Endovascular Stent Treatment Of Common Femoral Artery (CFA) Is Best For All Lesions:
Based On The TECCO RCT (Stent vs. Open Endarterectomy):
Classification Of Lesions And Subsequent Access Through Stents Is OK


Disclosures

Research grants /Consulting/Honoraria for:
- Abbott
- Bard
- Biotronik
- Boston Sc
- Medtronic
- Merit
- Spectranetics
- Terumo
- Vygon
- WL Gore

Population

Main inclusion criteria
- Age between 40 and 90 years-old
- De novo atheromatous common femoral artery stenosis
- Rutherford stages 3 to 6

Main exclusion criteria
- Restenosis
- Thrombosis
- No atheromatous disease
- Asymptomatic lesion
- Life expectancy < 1 year

Stenting group lesions characteristics

<table>
<thead>
<tr>
<th>Type 1</th>
<th>Type 2</th>
<th>Type 3</th>
<th>Type 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>16%</td>
<td>23%</td>
<td>61%</td>
<td></td>
</tr>
</tbody>
</table>

Gouëffic, JACC Interv, 2017

TECCO flow chart

Gouëffic, JACC Interv, 2017

Peripheral Vascular

Stenting or Surgery for De Novo Common Femoral Artery Stenosis

CONCLUSIONS: in patients with de novo atherosclerotic lesions of the CFA, the percutaneous revascularization and endovascular stenting significantly lowered morbidity and mortality rate among patients who underwent endovascular therapy by stenting compared with surgery, whereas clinical, morphological, and haemodynamic outcomes were comparable in both arms. (Photography of the lesions of the common femoral artery with the stent.)

Gouëffic, JACC Interv, 2017
Simple and complex lesions

Simple lesions (Type 1 and 2)
Complex lesions (Type 3)

Complex lesions (type 3)
= CFA bifurcation is involved

CFA to DPA or CFA to SFA stenting
Kissing stent
Eiffel tower
T-stent

CFA kissing stent

T-stenting

Eiffel tower stenting

Complex lesions

47%
23.5%
29.5%

Values are mean ± SD or n (%). CST: complex stenting technique; SST: simple stenting technique.
Demographic data

<table>
<thead>
<tr>
<th></th>
<th>SST (n=18)</th>
<th>CST (n=36)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, yrs</td>
<td>67 ± 10</td>
<td>69 ± 9</td>
<td>0.32</td>
</tr>
<tr>
<td>Male</td>
<td>10 (55%)</td>
<td>30 (83%)</td>
<td>0.70</td>
</tr>
<tr>
<td>Hypertension</td>
<td>13 (72%)</td>
<td>29 (80%)</td>
<td>0.50</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>11 (61%)</td>
<td>24 (66%)</td>
<td>0.76</td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking at CLI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking at baseline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renal insufficiency</td>
<td>2 (11%)</td>
<td>5 (14%)</td>
<td>0.57</td>
</tr>
<tr>
<td>On dialysis</td>
<td>1 (6%)</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Obesity (BMI&gt;25 kg/m²)</td>
<td>8 (47%)</td>
<td>23 (66%)</td>
<td>0.20</td>
</tr>
<tr>
<td>Statin treatment</td>
<td>11 (61%)</td>
<td>25 (69%)</td>
<td>0.54</td>
</tr>
<tr>
<td>Antiplatelet drug</td>
<td>27 (94%)</td>
<td>31 (86%)</td>
<td>0.65</td>
</tr>
</tbody>
</table>

Intra operative data

<table>
<thead>
<tr>
<th></th>
<th>SST (n=18)</th>
<th>CST (n=36)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-expandable stents</td>
<td>18</td>
<td>30</td>
<td>0.21</td>
</tr>
<tr>
<td>Mean diameter, mm</td>
<td>7.3 ± 0.75</td>
<td>7 ± 0.75</td>
<td>0.98</td>
</tr>
<tr>
<td>Mean length, mm</td>
<td>42 ± 10.5</td>
<td>43 ± 18</td>
<td></td>
</tr>
<tr>
<td>Balloon-expandable stents</td>
<td>4</td>
<td>21</td>
<td>0.01</td>
</tr>
<tr>
<td>Mean diameter, mm</td>
<td>7.2 ± 0.5</td>
<td>6 ± 0.75</td>
<td>0.27</td>
</tr>
<tr>
<td>Mean length, mm</td>
<td>25.75 ± 5.8</td>
<td>21.3 ± 8.7</td>
<td>0.02</td>
</tr>
</tbody>
</table>

Values are mean ± SD or n (%). CST: complex stenting technique; SST: simple stenting technique.

24-months outcomes

Primary patency

Freedom from TLR

Primary sustained clinical improvement

NS

NS

NS

Take home message

- Complex stenting of the common femoral artery is a safe and efficient treatment
- There is a trend to have more reinterventions in the complex stenting group
- More trials with a large number of patients is needed to define the optimal stenting technique.

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