

TASC A-B Lesions (<15-cm)

DCB reduced late lumen loss, binary restenosis, and TLR compared with POBA alone in the treatment of femoropopliteal disease.

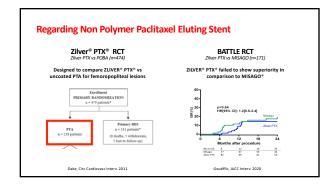
RCTs compared DCB with POBA alone

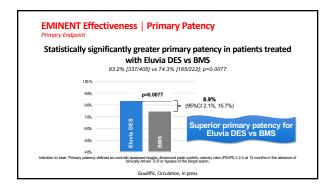
POBA is not the standard of care anymore

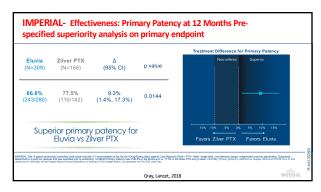
No head to head comparison between DCB and BMS or DES

Leaving nothing behind is not based on evidence

Caradu, I Vasc Surg. 2019, Tepe, Circulation, 2014, Rosenfield, MEIM, 2015; Schroeder, Circulation, 2017







TASC C-D Lesions (≥15-cm)

BEST SFA
Study Design

OBLECTIVES

To compare a stent-avoiding (SA) vs a stent-preferred (SP) strategy, promoting optimal lesion preparation and the use of drug-eluting technologies in both arms.

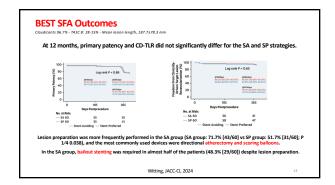
DESIGN
Prospective, randomized (1:1), multicenter, pilot study (no formal sample size calculation or hypothesis testing was performed).

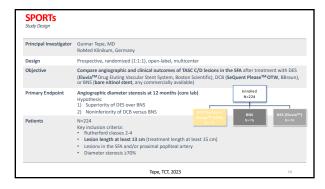
POPULATION
Patients with symptomatic complex femoropopliteal lesions (Rutherford 2-4).

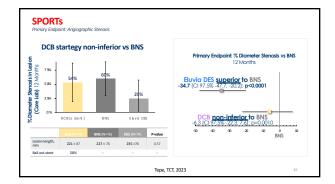
STENT-AVOIDING/STENT PREFERED
Paclitaxel-coated balloons/polymer-coated paclitaxel - eluting stents.
Lesion preparation was at the operators' discretion.

Witting JACC-CI, 2024

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Take Home Message

For short femoropopliteal lesions,

Eluvia DES shows superior 1-year primary patency compared with bare metal stents and non polymer paclitaxel eluting stent.

For long femoropopliteal lesions,

Eluvia DES shows superior 1-year primary patency compared with bare metal stents and paclitaxel coated balloon.

When Are Polymer Based Paclitaxel Eluting Stents (Eluvia®, Boston Scientific) Superior To Other Endo Treatments For Lower Extremity Lesions

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