Endovascular Atherectomy Should Be the First Choice in Treating Common Femoral Stenoses

Debate: FOR the motion

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Vascular Surgeon, Brampton

William Osler Health System

PRESENTER DISCLOSURE

Presenter: Leonard Tse

*The views presented are ***NOT*** what I would advocate in clinical practice or on an examination*

I have no current relationships with commercial entities

VSM | Section of Vascular Surgery
UNIVERSITY OF MANITOBA

Outline

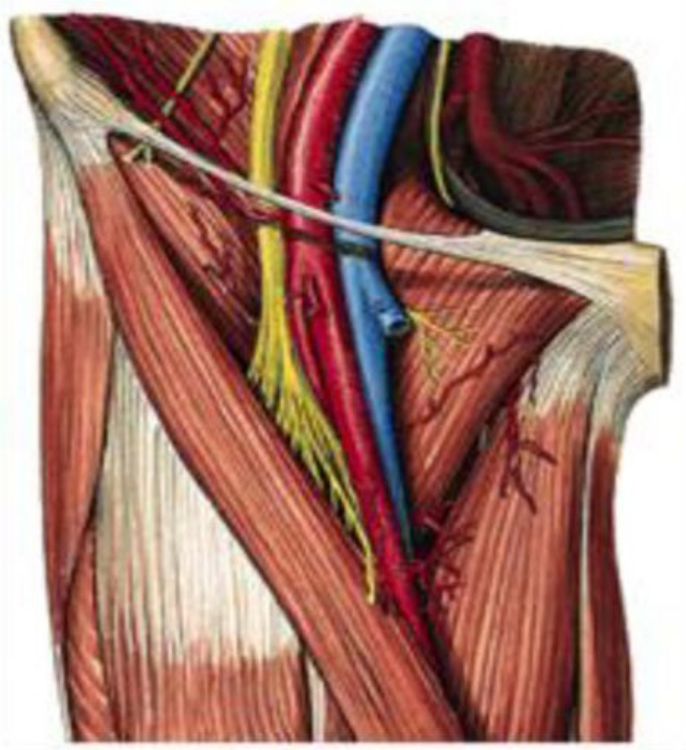
1. What makes the CFA special
2. Why Endo ***should be*** the 1st choice
3. Why Endo ***isn't*** the 1st choice, ***yet***
4. What needs to happen to get from "***should be***" to "***is***"

"Endovascular Atherectomy
Should Be the First Choice
in Treating
Common Femoral Stenoses"

1. What makes the CFA special

Endovascular Issues

Surgical Issues

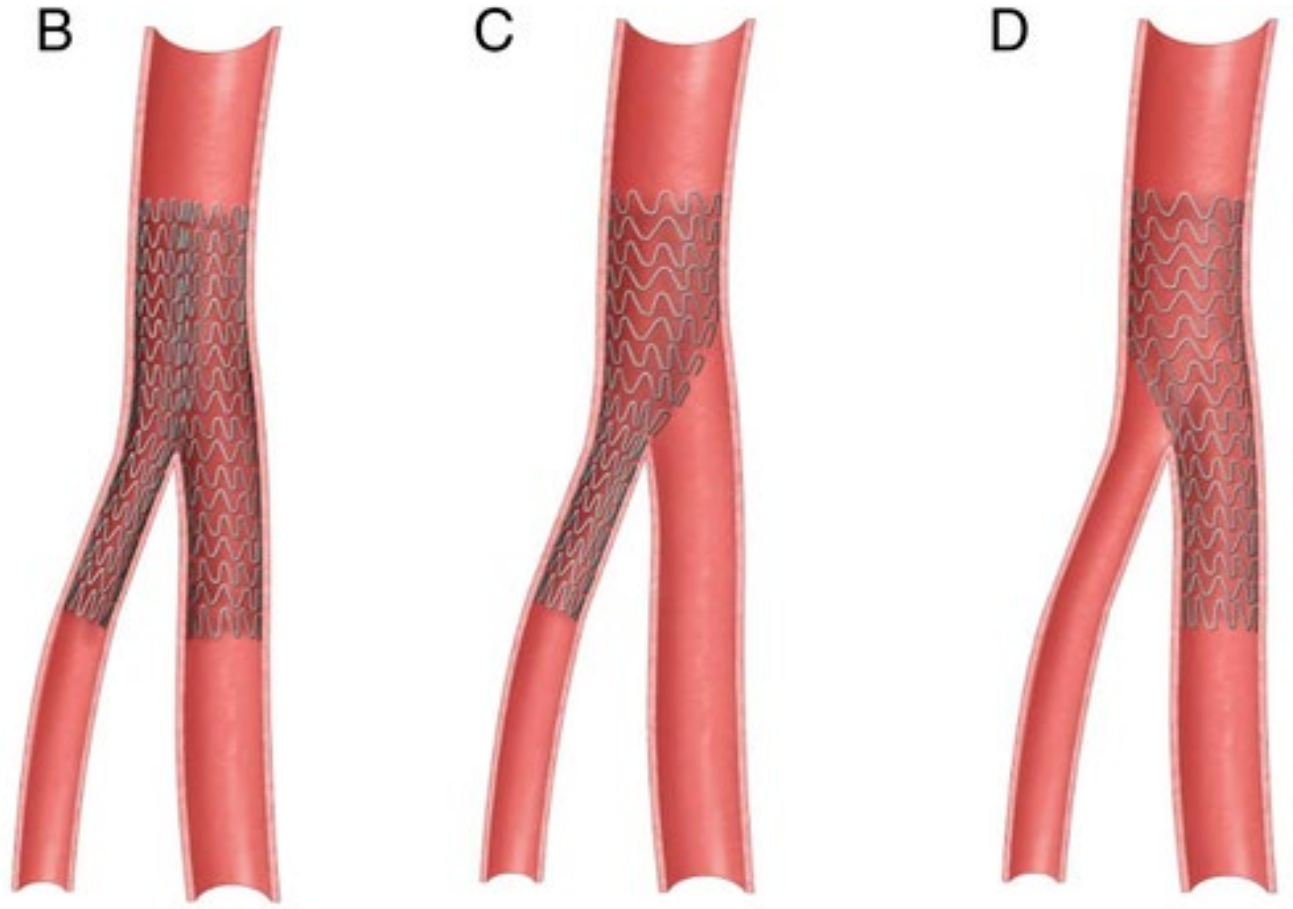


1. What makes the CFA special

Endovascular Issues

- Point of hip flexion
- Endo access site
- Importance of Profunda Femoris Artery (PFA)

- Typically calcific disease



1. What makes the CFA special

Surgical Issues

- Groin infections
- Wound separation
- Lymphatic leaks
- Edema/lymphedema

- Proximity of nerve (for redo)

2. Why Endo *should be* the 1st choice

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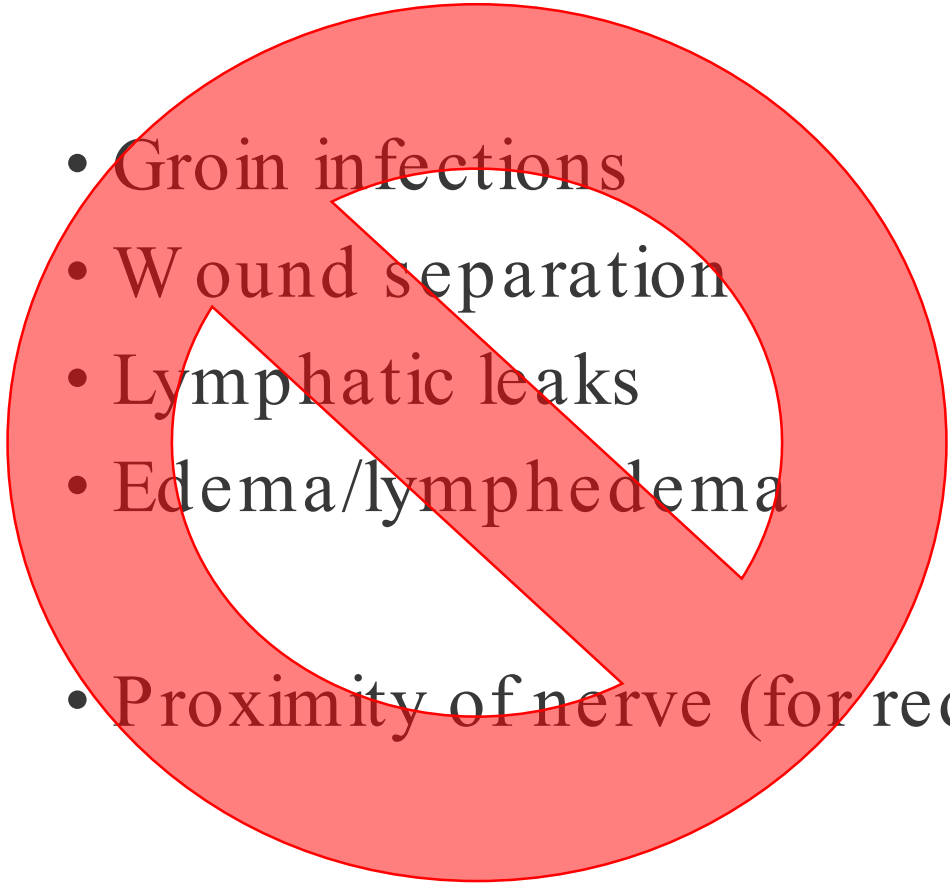

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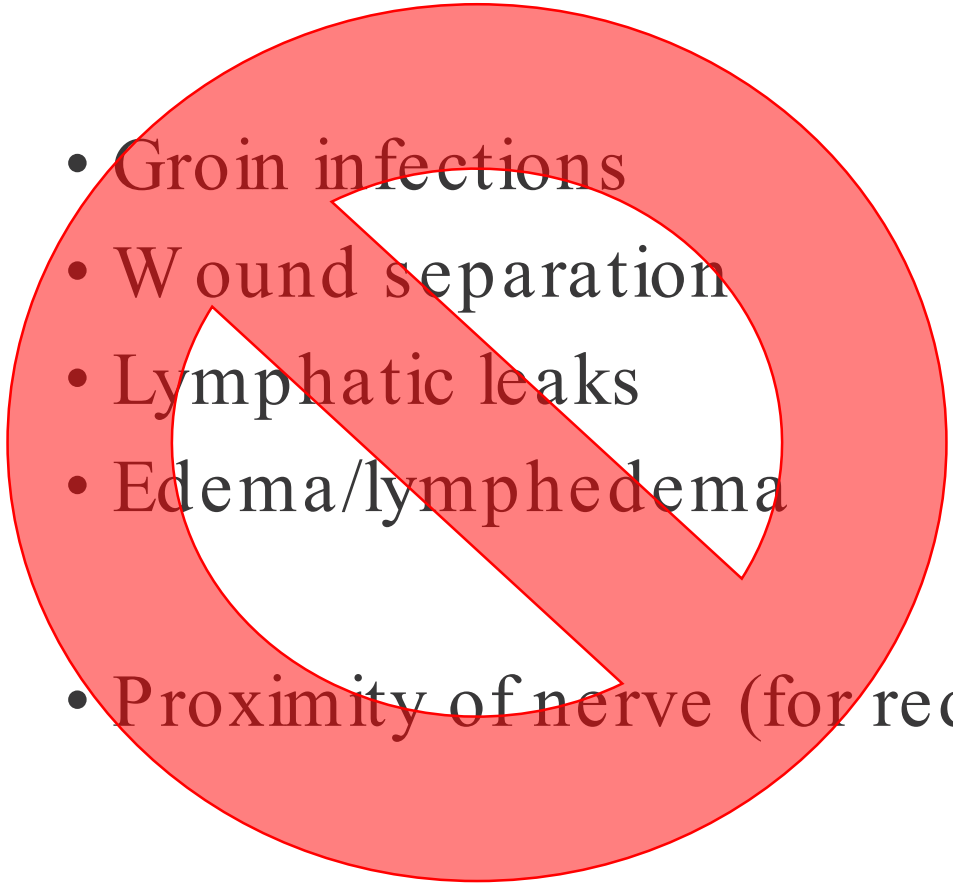
2. Why Endo *should be* the 1st choice

NSQIP

- Database study 2005-2010
- 1,900 endarterectomies
- Morbidity/mortality 15%
- Wound complications 8%
- Return to OR 10%
- Not a benign procedure

Surgical Issues



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TECCO trial

- Traitement des LEsions Atheromateuses de l'Artere Femorale Commune par Technique Endovasculaire Versus Chirugie Ouverte (TECCO)
- Prospective RCT
- Stent vs Surgery

- Morbidity & mortality @ 30d 26% surgery vs 12.5% stent
- LOS 3.2 days vs 6.3 days
- Similar clinical imprmt, patency, TLR at 24 m

2. Why Endo *should be* the 1st choice

- **Clear benefit:**

  ↓ wound complications

  ↓ length of stay

  ↓ overall mortality

3. Why Endo isn't the 1st choice, yet

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3. Why Endo isn't the 1st choice, yet

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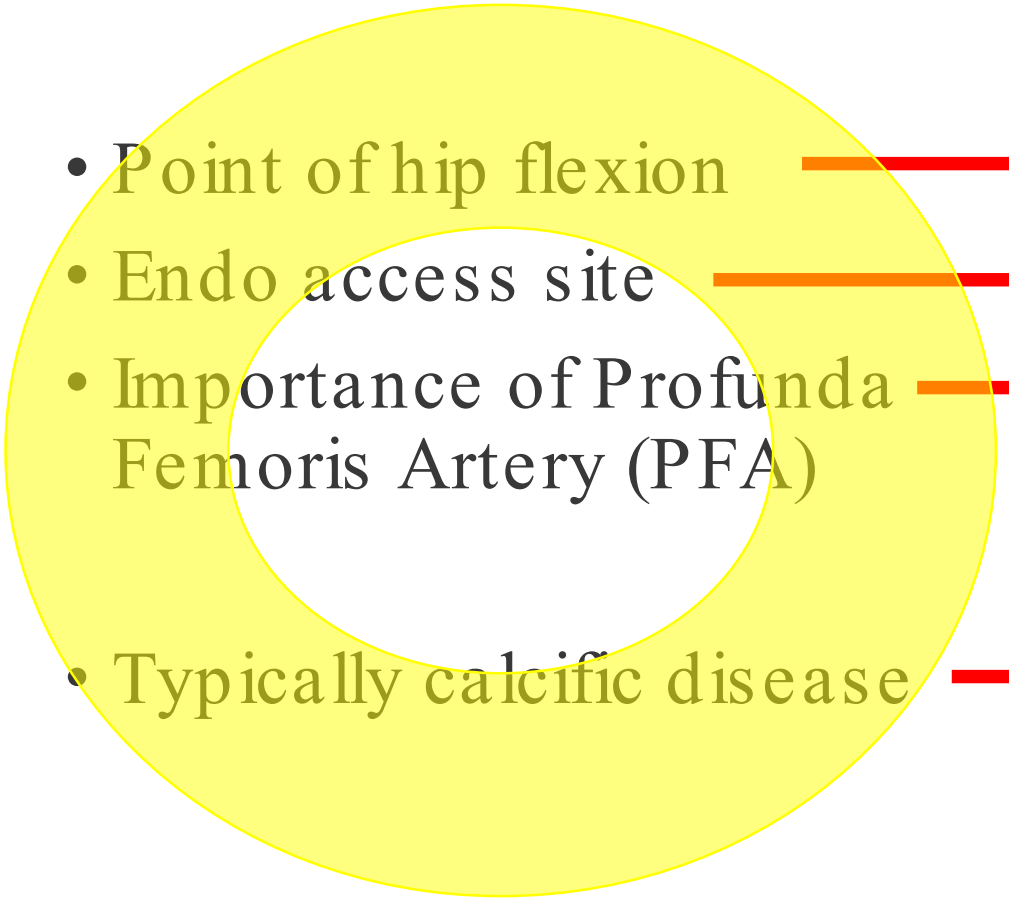
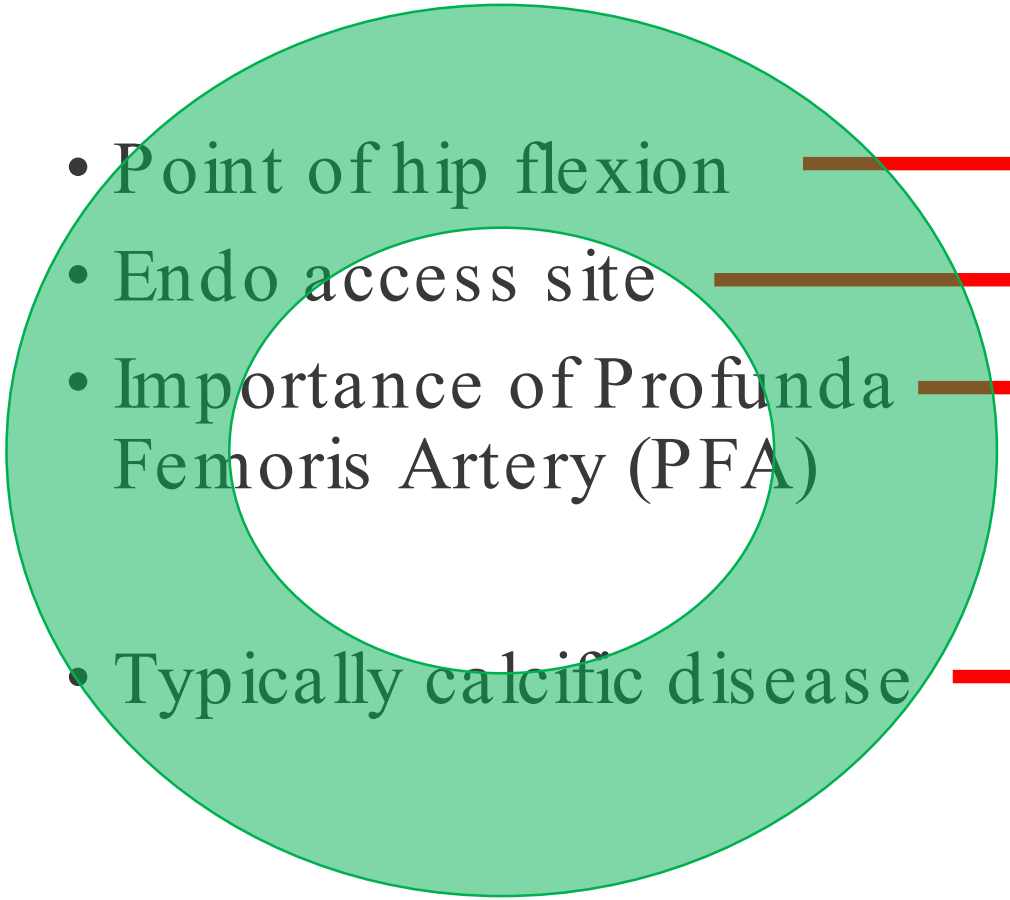


- Point of hip flexion → Stent Fractures
- Endo access site → Loss of Access
- Importance of Profunda Femoris Artery (PFA) → Caging of Profunda Femoris Artery (PFA)
- Typically calcific disease → Inadequate Rx, Restenosis

4. To get from "*should be*" to "*is*"

Endovascular Issues



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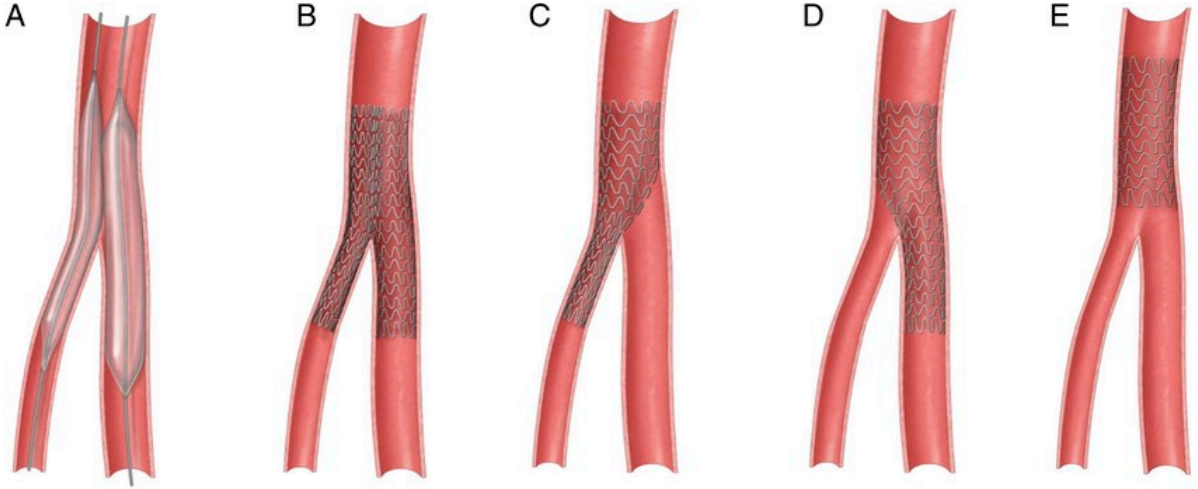
Original Article

SUPERA Stenting in the Common Femoral Artery: Early Experience and Practical Considerations

**Mary Jiayi Tao, MD[1], Akshat Gotra, MD[2], Kong Teng Tan, MD[1], Na
Graham Roche-Nagle, MD[3], and Sebastian Mafeld, MD[1]**



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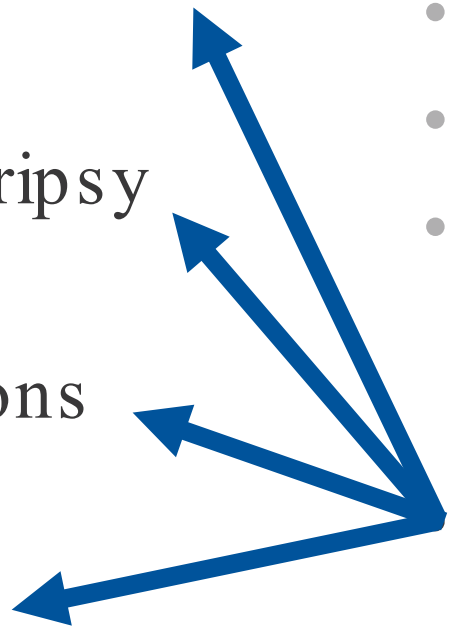
- ***Inadequate Rx, Restenosis***

4. To get from "*should be*" to "*is*"

- Atherectomy
  - directional, orbital, rotational
  - embolic protection
- Intravascular Lithotripsy
- Drug-Coated Balloons
- Resorbable stents



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Inadequate Rx, Restenosis

EndovascularAtherectomy & Adjuvant Rx

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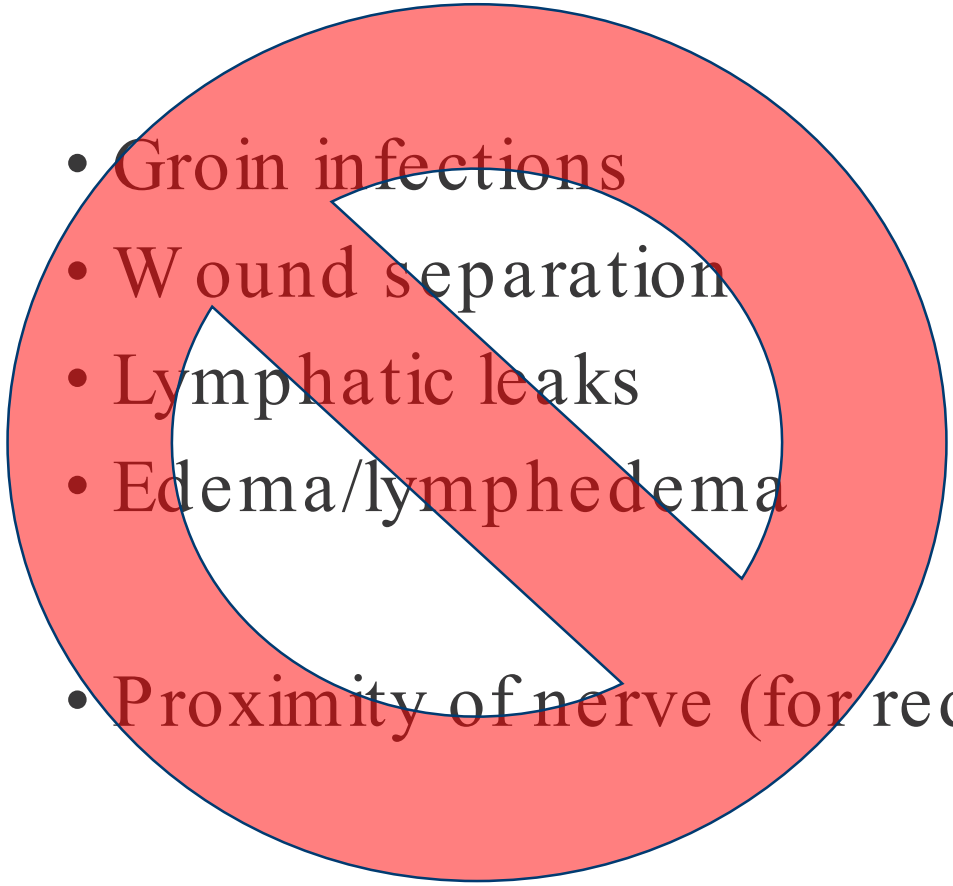

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4. To get from "*should be*" to "*is*"

- **PESTO-CFA Trial**
  - Percutaneous intErvention versus Surgery in the Treatment Of common femoral artery lesions
  - Prospective Randomized Multicenter
  - Non-inferiority study
  - 306 participants
  - De novo CFA stenosis
  - Directional Atherectomy + DCB
  - Primary endpoint clinically driven target lesion revascularization
  - Primary safety death, MI, amputation, complications
  - Secondary primary patency at 6 &24 months, secondary patency change in ABI, cdtlr 6, 12, 24 months, QoL, major events.

EndovascularAtherectomy & Adjuvant Rx

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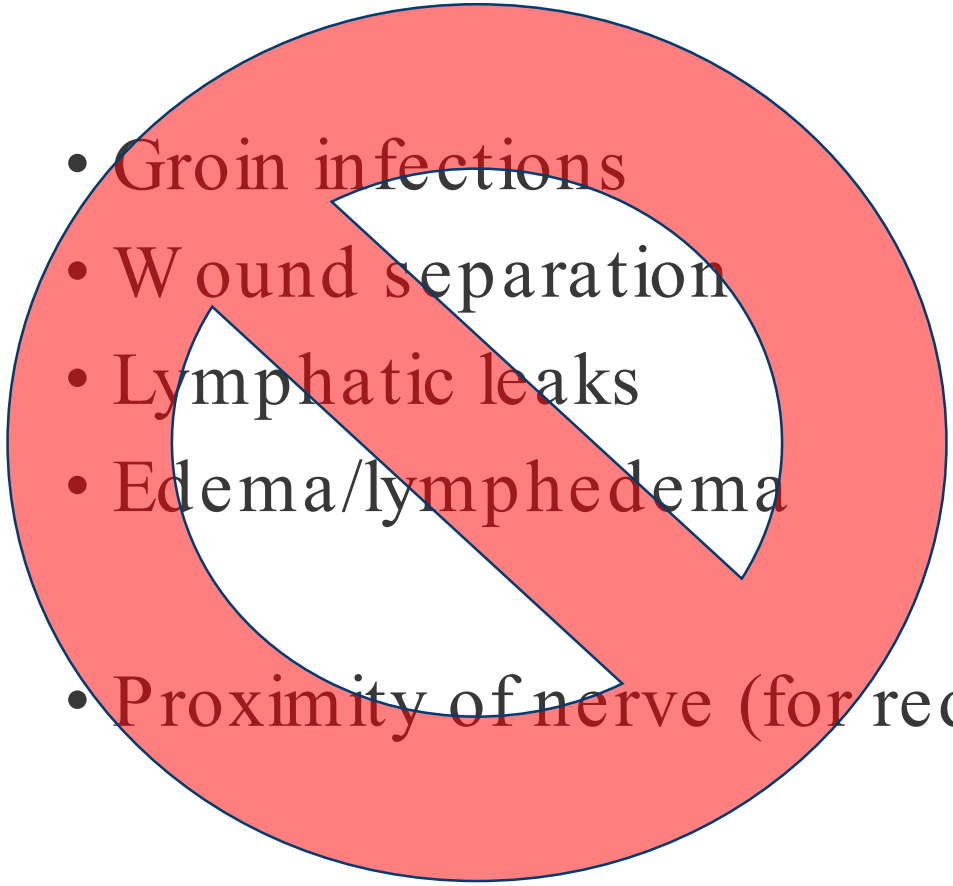

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Rebuttal