

# Combination of Supera/DCB in revascularization of femoro-popliteal occlusive disease. Single center experience. 3 Year follow-up

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# Disclosure

Speaker name:

Anish J. Thomas

I have the following potential conflicts of interest to report:

Consulting/ Speaker

Abbott Vascular

CSI

Philips

Janssen

# Background

- There are significant limitations with DCB in long femoro-popliteal lesions
  - Decreased patency
  - Increased use of 'bail out' stent to the magnitude of 25-50% in lesions >20 cm
- The combination of DCB with use of bare metal nitinol stents is appealing
  - DEBATE SFA
  - DEBAS
  - BIOLUX4EVER
- Limited data with use of DCB with Supera stents
  - RAPID
  - NEW DAWN

Compared to standard nitinol stents: Supera

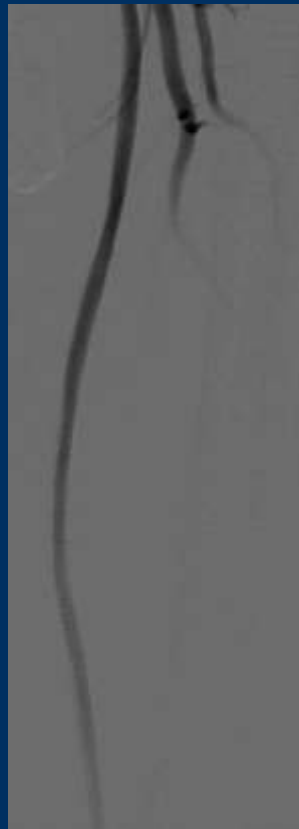
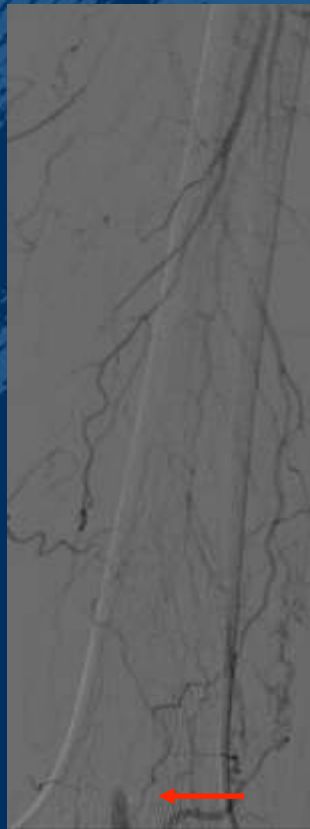
- Significantly higher radial strength
- Almost no chronic outward radial force
- Virtually non existent stent fracture rates

Stent sizing, vessel preparation and stent deployment is critical to ensure that the above properties of the stent are maintained to achieve the best patency rates

# 63/M, Diabetic, Rutherford class 3 claudication



35 cm occlusion



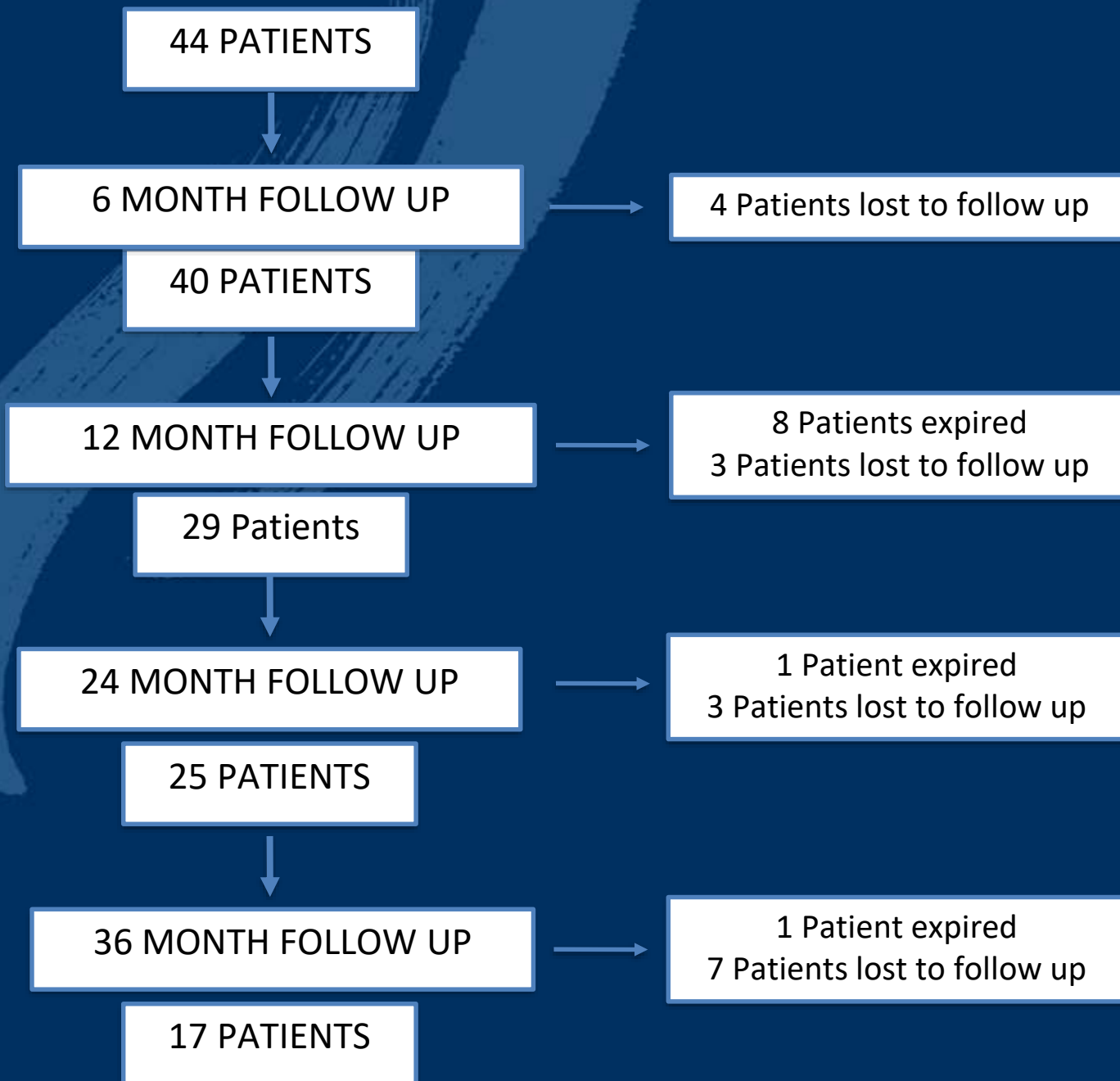
Post revascularization.  
Supera +SNS at ostium



9 months

# Study

- Physician initiated, single center, retrospective review of cases from July 2015 to Dec 2016 that were treated with DCB angioplasty and Supera nitinol interwoven stents
- Lesions were pretreated with DCB (In.Pact DCB, Lutonix DCB)
- Meticulous attention was paid to appropriate vessel preparation prior to stenting
- Dual anti platelet therapy for AT LEAST 3 months
- Patency rates were assessed at 6, 12, 24 and 36 months by duplex ultrasound
- Significant stenosis defined as PSVR of  $> 2.5$



# Patient Characteristics

Age(years)	Mean 69 (47-96)
Gender(male)	65%
Diabetes (%)	78%
CKD( GFR < 60)	63%
ESRD on HD	10%
CAD	55%
CLI	70%



# Procedure/Angiographic characteristics

Calcification (Mod-Severe)	72%
Chronic total occlusion	80%
Runoff:	
None	12.5%
1 Vessel	47.5%
2 Vessel	22.5%
3 Vessel	17.5%
Mean Stented Length	256 mm ( 75- 480 mm)
Inflow intervention	20%
Outflow intervention	45%
In.PACT/Lutonix	68%/32%

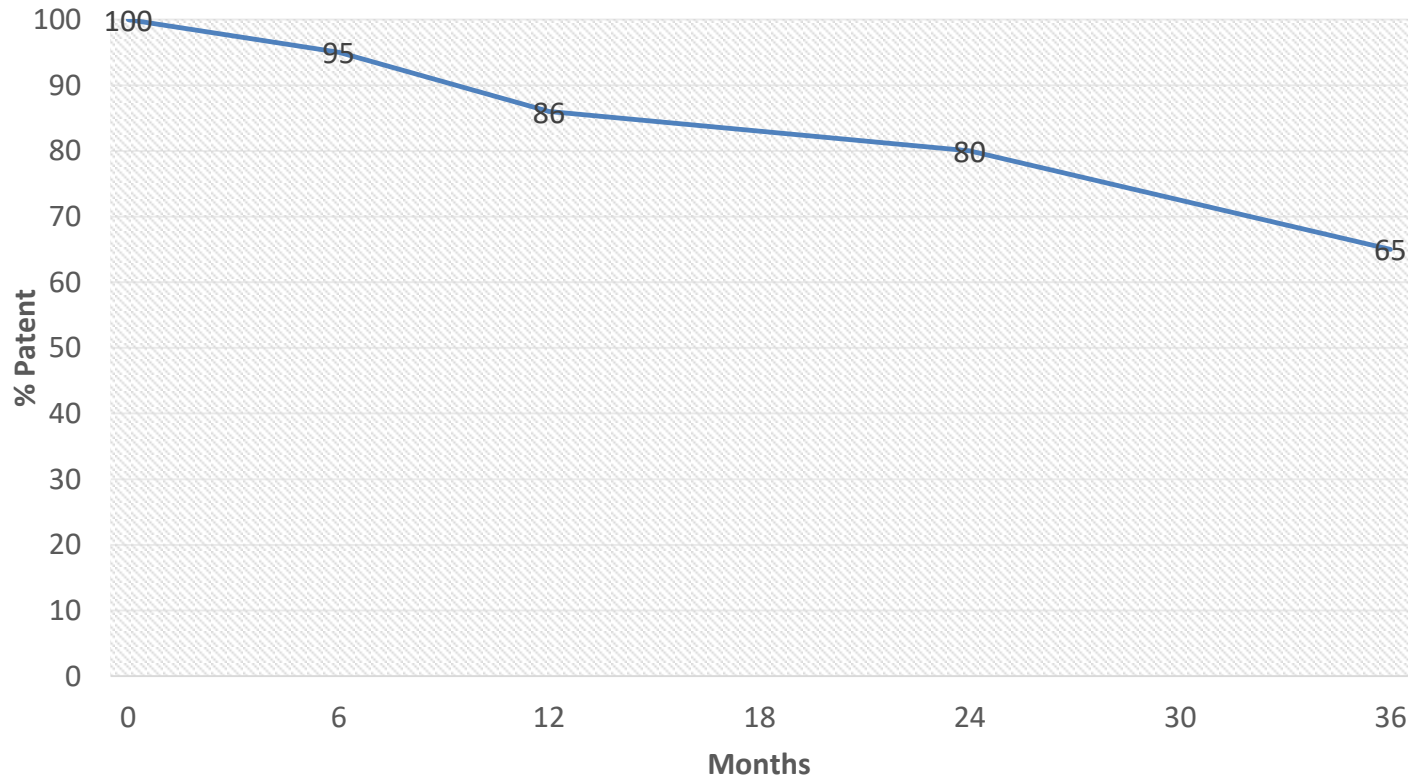
# Sample Case



# Sample Case



# Primary Patency Rates



Months	0	6	12	24	36
N	44	40	29	25	17

# RESULTS

	St. Louis (Thomas)	NEW DAWN Antwerp (Goverde)
<b>6 Months</b>	95%	92%
<b>12 Months</b>	86%	87%
<b>24 Months</b>	80%	
<b>36 Months</b>	65%	

# Stent compression/elongation

	Cases	Average Compression/Elongation ( %)
Compression	36	10.7%
Elongation	2	7.3%
Nominal	2	0%
	<b>40</b>	<b>9.2%</b>

# Conclusions

- Our results showed that the above treatment strategy showed very good primary patency rates in challenging anatomy and patient subset over a duration of 3 years
- If using the Supera platform its important to be meticulous with regards to vessel preparation prior to stent deployment
- We do know that Supera on its own has good primary patency results. Does pre- treatment with a DCB inhibit restenosis to give you even better results over a more prolonged duration?





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