

Impact of Failure VIABAHN for femoropopliteal lesions (FAVORITE trial)

Tokyo Saiseikai Central Hospital

Kenji Suzuki

Disclosure

Speaker name:

Kenji Suzuki

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) Cook Medical, Boston Scientific, Medtronic
-
- I do not have any potential conflict of interest

Background

- ✓ VIABAHN endoprosthesis for above-knee PAD is safe and results in excellent 1-year efficacy outcomes.

(J Vasc Surg 2017;66:130-42)

- ✓ However, endografts may occlude collateral arteries, which may affect outcome in case of failure.

(J Vasc Surg 2013;57:415-20.)

Objective

Failure VIABAHN for femoropopliteal lesions

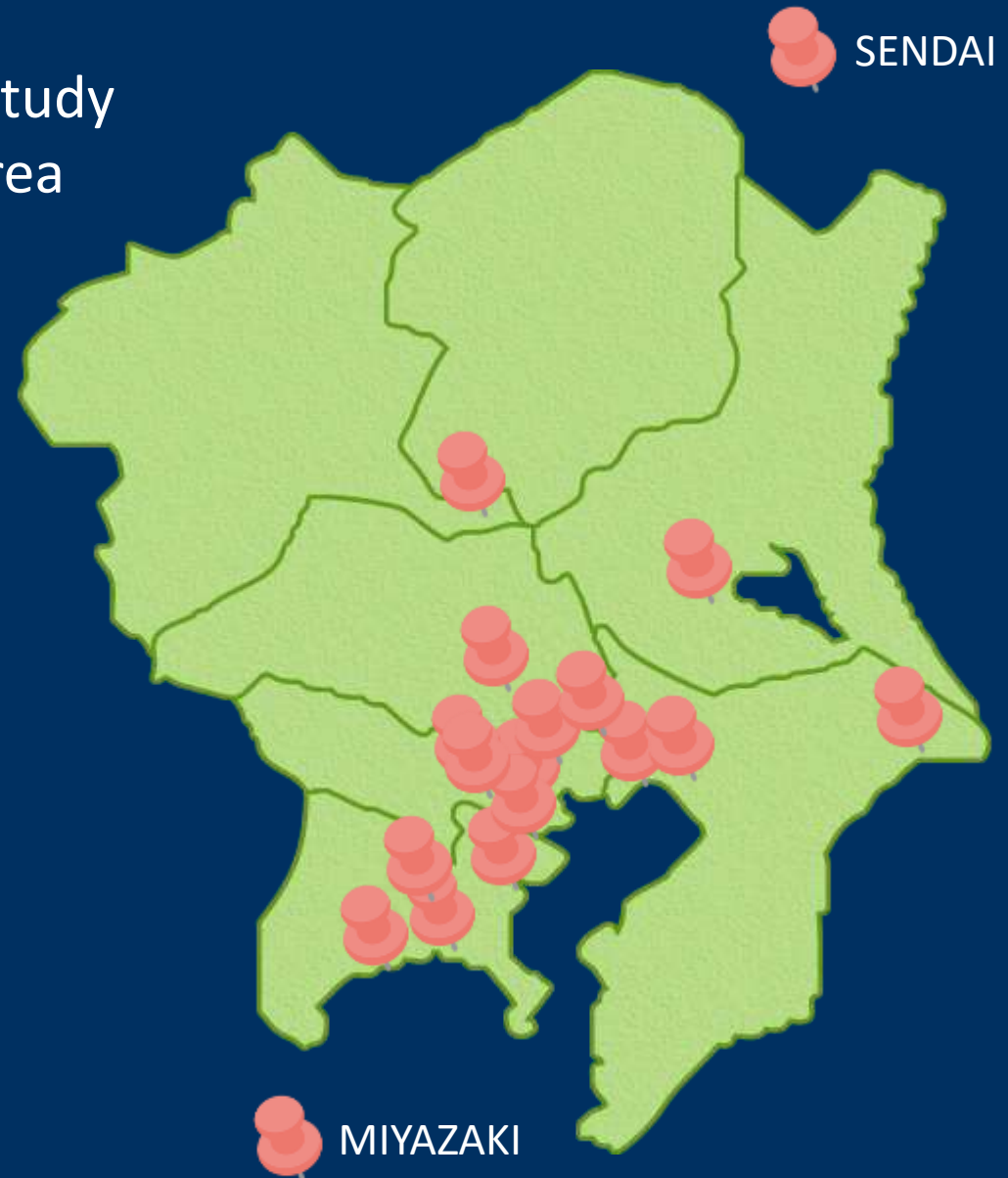
Objectives: The rate of VIABAHN occlusion / stenosis is relatively small, and clinical course may be different from usual BNS.

The aim of this study is to investigate clinical course of VIABAHN revascularization and how to manage occlusion / stenosis.

FAVORITE study

Multicenter, retrospective study
19 institutions in Tokyo area

- ✓ Tokyo Saiseikai Central Hospital
- ✓ Shonan Kamakura General Hospital
- ✓ Miyazaki Medical Association Hospital
- ✓ Sendai Kousei Hospital
- ✓ Kasukabe Central General Hospital
- ✓ Itabashi Central General Hospital
- ✓ Tokyo Bay Urayasu Ichikawa Medical Center
- ✓ Saiseikai Yokohama-City Eastern Hospital
- ✓ Doai Memorial Hospital
- ✓ Yamato Seiwa Hospital
- ✓ Funabashi Municipal Medical Center
- ✓ Ota Memorial Hospital
- ✓ Asahi Central Hospital
- ✓ Kawakita General Hospital
- ✓ Tsukuba Medical Center
- ✓ Tokai University Hospital
- ✓ Ogikubo Hospital
- ✓ New Tokyo Hospital
- ✓ Toranomon Hospital



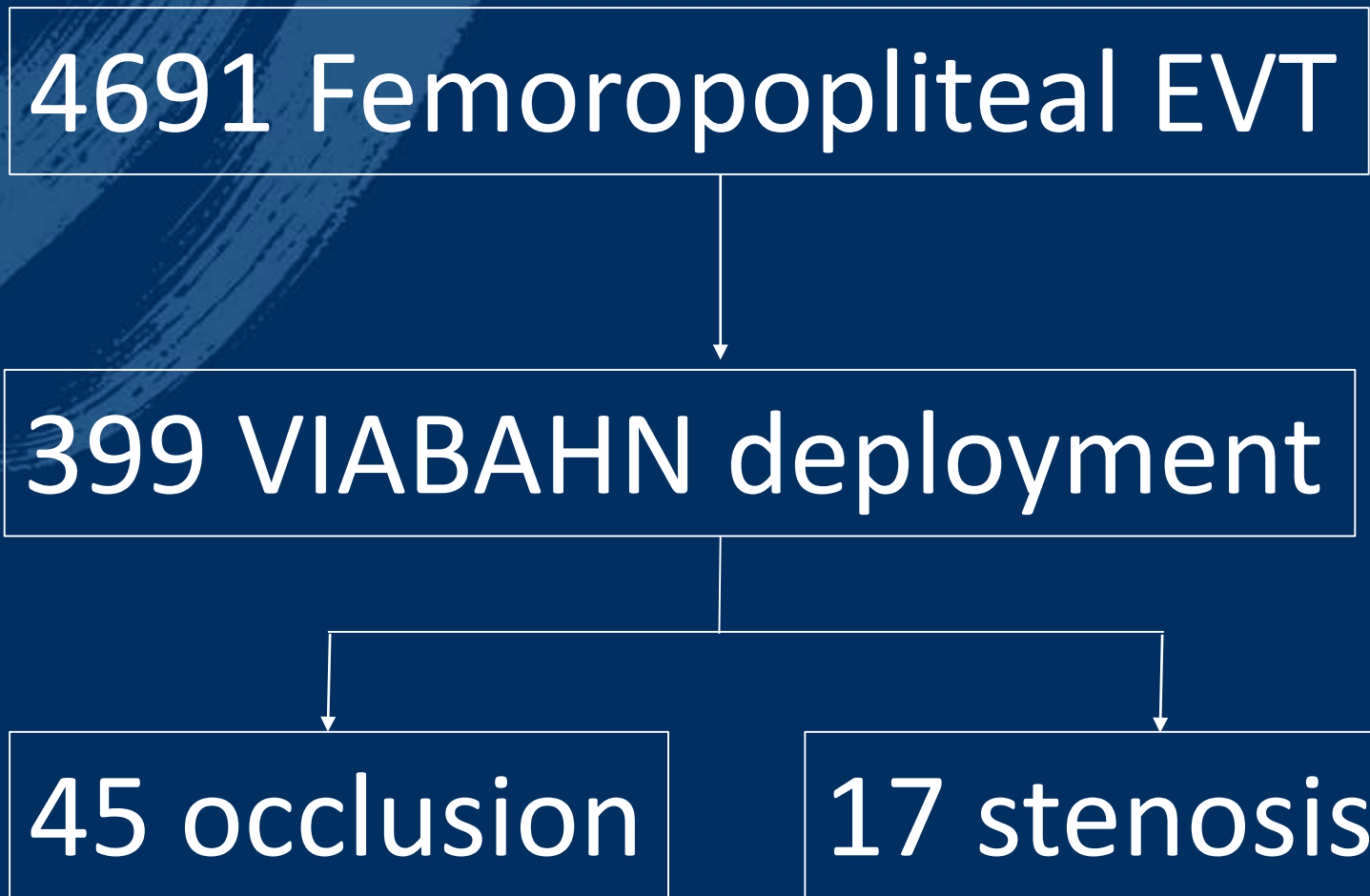
Study flow

4691 Femoropopliteal EVT

399 VIABAHN deployment

45 occlusion

17 stenosis



Patient characteristics

Age, year	70.6 ± 7.9	ABI	0.58 ± 0.23
Male	40 (65%)	Rutherford	3.3 ± 0.8
BMI	21.9 ± 3.2		
HTN	53 (85%)	CLI (pre)	19 (31%)
DM	40 (65%)		
HL	35 (56%)	Aspirin	51 (62%)
Smoking	52 (84%)	Thieno	59 (95%)
HD	16 (26%)	OAC	10 (16%)
CAD	37 (60%)		
CVD	7 (11%)		
Low EF	3 (5%)		
AF	12 (19%)		

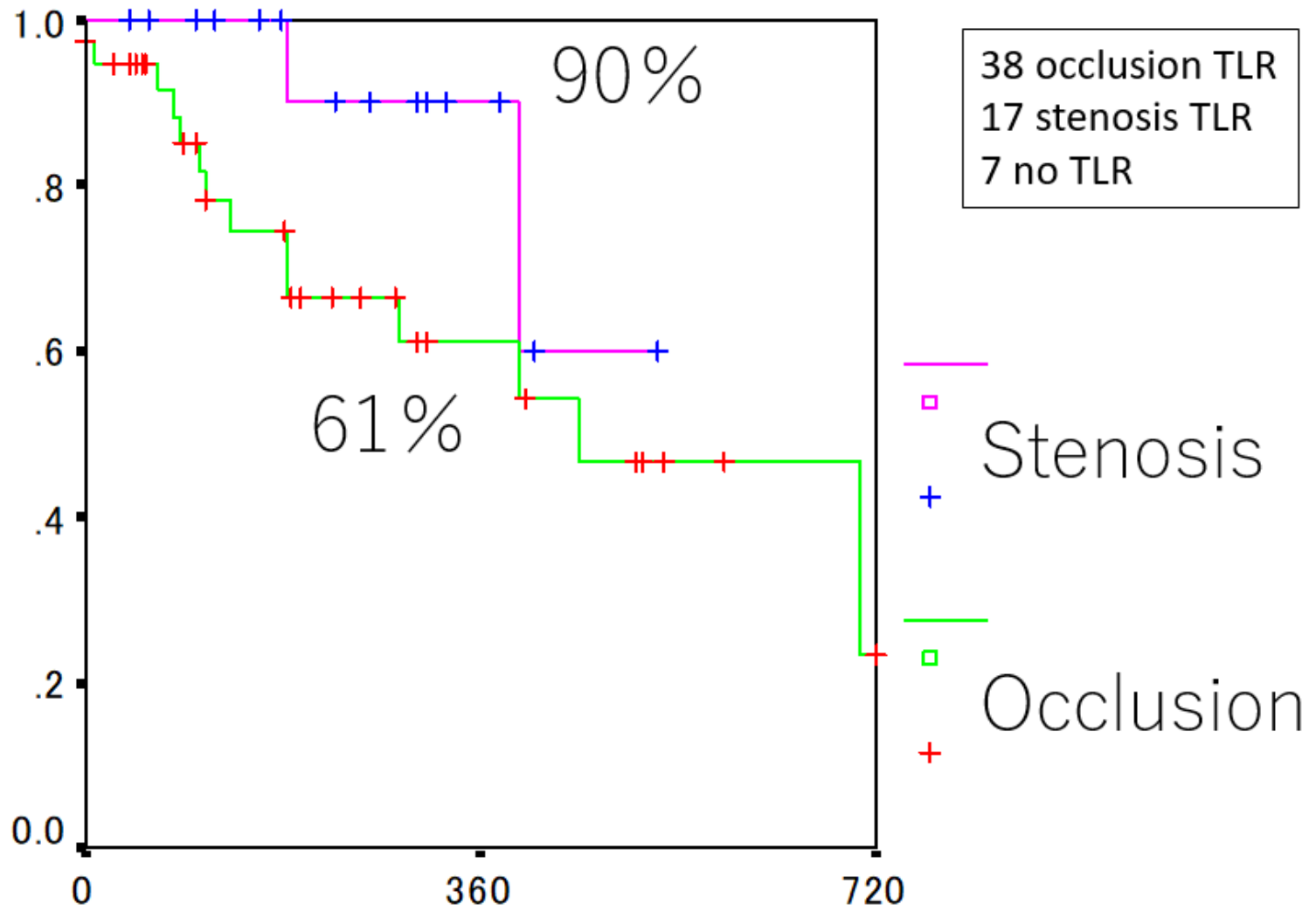
Pre lesion characteristics

CTO	51 (82%)
Reference, mm	5.4 ± 0.6
Lesion length, mm	248 ± 68
TASC CD	60 (96%)
Calcified	36 (60%)
Max pressure, atm	17.9 ± 4.9
Collateral coverage	17 (28%)
IFU	41 (71%)
VIABAHN size, mm	5.7 ± 0.4
VIABAHN length, mm	283 ± 67

Procedure data

Emergent procedure	12 (19%)
Endovascular	53 (85%)
Surgical / Hybrid	9 (15%)
Aspiration	22 (35%)
Distal protection	14 (24%)
Thrombolysis	17 (27%)
Balloon size	5.5 ± 0.8
Additional Stent	12 (19%)
Distal embolization	4 (6%)
Procedure time, minute	105 ± 60

Patency



Outcomes

ALI	8
I / IIa / IIb / III	3 / 2 / 3 / 0
Elevated CPK case	3 (5%)
	(556-9242)
Mean Fu period,	323 days
Death	9 (15%)
Target lesion revascularization	11 (18%)
Major amputation	3 (5%)
Myocardial infarction	1 (2%)
Stroke	2 (3%)

Conclusions

Failure VIABAHN for femoropopliteal lesions

- ✓ Primary patency of revascularization after failure VIABAHN is acceptable.
- ✓ The number of ALI case was small, but existed.

Impact of Failure VIABAHN for femoropopliteal lesions (FAVORITE trial)

Tokyo Saiseikai Central Hospital

Kenji Suzuki