Advancing medical care in highly diseased patients
- US experience -

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Disclosure

Speaker name:
*Abbott Vascular, Medtronic, Phillips, COOK, Spectranetics*

I have the following potential conflicts of interest to report:

- **X** Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- **X** Other(s) Research

- **X** I do not have any potential conflict of interest
‘highly diseased patient’
‘highly diseased patient’
‘highly diseased patient’

Number of dialysis patients worldwide – forecast to 2020

*Internal estimates.*
Anatomic translation

• Long lesions
  – TASC C/D
  – Fem/pop/tibial/pedal

• Complex lesions
  – CTO
  – Calcified
  – Smaller vessels (females)

• Advanced PAD
  – Limb-threatening ischemia

• Past surgical hx
  – Failed leg bypass
  – Inadequate conduit
<table>
<thead>
<tr>
<th>Study</th>
<th>Year published</th>
<th>Author</th>
<th>Number of patients</th>
<th>Number of lesions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tucson Pop</td>
<td>2013</td>
<td>Leon</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>SAKE</td>
<td>2014</td>
<td>George</td>
<td>80</td>
<td>98</td>
</tr>
<tr>
<td>SLU</td>
<td>2015</td>
<td>Brescia</td>
<td>48</td>
<td>54</td>
</tr>
<tr>
<td>Tucson SFA</td>
<td>2016</td>
<td>Montero-Baker</td>
<td>147</td>
<td>147</td>
</tr>
</tbody>
</table>

Total: 309 333
Mean lesion length

- Tucson SFA
- SAKE
- Tucson Pop
- StLouis (17.2)
- Cumulative USA
- Superb
Complexity

- CLI
- C/D lesions
- CTO

Tucson SFA
SAKE
Tucson Pop
StLouis
Cumulative USA
Superb

59.3%
54%
Results

<table>
<thead>
<tr>
<th>Location</th>
<th>Prim Pat @12m KM</th>
<th>Freedom from TLR 12m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tucson SFA</td>
<td>90%</td>
<td>85%</td>
</tr>
<tr>
<td>Sake</td>
<td>85%</td>
<td>81.7%</td>
</tr>
<tr>
<td>Tucson Pop</td>
<td>85%</td>
<td>86%</td>
</tr>
<tr>
<td>St Louis</td>
<td>81.7%</td>
<td>88.9%</td>
</tr>
<tr>
<td>Cumulative USA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Superb</td>
<td>86%</td>
<td>88.9%</td>
</tr>
</tbody>
</table>
Conclusions

• We’re dealing with a sicker patient population
• We’re dealing with more complex anatomy
• The experience with the SUPERA in complex anatomy in the USA is well-documented by a series of peer-reviewed papers
• The SUPERA has demonstrated acceptable outcomes when utilized in complex PAD scenarios
• Optimal medical has shown to impact patency rates in this sub-group of patients
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