



Comparison of Clinical Outcome between Patient with and without Hemodialysis after Endovascular Treatment with Heparin-Bonded Covered Stent

Shonan Kamakura General Hospital Department of Cardiology Hirokazu Miyashita, Kazuki Tobita, Takahiro Hayashi, Shohei Yokota, Yuka Mashimo, Hiroaki Yokoyama Takashi Nishimoto, Tomoki Ochiai, Noriaki Moriyama, Koki Shishido, Shingo Mizuno, Futoshi Yamanaka, Yutaka Tanaka, Masato Murakami, Saeko Takahashi, Shigeru Saito

Study Background

Previously several studies reported good outcomes of VIABAHN for femoro-popliteal lesion, and randomized study showed comparable patency rate compared to bare nitinol stent or surgical treatment. However, little is known about clinical outcome for patients with hemodialysis.

Main objective in this study is to investigate mid-term outcome of heparin-bonded covered-stent in daily practice in our hospital.

Methods

- Retrospective analysis.
- Jan,2017 ~ Apr,2018 in our institution.
- Consecutive cases undergoing EVT for femoro-popliteal lesion with VIABAHN.
- Index procedure and medical treatment were at discretion of attending physician.
- Patients were divided into two groups; those with hemodialysis and without hemodialysis .
- Primary endpoint: Primary patency (defined as no evidence of significant restenosis), Assisted Primary Patency (defined as stent graft that had not occluded at any time) and Clinical Driven-Target Lesion Revascularization(CD-TLR).
- Secondary endpoint: MACE (composite of all cause death, stroke, and myocardial infarction), MALE (composite of all re-intervention, and major amputation), device infection and graft thrombosis.

Results

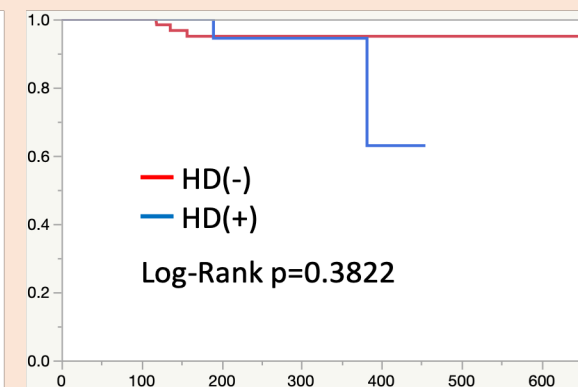
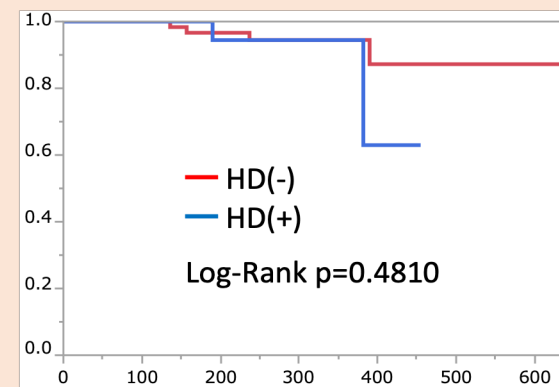
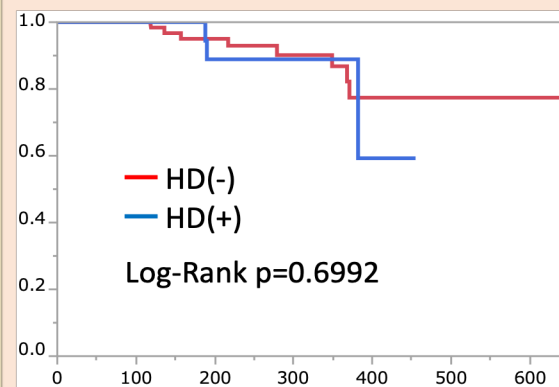
| Baseline Characteristics | non-HD | on-HD | p |
|--------------------------|-------------|------------|----|
| Patient Number | 54 | 19 | |
| Male | 26 (47.3%) | 15 (78.9%) | NS |
| Age, y | 76.9 ± 10.3 | 76.8 ± 9.6 | NS |
| Risk factor | | | |
| Diabetes Mellitus | 32 (58.2%) | 12 (63.2%) | NS |
| Hypertension | 47 (85.5%) | 15 (78.9%) | NS |
| Dyslipidemia | 36 (65.5%) | 8 (42.1%) | NS |
| Smoking | | | |
| Current | 5 (9.1%) | 0 (0%) | NS |
| CKD | 23 (41.8%) | 19 (100%) | NS |
| Past interventional data | | | |
| CAD | 33 (60.0%) | 11 (57.9%) | NS |
| post EVT | 24 (43.6%) | 11 (57.9%) | NS |
| Medication | | | |
| Statin use | 49 (89.1%) | 14 (73.7%) | NS |
| DAPT use | 51 (92.7%) | 18 (94.7%) | NS |
| Anticoagulant use | 5 (9.1%) | 1 (5.3%) | NS |
| Cilostazol use | 43 (78.2%) | 12 (63.2%) | NS |

Results

| Lesion Characteristics | non-HD | on-HD | p |
|------------------------|-------------------|-------------------|-----------------|
| Lesion Number | 72 | 23 | |
| Right | 38 (52.8%) | 13 (56.5%) | NS |
| ABI | 0.66 ± 0.16 | 0.62 ± 0.20 | NS |
| CLI | 19 (26.4%) | 9 (39.1%) | NS |
| TASC C/D | 63 (87.5%) | 21 (91.3%) | NS |
| Occlusion | 42 (59.2%) | 10 (43.4%) | NS |
| Lesion length | 274 ± 80mm | 268 ± 86mm | NS |
| Severe calc | 24 (33.3%) | 17 (73.9%) | p=0.0006 |
| ISR | 14 (19.4%) | 4 (17.4%) | NS |
| Distal runoff | 1.46 ± 0.75 | 1.43 ± 0.66 | NS |
| RVD proximal | 6.0 ± 0.49mm | 6.17 ± 0.41mm | NS |
| RVD distal | 5.7 ± 0.63mm | 5.80 ± 0.62mm | NS |

| Procedural Characteristics | non-HD | on-HD | p |
|----------------------------|---------------|-------------|----|
| Approach | | | |
| Ipsilateral | 26 (36.1%) | 11 (47.8%) | NS |
| Cross-Over | 46 (63.9%) | 12 (52.2%) | NS |
| Distal puncture | 18 (25.0%) | 4 (17.4%) | NS |
| Post-ABI | 0.97 ± 0.16 | 0.99 ± 0.17 | NS |
| IVUS use | 72 (100%) | 23 (100%) | NS |
| Stent number | 2.15 ± 0.64 | 1.87 ± 0.46 | NS |
| Min stent diameter | 5.69 ± 0.64mm | 5.87 ± 0.63 | NS |
| Lesion Success | 71 (98.6%) | 22 (95.7%) | NS |

| Endpoints | non-HD | on-HD | p |
|--------------------------|-------------|--------------|------------------|
| Follow-up period | 287days | 263days | 0.473 |
| Primary Outcome | | | |
| Primary Patency | 88.9% | 88.4% | 0.801 |
| Assisted Primary Patency | 95.6% | 91.3% | 0.397 |
| CD-TLR | 94.4% | 91.3% | 0.590 |
| Secondary Outcome | | | |
| MACE | 1.4% | 21.7% | <0.001 |
| all cause death | 1.4% | 21.7% | <0.001 |
| cardiac death | 0% | 4.4% | 0.08 |
| myocardial infarction | 0% | 0% | NA |
| stroke | 0% | 8.7% | 0.011 |
| MALE | 6.9% | 13.4% | 0.359 |
| major amputation | 0% | 0% | NA |
| all re-intervention | 6.9% | 13.4% | 0.359 |
| Device Infection | 0% | 0% | NA |
| Graft Thrombosis | 2.8% | 8.7% | 0.219 |



| | day | 50 | 100 | 150 | 200 | 250 | 300 | 350 | 400 | 450 | 500 |
|-----|---------|-----|-----|-----|--------|--------|--------|--------|-------|-------|-----|
| HD+ | rate(%) | 100 | 100 | 100 | 88.9 | 88.9 | 88.9 | 88.9 | 59.3 | 59.3 | NA |
| | at risk | 23 | 23 | 21 | 17 | 14 | 7 | 6 | 2 | 1 | NA |
| | SE | 0 | 0 | 0 | 0.0741 | 0.0741 | 0.0741 | 0.0741 | 0.247 | 0.247 | NA |

| | day | 50 | 100 | 150 | 200 | 250 | 300 | 350 | 400 | 450 | 500 |
|-----|---------|-----|-----|-----|-------|-------|-------|-------|--------|--------|-----|
| HD+ | rate(%) | 100 | 100 | 100 | 94.4 | 94.4 | 94.4 | 94.4 | 63 | 63 | NA |
| | at risk | 23 | 23 | 21 | 18 | 15 | 8 | 5 | 3 | 2 | NA |
| | SE | 0 | 0 | 0 | 0.054 | 0.054 | 0.054 | 0.054 | 0.2596 | 0.2596 | NA |

| | day | 50 | 100 | 150 | 200 | 250 | 300 | 350 | 400 | 450 | 500 |
|-----|---------|-----|-----|-------|-------|--------|--------|-------|--------|--------|--------|
| HD- | rate(%) | 100 | 100 | 100 | 98.4 | 95.0 | 95.0 | 95.0 | 95.0 | 95.0 | 85.0 |
| | at risk | 68 | 65 | 59 | 49 | 40 | 31 | 27 | 13 | 8 | 4 |
| | SE | 0 | 0 | 0.016 | 0.028 | 0.0342 | 0.0432 | 0.053 | 0.0786 | 0.0786 | 0.0786 |

Discussion & Conclusion

Our study suggested no significant differences in terms of efficacy outcome between on-HD and no-HD patient. However, clinical outcome in on-HD patient had worsening trend. Previous large retrospective study suggests that on-HD patients have an increased risk for loss of primary patency and need for TLR after bare self-expandable nitinol stent implantation to femoro-popliteal lesions. Our result had similar trend. Twenty percent of On-HD patients had dead during follow-up period, this is consistent with previous report which showed on-HD patient had bad prognosis. We might underestimate primary outcome because on-HD patient could die before they reach to primary endpoint. Further Follow-up study and larger sample size are needed.