Treatment Strategies for SFA Disease

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Disclosures

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I have the following potential conflicts of interest to report:

☑ Consulting
Abbott; Bayer; Bard; Boston Scientific; Cook; Cordis; Medtronic; Spectranetics; Trireme Medical; Volcano; W.L. Gore & Associates

☐ Employment in industry

☐ Stockholder of a healthcare company

☐ Owner of a healthcare company

☐ Other(s)

☐ I do not have any potential conflict of interest
Clinical Use of DCB in PAD: Scarce Information

What do guidelines tell us?

**Inter-Society Consensus for the Management of Peripheral Arterial Disease (TASC II)**
L. Norgren, W.R. Hiatt, J.A. Dormandy, M.R. Nehler, K.A. Harris, and F.G.R. Fowkes on behalf of the TASC II Working Group

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**ESC guidelines (2011):** Brief mention of early promising evidence based on the THUNDER trial.

**ESVS CLI guidelines (2011):** Brief mention on encouraging early data (reference to THUNDER and PACIFIER trials), on short lesions. Call for larger & randomized trials.

**ACCF/AHA guidelines (2011):** No mention.

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Clinical Use of DCB in PAD: Scarce Information

- **NICE PAD guidelines (2012):** Not considered in the guideline. Included note that DCB may prove of value in the future.

- **SCAI guidelines (2014):** Brief mention of DCB as showing tremendous promise – as a “future direction” for treatment.

- **CIRSE guidelines (2014):** PTX-balloons have been shown to outperform Balloon Angioplasty in several RCTs but long-term evidence is still missing.

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Lower limb peripheral arterial disease

Diagnosis and management

*NICE Clinical Guideline 147
Methods, evidence and recommendations
August 2012

Catheterization and Cardiovascular Interventions 85:529-538 (2014)

SCAI Expert Consensus Statement for Femoral-Popliteal Arterial Intervention Appropriate Use

Andrew Klein, Duane Pinto, Bruce Gray, Michael Jaff, Christopher White, Douglas Drachman

Cardiovasc Intervent Radiol (2014) 37:592-603

CIRSE Standards of Practice Guidelines

Standards of Practice for Superficial Femoral and Popliteal Artery Angioplasty and Stenting

Konstantinos Katsanos, Gunnar Tepe, Dimitris Tsetis, Fabrizio Fanelli

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THE NEED:
Drug-coated balloons are not yet classified in international guidelines because relevant data had not yet been published when literature research was performed for the guidelines.

FILLING THE KNOWLEDGE GAP:
This International Positioning Document addresses the gap in knowledge by providing an evidence-based recommendation for the use of DCB technology in the peripheral vascular territory.

FINAL RECOMMENDATION:
“... the use of DCB in femoro-popliteal TASC II A and B de novo and restenotic lesions would be highly recommended because the given treatment is beneficial, useful, and effective and the data are derived from multiple randomized clinical trials...”
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SFA Treatment Strategy – According to My Practice:

1. **Stenosis**
   - PTA predilatation
     - Flow-limiting dissection or >50% residual stenosis?
       - Yes
         - Stent
       - No
         - Is the lesion severely calcified?
           - Yes
             - Consider atherectomy
           - No
             - DCB
               - Flow-limiting dissection or >50% residual stenosis?
                 - Yes
                   - 1st Post-Dilatation
                 - No
                   - Spot stent
                 - Finished
               - Yes
                 - 2nd Post-Dilatation
               - Finished
   - Yes
     - Can it be crossed?
       - Yes
         - Stent
       - No
         - Bypass

   - No
     - Debulk successful?
       - Yes
         - Consider atherectomy
       - No
         - Stent

SPRING 2014 SUPPLEMENT TO ENDOVASCULAR TODAY - Modified by Prof. F. Fanelli, Personal Communication
Current Therapies Complement DCB as Workhorse Therapy

Drug Coated Balloon
*Primary Workhorse Therapy*

PTA
Pre- & Post-Dilatation

Stenting
Recoil, flow limiting dissection, residual stenosis

Atherectomy
Debulking and severe calcification
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