Techniques That Work for the Endovascular Treatment of SFA Lesions: Midterm Results Justify Their Use

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Commonly Held Opinions about Endovascular Treatment of the SFA
- Complex (long, calcified) lesions can not be treated
- Patency-rates for complex lesions are poor
- Potential anastomosis-areas for a bypass get destroyed
- In case of reocclusion situation is worse than before

PTA Does not Jeopardize Landing-Zones for a Bypass if Good techniques are Used for PTA

In Case of Bypass-Occlusion Lesion Becomes Longer

Occlusion involves the distal anastomosis or extends to the next collateral / bifurcation.

Are Patients worse if Endovascular Treatment fails?

Clinical presentation and outcome after failed infrainguinal endovascular and open revascularization in patients with chronic limb ischemia


Can Long / Calcified SFA-Lesions be Treated by PTA?

- Endovascular treatment after failed bypass is complex
Drug-Coated Devices (Stents / Balloons) have Improved the Patency-Rate of SFA-Lesions

<table>
<thead>
<tr>
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<th>DCB (In.Pact Admiral)</th>
<th>Plane balloon</th>
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<tbody>
<tr>
<td>N patients</td>
<td>220</td>
<td>111</td>
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<tr>
<td>Lesion-length (mm)</td>
<td>8.9 ± 4.9</td>
<td>8.8 ± 5.1</td>
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DCB for long SFA-Occlusions

After DCB (4 x 5/120), no stents 24 months restenosis

Drug-Eluting Stents have Improved the Patency-Rates of SFA-Lesions, also for long Lesions

Comparison between Zilver-PTX and non-coated BMS

- 86.1% Zilver-PTX
- 70.5% Zilver Flex

Lesion length (mm) 189.3 ± 91.1

ZilverPass-Study: Zilver-PTX vs Bypass For Treatment of TASC C and D SFA-Lesions

- Multicenter, randomized
- 220 patients planned, - 104 enrolled

Primary Patency

Zilver-PTX

P = 0.038

Bypass
Is Patency Always Most Important for Patients Suffering from SFA-Lesions?

Significance of patency in CLI-patients?

Propensity-matched analysis of CLI-patients (n=1053)
- Vein-bypass in > 70%
- PTA: balloon / BMS

50 % TASC C/D SFA-lesions

No difference regarding
- Amputation-rate
- Repeat revascularization

Soga et al., JEVT 2014;21:243-253

Is Patency Always Most Important for Patients Suffering from SFA-Lesions?

- For claudication-patients patency matters
- How many claudicants with SFA-lesions receive a bypass?
- Patients with claudication due to SFA-lesions
  - are mainly treated conservatively or
  - by an endovascular approach

Value of an Endovascular Treatment of SFA-Lesions

- Also long, complex SFA-lesions can be treated
  - with high success-rate
  - without destroying potential bypass-areas

- Patency-rates for complex lesions have improved over the last years

- Treatment after failed bypass becomes complex

- PTA should come before bypass in SFA-lesions