i-MEET

NEXT GENERATION

Multidisciplinary European Endovascular Therapy

Atherectomy in the below-the-knee arteries

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The optimal therapy for BTK disease is not known

In.Pact Deep Trial (DCB vs PTA; BTK)

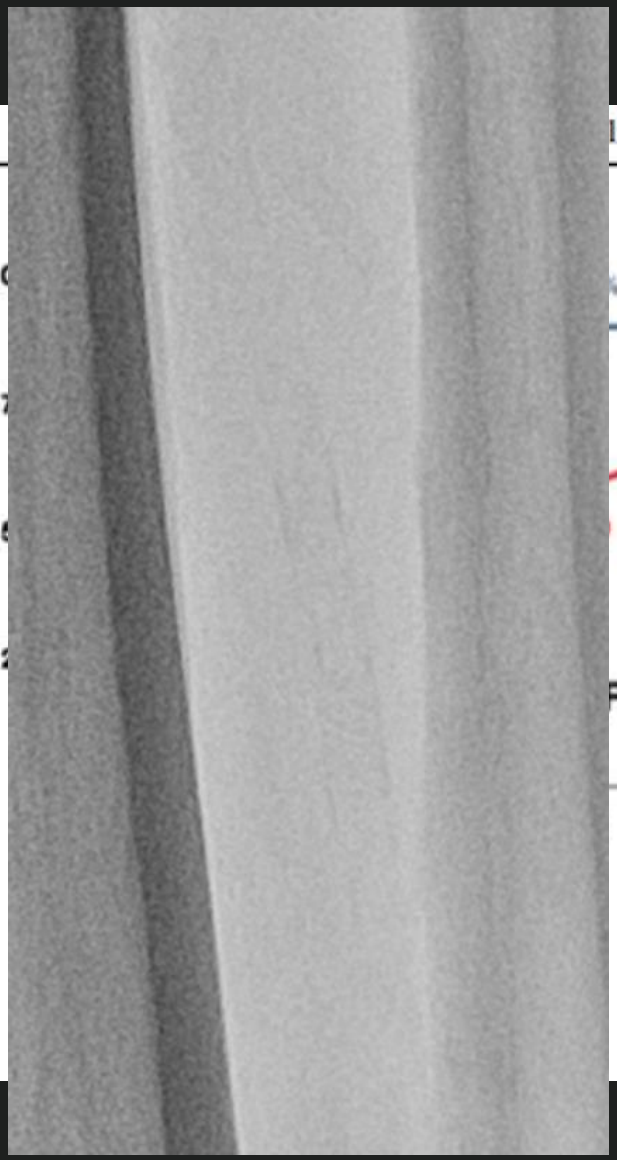
TABLE 4 12-Month Efficacy Endpoints

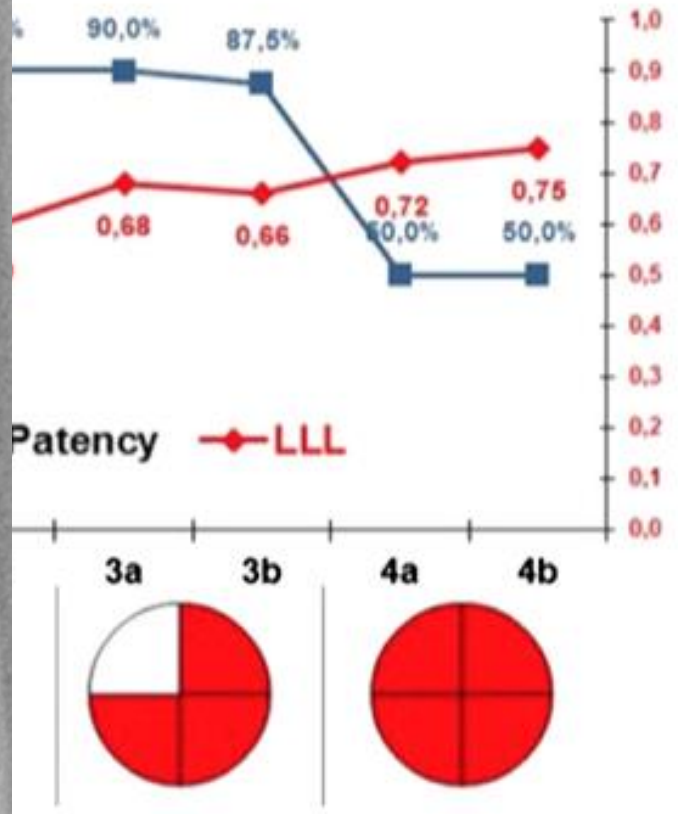
	IA-DEB	PTA	p Value
Late lumen loss,* mm	0.605 ± 0.775	0.616 ± 0.781	0.950
Binary restenosis*	41.0 (25/61)	35.5 (11/31)	0.609
Occlusion rate	11.5 (7/61)	16.1 (5/31)	0.531
Longitudinal restenosis†	62.7 ± 56.2	93.2 ± 60.8	0.167
Clinically driven TLR (AFS subjects)	9.2 (18/196)	13.1 (14/107)	0.291
Clinically driven TLR (all ITT subjects)	11.9 (27/226)	13.5 (15/111)	0.682

Zeller et al., 2014

Calcium potentially limits DCB-action

Fig. 4 This chart shows the inverse relationship between the primary patency and late lumen loss (LLL) with calcium groups after 12 months of follow-up



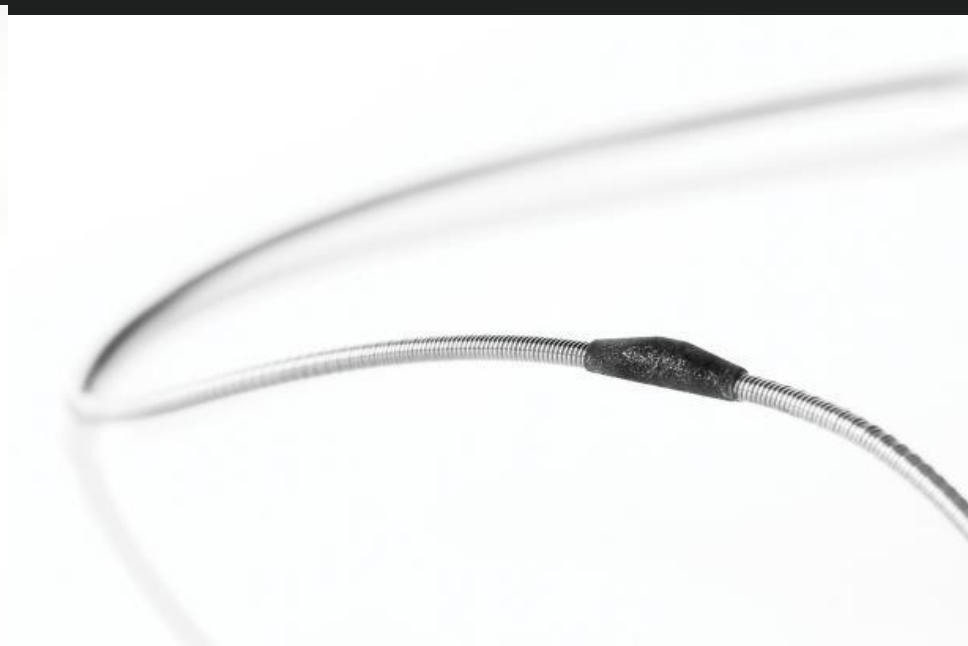


Fanelli et al., 2014

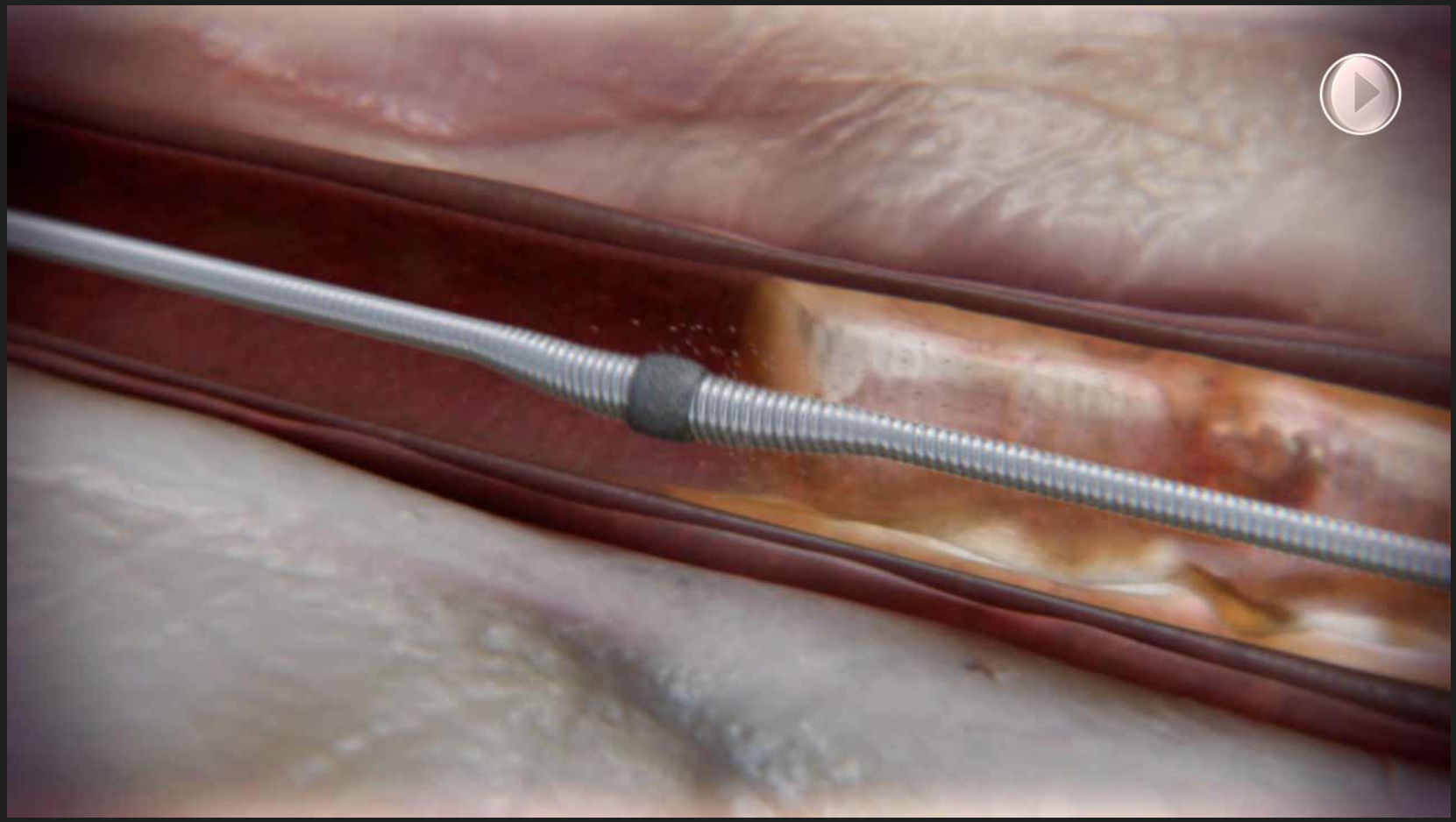
Atherectomy can potentially improve DCB efficacy BTK

OPTIMIZE BTK trial

Diamondback orbital atherectomy (CSI) + DCB
vs.
DCB alone (BARD Lutonix 0.014)



Diamondback orbital atherectomy (CSI)

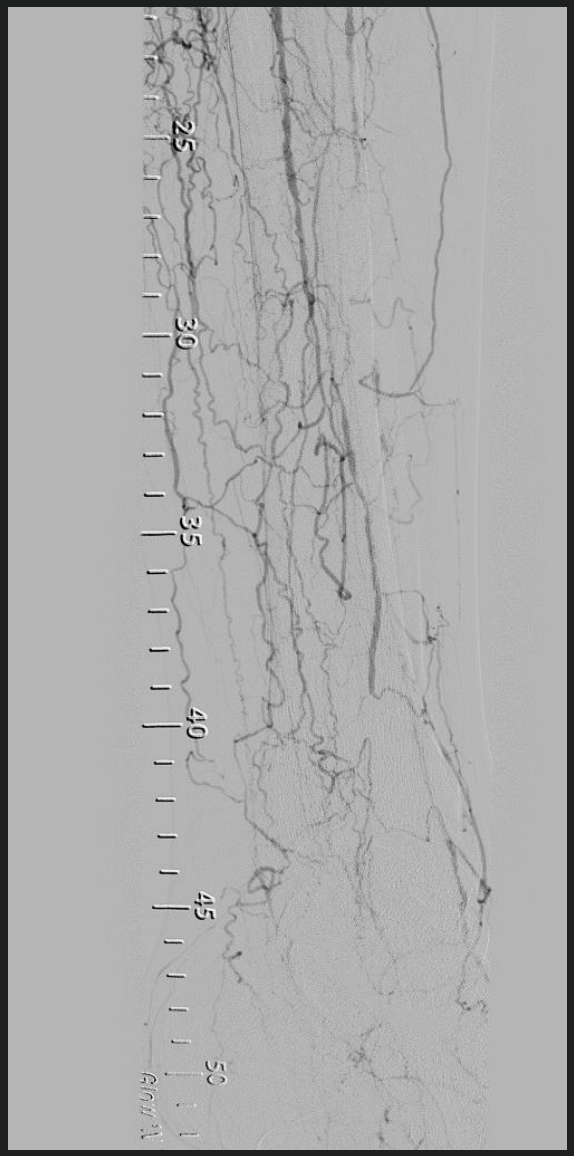


Case presentation:

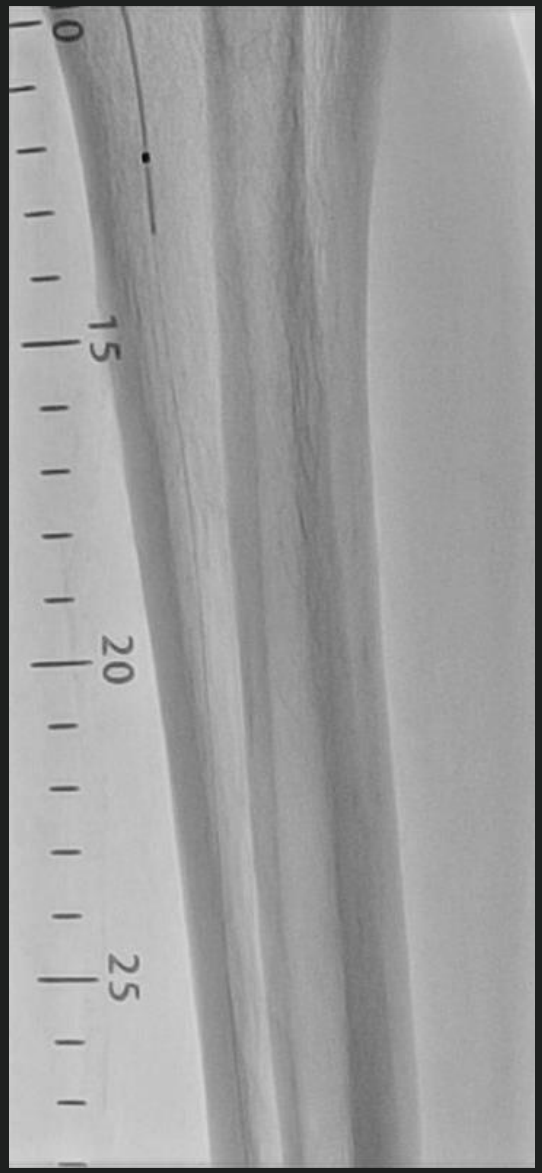
68 year old male patient

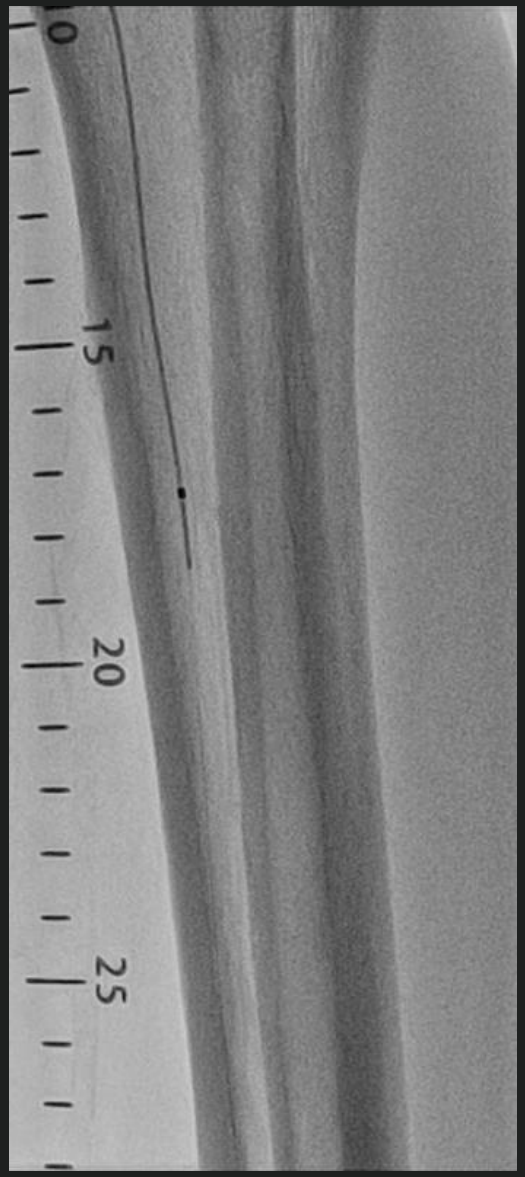
→ Rutherford 5, Ulceration of first toe left leg
→ Diabetic
→ Ex smoker, Hypertension
→ PTA/Stent-implantation for popliteal occlusion on the contralateral leg (also Rutherford 5) 1 year ago

Pre intervention: Occlusion of all BTK vessels



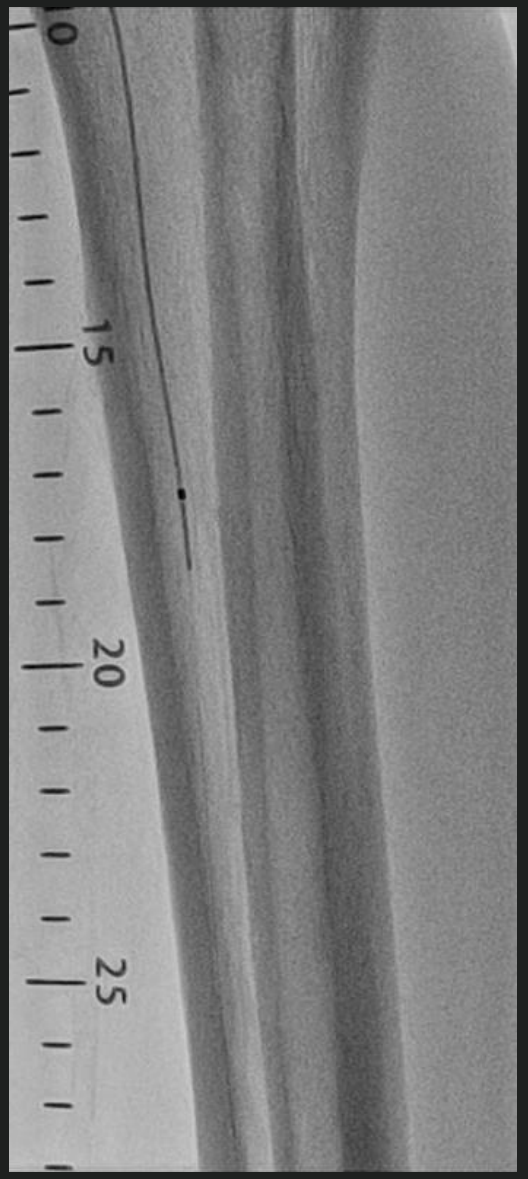
Orbital atherectomy of the peroneal artery + ATA



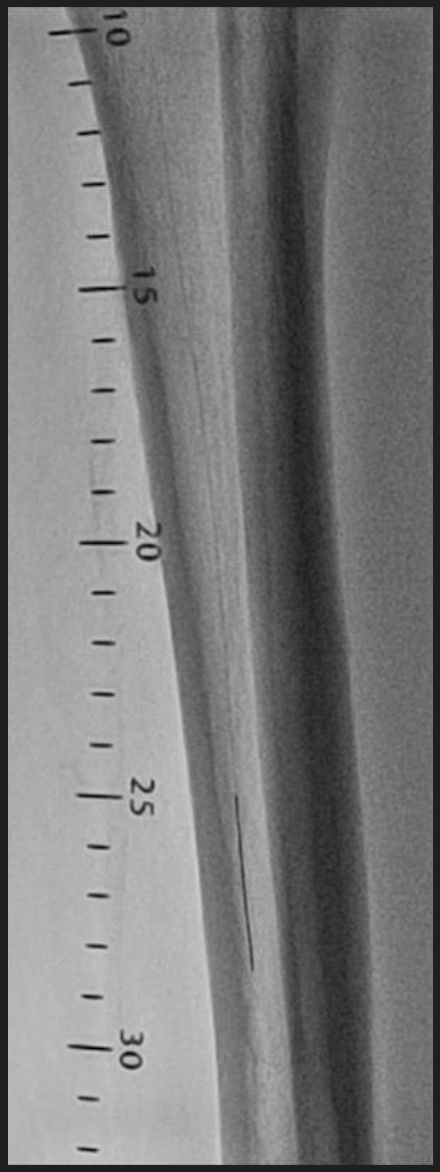


Diamondback 360 (Cardiovascular Systems Inc.)

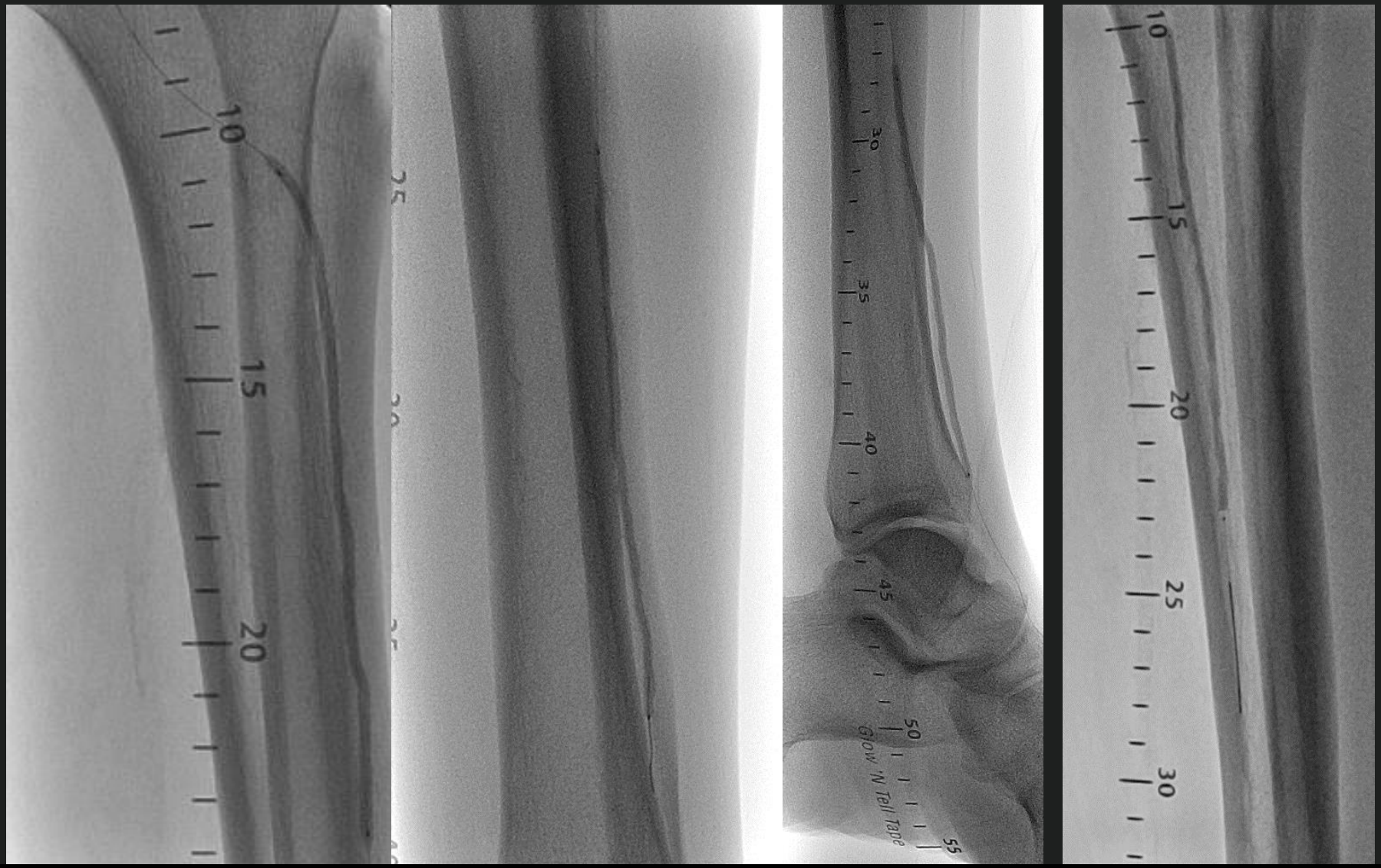
Orbital atherectomy of the peroneal artery and ATA



PA after orbital atherectomy

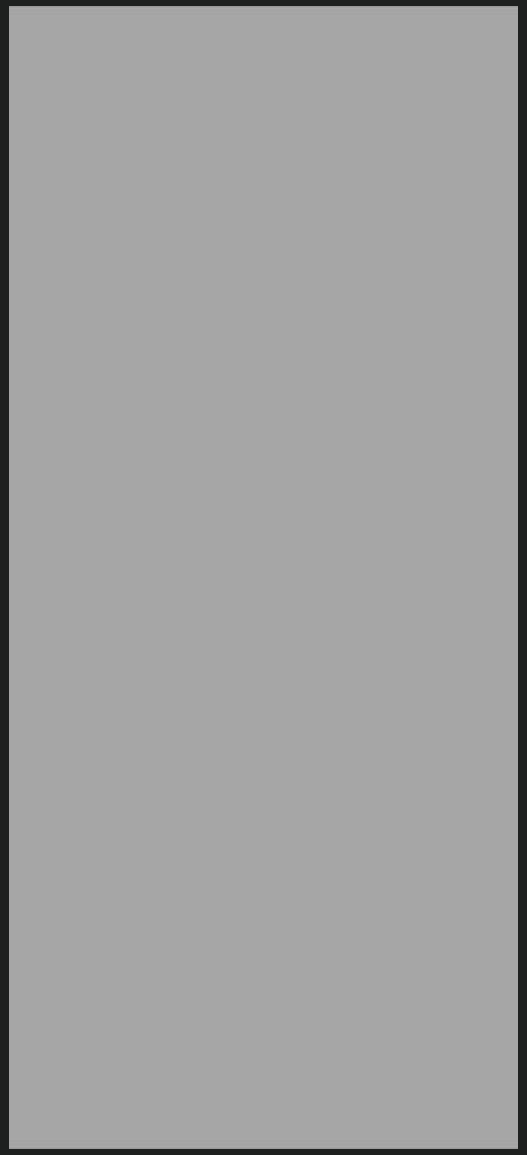


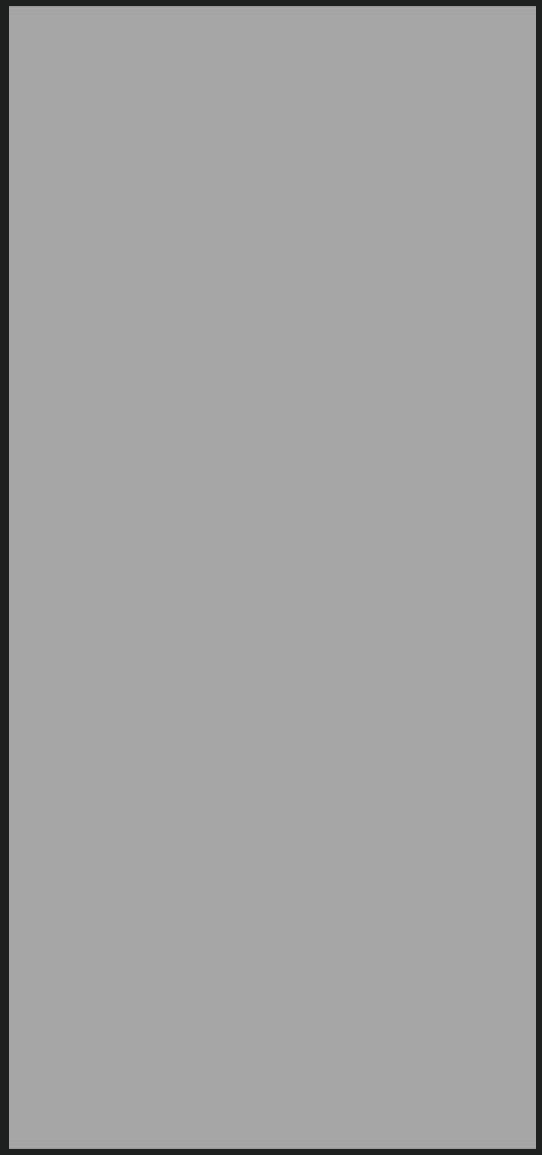
PTA of the ATA and PA with DCB



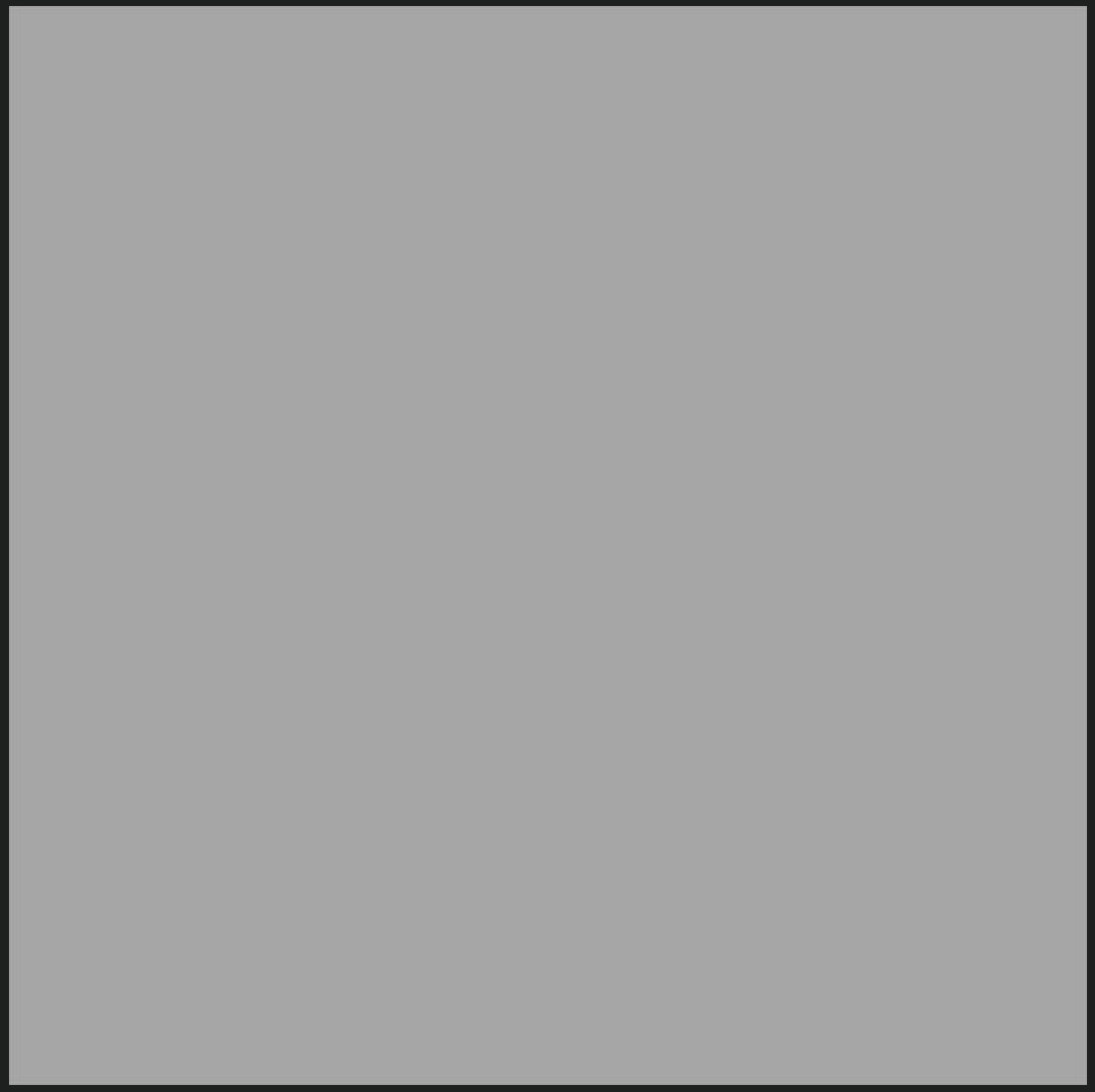
Lutonix 2,5/120mm DCB

Final result





Final result



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