

THE DEBATE BTK DUELL RCT

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Disclosure

Speaker name: Francesco Liistro
I have the following potential conflicts of interest to report:
 Consulting: Medtronic, ACOTEC Ltd, Boston Scientific, Biotronic, Concept Medical
 Employment in industry
 Stockholder of a healthcare company
 Owner of a healthcare company
 Other(s)I do not have any potential conflict of interest

Recent data show DCB efficacy OBA mandatory before randomization

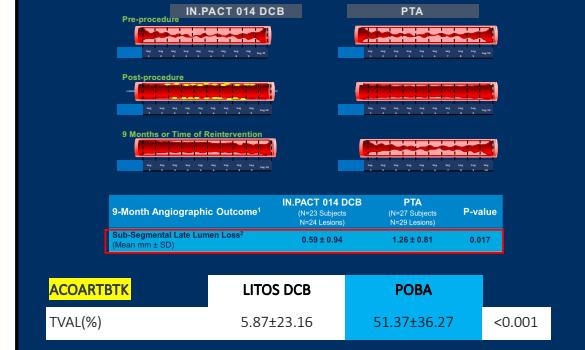
	AcoartBTK*	Acoart II**	InPact BTK***
Patients/lesion	105/128	120/131	53
Diabetes	100%	72%	86%
Lesion length	180±110	180±80	215±60
CTO	68%	77%	100
Balloon Diameter	2.9(mm)	2.9(mm)	3.0(mm)
MLD post	1.9(mm)	1.6	1.8(mm)
LLL	0.51vs 1.31	0.35 vs 1.08	0.89 vs 1.31
Reocclusion	5(8.6) vs 30(48.4)	8(16) vs 26(58)	16% vs 40%
Major Amputation	0/0	1/1	0/0

*JACC Cardiovasc Interv 2020 Oct 12;13(19):2277-2286.

**Endovasc Ther 2021 Apr;28(2):215-221

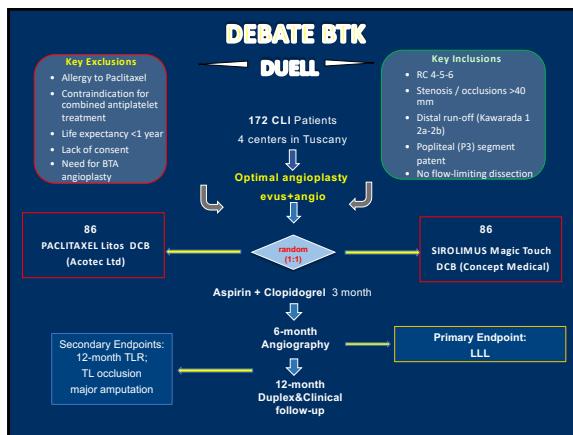
***EuroIntervention 2022 Apr 1;17(17):e1445-e1454

Longitudinal Late Luminal Loss and DCB

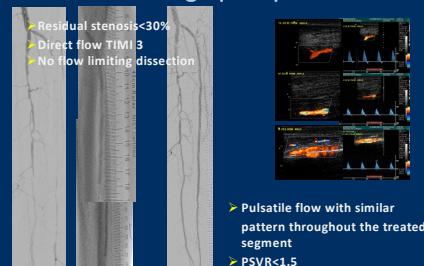


DEBATE BTK

DUELL



Defining optimal balloon angioplasty



Sample Size	
• Lesions expected to be enrolled	
• Length 16-18cm	LLL of PCB 0.5±0.3 mm
• CTO 70-80%	
• Diabetes >80%	
Expected control angiography compliance >90%	
Expected mortality at 1 year 5%.	
Non inferiority or superiority margin (10%) power of 80% ($1 - \beta \geq 0.80$; $\alpha = 0.05$)	172 Lesions needed
Enrolled: 147patients, 160lesions (93%)	

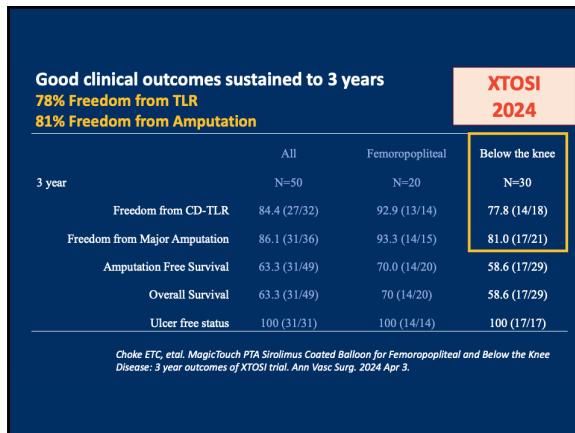
Baseline Clinical Characteristics 128pts			
	PEB N (%)	SEB N (%)	P value
Patient	75	72	
Male	62(83)	56(78)	.3
Age	74.8 ± 8.6	75.0±8.3	.9
BMI	26.8 ± 3.7	26.7±4.4	.4
Previous MI	25(33)	18(25)	.2
Previous stroke	8(11)	4(6)	.2
Diabetes	73(97)	68(94)	.9
Ever smoked	25(33)	23(32)	.4
Hypercholesterolemia	51(68)	49(68)	.6
Hypertension	65(87)	66(92)	.2
GFR<50ml/min	43(58)	39(54)	.4
Prev, Limb rivascularization	40(53)	32(44)	.2
Rutherford	4	8(11)	
	5	56(75)	57(79)
	6	11(15)	10(14)

Baseline Clinical Characteristics			
	PEB N (%)	SEB N (%)	P value
Patients / Lesion	75 / 80	72 / 80	
Leg side (right)	35(50)	33(48)	
Baseline Inflow lesion			
SFA	19 (25)	14(19)	.6
Poplitea	14 (19)	14(20)	.7
BTK baseline DISEASE			
TPT-per	49 (46)	47(64)	.6
PTA	63(83)	57(77)	.3
ATA	60(79)	62(85)	.1
Culprit vessel			
ATA	47 (59)	41(51)	
PTA	15(19)	21(26)	.5
TPT-Peroneal	18(22)	18(22)	

Procedural data			
	PEB N (%)	SEB N (%)	P value
Lesion	80	80	
De Novo Lesions	60(75)	59 (74)	.9
Mean Length	222±98	211±100	.5
Baseline occlusion	57(71)	58 (72)	.5
RVD	3.09±0.27	3.1±0.22	.7
MLD	0.10±0.23	0.14±0.29	.6
DCB diameter	3.1±0.29	3.2±0.29	.5
DCB length	259±109	230±103	.5
Procedural success	79	79	-

Provisional Six-Month Outcome			
	PEB	SEB	
Patients/Lesion lost for 6M death	9/10	5/6	
Patients with 6-m FU completed	54/57	56/61	
Death	9 (12)	5 (7)	.2
Age	81±7.6	82±4.3	
Renal failure	9(100)	5(100)	
dialysis	2 (22)	1 (17)	.4
Death Cause			
Cardiovascular (sudden included)	6	2	
Sepsis	3	2	
IDTLR	7(9)	15(19)	0.053
Major Amputation	0	0	-
Occlusive Restenosis	8 (14)	14 (23)	.2

XTOSI MagicTouch FIH Trial	
Device	• MagicTouch PTA (Concept Medical)
Study design	• Single arm
N	• 50 (20 SFA, 30 BTK)
Countries	• Singapore
Inclusion criteria	• Rutherford 4-6 • CLTI patients
Primary Endpoint	• Primary patency at 6 month (PSVR ≤ 2.4 in absence of TLR)



Conclusions

- The Debate-BTK Duell will provide a head-to-head comparison of paclitaxel and sirolimus DCB
- A dedicated interventional strategy included in the protocol will limit procedural bias and will make the result more reliable
- Up to now (93% of sample size) no significant difference between the two DCBs in terms of vessel reocclusion and a trend on a lower TLR rate for paclitaxel
- Mortality at 6 months is higher than expected

