

Efficacy of endovascular treatment of SFA using Zilver Flex and Zilver PTX stent-grafts, an observational cohort study

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Disclosure

- None

Introduction

- Endovascular treatment SFA
 - First choice treatment < 15cm
 - Efficacy of different stent types remains debatable
 - Bare metal stents (BMS) or drug-eluting stents (DES)
- Objective
 - Compare Zilver Flex (BMS) and Zilver PTX stent (a paclitaxel eluting stent) (Cook Medical)

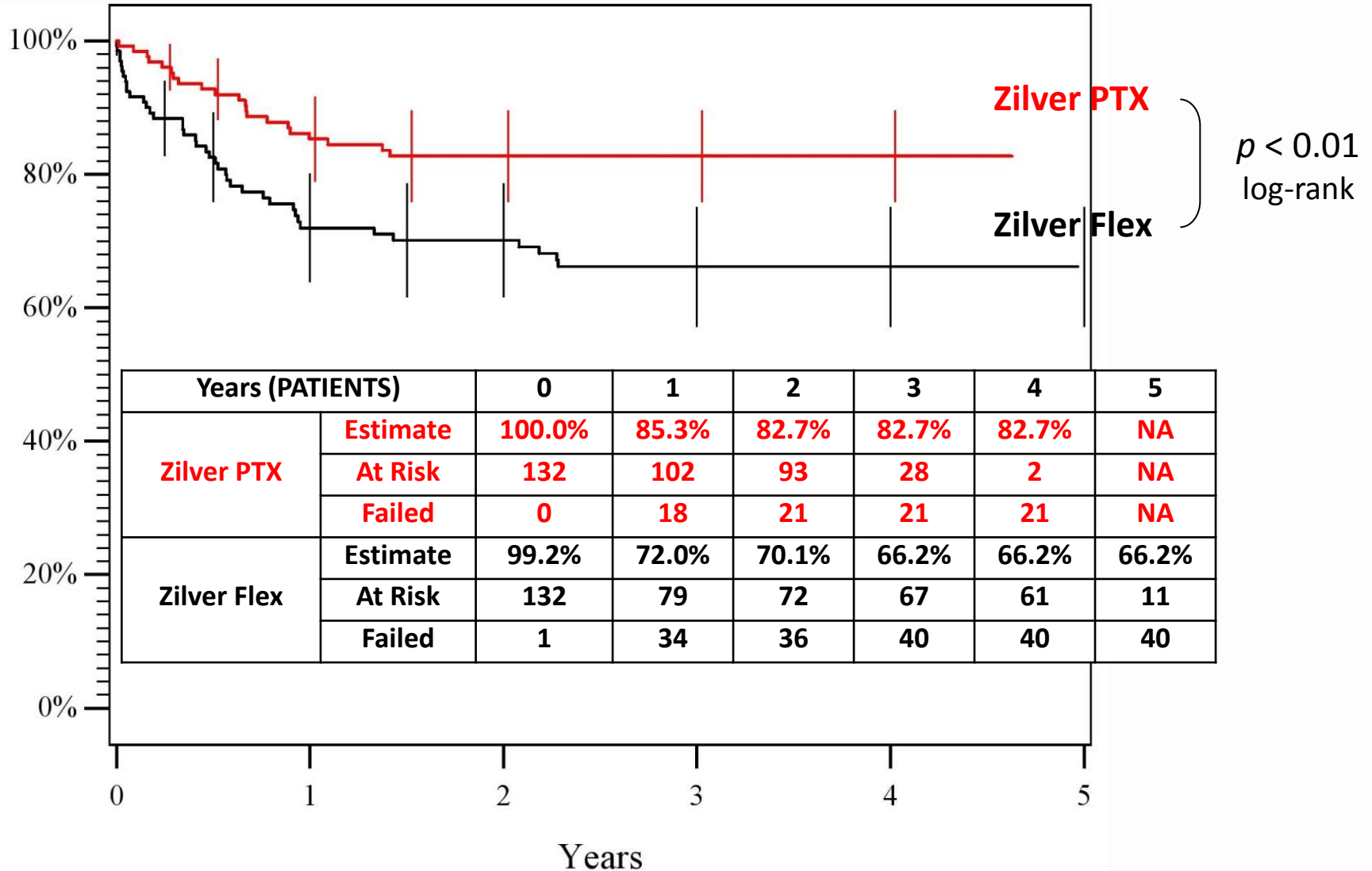
Study design

- Retrospective cohort
- October 2009 until January 2011 (N=136)
 - Significant lesion SFA → Zilver Flex stent (BMS)
- January 2011 until December 2013 (N=144)
 - Significant lesion SFA → Zilver PTX stent (DES)

Results

	Zilver PTX (N=144)	Zilver Flex (N=136)	P-Value
Age (years)	72 ± 11	73 ± 11	0.82
Male	63%	56%	0.33
Intermittent claudication	35%	50%	0.07
Diabetes	54%	53%	0.84
Renal impairment	40%	30%	0.15
Dialysis	4.0%	2.0%	0.54
Length of arterial disease (mm)	12.2 ± 8.6	15.8 ± 11.9	0.03
Degree of stenosis (%)	91 ± 14.7	95 ± 7.3	<0.01
Vessel diameter (mm)	6.3 ± 0.7	5.6 ± 0.7	0.55

Freedom from TLR (target limb revascularization)



Discussion

- 3 RCT's
 - Outcomes in favor of primary stenting
 - Dick et al. 2009, Laird et al. 2010, Schillinger et al. 2006
- Sirolimus and everolimus DES failed to prove significant efficacy over BMS for femoropopliteal lesions
 - Duda et al. 2006, Lammer et al. 2010
- Dake *et al.* 2011
 - Paclitaxel-eluting stent was superior vs BMS (<14cm)
 - Patency, reintervention and restenosis
 - Not designed to compare bare metal stents to DES
- Battle Trial (prospective RCT)
 - Compare the efficacy of BMS and paclitaxel eluting stents for the treatment of femoropopliteal lesions

Conclusion

- Significantly higher freedom from TLR of the Zilver PTX stent compared to the Zilver Flex stent



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