Endovascular Treatments for TASC C and D Lesions
Do Results Support This Use?

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Disclosure Statement of Financial Interest
Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below.

- Consulting Fees/Honoraria
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  - Medtronic
  - Boston Scientific
  - CR Bard
  - WL Gore
  - Cordis Endovascular
  - Cardinal Health
  - CSI
  - Reflow Medical
  - Endologix
  - Veryan/Novate
  - Cook Medical
  - Embolitech

Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below.

- Major Stock Shareholder/Equity
- Royalty Income
- Ownership/Founder

Femoropopliteal Pattern of Disease Classification TASC II

High BMS Restenosis “Real World” Lesions
VIBRANT Randomized 3-year Data
Lengths 8 – 34 cm (average approx 20 cm)

SG (non-heparin) Randomized Comparison to Surgical Prosthetic Bypass
N = 86 pts (100 limbs)
Stent graft 50
Surgical bypass 50
Mean stent graft treatment length = 25.6 cm

1-year patency
- Primary 73.5% 74.2%
- Secondary 83.9% 83.7%

2-year patency
- Primary 62% 65%
- Secondary 73% 75%

Stent grafts: VIASTAR: 1 yr Primary Patency

Stent grafts: VIABAHN Endoprosthesis

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IN.PACT Global Full Cohort vs. IN.PACT DEB: (≥15cm) Long Lesion Subset

- TLR for long lesion subset compares favorably to full cohort
  - 2-fold increase in lesion length
  - ~2-fold increase % CTO
- Longer lesions require more use of provisional stents

<table>
<thead>
<tr>
<th>IN.PACT Global Long Lesion subset N=227</th>
<th>IN.PACT Global N=655</th>
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</thead>
<tbody>
<tr>
<td>CD-TLR: 11.7%</td>
<td>8.7%</td>
</tr>
<tr>
<td>CD-TVR: 12.2%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Thrombosis: 5.1%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Target Limb Major Amputation: 0.0% (0)</td>
<td>0.3% (2)</td>
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</tbody>
</table>

Leipzig Group: DEB for Complex / Long Femoropopliteal Lesions

- Lesion-length: 24.0 ± 10.1 cm
- Balloon-number (median) 3
- Stenosis / occlusion 34.7 % / 65.3 %
- De-novo: 51.7 %
- Restenosis: 11.1 %
- In-stent restenosis (ISR): 37.2 %

Summary

- TASC C and D Lesions can be approached with high technical success
- Patency and TLR are acceptable due to the less invasive nature of the procedure