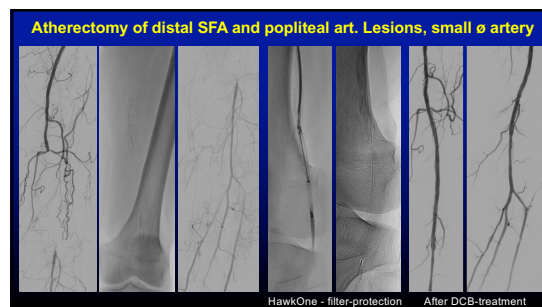
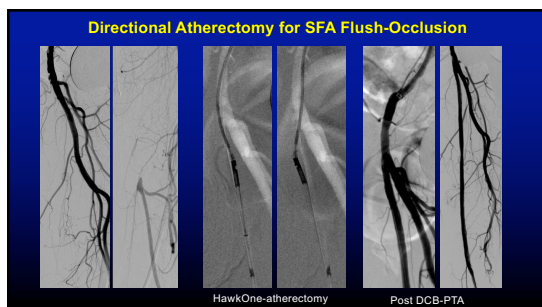
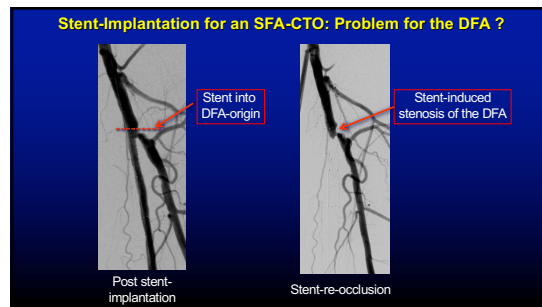
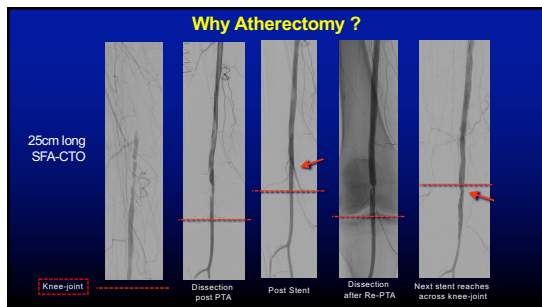


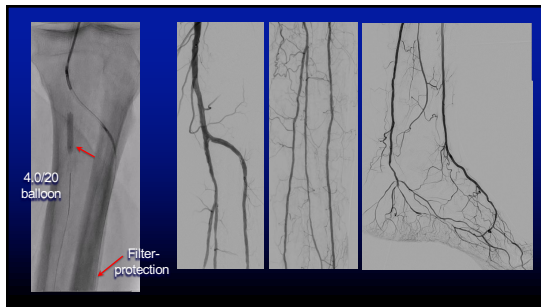
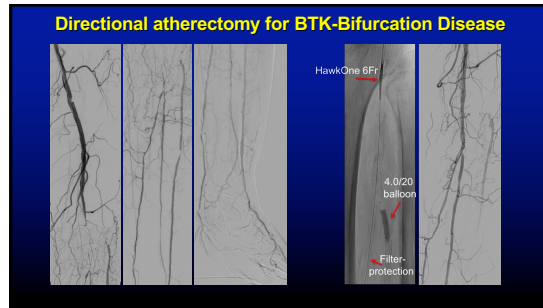
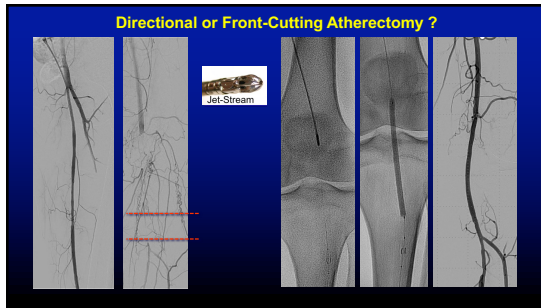
The Objective Benefits Of Directional Atherectomy In Treating Lower Extremity Occlusive Lesions Are Real: When And How Should It Be Used And When Should It Not

Andrej Schmidt, MD and Dierk Scheinert, MD,
 Division of Angiology, University Hospital Leipzig, Germany
 and
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 University of Freiburg, Germany

Disclosure

Speaker name: Andrej Schmidt
 I have the following potential conflicts of interest to report:
 Consulting / speaker honorarium:
 Abbott Vascular, BD, Bentley, Boston Scientific, Cook Medical,
 ReflowMedical, Upstream Peripheral

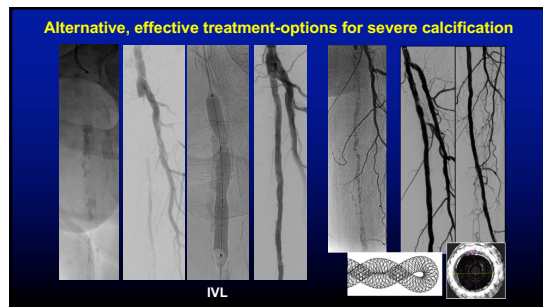
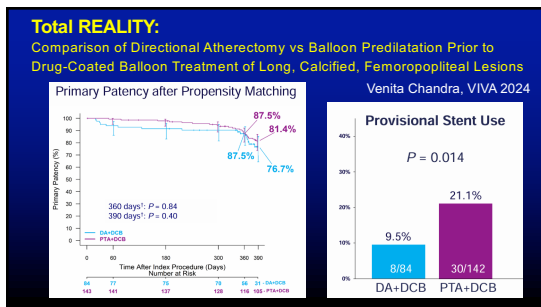




Total REALITY:

Comparison of Directional Atherectomy vs Balloon Predilatation Prior to Drug-Coated Balloon Treatment of Long, Calcified, Femoropopliteal Lesions
Venita Chandra, VIVA 2024

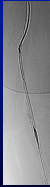
	Total in.Pact In.Pact Global, China, Japan, SFA-IDE	Reality (Rocha-Singh, CCI 2021)
Treatment	PTA + In.Pact Admiral	HawkOne + In.Pact Admiral
N patients after propensity score matching	143	84
Severe calcification (PACSS Score = 4)	5.9 %	71.4 %



RCT Comparing Stent-Avoiding With a Stent-Preferred Strategy in Complex Femoropopliteal Lesions (BEST-SFA)

Wittig T, et al. JACC Cardiovasc Interv. 2024;17(9):1134-1144.

Vessel-preparation before PTX-DCB or Eluvia DES



	Stent-Avoiding (DCB) (n=60)	Stent-Preferred (DES) (n=60)	P
Lesion-length	184 ± 79	192 ± 79	0.58
CTOs	80.0%	78.3%	1.0
Calcium PACSS 3+4	71.2%	68.3 %	0.733
Adjunct vessel preparation	71.7%	51.7 %	0.038
Scoring-/ cutting balloon	41.9%	35.5%	1.0
Atherectomy	46.5%	41.9%	0.81
Directional atherectomy	80%		
Primary patency at 12 months	78.2 %	78.6 %	1.0

Summary

EVT with directional atherectomy is of benefit in several situations (bifurcational disease, small diameter arteries, distal SFA / A.poplitea).

It has a fixed place in the armamentarium for vessel-preparation before DCB-treatment of infrainguinal artery lesions.