

DURABILITY

Study measuring the durability of the PROTÉGÉ EverFlex
stent in lesions of the superficial femoral artery

On behalf of the DURABILITY Investigators:

S. Müller-Hülsbeck¹, **M. Bosiers**², G. Torsello³, **D. Scheinert**⁴, H. Gissler⁵, J. Ruef⁶, T. Jahnke⁷, P. Peeters⁸, K. Daenens⁹, J. Lammer¹⁰

¹Ev.-Luth. Diakonissenanstalt zu Flensburg, Germany; ²AZ St-Blasius, Dendermonde, Belgium; ³St. Franziskus-Hospital, Münster, Germany; ⁴Heart Center, Leipzig, Germany; ⁵Hochrheinklinik, Bad Saeckingen, Germany; ⁶Klinik Rotes Kreuz, Frankfurt, Germany; ⁷Universitätsklinikum Schleswig-Holstein, Kiel, Germany; ⁸Imelda Hospital, Bonheiden, Belgium; ⁹University Hospital, Leuven, Belgium; ¹⁰Medizinische Universität, Vienna, Austria.



ACADEMIC HOSPITALS Flensburg
UNIVERSITYHOSPITAL Schleswig-Holstein
Knuthstraße 1, 24939 FLENSBURG

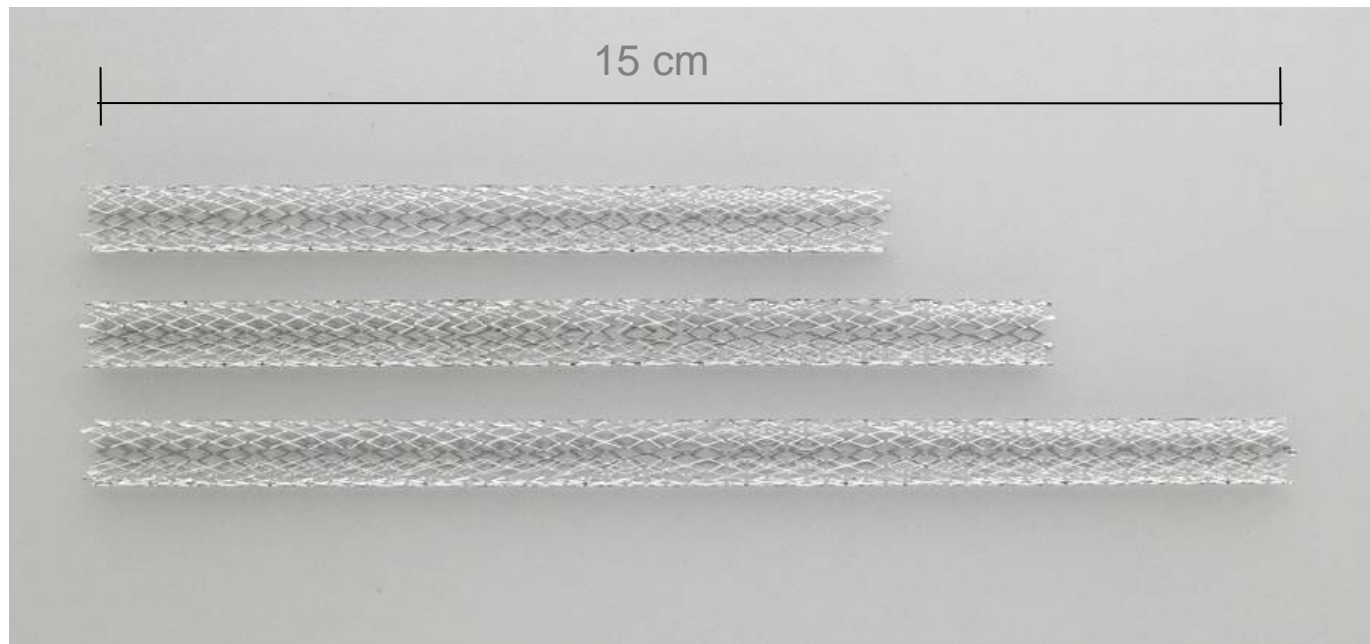
**Dept. of Diagnostic and Interventional
Radiology / Neuroradiology**



Purpose



- to evaluate the long term efficacy and integrity of the long PROTÉGÉ™ EverFlex™ stent (10-15cm) in long SFA lesions



Study Design



- Prospective
- 151 Patients (August 2006 – June 2007)
- 13 centres in Europe
- 6 & 12 months follow-up
- Core lab for Angio, Duplex, X-Ray

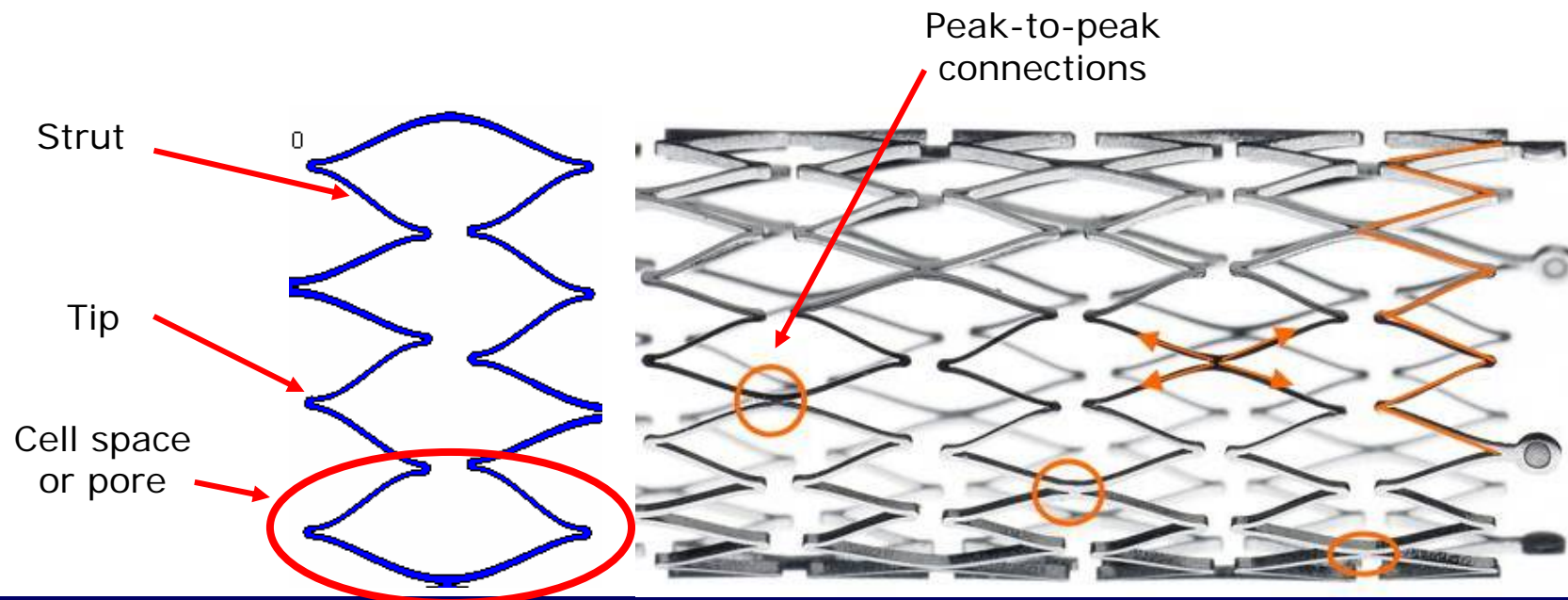


Study Device



- ev3 PROTÉGÉ EverFlex Stent System
 - Self-expanding Nitinol stent
 - Spiral cell interconnection
 - GPS tantalum markers
 - EX.P.R.T. Release Technology

- Stent Diameters 6,7,8 mm
- Stent Lengths 100, 120, 150 mm
- Now available in 200mm

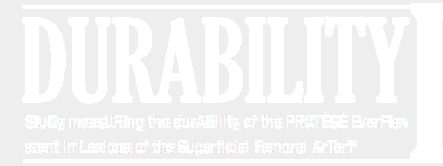


Endpoints



- Primary Primary patency at 12 months
Target vessel with <50% diameter stenosis determined by Duplex ultrasound (PSV>2.5)
- Secondary
 - Technical success
 - Initial arteriographic success
 - Follow up clinical success
 - Primary Patency at 6 months
 - Secondary Patency at 6 and 12 months
 - Fracture rate as determined by X-ray at 6 and 12 months
 - Major Adverse Clinical Events

Patient Population



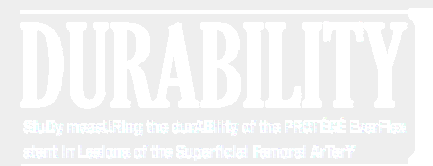
- De-novo or restenotic lesions
- Max. lesion length **140** mm
- Stent lengths **100**, **120** and **150** mm
- Only one stent allowed
- Rutherford classification **2** to **4**
- Target lesion located within the native SFA:
Distal point 3 cm above knee joint and 1 cm below origin of profunda femoralis
- Angiographic evidence of at least one vessel runoff to the foot

Demographics (n=151)



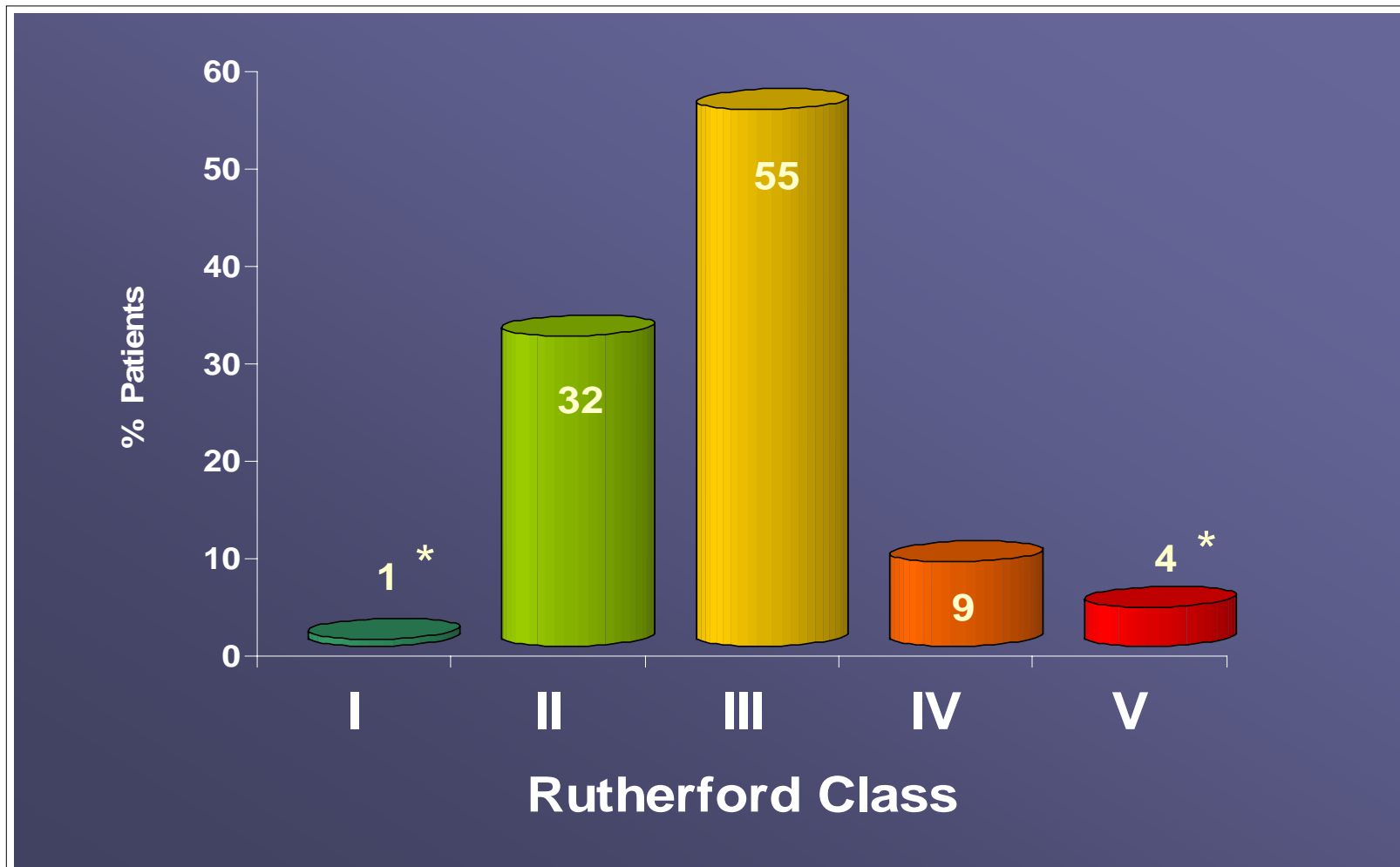
Age	68 ± 8
Body Mass Index	27 ± 4.3
Male / Female	74% / 26%
Diabetes	46%
Smoking	56%
Hypertension	80%
Hyperlipidemia	67%
Angina	25%
Stroke	9%
MI	23%

Target Lesion Characteristics



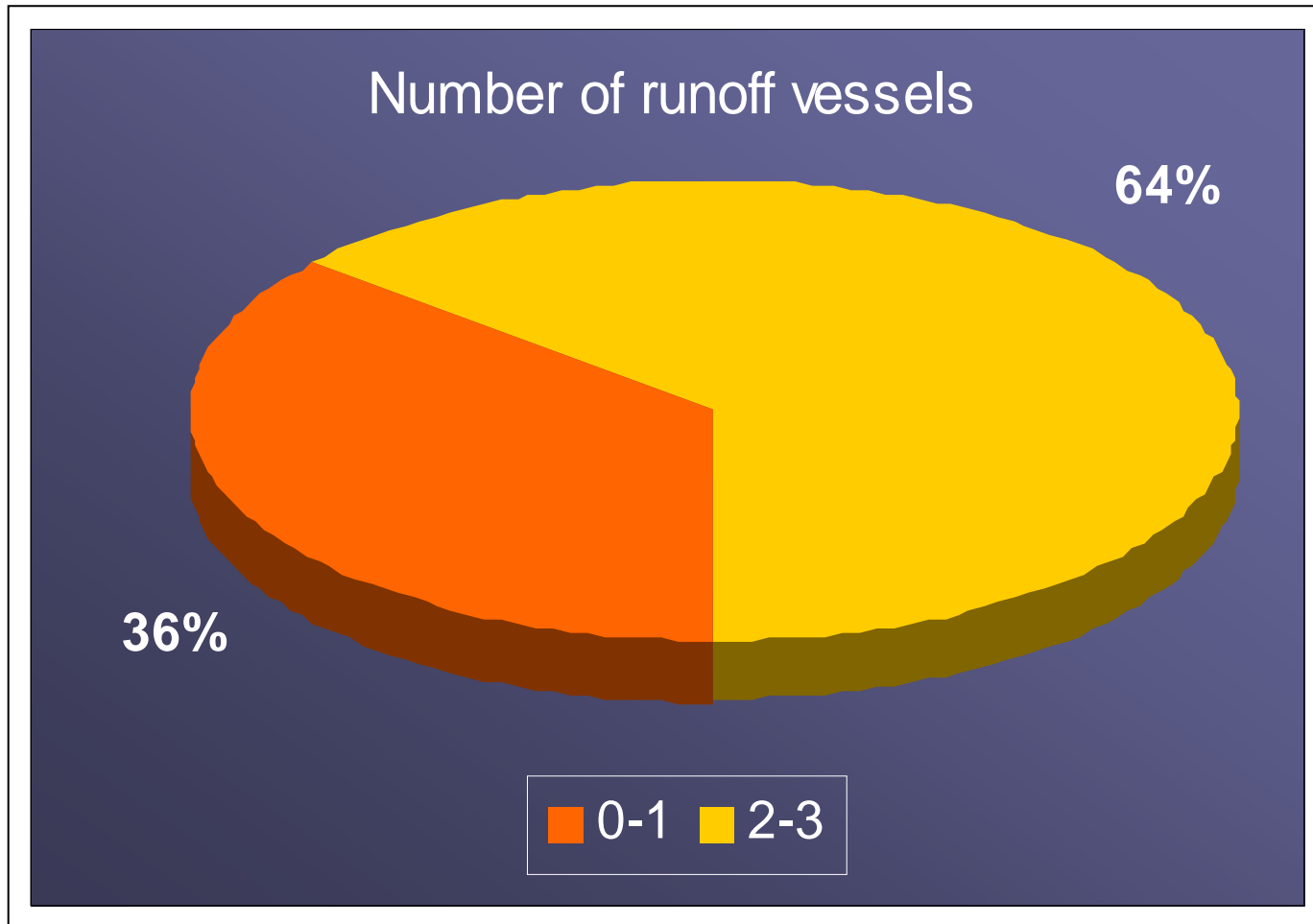
Mean Lesion Length (mm)		96.4 ± 26.8
Lesion Diameter Stenosis (%)		92.7 ± 10.1
MLD (mm)		0.56 ± 0.83
RVD (mm)		5.5 ± 0.70
Total Occlusions (% of lesions)		46%
Diffuse Disease		80%
Eccentric Lesion		55%
Calcified Lesion	Moderate	29%
	None	56%
	Not Evaluable	15%

Rutherford Class

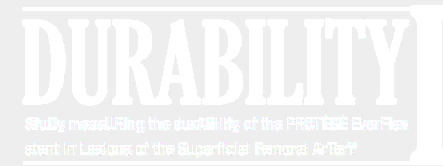


* Protocol violation

Run-off

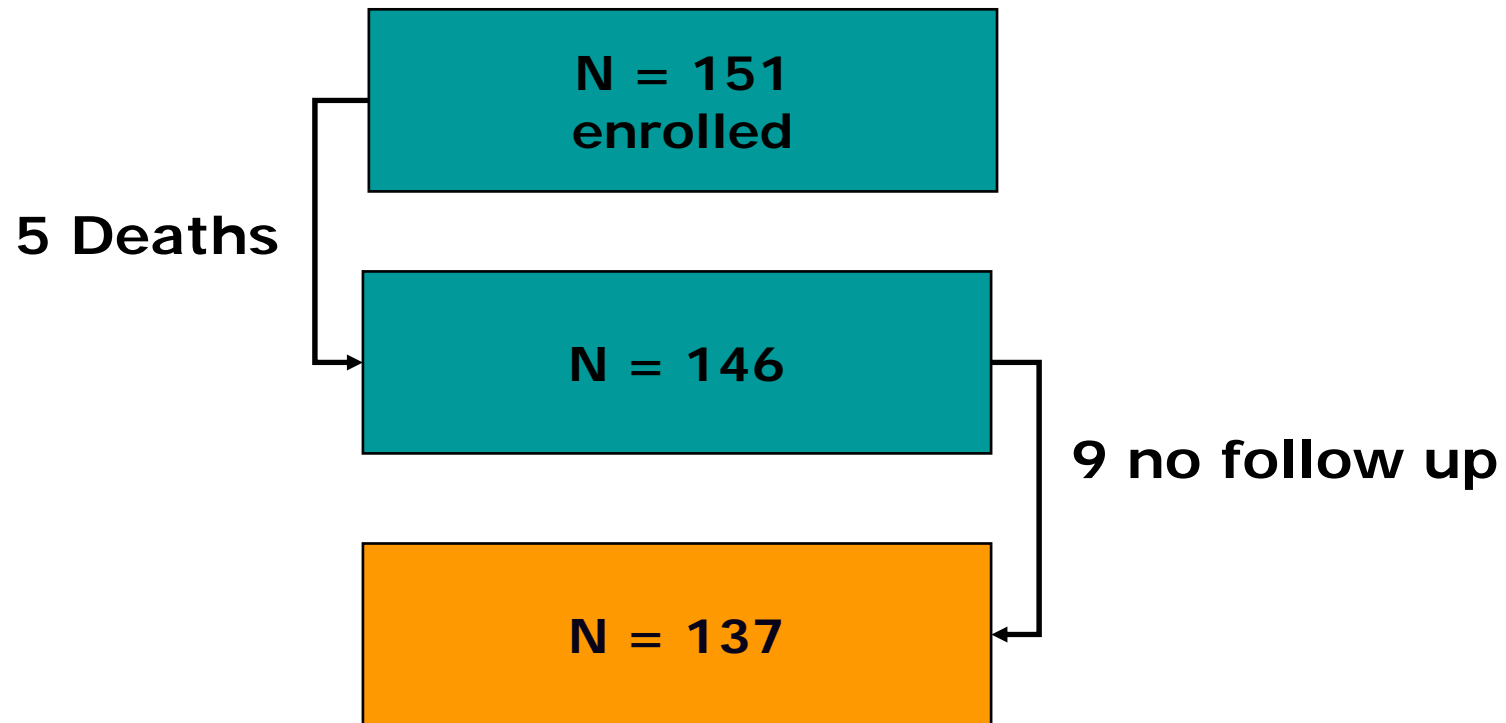


Procedure Details

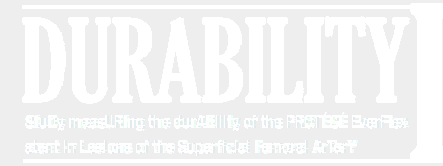


- 151 patients, 161 stents
- Stented length 134 ± 29 (mm)
- 100% technical success
Ability to cross target lesion with device and deploy the stent as intended
- Single stent in 141 patients (93%)
 - 100 mm: 28%
 - 120 mm: 18%
 - 150 mm: 47%
- Second stent in 10 patients (7%)
 - Dissection 4
 - Residual stenosis proximal or distal to stent 3
 - Protocol violation 3
 - Stented length range 160-240 mm

6 Months Follow-up



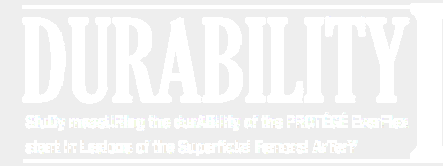
6 Months Results (n=137)



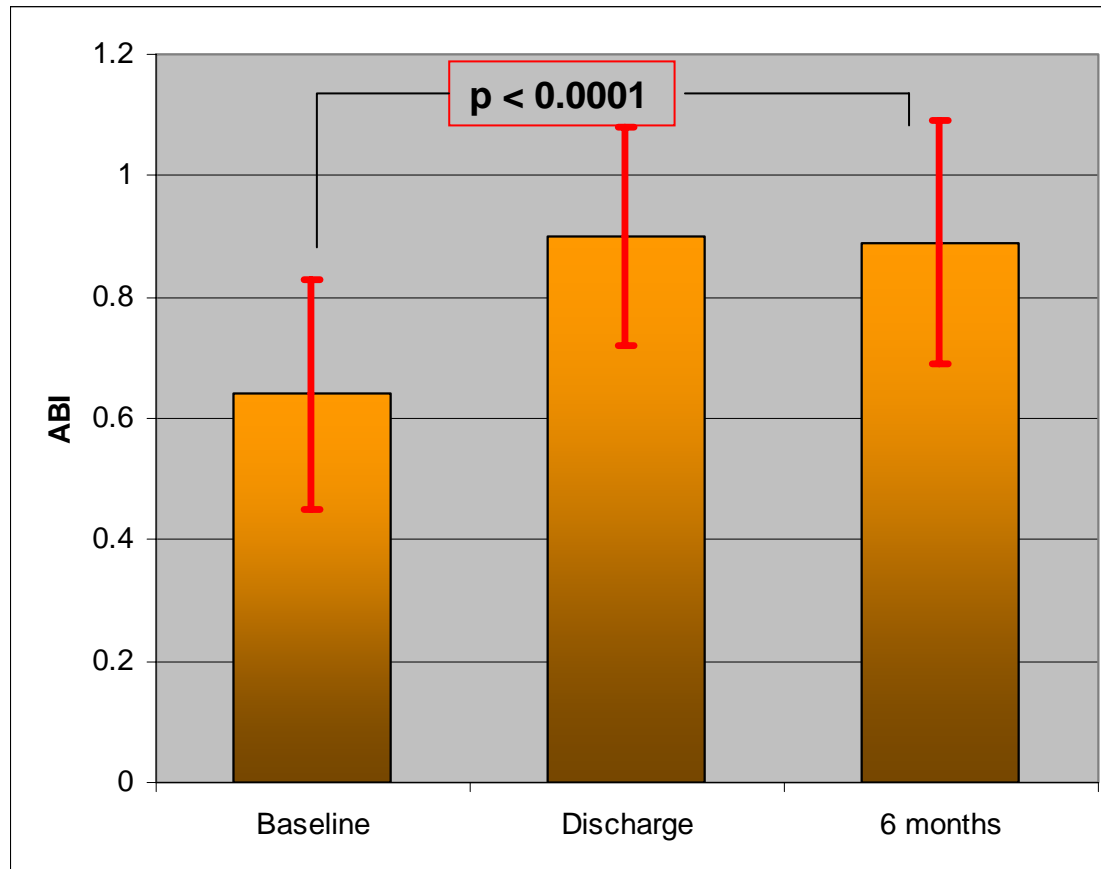
Primary Patency	91% ¹
Secondary Patency	100%
Freedom from TLR	94%
Freedom from TVR	93%

¹ n=126 duplex images available for core lab evaluation

6 Months Results



	Baseline	Discharge	6-month	p-value
ABI	0.64 ± 0.19	0.90 ± 0.18	0.89 ± 0.20	P<0.0001

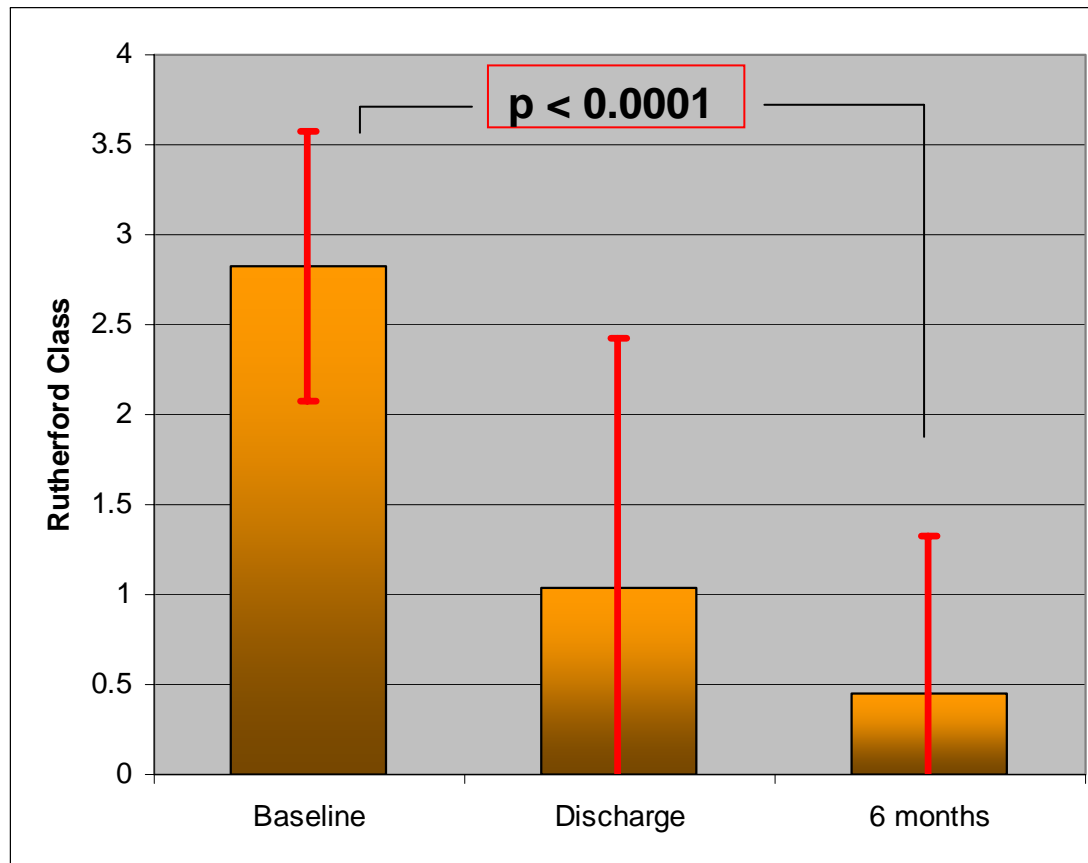


ABI improvement from baseline to 6 months
0.26 ± 0.22

6 Months Results



	Baseline	Discharge	6-month	p-value
Rutherford	2.83 ± 0.75	1.04 ± 1.38	0.45 ± 0.87	P<0.0001



Rutherford improvement from baseline to 6 months
2.16 ± 1.21

6 Months Results



Fracture Rate per patient ¹	6.2%	8/129 ²
Mild	1.6%	2
Moderate	2.3%	3
Severe	2.3%	3

¹ Core Lab Analysis

² 151 patients; for 14 patients no x-ray done, 3 non-evaluable, 5 deaths

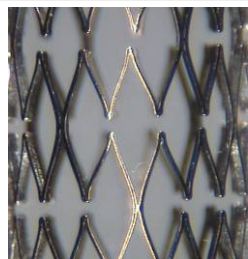
Stent Fracture Analysis



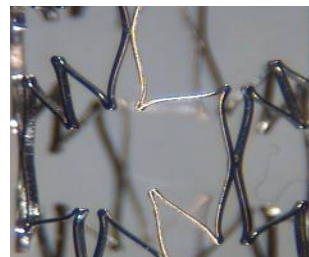
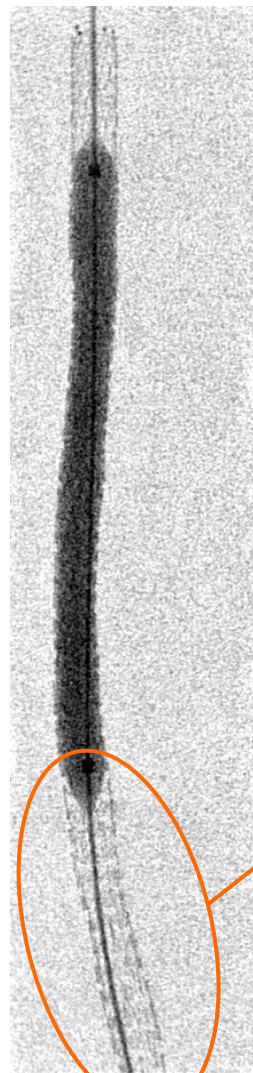
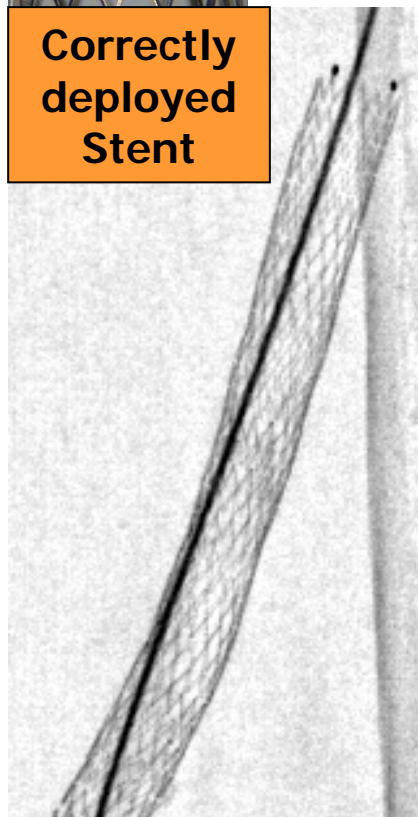
Site	Number of fractures	% stents fractured vs. implanted	Elongated >20%
1	0	0	
2	0	0	
3	0	0	
4	0	0	
5	0	0	
6	0	0	
8	0	0	
9	0	0	
10	6	40	6
11	0	0	
12	1	5	1
13	1	5	0
TOTAL	8	6	7

75%

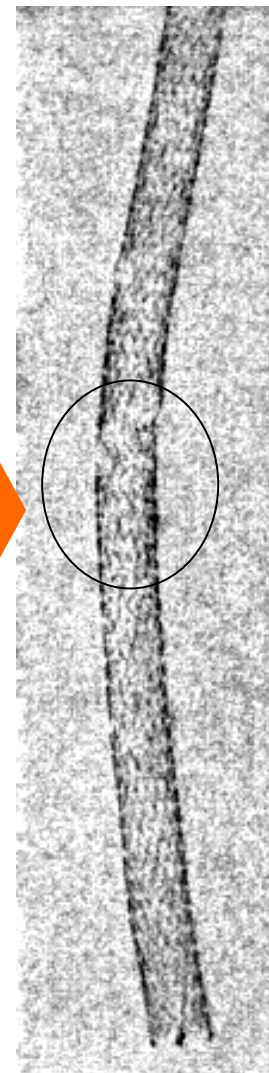
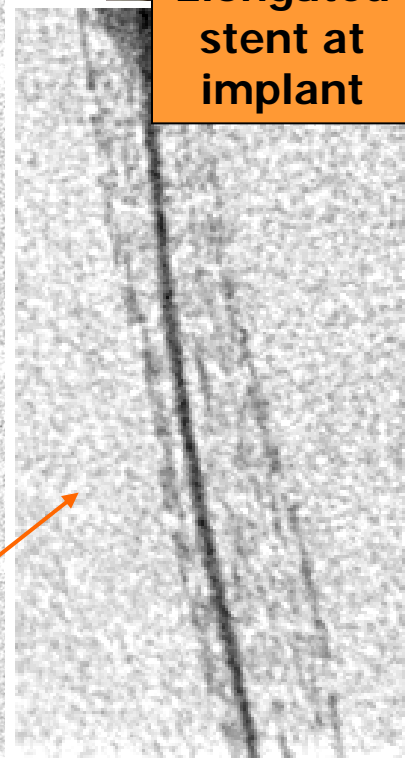
Stent Elongation/Fracture



**Correctly
deployed
Stent**



**Elongated
stent at
implant**

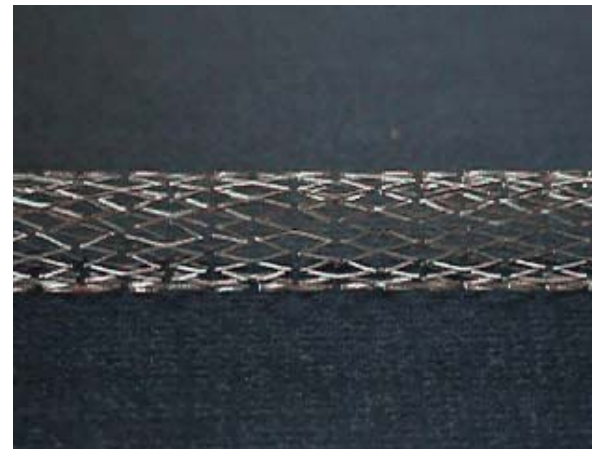


**Fractured
stent at 6
month**

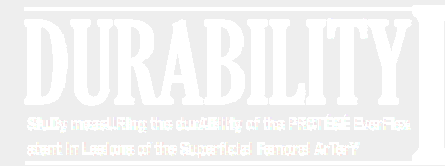
**Notice
stent
"recoils"
after
fracture**

Fracture Analysis

- 7 out of 8 (88%) fractures occurred in stents elongated at deployment
- 8 fractures
 - 5 patent (mild and moderate) no TLR
 - 3 not patent (all severe) 3 TLR



Testing Long Stents in Challenging Lesions



Parameter	DURABILITY I	RESILIENT	SCIROCCO	SCHILLINGER
Lesion length (mm)	96.4	61.8	81.4	96.4
Diabetics (%)	46	38	39	38
Rutherford 3 (%)	55	57	53	87
Rutherford 4 (%)	9	0		3
Rutherford 5 (%)	4	0	0	10
0 or 1 runoff vessels (%)	36	NA	NA	18
Total occlusions (%)	46	17	67	35
Stent lengths (cm)	10-15	4-8	8	10

What have we learned?



- From SIROCCO and FESTO:
 - Correlation between overlap, fractures, patency, lesion length
 - Stent design matters
- From RESILIENT and **DURABILITY**
 - Elongation of stent at deployment compromises durability
- From **DURABILITY**
 - Single long stents are a viable alternative to multiple shorter stents

Conclusions



- The first evaluation of long stents in a challenging patient population shows that treatment with the EverFlex stent results in:
 - High patency rates 91%
 - Low fracture rates 6%
- Elongation during deployment needs to be avoided
- Long stents are a cost-effective treatment in the SFA