1 Year Results in Real World Patients with ABSORB BTK

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Disclosure

Speaker name:

...........................Steven Kum......................................................

I have the following potential conflicts of interest to report:

☒  Consulting for Abbott Vascular
☐  Employment in industry
☐  Stockholder of a healthcare company
☐  Owner of a healthcare company
☐  Other(s)

☐  I do not have any potential conflict of interest
What are the current unmet needs and solutions in BTK?

**Problem**

1. No distal runoff/small target vessels aka the "DESERT FOOT"
2. Unable to revascularize Direct Angiosome
3. Recoil/Calcium
4. Clinically relevant restenosis

**Current Solutions**

- Distal vessel angioplasty
- TMA or Choparts
- Plantar loop technique
- Retrograde angioplasty
- BTK Stents
- Atherectomy
- PIERCE Technique
- DEB, DES
- Early wound closure and SSG
Experience With the Absorb Everolimus-Eluting Bioresorbable Vascular Scaffold in Arteries Below the Knee
12-Month Clinical and Imaging Outcomes

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ABSTRACT

OBJECTIVES The aim of this study was to investigate the midterm performance of an everolimus-eluting, bio-
Drug Impregnated Bioabsorbable Stent in Asian Population Extremity Arterial Revascularization (DISAPEARER Study)
Study Summary

- Physician Initiated, Prospective registry
- Infrapopliteal stenting with Bioabsorbable Everolimus Eluting Scaffold System (BVS) (Abbott, Illinois, USA)
- Primary outcomes: vessel patency, target lesion revascularization (TLR) and limb salvage rates
- Subgroup Imaging with DUS, CTA, MRA
Patient Cohort

- 28 patients
- 89% Diabetic
- 100% CLI with 89% with Rutherford stage 5 or 6 disease
Lesion Characteristics

- 50 BVS stents in 31 lesions
- 7/31 (22%) were occlusions
- Lesions: 12 in TPT, 12 in ATA, 6 in PTA, 1 in PA
- Median length of lesions was 28mm (18-102)
- The median vessel diameter was 2.5mm (2.5-3.5)
Case Examples
4 months

DISAPEAR Study

Drug
Impregnated bioabsorbable
Stent in
Asian
Population
Extremity
Arterial
Revascularization
R6 Gangrene
1 year Imaging follow up
R6 – Heel Gangrene

Combination SUPERA and BVS
2.5 years – all stented vessels patent, no repeat interventions

Calcified Vessels
R5 1st toe gangrene
Case of Long Lesion (70mm) with 4 Year Follow Up
Aug 2012 pre implantation

Aug 2012 post implantation:
- BVS 3 x 28, 3 x 28
- 3 x 18
- Total Stented Length = 70mm

Oct 2016 Control Angiogram
70 mm of BVS
(28 + 28 + 18 = 74mm)
Upper ATA was normal

Progression of disease in the segment of ATA

BVS segment (before implantation)

BVS segment is disease free

Pre BVS 2012

2016
Neuropatic ulcer with Osteomyelitis

13 Oct 2016

6 weeks

7 Dec 2016
Preliminary Results

• Safe, no 30 day MACE or MALE
• 100% technical success
• **Primary Patency of BVS**
  93.5%, 90.3% and 87.1% at 1 month, 6 months and 1 year on DUS
• 1 case of stent thrombosis requiring intervention, Freedom from TLR rate of 96.7%
• Limb salvage at 6 months was 96.7%.
Summary

• Good evidence for the treatment of short BTK lesions with conventional metallic DES
• Early evidence shows BVS offers similar efficacy with added benefit of no permanent implant, even in long lesions, some of which are calcified
• Case selection, lesion preparation are key
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