

DIDACTICS
DEVELOPMENT
DISTRIBUTION



I do not fear to realize CFA stenting

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Disclosure slide

☐ I have the following potential conflicts of interest to report:

☒ Consulting : Medtronic, Spectranetics, Biotronik, Abbott,
BARD, iVascular, Bentley, Cook, GE healthcare

☐ Employment in industry

☐ Stockholder of a healthcare company

☐ Owner of a healthcare company

☐ Other(s)

☐ I do not have any potential conflict of interest

I do not fear to stent CFA



Clinical Data, male patient 75yr

Medical History:

2007 : PTCA

Risk factors:

COPD, recurrent coronary disease

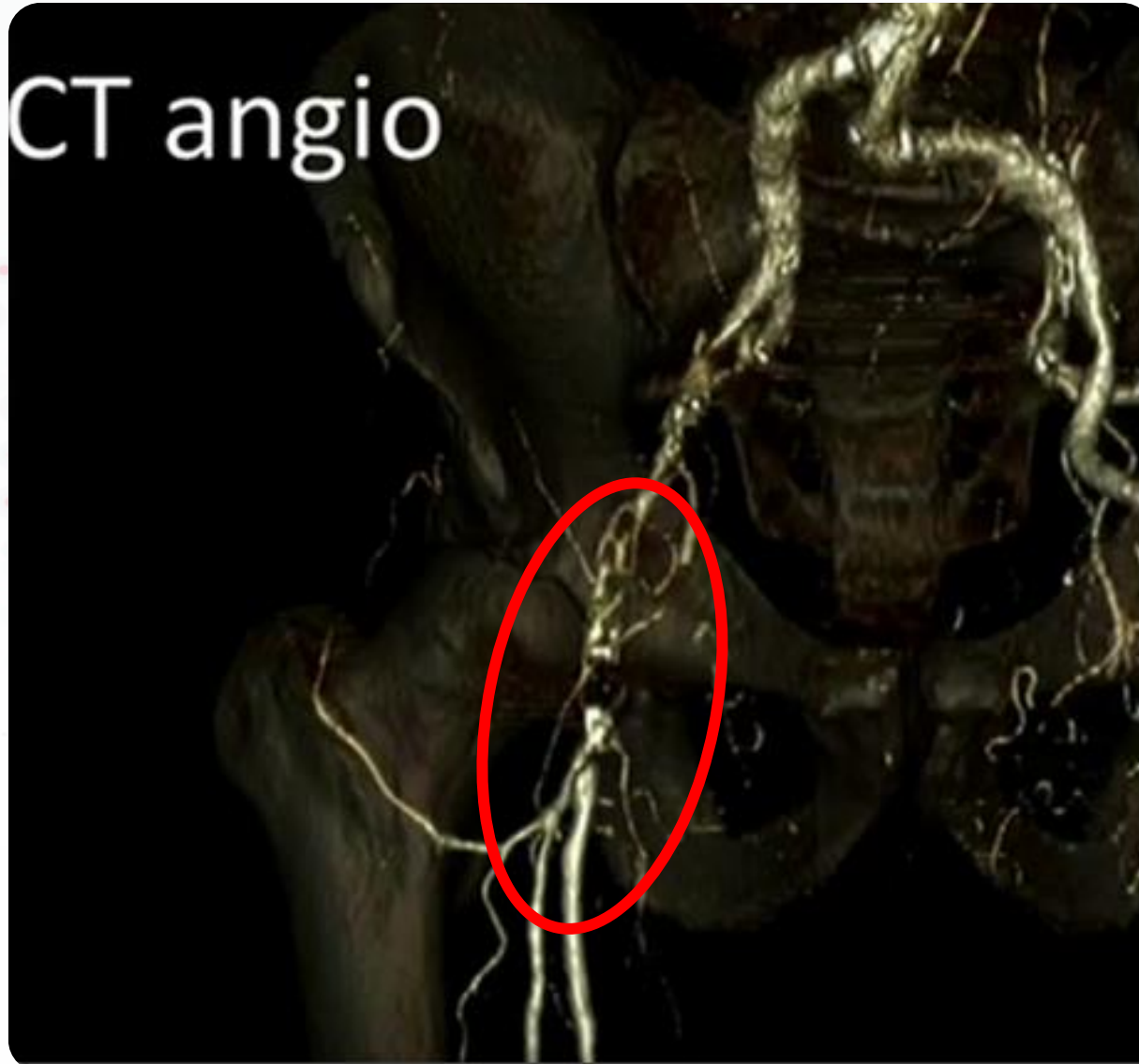
Hypercholesterolemia, former smoker

Present state:

Rest pain right leg since 3 months (Rutherford Becker 4)

Duplex Ultrasound : occlusion right CFA

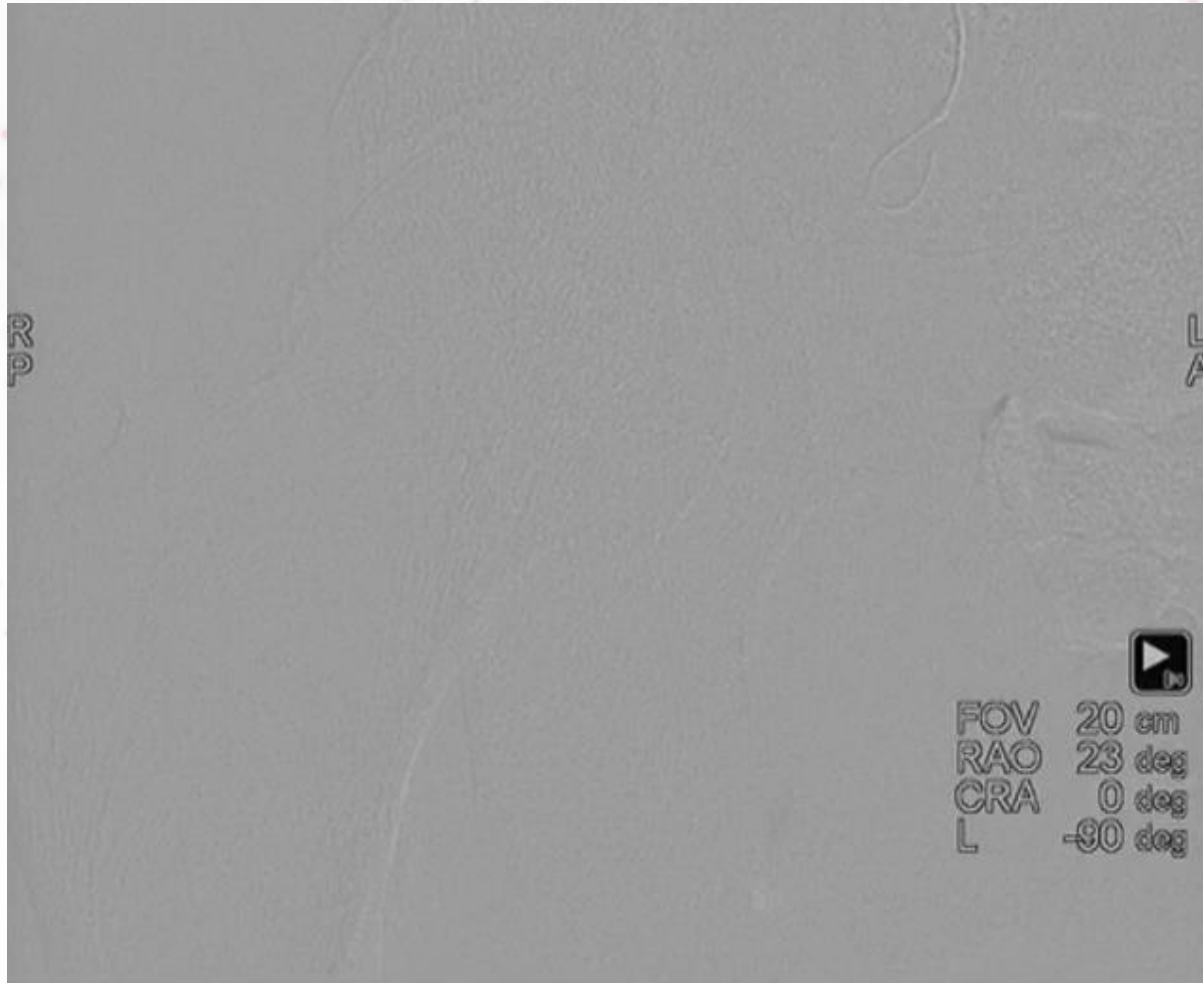
Imaging



Therapeutic Strategy

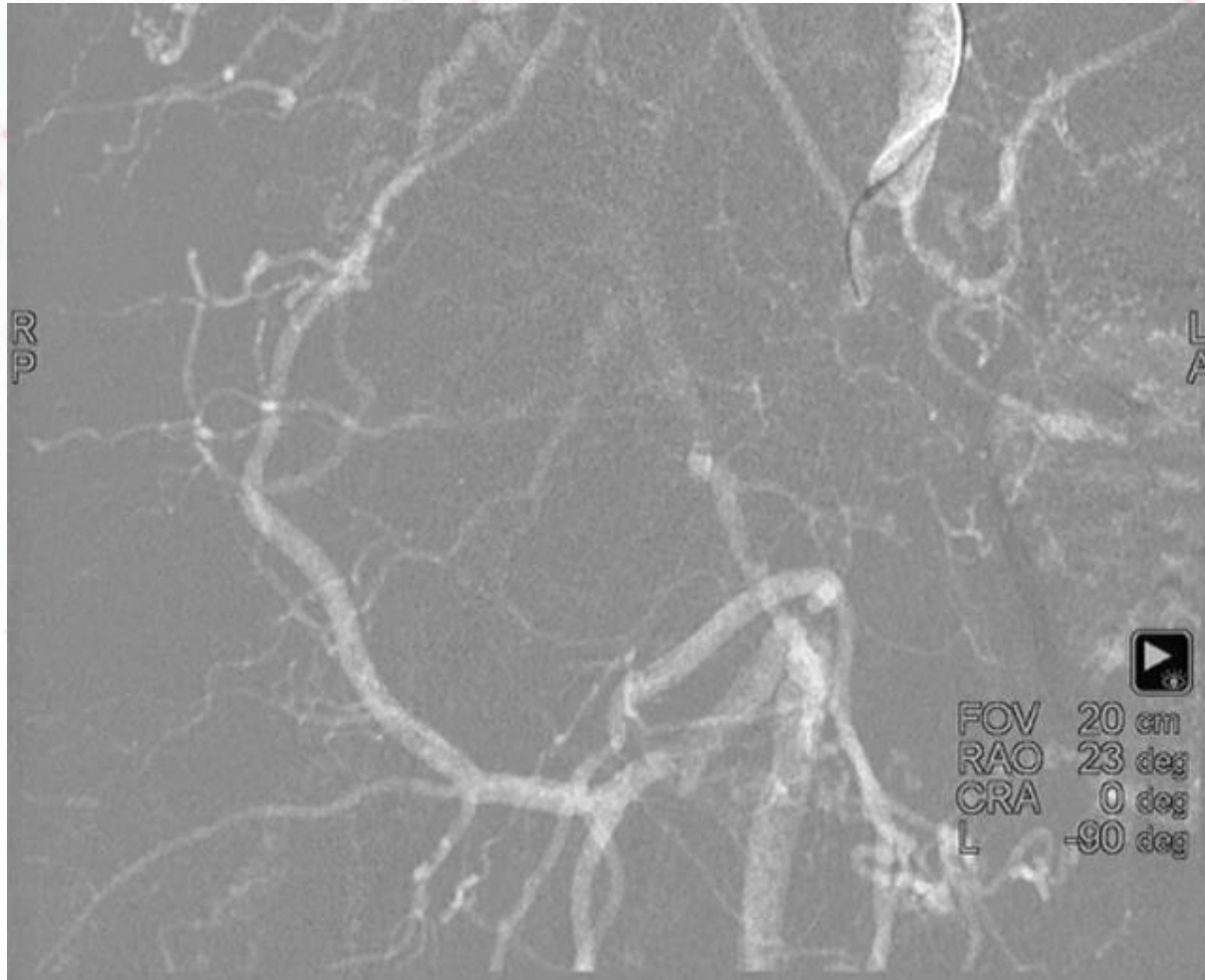
- Retrograde, left CFA access
- Cross-over procedure:
 - 0.035" curved stiff Glidewire 260cm (Terumo),
5F, 75cm RIM Catheter (Cook Medical)
- Destination 6Fr, 45cm (Terumo)

Preop angiogram



- 6F, 45 cm Destination (Terumo)
- 0,035", stiff, angled GW (Terumo)

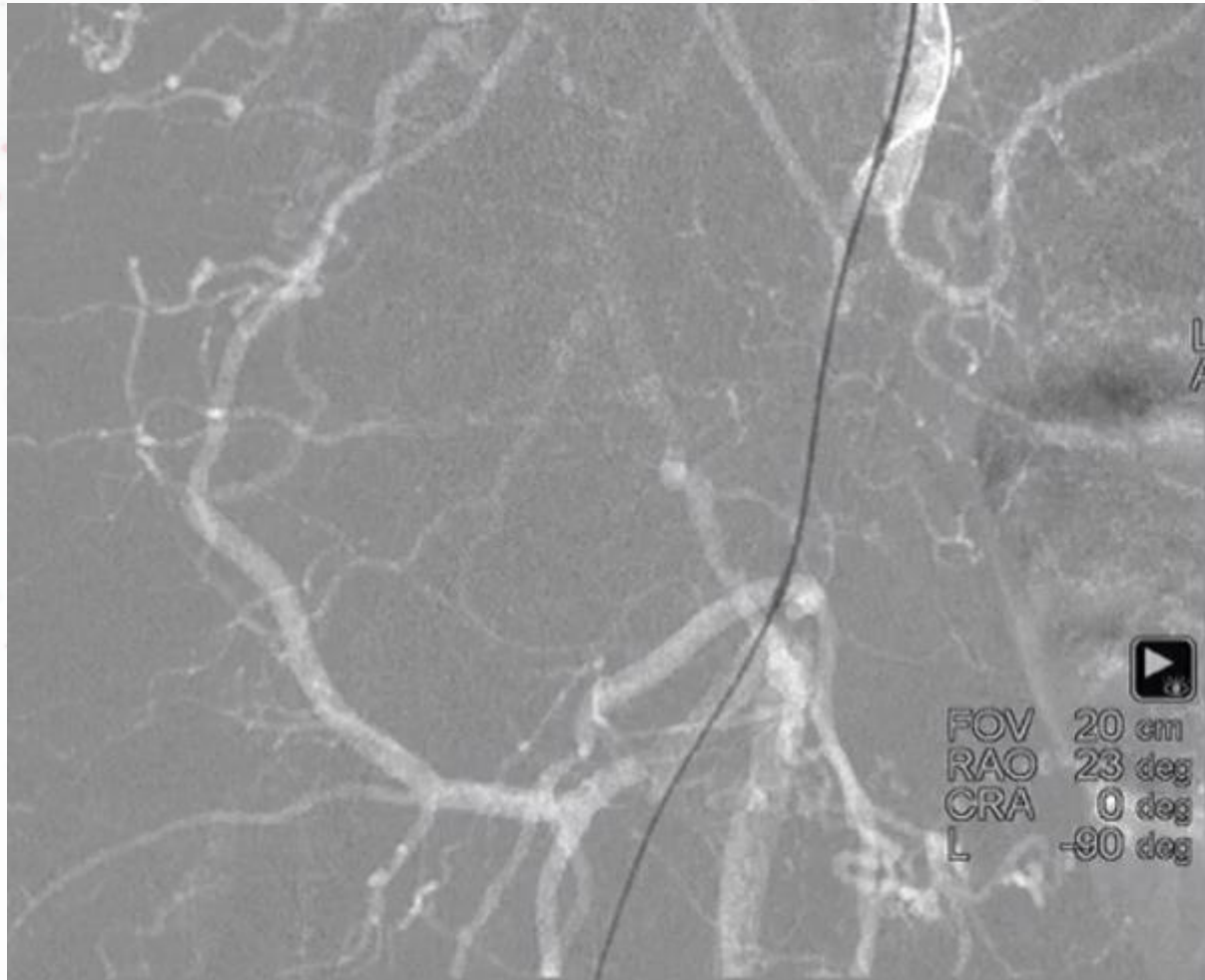
Recanalization



- 6F, 45 cm Destination (Terumo)
- 0,035", stiff, angled GW (Terumo)
- CXI 4F support cath (Cook medical)

**FAST SPINNING
TECHNIQUE**

Recanalization



- 6F, 45 cm Destination (Terumo)
- 0,035", stiff, angled GW (Terumo)
- CXI 4F ANGLED (!) support cath (Cook medical)

**FAST SPINNING
TECHNIQUE**

Run off check



- ESSENTIAL :
- To check intraluminal position
- To check afterwards on potential distal embolization

Preparing the vessel

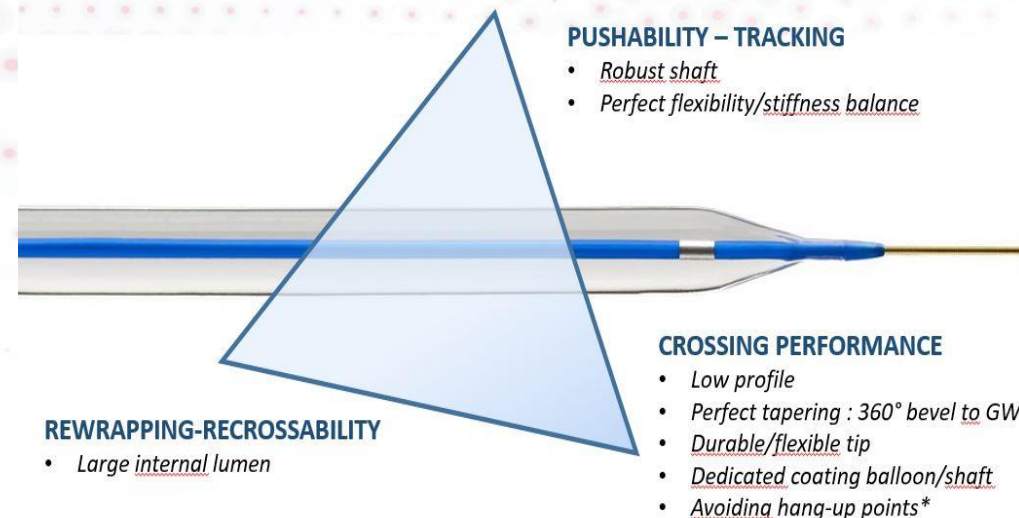
- Exchanging for 0,018" Connect GW (Abbott Vascular)
- Armada 018; 3-60 balloon (Abbott Vascular)

Correct balloon choice
Correct sizing
Gradual inflation
Prolonged inflation time
Full deflation

Preparing the vessel

- Exchanging for 0,018" Connect GW (Abbott Vascular)
- Armada 018; 5-60 (Abbott Vascular)

- High performance balloons

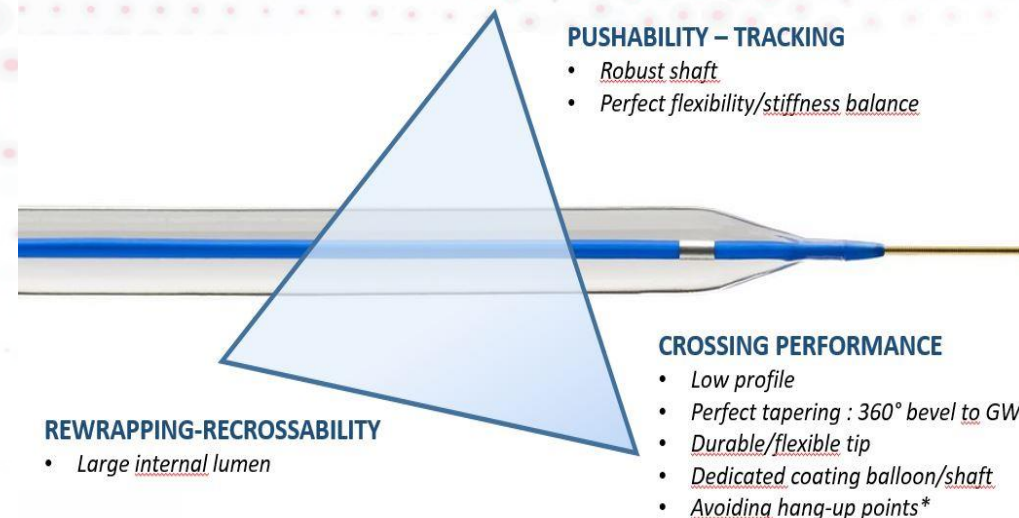


Preparing the vessel



- Exchanging for 0,018" Connect GW (Abbott Vascular)
- Armada 018; 7-40 (Abbott Vascular)

- High performance balloons



Result post vessel prep

- Sufficient result?
- Definitive treatment?

Atherectomy?
DCB?
Scaffold?
Surgery?

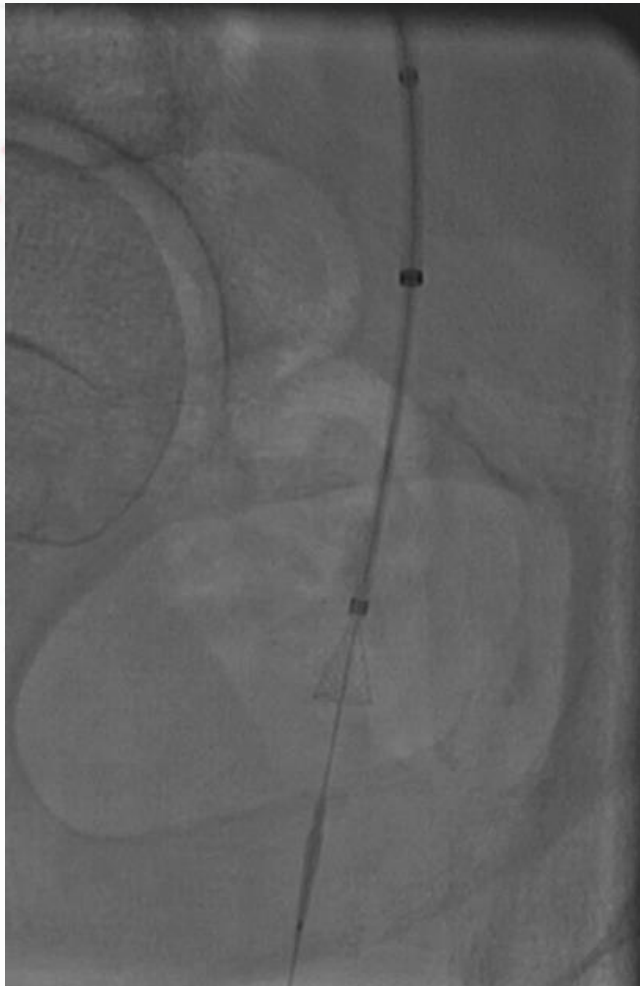
Definitive treatment



SUPERA stent 6-60 (Abbott Vascular)



Definitive treatment



SUPERA stent 6-60
(Abbott Vascular)

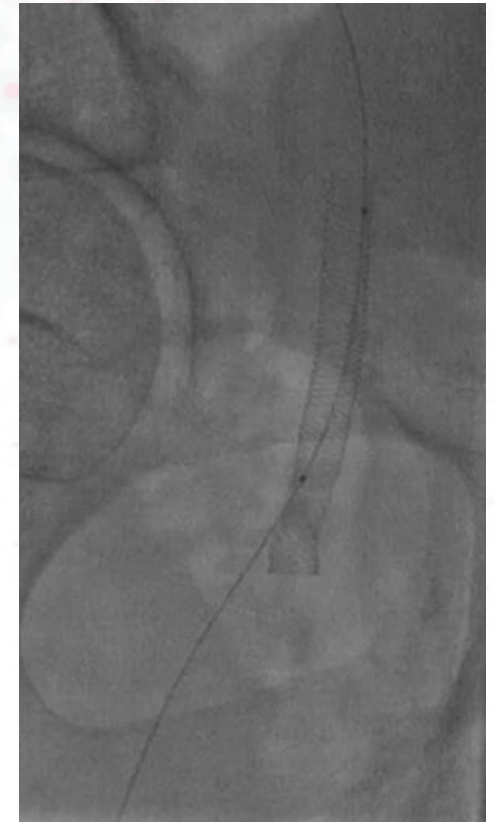
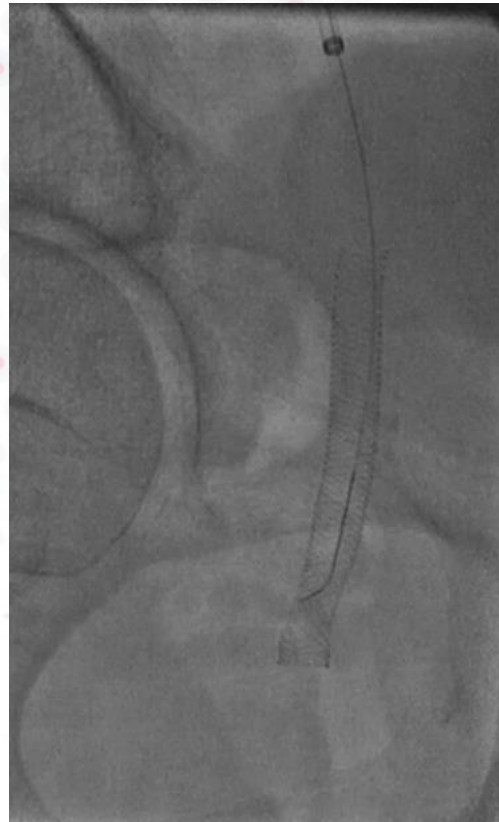
Post dilatation

- Armada 018; 7-40 (Abbott Vascular)



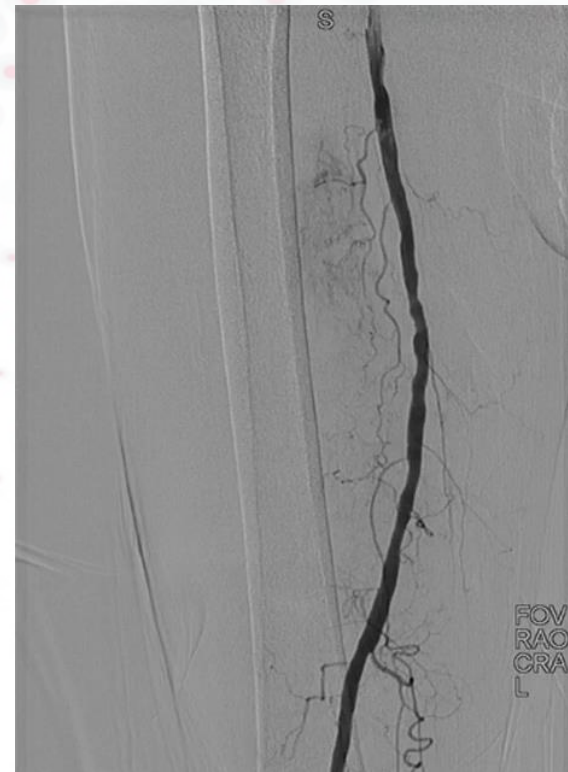
Final result

- Need for deep femoral artery treatment ?



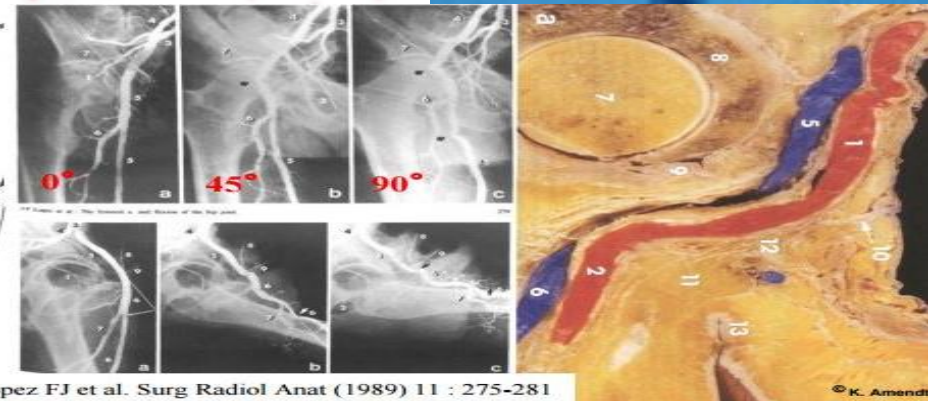
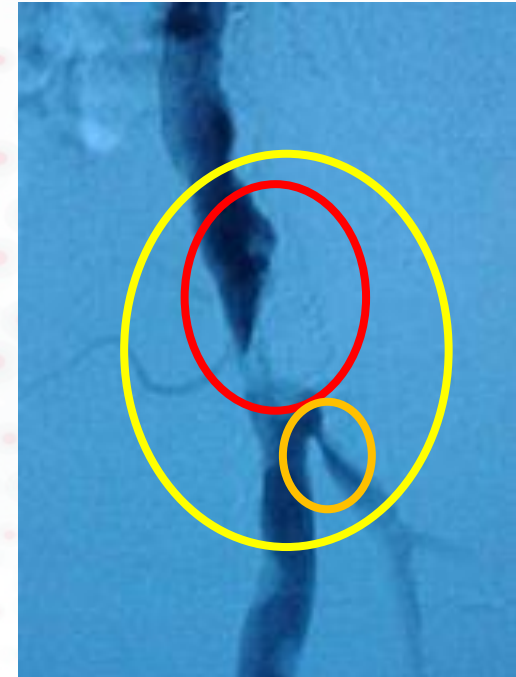
Final result

- Need for deep femoral artery treatment ?



Is endovascular an alternative?

- Bulky, eccentric, heavily calcified plaques
- Frequently femoral bifurcation involvement
- Location prone to crush
- (surgical/endovascular) access area
- Relatively fixed segment



Let's prove...



Physician initiated, prospective, multicenter, single arm trial to evaluate the Supera Peripheral Vascular Mimetic Implant Device (Abbott Vascular®) for symptomatic (RB 2-4) CFA disease treatment

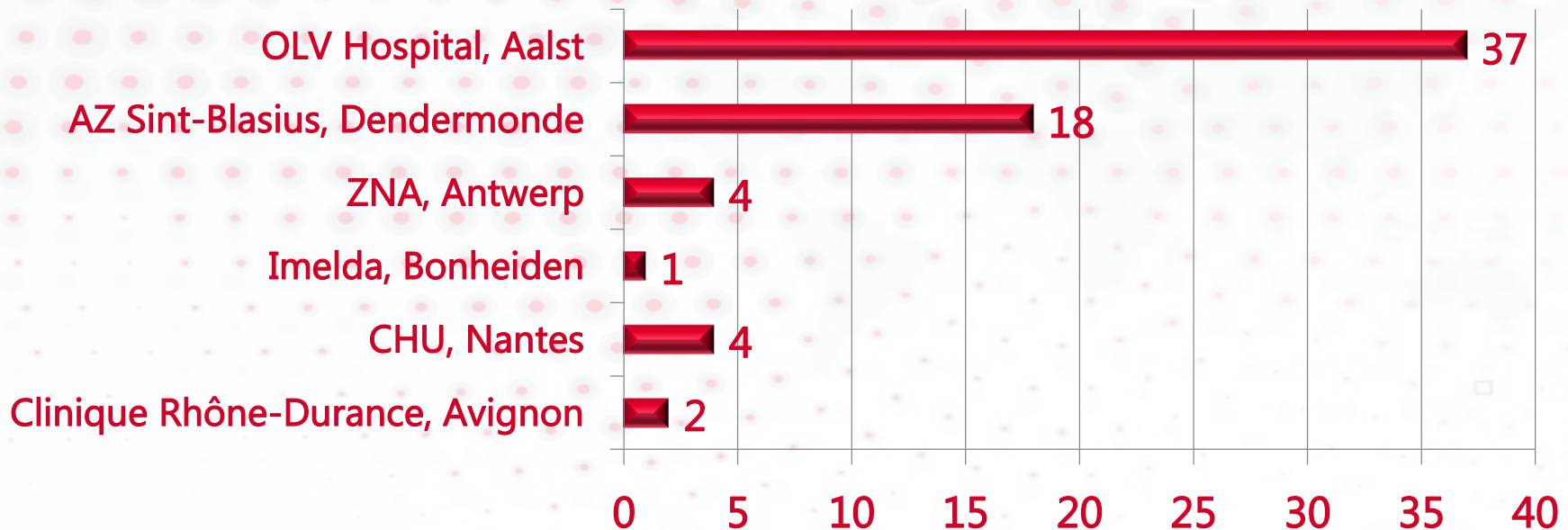


Enrollment



VMI-CFA

Full cohort (100 patients) is enrolled



Preliminary 6 months results full cohort expected LINC 2018
Full cohort 12 months results expected VIVA 2018

Conclusion



| CFA | Surgery | POBA/DCB | Nitinol stent | VMI Supera |
|-------------------|---------|----------|---------------|------------|
| Ca ⁺⁺ | ✓ | ✗ | ✗ | ✓ |
| Crush | ✓ | ✓ | ✗ | ✓ |
| Fixed | ✓ | ✓ | ✓ | ✓ |
| Access | ✓ | ✓ | ✗ | ✓ |
| Anatomy-Morbidity | ✗ | ✓ | ✓ | ✓ |
| Durability | ✓ | ✗ | ✗ | ? |