



Amphilimus™ (Sirolimus + Fatty Acid)
eluting Peripheral Self-Expanding stent

NiTiDES: From theory to practice

Dr. R. Langhoff



Disclosure

Speaker name:

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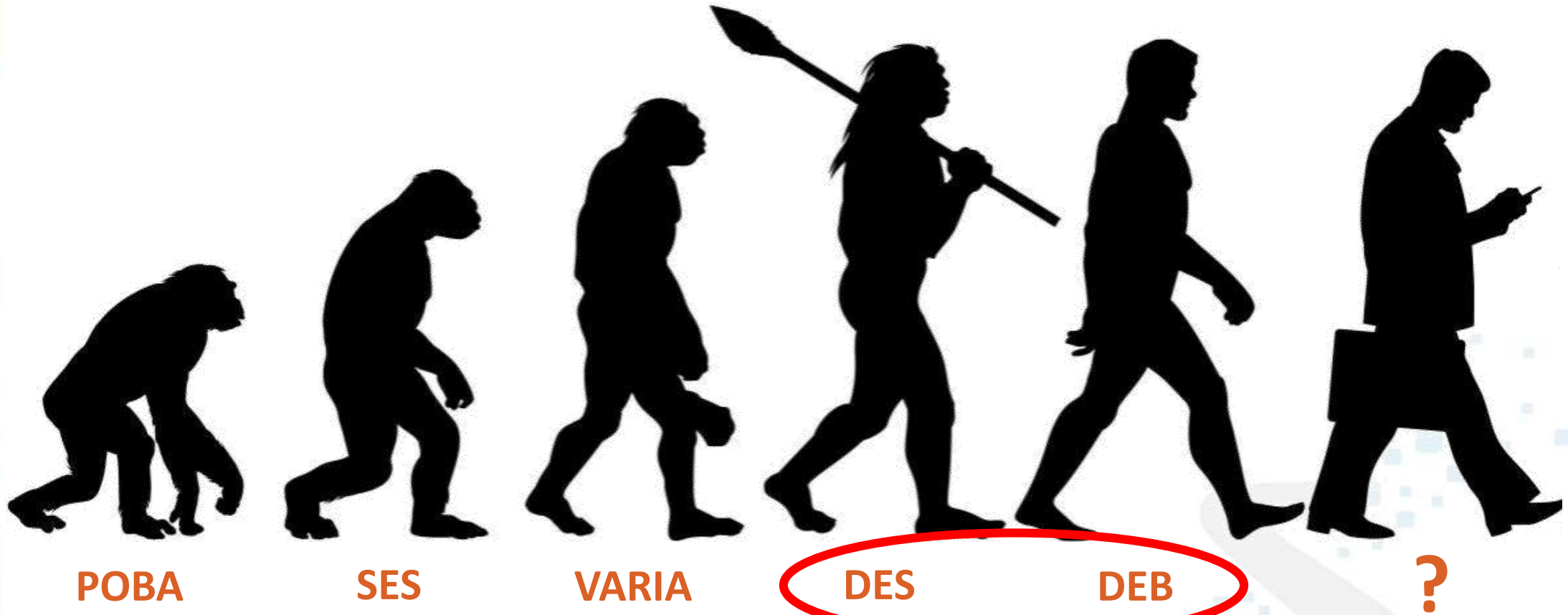
I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

- I do not have any potential conflict of interest



Evolution of Tools for Endovascular Procedures



What makes a stent a Superstar?

- ✓ if a stent outperforms in terms of **clinical** and **material** conditions
- ✓ and potentially if the study nurse tells you that something is going on with an investigational device which almost never showed a restenosis during 24-month follow up



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Case baseline

Patient information:

62 y old male with Claudication Rutherford III

CRF:

art. Hypertension

Smoker

Hypercholesterinemia

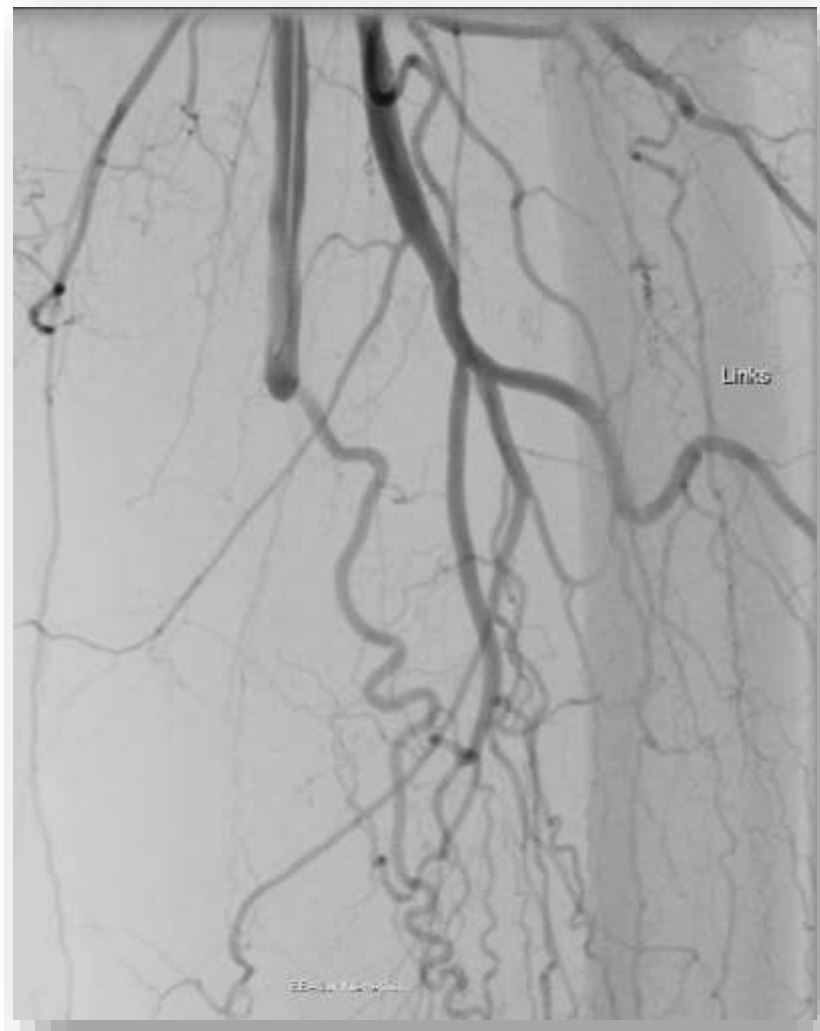
Duplex:

12 cm long occlusion left SFA

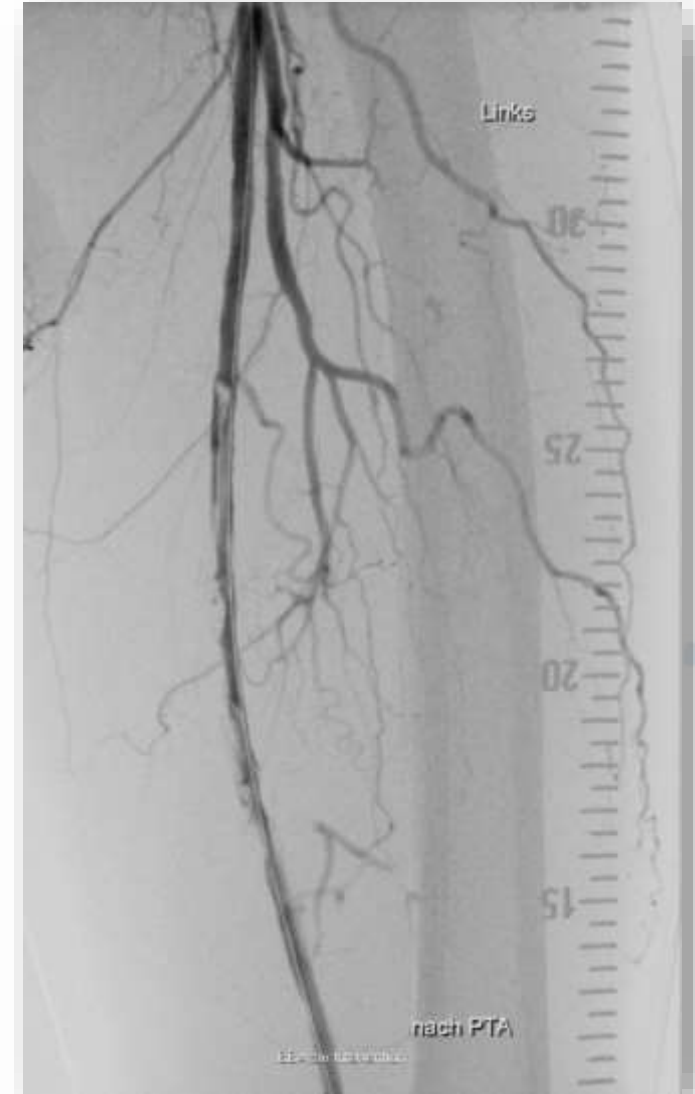
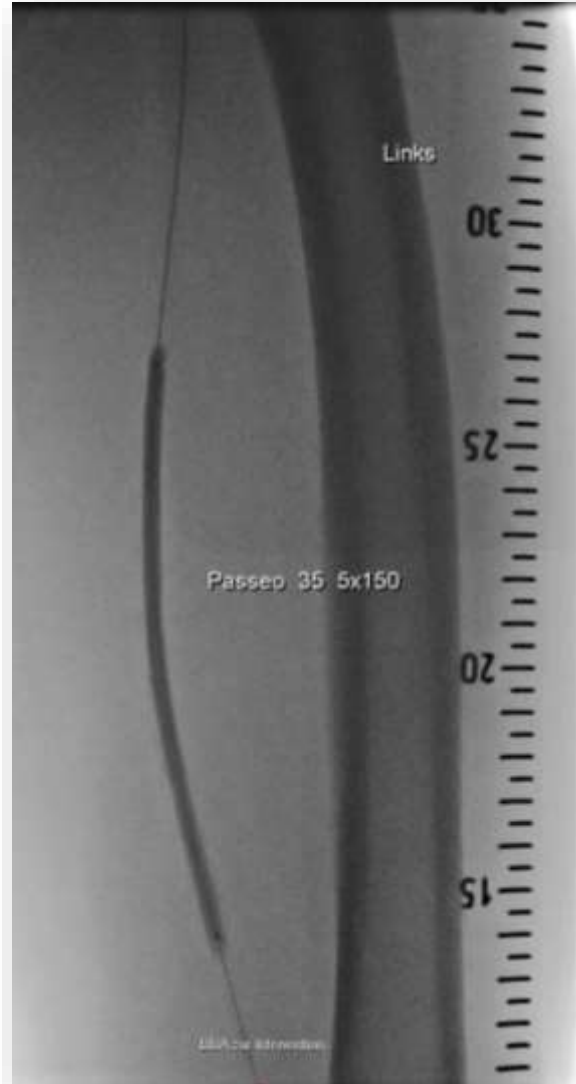
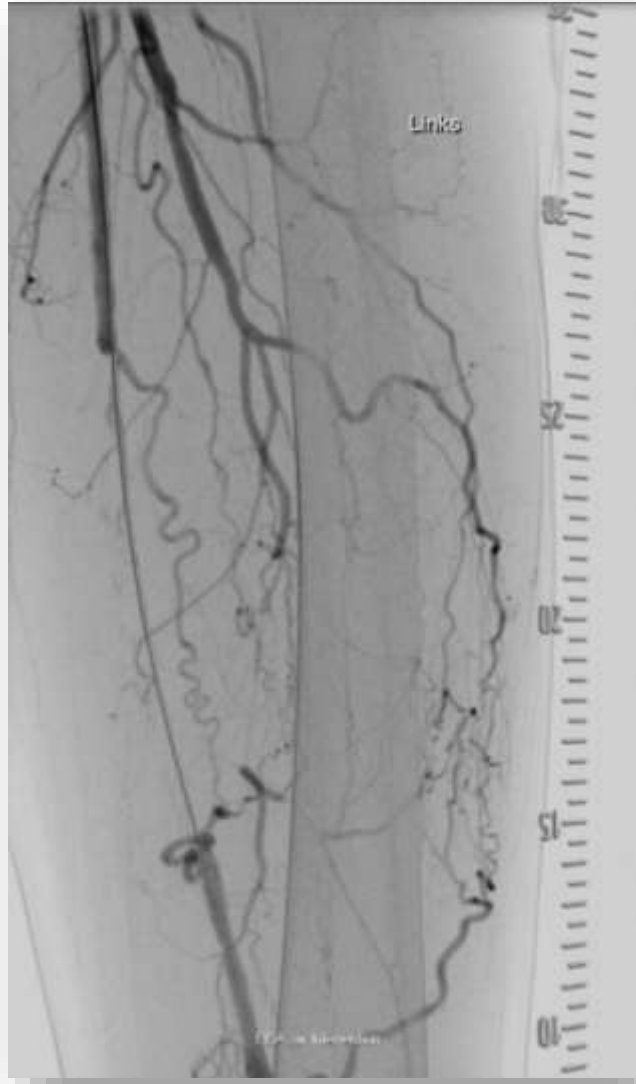
Access:

contralateral 6F sheath

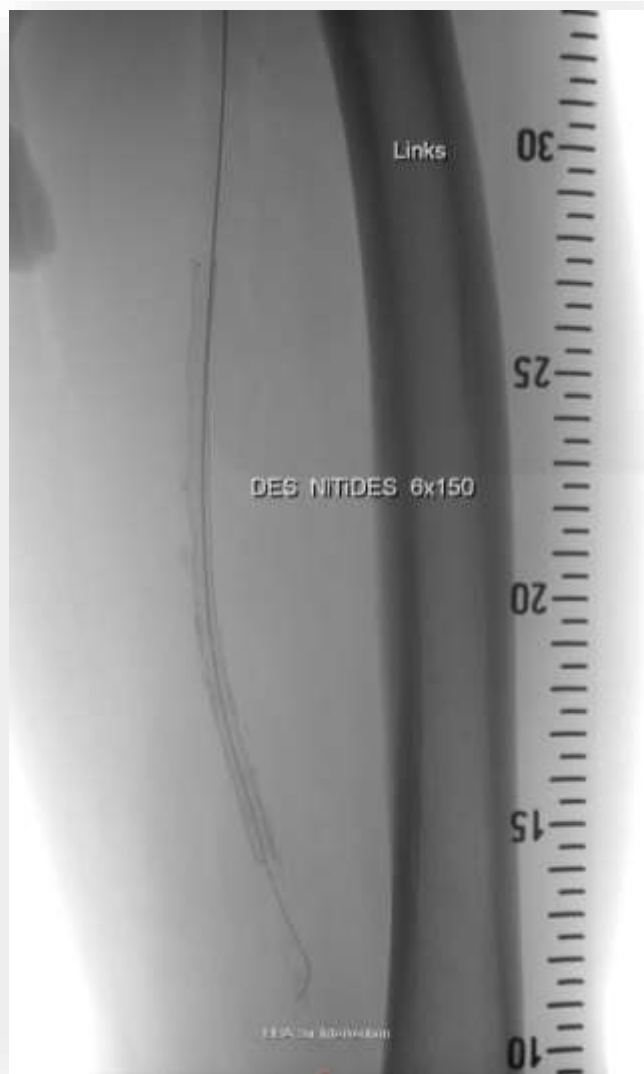
Case angiographic findings



Case procedure:

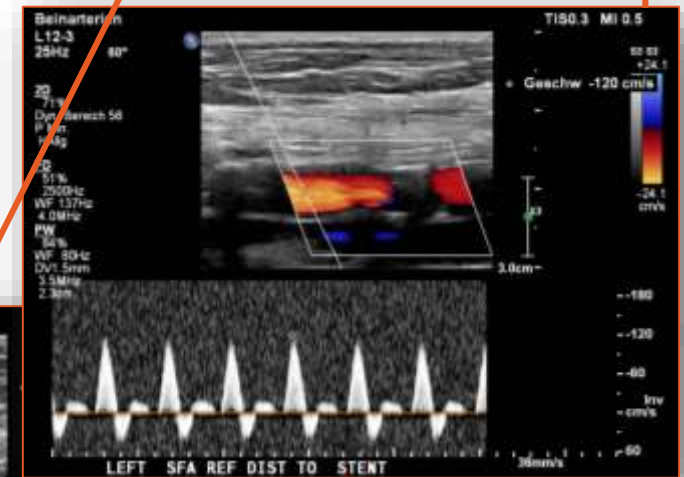
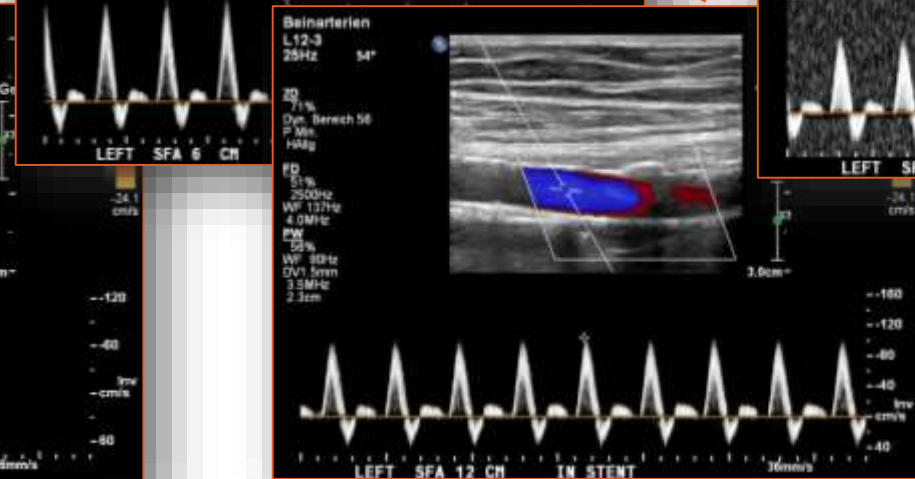
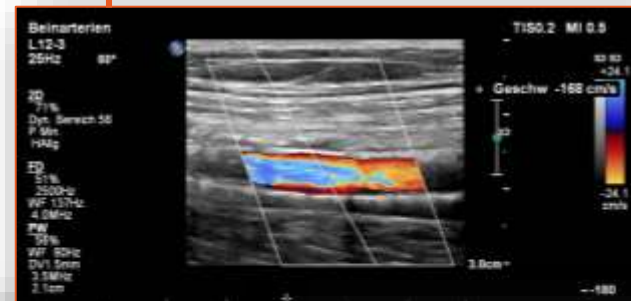
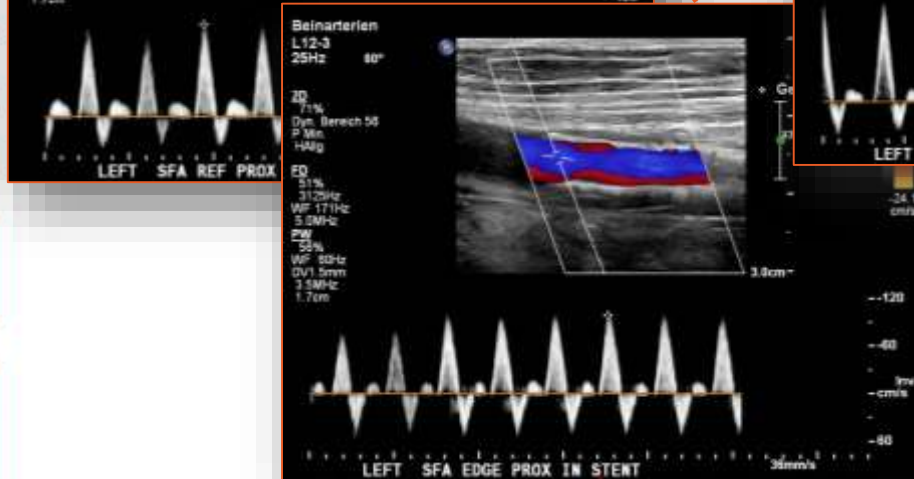
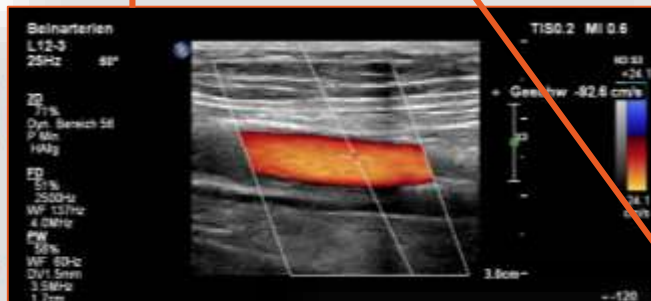
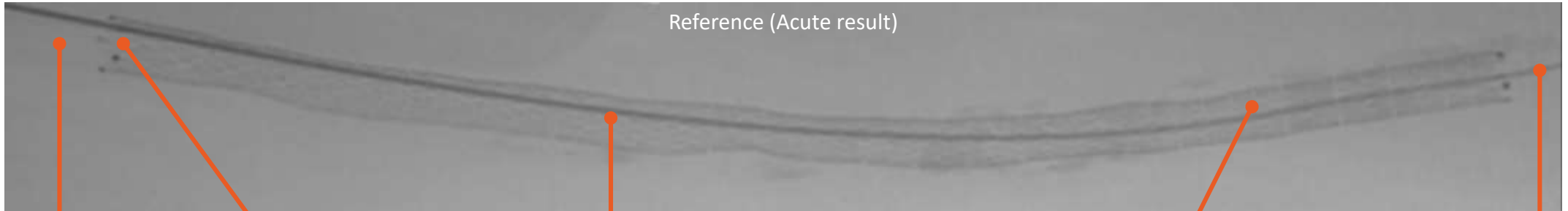


Case procedure



ILLUMINA Case 24 months follow up

Reference (Acute result)



Conclusions

- Drug-elution has proven benefits on clinical outcomes in SFA treatment over non-drug based treatment
- PTX-gate is still ongoing and safety concerns exist
- Amphilimus™ (Sirolimus + fatty acid) is a drug with proven outcomes in a daily practice scenario
- NiTiDES showed superb 24 month-data for a SFA DES strategy with the lowest TLR rate ever
- We now have a drug-based and stent based approach, even without a toxic PTX effect on the vessel wall





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