

i-MEET

NEXT GENERATION

Multidisciplinary European Endovascular Therapy



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**Inflation with or
without drugs BTK?**



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Disclosure

Roberto Ferraresi, MD

I have the following potential conflicts of interest to report: consulting, travel reimbursement, teaching courses, training, proctoring:

- Medtronic
- Boston Scientific
- Abbott
- LimFlow
- Terumo
- Cook
- Biotronik
- Asahi
- Shire
- Ivascular

Inflation with or without drugs BTK?

- 1. The scenario of BTK angioplasty**

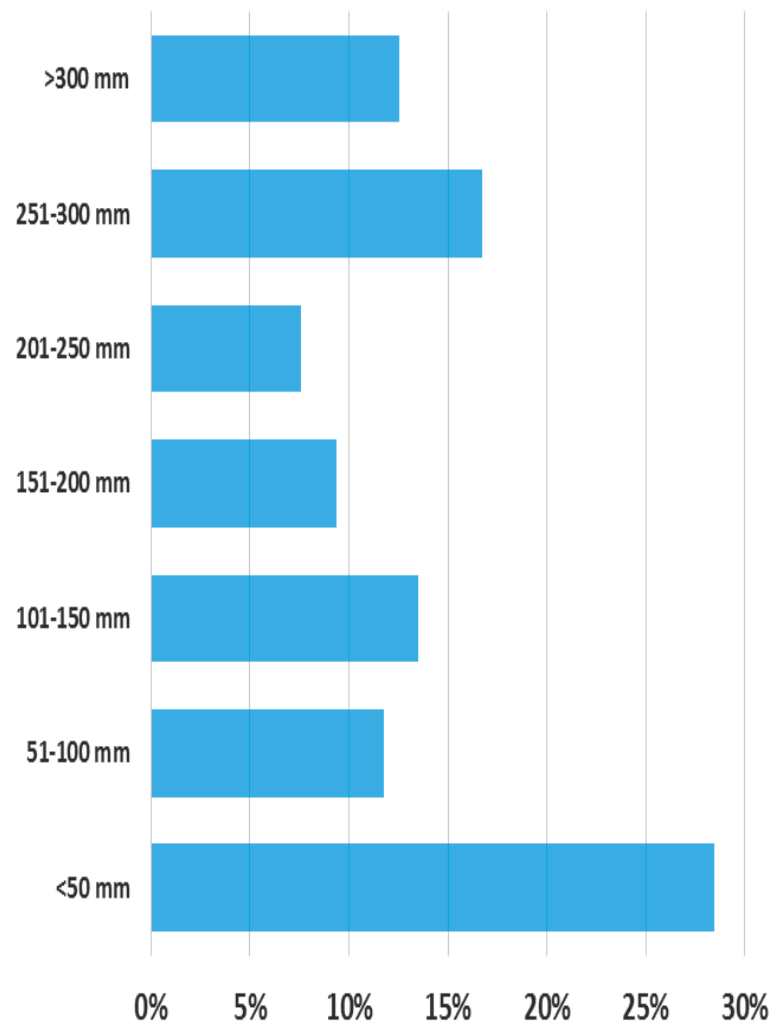
- 2. UB POBA published data**

- 3. DCB POBA published data**

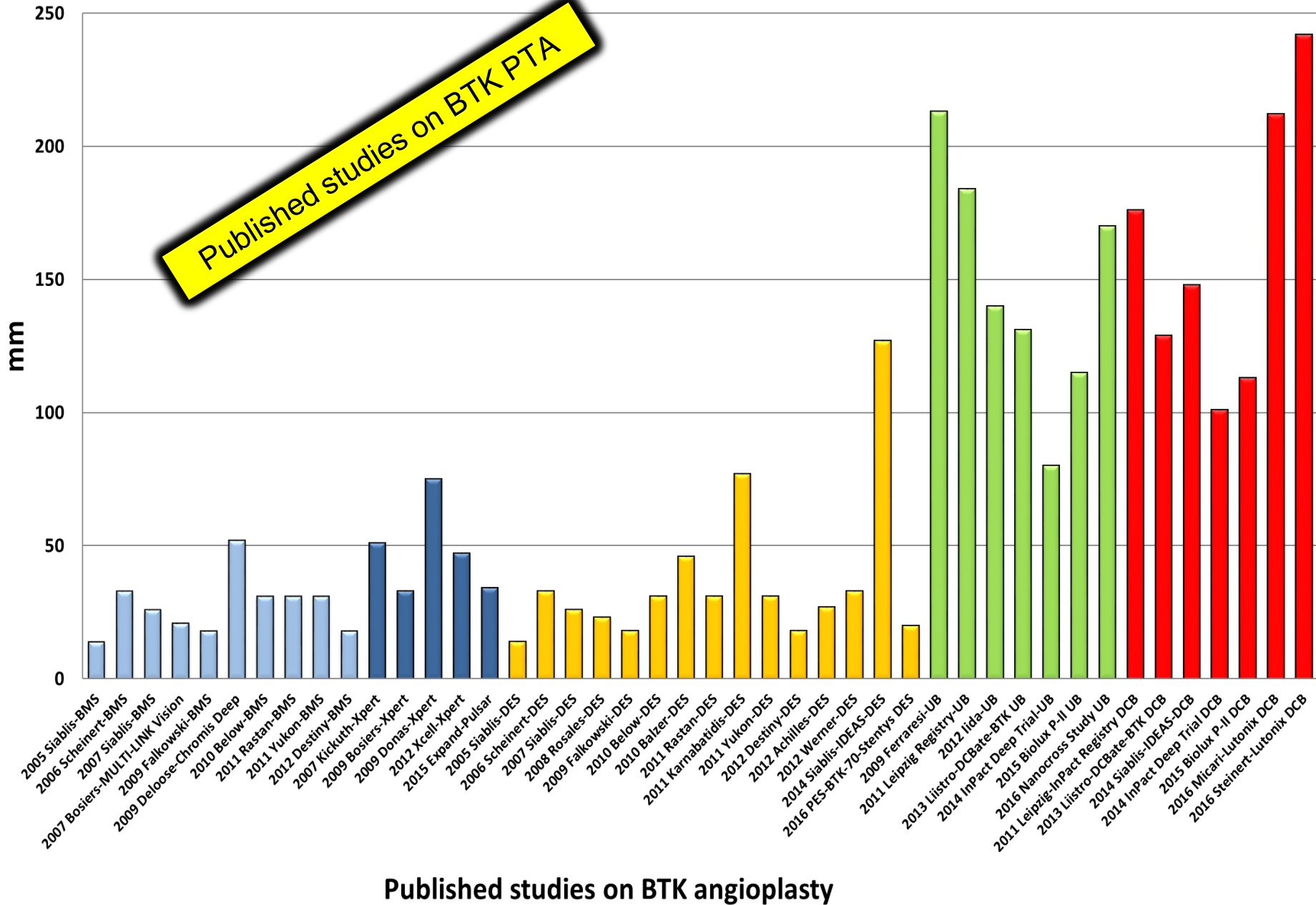
- 4. Conclusion**

My last 2000 PTA on CLI pts:
3683 successfully treated
lesions in BTK vessels

Length of BTK successfully treated lesions



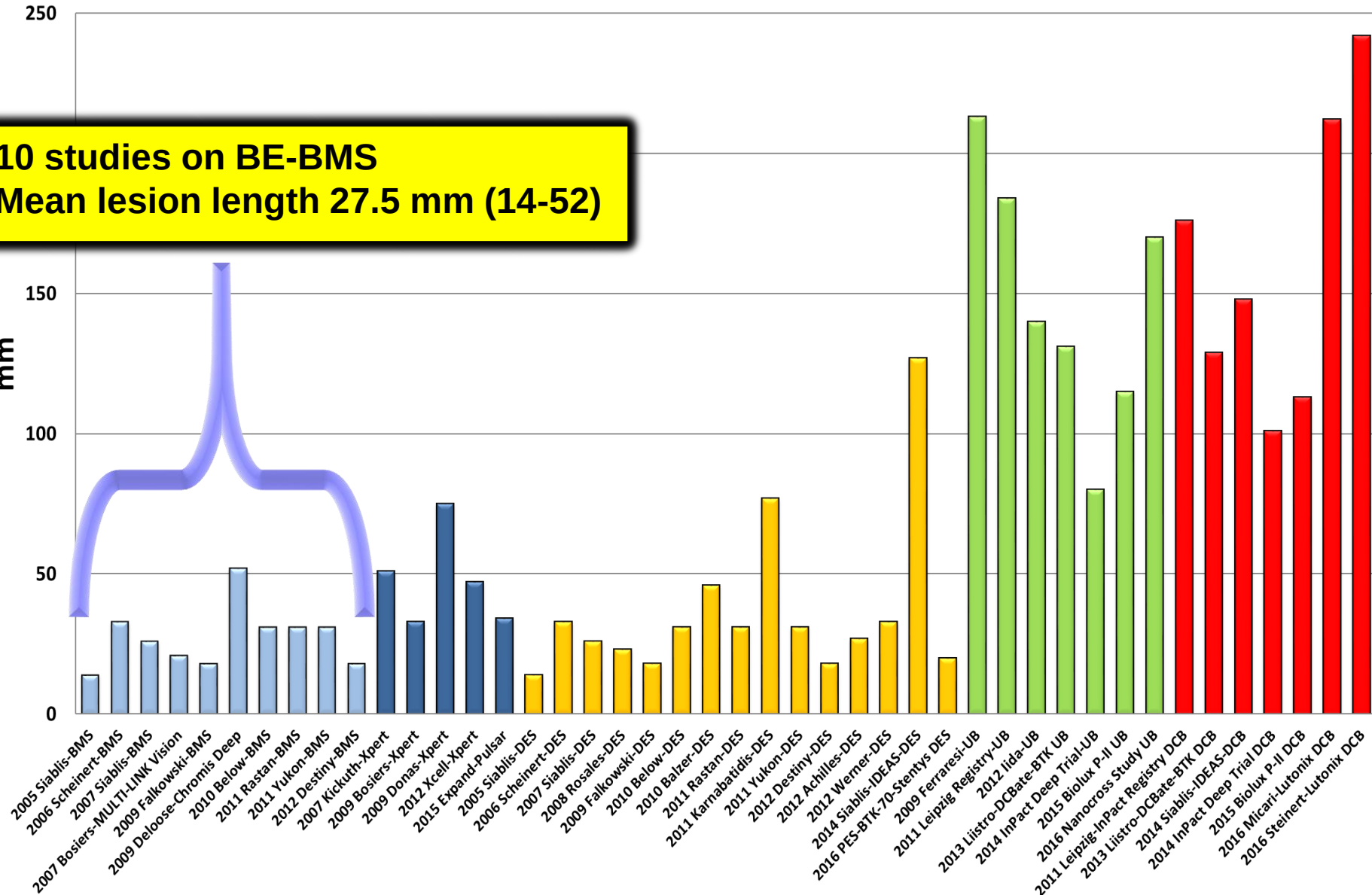
Mean leghth of the treated lesion



Mean length of the treated lesion

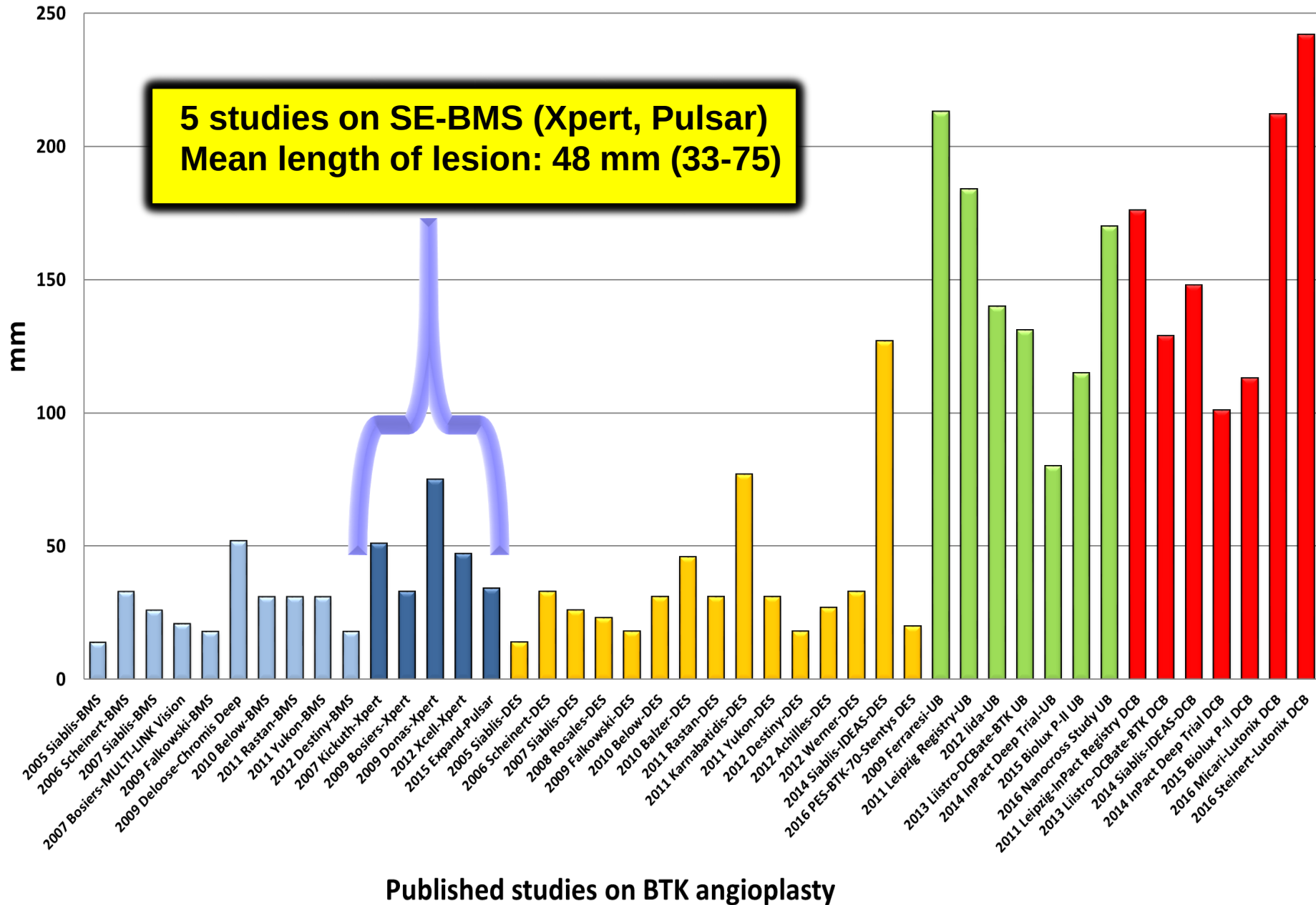
10 studies on BE-BMS
Mean lesion length 27.5 mm (14-52)

mm

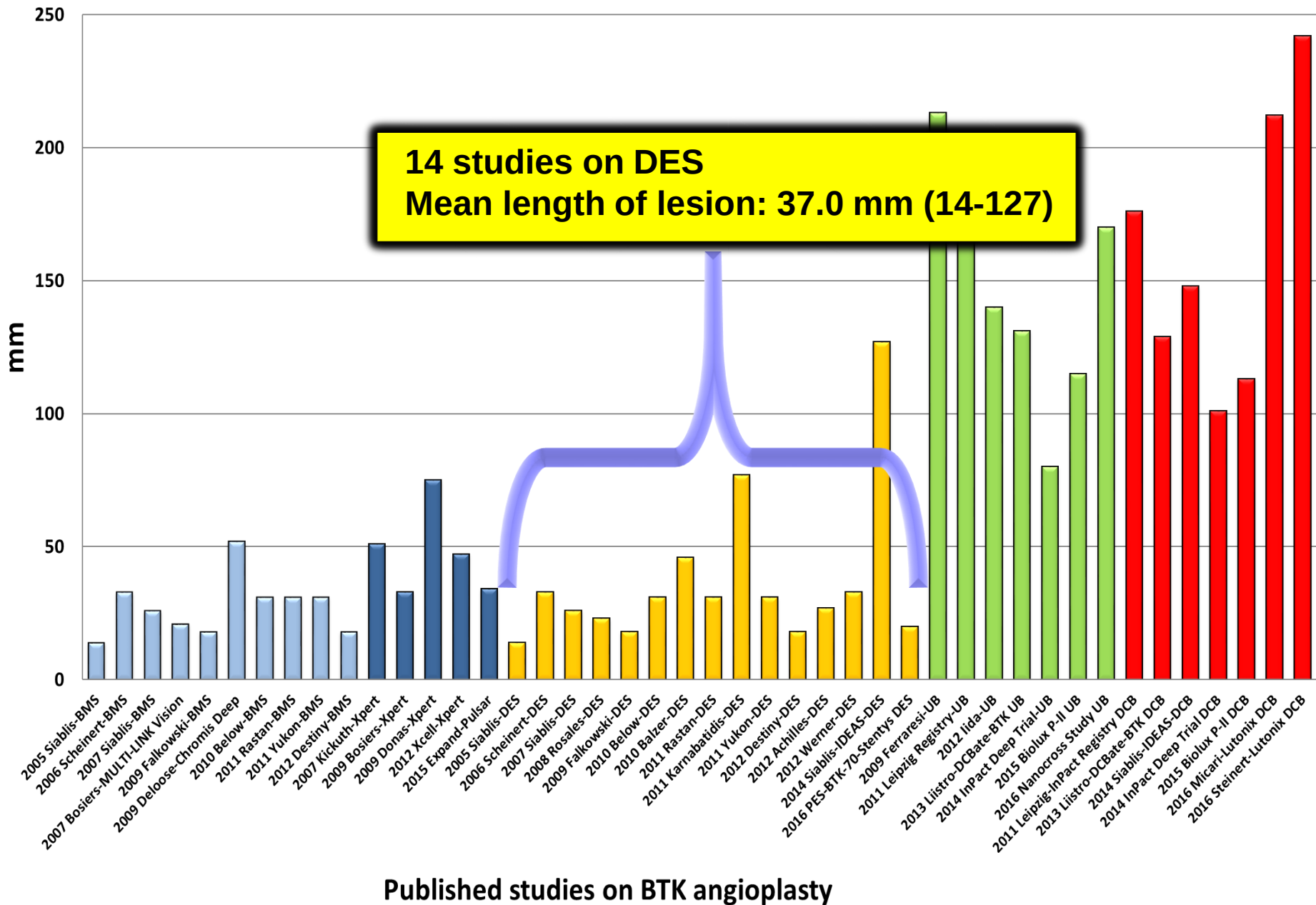


Published studies on BTK angioplasty

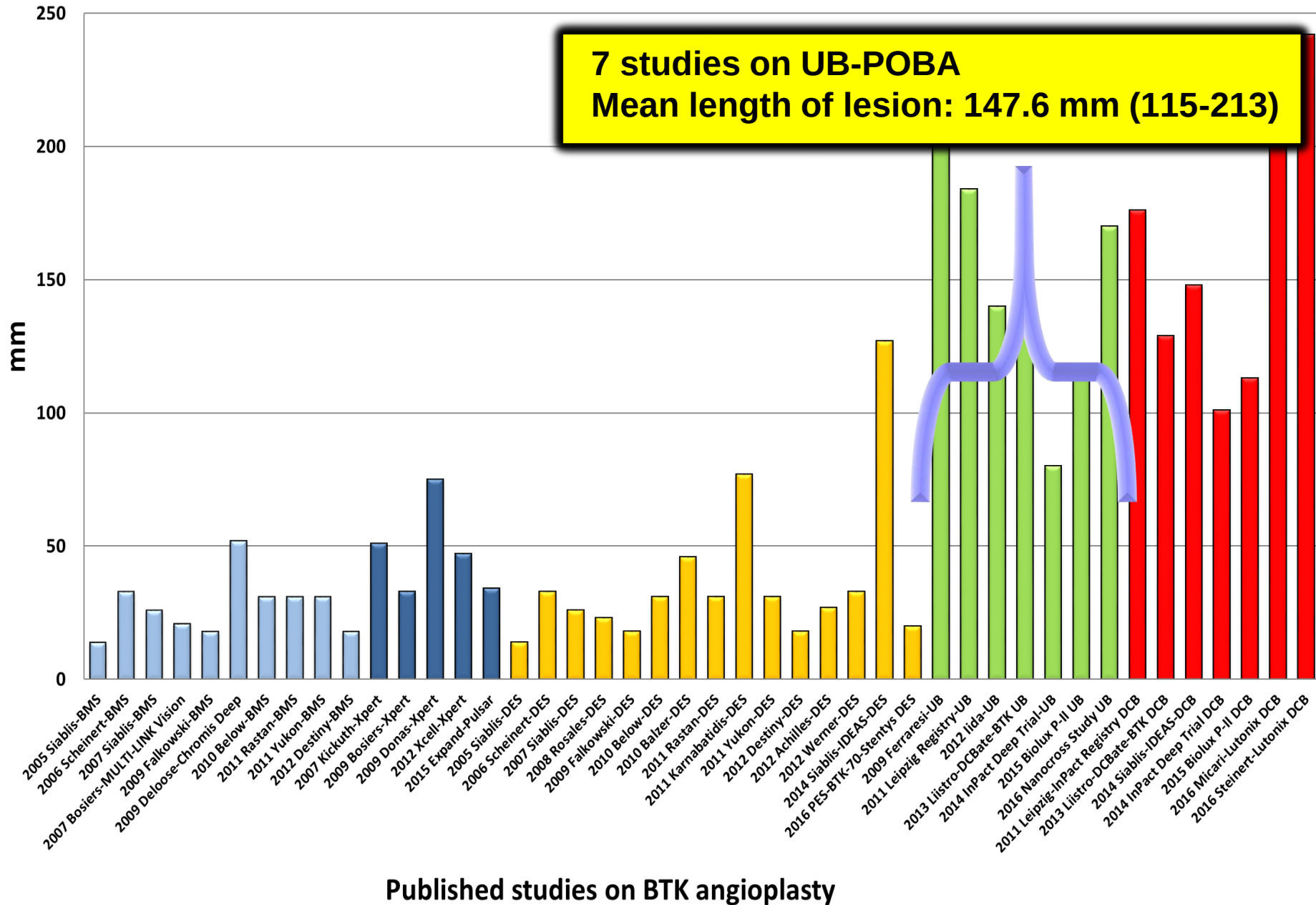
Mean length of the treated lesion



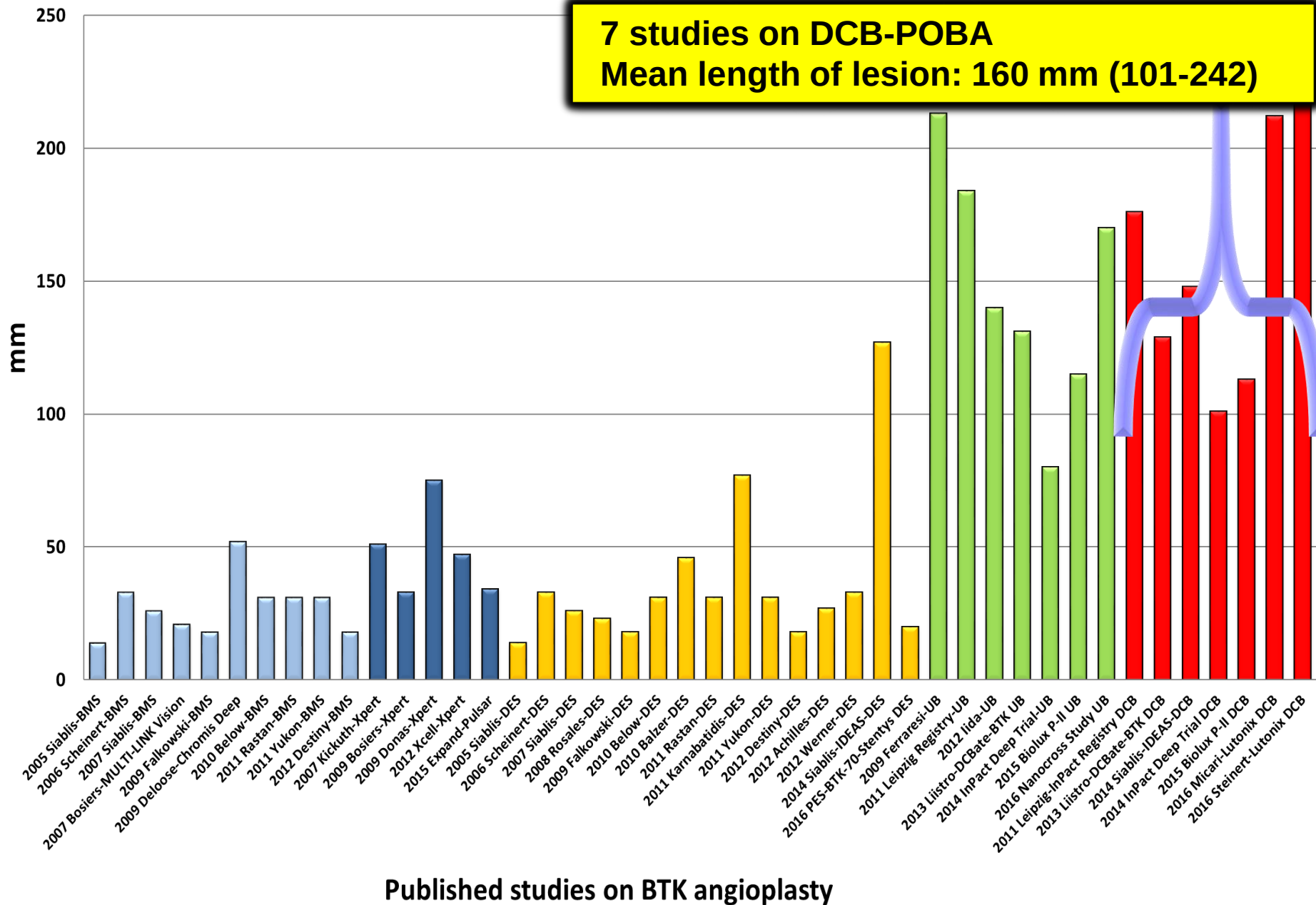
Mean legh of the treated lesion



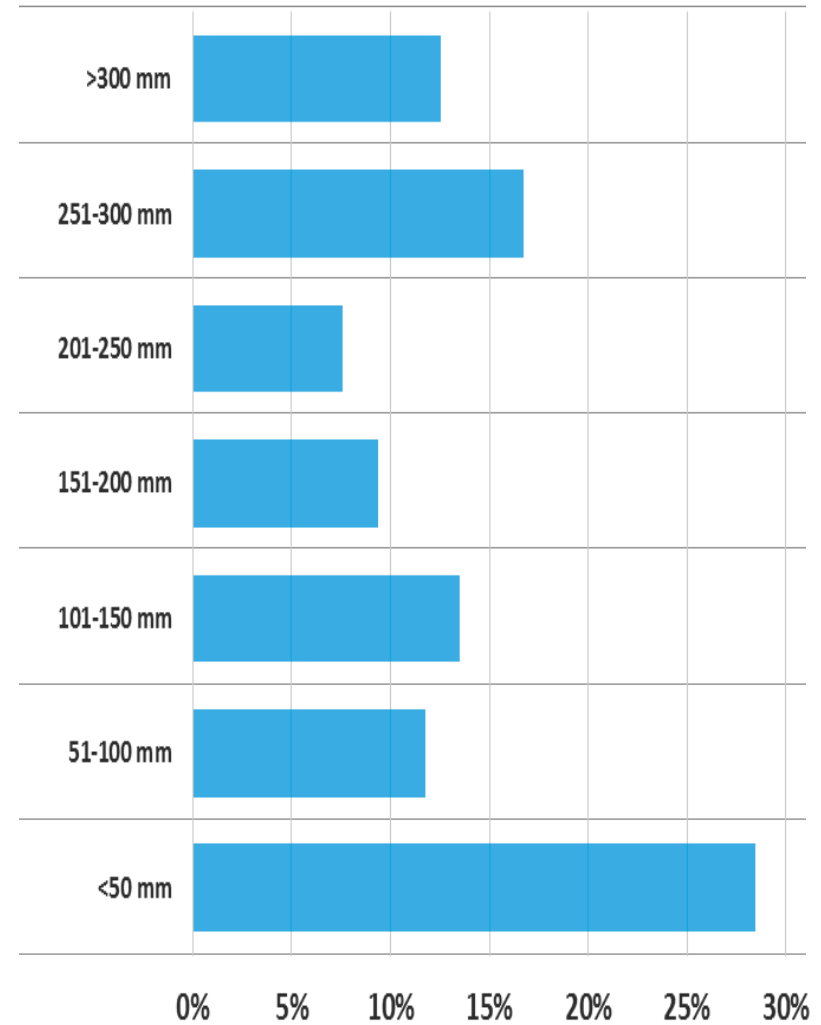
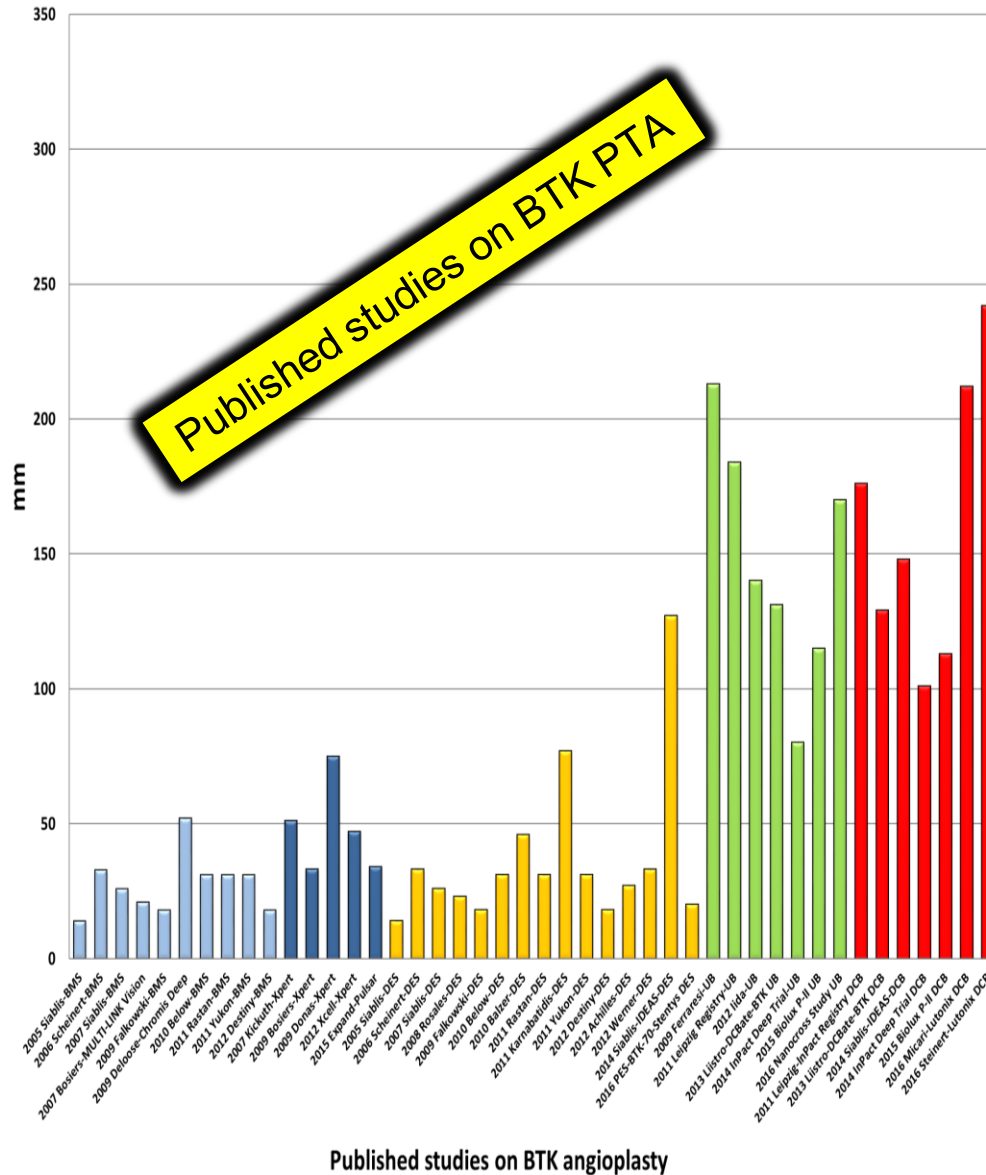
Mean length of the treated lesion



Mean length of the treated lesion



Length of the BTK successfully treated lesion

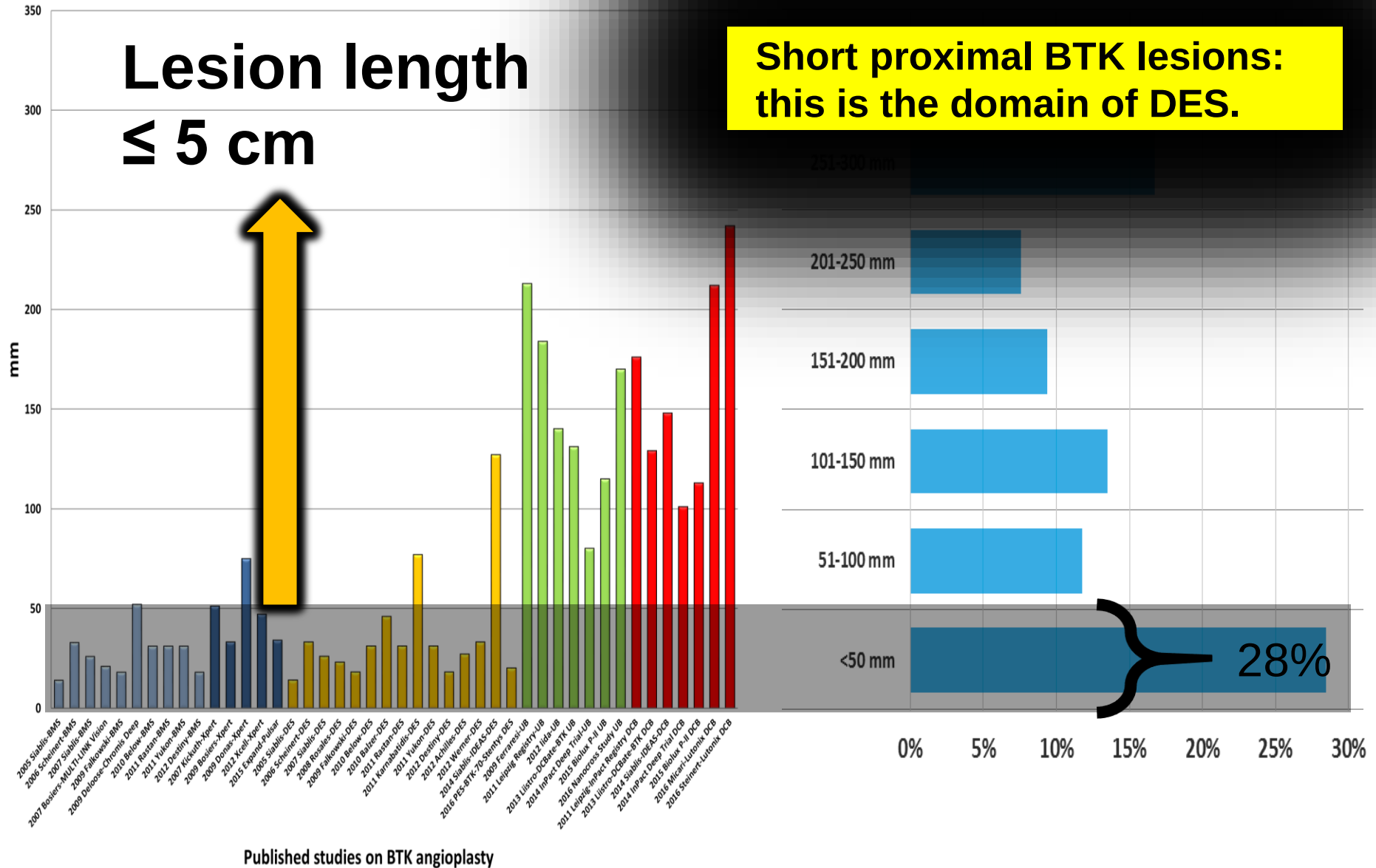


3683 successfully treated lesions in BTK vessels

Length of the BTK successfully treated lesion

**Lesion length
≤ 5 cm**

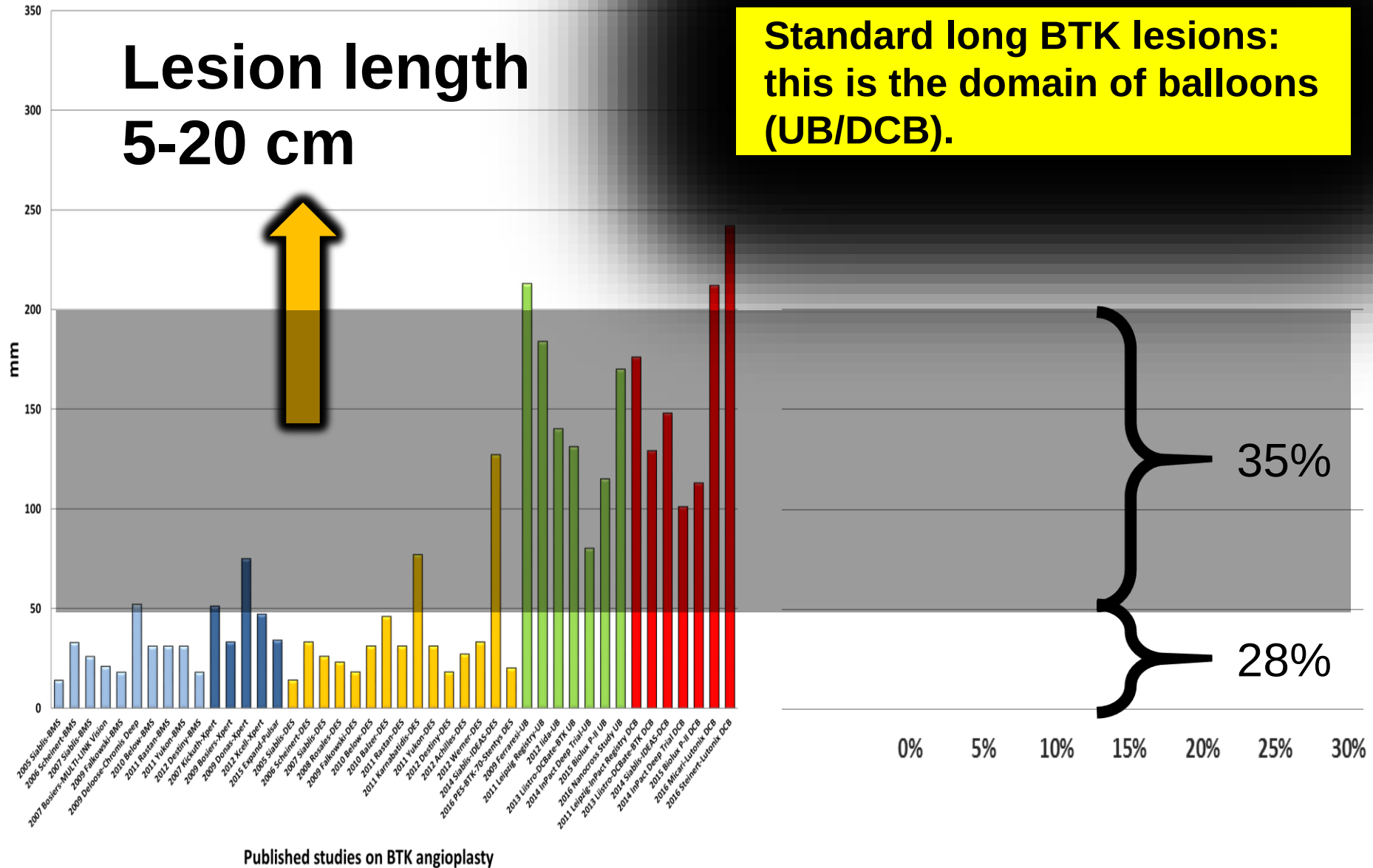
**Short proximal BTK lesions:
this is the domain of DES.**



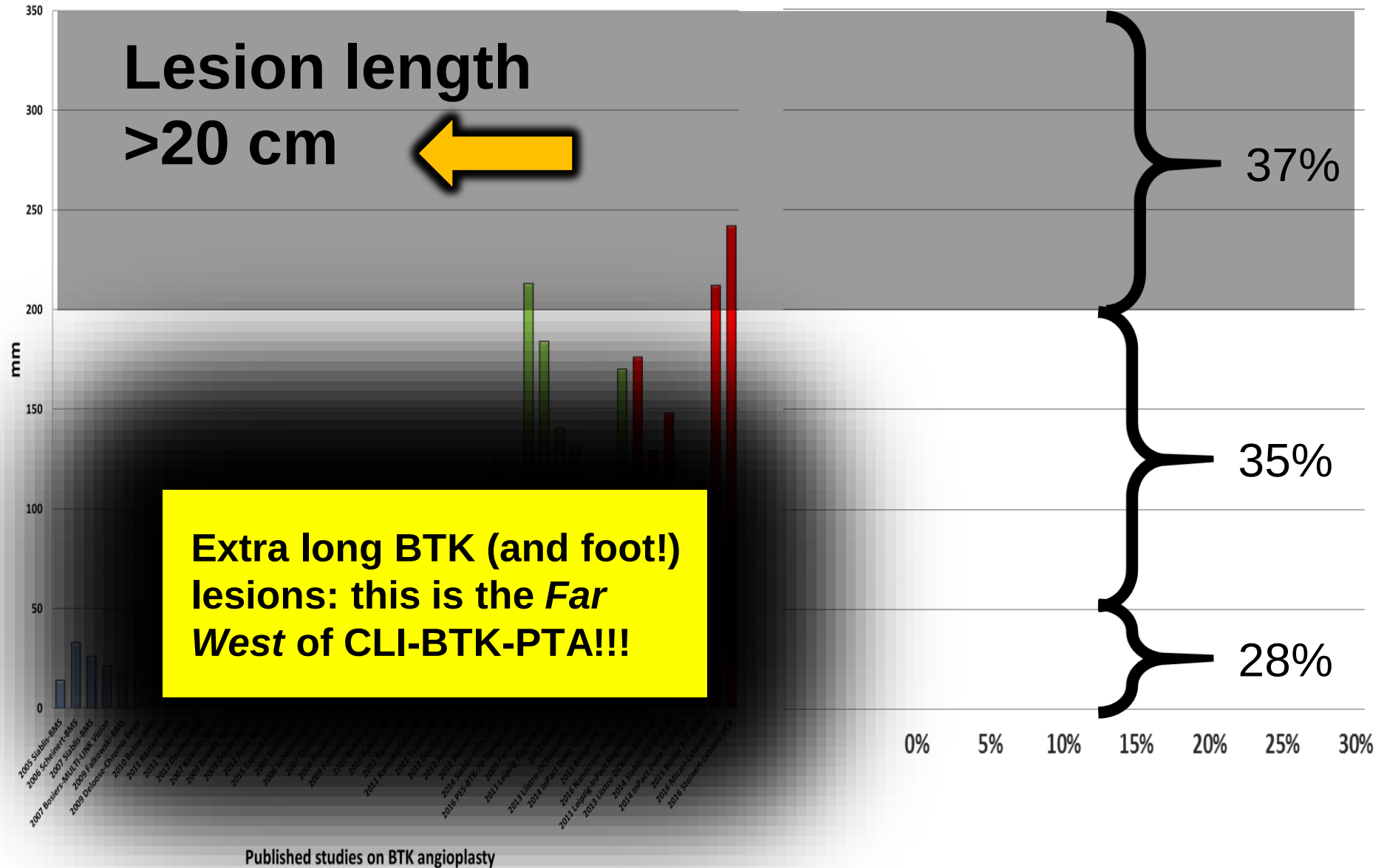
Length of the BTK successfully treated lesion

**Lesion length
5-20 cm**

**Standard long BTK lesions:
this is the domain of balloons
(UB/DCB).**



Length of the BTK successfully treated lesion



Inflation with or without drugs BTK?

1. The scenario of BTK angioplasty

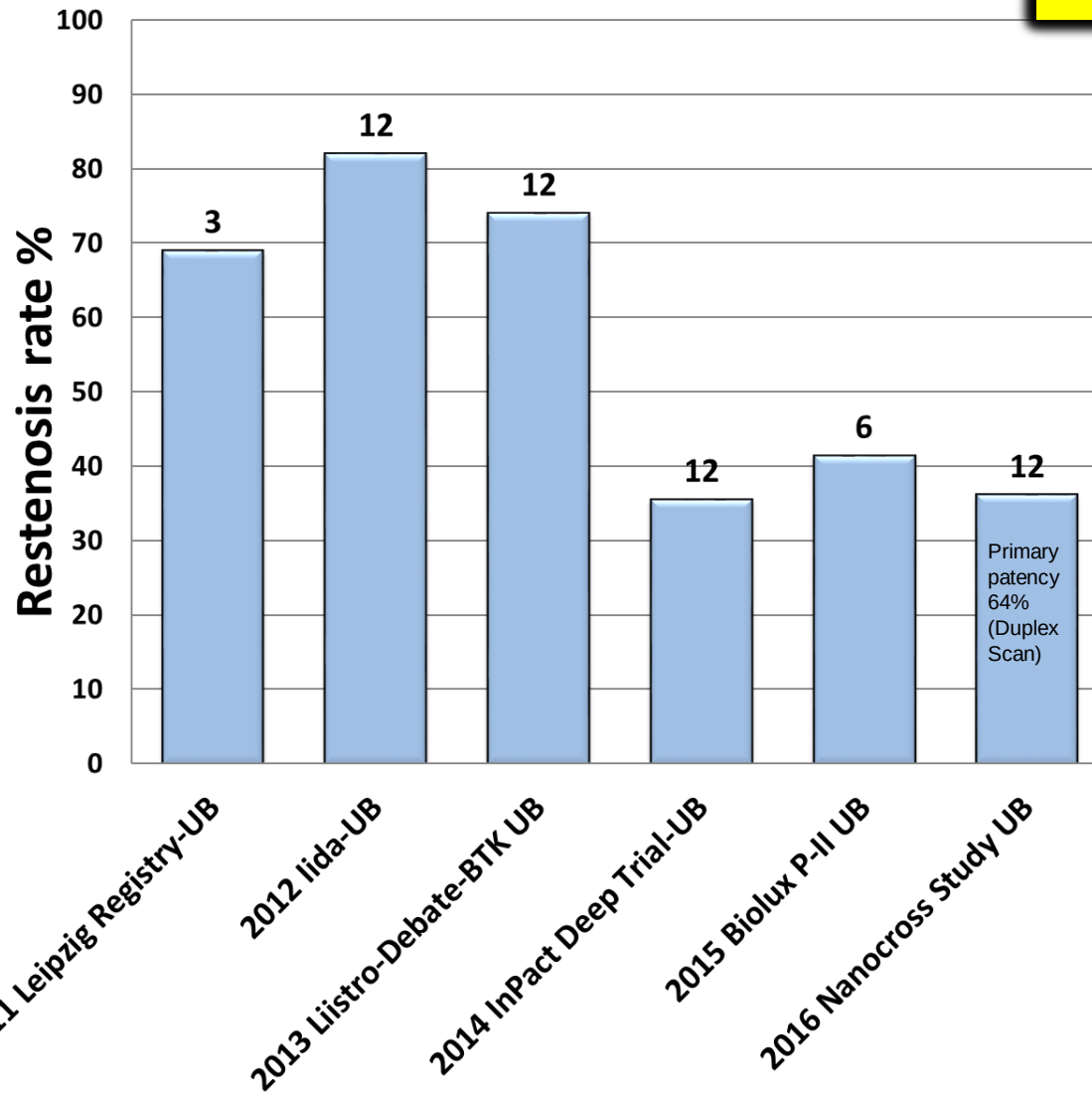
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4. Conclusion

Restenosis rate/months FU

Published studies on BTK UB-POBA
reporting restenosis rate

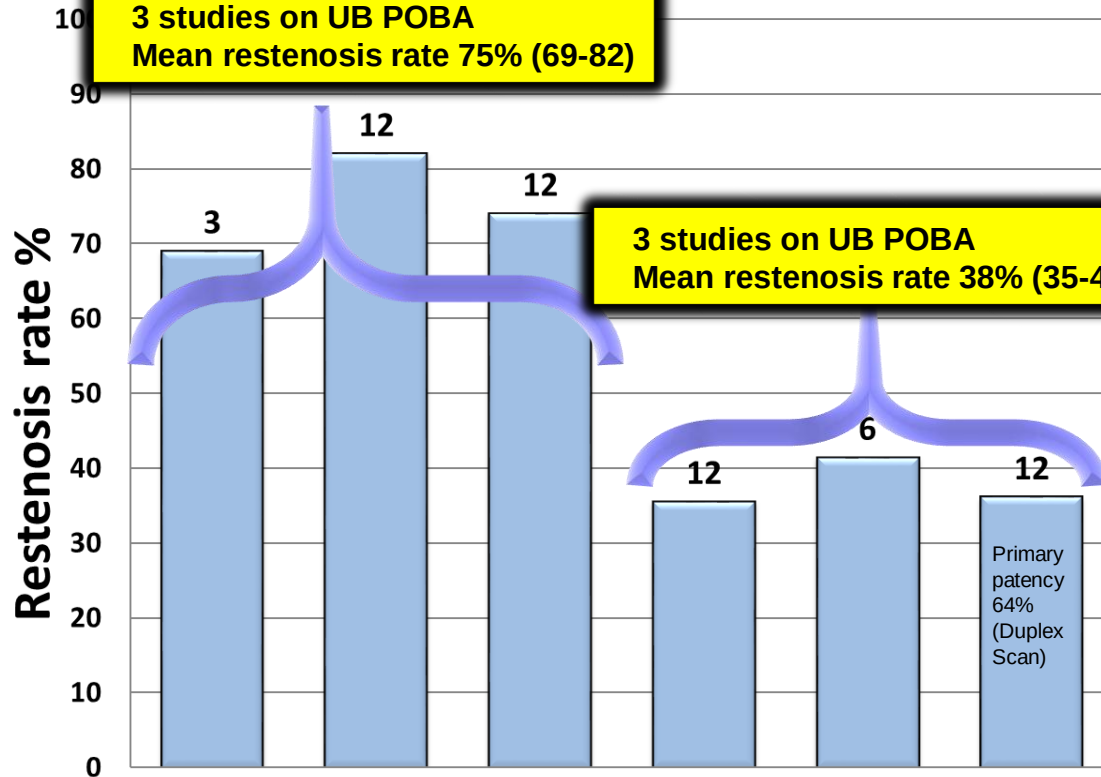


Published studies on BTK UB-POBA

Restenosis rate/months FU

Published studies on BTK UB-POBA

3 studies on UB POBA
Mean restenosis rate 75% (69-82)



3 studies on UB POBA
Mean restenosis rate 38% (35-41)

Primary
patency
64%
(Duplex
Scan)

2011 Leipzig Registry-UB

2012 Liido-UB

2013 Liistro-Debate-BTK UB

2014 InPact Deep Trial-UB

2015 Biolux P-II UB

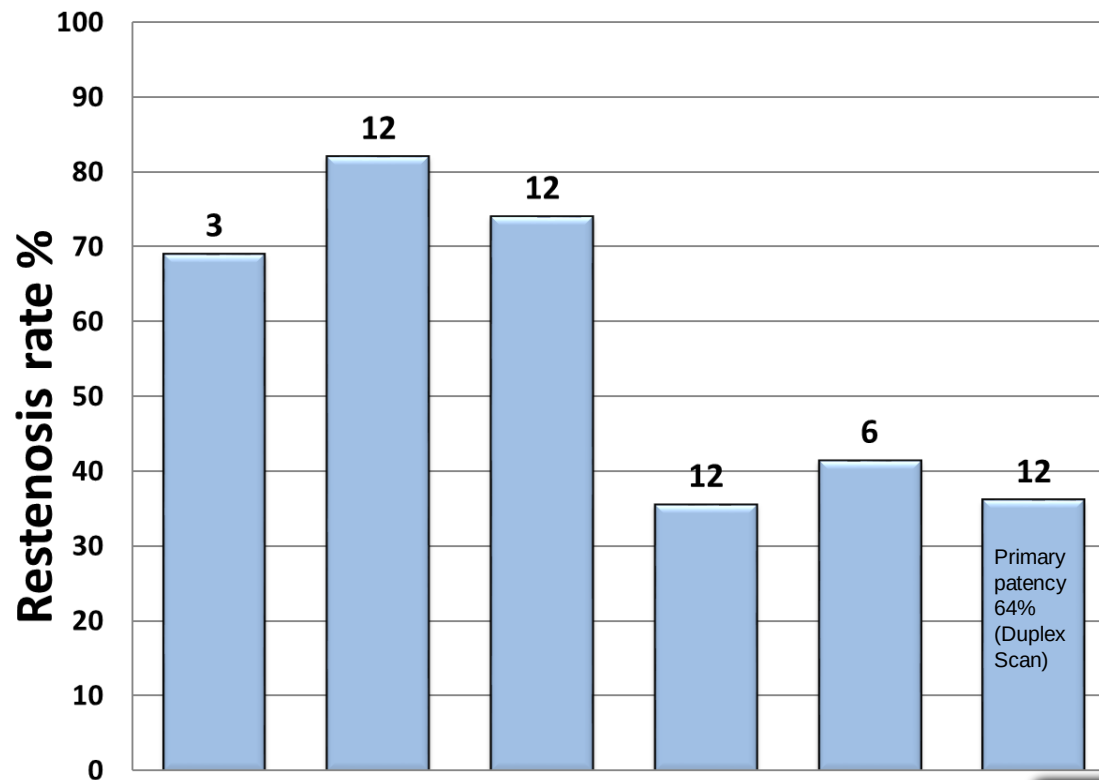
2016 Nanocross Study UB

Published studies on BTK UB-POBA

No agreement on
restenosis rate of UB!
Why?

Restenosis rate/months FU

Published studies on BTK UB-POBA



Primary
patency
64%
(Duplex
Scan)

2011 Leipzig Registry-UB
2012 Iida-UB
2013 Liistro-Debate-BTK UB
2014 InPact Deep Trial-UB
2015 Biolux P-II UB
2016 Nanocross Study UB

Published studies on BTK UB-POBA

Use the correct inflation time!

	Inflation Time (sec)		P Value
	30	180	
Major dissection (grades 3 and 4)	16	5	.010
Minor or no dissection (grades 1 and 2)	21	32	.010
Further interventions	20	9	.017
Stent	4	1	
Further dilation (prolonged dilation, dilation with larger diameter)	16	8	
Residual stenosis (>30%)	12	5	.097
Complication (embolization, thrombosis)	1	1	
Mean ankle-brachial index (before, after intervention)	0.66, 0.87	0.65, 0.84	

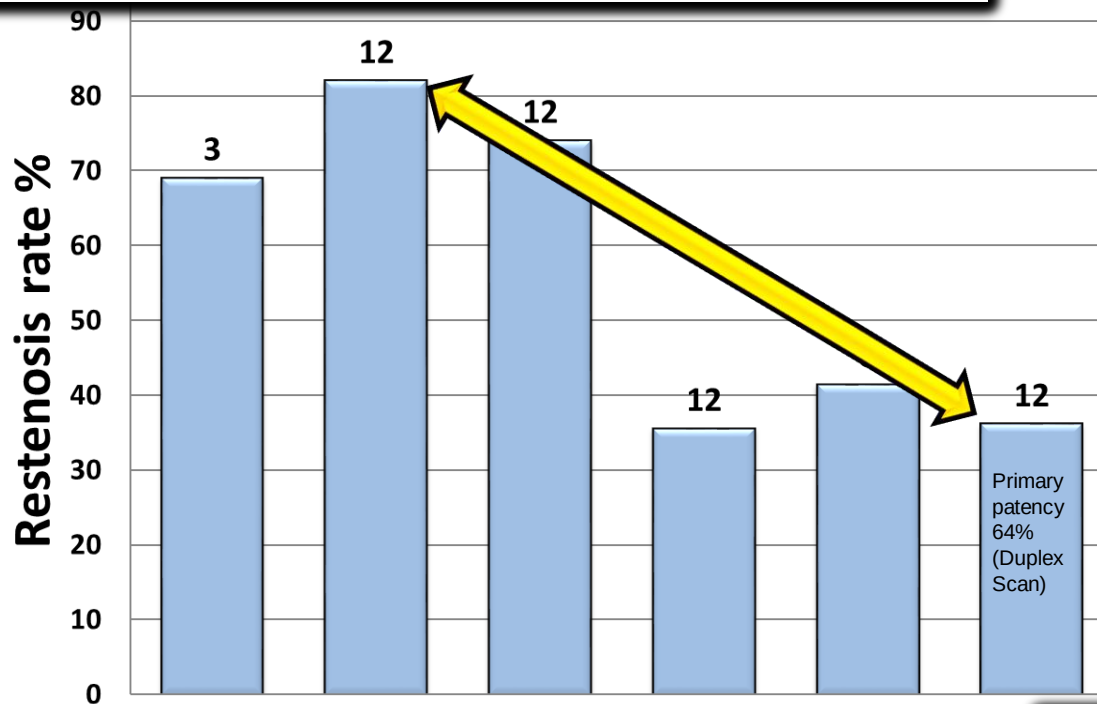
Prolonged inflation (180 sec) improves the immediate result of BTK angioplasty compared to short dilatation times (30 sec)

Significantly fewer major dissections and a modest reduction of residual stenoses are observed

Restenosis rate/months FU

Published studies on BTK UB-POBA

held at nominal pressure for at least 180 s.



No inflation time difference

2011 Leipzig Registry-UB
2012 Liistro-Debate-BTK UB
2013 Liistro-Debate-BTK UB
2014 InPact Deep Trial-UB
2015 Biolux P-II UB
2016 Nanocross Study UB

Published studies on BTK UB-POBA

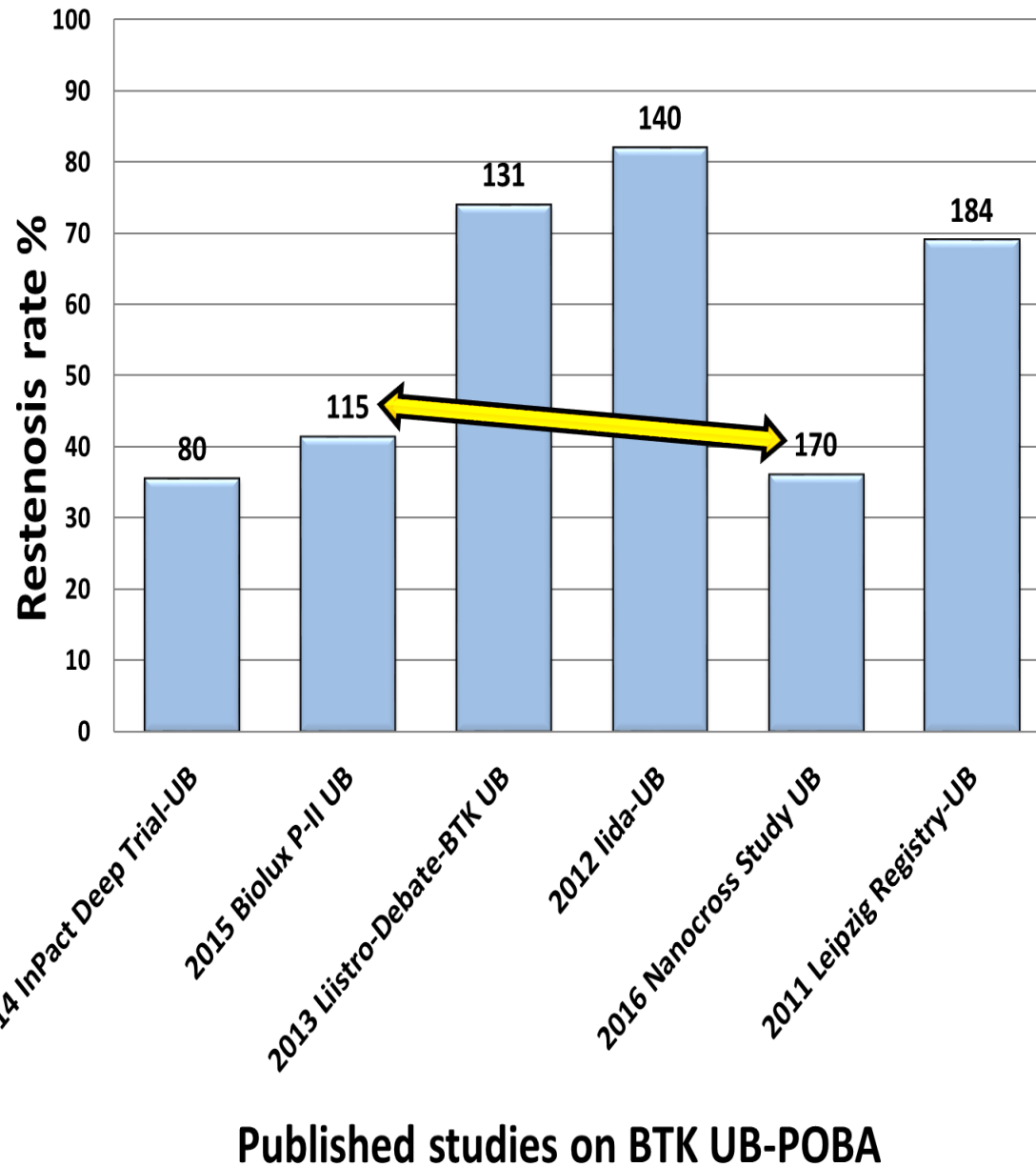
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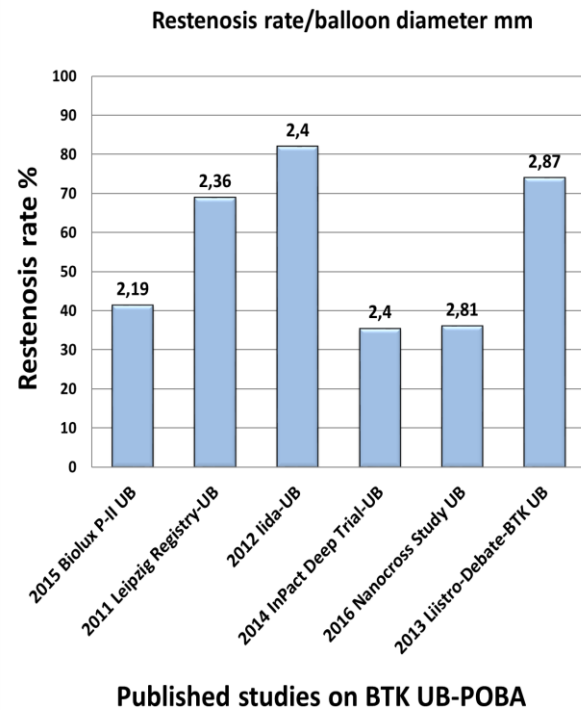
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Significantly fewer major dissections and a modest reduction of residual stenoses are observed

Restenosis rate/length of lesion mm



No lesion length
difference



Data on UB-POBA are conflicting!

“...Before running ahead with new devices we should learn when and how to use in BTK the oldest one, the UB”

(Ferraresi, Vascular News 2016)

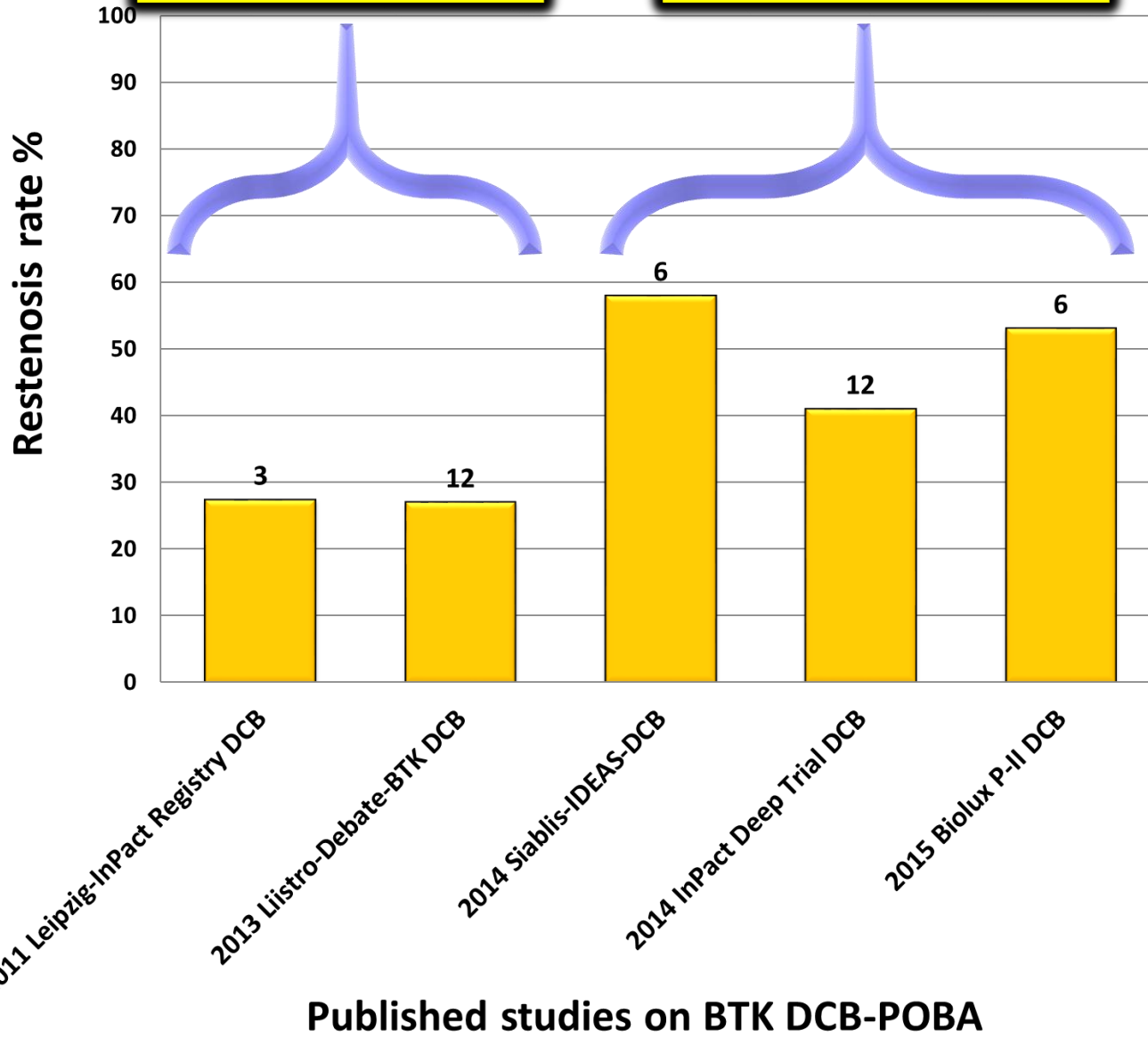
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Restenosis rate/months FU

2 studies on DCB POBA
Mean restenosis rate 27%

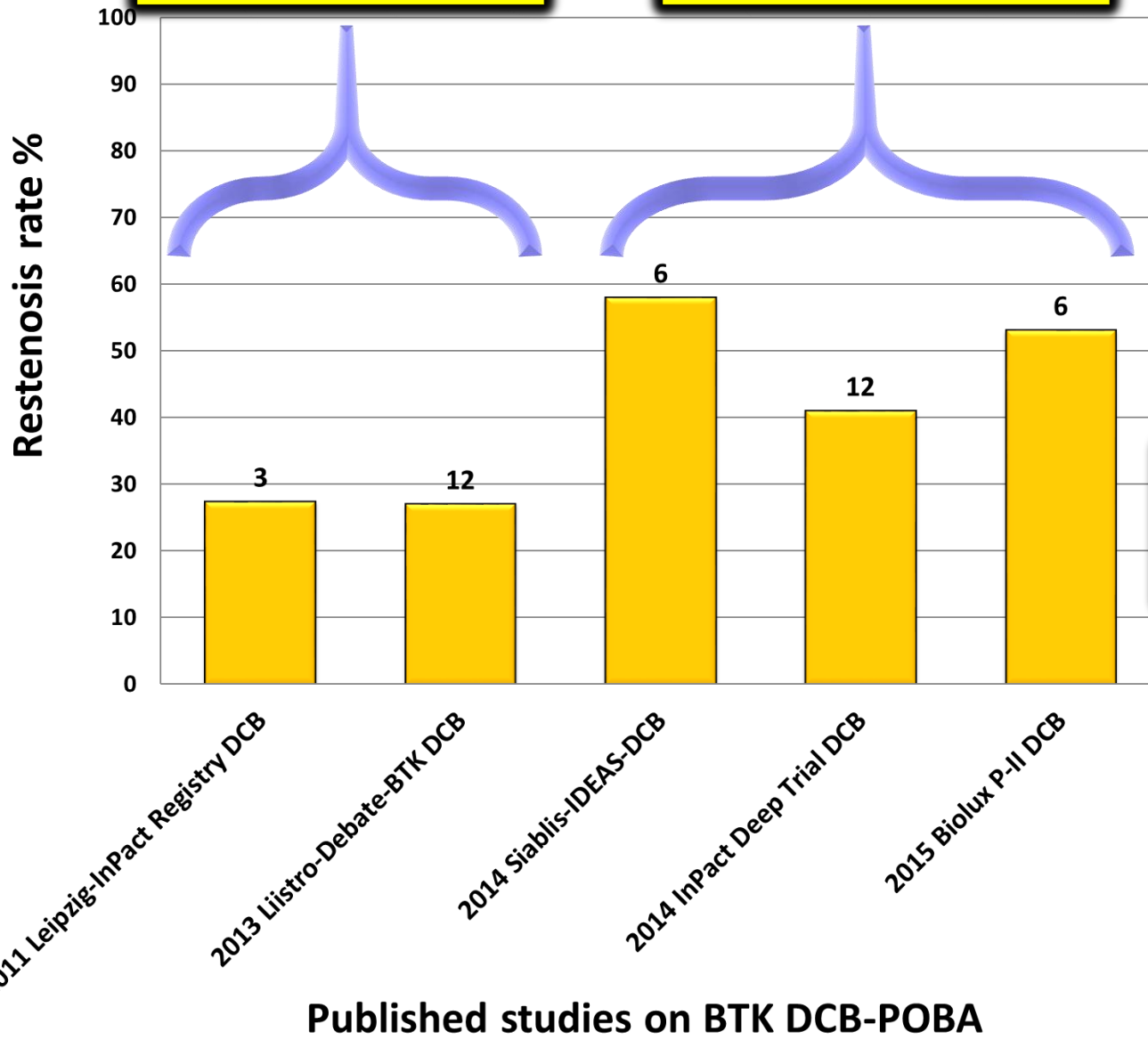
3 studies on DCB POBA
Mean restenosis rate 50.7%



Restenosis rate/months FU

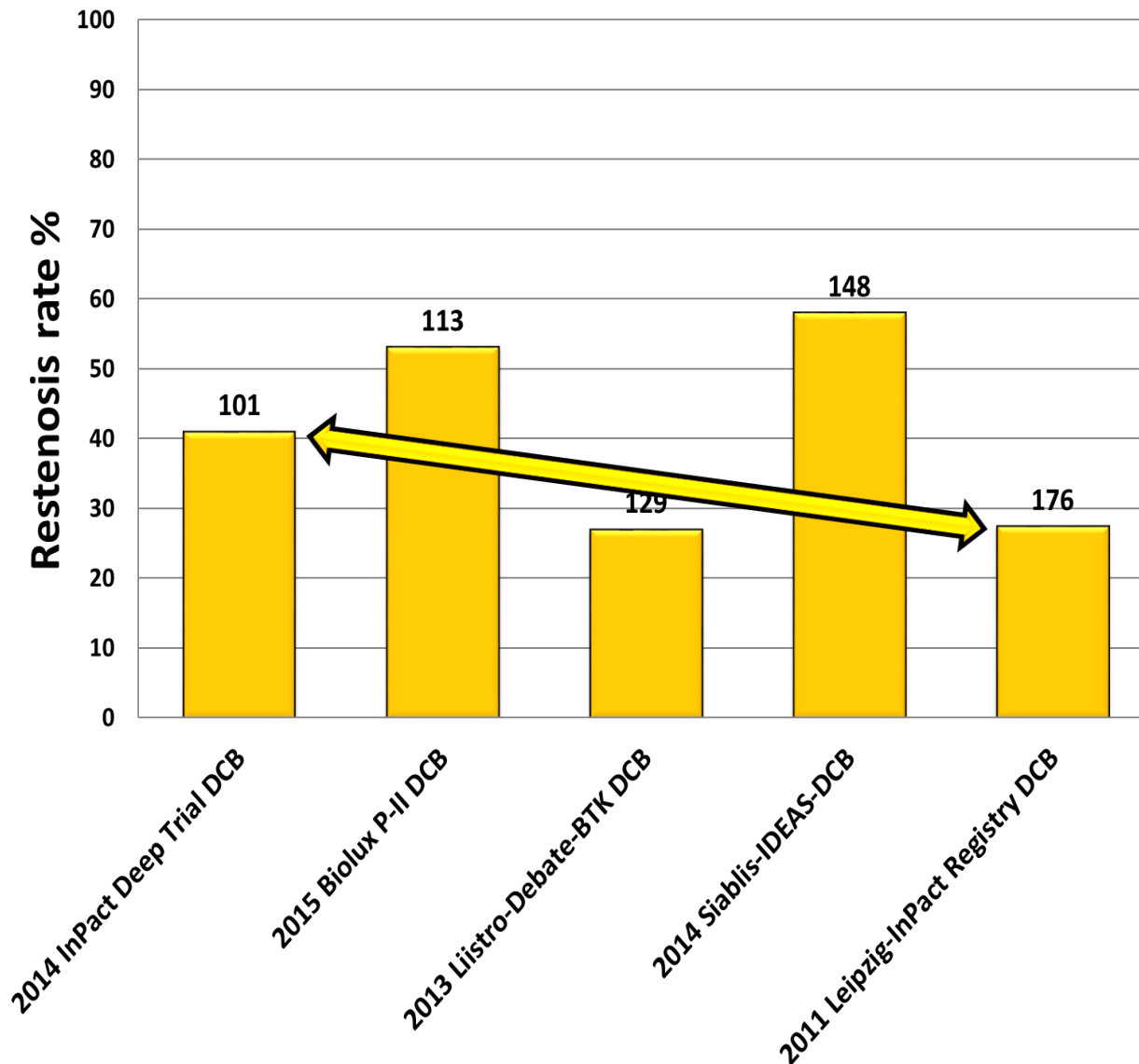
2 studies on DCB POBA
Mean restenosis rate 27%

3 studies on DCB POBA
Mean restenosis rate 50.7%



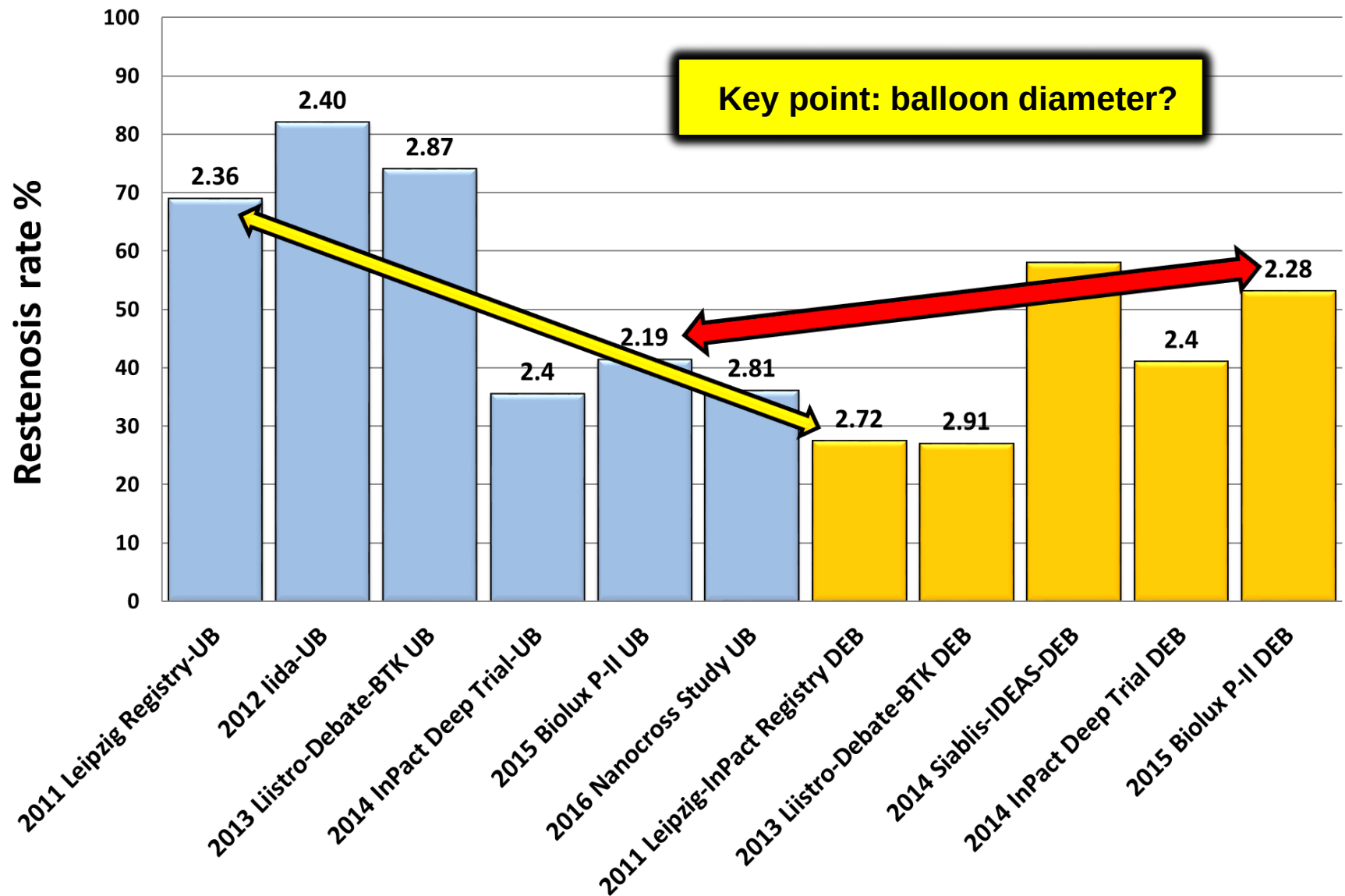
No agreement on
restenosis rate of DCB!
Why?

Restenosis rate/length of lesion mm



No lesion length
difference

Restenosis rate/mean balloon diameter



Published studies on BTK POBA

Drug-Coated Balloons for Revascularization of Infrapopliteal Arteries



A Meta-Analysis of Randomized Trials

Salvatore Cassese, MD, PhD,^a Gjin Ndrepepa, MD,^a Francesco Liistro, MD,^b Fabrizio Fanelli, MD,^c
Sebastian Kufner, MD,^a Ilka Ott, MD,^a Karl-Ludwig Laugwitz, MD,^{d,e} Heribert Schunkert, MD,^{a,e}
Adnan Kastrati, MD,^{a,e} Massimiliano Fusaro, MD^a

TABLE 1 Main Characteristics of Patients Enrolled Among Trials Included in the Study

Trial (Ref. #)	Patients, n	Age, yrs	Men, %	Diabetes, %	CKD, %	CLI, %	Lesion Length, mm	Diameter Stenosis, %	Severe Calcification, %	Occlusion, %
BIOLUX PII (9)	72	71.3	79	67	28	78	114.1	72.3	5	NR
DEBATE BTK (6)	132	74.5	80	100	11	100	130.0	97.2	27	80
DEBELLUM* (7)	30	66.5	73	52	NR	52	77.0	86.5	18	21
IDEAS (8)	50	71.5	76	70	54	100	137.5	86.0	47	17
IN.PACT DEEP (10)	358	72.5	73	72	11	100	115.0	85.2	21	42

Overall mean values are reported. *Patients presenting with infrapopliteal lesions only.

BIOLUX PII = First-in-Man Study to Compare the Passeo-18 Lux DRB Against POBA in Infrapopliteal Arteries; CKD = chronic kidney disease; CLI = critical limb ischemia; DEBATE BTK = Drug Eluting Balloon in Peripheral Intervention for Below the Knee Angioplasty Evaluation; DEBELLUM = Drug-Eluting Balloon Evaluation for Lower Limb Multilevel Treatment Drug Eluting Stents; IDEAS = Infrapopliteal Drug Eluting Angioplasty Versus Stenting for the Treatment of Long-Segment Arterial Disease; IN.PACT DEEP = IN.PACT Amphirion™ Drug Eluting Balloon vs. Standard PTA for the Treatment of Below the Knee Critical Limb Ischemia; NR = not reported.

Drug-Coated Balloons for Revascularization of Infrapopliteal Arteries

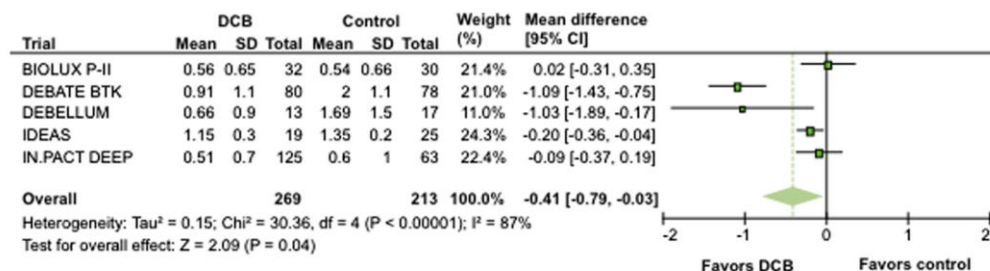
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FIGURE 6 Risk Estimates of Late Lumen Loss for Drug-Coated Balloon Versus Control Therapy

Late lumen loss



Plots of weighted mean difference for late lumen loss associated with drug-coated balloon (DCB) versus control therapy. The **diamond** indicates the point estimate, and the **left and right ends of the line** indicate the 95% confidence interval (CI). Trial acronyms are defined in [Table 1](#).

CONCLUSIONS

The results of our meta-analysis suggest that in patients with infrapopliteal artery disease, percutaneous intervention with DCBs compared with uncoated balloons or DESs displays similar clinical efficacy and favorable angiographic outcomes at 1-year follow-up.

EDITORIAL COMMENT

Favorable Angiographic Outcome After Treatment of Infrapopliteal Lesions With Drug-Coated Balloons Without Clinical Benefit



What We Learn From a Meta-Analysis*

Thomas Zeller, MD,^a Michael R. Jaff, DO^b

First of all, are the angiographic findings correct? Are DCB really superior in terms of LLL over UB and DES? Interestingly, only the **3 uncontrolled studies** using the IN.PACT Amphirion DCB resulted in superior LLL outcomes whereas **both independently core laboratory adjudicated and fully industry funded studies** found identical LLL outcomes for the DCB and UB cohorts suggesting a lack of biological efficacy of both DCB brands examined in those 2 studies.

EDITORIAL COMMENT

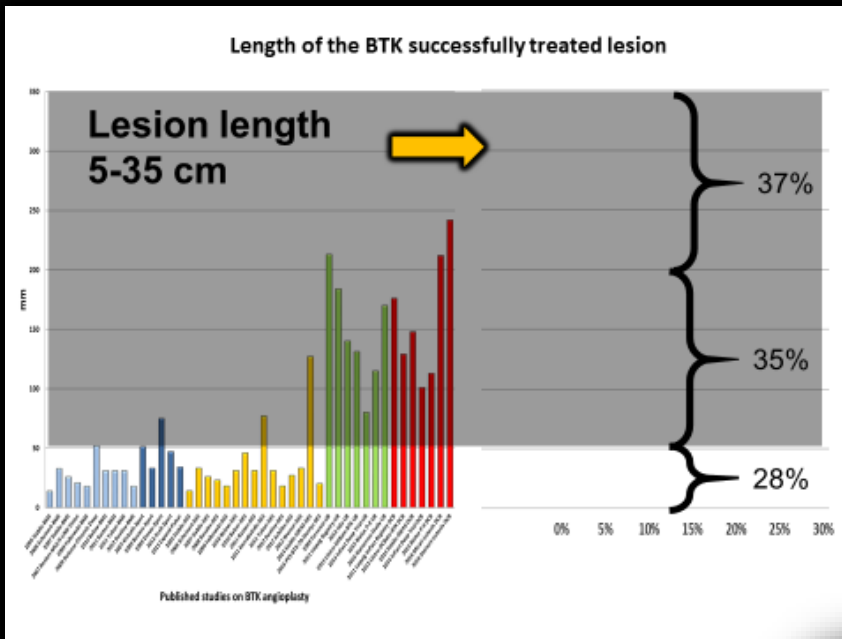
**Favorable Angiographic Outcome
After Treatment of Infrapopliteal Lesions
With Drug-Coated Balloons Without
Clinical Benefit**



What We Learn From a Meta-Analysis*

Thomas Zeller, MD,¹ Michael R. Jaff, DO²

In summary, despite the superior angiographic outcome defined as LLL in this meta-analysis the performance of DCB in infrapopliteal lesions remains controversial.



I need something to treat the vast majority of BTK lesions (5-35 cm).

I believe in DCB on the basis of:

- **Personal experience**
- **Friends advise**

But today we have not any real scientific support to use DCB!