The Supera Stent & Vascular mimetic Technology: Why It Works So Well

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Disclosure

Speaker’s name: Peter Goverde

I have the following potential conflicts of interest to report:
Consulting:
Abbott Vascular; Angioslide; Atrium Maquet Getinge group; Bard Peripheral Vascular; Cardionovum; Cordis - Cardinal Health; IMDS; Ivascular; Stille; Veyran; Ziehm Imaging

Real patients with real issues
Anatomical challenges of SFA and popliteal artery

Supera VMI (Abbott Vascular)

Anatomical challenges of SFA & popliteal artery: how Supera deals with it
Anatomical challenges of SFA & popliteal artery: how Supera deals with it

Flexion

Torsion

Supera Vascular Mimetic Implant

Proper Sizing, Preparation, and Deployment Technique Result in Excellent Patency Rates

High patency rates are demonstrated in cases where appropriate implant selection, vessel preparation, and deployment technique are used.

Freedom From TIA % Over Time in Severe Calcification

Supera Has Strong Clinical Outcomes in Calcification at 3 Years

% of Lesions with Severe Calcification (SUPREEM Trial)

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Case example 2010
**Case example 5 year later**

IT WORKS!!

2010

2015

**AURORAA Registry**

Antwerp Super in Popliteal & Superficial Femoral Artery

Vascular Clinic ZNA

Supera follow-up: AURORAA

36 month data

- Physician initiated, single center, prospective
- Start June 2010 - July 2012
- 177 patients

- 88.89% involving distal SFA + popliteal
- Highly diseased, heavily calcified lesions
  - TASC II C & D lesions
    - 58.12% calcifications
    - 47.86% stenotic disease
    - 52.12% occlusive disease

Patient Characteristics:

- Diabetes (type 1 & 2):
  - 53.84%
- Rutherford 2:
  - 3 patients (2.56%)
- Rutherford 3-4:
  - 82 patients (70.09%)
- Rutherford 5-6:
  - 32 patients (27.35%)

- Mean lesion length: 143.43 +/- 35.6 mm (3 – 320 mm)
- Mean Stent length: 157.86 +/- 42.8 mm (6 – 350 mm)
- Mean number stents: 1.62
- Mean number outflow vessels: 1.46

- Post procedure:
  - Flexion angio 90° & full flexion:
    - NO stent crush
    - NO flow compromising kinking
Supera follow-up:
AURORAA

• Post procedure: aspirin + clopidogrel (3mo)
• Follow-up: 3, 6, 12, 18, 24 months ultrasound
• Death: 9
• RX control @ 6 and/or 12 mo
  – +/- 50 of patients
  – At random
  – NO STENT FRACTURES

Patency:
calcified n = 68

<table>
<thead>
<tr>
<th></th>
<th>6 m primary patency</th>
<th>12 m primary patency</th>
<th>18 m primary patency</th>
<th>24 m primary patency</th>
<th>30 m primary patency</th>
<th>36 m primary patency</th>
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</thead>
<tbody>
<tr>
<td>calcified</td>
<td>91.9%</td>
<td>80.8%</td>
<td>76.07%</td>
<td>73.5%</td>
<td>71.8%</td>
<td>70.08%</td>
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<tr>
<td>Calcified</td>
<td>91.1%</td>
<td>79.4%</td>
<td>75%</td>
<td>73.5%</td>
<td>70.6%</td>
<td>69.1%</td>
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Conclusions

• Supera VMI mimics the natural anatomy, is dynamically conformable, adapts to its surroundings and adapts to the stresses placed on the stent
• The mechanical properties of the implant; its radial strength, flexibility, kink and fracture resistance provides a structure which promotes maximum flow
• Once the VMI reaches its maximum diameter, it will no longer place an outward force (reduction of COF) on the artery wall minimizing the inflammatory response
• THE SUPERA VMI can deal with challenging heavy calcified lesions

Thank you for your attention