LINC 2018
Leipzig, January 30-February 2 2018

Minimal is optimal in SFA therapy, reducing metal burden

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Minimal is optimal

- DCB adoption has caused a revolution, moving away from permanent metallic implants
- Adjunctive stenting is still needed for vessel scaffolding (long lesions, calcified lesions), flow limiting dissection and residual stenosis

Minimal is optimal

- Restenosis is related to inflammatory response after metal implant
- Prevention of restenosis by reduction
  - Metal burden
    - No stenting at all (DCB)
    - Thin strut stents
    - Spot-stenting
  - COF
    - Thin strut stents

Minimal is optimal

- Using thin strut stents (and low COF) as with Pulsar is a further way to reduce the metal burden, as is being able to tailor the stent length only to what is necessary to support the vessel

Minimal is optimal

- BMS alone or DCB alone perform well
  - BIOFLEX PEACE
  - BIOLUX P-III
- DCB PLUS BMS seems to be a valid treatment option for the SFA
  - BIOLUX 4EVER
  - DEBAS

Minimal is optimal

- Adopting a reactive approach provides the opportunity to reduce metal burden by only implanting the stent length that is needed, while benefiting from the anti-proliferative effect of DCBs
- DES does not allow this versatility

Minimal is optimal

- Keep in mind

Minimal is optimal

- Keep in mind
- There is no class effect

Minimal is optimal

- Keep in mind
- There is no class effect
  - For BMS

Minimal is optimal

- Keep in mind
- There is no class effect
  - For BMS
  - For DCB

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