Table 2. Lesion and procedural characteristics

<table>
<thead>
<tr>
<th>Atherectomy + Plain balloon (Group A)</th>
<th>Atherectomy + DCB (Group B)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>TASC II Lesion types</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A/B</td>
<td>21 (29.6%)</td>
<td>20 (33.3%)</td>
</tr>
<tr>
<td>C/D</td>
<td>50 (70.4%)</td>
<td>40 (66.7%)</td>
</tr>
<tr>
<td>Lesion length (mm)</td>
<td>199.4 ± 125.2</td>
<td>231.9 ± 130.5</td>
</tr>
<tr>
<td>Total occlusion</td>
<td>33 (46.6%)</td>
<td>28 (46.7%)</td>
</tr>
<tr>
<td>In-stent restenosis</td>
<td>16 (22.5%)</td>
<td>18 (30%)</td>
</tr>
<tr>
<td>Lesion location</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CFA only</td>
<td>3 (4.2%)</td>
<td>5 (8.3%)</td>
</tr>
<tr>
<td>SFA only</td>
<td>54 (76.1%)</td>
<td>39 (65%)</td>
</tr>
<tr>
<td>Popliteal only</td>
<td>4 (5.6%)</td>
<td>4 (6.7%)</td>
</tr>
<tr>
<td>Femoro-popliteal</td>
<td>10 (14.1%)</td>
<td>12 (20%)</td>
</tr>
<tr>
<td>Severe calcification</td>
<td>22 (31%)</td>
<td>27 (45%)</td>
</tr>
<tr>
<td>Lesion location</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Directional</td>
<td>68 (95.8%)</td>
<td>38 (67.3%)</td>
</tr>
<tr>
<td>Rotational</td>
<td>3 (4.2%)</td>
<td>22 (36.7%)</td>
</tr>
<tr>
<td>Filter use</td>
<td>7 (9.9%)</td>
<td>29 (48.3%)</td>
</tr>
<tr>
<td>Combined lesions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iliac</td>
<td>5 (7%)</td>
<td>3 (5%)</td>
</tr>
<tr>
<td>BTK</td>
<td>13 (18.3%)</td>
<td>12 (20%)</td>
</tr>
<tr>
<td>Distal run-off ≤ 1</td>
<td>41 (61.2%)</td>
<td>36 (66.7%)</td>
</tr>
<tr>
<td>Bail-out stenting</td>
<td>16 (22.5%)</td>
<td>4 (6.7%)</td>
</tr>
<tr>
<td>Technical success</td>
<td>97.2%</td>
<td>98.3%</td>
</tr>
<tr>
<td>Preprocedural ABI</td>
<td>0.53 ± 0.19</td>
<td>0.59 ± 0.87</td>
</tr>
<tr>
<td>Postprocedural ABI</td>
<td>0.83 ± 0.17</td>
<td>0.85 ± 0.18</td>
</tr>
<tr>
<td>Major complication</td>
<td>1 (1.4%)</td>
<td>1 (1.7%)</td>
</tr>
<tr>
<td>Distal embolization</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Vascular perforation</td>
<td>3 (4.2%)</td>
<td>4 (6.6%)</td>
</tr>
</tbody>
</table>

Table 3. Subgroup analysis in Atherectomy & DCB group (Group B)

<table>
<thead>
<tr>
<th>2-year primary patency p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>DM vs non-DM</td>
</tr>
<tr>
<td>ESRD vs non-ESRD</td>
</tr>
<tr>
<td>CKD vs non-CKD</td>
</tr>
<tr>
<td>Severe vs non-severe calcification</td>
</tr>
<tr>
<td>Directional vs Rotational atherectomy</td>
</tr>
<tr>
<td>Popliteal a. involve vs non-involve</td>
</tr>
<tr>
<td>Bail-out stenting vs without stenting</td>
</tr>
<tr>
<td>Lesion length ≥ 150mm vs &lt;150mm</td>
</tr>
<tr>
<td>Total occlusion vs non-total lesion</td>
</tr>
<tr>
<td>ISR vs non-ISR lesion</td>
</tr>
</tbody>
</table>

Conclusion

The combined therapy of atherectomy and DCB was superior to atherectomy with plain balloon in clinical primary patency at 2 years in femoropopliteal artery lesions.