

Great Debate  
CON

# There Will Always Be a Need for Stenting for Femoropopliteal Lesions

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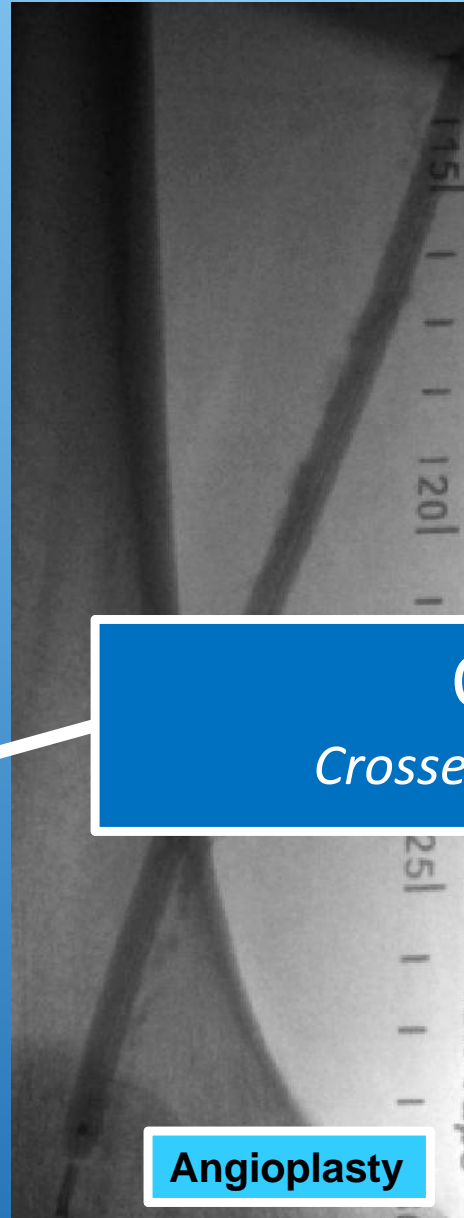


# Stents Will Always Be Needed as Long as There are...

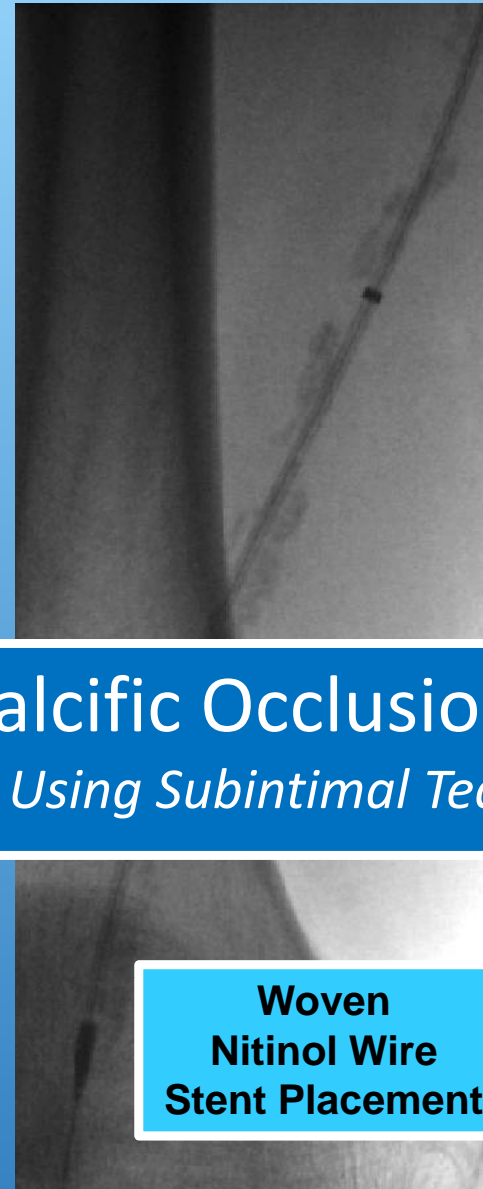
- Calcified lesions
- Long lesions
- Dissections
- Perforations

*...in other words, as long as there is peripheral vascular disease!!*

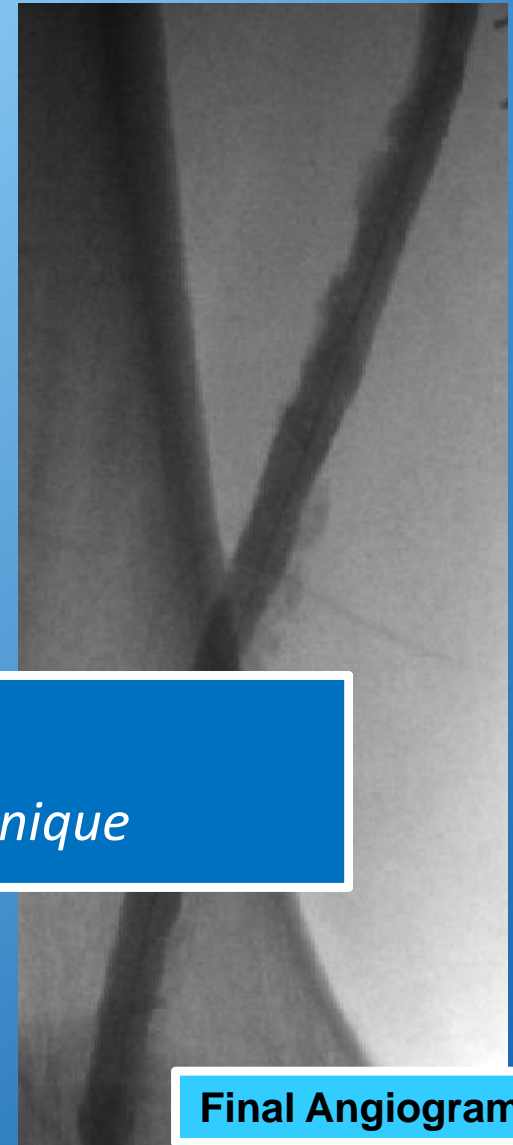
# Heavily Calcified Lesion



Angioplasty



Woven  
Nitinol Wire  
Stent Placement



Final Angiogram

Mark Burket, MD

Calcific Occlusion  
*Crossed Using Subintimal Technique*

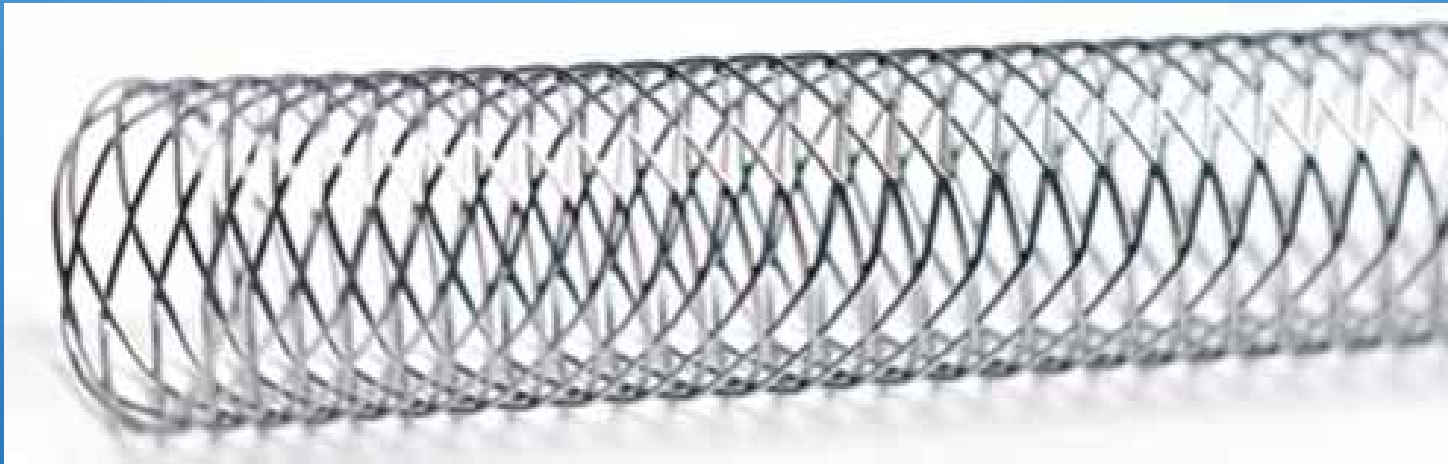
# Heavily Calcified Lesions

- As common as kimchee in Korea!
- Never included in balloon-only trials
- Because balloon only won't work!

# Supera

## *SUPERB One Year Results*

- 73% moderate to severe calcification
- Freedom from TLR 90%
- Zero fractures

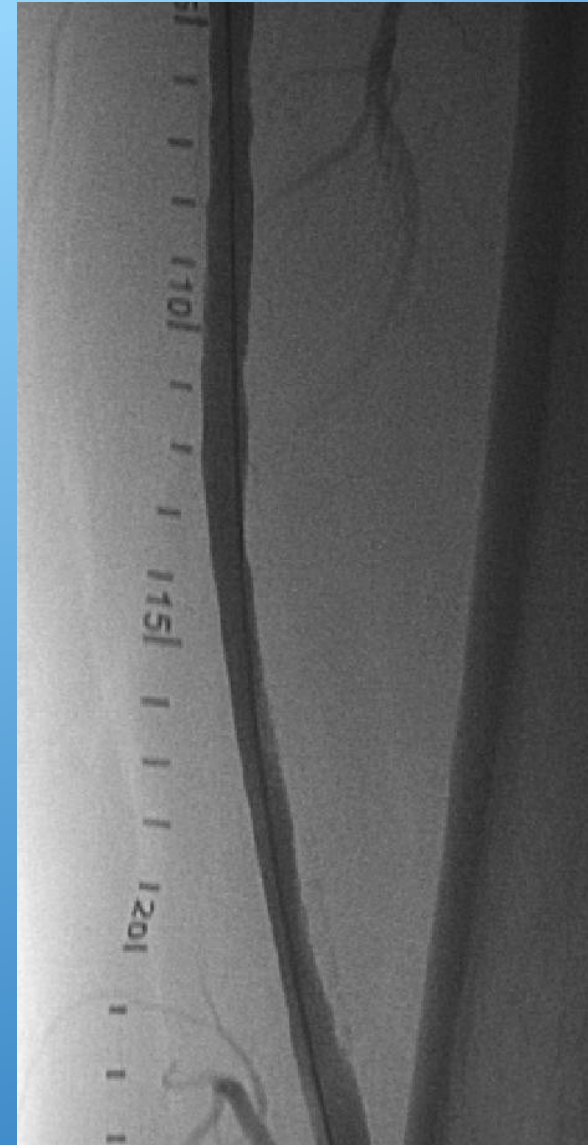




# Long Lesions



SFA Occlusion



After 7mm Nitinol Stents

*Mark Burket, MD*

# Long Lesions

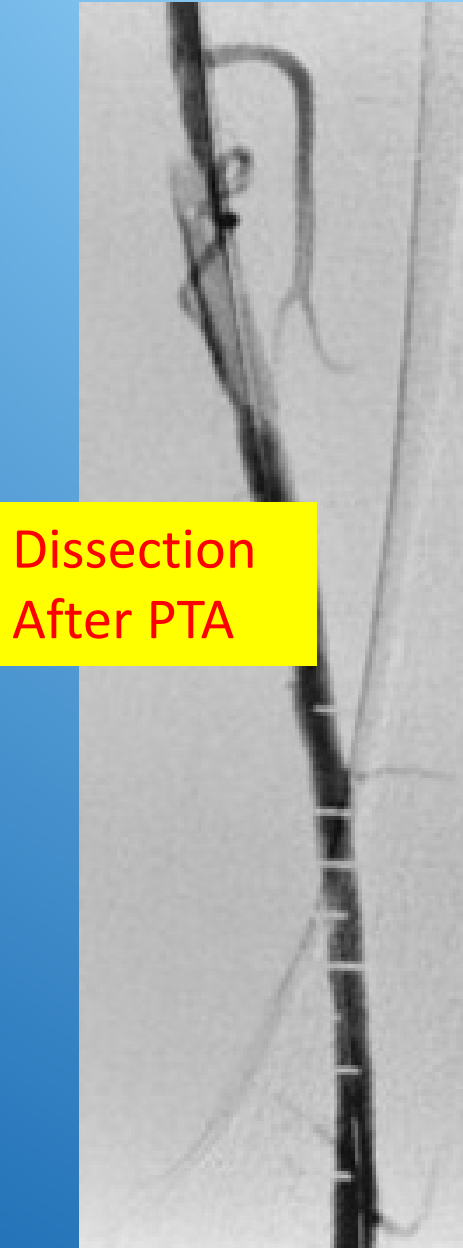
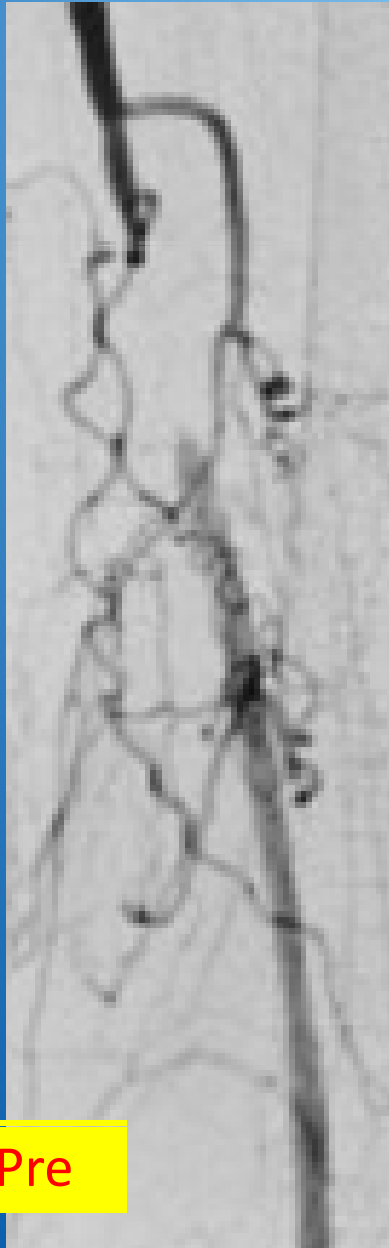
- The rule, rather than the exception
- IVUS confirms that it's even worse than we think
- Paclitaxel balloon trials included short lesions:
  - FemPac 5.7 cm
  - THUNDER 7.4 cm
  - Multicenter Italian Registry 7.6 cm (12% needed stents)

Tepe. N Engl J Med 2008;358:689

Werk. Circulation. 2008;118:1358-1365

Micari. J Am Coll Cardiol Intv 2012;5:331-338

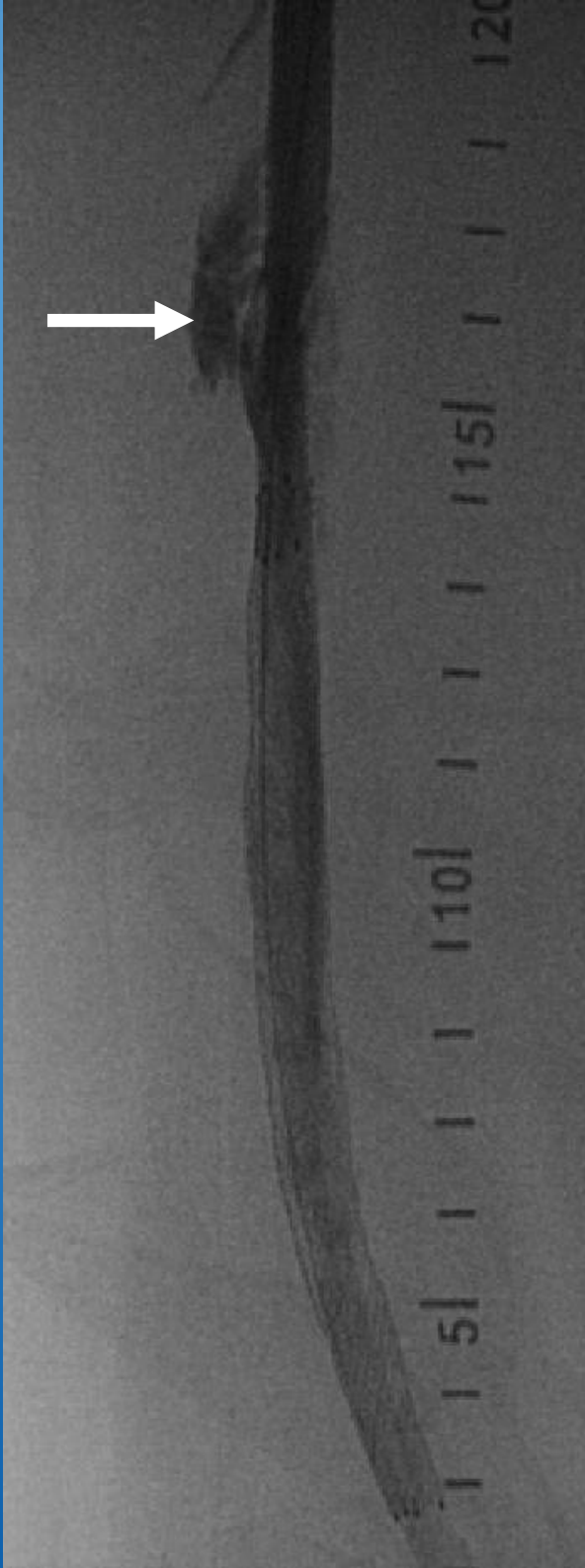
# Dissections

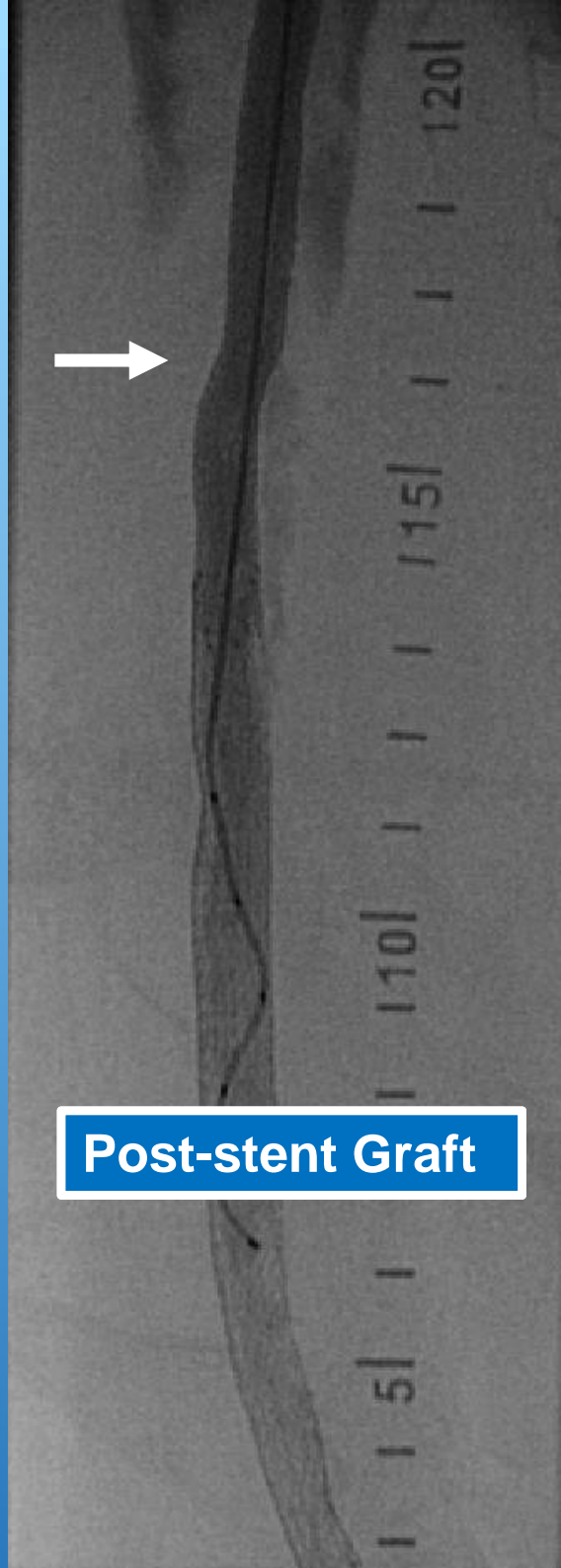
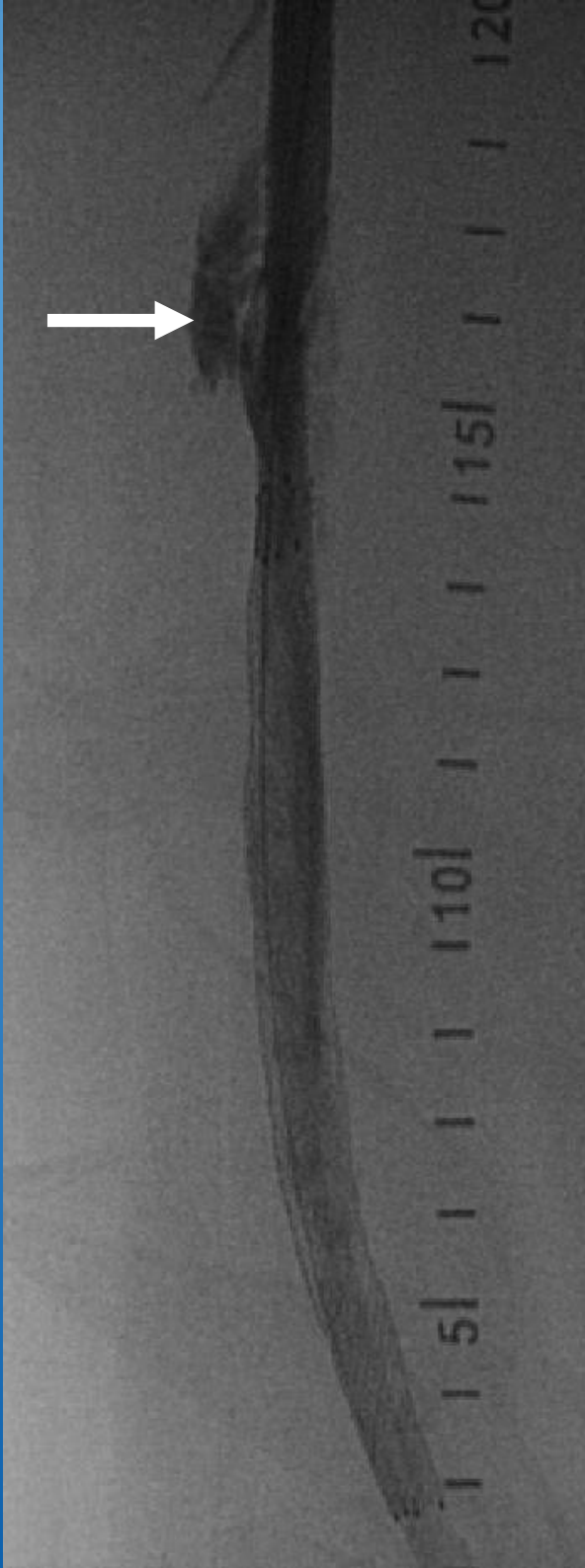


- “Doctor, are you sure you don’t want a stent?”
- Risk of abrupt closure
- Who hasn’t seen contrast leak stop?



# Perforations

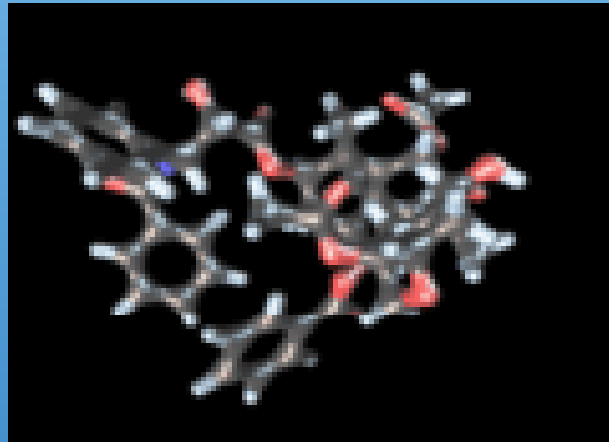




Post-stent Graft

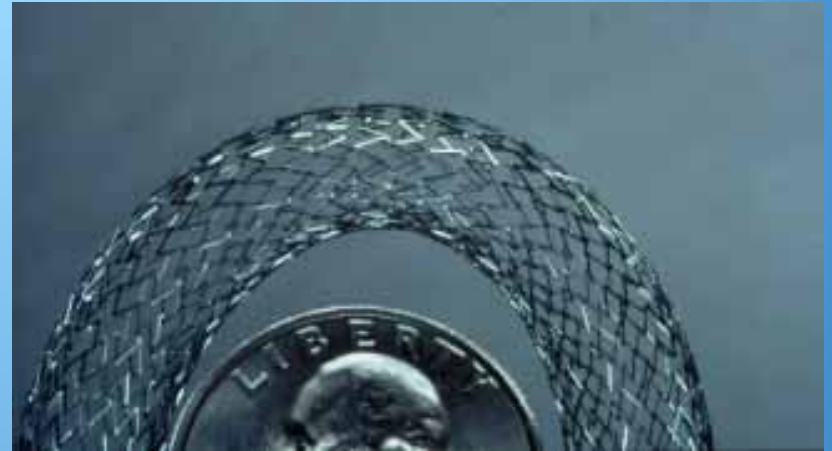
Great Debate  
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If You're Going to Use Paclitaxel, Why  
Not Just Put It on a Stent?



# Nitinol Stents

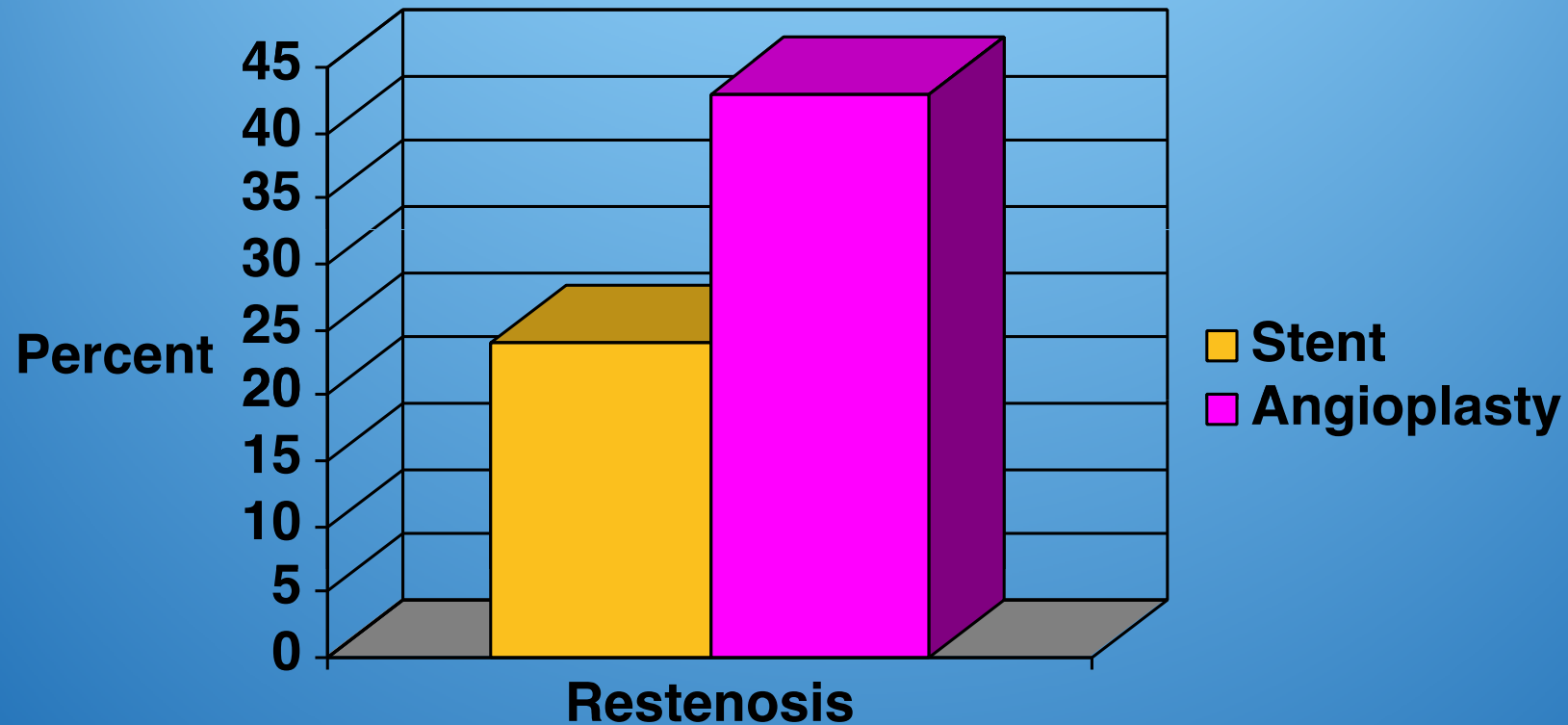
*to reduce restenosis*



104 randomized patients

- 51 primary stent
- 53 angioplasty

# Angiographic Restenosis



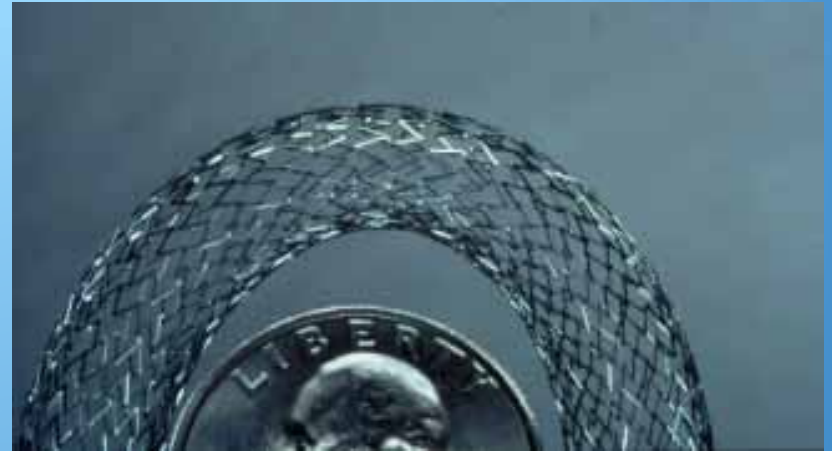
$p = 0.05$

At 6 months

Schilinger N Engl J Med 2006;354:1879

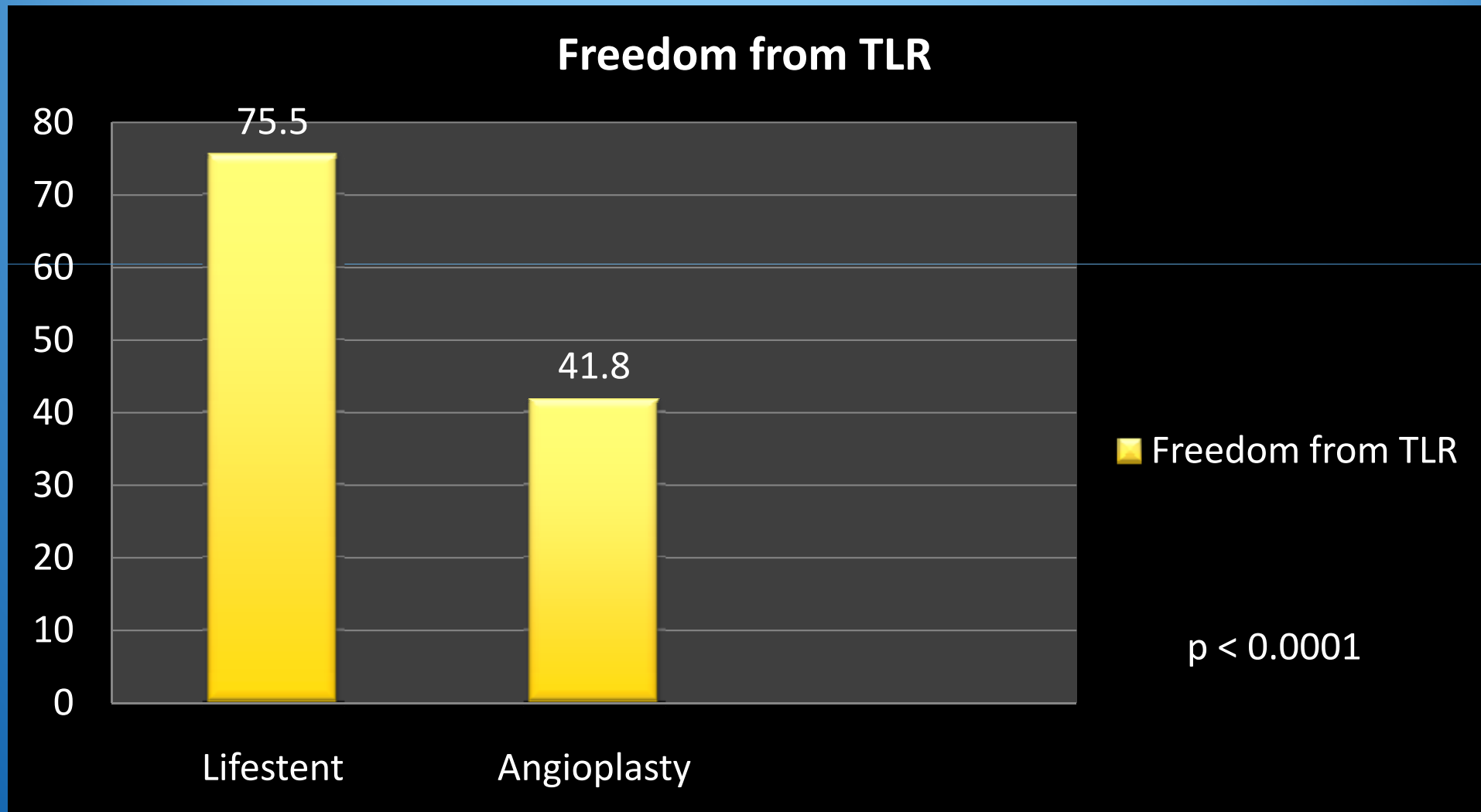


# Randomized



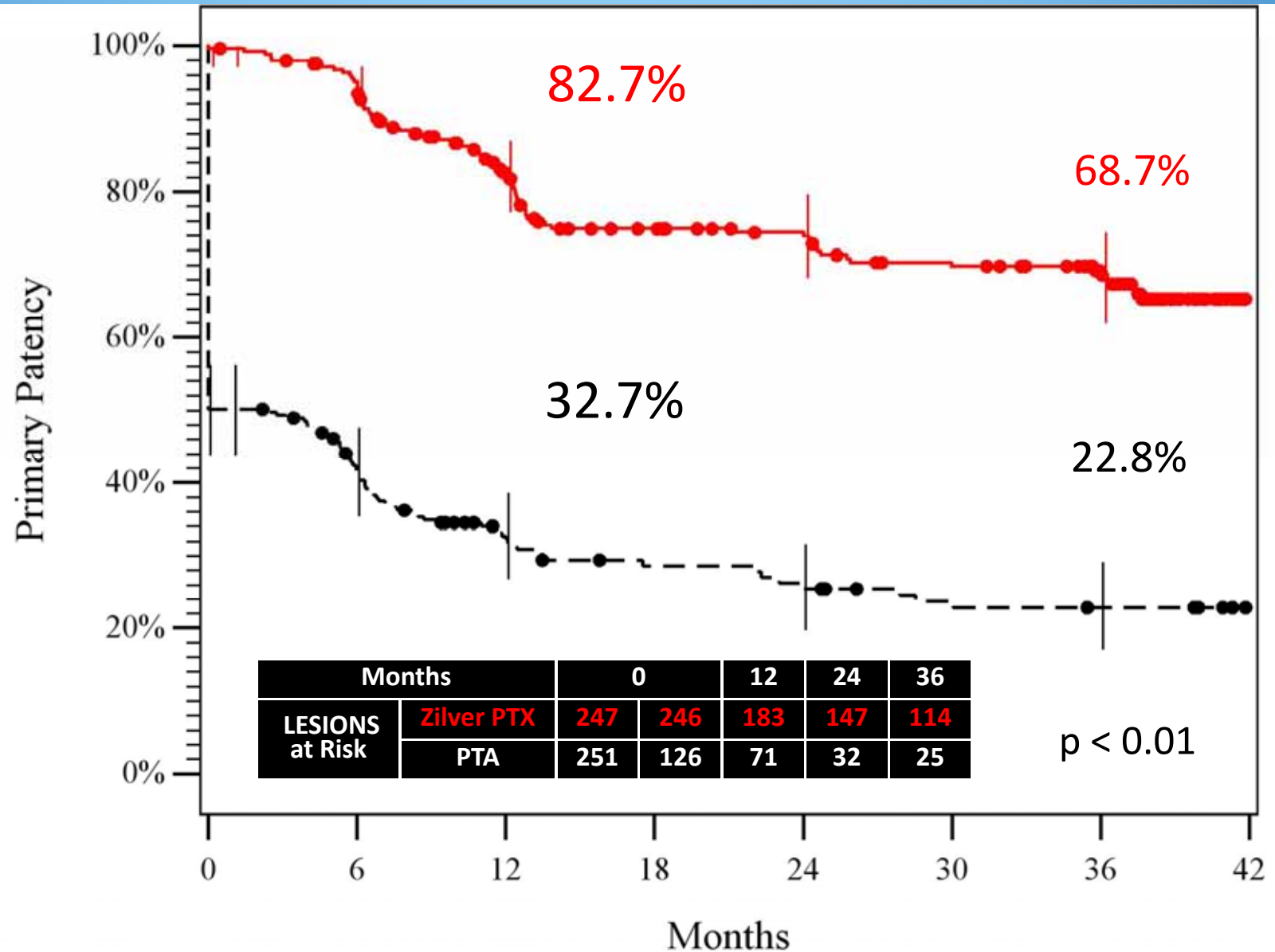
- Mean treated length 13 cm
- Significant improvement at 12 months
  - Maximal walking distance
  - ABI
- Similar results in FAST and RESILIENT

# RESILIENT 3 Year Data



# Zilver PTX vs. PTA

*primary patency from randomized trial*



# Zilver<sup>®</sup> PTX<sup>®</sup> Single-Arm Study

- **Largest study to date** for endovascular treatment of SFA disease (787 patients, 900 lesions)
- **Up to 4 Zilver<sup>®</sup> PTX<sup>®</sup> stents** per patient
- **Broad inclusion criteria** to study Zilver<sup>®</sup> PTX<sup>®</sup> stenting in a real-world patient population

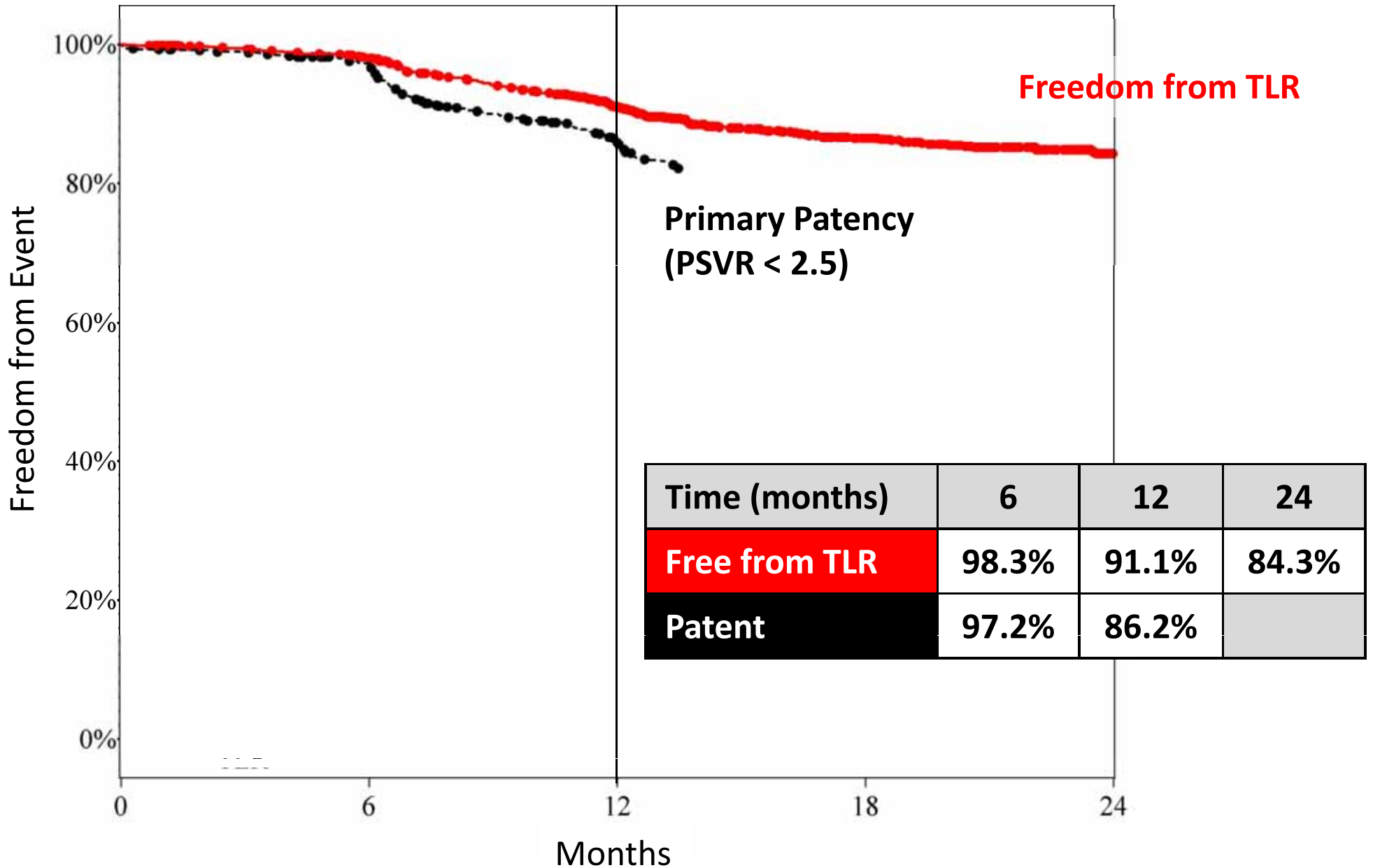
# Baseline Lesion Characteristics

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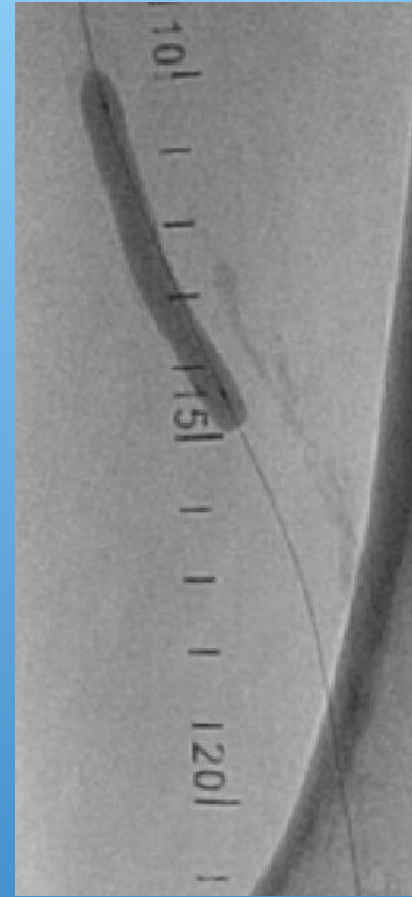
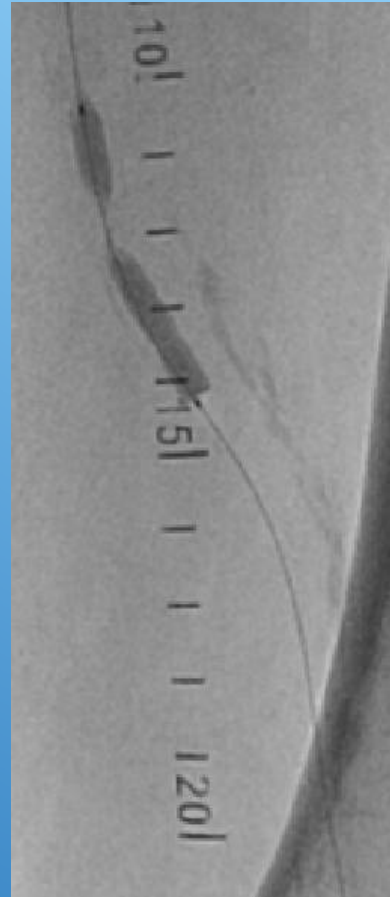
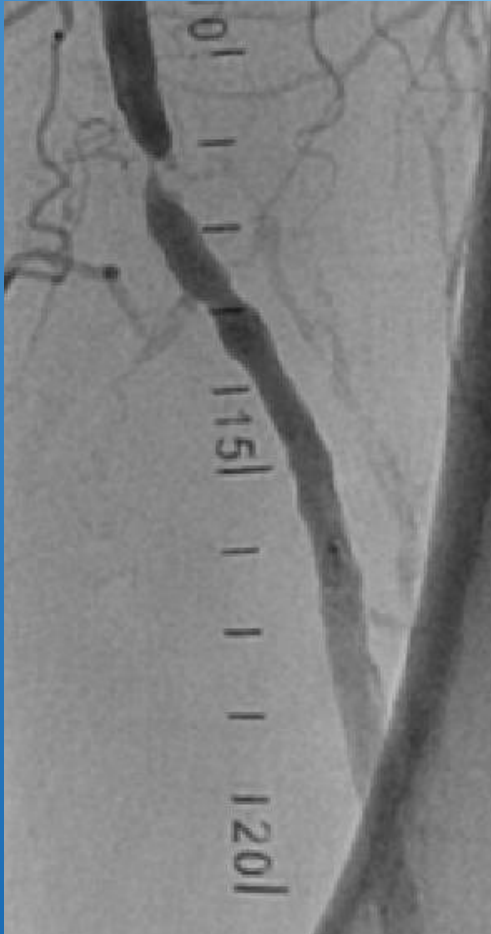
<b>Lesions</b>		900
<b>Lesion length (mm)</b>		100 ± 82
<b>Diameter stenosis</b>		85 ± 16%
<b>TASC 2000 class</b>	<b>A</b>	26%
	<b>B</b>	29%
	<b>C</b>	25%
	<b>D</b>	14%
<b>Lesions &gt; 7 cm</b>		48%
<b>Lesions &gt; 15 cm</b>		22%
<b>Total occlusions</b>		38%
<b>Restenosis (all)</b>		24%
<b>In-stent restenosis (ISR)</b>		14%



# Long-term Effectiveness



# What's Left?



Simple, type A lesions...  
that we never see!!