

UK University Heart and Vascular Center

Technical Tips For Vessel Prep For DCBs And DESs: It Is Different And Not Simple: How To Do It And How Important Is It?

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Lesion preparation prior DCBs: Why is it important?

Challenges with Endovascular Treatment Provisional Stenting

12-Month Data from DCB RCTs and Registries

DCB use in real-world registries enrolling more complex disease is associated with increased provisional stenting

Provisional stent rates of 40-47%

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Lesion preparation prior DCBs: Why is it important?

CALCIUM BURDEN ASSESSMENT AND IMPACT ON DCB

IN.PACT™ DCB and Calcium Registry (n=60) – 12 month results [1]

Ca²⁺ distribution and severity affect late lumen loss (LLL) and primary patency

Ca²⁺ represents a barrier to optimal drug absorption

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Lesion preparation prior DCBs: Why is it important?

What are the Predictors of DCB Failure? Evidence from Europe and the US

Predictors of Binary Restenosis

Predictor	HR (95% CI)	P-value
Residual stenosis >30% at 1h	2.22 (1.18, 4.14)	<.001
Proximal PTA (per 1% increase)	1.07 (1.01, 1.13)	<.001
Distal PTA (per 1% increase)	1.02 (1.00, 1.04)	<.001
Proximal PTA (per 1% increase)	1.03 (1.01, 1.05)	<.001
Distal PTA (per 1% increase)	1.01 (1.00, 1.02)	<.001
Proximal PTA (per 1% increase)	1.02 (1.01, 1.03)	<.001
Distal PTA (per 1% increase)	1.01 (1.00, 1.02)	<.001
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Distal PTA (per 1% increase)	1.01 (1.00, 1.02)	<.001

Predictors of CD-TLR

Predictor	HR (95% CI)	P-value
Residual stenosis >30% at 1h	2.18 (1.15, 4.14)	<.001
Proximal PTA (per 1% increase)	1.07 (1.01, 1.13)	<.001
Distal PTA (per 1% increase)	1.02 (1.00, 1.04)	<.001
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Determinants of Drug-Coated Balloon Failure in Patients Undergoing Femoropopliteal Arterial Intervention

Residual Stenosis >30% was a significant predictor of both Binary Restenosis and TLR

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Lesion preparation prior DESs: Why is it important?

Primary Patency

90.3% 83.4% 81.6% 74.8% 72.4% Provisional Zilver PTX

82.7% 74.9% 69.1% 65.5% 64.9% Primary Zilver PTX

Provisional stenting: Stenting only allowed after failed PTA!

Study protocol: At least 2 min inflation! Adequate pressure to ensure full dilatation!

Better lesion prep. in the provisional stent arm



