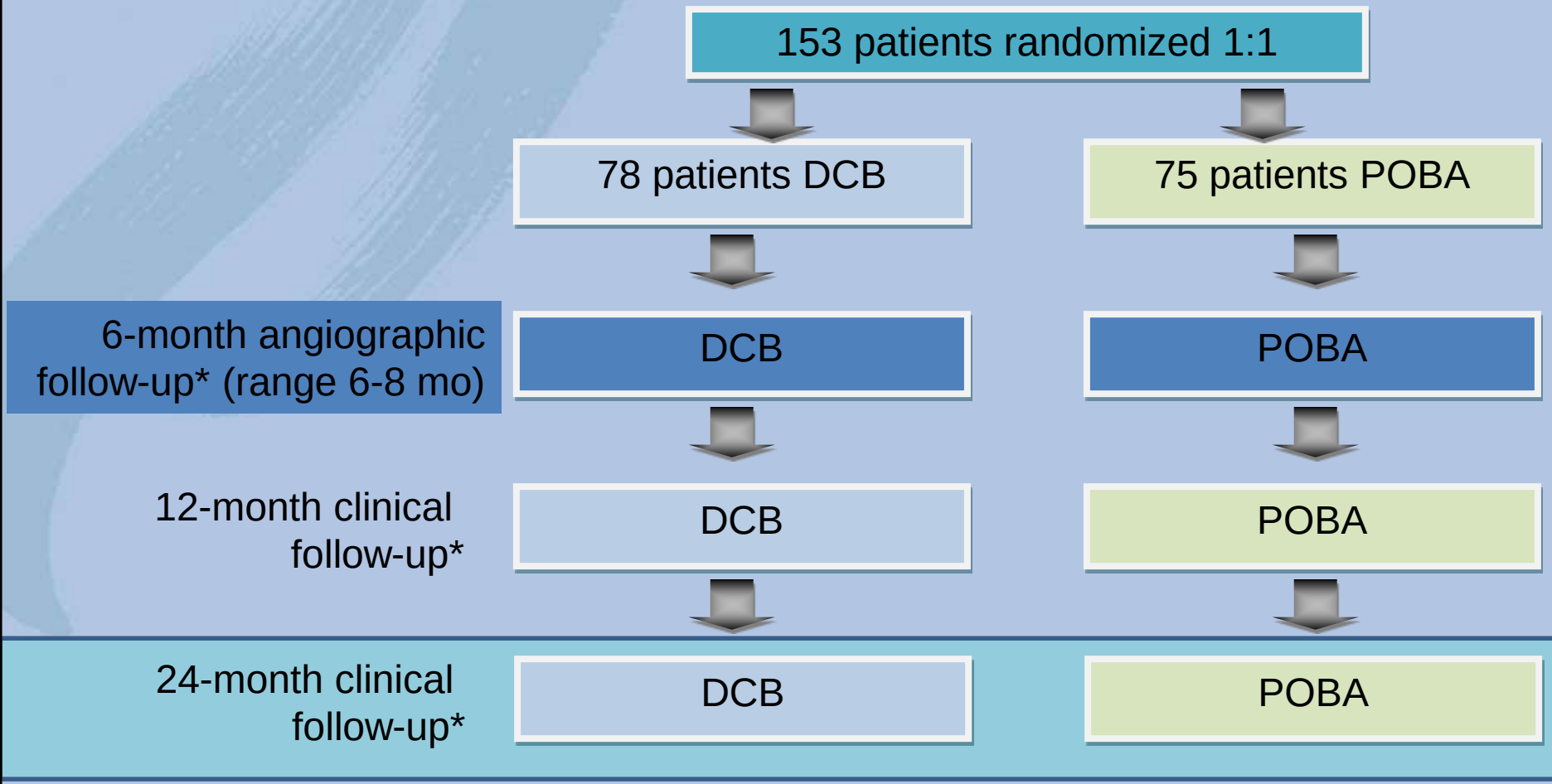
Speaker name:

Gunnar Tepe

I have the following potential conflicts of interest to report:

Study support and Advisory Board BBraun

Consequent Study - Design

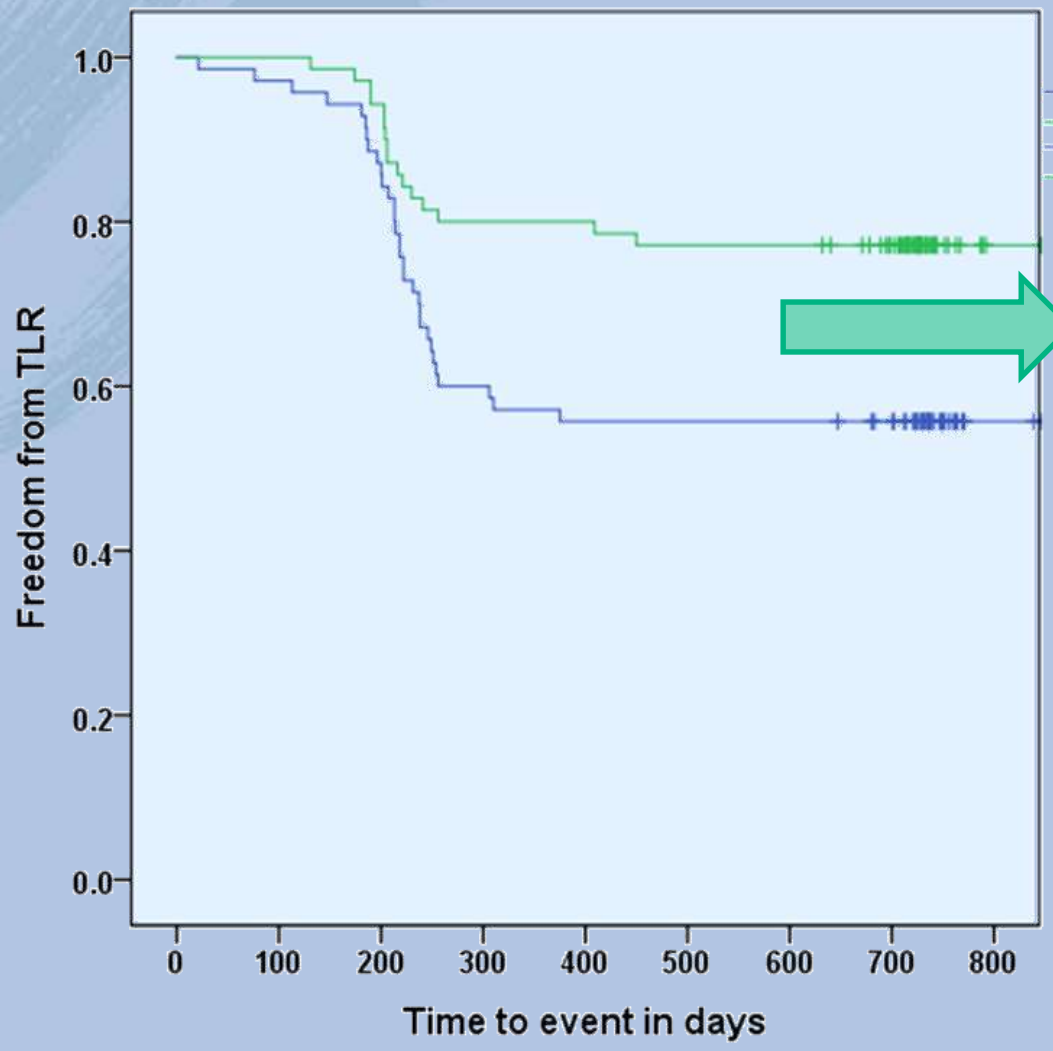


- including walking test, ABI and Duplex

Lesion details – target lesions

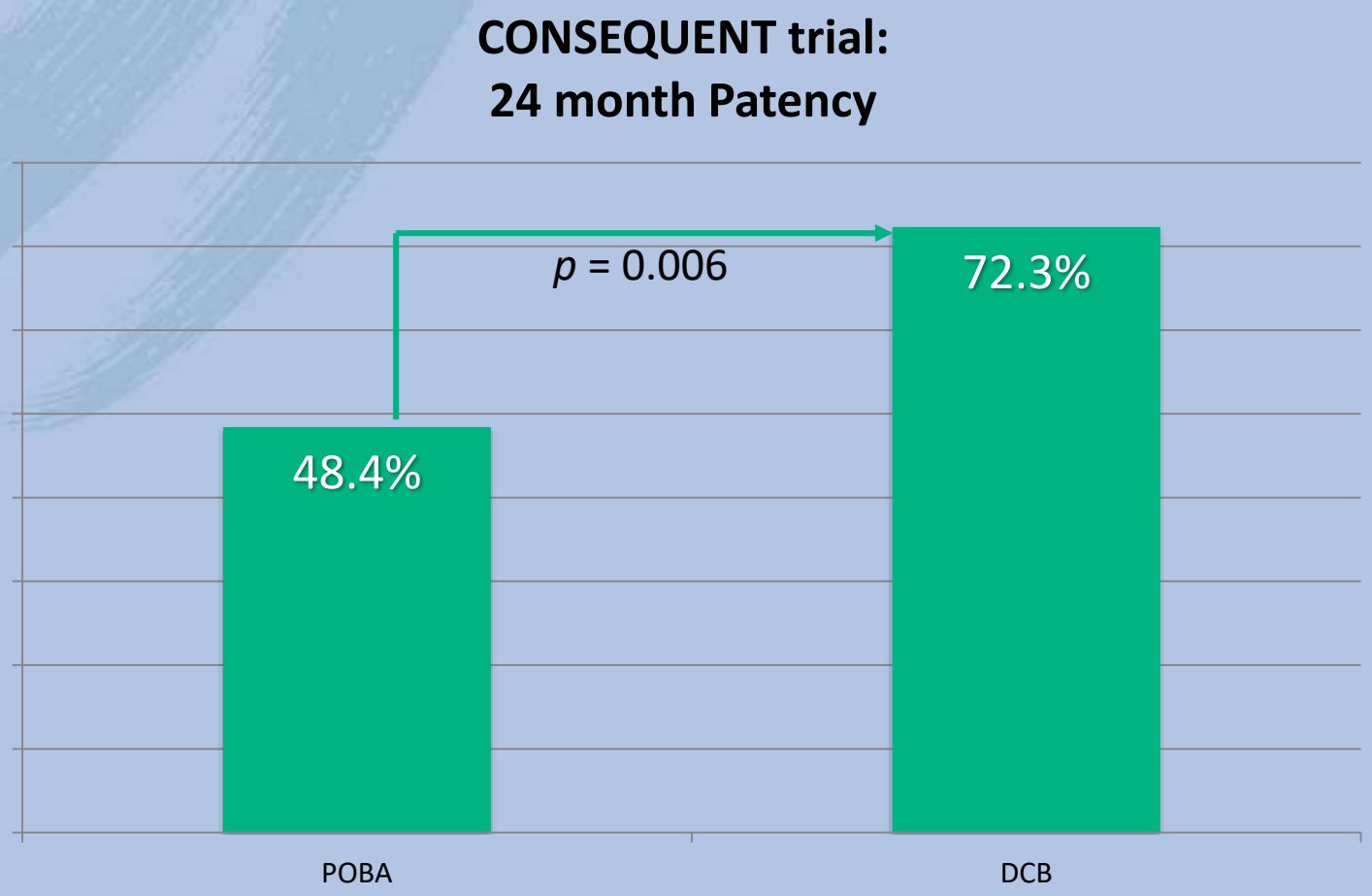
	All patients	Drug Coated Balloon	Uncoated Balloon	p-value
Target lesions	153	78	75	-
Location SFA P1/P2 SFA + P1/P2	 122 (79.7%) 9 (5.9%) 22 (14.4%)	 63 (80.8%) 4 (5.1%) 11 (14.1%)	 59 (78.7%) 5 (6.7%) 11 (14.7%)	0.912
TASC A TASC B TASC C TASC D	54 (35.3%) 63 (41.2%) 26 (17.0%) 10 (6.5%)	28 (35.9%) 31 (39.7%) 13 (16.7%) 6 (7.7%)	26 (34.7%) 32 (42.7%) 13 (17.3%) 4 (5.3%)	0.934
Diameter stenosis, %	76.6 ± 18.1	76.0 ± 17.7	77.1 ± 18.5	0.703
Total occlusions	40 (26.1%)	18 (23.1%)	22 (29.3%)	0.462
Lesion length, cm	13.2 ± 10.4	13.7 ± 12.2	12.6 ± 8.2	0.540
Reference diameter, mm	5.22 ± 0.87	5.06 ± 0.77	5.38 ± 0.94	0.050
2nd non-target lesion	18 (11.8%)	9 (11.5%)	9 (12.0%)	0.929

24-month Kaplan-Meier Curve



No additional TLR between 14 and 24 months

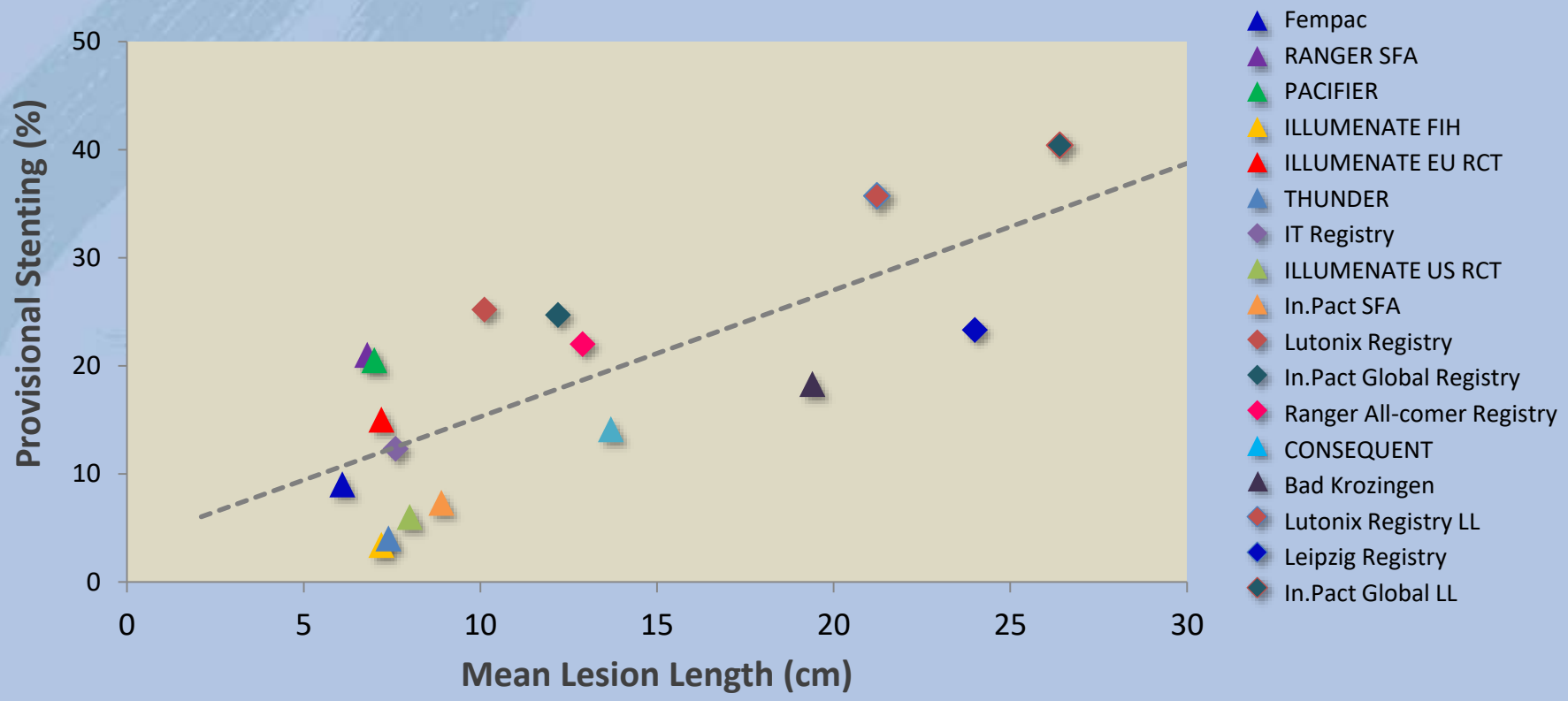
24-month patency



Patency defined as binary restenosis with diameter stenosis >50% (angiographic) or PSVR>2.4 (sonographic), definition by Diehm et al. [8]

Stents + DCBs

- Longer mean lesion length correlates with higher provisional stenting rate



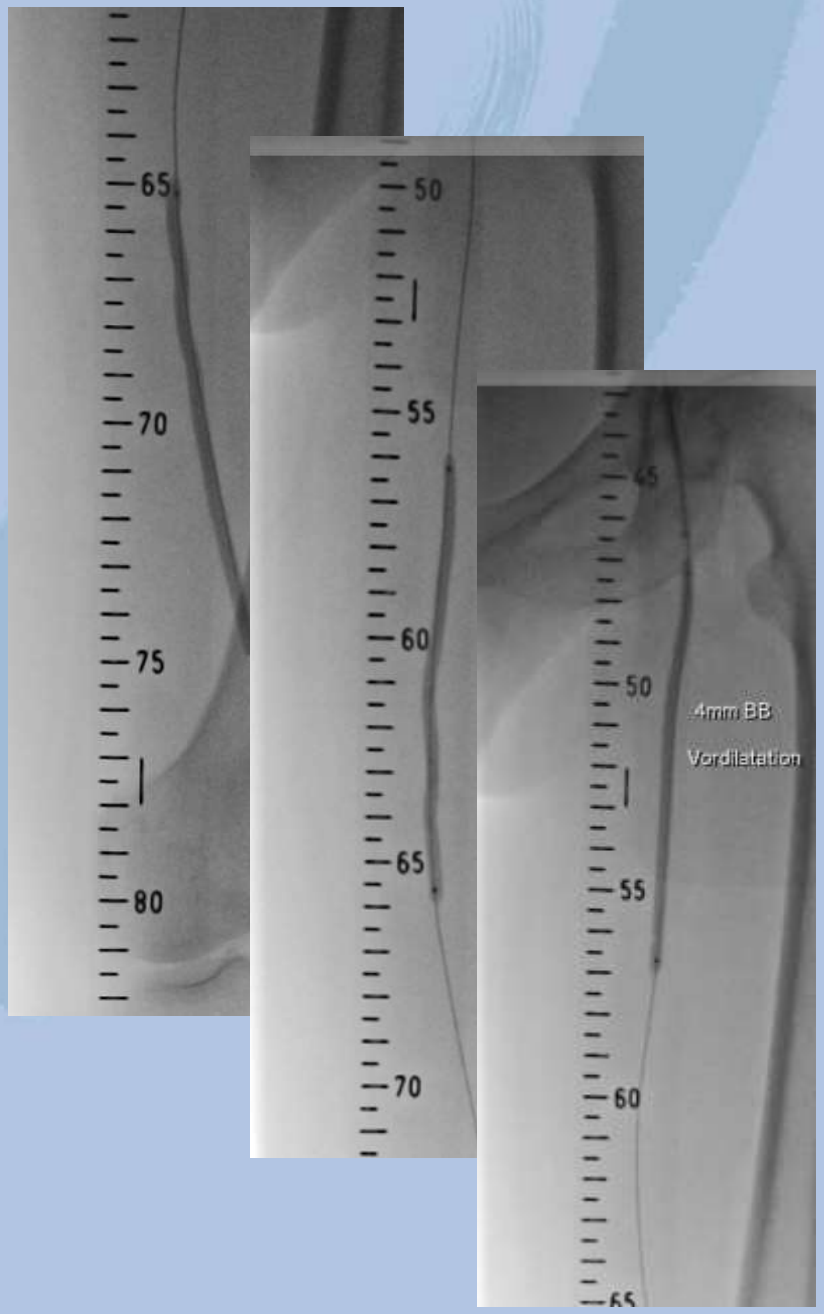
Provisional Stenting in Randomized Controlled Trials may not be representative of actual stenting in studies due to study design

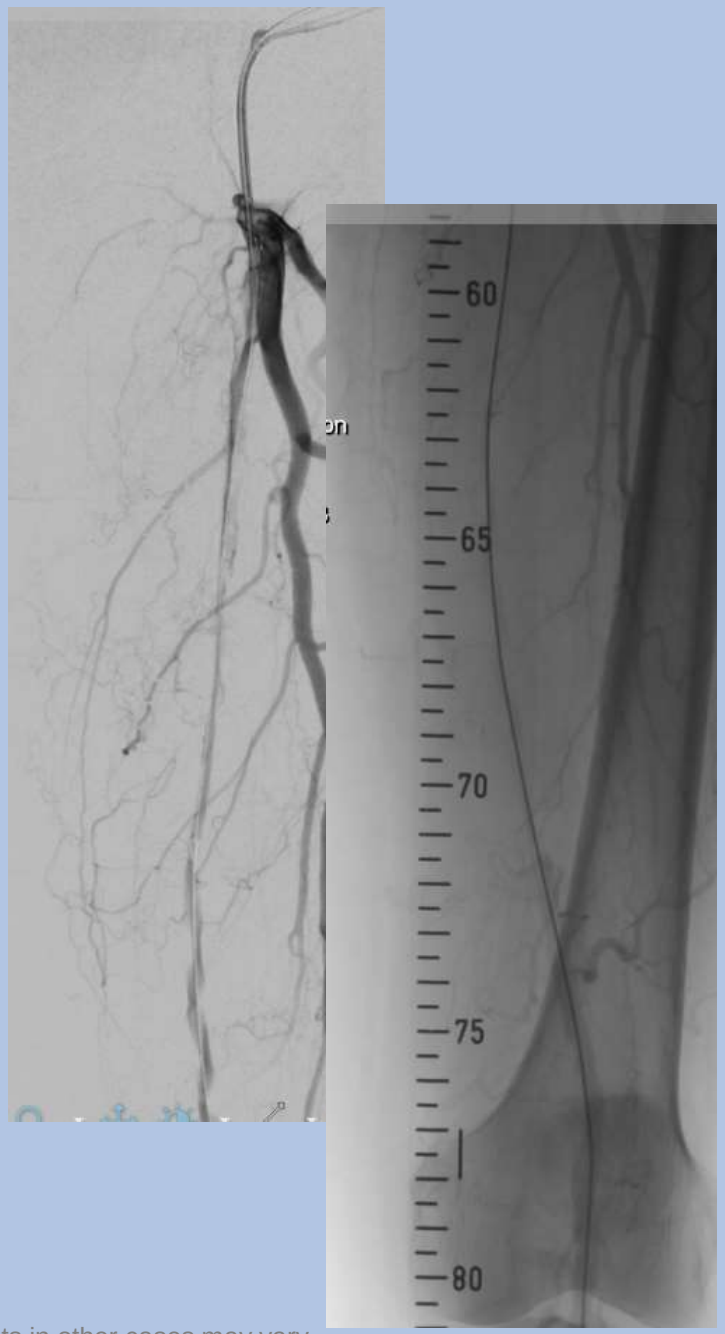
Results from different trials are not directly comparable. Information provided for educational purposes.

FEMPAC- Werk M et al. Circulation 2008
RANGER SFA-Bausback et al. J Endovasc Ther 2017
PACIFIER- Werk et al. Circ Cardiovasc Interv 2012
THUNDER- Tepe G et al. N Engl J Med 2008
IT Registry- Micari A Et al. J Am Coll Cardiol Intv 2012
IN.PACT SFA- Tepe et al. Circulation 2015
Lutonix Registry- Thieme M, et al. JACC Cardiovasc Interv. 2017
CONSEQUENT- Tepe et al. Cardiovasc Intervent Radiol 2017
Bad Krozingen- Zeller T et al. J Endovasc Therapy 2014;
Leipzig Registry- Schmidt A, et al. JACC Cardiovasc Interv. 2016
ILLUMENATE FIH- Schroeder H et al. Catheter Cardiovasc Interv 2015
ILLUMENATE EU RCT- Schroeder et al, Circulation 2017
ILLUMENATE US RCT- Krishnan et al, Circulation 2017
In.PACT Global Registry- Ansel G. TCT 2015
Ranger All-Comer Registry- Lichtenberg, M. CIRSE 2017

CASE 1

Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.
CAUTION: The law restricts these devices to sale by or on the order of a physician. Rx Only.





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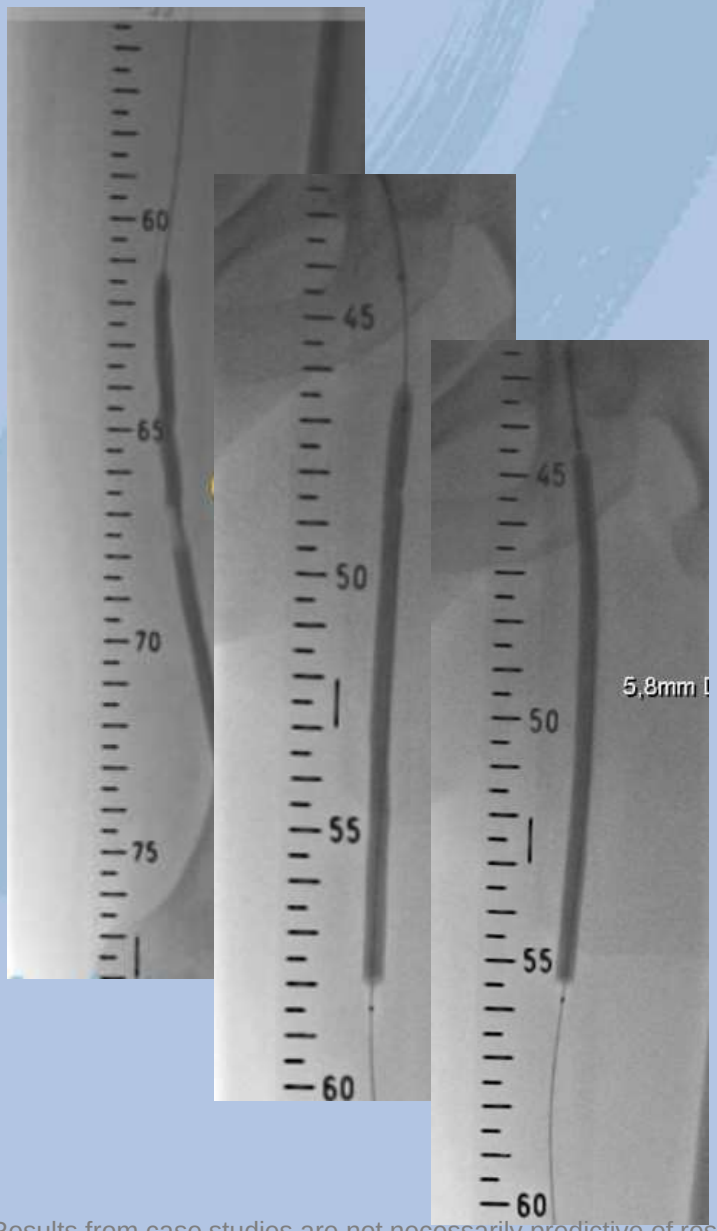

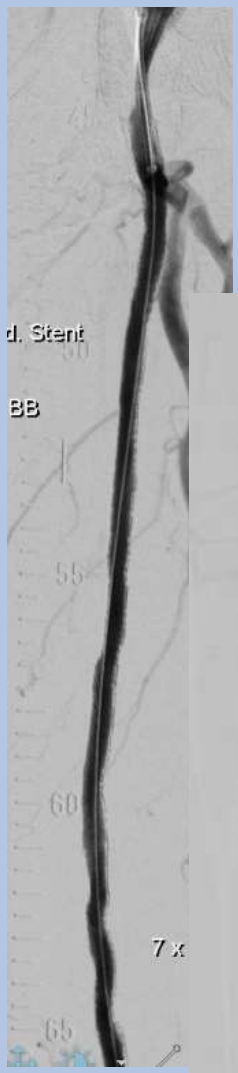

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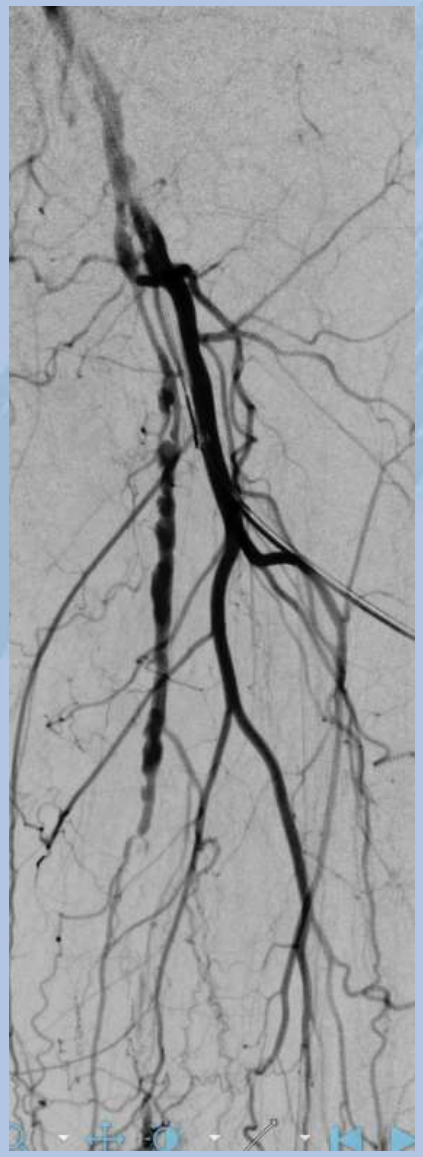
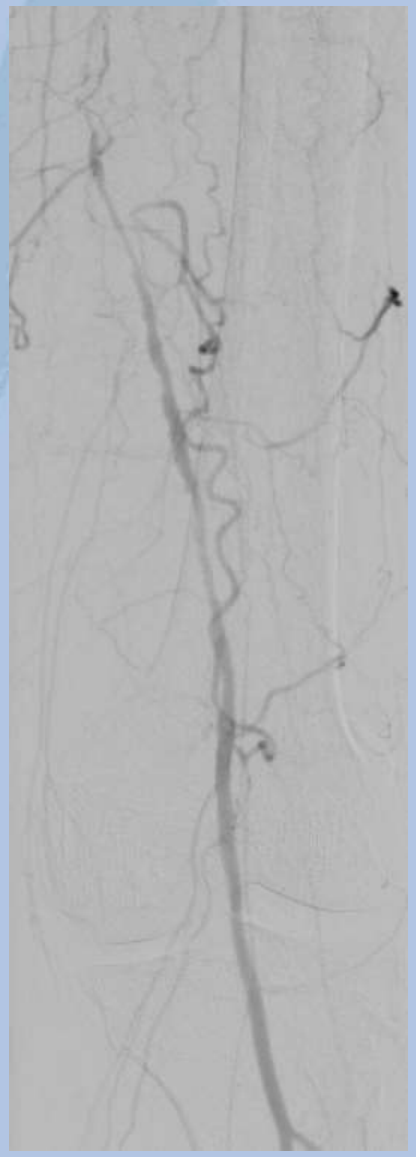
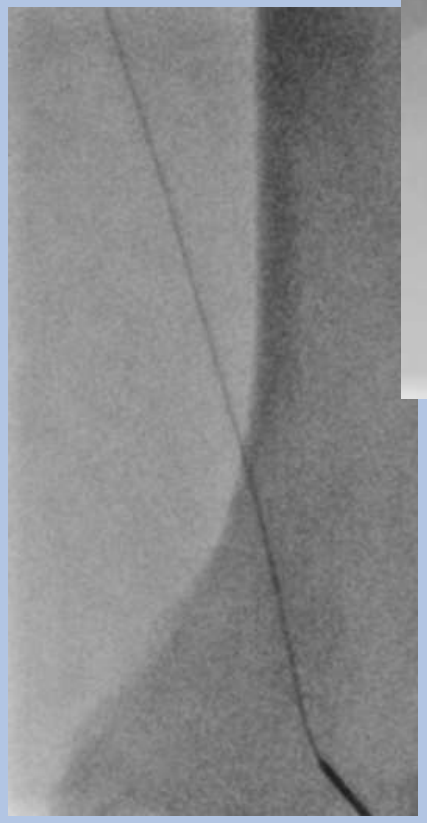
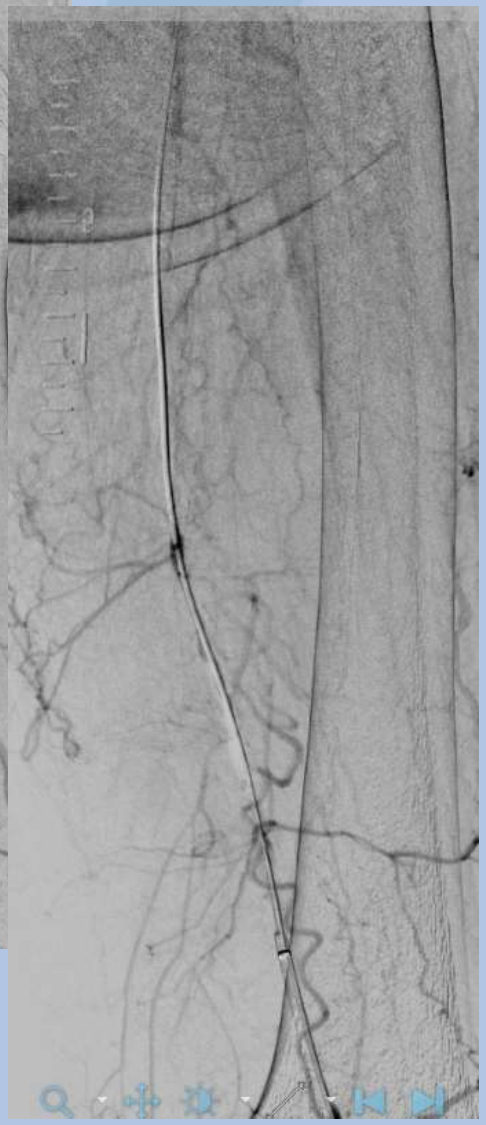
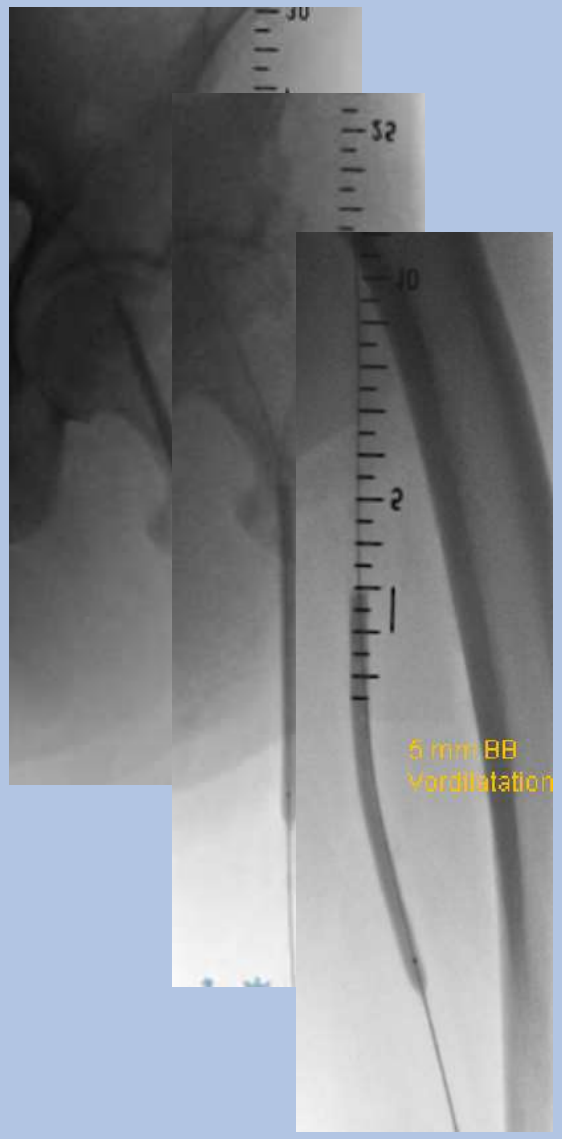
CASE 2

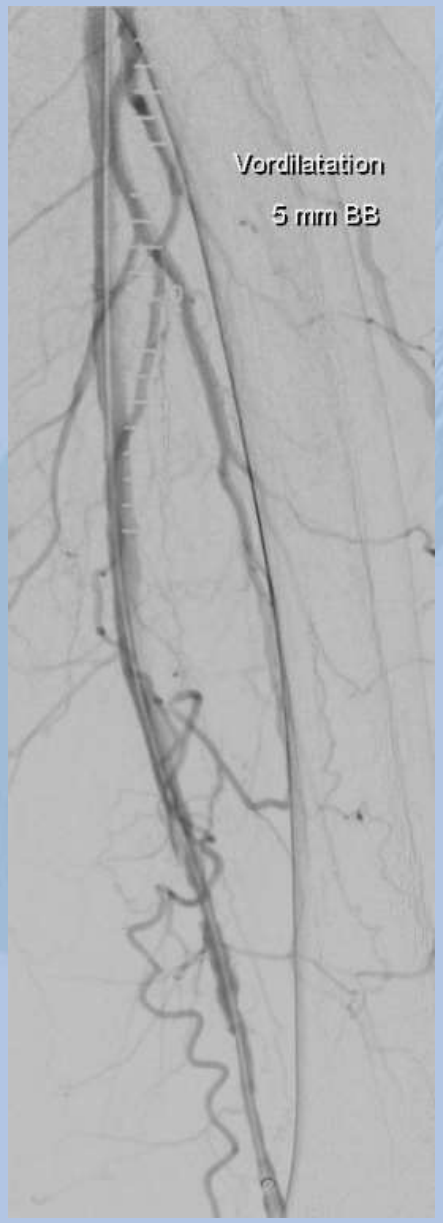


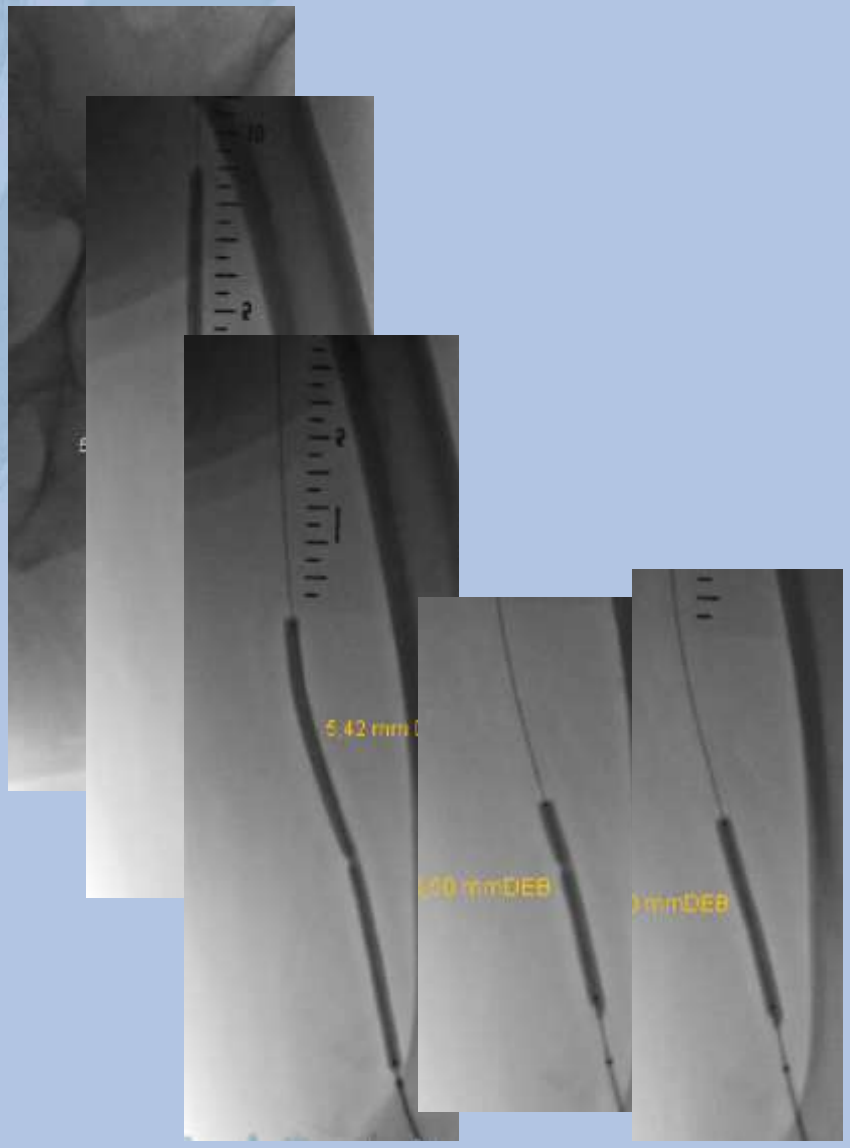


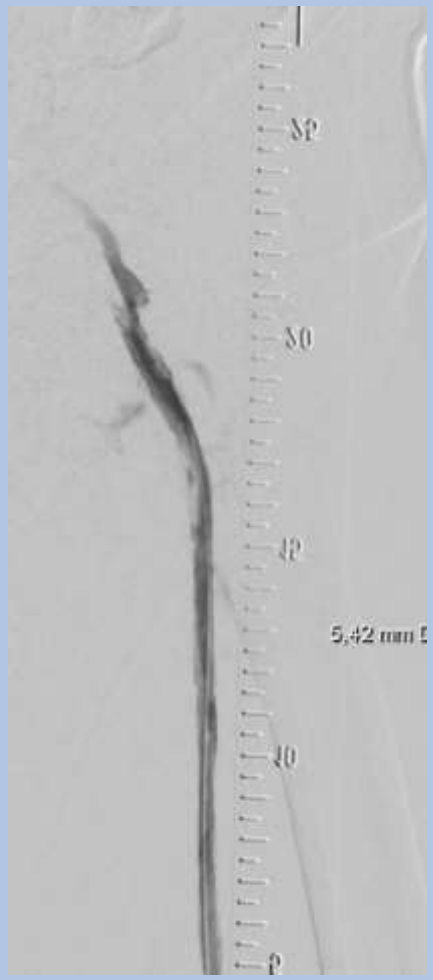


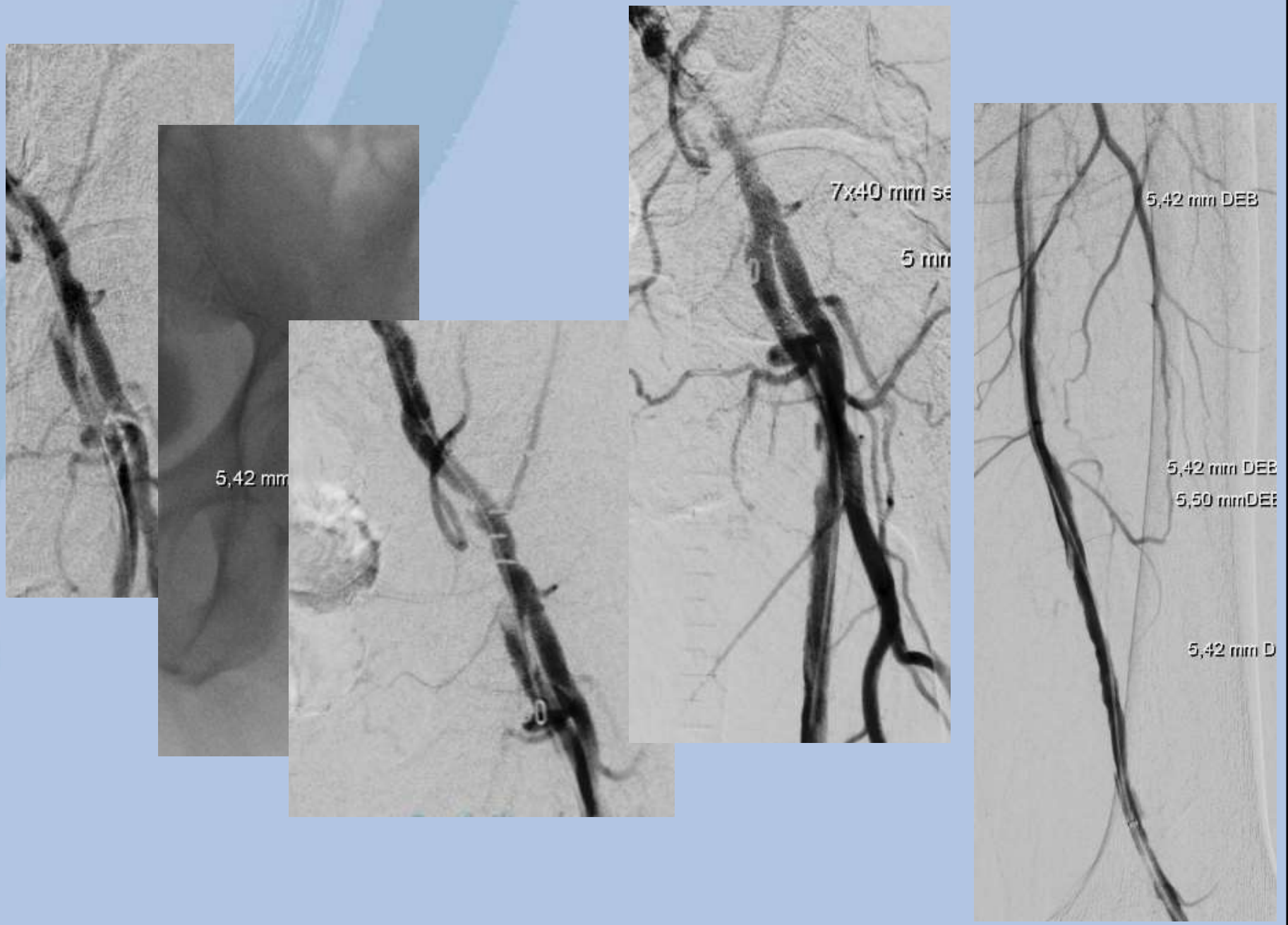


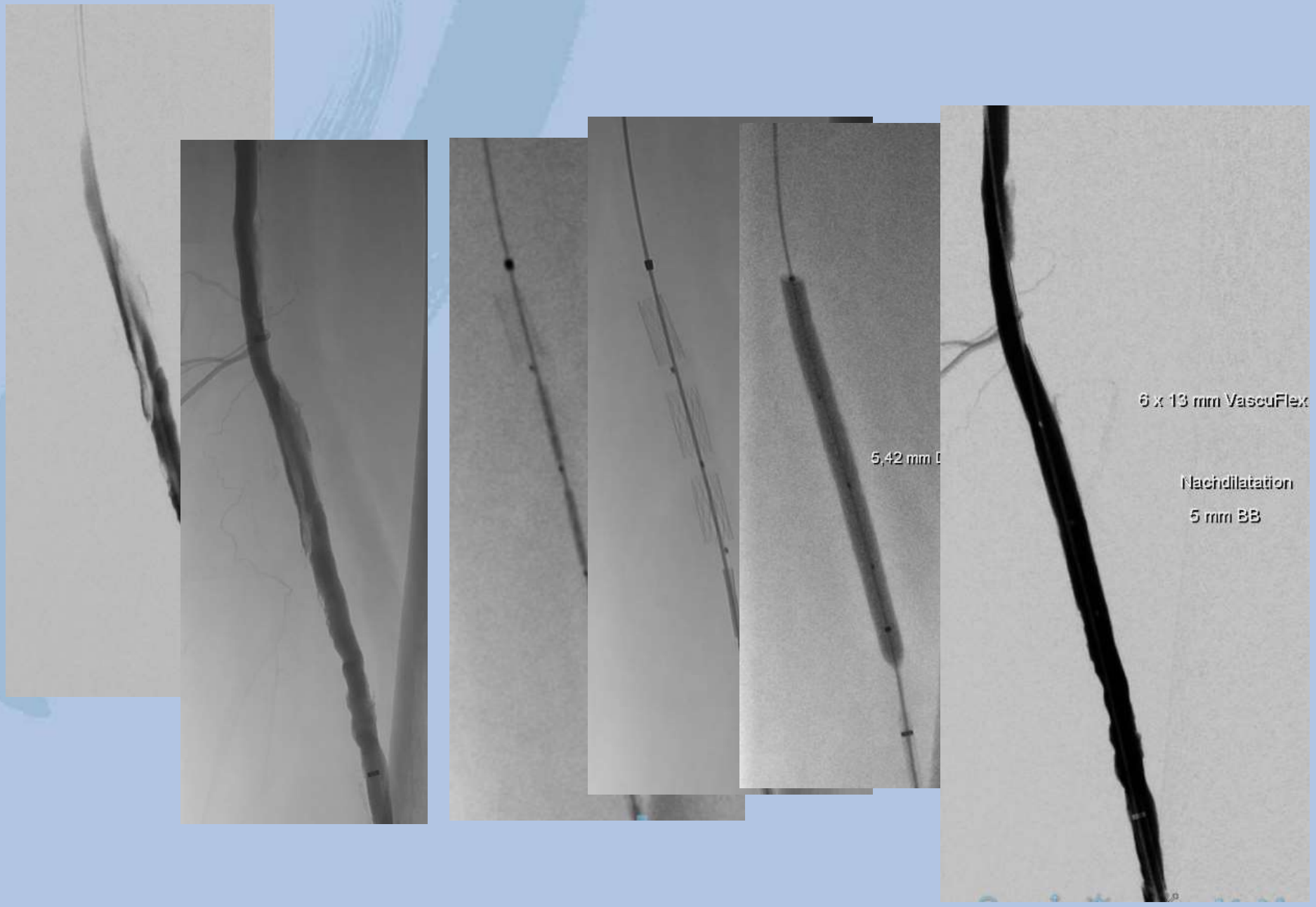

5 mm BB
Vordilatation

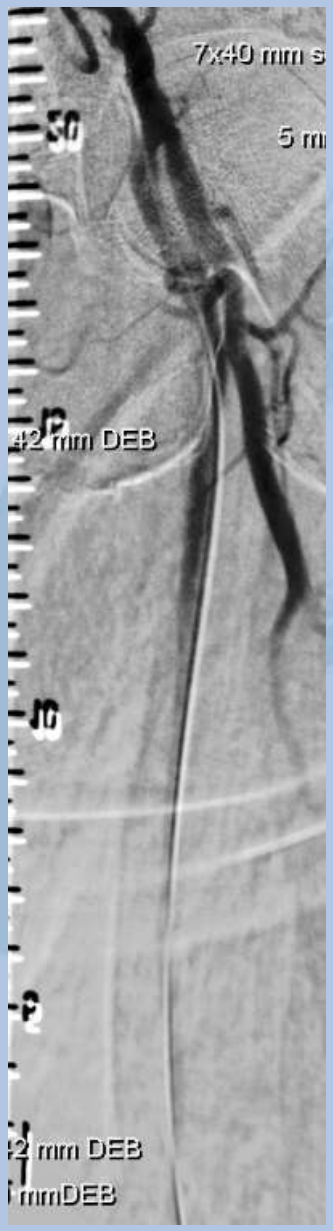

Vordilatation
5 mm BB

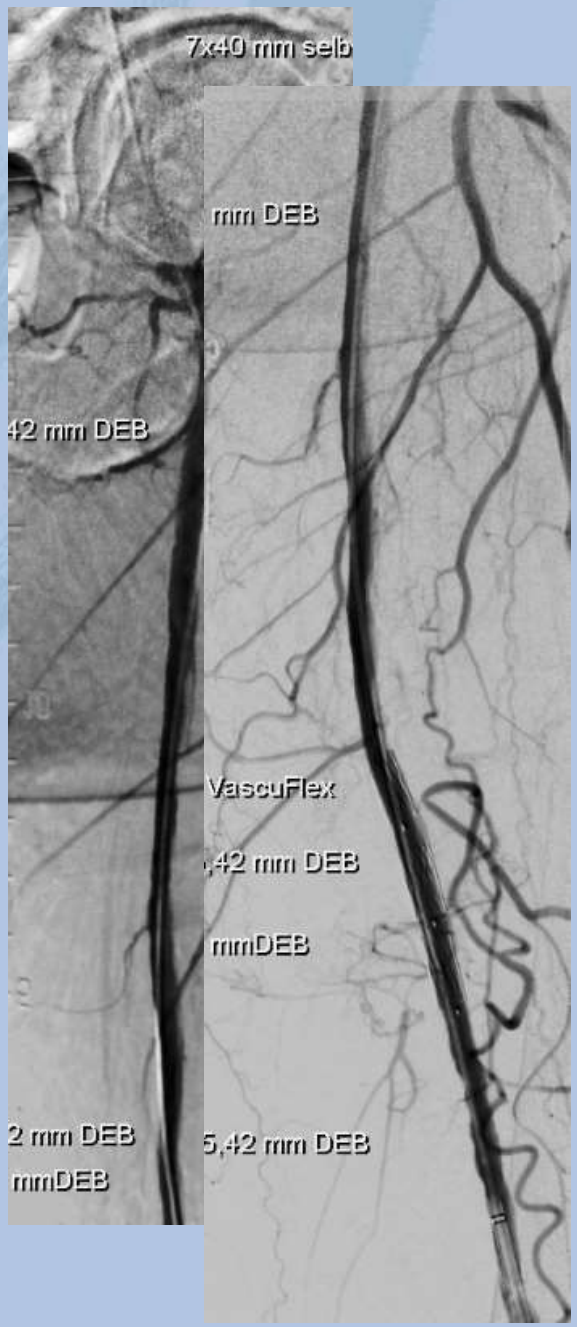


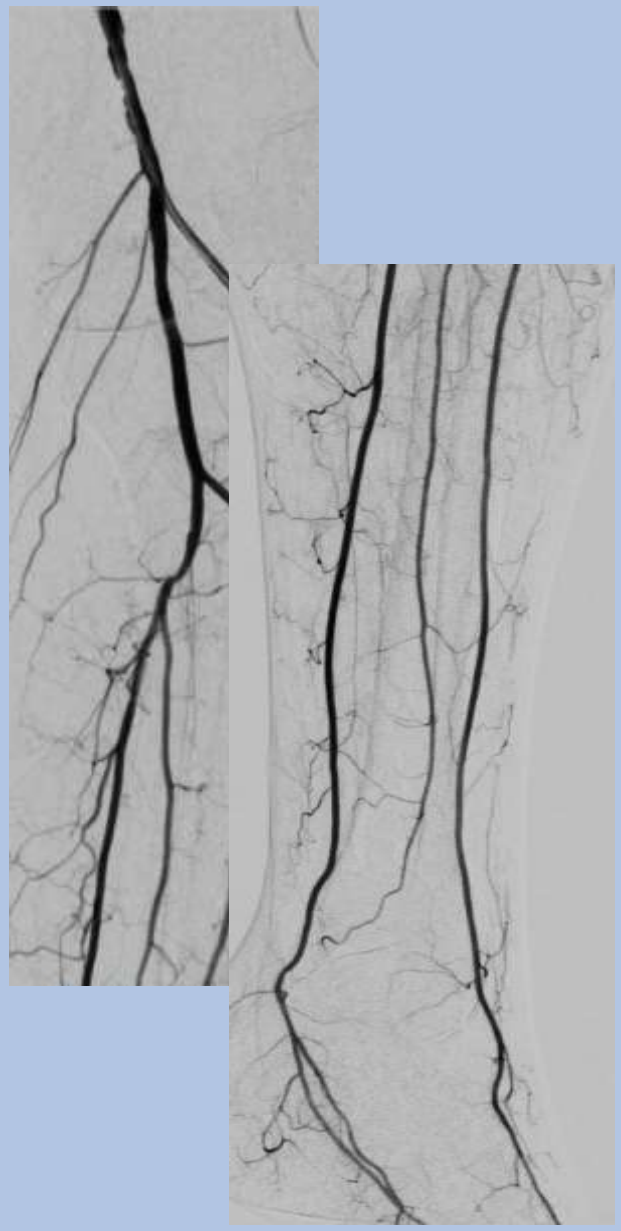



5,42 mm
7x40 mm se
5 mm
5,42 mm DEB
5,42 mm DEB
5,50 mmDEB
5,42 mm D


6 x 13 mm VascuFlex
Nachdilatation
5 mm BB


7x40 mm s
5 m
42 mm DEB
42 mm DEB
mmDEB


7x40 mm selb
mm DEB
42 mm DEB
VascuFlex
,42 mm DEB
mmDEB
2 mm DEB
mmDEB
5,42 mm DEB



CTOs: Data from In.Pact Global

Safety outcome*	CTO Imaging Cohort N=115 subjects†	Non-Stented N=63 subjects	Stented N=52 subjects
Clinically-driven TLR‡ n (%)	13 (11.3)	9 (14.3)	4 (7.7)
Thrombosis, n (%)	5 (4.3)	5 (7.9)	0 (0.0)

Conclusion

- DCB only = good solution, if possible
- DCB = no weapon which solves everything
- Especially in CTOs do not leave relevant rest stenosis and hope that the DCB does the rest
- DCB + (Spot)Stent = very good option

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