Supera Deployment Techniques and Results: Is the Next Version of Supera Stent a Game Changer?

2018 Annual VEITH Symposium
November 13-18, 2018
New York, NY

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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.

Company | Affiliation/Financial Relationship
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Abbott Vascular | Scientific Advisory Board
Medtronic | Scientific Advisory Board
Boston Scientific | CLI Advisory Board
BD/Bard | CLI Advisory Board

Supera Woven Nitinol Stent: Deployment Technique and Results

Supera Design vs Standard Nitinol Stents

- Six woven nitinol wires
- Connected at ends
- Rigid nitinol tubes
- Laser cutting to improve flexibility

Benefits of Supera Stent:
- Flexibility & kink resistance

Benefits of Supera Stent:
- Compression resistance

Benefits of Supera Stent:
- Chronic Outward Force

Supera Woven Nitinol Stent: Deployment Technique and Results

Supera Deployment Catheter Mechanism of Action

• Supera is driven out of the delivery sheath by a stent driver near the tip of the delivery system - the sheath does not retract
• Stent deployment length depends on lesion preparation and deployment technique

Stacked
Proper Deployment
Elongated

Can This Variability Be Improved Upon?
Why Does Proper Deployment Matter?

Supera Woven Nitinol Stent: Deployment Technique and Results

What is the Supera Pro Delivery System?

• Redesigned delivery system
• Single use catheter with all available diameters
• Trigger-activated system more similar to familiar pin-and-pull or thumbwheel designs
• Intended to deploy Supera with 100% accurate deployment length despite lesion composition, prep technique, etc.

Is this system a potential game-changer for femoropopliteal interventions?
Summary

• Will the new Supera delivery system be a game-changer?
  - Obviously not, work on the project has been stopped as of Oct 2018

• Would it have been a game changer?
  - No, because currently demonstrated consistent results of Supera across multiple series and registries have already demonstrated that this should be the implant of choice for long-segment disease, calcified disease, mobile areas of the mid/distal SFA and popliteal, or any complex lesions

• Technique matters in femoropopliteal interventions
  - Skilled interventionists have realized that concepts like plain balloon angioplasty and a simple pin-and-pull technique for implants represents a treatment mentality that is no longer c/w standard of care.
  - Good results in PAD interventions requires choosing the right device for the lesion and focusing on proper technique (vessel preparation), regardless of whether the therapy is an implant, DCB, atherectomy, lithotripsy, etc.

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