

**Self-expanding vs. balloon-expandable stents  
for iliac artery disease:  
Is either superior?**

Hans Krankenberg

Department of Angiology, Asklepios Klinikum Harburg  
Hamburg, Germany

# Disclosure

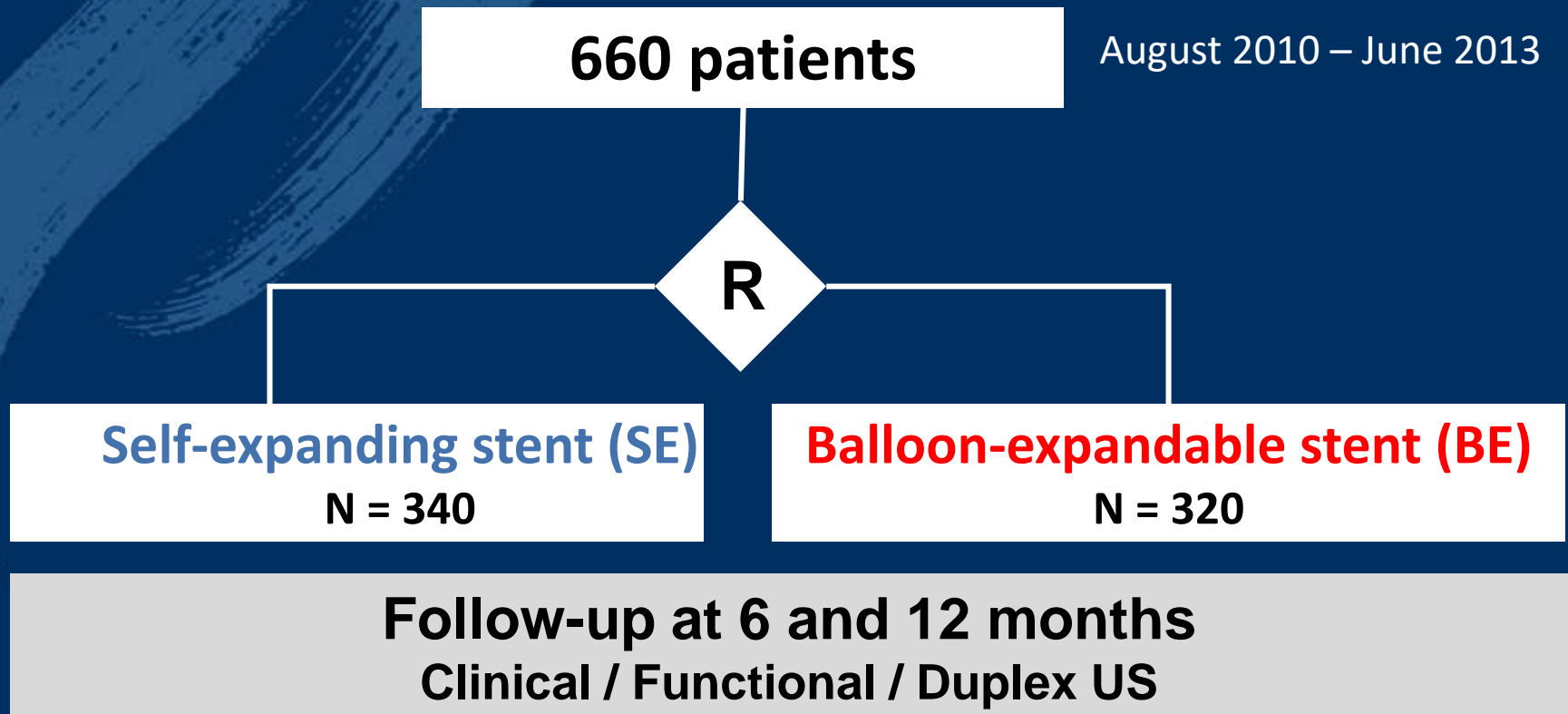
Speaker name: Hans Krankenberg

I do not have any potential conflict of interest.

Self-expanding stent (SE)	Balloon-expandable stent (BE)
<p>Flexible</p> <ul style="list-style-type: none"> <li>• Easy to adapt wall pulsatility</li> <li>• Conform to various vessel diameters</li> <li>• Less Neointimahyperlasia</li> <li>• Tapering lesions?</li> <li>• Tortuous lesions?</li> <li>• Longer lesions?</li> </ul>	<p>High radial outward force</p> <p>Can be placed more precisely</p> <ul style="list-style-type: none"> <li>• Heavily calcified lesions?</li> <li>• Lesions prone to recoil?</li> <li>• Ostial CIA lesions?</li> <li>• Kissing balloon?</li> <li>• Shorter lesions?</li> </ul>

# ICE Trial

Prospective, multicenter, randomized, investigator initiated



# ICE Trial

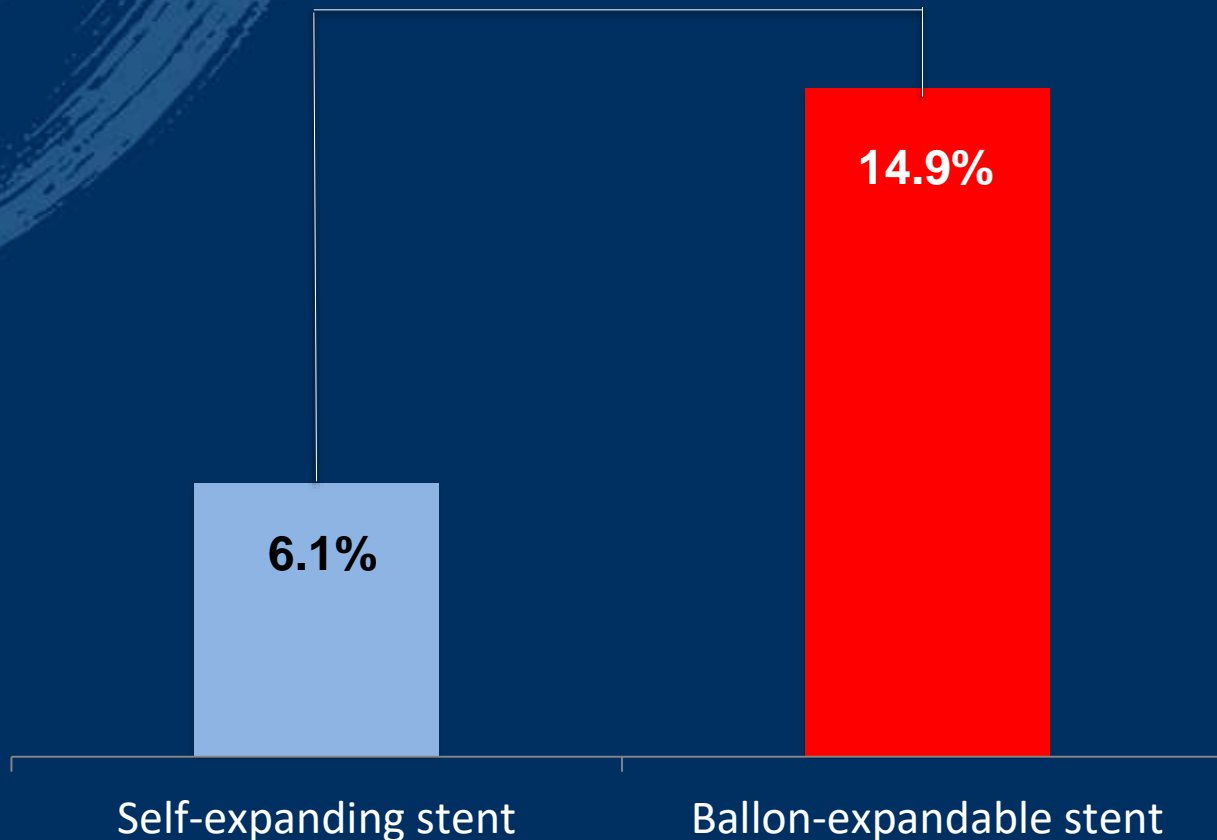
## Lesion Characteristics

	SE	BE	P
N	340	320	
CIA (%)	60.3	57.8	<i>ns</i>
EIA (%)	39.7	42.2	<i>ns</i>
DS (%)	85.1 ± 10.0	84.2 ± 9.6	<i>ns</i>
RVD (mm)	8.3 ± 1.1	7.7 ± 1.2	<b>&lt;0.0001</b>
Lesion length (mm)	41.1 ± 32.9	33.7 ± 26.5	<b>0.005</b>
Heavy calcification (%)	26.5	24.7	<i>ns</i>
Total occlusion (%)	18.2	14.7	<i>ns</i>
In-stent restenosis (%)	4.1	3.4	<i>ns</i>

# ICE Trial

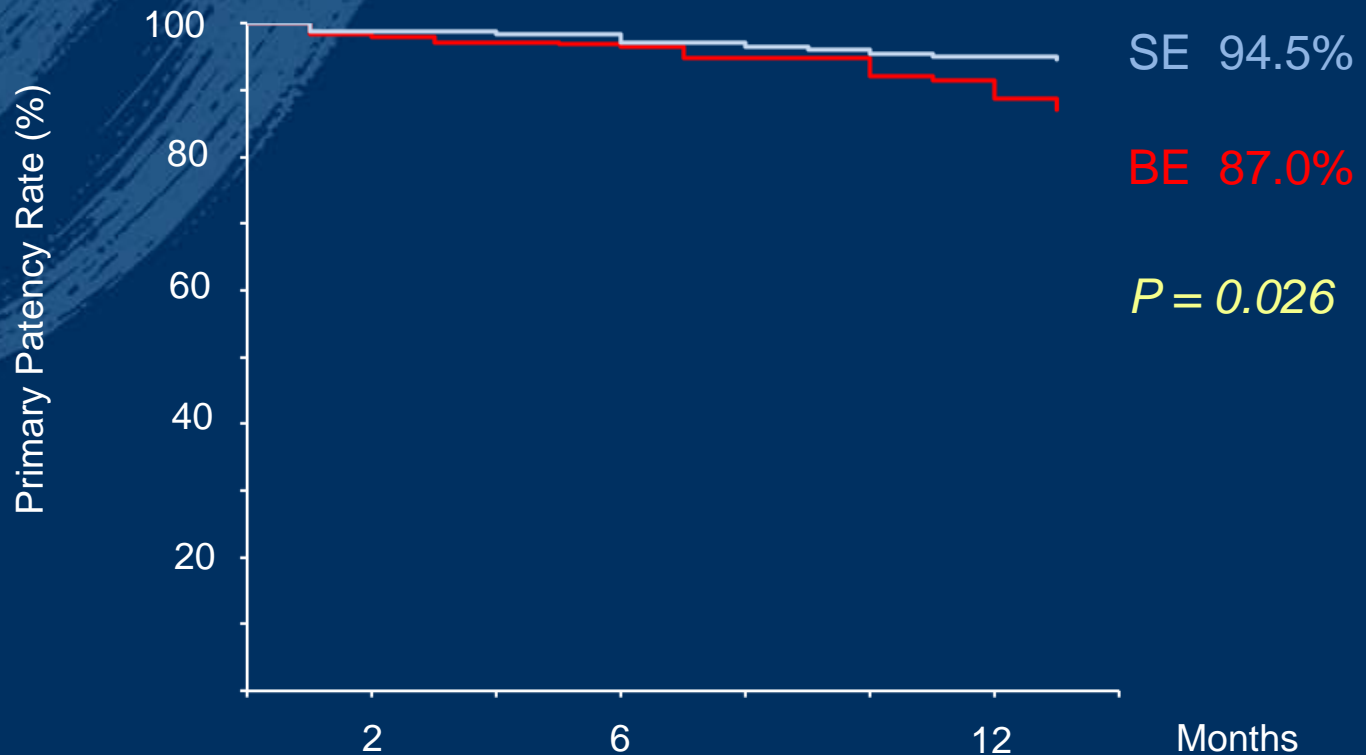
Primary endpoint  
12-month binary restenosis

$P = 0.006$



# ICE Trial

## Primary patency at 12 months

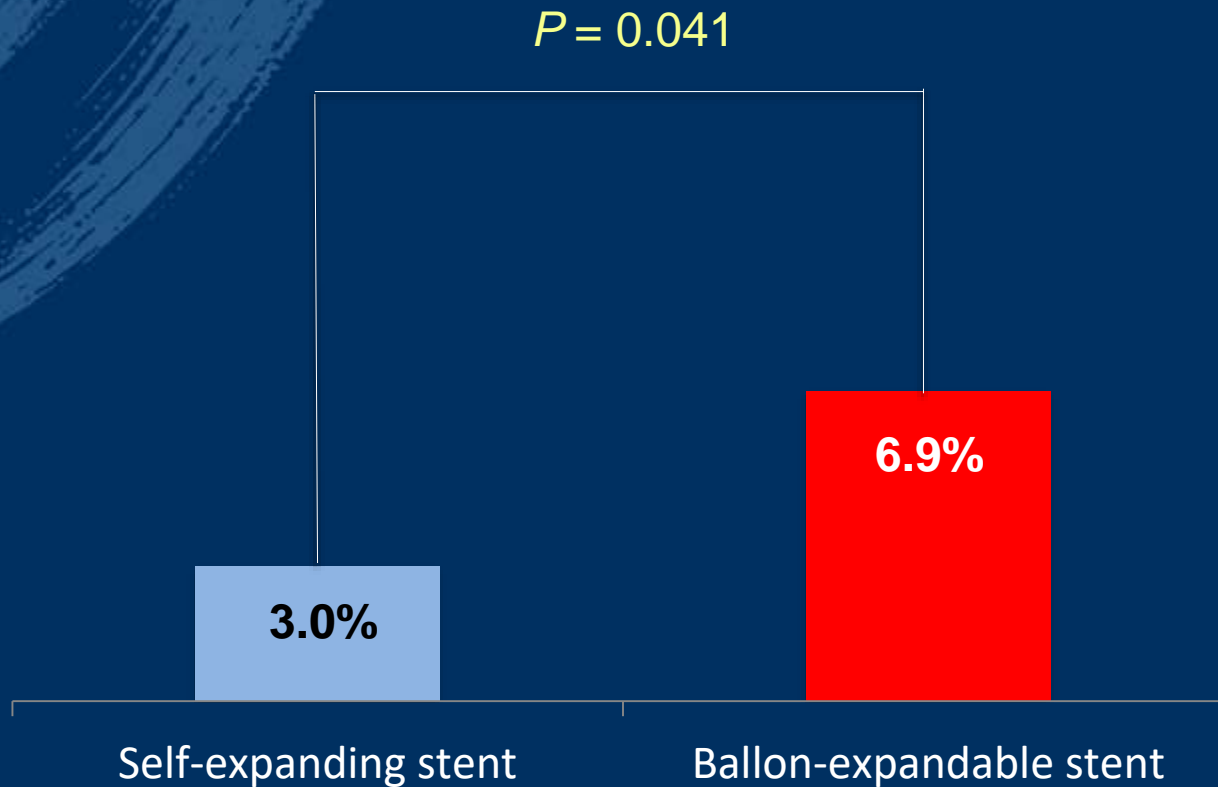


Patients at risk

SE	340	233	229	228	196	194	192
BE	320	244	243	238	175	172	166

# ICE Trial

## 12-month TLR



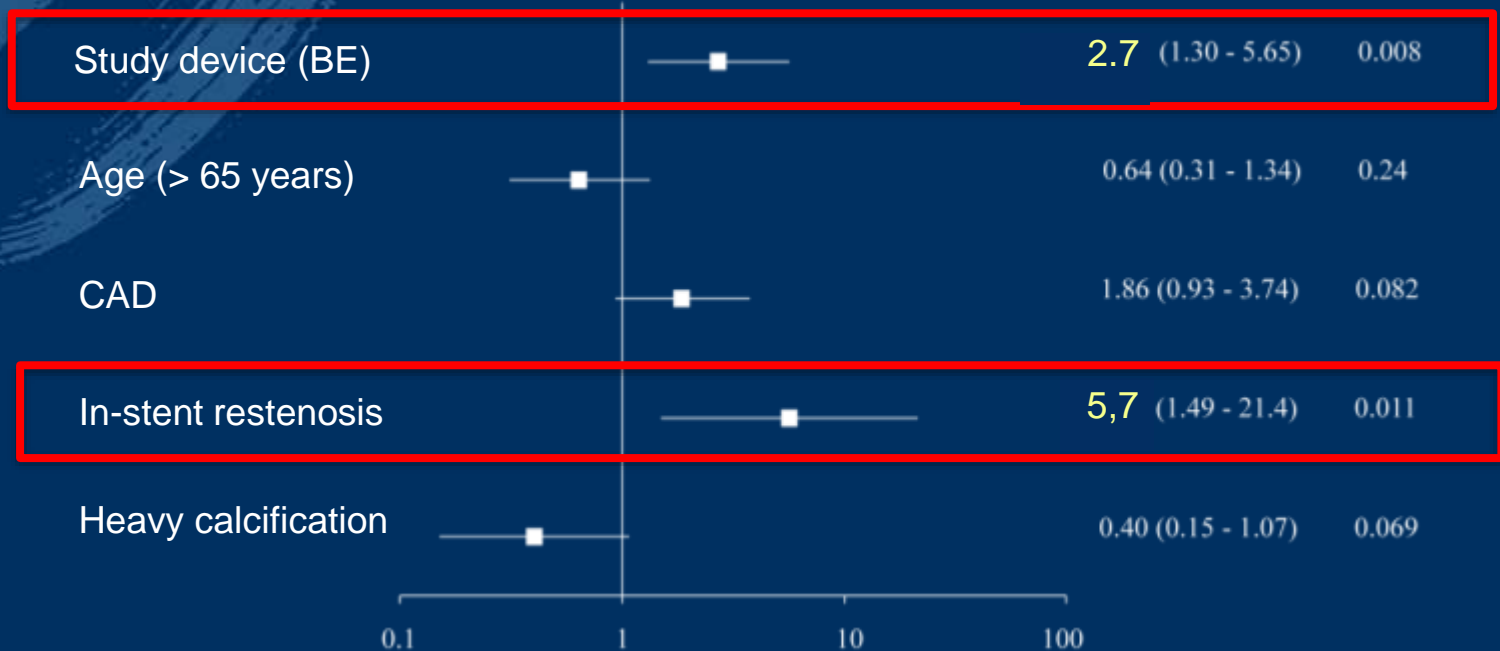


# ICE Trial

## Multivariable Analysis

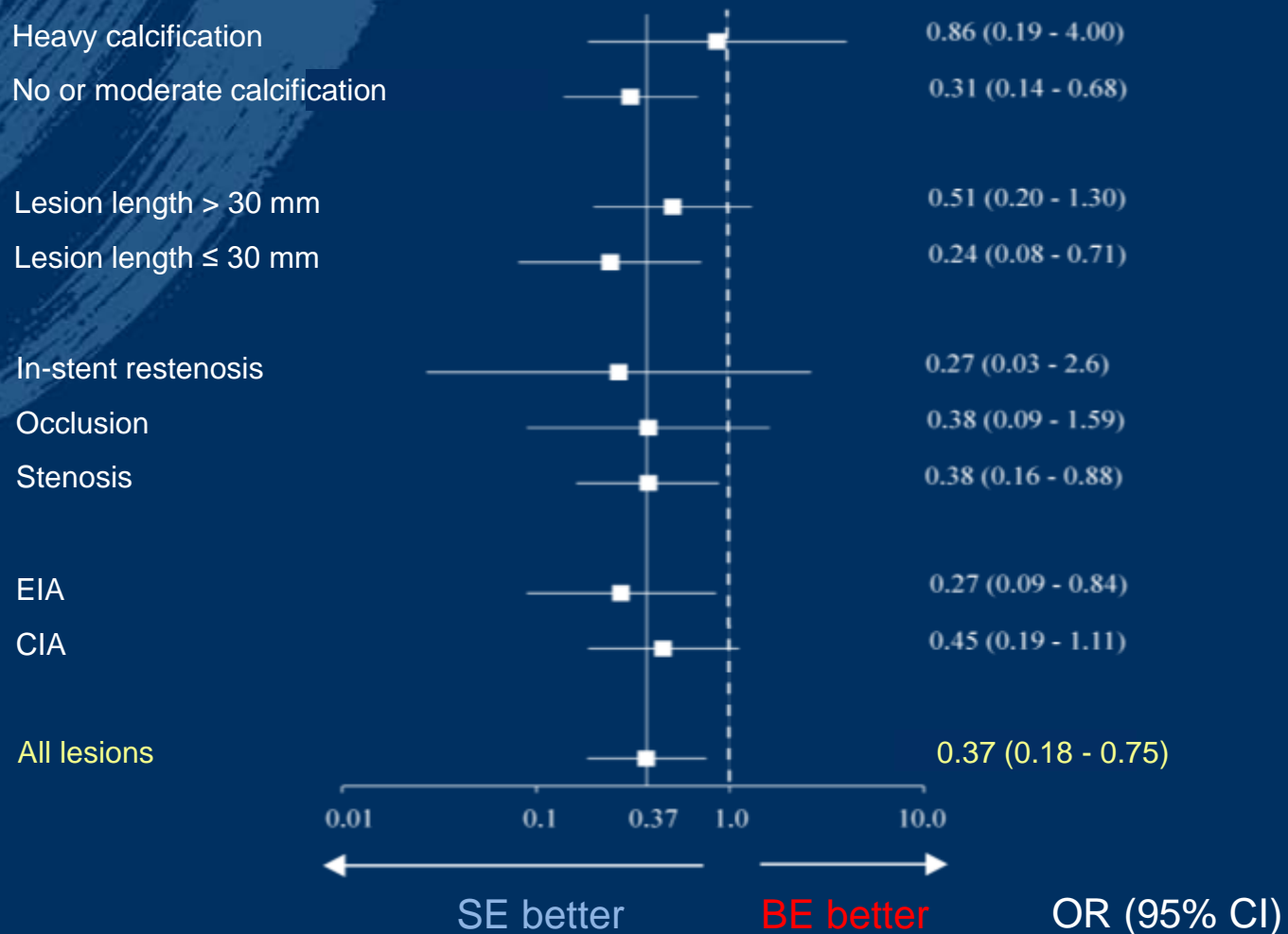
Association of  
binary restenosis with:

Odds ratio (95% CI)



# Lesion Subgroups

## Treatment effect on 12-month restenosis rate



# ICE Trial - Summary

- Treatment of IAOD with self-expanding stents as compared to balloon-expandable stents
  - resulted in a lower 12-month restenosis rate
  - a significantly reduced TLR rate
  - provided superior primary patency
- Multivariable analysis identified treatment with balloon-expandable stents and in-stent restenosis as predictors of binary restenosis
- None of the patient or lesion characteristics were found to interact with the treatment effect
- No safety concerns arose in both groups

# VISIBILITY Iliac study

Prospective, observational, 17 centers,  
balloon-expandable stent\*, 75 patients, 9-month FU

Ø Lesion length 2.9 cm; mod./severe Calcium 54%; CTO 8%

<b>Primary patency</b>	95.8%	
TASC A/B	98.1%/ 92.9%	} p<0.001
TASC C/D	83.3%	

No difference (ns): gender, lesion loc., calcification, occlusion

**Freedom from cd-TLR** 95.8%

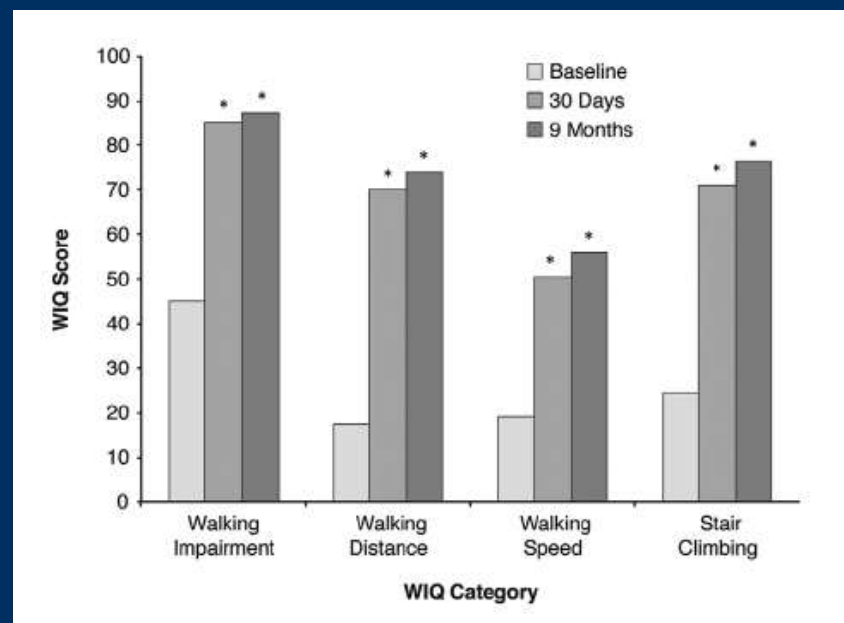
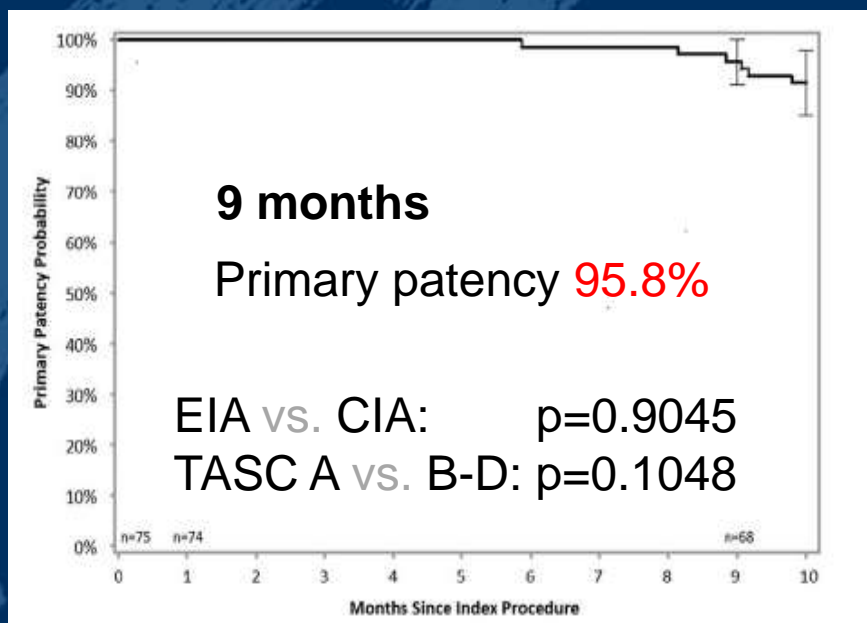
**MAE** 4.0%  
( 5 cd-TLR in 3 patients)

\* Visi-Pro

# DURABILITY Iliac study

Prospective, observational, 15 centers,  
self-expanding stent\*, 75 patients, 9-month FU

Ø Lesion length 4.5 cm; mod./severe Calcium 67%; CTO 22%



**9-month MAE:** 1.3% (1 cd-TLR, no death, MI, or amputation)

\* Protégé Everflex, Protégé GPS

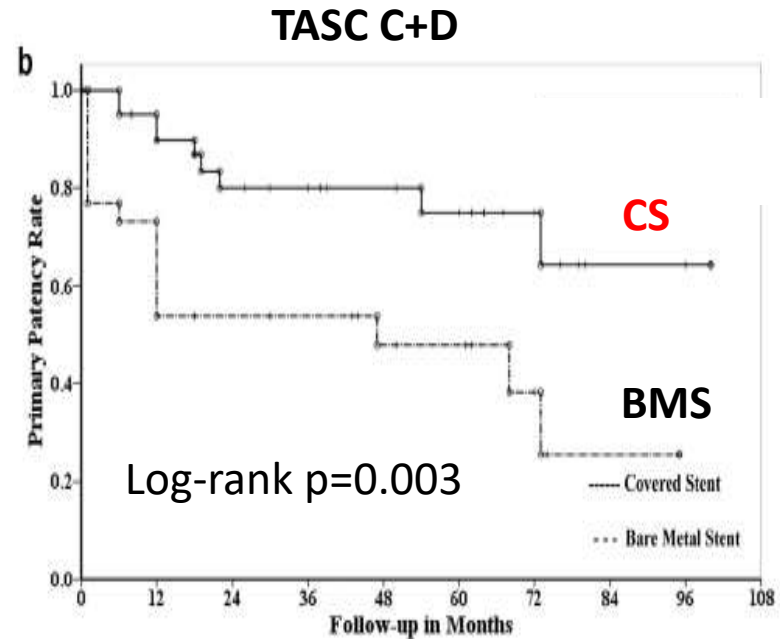
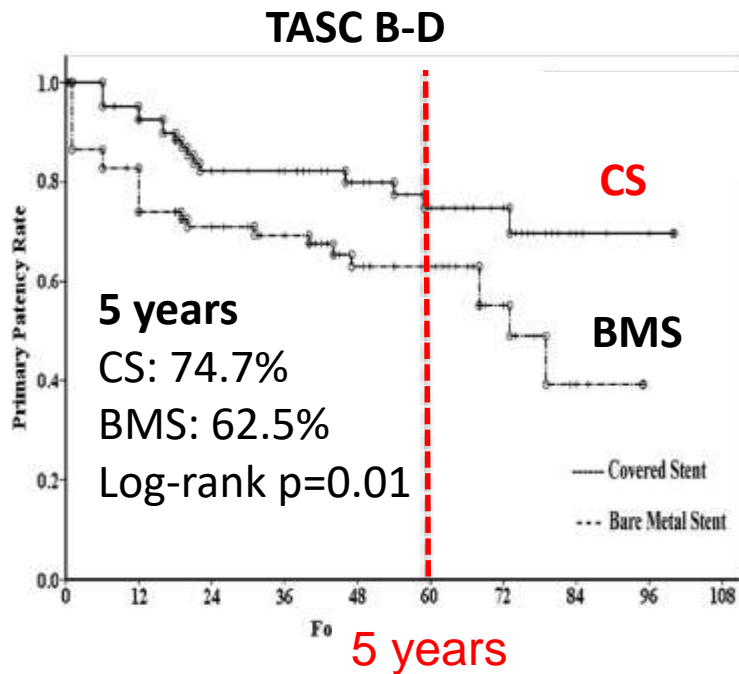
Faries et al. Ann Vasc Surg 2018; 51: 37–47

# Covered stent\* (BE) vs. BMS (BE, 6% SE)

COBEST (RCT) trial: 5-year results

Iliac artery stenosis or occlusion: TASC B-D, 125 patients

## Primäre Offenheit



(TASC B: CS vs. BMS: p=0.197)

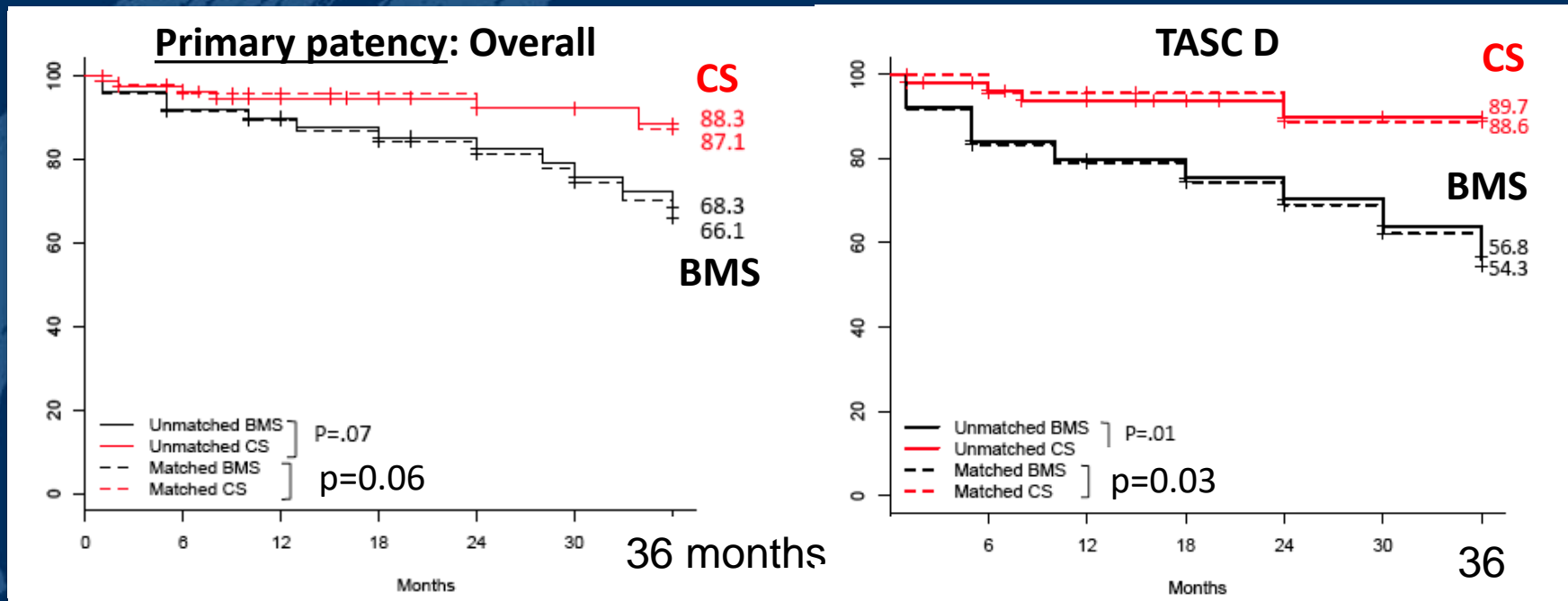
Risk factors: Type of stent (HR 2.8), Rutherford category (HR 2.0)

# PTFE\* covered stent (SE) vs. BMS (SE)

## Iliac artery occlusions

Retrospective, 2 matched cohorts, 94 limbs, 3 years

Ø Lesion length 7/6 cm; mod./severe Calcium 47/41%; CTO 100%



**Favours CS:** Occlusion length > 3.5 cm; p=0.04  
Total lesion length ≥ 6.0 cm: p=0.04  
Calcification > 75% of arterial circumference: p=0.01

\* Polytetrafluoroethylene: Viabahn, Fluency

# Conclusion

- Both SE and BE perform well in IAOD.
- The randomised ICE trial favours SE over BE.
- Covered stents (SE and BE) might add some benefit in ISR and heavily calcified lesions.



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