Plaque Modification During Infrainguinal Intervention: Rationale, Devices and Results



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Simmit TCT Asia Pacific 2008

Vednesday, April 23 ~ Friday, April 25, 2008 he Convention Center of Sheraton Walkerhill Hotel, Seoul, Korea

Presenter Disclosure Information

Name: Dierk Scheinert MD

Within the last 12 months, the presenter or their spouse/partner have had a financial interest/arrangement or affiliation with the organizations listed below.

<u>Company</u> Abbott Cordis Cook Medical Square one Novostent Angioslide Invatec Ev3 Pathway Medical IDEV Techn. CSI <u>Relationship</u>

Advisory Board Advisory Board Advisory Board Advisory Board Advisory Board Advisory Board Consultant Consultant Consultant Stockholder Stockholder



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Atherectomy Concepts



Rotational

- Orbital Atherectomy
- Pathway Atherectomy



- Directional
 - Fox Hollow
 - Turbo Booster Laser



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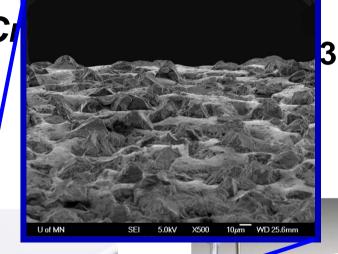
CSI Orbital Atherectomy System

Rotational atherectomy system using an excentric diamond crown

CARDIOVASCULAR SYSTEMS, INC.

• 1.2 mm

- 1.7 mm
- 1.9 mm



3 different speeds: 80.000 rpm 140.000 rpm 200.000 rpm

CARDIOVASCULAR SYSTEMS, INC



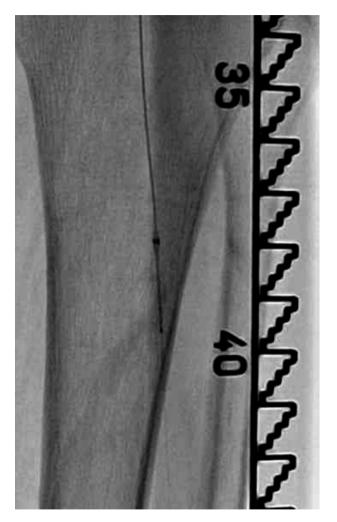
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OAS Atherectomy System - Case 1



Subtotal stenosis left TPT

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OAS 1.7 mm



OAS Atherectomy System - Case 1

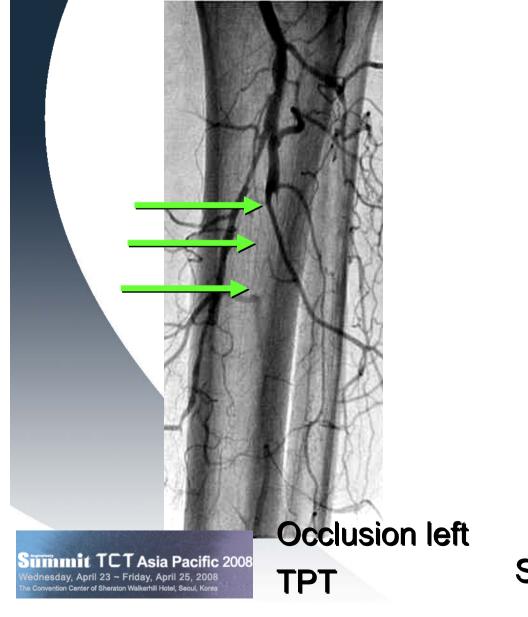


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Stand-alone result



OAS Atherectomy System - Case 2







Results

Endpoint	PAD2 (EU)	OASIS (US)
Primary efficacy endpoint Acute debulking measured angiographically	55% reduction	62% reduction
Device Success: ≤ 30% residual stenosis with orbital atherectomy alone (before adjunctive therapy)	42%	78%
Adjunctive Therapy	60%	42%

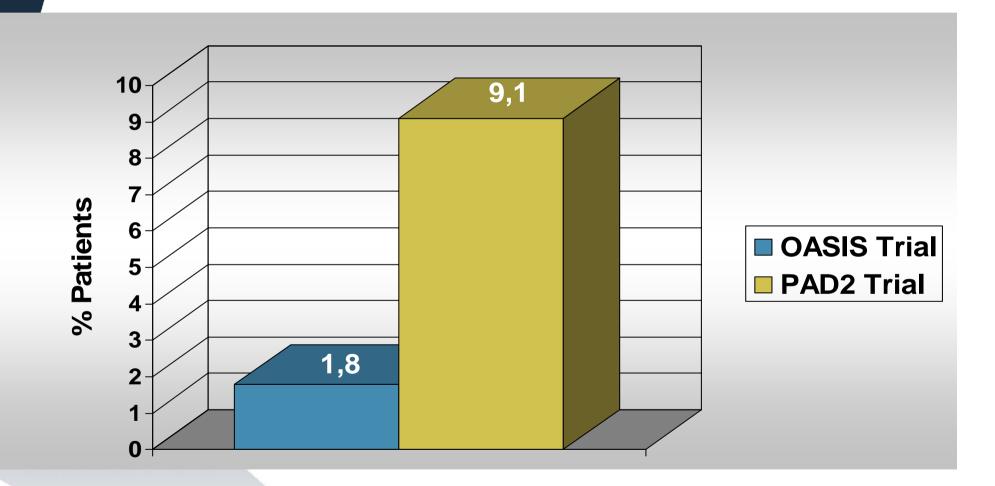




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MSOffice2 , 2007-07-16

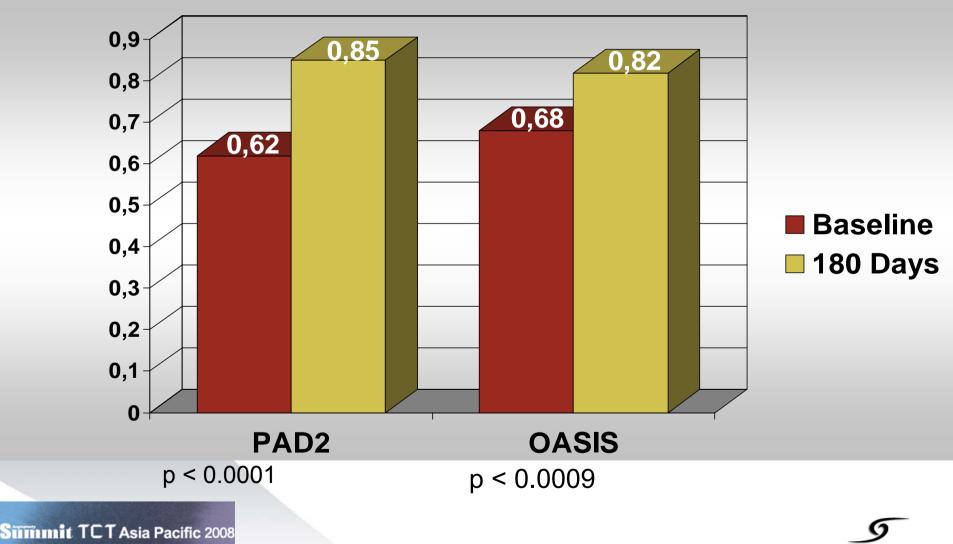
Target Lesion Revascularization @ 6 months



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Average ABI Score

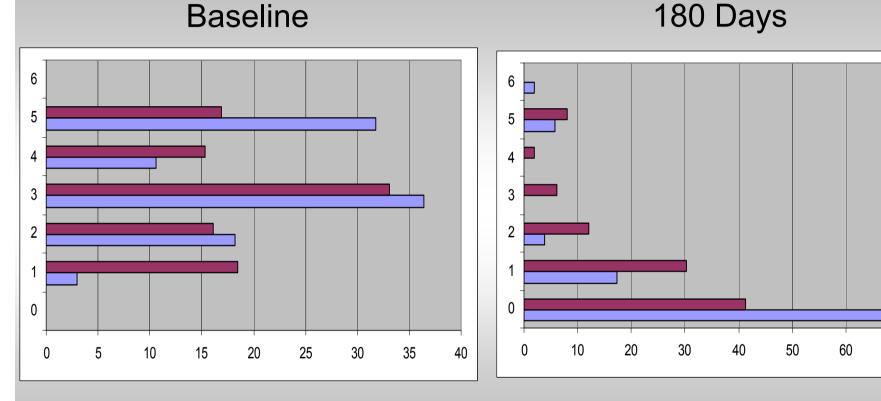


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Rutherford Classification Comparison

Baseline





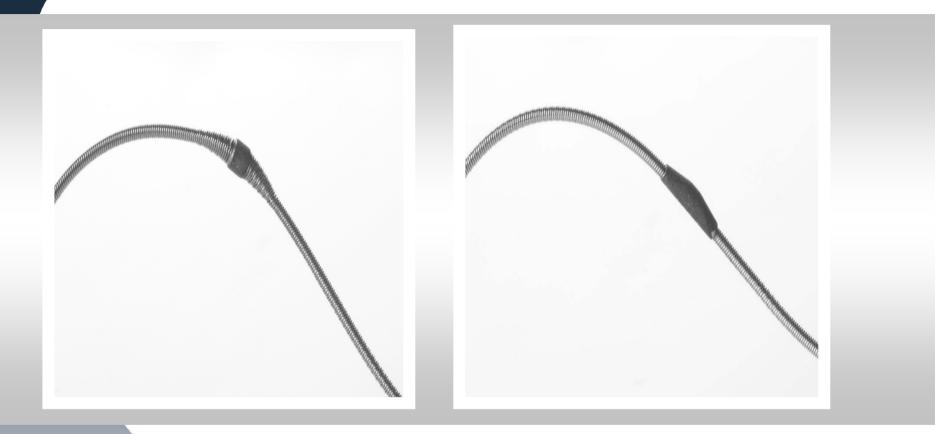
70

80

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Standard and Solid Crowns



Standard Crown

1.7 x orbit0.014-inch platform

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Solid Crown

Up to 2.5x orbit For larger vessels



Pathway PV Atherectomy System



Console



Integrated system control within sterile field

- speed
- size / expansion

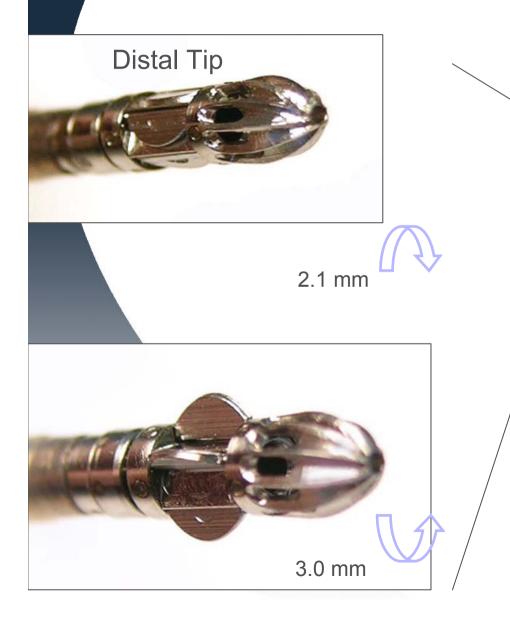


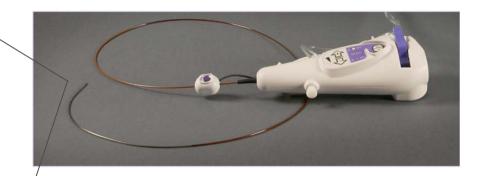
OTW 133cm Rotating System

- 55 krpm
- .014 guide wire
- 8F sheath

Simple data display and set up outside sterile field

Pathway PV Atherectomy System





- Differential scraping flutes remove all plaque types
- Aspiration ports collect plaque and thrombus
- One step expansion



Pathway PVD Study

- Prospective, multi-center registry
- 172 patients (210 lesions), 9 study sites in Europe
- Angiographic core lab and independent CEC adjudication
- Inclusion criteria:
- Rutherford Class 1-5
- Reference vessel size: 3mm-5mm
 - Lesion length: up to 10cm
 - Diameter stenosis \geq 70% and can be crossed by a guidewire



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Leipzig – 43 patients Enrolled in PVD Study (March 06 – Dec 06)

Average reference vessel	3.9mm
Average lesion length	4.6cm
Moderate to high calcium	45%
 Occlusion 	33%
Lesion Location:	
 SFA 	64%
 Popliteal 	32%
 Tibial/ Peroneal 	4%



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Procedural Outcomes

Device success rate*	99%
PVS activation time	4:19 minutes
Adjunctive treatment	
 None 	38%
 Balloon angioplasty 	58%
 Stent 	4%
Angiographic results (% stenosis)*	*
 Baseline 	88.6%
 Post PVS 	34.0%
 Post adjunctive 	25.0%

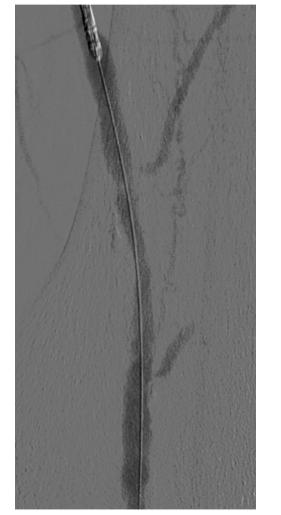
* Defined as crossing and debulking lesion

** Core lab analysis for lesions meeting inclusion criteria of ≥70% diameter stenosis

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Left popliteal artery occlusion

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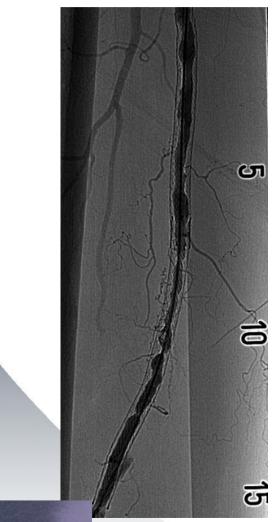
Leipzig - 6 Month Patency

N = 37	Number of patients (%)	
Target Lesion		
Revascularization	3 (7.7%)	





...still ahead, Pathway for ISR!



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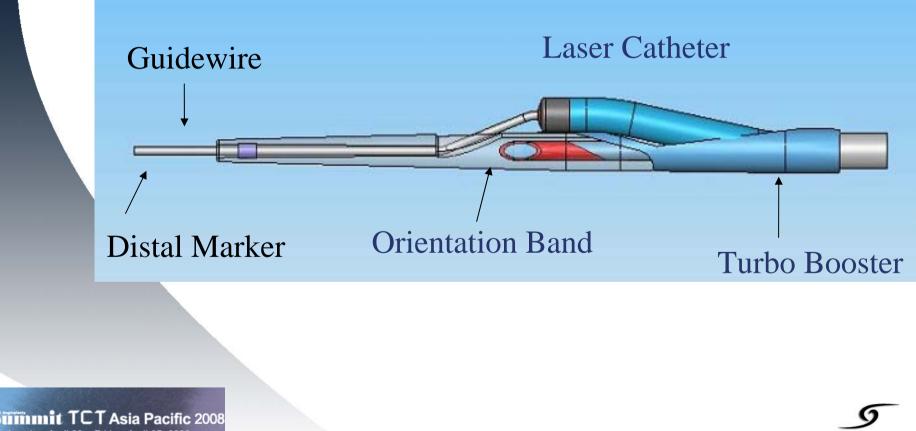


- Directional
 - Fox Hollow
 - Turbo Booster Laser



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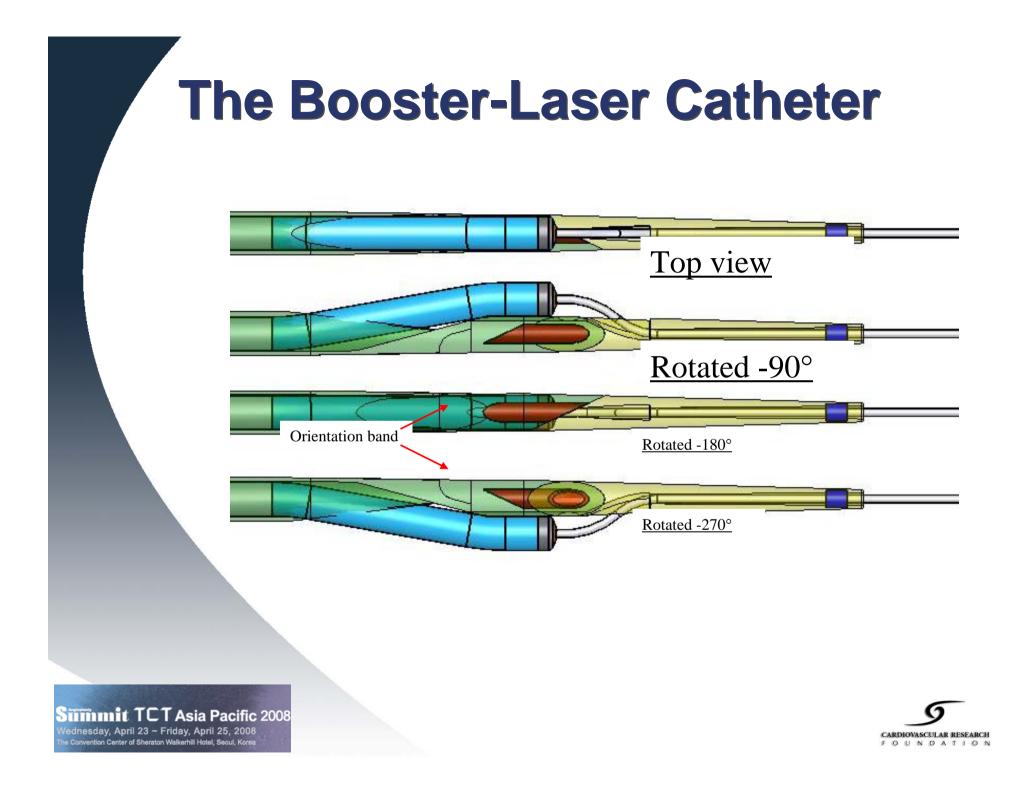
The Booster Catheter The Next Generation Laser-Catheter



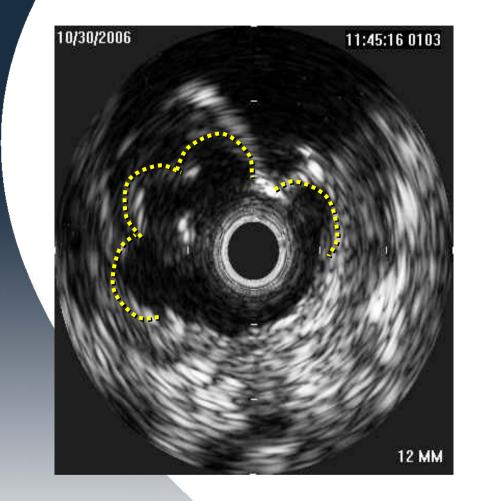
CARDIOVASCULAR RESEARCH

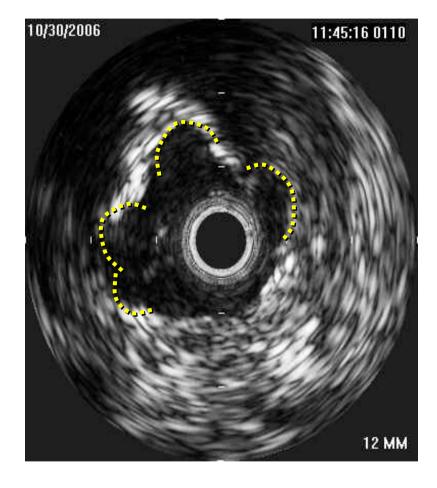
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8F Booster-Laser for native SFA





IVUS after 8 French Turbo-Booster-Laser

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Turbo-Booster Laser-Catheter for Treatment of SFA-In-Stent Restenosis

The Patent Trial

<u>Photo-Ablation using the Turbo-booster and</u> <u>Excimer laser for iN-stent restenosis Treatment</u>

- Non-randomized, prospective trial at 4 german centers

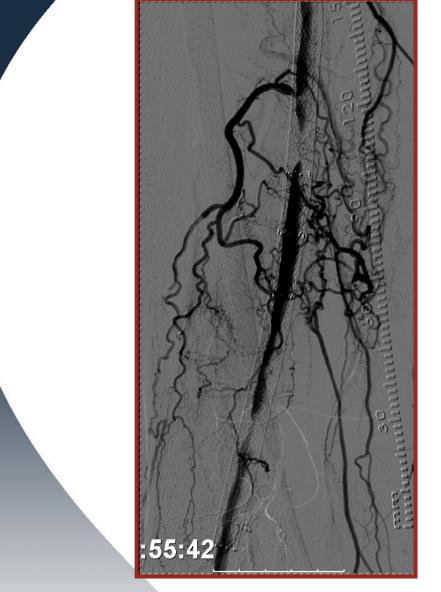
- Up to 80 patients with in-stent restenosis of the SFA

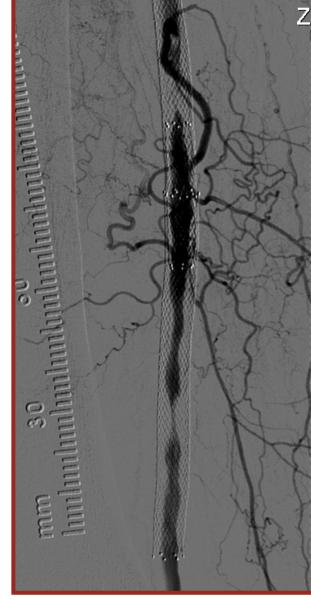
Endpoints:

- Safety of the treatment

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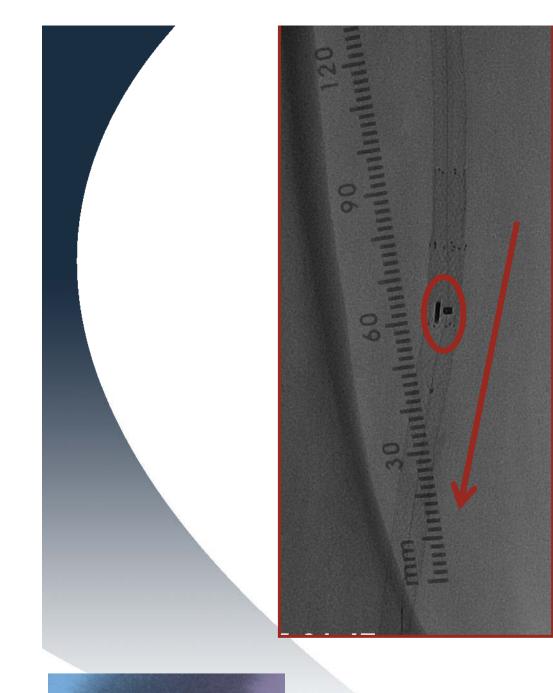




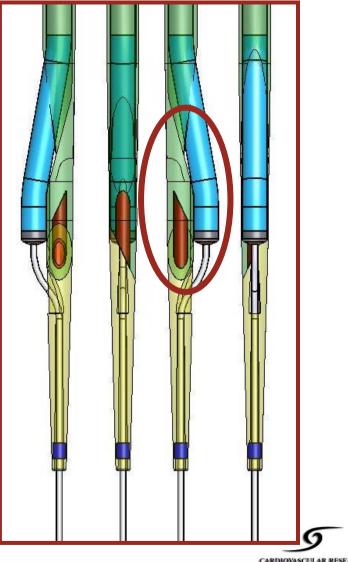


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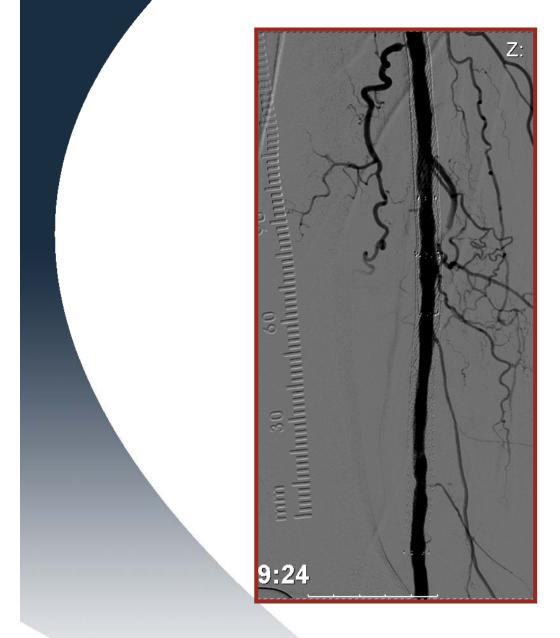


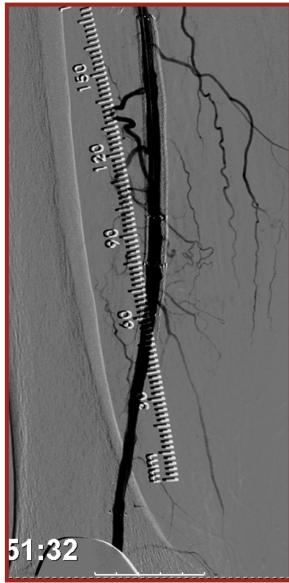


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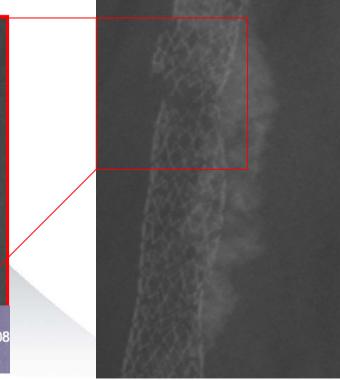


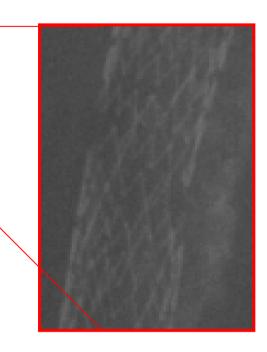
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...THERE ARE OTHER KNOWN ENEMIES!







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SFA-Stent Deployment Evaluation n=20

Lesions Characteristics

Length % Stenosis Total occlusions 69±30mm (30-150mm) 90±8% n=5 (25%)

9

7

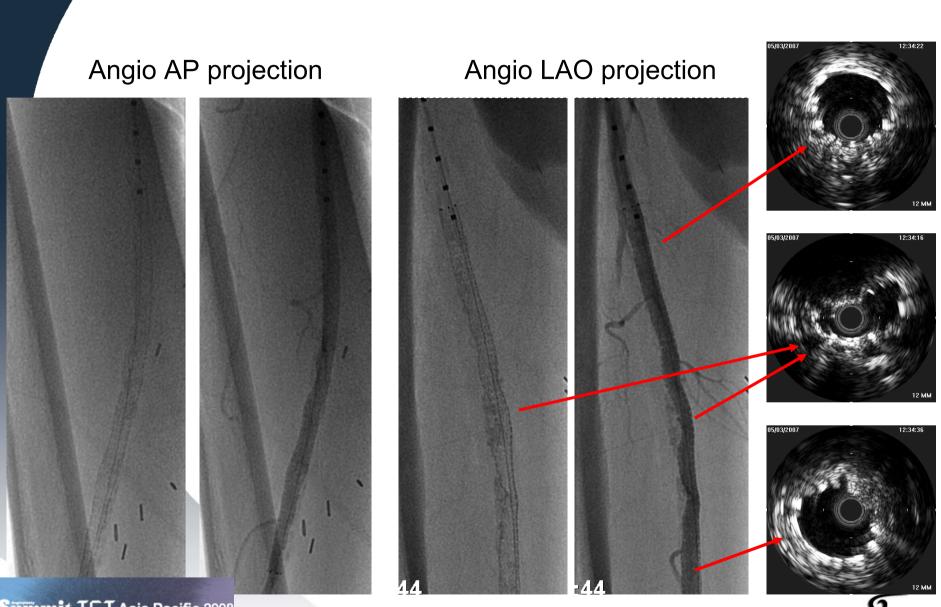
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Degree of Calcification (0-3) 1.6 ± 0.8

- 0 no calcifications
- 1 mild calcifications
- 2 moderate calcifications
- 3 severe calcifications







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CARDIOVASCULAR RESEARCH

Calcified vs. Non-calcified Lesions

	Calcified lesions (grade 2-3) n=10	Non-calcified lesions (grade 0-1) n=10	P value
MLD _{angio} (mm)	4.1±0.7	4.8±0.4	0.02
%DSangio	30 ±8	16±4	0.0007
MLD _{IVUS} (mm)	3.8±0.7	4.6±0.3	0.01
%DSIVUS	30±11	17±4	0.01
Procedural Success			
%DSAP,RAO,LAO angio >30	8 (80%)	0	0.001
%DSIVUs >30	6 (60%)	0	0.01

DS – diameter stenosis, MLD – minimal luminal diameter



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...solutions?

Aggressive Atherectomy prior to stent implantation?

OR/AND

Improve stent designs (with higher radial force)?

...both concepts currently under investigation at our institution



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