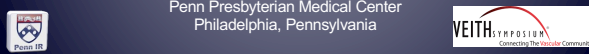


Late Breaking Information Shows That Higher Doses of Statins Greatly Lessens the Risk of SFA Stent Restenosis: Is It True With DES?

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Disclosures

- Founder – NeuRx Medical, Forge Medical
- Royalties/IP - Merit Medical, Teleflex
- Consultant – Becton Dickinson, Teleflex, Boston Scientific, Baylis Medical
- Research Support - Penumbra




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Statins in PAD

- Slow progression of intimal-media thickening
- Inhibit MHC class II induction of smooth muscle cells and fibroblasts
- Attenuate vascular inflammation

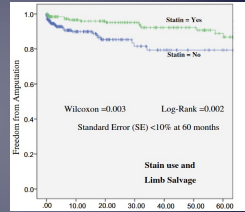
2024 ACC/AHA/SVM/SVS/SIR Guidelines		
COR	LOE	Recommendations
1	A	1. In patients with PAD, treatment with high-intensity statin therapy is indicated, with an aim of achieving a ≥50% reduction in low-density lipoprotein cholesterol (LDL-C) level. ^{1,2}
2a	B-R	2. In patients with PAD who are on maximally tolerated statin therapy and have an LDL-C level of >70 mg/dL, it is reasonable to add PCSK9 inhibitor therapy. ³⁻⁶
2a	B-R	3. In patients with PAD who are on maximally tolerated statin therapy and have an LDL-C level of ≤70 mg/dL, it is reasonable to add ezetimibe therapy. ⁷



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Statin Use for PAD


- Reduce amputation and increase survival in patients diagnosed with PAD in VA observational cohort study¹
- Increased survival and limb salvage in open/endo CLI patients²
- Improved patency of infrainguinal bypass grafts³



¹ Ayoa S, Rakhaitis A, Binney ZO, DiMartino RR, Brewster LP, Goodney PP, et al. Association of Statin Dose With Amputation and Survival in Patients With Peripheral Artery Disease. *Circulation*. 2019.

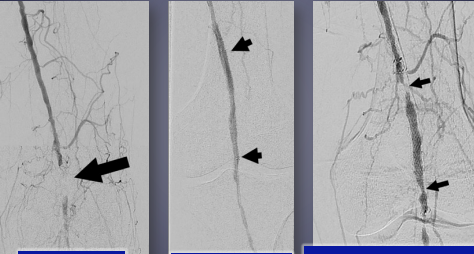
² Palmer GM, Novak Z, Spangler E, Patterson M, Passamani MA, Beck AW, et al. Statin use improves limb salvage after intervention for peripheral arterial disease. *J Vasc Surg*. 2019.

³ Schanzer A, Hevelone N, Owens CD, Beckman JA, Bellin M, Conte MS. Statins are independently associated with reduced mortality in patients undergoing infrainguinal bypass graft surgery for critical limb ischemia. *J Vasc Surg*. 2008.




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Statin intolerant patient with early loss of stent patency; 78-year old male with R5 disease and nonhealing forefoot wounds. Refused statins due to myalgias and not a candidate for PCSK-9 inhibitors

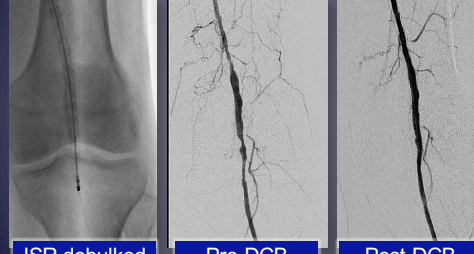


P2 CTO DES ISR 7 mos with delayed wound healing




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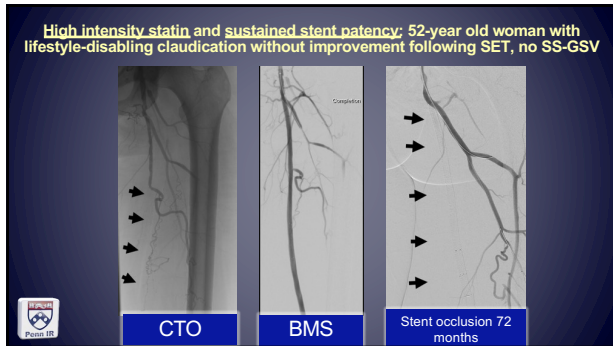
PVI for Assisted Primary Patency



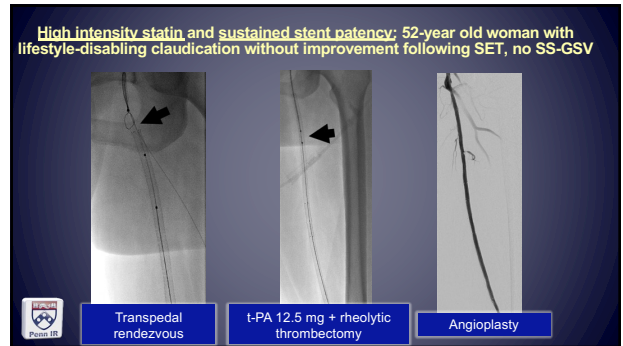
ISR debulked Pre-DCB Post-DCB



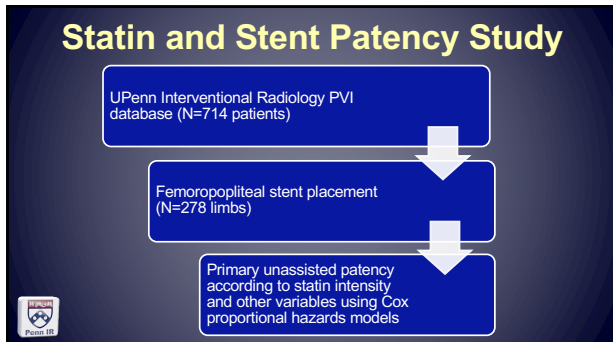
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Statin intensity and stent patency following revascularization

Variable	Overall (n = 278)	Variable	Overall (n = 278)
Mean age, years	70.3	Rutherford classification	
Mean BMI, kg/m ²	28	2	4%
Sex		3	13%
Male	54%	4	21%
Female	46%	5	50%
Smoking history		6	13%
Current	19%	84% of patients had CLTI	
Former	59%		

Seyferth E, Song H, Vance AZ, Clark TWJ. Association between statin intensity and femoropopliteal stent primary patency in peripheral arterial disease. CVIR Endovascular 2024.

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Statin intensity and stent patency following revascularization

Stent location	
CFA	2%
SFA	78%
POP	8%
SFA-POP	13%
Stent type	
Drug-eluting stent	63%
Bare metal stent	37%

Seyferth E, Song H, Vance AZ, Clark TWJ. Association between statin intensity and femoropopliteal stent primary patency in peripheral arterial disease. CVIR Endovascular 2024.

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Cox proportional hazards ratios for loss of primary unassisted patency

Factor	Hazard Ratio (95% CI)	P value
High intensity statin	0.51 (0.31)	0.009
Moderate or high intensity statin	0.47 (0.30)	0.001
Any statin treatment	0.46 (0.30)	0.001

Seyferth E, Song H, Vance AZ, Clark TWJ. Association between statin intensity and femoropopliteal stent primary patency in peripheral arterial disease. CVIR Endovascular 2024.

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Factor	Hazard Ratio (95% CI)	P value
Antiplatelet therapy	0.81 (0.42)	0.522
Anticoagulation	1.05 (0.63)	0.849
Popliteal stent	1.30 (0.86)	0.208
Drug-eluting stent	0.89 (0.58)	0.579
Rutherford classification	1.06 (0.65)	0.823

Percent Patent vs Months Since Stent Placement

Bare Metal:	85	24	16	10	6
Drug-Eluting:	153	68	35	21	15

Seyferth E, Song H, Vance AZ, Clark TWJ. Association between statin intensity and femoropopliteal stent primary patency in peripheral arterial disease. CVIR Endovascular 2024

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Is It True With DES?

- Primary unassisted patency 2.3 years when moderate/high statin vs. 1.1 years without statin (P=0.008)

Primary Patency Following DES

Percent Patent vs Years from Stent Placement

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Summary: Statins and SFA Stent Restenosis

- Moderate-to-high intensity statins associated with doubling of femoropopliteal stent patency
- Benefits appear greater than antiplatelet therapy, AC or drug elution

STATINS

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