

# When should we use DCBs? Why?

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# Disclosure

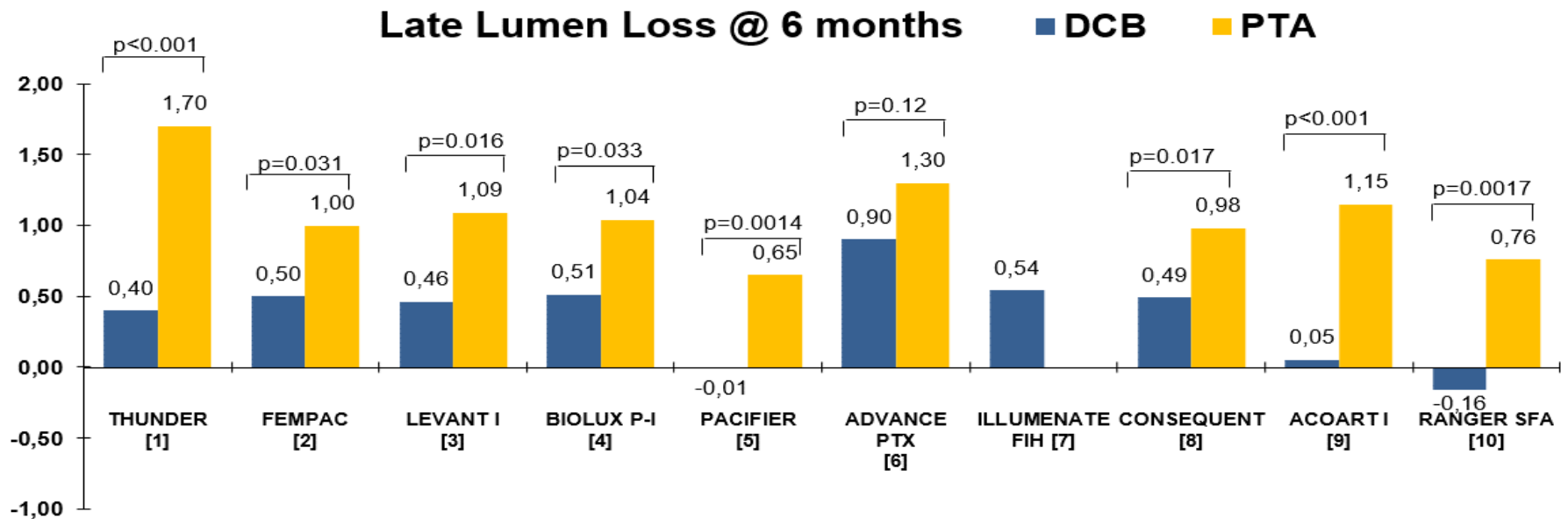
Speaker name:

Gunnar Tepe

I have the following potential conflicts of interest to report:

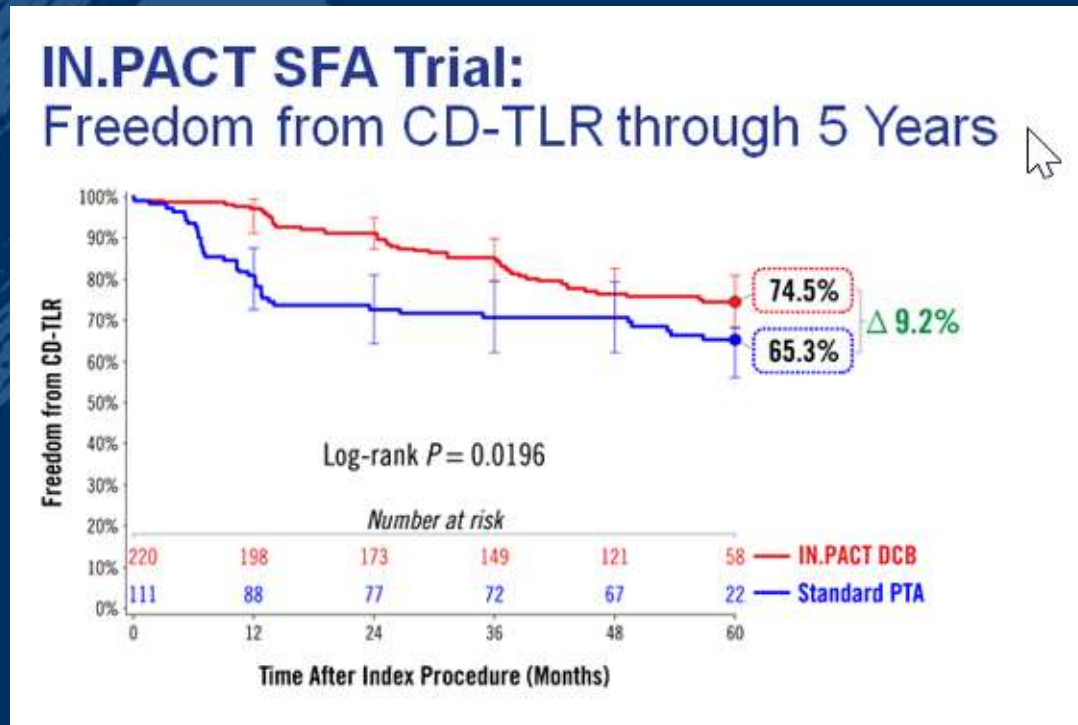
Study support by BART, Biotronic, Bayer, Biotronic, Gore,  
Medtronic, Verian

# In TASC A/B lesions



1. Always better than POBA
2. ...and in the meantime even more DCBs with positive results are available
3. ...but what about long-term?

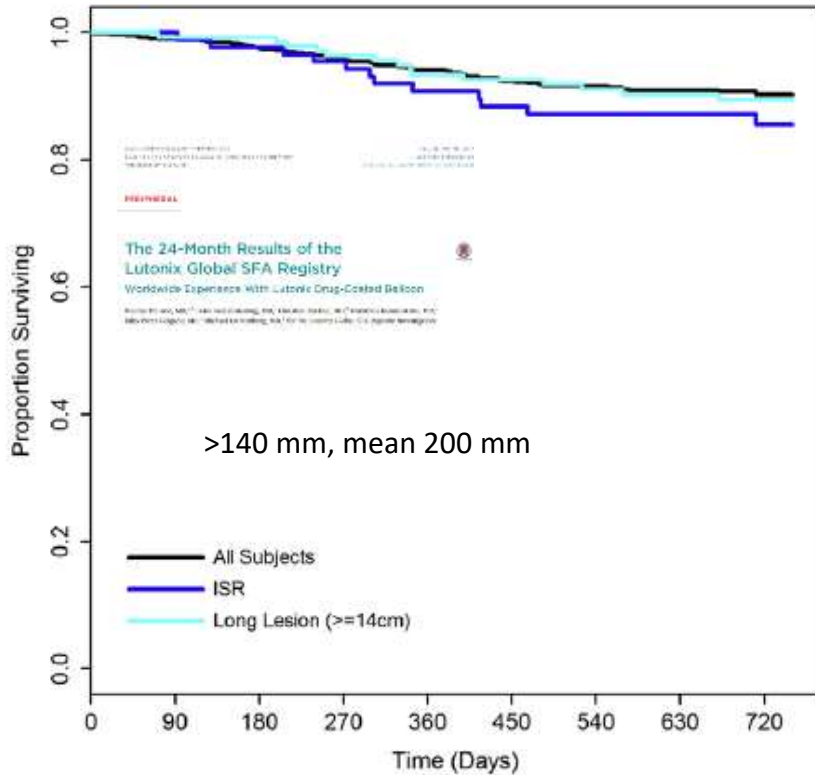
# In TASC A/B lesions – long term



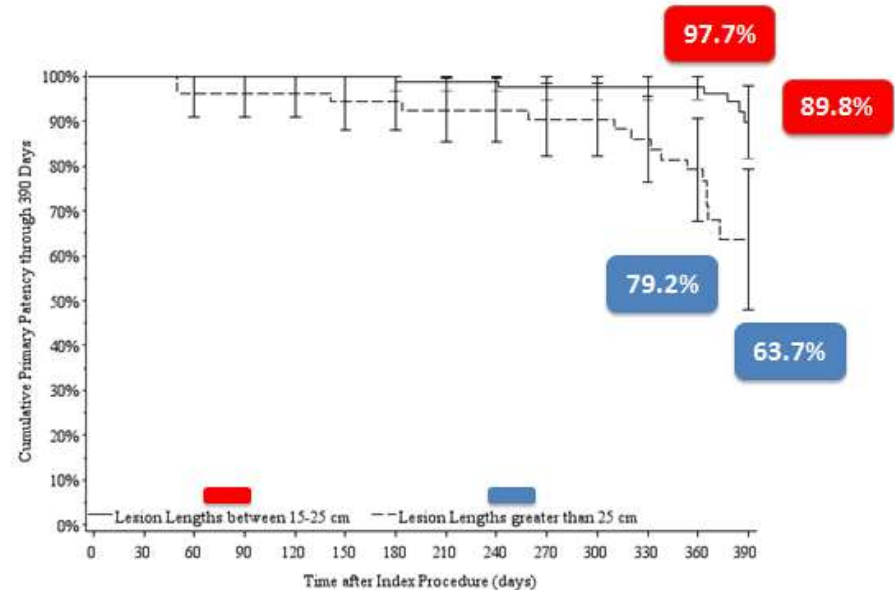
1. 2/3 would have been also ok with POBA but
2. 1/3 with either sustained benefit or delayed restenosis

# In TASC C/D lesions

**FIGURE 1** Kaplan-Meier Curve for TLR-Free Survival Including Subgroups

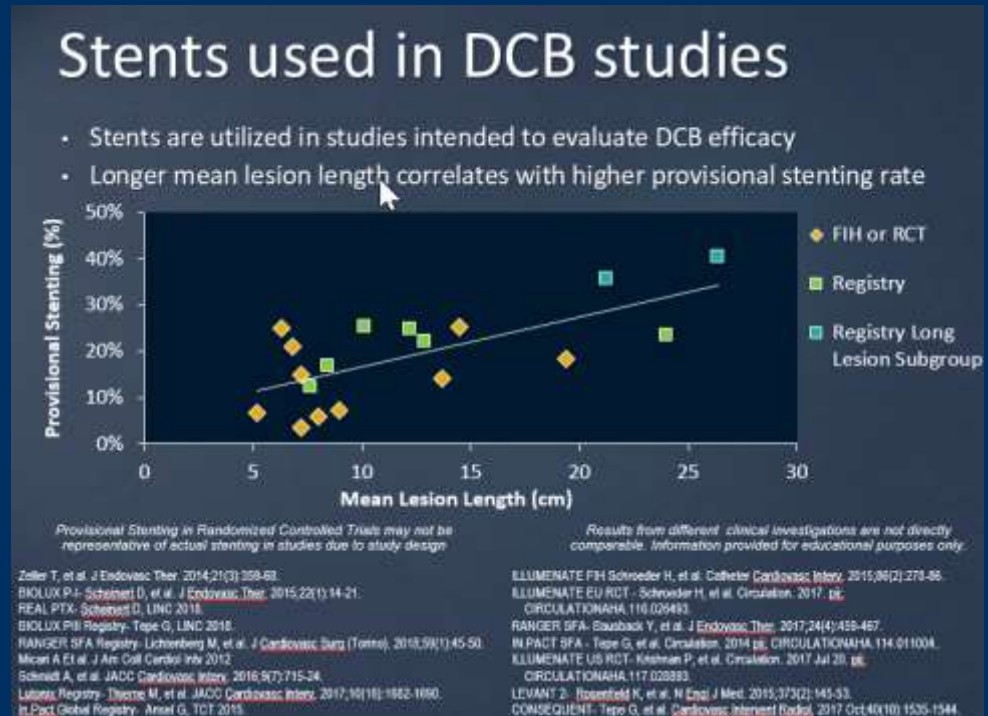


**IN.PACT Global Long Lesion Imaging Cohort: Primary Patency by Lesion Length Subgroup**



# In TASC C/D lesions

But: As longer the lesion  
as more stents needed



Open question: What is the better concept?

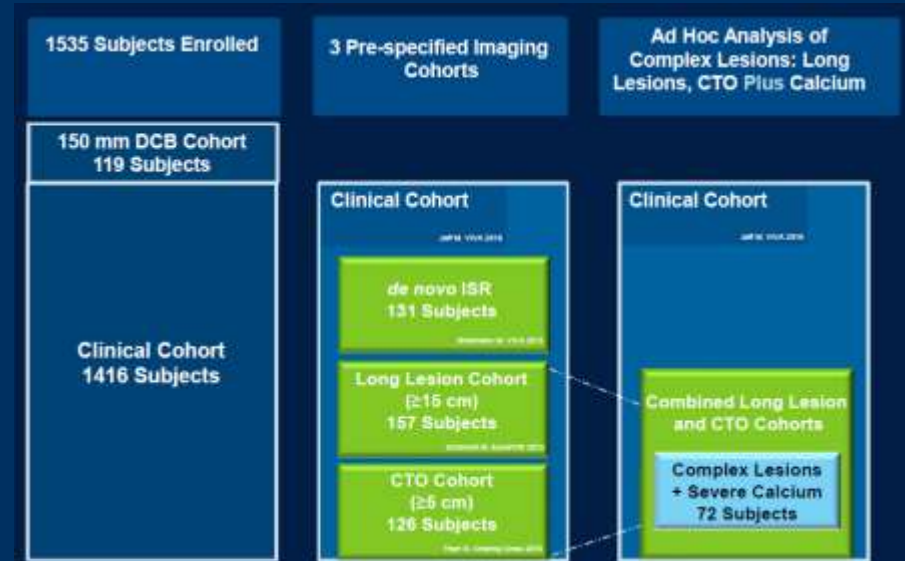
DCB + Spot Stent OR direct DES: The SPORTs Study will tell us!

# In TASC calcified lesions

## DCB in Calcification:

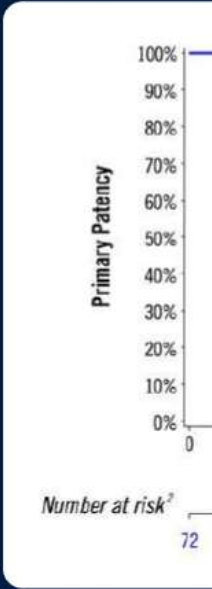
An Assessment of Complex Lesions (Long Lesions, Chronic Occlusions + Severe Calcium) from the IN.PACT Global Study

Fabrizio Fanelli, MD, EBIR  
"Sapienza" University of Rome

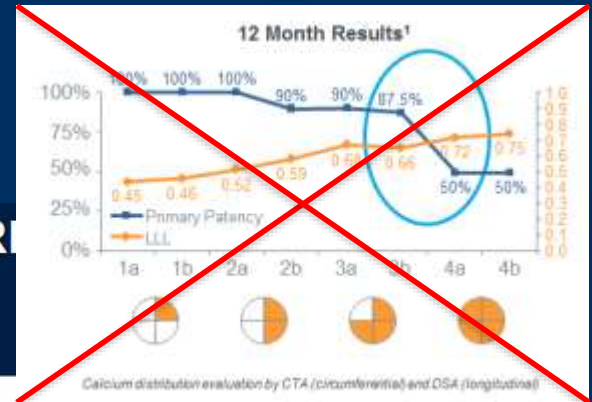
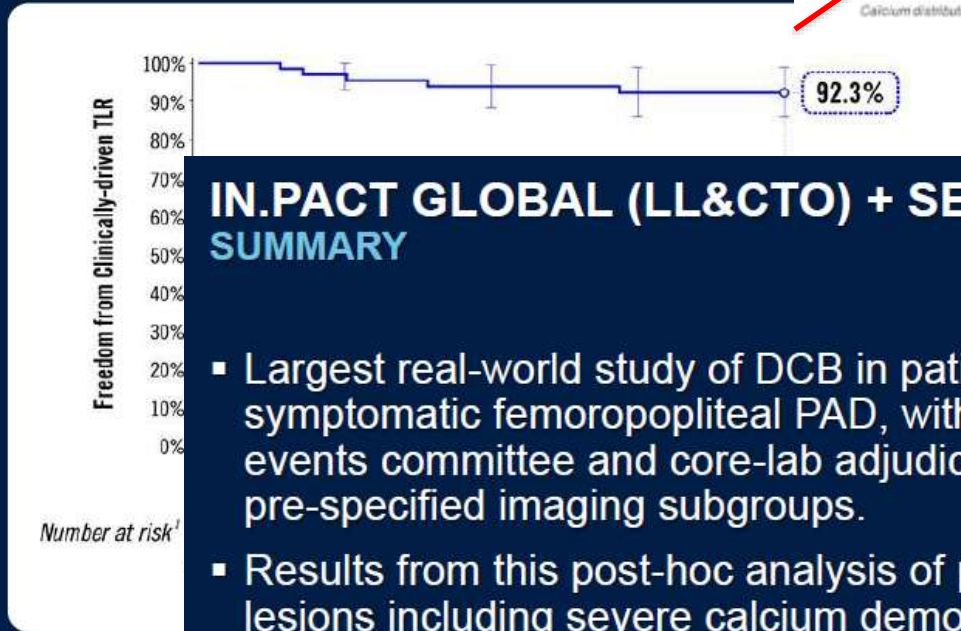


# In TASC calcified lesions

## IN.PACT GLOBAL (LL&CTO) + SEVERE CALCIUM PRIMARY PATENCY<sup>1</sup>



## IN.PACT GLOBAL (LL&CTO) + SEVERE CALCIUM FREEDOM FROM CD-TLR THROUGH 1 YEAR



## IN.PACT GLOBAL (LL&CTO) + SEVERE CALCIUM SUMMARY

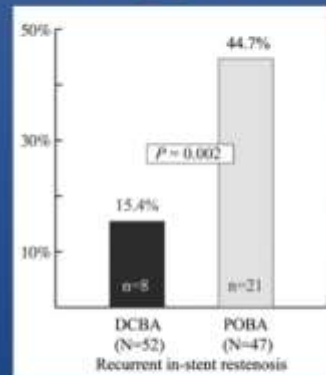
- Largest real-world study of DCB in patients with symptomatic femoropopliteal PAD, with independent clinical events committee and core-lab adjudication of outcomes in pre-specified imaging subgroups.
- Results from this post-hoc analysis of patients with complex lesions including severe calcium demonstrate strong patency rate of **88.8%** and CD-TLR of **8.5%**, with adjunctive stenting.



# In In-Stent RS

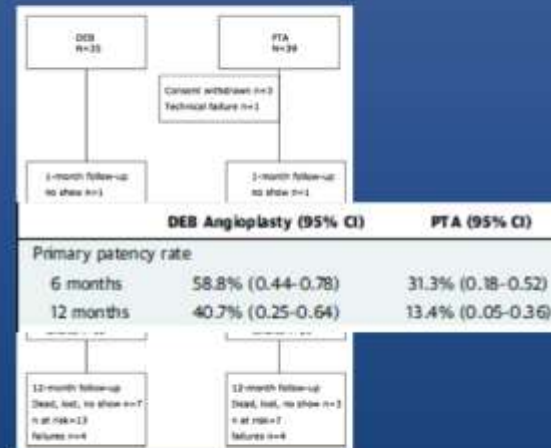
## FAIR and PACUBA (DCB)

FAIR 6 mo RS rate



Length: 8.1 cm

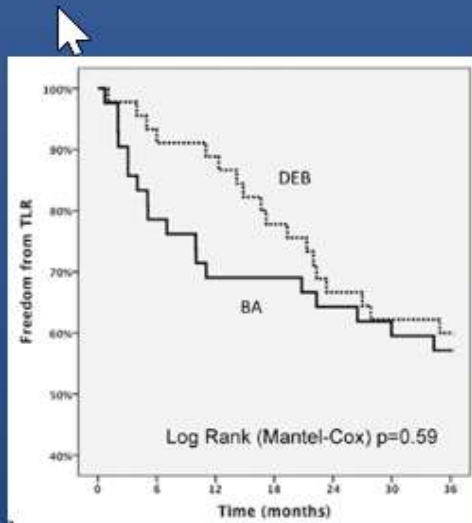
PACUBA 6 and 12 mo



Length: 17.9 cm

➔ Good results after 6 months but nothing beyond!

# In In-Stent RS

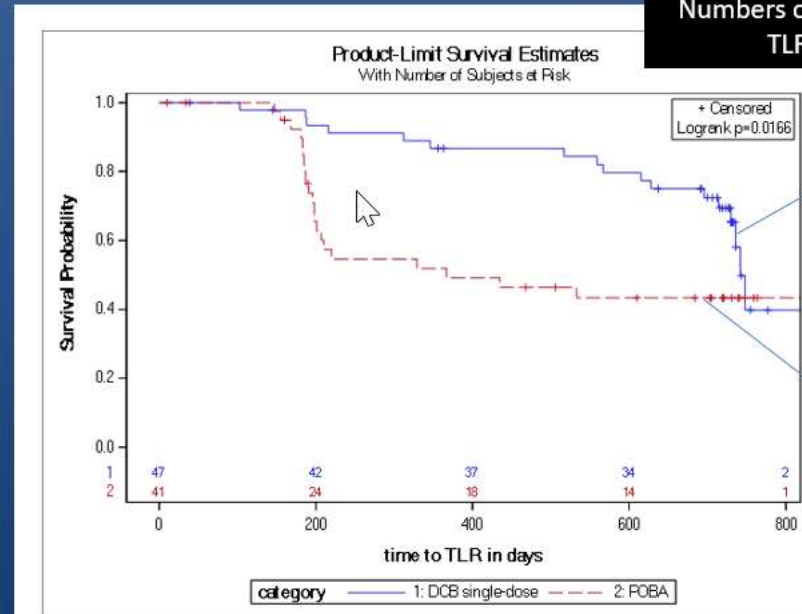


## Debate ISR 3 Y

Grotti et al., J EVT, 2016; 23: 52-57



## Results, TLR 2y



Numbers of patients with  
TLR/group

N=17

N=21

Delayed RS compared to POBA  
Alternative treatments (DES or Viabahn): no comparative studies, no data up to 3y with the other technologies in comparison to POBA

# In RS after DCB

## This is the next frontier!

How shall we proceed in case of restenosis after DCB?

My approach

1. Try to identify the reason for DCB failure and solve the problem  
(e.g. in case of calcium: vessel prep  
– in case of reststenosis and dissection: stent)
2. Do not repeat the same procedure which lead to restenosis  
(e.g. do vessel prep, increase dose, use stents)

# Conclusion

DCB = As primary treatment strategy in most of the SFA cases

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