



# Real world comparison of IN.PACT vs. Lutonix DCB in complex SFA lesions



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# Disclosures

Speaker's name: Sabine Steiner

I have the following potential conflicts of interest to report:

Consulting:

Abbott, C.R. Bard

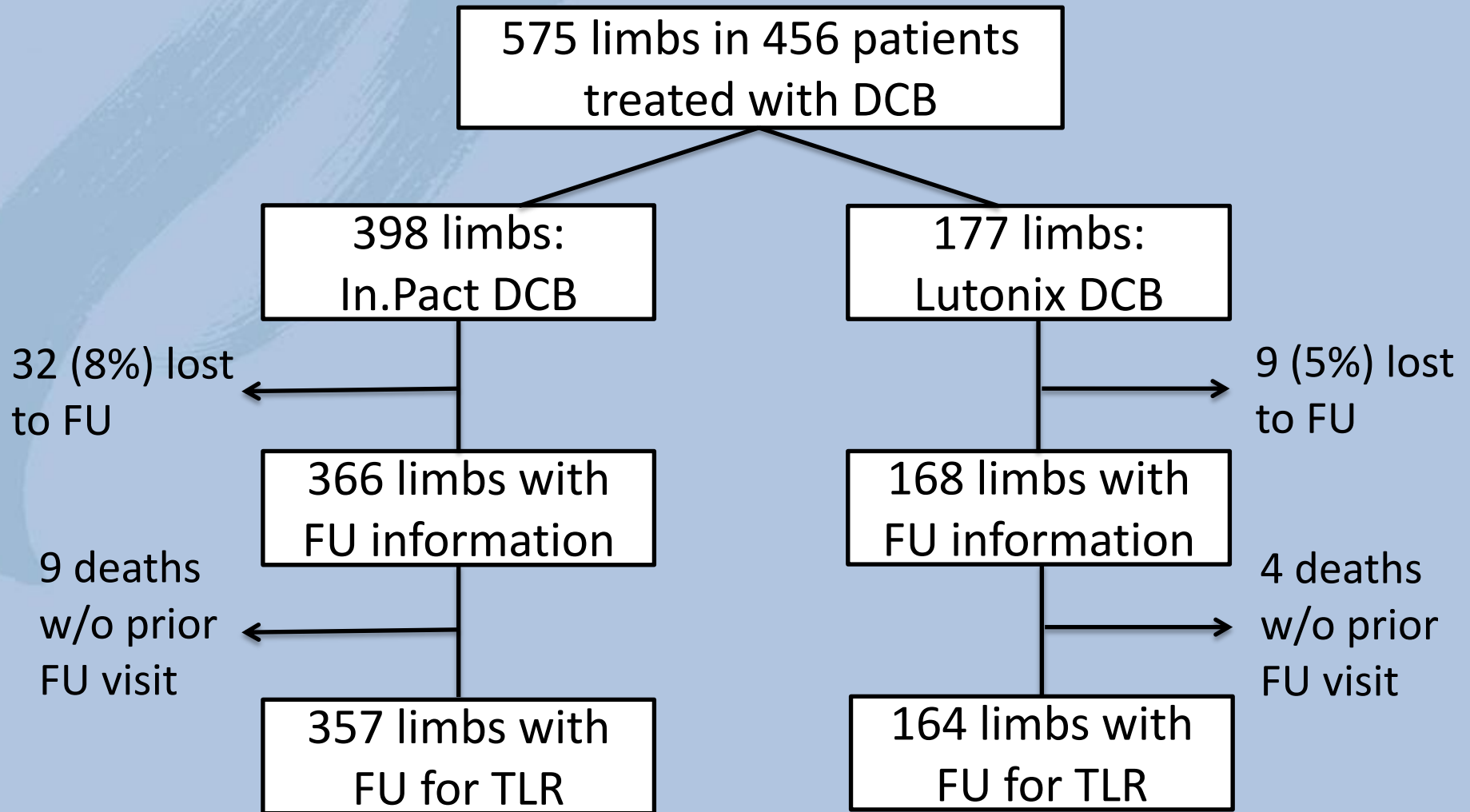
# IN.PACT vs. Lutonix DCB

- Retrospective, non-randomized monocenter cohort study
- Symptomatic PAD patients undergoing femoropopliteal intervention with
  - In.Pact DCB (Admiral/Pacific)
  - or
  - Lutonix DCB
- Inclusion from 1.6.2013 up to 31.12.2014 (to ensure 12 months follow-up)

# IN.PACT vs. Lutonix DCB

- Pre-scheduled clinical follow-up visits at 6 and 12 months, yearly thereafter
- Telephone contact for assessment of clinical and vital status
- Clinical follow up:
  - Deaths
  - Target lesion revascularization
  - Rutherford stage

# Study flow chart



# Baseline patient characteristics\*

	In.Pact DCB (n=281)	Lutonix DCB (n=137)	P-Value
Age, years	68.3 ± 10.2	68.7 ± 10.0	0.7
Female, %	30.6	34.3	0.5
Rutherford stage, %	3.0 ± 0.8	3.0 ± 0.9	0.8
Hypertension, %	98	99	0.8
Hyperlipidemia, %	73	60	0.007
Obesity (BMI>30 kg/m <sup>2</sup> ), %	14	10	0.2
Diabetes: NIDDM, %	22	18	0.6
IDDM, %	18	22	
Current/former smoking, %	28	28	0.7
Coronary heart disease, %	24	33	0.04
Cerebrovascular disease, %	11	12	0.8

\* Patients with FU information. Data are given as mean±std or %.

# Lesion and interventional characteristics\*

	In.Pact DCB (n=366)	Lutonix DCB (n=168)	P-Value
Cumulative device length (mm)	291 ± 124	280 ± 116	0.3
Diameter of devices (mm)	5.2±0.5	5.2±0.6	0.9
Run-off vessels	2.2±0.9	2.0±0.9	0.05
In-stent restenosis	17	18	0.8
Treatment of vessel occlusion	46	40	0.2
Dissection post PTA	45	39	0.2
Stent implantation	52	47	0.3
Inflow intervention, %	6	7	0.8
Atherectomy/thrombectomy, %	37	26	0.02
Popliteal artery treated, %	31	35	0.3

Lesions with FU information. Data are given as mean±std or %.

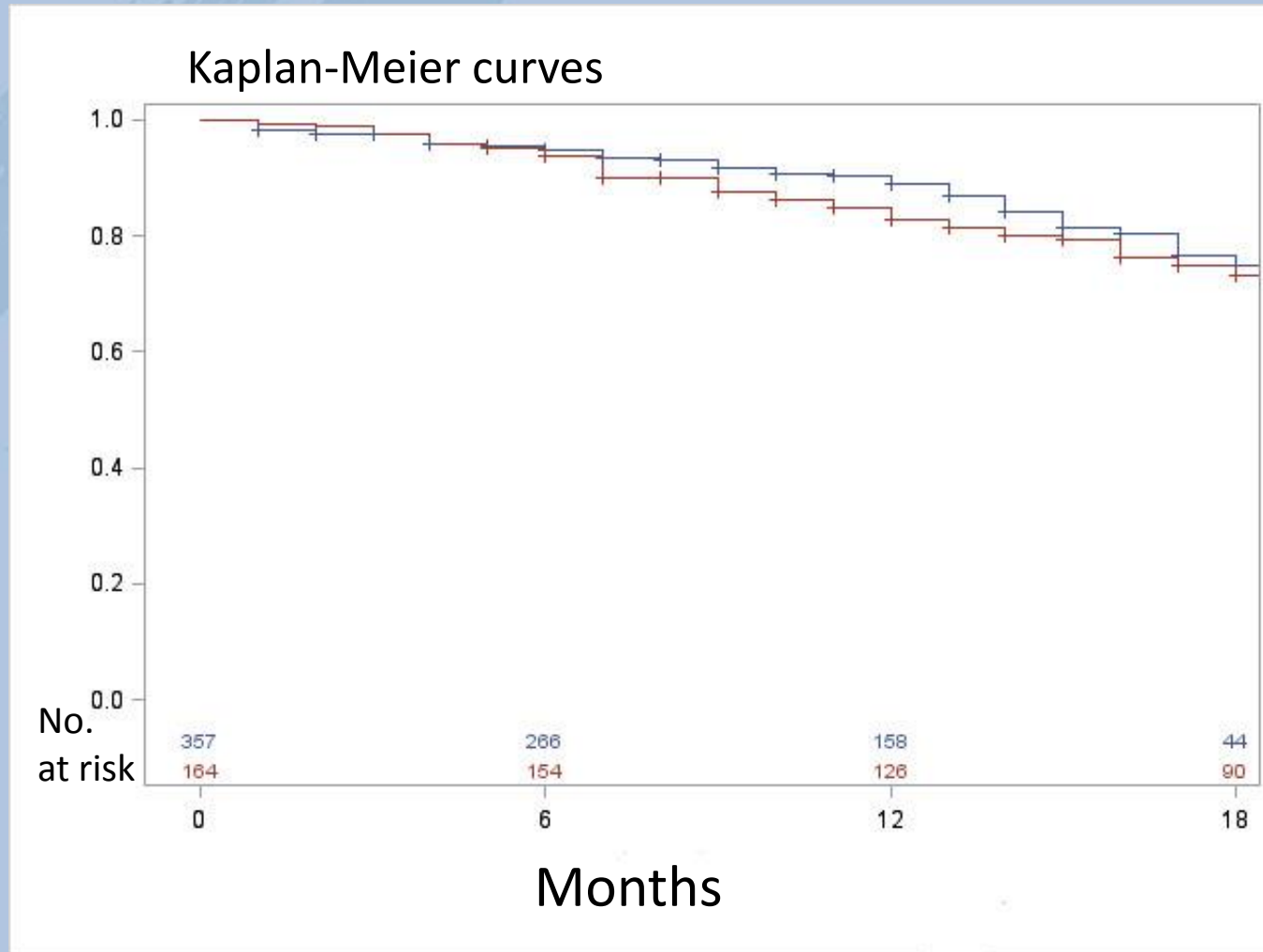
# Follow-up I

- Mean follow up: In.Pact DCB  $10.6 \pm 5.3$  versus Lutonix DCB  $18.9 \pm 6.7$  months ( $P < 0.001$ )
- 22 deaths: 11 in the In.Pact DCB group, 11 in the Lutonix DCB group
- Survival analysis for target lesion revascularization and sustained clinical improvement



# Target lesion revascularization

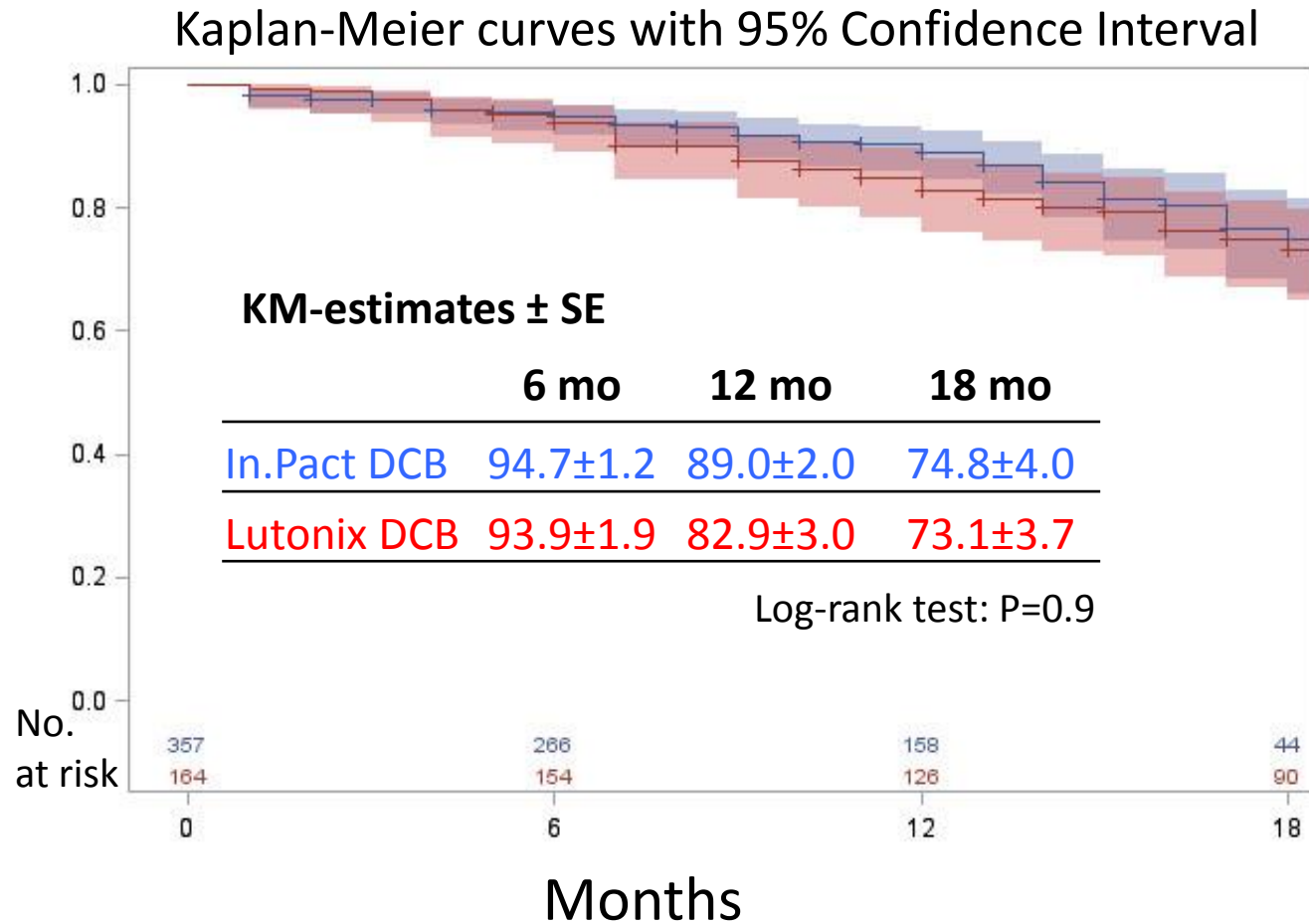
Freedom from TLR



In.Pact DCB  
Lutonix DCB

# Target lesion revascularization

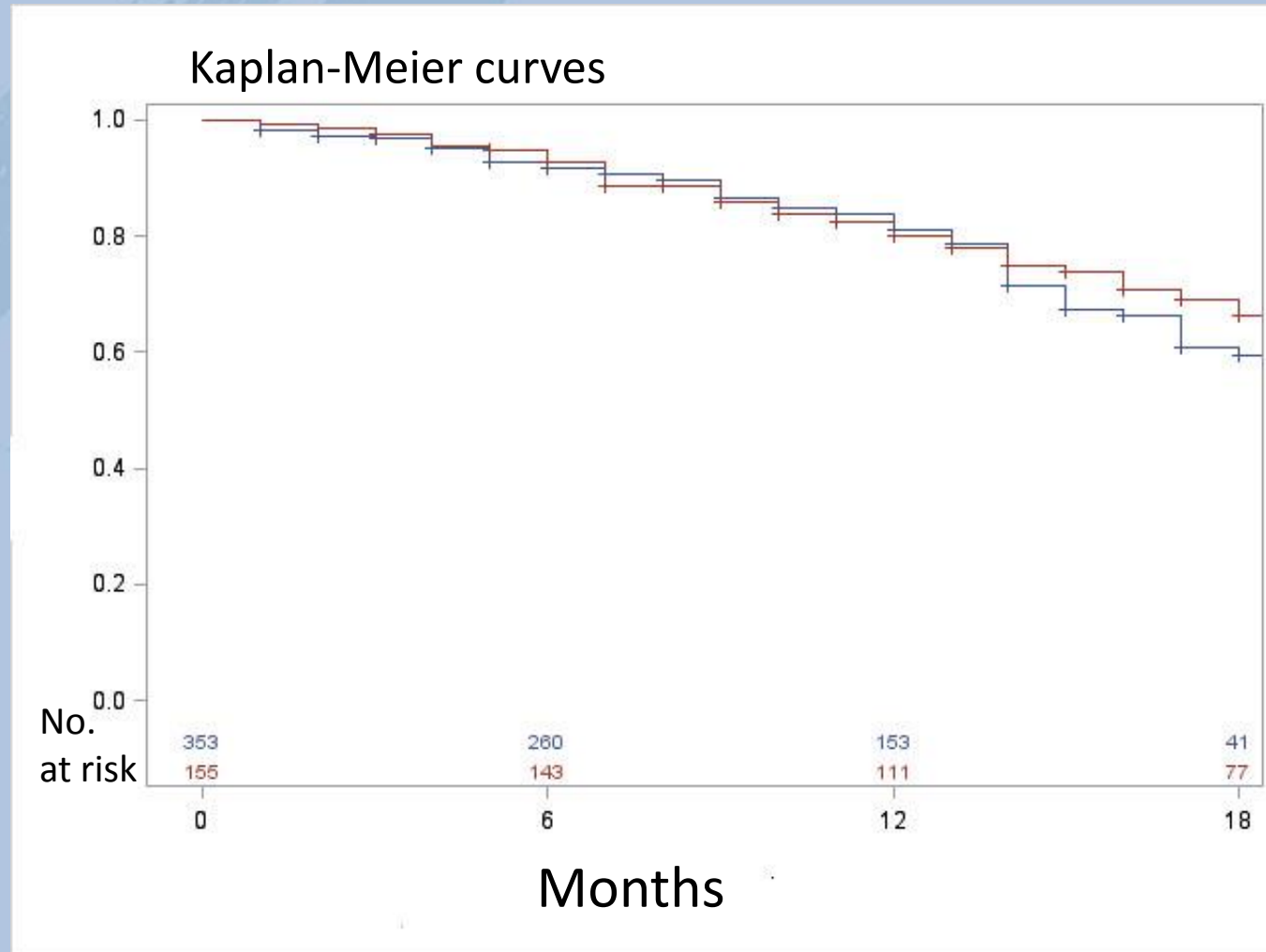
Freedom from TLR



In.Pact DCB  
Lutonix DCB

# Sustained clinical improvement

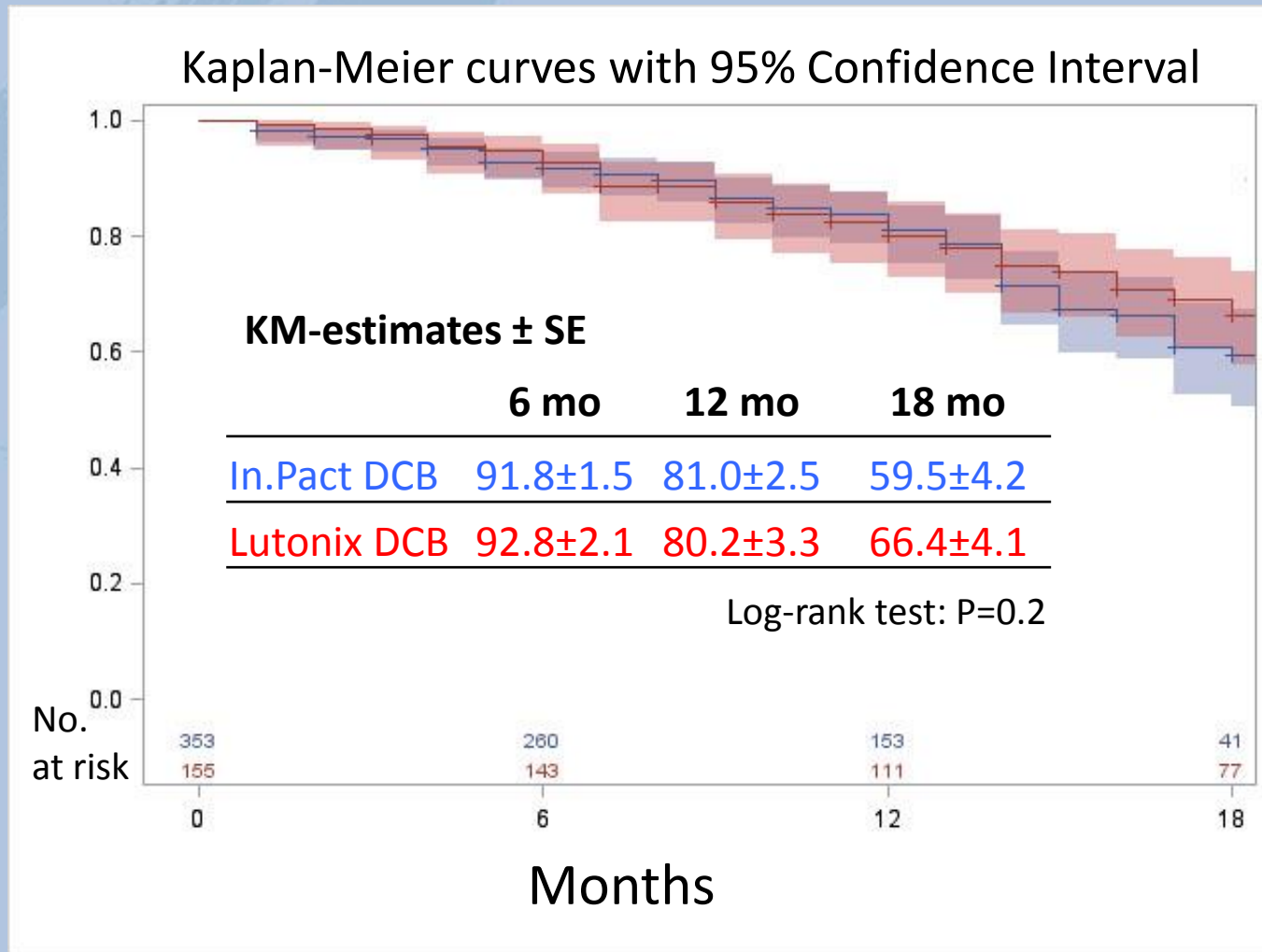
Freedom from same/increased RF



In.Pact DCB  
Lutonix DCB

# Sustained clinical improvement

Freedom from same/increased RF



In.Pact DCB  
Lutonix DCB

# Summary

- Two DCBs with proven efficacy in prior RCTs show no significant difference for TLR and sustained clinical improvement in real world data
- Limitations of a non-randomized, monocenter cohort study design
- Head-to-head comparisons preferred but not available



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