Minimal is optimal in SFA therapy, reducing metal burden

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Minimal is optimal

- ISR remains the burden of SFA treatment leading to the idea of ‘leaving nothing behind’
- DCB alone works in many lesions, but stenting cannot be eliminated
Bail-out stenting rate

<table>
<thead>
<tr>
<th></th>
<th>DCB arm</th>
<th>POBA arm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thunder</td>
<td>4%</td>
<td>22%</td>
</tr>
<tr>
<td>FemPac</td>
<td>9%</td>
<td>14%</td>
</tr>
<tr>
<td>Pacifier</td>
<td>20.5%</td>
<td>34%</td>
</tr>
<tr>
<td>Levant 1</td>
<td>3%</td>
<td>16%</td>
</tr>
<tr>
<td>Levant 2</td>
<td>2.5%</td>
<td>6.9%</td>
</tr>
<tr>
<td>INPACT SFA</td>
<td>7.3%</td>
<td>12.6%</td>
</tr>
<tr>
<td>BIOLUX PI</td>
<td>6.7%</td>
<td>34%</td>
</tr>
</tbody>
</table>
Minimal is optimal

• Mechanically-induced neointimal hyperplasia can be minimized (what are the factors that contribute?) by reducing metal burden
  – Thin-strut stents
  – Spot-stenting
Minimal is optimal

Durability/radial force

2011

2014
Minimal is optimal

Durability/radial force

2011

2014
Minimal is optimal

Durability/radial force

2011

2016
Minimal is optimal

Durability/radial force

2011

2016
Minimal is optimal

• BIOFLEX-PIII (G. Tepe)
• BIOFLEX-PEACE (M. Lichtenberg)
• BIOLUX 4EVER (K. Deloose)
• BIOTRONIK REACT (P. Mwipatayi)
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