

The logo for LINC (Lifestyle in Coronary Intervention) features the letters 'LINC' in a white, sans-serif font. The letters are positioned over a stylized graphic of a heart or a flame, rendered in shades of blue, red, and yellow. The background of the slide is light blue with large, abstract, brush-stroke-like shapes in darker blue and white.

LINC

The Münster all-comers registry of Eluvia drug-eluting stent: 1-year outcomes

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Disclosures

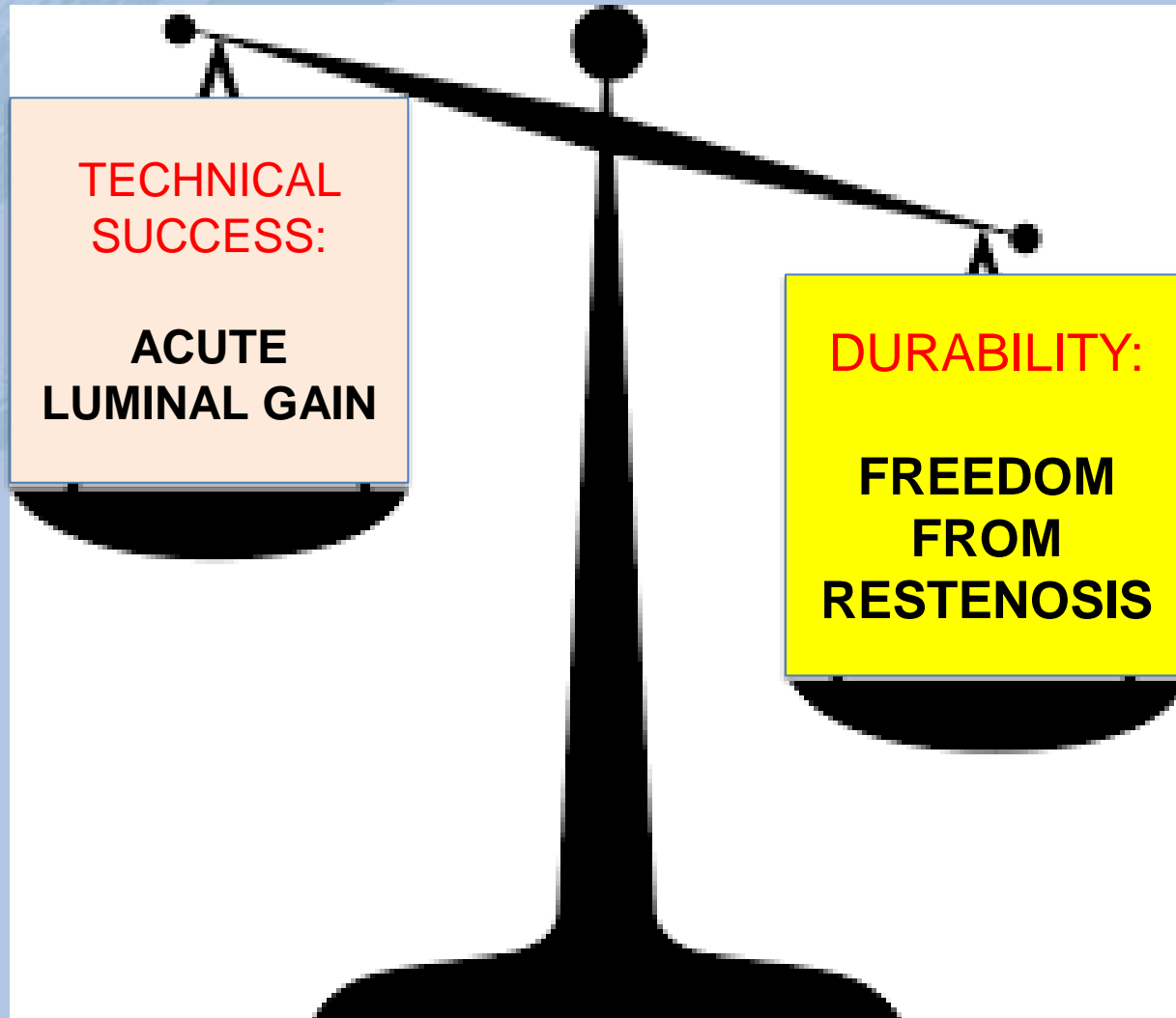
Speaker name:

Theodosios Bisdas

I have the following potential conflicts of interest to report:

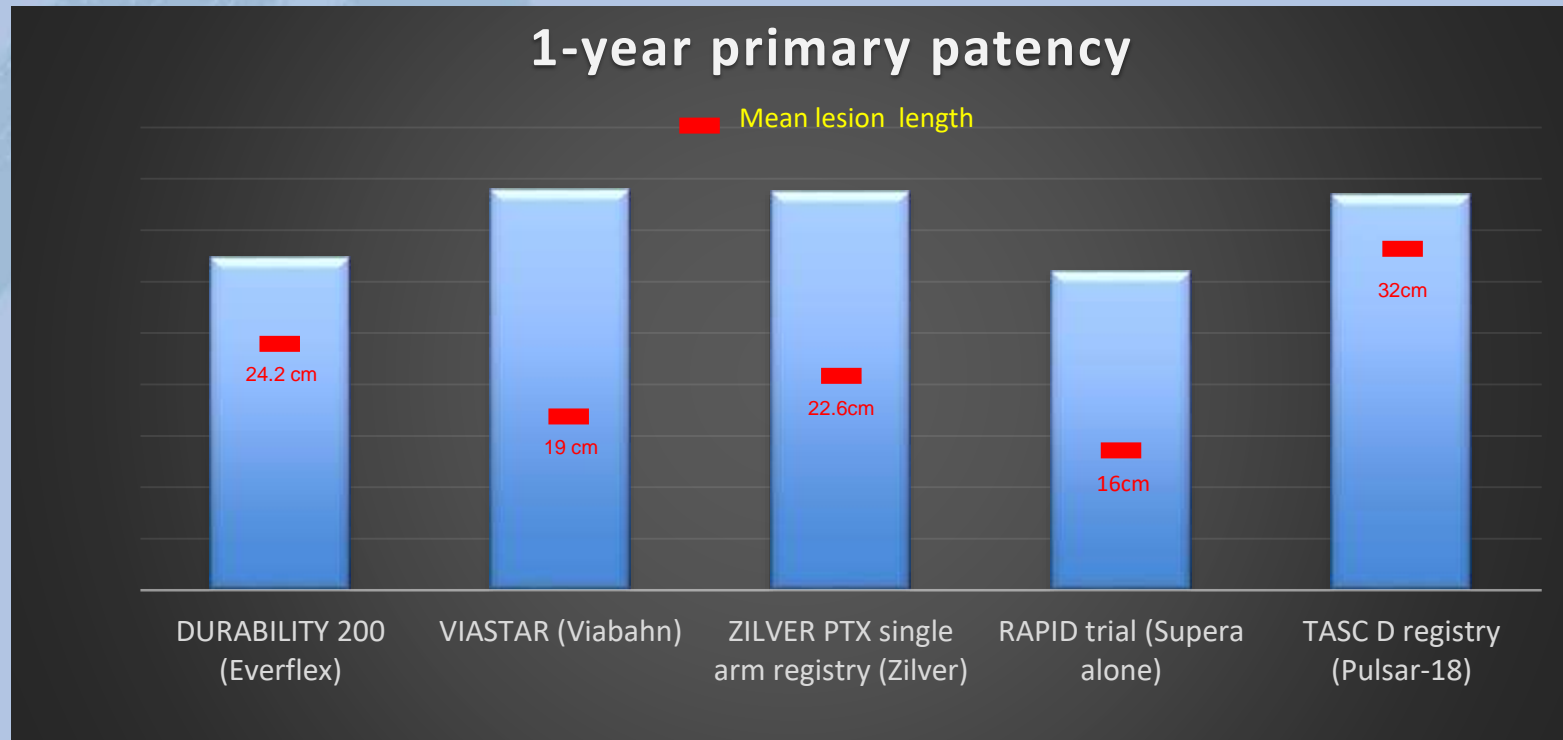
- Consulting: Boston Scientific, COOK, Medtronic, Bard, Penumbra, BBraun
- Other: VASCUPEDIA (Co-founder)

Endovascular treatment in SFA



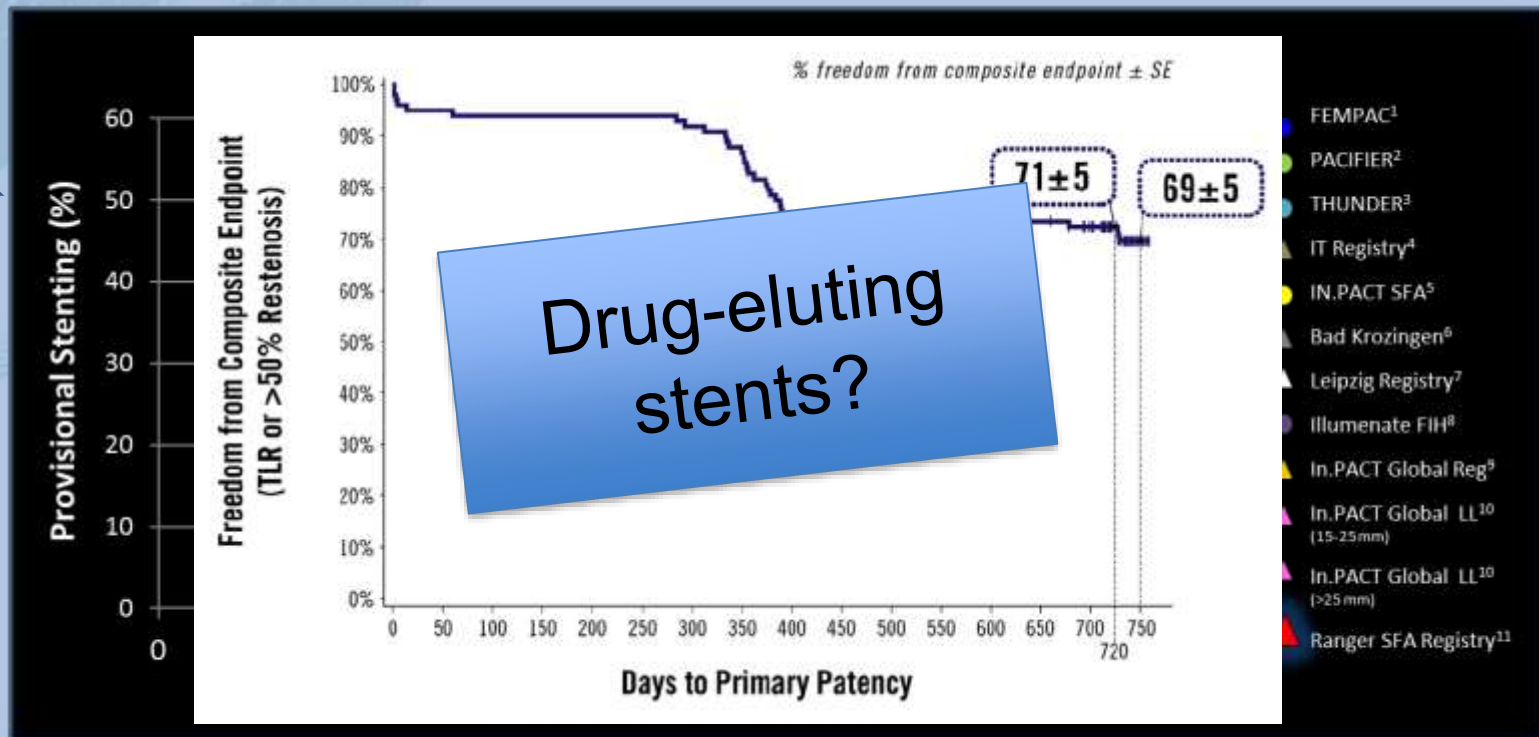
BMS/Stent-grafts for long SFA lesions

Acute luminal gain > Restenosis



Drug-coated balloons

Durability > Acute luminal gain



¹Werk M et al. Circulation 2008; ²Werk et al. Circ Cardiovasc Interv 2012; ³Tepe G et al. N Engl J Med 2008; ⁴icari A Et al. J Am Coll Cardiol Intv 2012; ⁵Tepe et al. Circulation 2015; ⁶Zeller T et al. J Endovasc Therapy 2014; ⁷Schmidt A. LINC 2013; ⁸Schroeder H et al. Catheter Cardiovasc Interv 2015; ⁹Laird J. Endovascular Today Feb 2015. ¹⁰Ansel G. TCT 2015. ¹¹P Von Bilderling. CIRSE 2016 | Micari et al. JACC Cardiovasc Interv 2017

Outcomes of 1st generation DES in long and complex SFA lesions

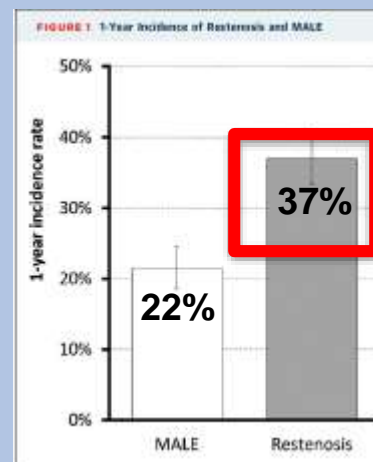
Study	N of patients	Mean lesion length	12-m PP	12-m Stent Fracture
Zilver PTX Global Registry	135	22,6 cm	77,6%	2,1%
STELLA PTX	45	25,2 cm	52,5%	9,0%

PERIPHERAL

1-Year Results of the ZEPHYR Registry (Zilver PTX for the Femoral Artery and Proximal Popliteal Artery)

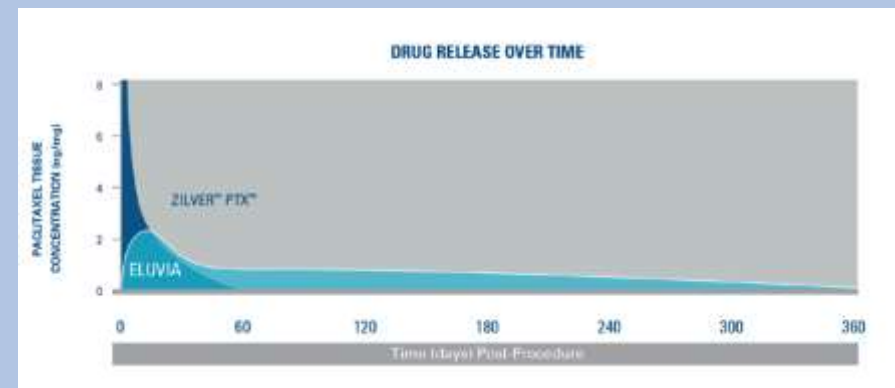
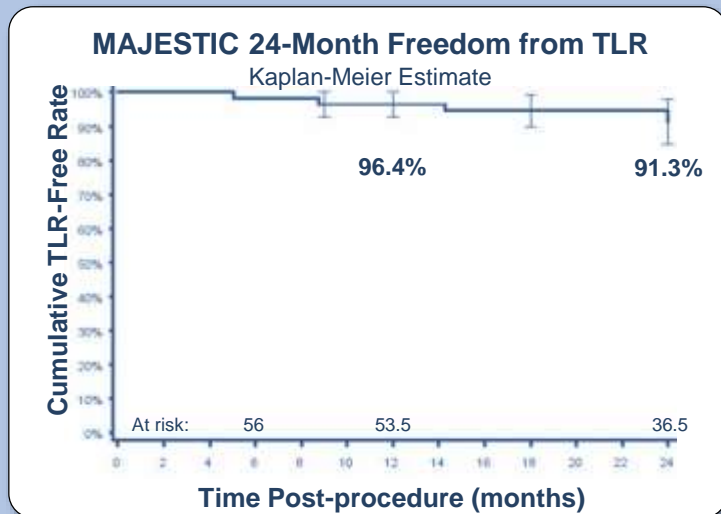
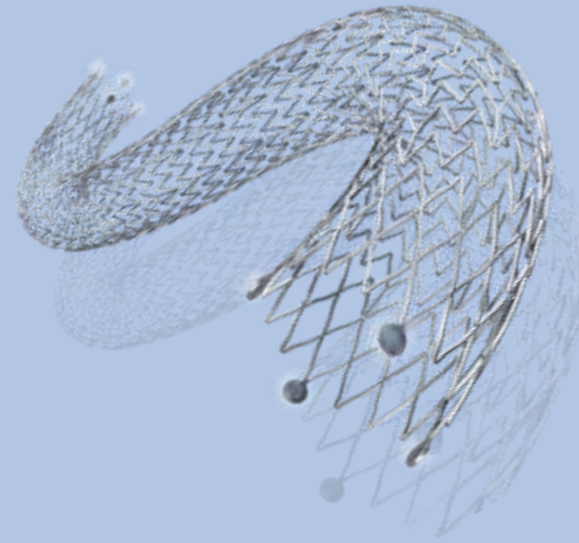
Predictors of Restenosis

Osamu Iida, MD,* Mitsuyoshi Takahara, MD, PhD,† Yoshimitsu Soga, MD,‡ Masatsugu Nakano, MD, PhD,§
Yasutaka Yamauchi, MD, PhD,* Kan Zen, MD, PhD,¶ Daizo Kawasaki, MD, PhD,** Shinsuke Nanto, MD, PhD,††
Hiroyoshi Yokoi, MD,‡‡ Masaaki Uematsu, MD, PhD,* on behalf of the ZEPHYR Investigators



The Eluvia drug-eluting stent and the MAJESTIC trial

1. Self-expanding nitinol
2. Innova stent platform
3. Biostable polymer matrix
4. Paclitaxel



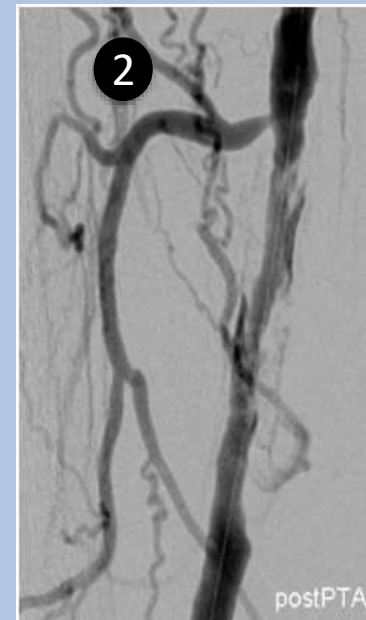
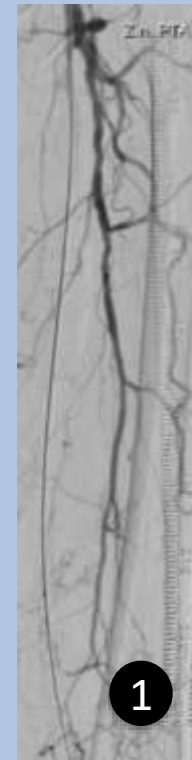
The Muenster all comers registry

Aim

To assess the effectiveness of Eluvia stent in long and complex SFA lesions

Criteria for use of Eluvia stent

1. Recoil post PTA
2. Flow-limiting dissection post PTA



Endpoints

1. Primary endpoint

- Primary patency (PSVR < 2.0)

2. Secondary endpoints

- Freedom from target lesion revascularization
- Amputation-free survival in claudicants and CLI patients
- Stent fracture @ 6 m
- Clinical improvement
- Paclitaxel-related adverse events

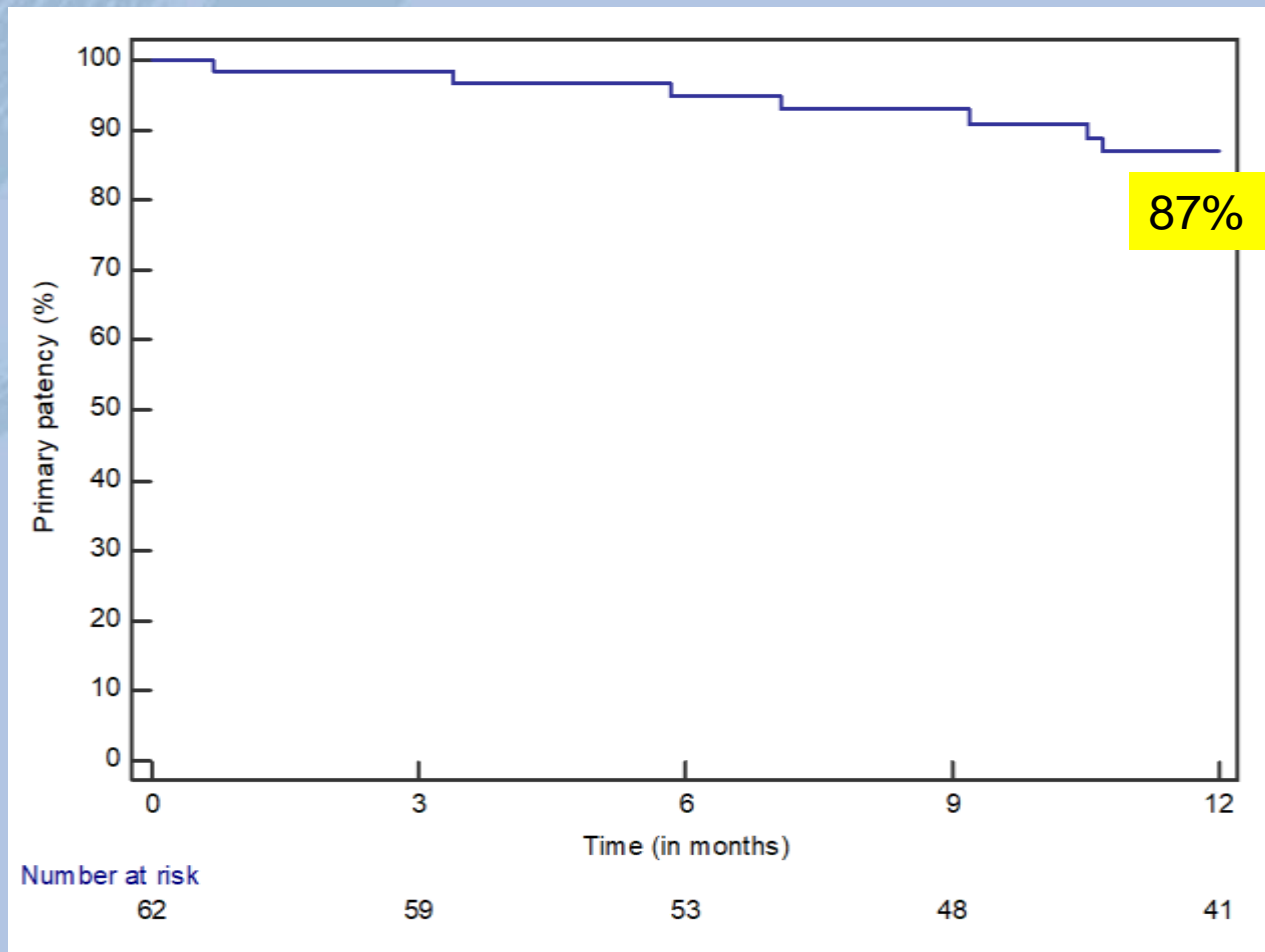
Patients' characteristics

Comorbidities	N
Total number	62 (100%)
Mean age (\pm SD), in years	71 (\pm 8)
Males	39 (63%)
Comorbidities	
Arterial hypertension	57 (92%)
Diabetes mellitus	23 (37%)
Myocardial infarction > 6 months	5 (8%)
Congestive heart disease	25 (40%)
Chronic obstructive pulmonary disease	12 (19%)
Cerebrovascular disease	17 (27%)
Chronic kidney disease	11 (18%)
Dialysis	3 (5%)
Current smoker	14 (23%)
History of claudication	15 (24%)
Critical limb ischemia (CLI)	30 (48%)
Previous interventions at the index limb	
Peripheral bypass	2 (3%)
Peripheral intervention	10 (16%)

Lesions characteristics	N
Mean lesion length (mean, in cm)	20\pm12
Minimum lumen diameter (mean, in mm)	0.06 \pm 0.17
Occlusion	49 (79%)
Moderate/severe Ca²⁺	26 (42%)
Location	
Proximal SFA	33 (53%)
Middle SFA	43 (69%)
Distal SFA	47 (76%)
P1 segment	27 (44%)
P2 segment	2 (3%)
Run-off status	
0 vessel	1 (2%)
1 vessel	11 (18%)
\geq 2 vessels	50 (80%)

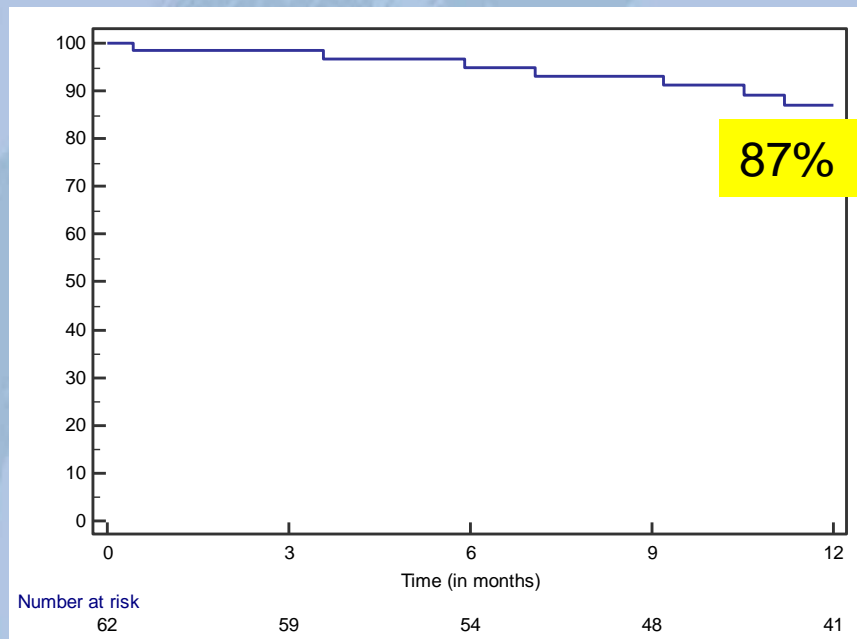
Primary patency

1-year

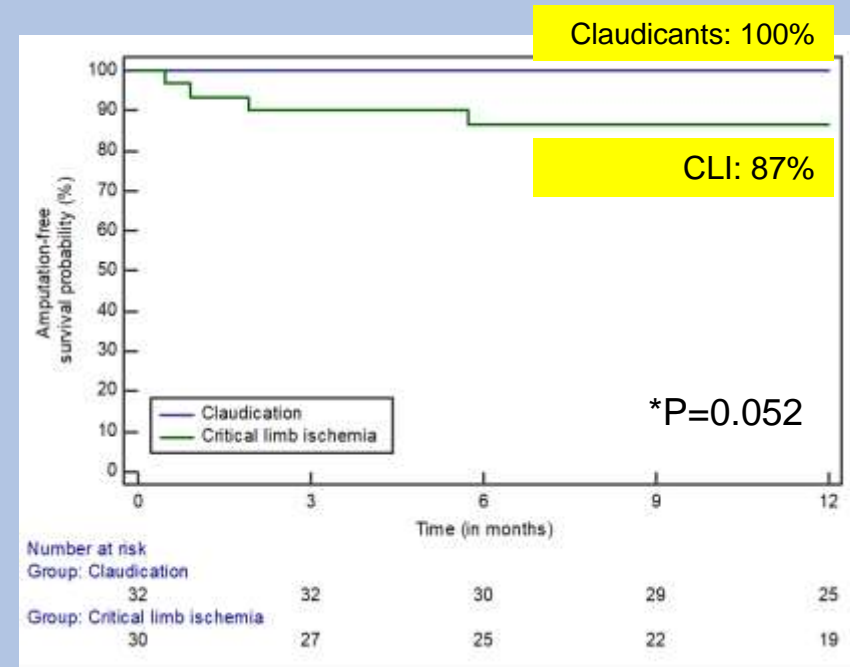


Secondary endpoints

1-year freedom from TLR and AFS



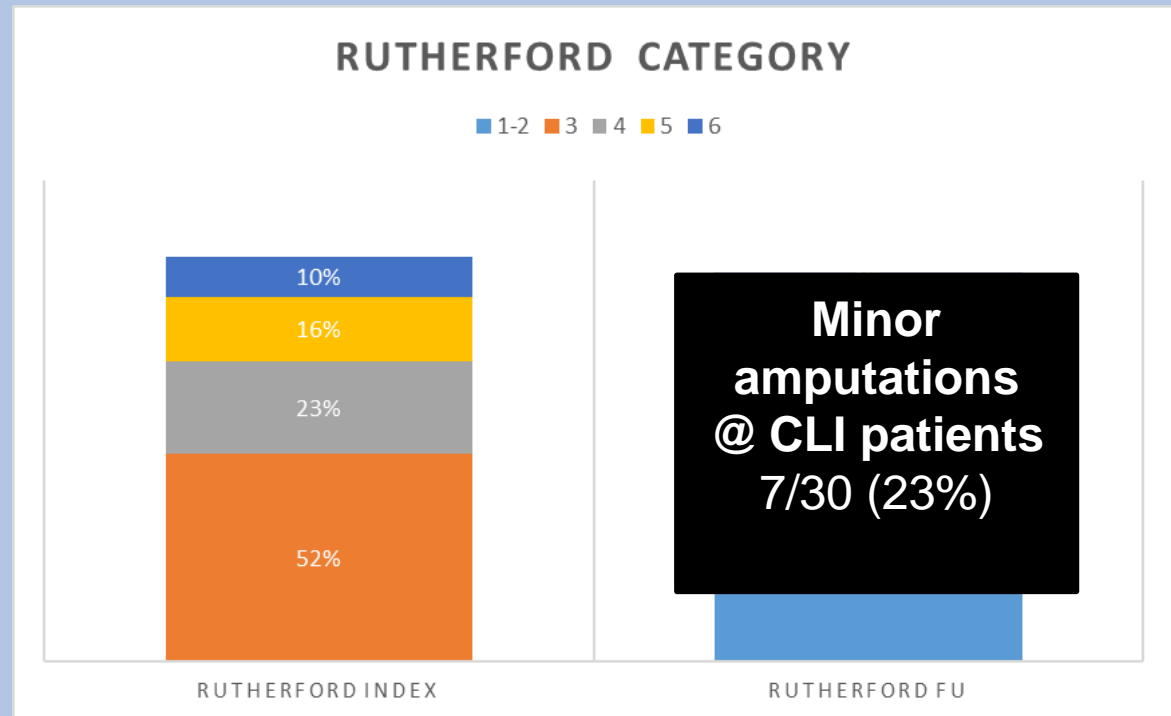
Freedom from TLR



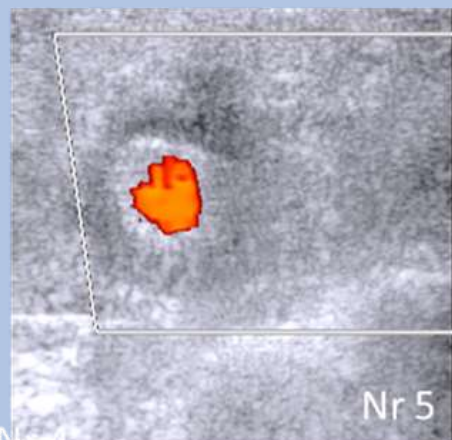
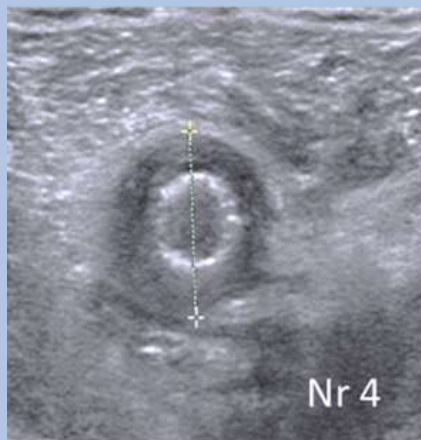
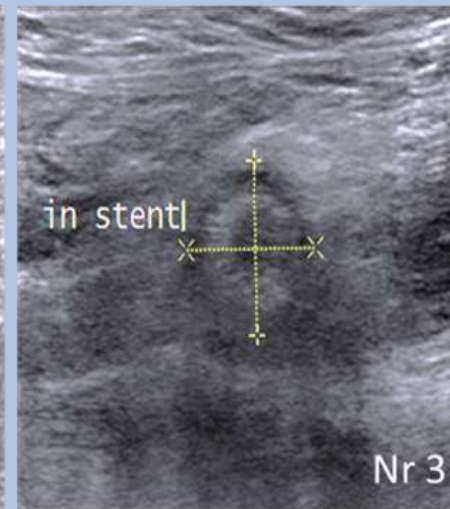
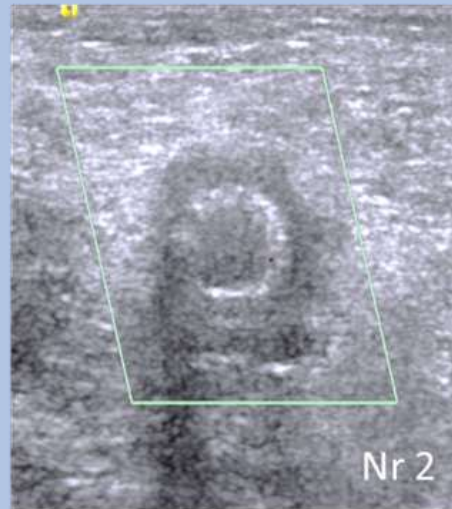
Amputation-free survival (AFS)

Secondary endpoints

Stent fracture @ 6m and clinical improvement



Adverse events of prolonged paclitaxel elution



**Aneurysmatic
degeneration
@ 12 months:
N=5 pts (8%)**

Conclusions

- First assessment of the Eluvia stent in real-world patients with long and complex SFA lesions (mean LL: 20cm)
- The primary patency of 87% @ 12 months justifies use of the Eluvia stent in long SFA lesions
- High rate of clinical improvement
- Aneurysmatic degeneration of arterial wall needs further investigation