Disclosure

Speaker name:
Michele Antonello

I have the following potential conflicts of interest to report:

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

☐ I do not have any potential conflict of interest
INTRODUCTION

Previous experiences demonstrated a freedom of binary restenosis > 90% at 1 year when CS was used. In 2011 the COBE Steltimce strate be randomized to treatment at 18 months in favor of CS compared to BM in TA and Elsewhere.

In the real world practice the use of covered or uncover stents in specific lesions is strictly related not only to the TA class (C or D lesions) but also to the anatomical laterality.}

- Heavy calcification
- Long lesions
- Common Femoral Artery
- Aortic bifurcation
- Complex procedure
- Type of stent
INTRODUCTION

Previous experiences demonstrated a freedom of binary restenosis > 90% at 1 year when CS was used. In 2011 the COBES Multicenter randomized trials showed an increase in so-called patency at 18 months in favor of CS compared to BMS in TASC C and D lesions. In the whole world practice the use of covered or uncovered stents in selected cases is strictly only to the TASC class (C or D lesions) itself but also to the lesion quality, extent and laterality.
A comparison of covered vs bare expandable stents for the treatment of aortoiliac occlusive disease

Bibombe P. Mwipatayi, MMed (Surg), FCS (SA), FRACS, a,b Shannon Thomas, MBBS (Hons), a
Jackie Wong, MPH, a Suzanna E. L. Temple, PhD, MBA, a,c Vikram Vijayan, MRCS, FRCS, a
Mark Jackson, MD, FRACS, a and Sally A. Burrows, BMath Grad Dip Med Stat, c on behalf of the
Covered Versus Balloon Expandable Stent Trial (COBEST) Co-investigators, a Perth, Western Australia
and Gold Coast, Queensland, Australia

J Vasc Surg 2011

Reintervention rate
Outcomes of polytetrafluoroethylene-covered stent versus bare-metal stent in the primary treatment of severe iliac artery obstructive lesions

Michele Piazza, MD, a Francesco Squizzato, MD, a Gaya Spolverato, MD, b Luca Milan, MD, a Stefano Bonvini, MD, a Mirko Menegolo, MD, a Franco Grego, MD, a and Michele Antonello, MD, a
Padova, Italy

J Vasc Surg 2015
CONFORMABILITY

External Iliac Artery
CONFORMABILITY

External Iliac Artery
CONFORMABILITY

External Iliac Artery
CONFORMABILITY

Geometrical consequences of kissing stents and the Covered Endovascular Reconstruction of the Aortic Bifurcation configuration in an in vitro model for endovascular reconstruction of aortic bifurcation

Erik Groot Jebbink, MSc, Frederike A. B. Grimme, MD, Peter C. J. M. Goverde, MD, Jacques A. van Oostayen, MD, Cornelis H. Slump, PhD, and Michel M. P. J. Reijnen, MD, PhD, Arnhem and Enschede, The Netherlands; and Antwerp, Belgium

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Contemporary deployment with SECS
Three-year outcome of the covered endovascular reconstruction of the aortic bifurcation technique for aortoiliac occlusive disease

Kim Taeymans, MD, Erik Groot Jebbink, MSc, Suzanne Holewijn, PhD, Jasper M. Martens, MD, Michel Versluis, PhD, Peter C. J. M. Goverde, MD, and Michel M. P. J. Reijnen, MD, PhD, Antwerp, Belgium; and Arnhem and Enschede, The Netherlands
Commentary

The First Balloon-Expandable Stent-Graft Approved for Treatment of Iliac Occlusive Disease

Michele Piazza, MD¹, and Michele Antonello, MD¹
AORTIC BIFURCATION
AORTIC BIFURCATION
AORTIC BIFURCATION
VERAB
VERAB
Long Term Outcomes

Primary patency

89.9%

88.5%

N. At risk:

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Complexity of Iliac Occlusive Disease, Current Treatment Algorithm, and Treatment Gaps

Prof. Antonello M. MD, PhD

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