Background
Luminor is a new drug-coated angioplasty balloon from iVascular (CE-marked), with the unique TransferTech® technology that provides a durable crystalline coating.

Results
Since Q3 2014, 143 cases with 165 lesions (81 CTO and 84 stenosis) have been included and monitored (Table 1). Those were split as 101 FP and 36 BTK vessels treated. 14 cases combined both segments (Table 2). 7 of them were in-stent stenosis. It is important to emphasize that 72% of patients were classified as Rutherford 4 or higher (Table 1). Technical success was achieved in 99.7% of the cases. Bailout stenting was necessary in 13 lesions (7.8%). 30-day-mortality was 1.4%. At 6 month-follow-up, mortality was 9.4%; other medical complications were detected in 8 patients (5.6%); 9 major amputations (8.3%) occurred and the TLR was 6.3%. Freedom from TLR was 93.7%.

Material and Methods
Luminor Registry is an observational, prospective, multicentre study with single-arm treatment for stenotic or occlusive lesions or in-stent stenosis of the femoro-popliteal (FP) and below the knee (BTK) vessels.

The primary objective is to analyse the performance of Luminor 14 and 35 in terms of primary patency, defined as freedom from >50% restenosis as indicated by duplex ultrasound peak systolic velocity ratio (PSVR) <3 in the target vessel with no re-intervention, and freedom of serious adverse events defined as death, amputation and TLR during a minimum of 12-month follow-up period.

Secondary endpoints include quality of life assessment and other clinical or hemodynamic complications.

A total of 250 validated Rutherford 2-5 cases will be recruited during a 15-month period following an intention to treat basis. All the procedures should follow the instructions for use. Primary stenting or atherectomy are excluded. Adjuvant drug treatment is applied for all patients (Clopidogrel 75 mgr/day + ASA 100 mgr/day (one month) and ASA 100 mgr/day (indefinite)).

Conclusions
LUMINOR Spanish registry will complete the recruitment period by March 2016.
Interim and final results will be published in future reports. Initial primary endpoints are encouraging taking into account the ischemic status severity of this cohort of patients.