Disclosure
Speaker name: Maria Antonella Ruffino MD, EBIR
I have the following potential conflicts of interest to report:
- Receipt of grants/research support
- Receipt of honoraria and travel support
- Participation in a company sponsored speakers' bureau
- Employment in industry
- Shareholder in a healthcare company
- Owner of a healthcare company
X I do not have any potential conflict of interest

Physician-initiated, single centre, retrospective study to assess long-term results of Viabahn stent-graft in the treatment of femoro-popliteal obstructive disease SFA and/or popliteal artery long steno-obstruction when implanted to rescue failed conventional balloon-angioplasty

PRIMARY OUTCOMES
- Primary patency
- Secondary patency
- Freedom from CD-TLR
- Early and late complications
  - No restenosis/obstruction, no need for re-treatment
  - No restenosis/obstruction after a re-treatment
  - Freedom from any intervention, no clinical symptoms
  - Amputation, exitus

SECONDARY OUTCOMES
Factors affecting the outcomes (related to the patient, the lesion or the stent)

MATERIALS AND METHODS
- RESIDUAL PARIETAL DEFECTS
- RESIDUAL DISSECTION
- RECOIL
- RUPTURE

Rutherford classification
- Grade 3: 11 (40.7%)
- Grade 4: 5 (18.5%)
- Grade 5: 5 (18.5%)
- Grade 6: 6 (22.3%)

TASC II classification
- TIA A: 0 (0.0%)
- TIA B: 0 (0.0%)
- TIA C: 3 (11.1%)
- TIA D: 24 (88.9%)

8-Year Results Of Heparin Bonded PTFE Viabahn Stent Grafts For The Treatment Of Long TASC C And D Fempop Lesions: Advantages And Limitations

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8-Year Results Of Heparin Bonded PTFE Viabahn Stent Grafts For The Treatment Of Long TASC C And D Fempop Lesions: Advantages And Limitations

GORE® VIABAHN® Endoprosthesis
Approved in June 2005, the GORE® VIABAHN® Endoprosthesis is the only stent-graft available in the US with an SFA, Iliac, and AV Access indication

MATERIALS AND METHODS
- Study population: 27
- Male: 17 (63.0%)
- Female: 10 (37.0%)
- Mean age: 70.9 ± 12.1
- Age range: 45 – 89

Lesions
- Stenosis: 1 (3.7%)
- Obstruction: 26 (96.3%)

Outflow
- No vessels: 0 (0.0%)
- 1 vessel: 10 (37.0%)
- 2 vessels: 12 (44.5%)
- 3 vessels: 3 (11.1%)

Proliferal involvement: 27 (100%)
- SFA + P1: 8 (29.6%)
- SFA + P2: 5 (18.5%)
- SFA + P3: 14 (51.9%)

Study population: 27
- Male: 17 (63.0%)
- Female: 10 (37.0%)
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- TIA B: 0 (0.0%)
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- TIA D: 24 (88.9%)

SECONDARY OUTCOMES
Factors affecting the outcomes (related to the patient, the lesion or the stent)
RESULTS

N of stentgrafts: 36
N of stentgrafts/pt.: 1, 70.4%; 2, 25.9%; 3, 3.7%
Diameter:
- 5 mm: 9, 25.0%
- 6 mm: 24, 66.7%
- 7 mm: 3, 8.3%
Length:
- 5 cm: 2, 5.5%
- 10 cm: 9, 25.0%
- 15 cm: 11, 30.6%
- 25 cm: 14, 38.9%
Mean lesion length: 22.44 cm
Minimum length: 5 cm
Maximum length: 48 cm

RESULTS

Primary outcomes

Gender
Age
Rutherford class
TASC II
stenosis/obstruction
run-off
Reason for implantation
Popliteal involvement
Popliteal stenting
Stentgraft diameter
Stentgraft length
Mean length: 28.9 cm ± 7.2 cm
Minimum length: 24 cm
Maximum length: 48 cm

Secondary outcomes

Length < 20 cm
Length > 20 cm

Primary Patency
Secondary Patency
Freedom from CD-TLR

Primary Patency
Secondary Patency
Freedom from CD-TLR

Primary outcomes

No rescue procedures
TASC II C and D: 60%
Primary patency at 1 year: 73%
Secondary patency at 2 years: 92%

Present study
Only rescue procedures
TASC II C and D: 100%
Primary patency at 1 year: 66.1%
Secondary patency at 2 years: 88.7%

No rescue procedures
TASC II C and D: 49%
Primary patency at 5 years: 47.6%
Secondary patency at 5 years: 77.5%

Primary outcomes

No rescue procedures
TASC II C and D: 100%
Primary patency at 5 years: 50%
Secondary patency at 5 years: 73.9%

Secondary outcomes

Viabahn – 1 year FU
No rescue procedures
TASC II C and D: 100%
Primary patency at 1 year: 86.1%
Secondary patency at 2 years: 88.7%

Present study
Viabahn – 5 years FU
No rescue procedures
TASC II C and D: 100%
Primary patency at 5 years: 73.9%
Secondary patency at 5 years: 73.9%

Primary outcomes

RESULTS CONSISTENT WITH PREVIOUS STUDIES
No rescue procedures

Mean lesion length 25.5 cm; range 20 - 40 cm

Primary patency at 1 year: 67%
Secondary patency at 1 year: 96.9%

Primary patency at 5 years: 50%
Secondary patency at 5-8 years: 73.9%

RESULTS CONSISTENT WITH PREVIOUS STUDIES

CONCLUSIONS

Stent grafting of long TASC C and TASC D femoro-popliteal obstructive lesions with Viabahn stentgraft is a minimally invasive procedure that allows to treat with an endoluminal bypass patients once only suitable for open bypass.

Endoluminal bypass with Viabahn stent appears to be a reliable alternative to open prosthetic femoral-popliteal bypass for treating long SFA and popliteal artery lesions with good early and mid-term results.

The procedure is safe and results in excellent 8-years outcomes.