CONTROVERSES ET ACTUALITÉS EN CHIRURGIE VASCULAIRE CONTROVERSIES & UPDATES IN VASCULAR SURGERY

JANUARY 25-27 2018MARRIOTT RIVE GAUCHE & CONFERENCE CENTERPARIS, FRANCEWWW.CACVS.ORG

How to minimize arterial stress?

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Disclosure Speaker name: Yann Gouëffic

X have the following potential conflicts of interest to report:



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Medtronic;

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Why to minimize arterial stress?



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Arterial damage



Bittl. N Engl J Med 1996





Intimal hyperplasia and inflammation

Day 1



- Over-inflation
- Rupture of the fibrous cap
 - Strut penetration
 - Stent >>> balloon



Day 28

Feldman, Circulation, 2000





Chronic Outward Force (COF)

- Radial force at expansion is also known as Chronic Outward Force (COF).
- i.e. the force the stent exerts onthe vessel during stent expansion.Oversizing, strut thickness,residual stenosis, tapering... couldinfluence COF



Vessel prep and DCB studies

	IN-PACT SFA	LEVANT 2	ILLUMINATE RCT
Predilatation (%)	96.4	100	100
Number of balloon per lesion (n)	1.4±0.7	1.37±0.50	NA
First treatment balloon maximum pressure (atm)	8.3±2.1	7.8±2.0	NA
Provisionnal stenting (%)	7.3	2.5	15
Device success (%)	99	88.9	99.5

Tepe, Circulation, 2014, Rosenfield, NEJM, 2015, Schroeder, Circulation, 2017



Vessel prep indirect efficacy data: the Zilver PTX RCT

Zilver PTX vs POBA for TASC A/B femoropopliteal lesions At 5 years, sustained clinical, morphological and hemodynamic outcomes



Dake, Circ Cardiovasc Interv. 2011 Dake, Circulation, 2016



Vessel prep indirect efficacy data: the Zilver PTX RCT



DES	
99.7 ± 0.3%	
$84.4 \pm 2.1\%$	
$76.3 \pm 2.5\%$	
$71.5 \pm 2.7\%$	
67.4 ± 2.9%	
$66.4 \pm 2.9\%$	

Wo vessel prep

Provisional DES		
$100.0\pm0.0\%$		
$94.7 \pm 3.0\%$		
$89.1 \pm 4.2\%$		
$87.2 \pm 4.5\%$		
$84.9 \pm 5.0\%$		
$84.9 \pm 5.0\%$		

With vessel prep



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Vessel preparation devices

POBA

Scoring balloons

(Chocolate[®], Medtronic – VascuTrack[®], Bard)

Atherectomy devices



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Mechanical Atherectomy

Laser Atherectomy



Turio Eliter

Laser

Reliant upon **DIFFERENTIAL HARDNESS** of lesion to *cut, scrape or sand* <u>hardened, calcific</u> atherosclerotic lesions

VAPORIZES the <u>full-spectrum</u> of PAD lesion morphologies



Ap

A stent is not just a stent

- Self expandable, balloon expandable
- Stent design (tubular, modular, wire)
- Dimensions (length, width)
- Geometry (number of struts, strut thickness)
- Sizing
- Delivery technique



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Balloon versus self expandable stents

Balloon expandable

Self expandable





316L Cobalt chrome

Nitinol







Positive remodeling versus intimal hyperplasia M6

Balloon expandable



MO

Radial resistive force **7** Crush resistance **7** COF N

Self expandable



Radial resistive force **** Crush resistance COF 7



P

COF varies



The data provided are based on mechanical and in-vitro testings performed by Cordis Corporation (data on file, Cordis).



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Stent geometry influences radial force





Modular





Lansky, circulation, 2000

High level of in-stent restenosis due to the lack of radial resistive force and crush resistance

Scaffolding is required to prevent elastic recoil



- The true lumen () of the superficial femoral artery is still open at 12 cm distance
- Dissection of the arterial wall located between the internal elastic lamina and the atherosclerotic plaque (•)
- The newly formed route in the arterial wall was filled with thrombus at all levels
- Reobstruction began at the distal part of the artery





Stent oversizing (high COF) increase ISR





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R T

Struts thickness





Briguori, J Am Coll Cardiol, 2002



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Balloon remodeling



Han RO, Am J Cardiol. 2001



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Take home message

- Low COF, and sufficient radial force are essential properties of modern nitinol stents
- To maximize the clinical results of low COF stents, vessel preparation is recommended
- No oversizing, gentle remodeling may minimize the risk of restenotic response.