

# CACVS 2013, Paris



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# Covered stents provide better results

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# Faculty Disclosure

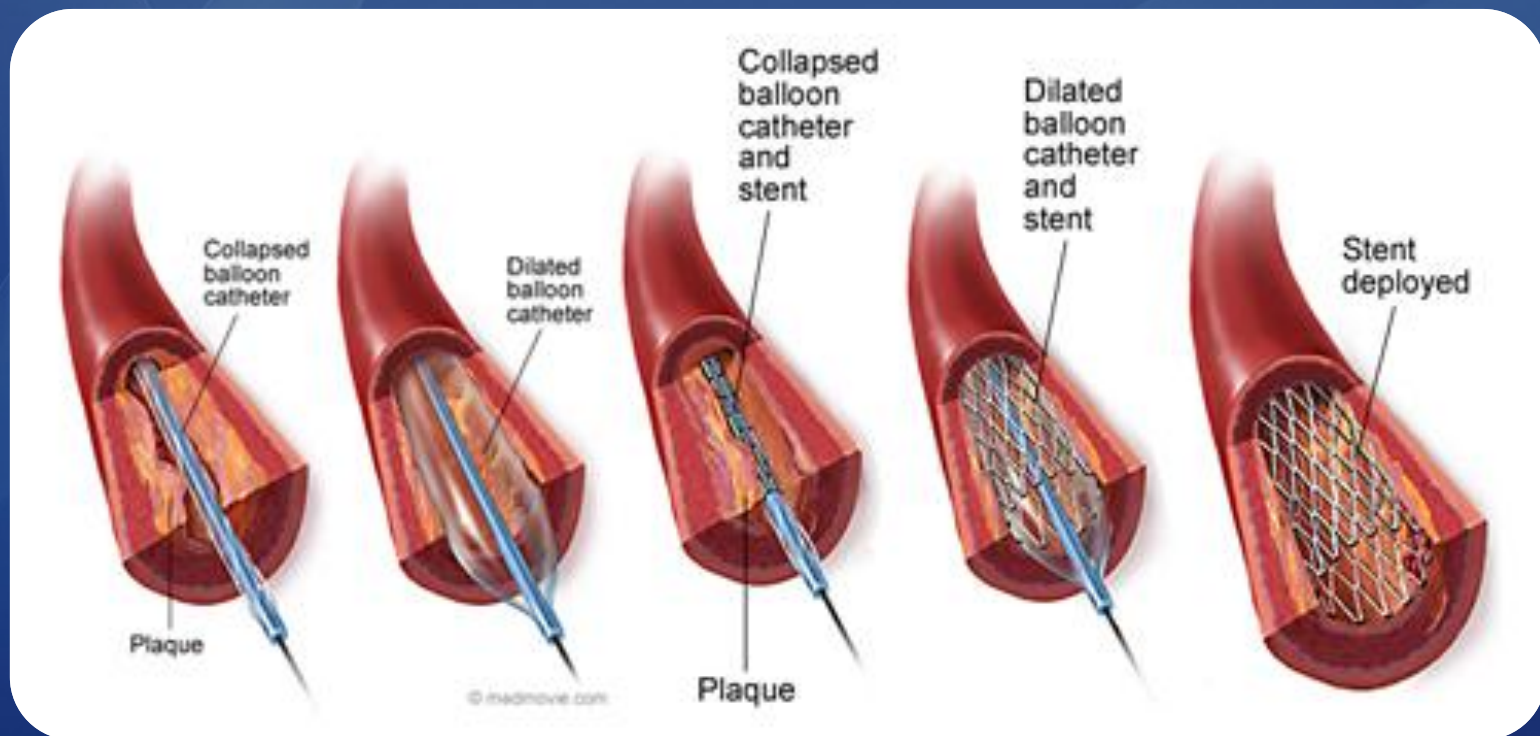
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*I disclose the following financial relationships:*

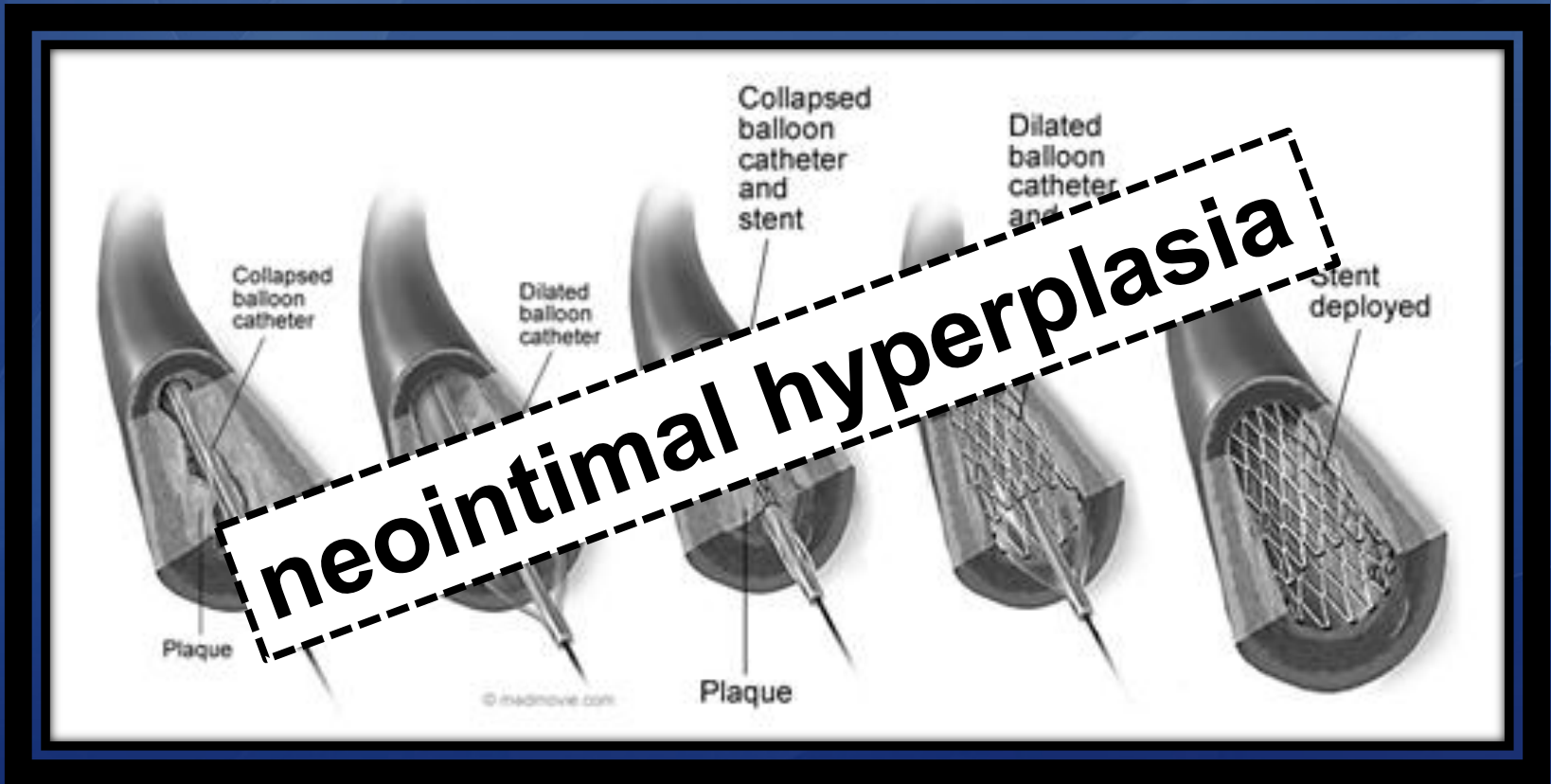
I have **no financial relationships** to disclose.

Je déclare les informations suivantes :  
je n'ai **aucune relation financière** à déclarer.

# Bare metal stents provide scaffolding for the plaque that is pushed aside during PTA



But...



# Can covered stents provide better results?



# VIBRANT trial

Prospective, randomized, multicenter trial

Question : Does the use of GORE VIABAHN<sup>®</sup> Endoprosthesis result in greater mid- and long-term patency compared to bare nitinol stents in treating long SFA lesions ( > 8 cm)

Number of enrolled subjects : 72 Viabahn/76 BNS (148)

# VIBRANT trial

	Gore Viabahn Endoprosthesis	Bare nitinol stent	P-value
Number of randomized subjects	72	76	
Target lesion length <i>(standard deviation)</i>	19 cm (8)	18 cm (7)	0.87
<b>Primary patency</b> <i>(PSVR 2.5)</i>	<b>53%</b>	<b>58%</b>	<b>0.58</b>
Freedom from TLR	73%	69%	0.69





# The next generation

## Gore VIABAHN Endoprosthesis

Ultra-thin wall  
ePTFE tube

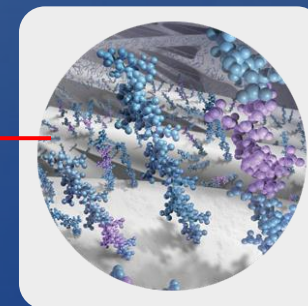
Unique, durable  
bonding film

Polished nitinol  
support



**Contoured proximal edge**

**Propaten Bioactive Surface**



**Lengths:**

2.5, 5, 10, 15, 25 cm

**Diameters:**

5 – 13 mm

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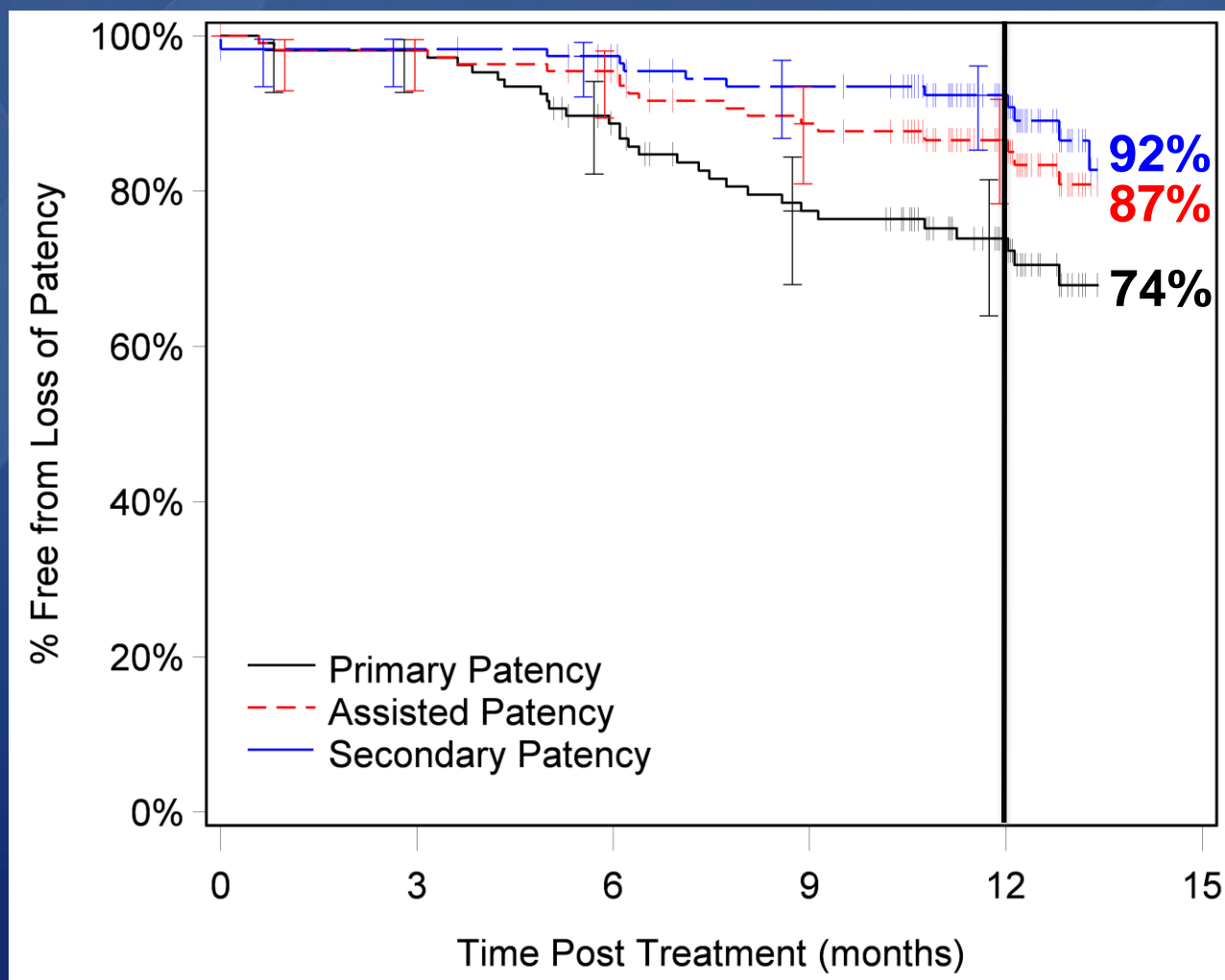
# VIPER trial

Prospective, non-randomized, multicenter trial

Goal : Evaluate the performance of GORE® VIABAHN®  
Endoprosthesis with Heparin Bioactive Surface  
in treating long-segment SFA disease  
(> 5 cm in length)

Number of enrolled subjects : 120 SFA lesions

# VIPER trial



# VIPER trial

The GORE® VIABAHN® Endoprosthesis Device with Heparin Bioactive Surface exhibits good Patency in Long SFA Lesions that is:

- Independent of lesion lengths
  - <20cm lesions (n=68): Primary patency = 75%
  - >20cm lesions (n=51): Primary patency = 70%
- Independent of device diameter used
  - 5mm (n=23): Primary patency = 79%
  - 6mm (n=85): Primary patency = 69%
  - 7mm (n=8): Primary patency = 100%



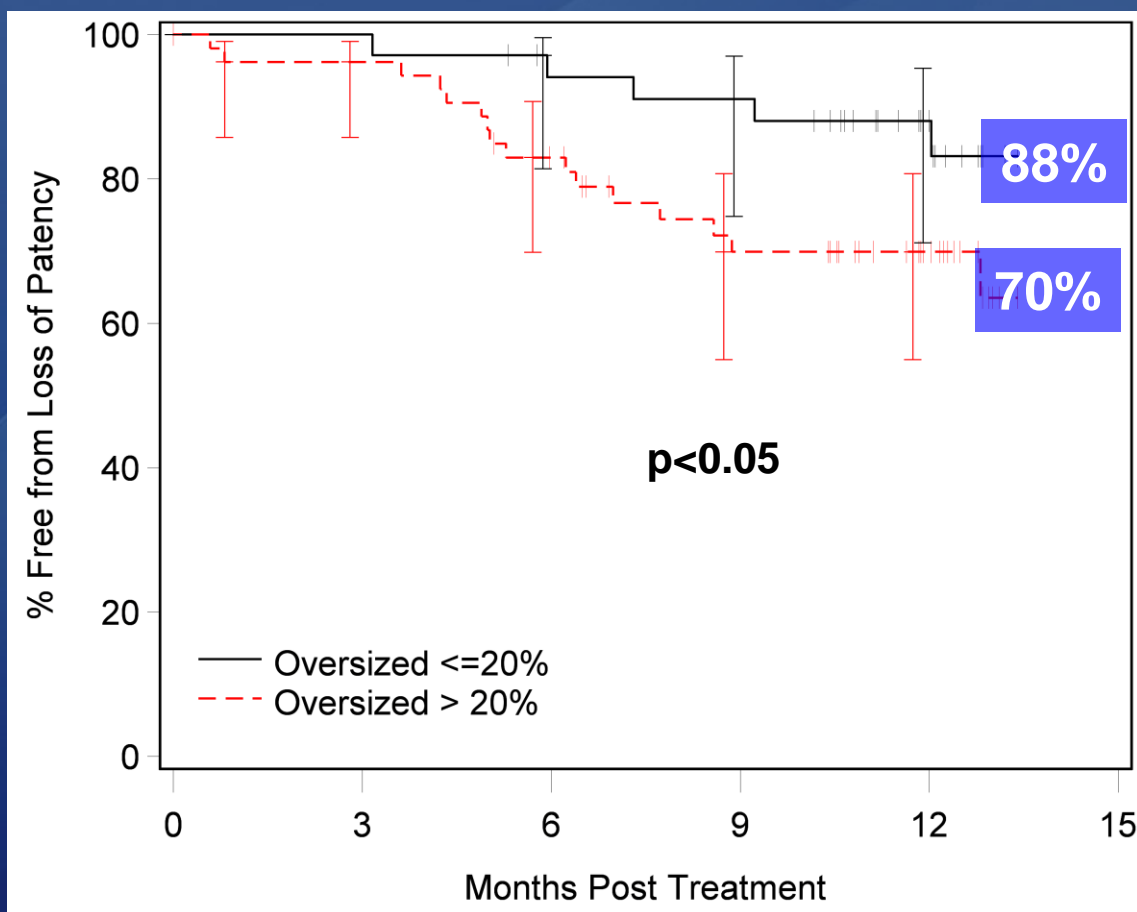
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# VIPER trial

## •Sizing is Critical

Primary patency is significantly better when IFU sizing is not exceeded at the proximal edge



# No comparison...



# VIASTAR trial

Prospective, **randomized**, multicenter trial

Goal : Evaluate the new generation GORE® VIABAHN® Endoprosthesis versus Bare Nitinol Stent in the treatment of SFA **TASC B, C and D lesions**

Number of enrolled subjects : 51 Viabahn/47 BNS (98)

# VIASTAR trial

final 12 months results  
as presented at CIRSE 2012

	Viabahn	BMS	p value
Primary patency	78%	53%	0.01
Freedom from TLR	85%	77%	0.37
Secondary patency	95%	98%	0.35

VIABAHN has a significantly higher  
1 year primary patency rate



**We have a winner!**



# What is the biggest challenge in SFA?



# Look close!



Dr. Sala Tenna

# RELINE trial



\* After Protocol Deviations were excluded

# RELINE trial

## Primary endpoints

- **Primary patency at 12 months**
  - = no evidence of restenosis or occlusion within the originally treated lesion based on color-flow duplex ultrasound (CFDU) measuring a peak systolic velocity ratio  $\leq 2.5$  and without target lesion revascularization (TLR) within 12 months
- Proportion of subjects who experience **serious device-related adverse events within 30 days post-procedure**

# RELINE trial

## PTA (N=44)

Avg lesion length	190 (30-270)*
stenosis (pre)	75.0 %
chronic occlusion	25.0 %
acute occlusion	0.0 %
Calcified lesion	25.0 %**



**8 bail-out procedures  
after failed PTA**

## Viabahn (N=39)

Avg lesion length	173 (30-330)
stenosis (pre)	76.9 %
chronic occlusion	20.5 %
acute occlusion	2.6 %
Calcified lesion	33.3%

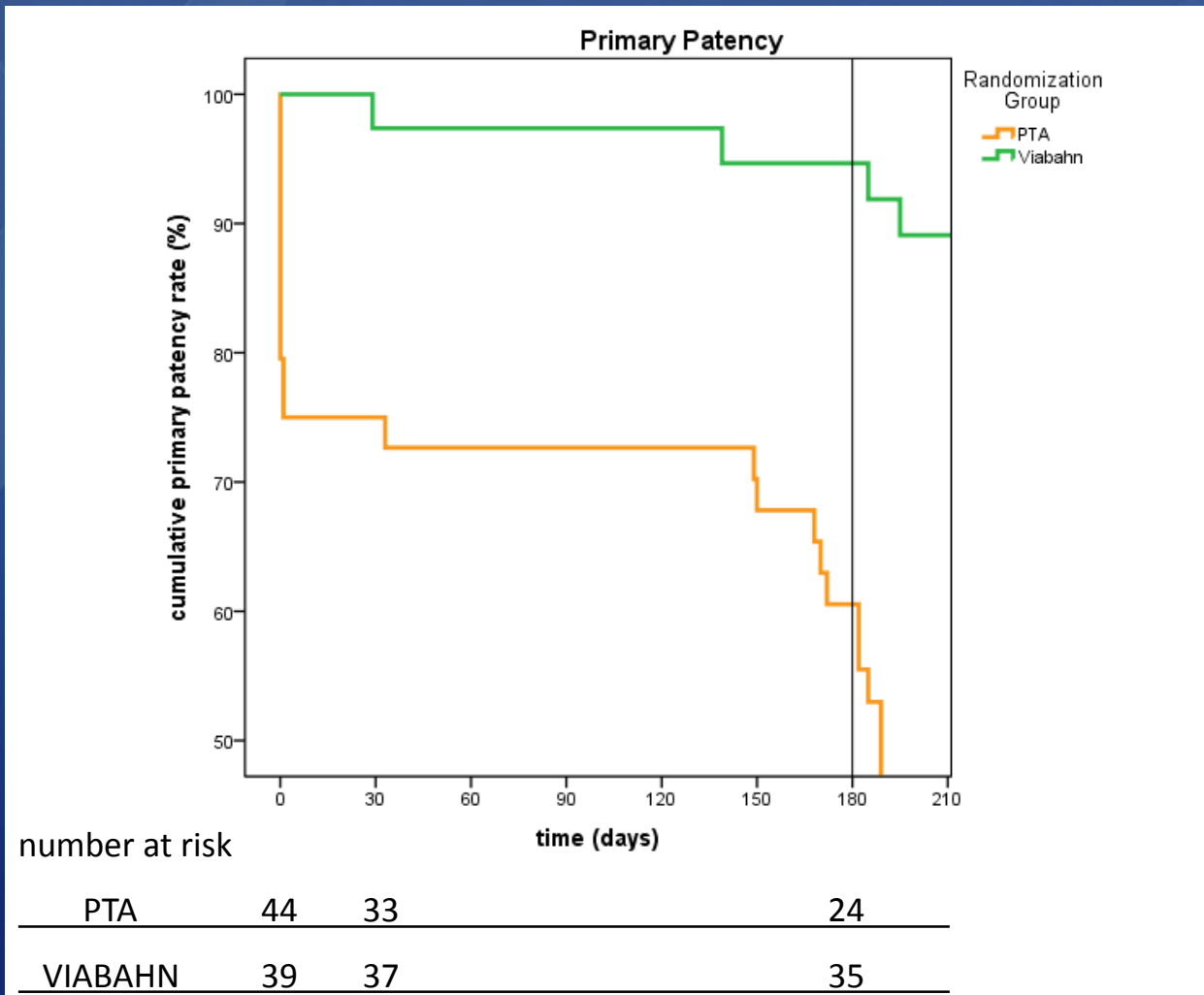


\* Missing data of 3 patients

\*\* Missing data of 1 patient

# RELINE trial – 6M Primary Patency

## VIABAHN vs. PTA



94.7 %

60.5 %

$p < 0.001$

# Conclusion

## 1) De novo lesions:

The VIABAHN endoprosthesis shows higher primary patency rates when compared with Bare Metal Stents.

## 2) In-Stent Restenosis:

The VIABAHN endoprosthesis is a promising tool.



# Over & out

