Common Femoral Artery Lesions Can Be Treated With Endovascular Techniques!

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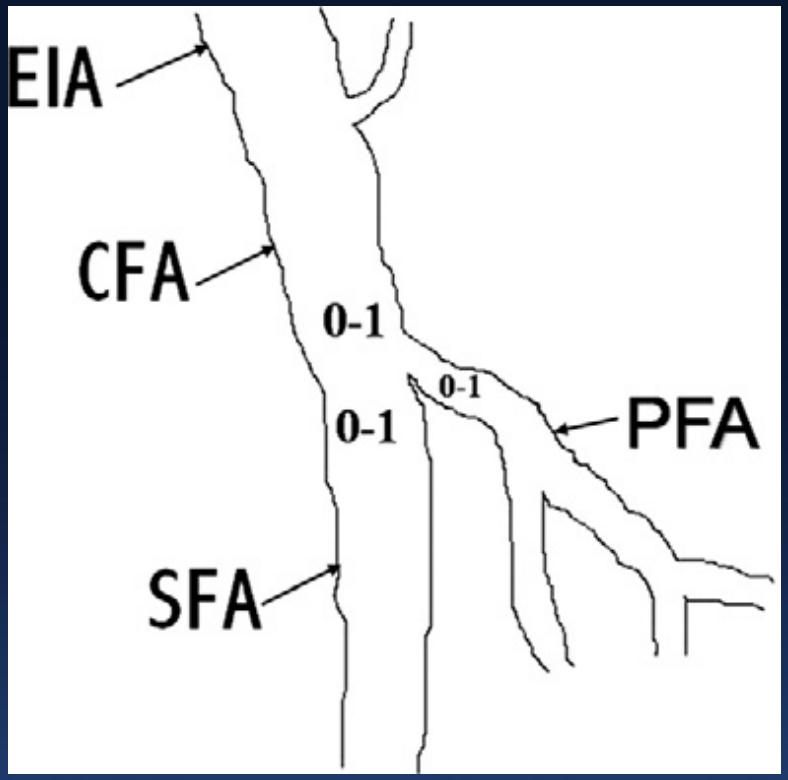
Disclosure Statement of Financial Interest

Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below.

Affiliation/Financial Relationship	***Company***
• Consulting Fees/MAB	• Abbott Vascular
• Consulting Fees/MAB	• Boston Scientific
• Consulting Fees/MAB/Proctor	• Medtronic
• Consulting Fees/Proctor	• Philips

All TCT 2018 faculty disclosures are listed online and on the App.

Medina Classification applied to CFA



Alternative Method

Lesion Type:

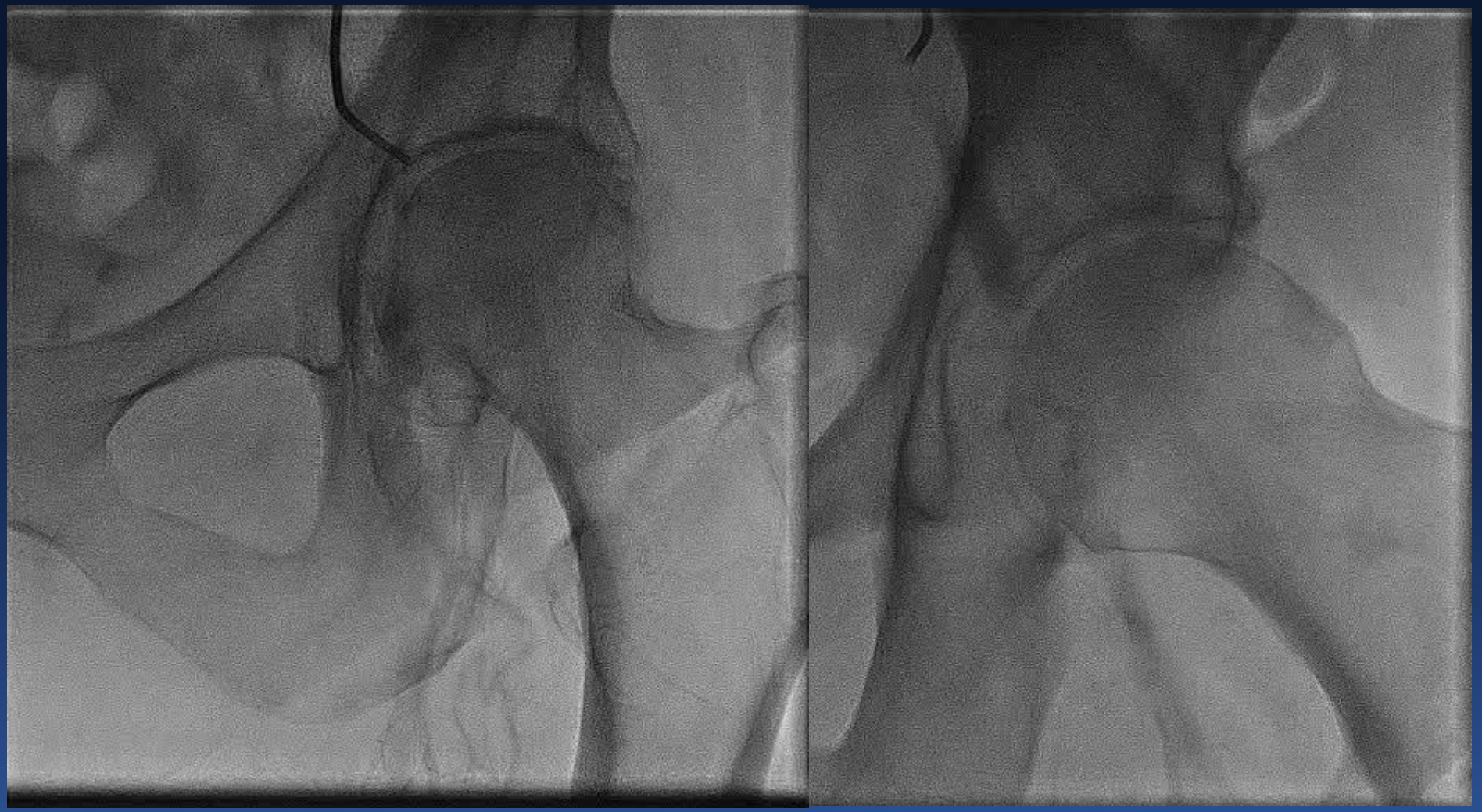
I. EIA

II. CFA only

III. CFA and bifurcation

IV. Bypass Anastamosis

All CFA disease is not equal…



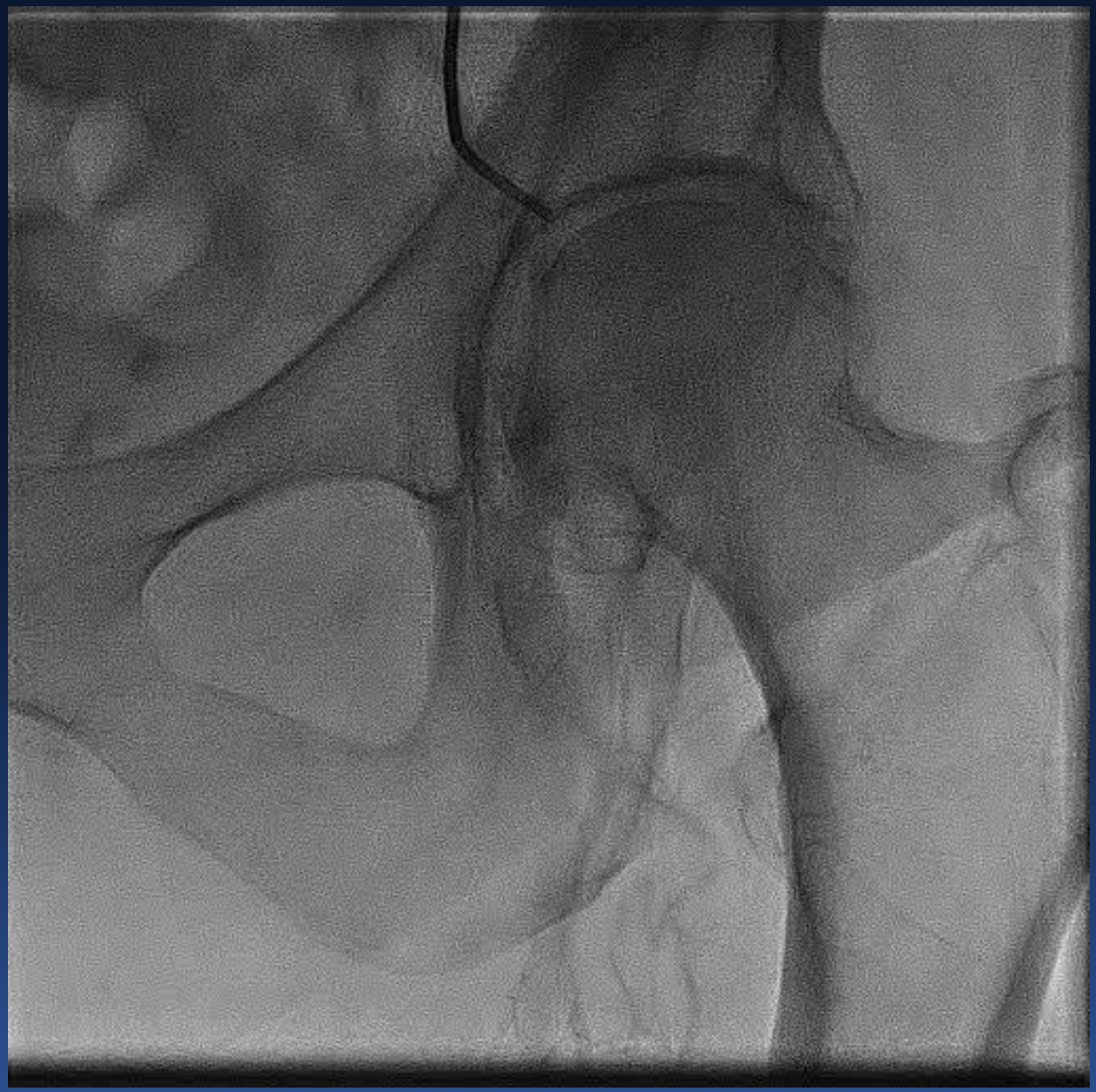
Rutherford 3 Claudicant

81 years old

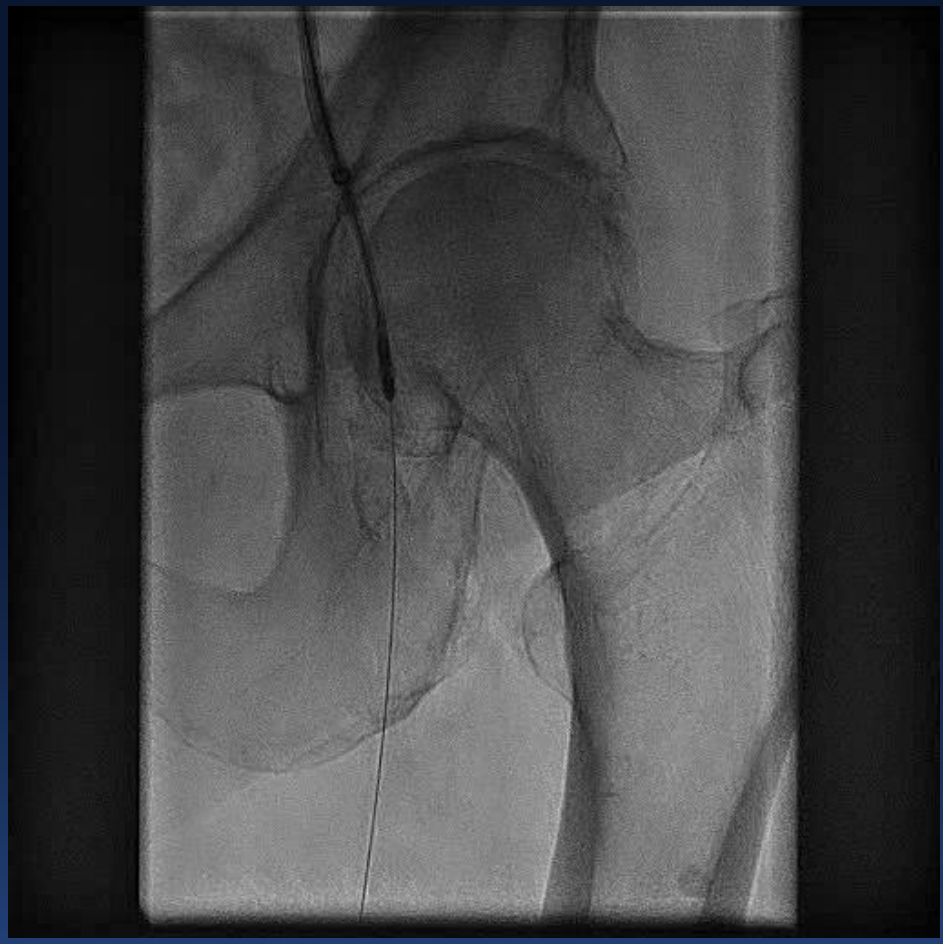
Isolated CFA disease

1-0-0

Type II Disease



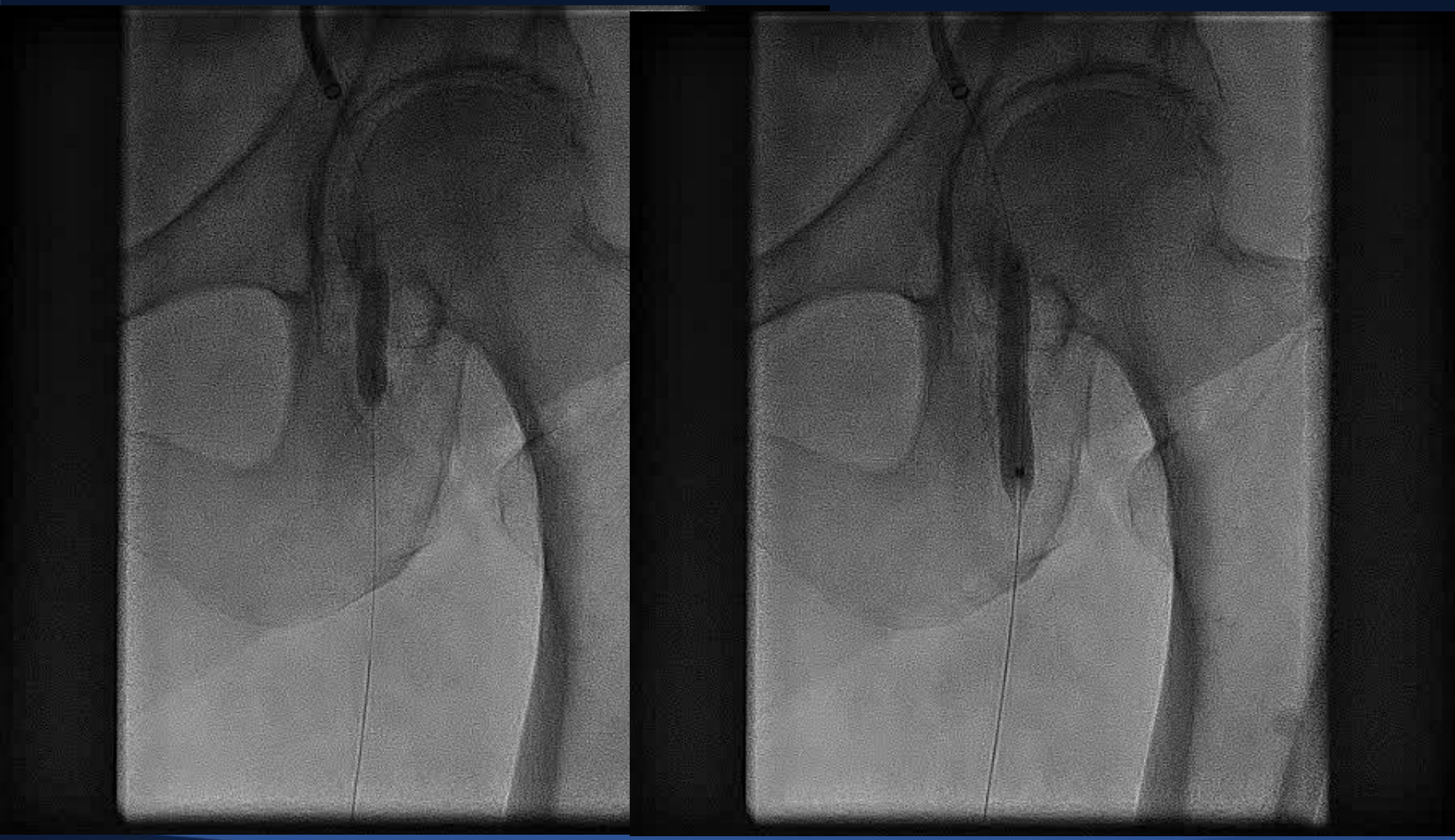
EPD Deployed



Atherectomy performed

PTA

DCB



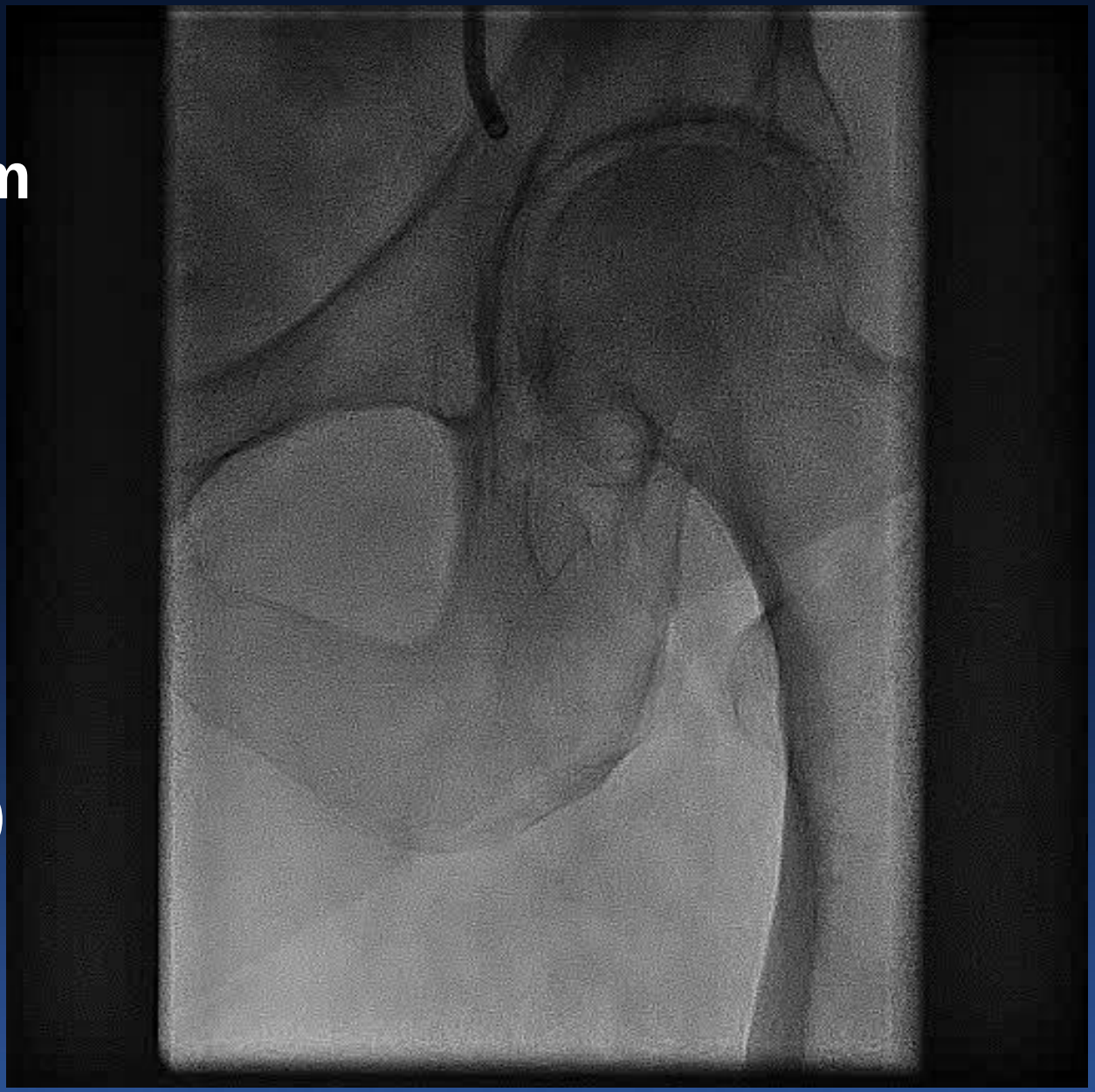
Final Angiogram

Technically very reproducible

Low morbidity to patient

Economical (SDD)

Data?



Endovascular Treatment of Common Femoral Artery Disease

Medium-Term Outcomes of 360 Consecutive Procedures

Robert F. Bonvini, MD,*† Aljoscha Rastan, MD,* Sebastian Sixt, MD,* Elias Noory, MD,* Thomas Schwarz, MD,* Ulrich Frank, MD,‡ Marco Roffi, MD,† Pierre André Dorsaz, PhD,† Uwe Schwarzwälder, MD,* Karlheinz Bürgelin, MD,* Roland Macharzina, MD,* Thomas Zeller, MD*

Bad Krozingen, Germany; and Geneva and Chur, Switzerland

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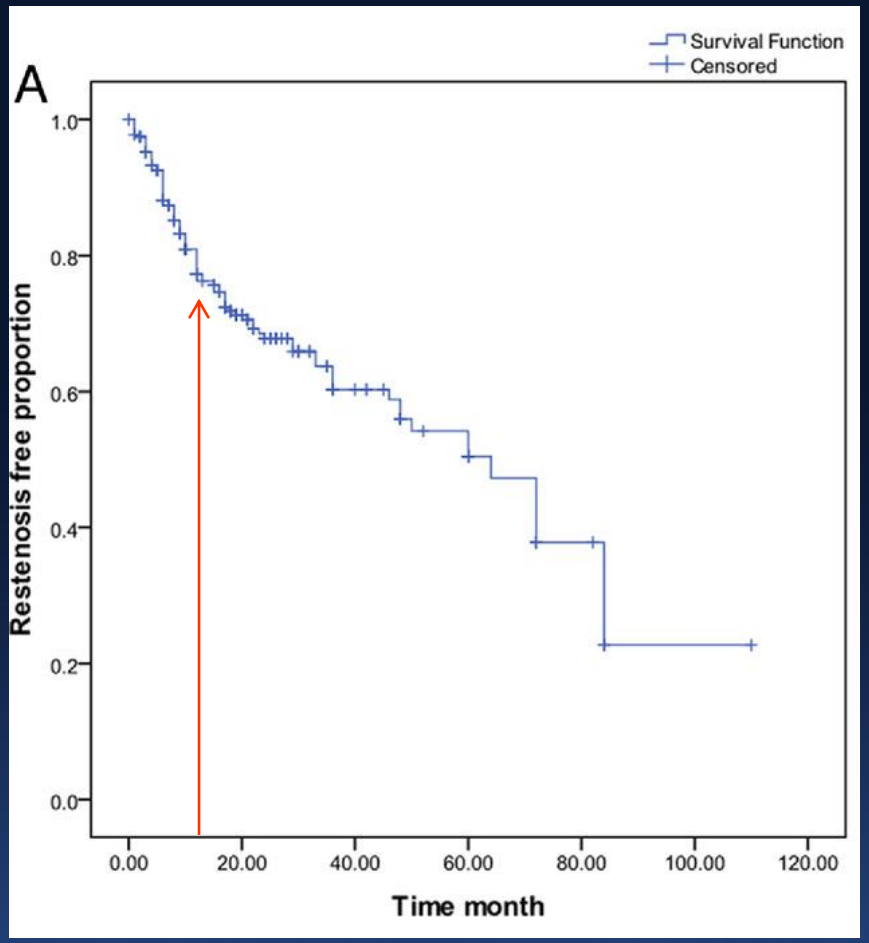
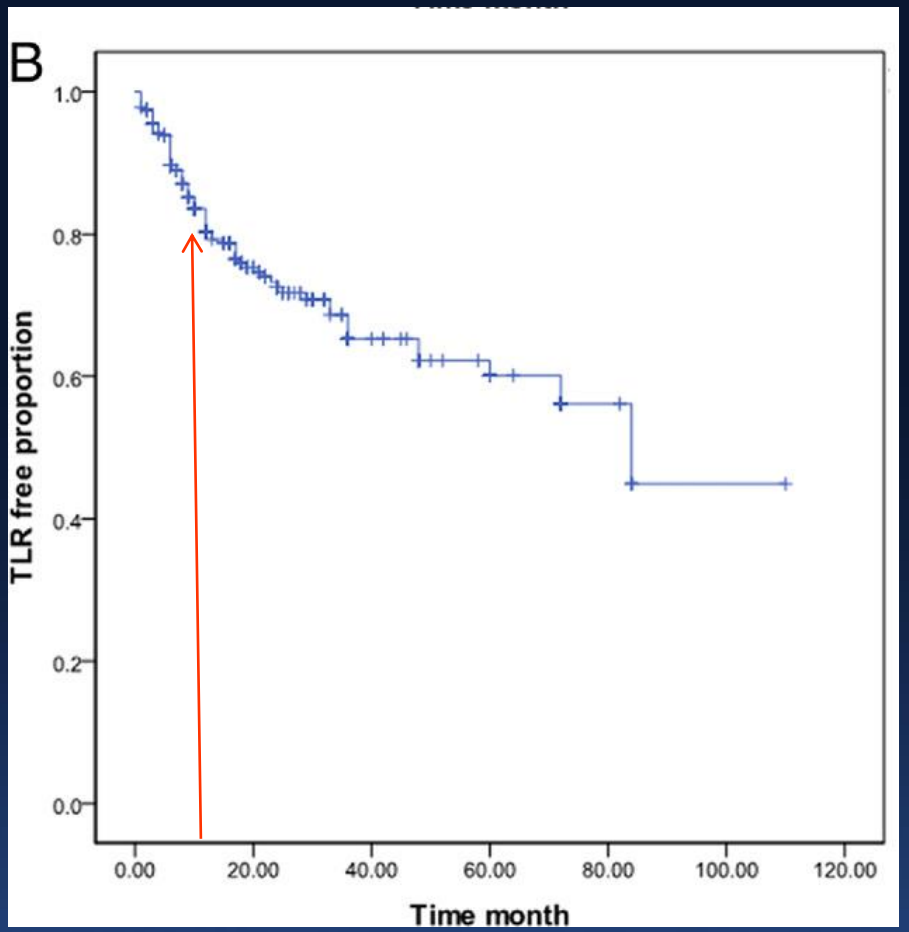
11 Year Period

- Retrospective analysis-360 patients
- 355 PTA
  - 144 Stent
  - 25 Atherectomy
- 93% had < 30% residual stenosis
- 48% 1-1-1 vs 19% 1-0-0





Restenosis at 12 months 27.6%

TLR at 12 months 19.9%

Percutaneous common femoral artery interventions using angioplasty, atherectomy, and stenting

Manish Mehta, MD, MPH,[a,b] **Yi Zhou, MD,**[a] **Philip S. K. Paty, MD,**[a,b] **Medhi Teymouri, BS,**[a] **Kamran Jafree, MD,**[a] **Humayun Bakhtawar, MD,**[a] **Jeffrey Hnath, MD,**[c] and **Paul Feustel, PhD,**[d]
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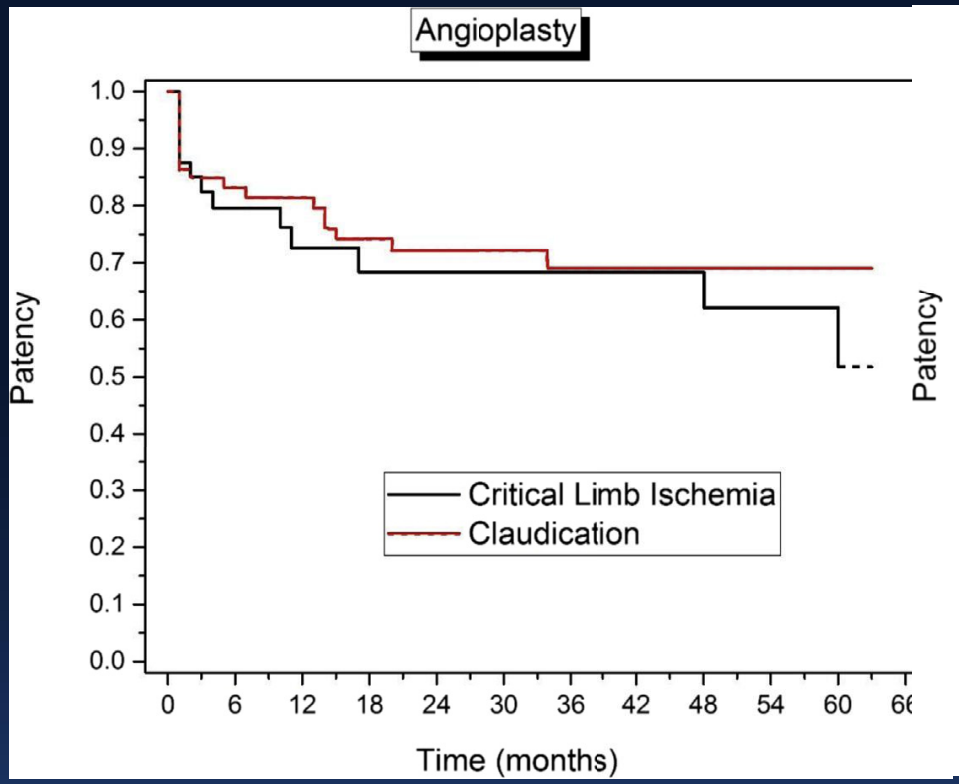

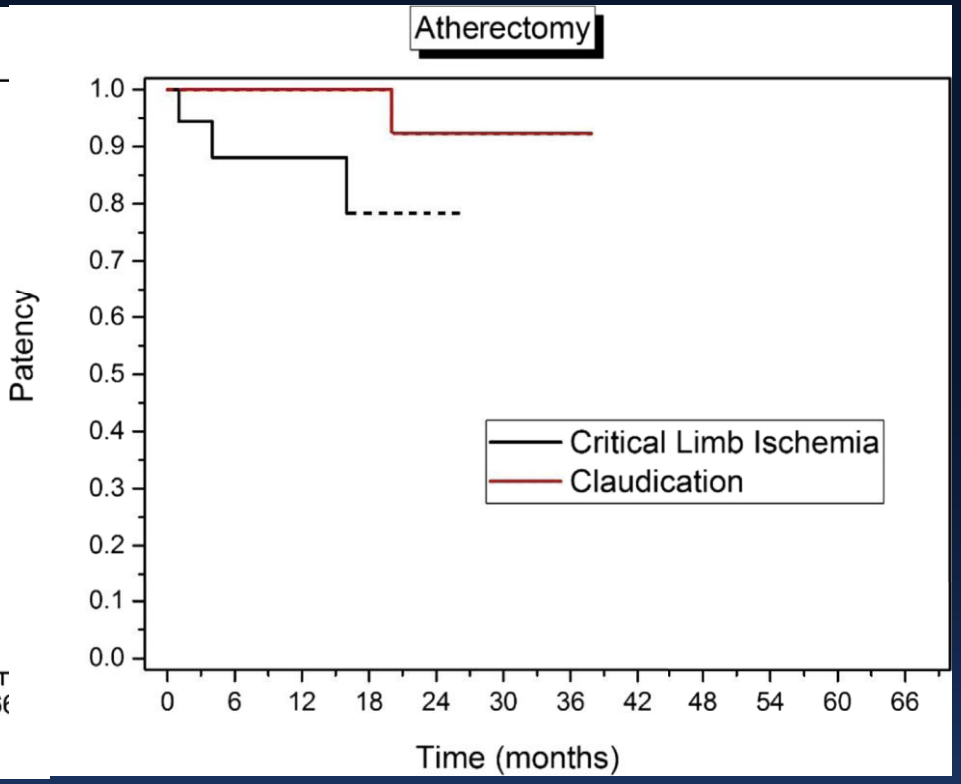

PTA only 68.2%
PTA + ATH 22.8%
Bailout stent 9%

For claudicants, at 20 months PTA + ATH better than PTA alone p=0.047.

NS for CLI

At 20 month follow-up

- Provisional stent group had 100% patency
- PTA alone 72%
- Atherectomy + PTA 92%

- At 42 months, nonstent patency 77%

Stenting or Surgery for De Novo Common Femoral Artery Stenosis

Yann Gouëffic, MD, PhD,[a,b,c] Nellie Della Schiava, MD,[d] Fabien Thaveau, MD, PhD,[e] Eugenio Rosset, MD, PhD,[f] Jean-Pierre Favre, MD, PhD,[g] Lucie Salomon du Mont, MD,[h] Jean-Marc Alsac, MD, PhD,[i] Réda Hassen-Khodja, MD,[j] Thierry Reix, MD,[k] Eric Allaire, MD, PhD,[l] Eric Ducasse, MD, PhD,[m] Raphael Soler, MD,[n] Béatrice Guyomarc'h,[o] Bahaa Nasr, MD[p]

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JULY 10, 2017:1344–54

TABLE 1 Characteristics of the Patients

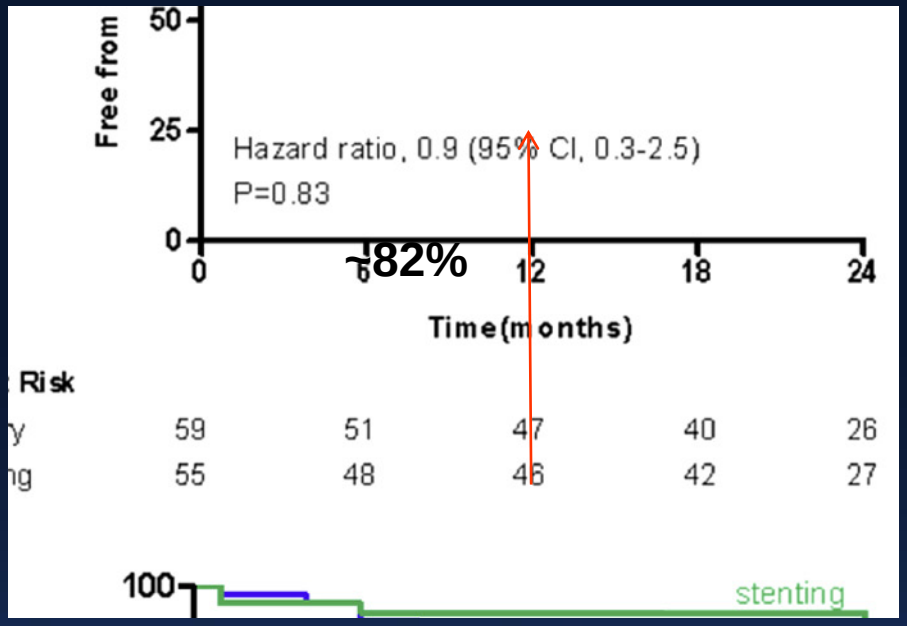
	Surgery (n = 61)	Stenting (n = 56)	p Value
Age, yrs	68 ± 8	68 ± 9	0.93
Male	51 (84)	48 (86)	0.75
Hypertension	44 (72)	45 (80)	0.30
Hyperlipidemia	40 (66)	37 (66)	0.96
Diabetes mellitus	25 (41)	17 (31)	0.23
Smoking at baseline	28 (46)	26 (46)	0.95
Coronary artery disease	28 (46)	27 (48)	0.81
Renal insufficiency	8 (13)	6 (11)	0.69
On dialysis	1 (13)	1 (17)	–
Obesity (BMI >25 kg/m^2)	39 (64)	31 (58)	0.55
Type of lesion			0.33
I	6 (10)	9 (16)	
II	21 (34)	13 (23)	
III	34 (56)	34 (61)	
II	21 (34)	13 (23)	
III	34 (56)	34 (61)	
Degree of stenosis			0.17
70% to 90%	43 (70)	35 (63)	
≥90%	14 (23)	20 (36)	
TASC II for femoropopliteal disease			0.76
A	11 (18)	10 (18)	
B	13 (21)	12 (21)	
C	6 (10)	10 (18)	
D	11 (18)	9 (16)	
Runoff vessels, n			0.98
0	2 (3)	2 (4)	
1	5 (9)	6 (11)	
2	15 (25)	14 (25)	
3	37 (63)	33 (60)	

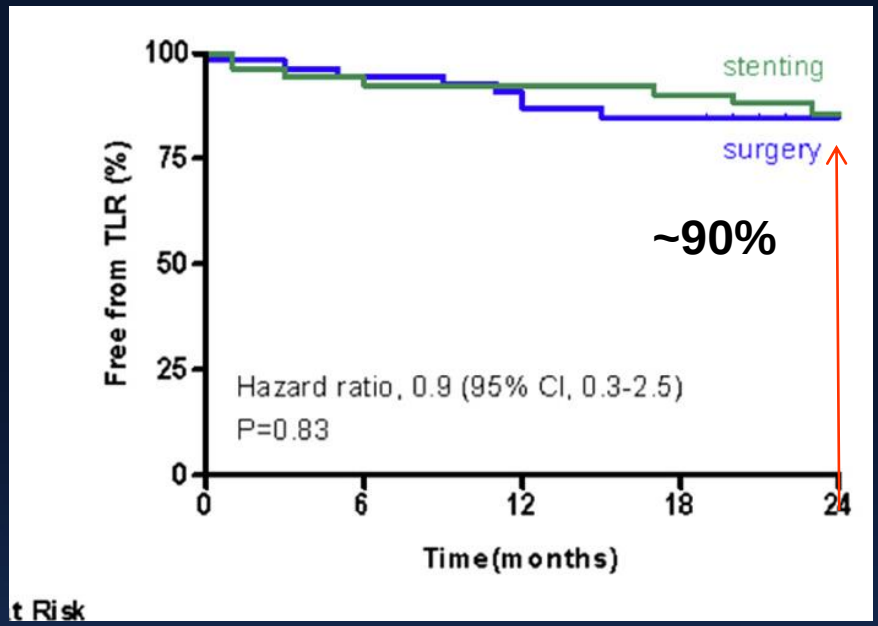
Surgery Stenting
Type of lesion 0.33
I 6 (10) 9 (16)
II 21 (34) 13 (23)
III 34 (56) 34 (61)

TABLE 2 Baseline Angiographic and Interventional Data

	Surgery (n = 58)	Stenting (n = 54)	p Value
Type of anesthesia			
Local	1 (2)	41 (75)	
Loco-regional	11 (19)	4 (7)	
General	46 (78)	9 (16)	
Surgery technique			
Endarterectomy	46 (69)	NA	
With venous patch	7 (12)	NA	
With prosthetic patch	37 (64)	NA	
Direct suture	2 (3)	NA	
Bypass with a prosthesis	11 (19)	NA	
Eversion	1 (2)	NA	
Crossover access	NA	43 (78)	
Brachial access	NA	7 (13)	
Femoral ipsilateral	NA	4 (7)	
Self-expandable stents	NA	48 (67.5)	
Mean diameter, mm	NA	7 ± 1	
Mean length, mm	NA	41 ± 17	
Balloon-expandable stents	NA	23 (32.5)	
Mean diameter, mm	NA	6 ± 1	
Mean length, mm	NA	25 ± 11	
Duration of the procedure, min	NA	82 ± 53	
Amount of contrast agent, ml	NA	70 ± 53	
Pre-dilatation realized	NA	34 (62)	
Arterial closure devices used	NA	15 (27)	
Concomitant endovascular procedures			0.67
None	33 (57)	37 (68)	
Inflow	13 (22)	8 (15)	
Outflow	11 (19)	8 (15)	
In- and outflow	1 (2)	1 (2)	

Surgery technique			
Endarterectomy	46 (69)	NA	
With venous patch	7 (12)	NA	
With prosthetic patch	37 (64)	NA	
Direct suture	2 (3)	NA	
Bypass with a prosthesis	11 (19)	NA	
Eversion	1 (2)	NA	
Self-expandable stents	NA	48 (67.5)	
Mean diameter, mm	NA	7 ± 1	
Mean length, mm	NA	41 ± 17	
Balloon-expandable stents	NA	23 (32.5)	
Mean diameter, mm	NA	6 ± 1	
Mean length, mm	NA	25 ± 11	





At 30 days, primary endpoint favored stenting (26% vs 12.%, p=0.05)

At 2 years, no significant difference in TLR or patency

LOS significant (3.2 vs 6.3 days)

Clinical Investigation

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A SAGE Publication
An official publication of the ISEVS

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SAGE

Directional Atherectomy With Antirestenotic Therapy vs Drug-Coated Balloon Angioplasty Alone for Common Femoral Artery Atherosclerotic Disease

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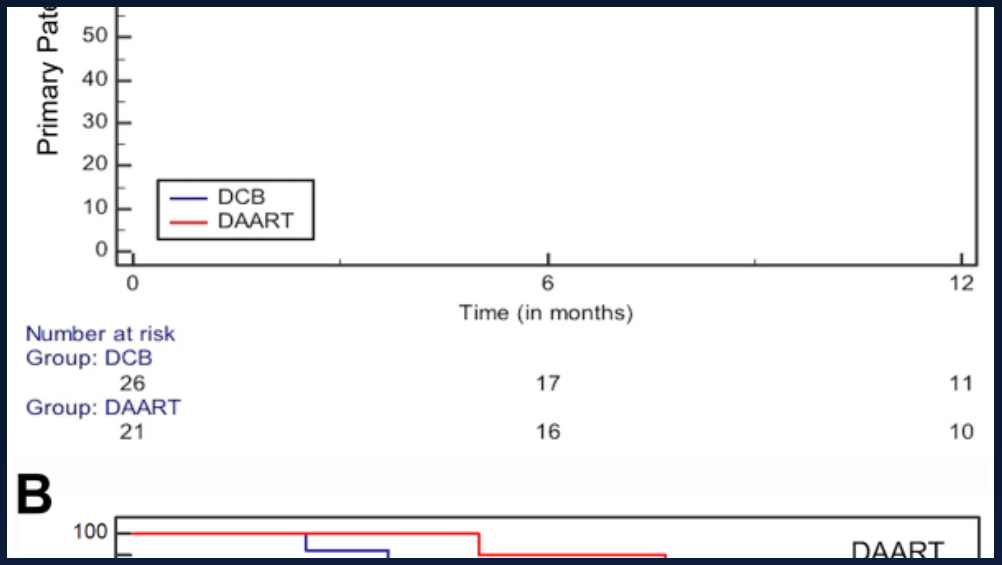
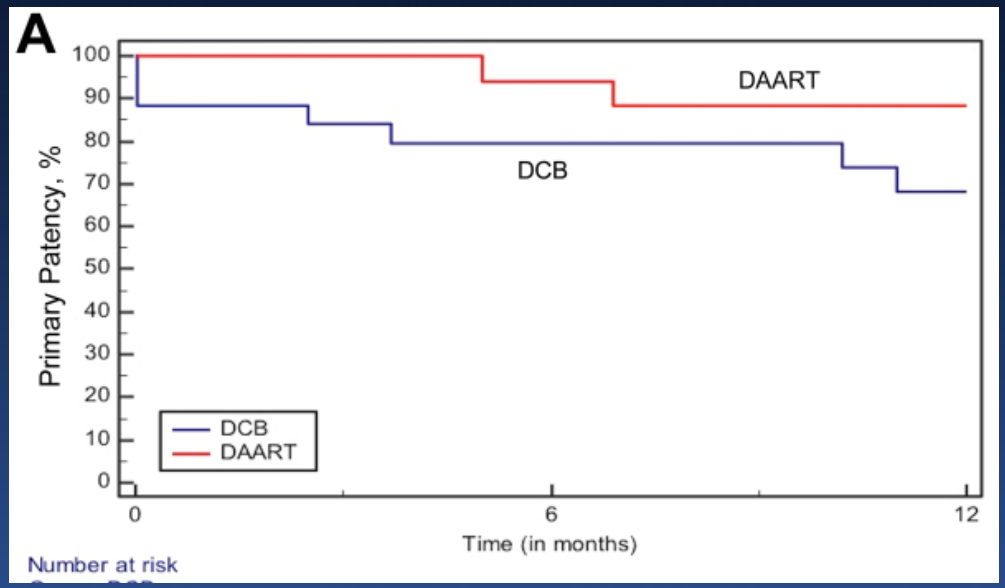
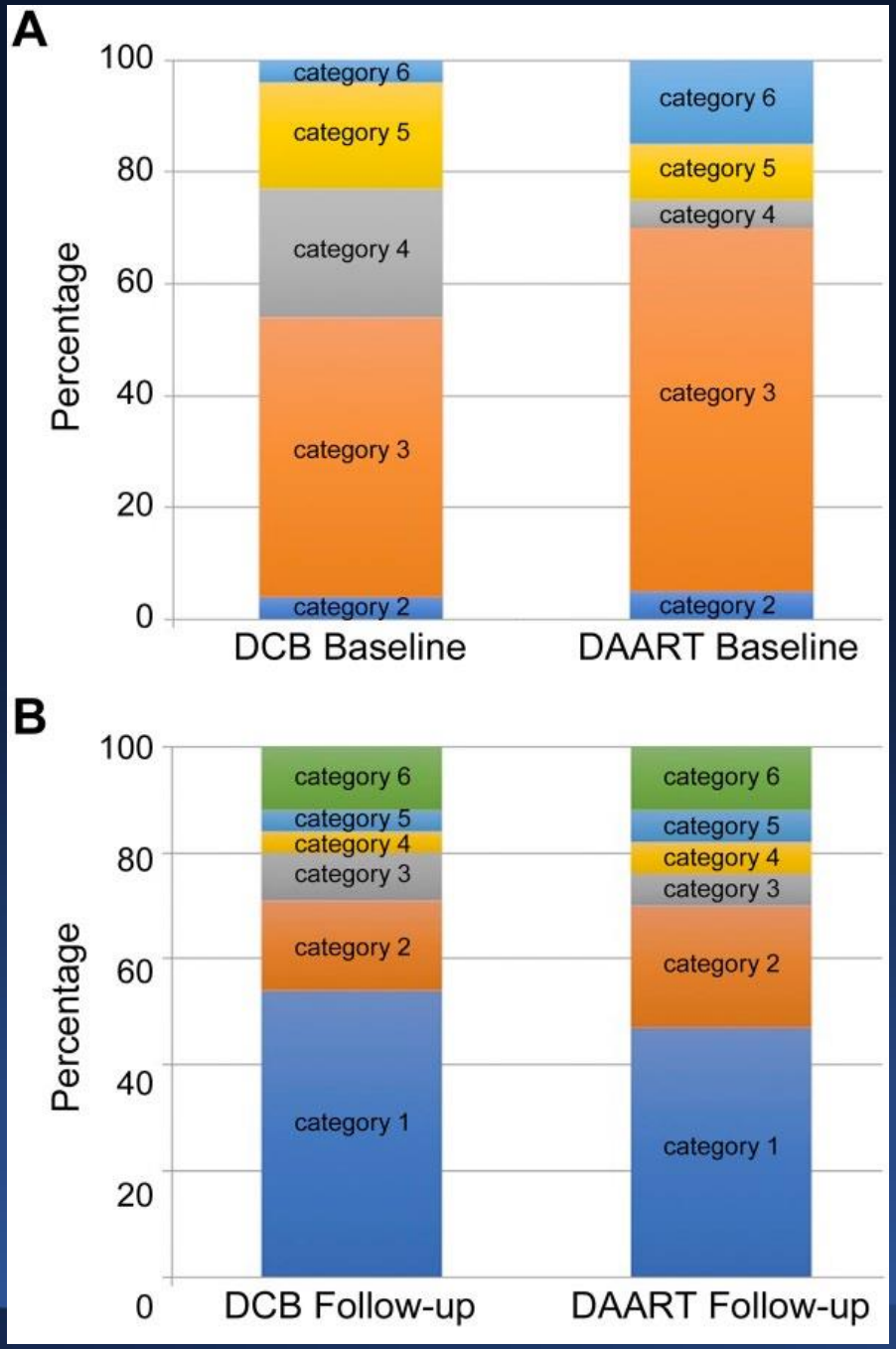


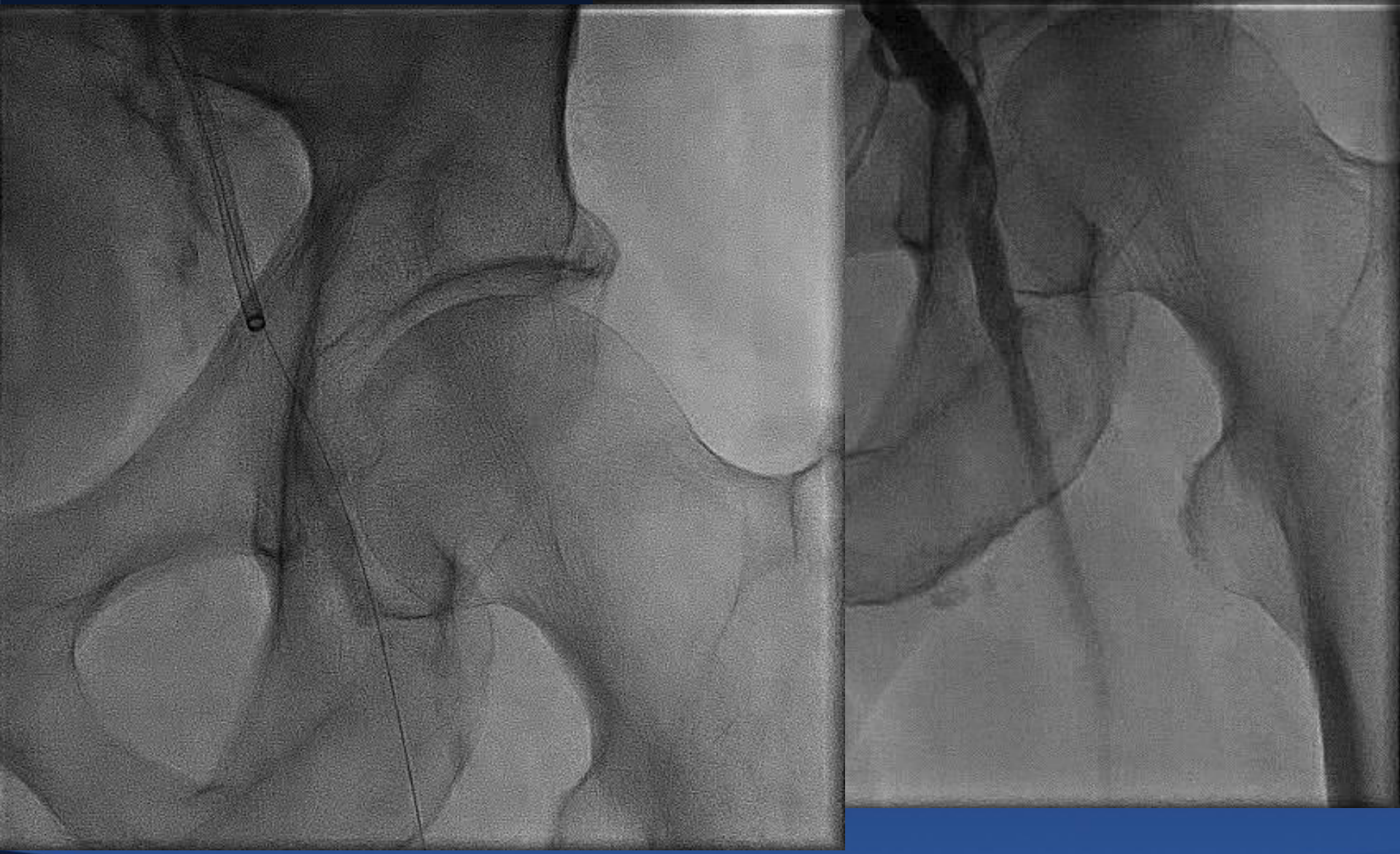


Results

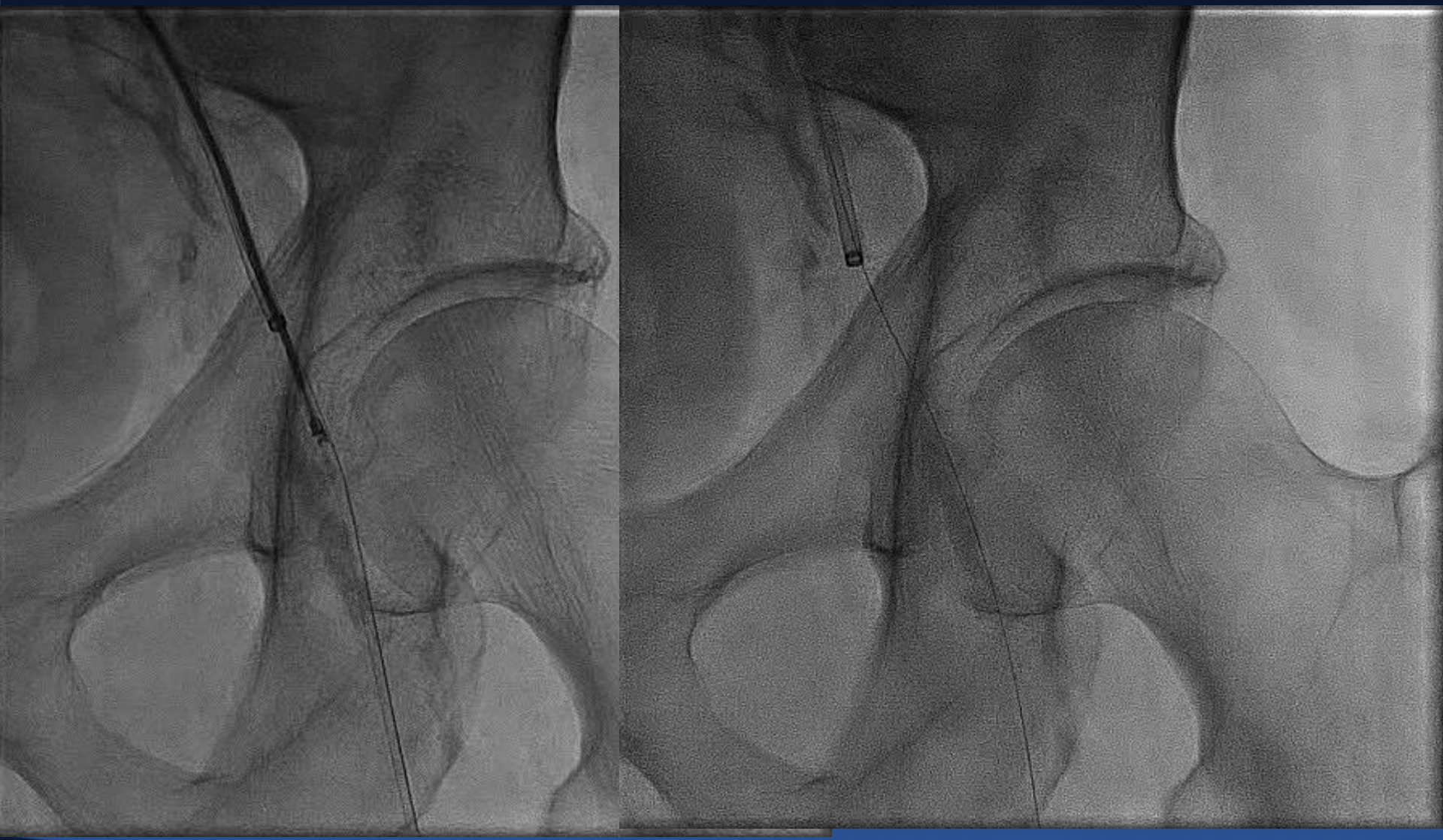
- At 12 months, primary patency and TLR favored DAART vs DCB
- Secondary patency was significantly better (p=0.03) for DAART


A
100
80
60
40
20
0
Percentage
category 6
category 5
category 4
category 3
category 2
DCB Baseline
DAART Baseline
B
category 1
DCB Follow-up
DAART Follow-up

Eccentric Type II CFA



Atherectomy followed by…



Bailout

Conclusions

- Endovascular therapy can be performed safely and reproducibly
- Endovascular therapy has data to support its use (more data in press in 2018)
- Caution should be applied when approaching Medina 1-1-1/ Type III lesions
- There is nothing wrong with endarterectomy

Thank You