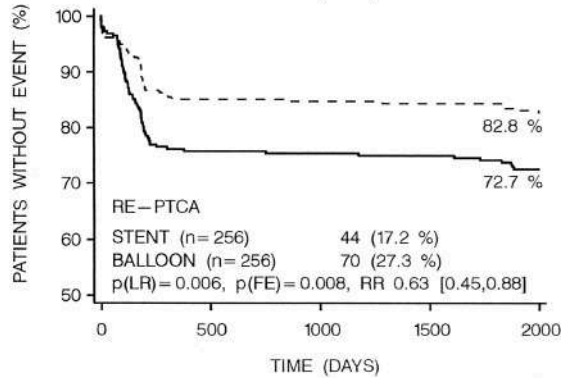
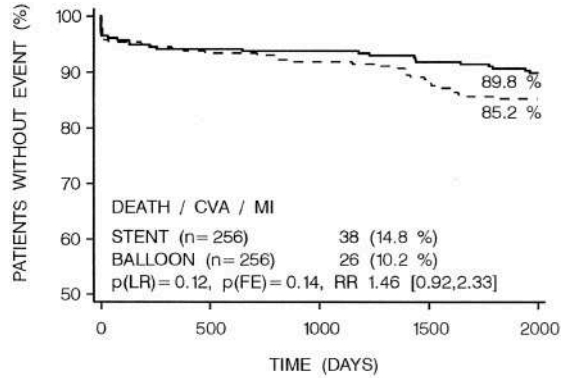


Ballon Actif Seul ?

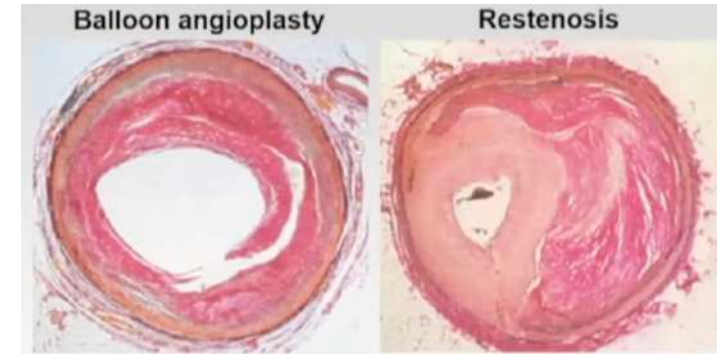
Antoinette Neylon
ICPS Massy

COI



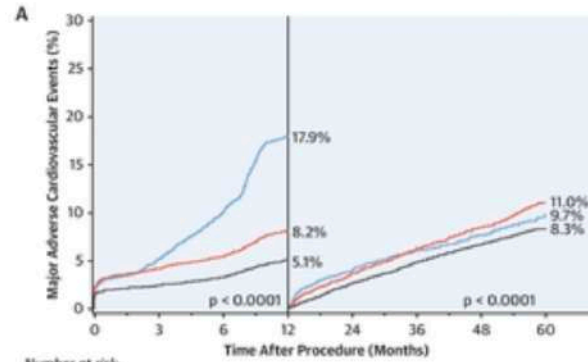


| Event | Angioplasty (n = 256) | Stent (n = 256) |
|--------------------|-----------------------|---------------------------|
| Cardiac | 3 (1.2%) | 7 (2.7%) |
| Subacute occlusion | 0 | 1 (within 30 days) |
| Arrest | 0 | 1 (acute pulmonary edema) |
| Myocardial | 1† | 2† |
| Infarction | | |
| Sudden death | 1 | 1 |



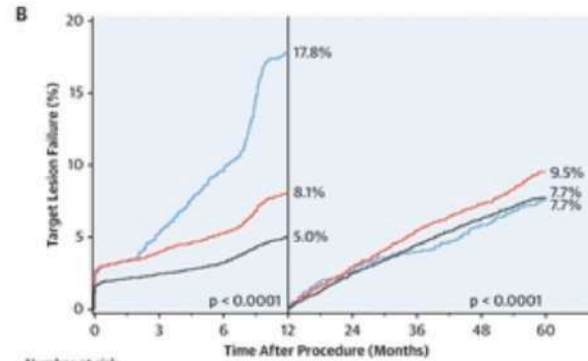
BENESTENT I RCT 5 year Follow-up. N 520; JACC 2001

CENTRAL ILLUSTRATION: Very-Late Stent-Related Cardiovascular Events



Number at risk:

| | | | | | | | | |
|------|--------|--------|--------|--------|--------|--------|-------|-------|
| BMS | 3,718 | 3,506 | 3,309 | 2,984 | 2,811 | 2,497 | 2,029 | 746 |
| DES1 | 7,934 | 7,543 | 7,403 | 7,112 | 6,707 | 5,595 | 3,688 | 1,757 |
| DES2 | 13,380 | 13,003 | 12,853 | 12,502 | 11,998 | 11,080 | 5,848 | 3,523 |

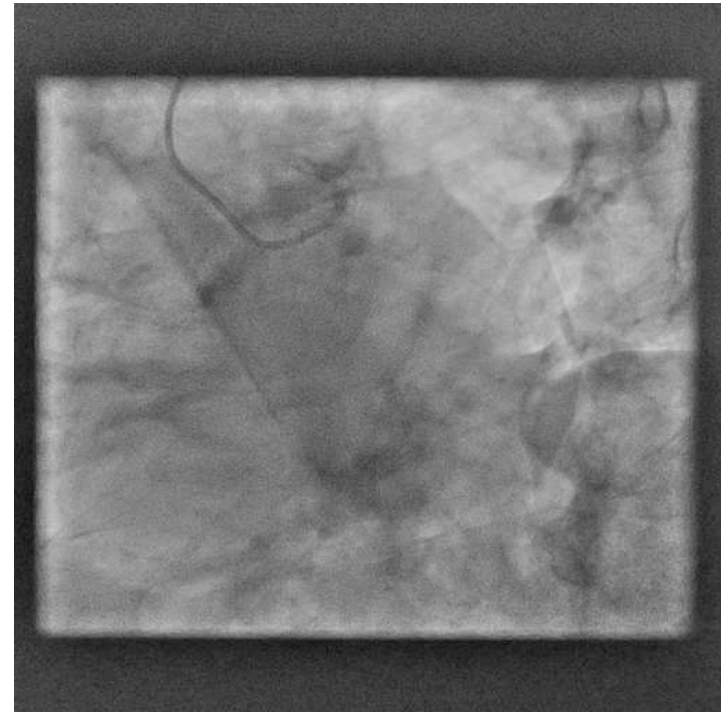
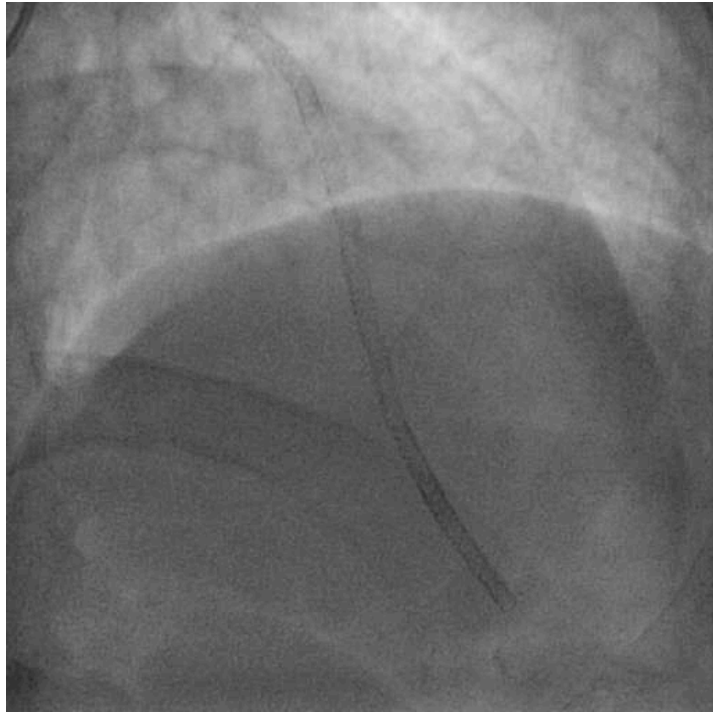


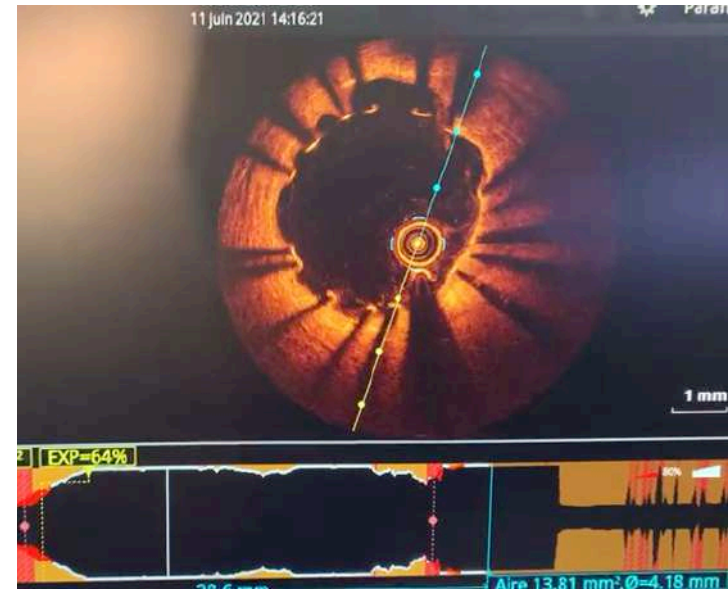
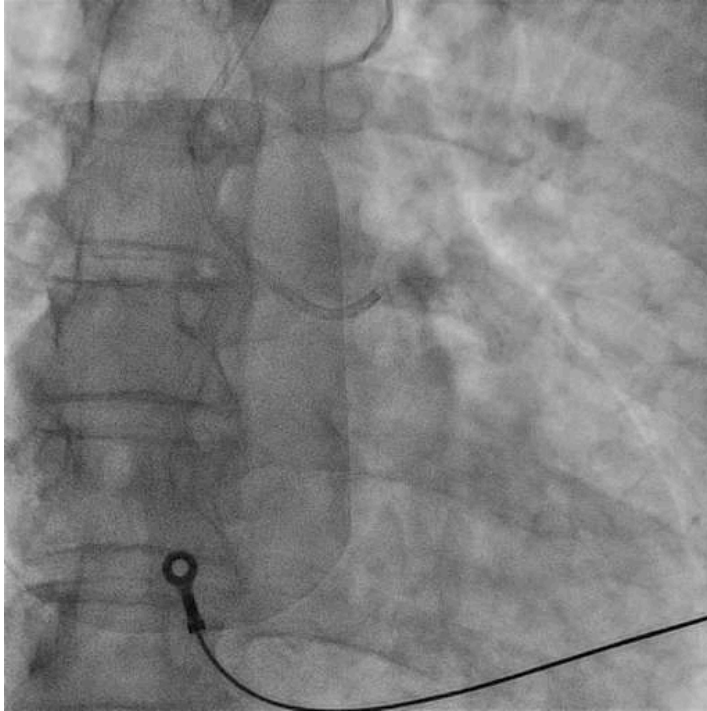
Number at risk:

| | | | | | | | | |
|------|--------|--------|--------|--------|--------|--------|-------|-------|
| BMS | 1,830 | 1,725 | 1,636 | 1,462 | 1,395 | 1,335 | 1,267 | 479 |
| DES1 | 4,591 | 4,384 | 4,296 | 4,108 | 3,916 | 3,465 | 2,850 | 1,470 |
| DES2 | 13,157 | 12,792 | 12,653 | 12,287 | 11,819 | 10,928 | 5,679 | 3,446 |

— Bare-Metal Stent (BMS)
 — First-Generation Drug-Eluting Stent (DES1)
 — Second-Generation Drug-Eluting Stent (DES2)

Madhavan, M.V. et al. *J Am Coll Cardiol.* 2020;75(6):590-604.









Coronary Artery Disease (E-only Article)

Long-term efficacy of drug coated balloons compared with new generation drug-eluting stents for the treatment of de novo coronary artery lesions

Dimitrios Venetsanos MD, PhD  Sofia Sederholm Lawesson MD, PhD, Georgios Panayi MD, Tim Tödt MD, PhD, Ulf Berglund MD, Eva Swahn MD, PhD, Joakim Alfredsson MD, PhD

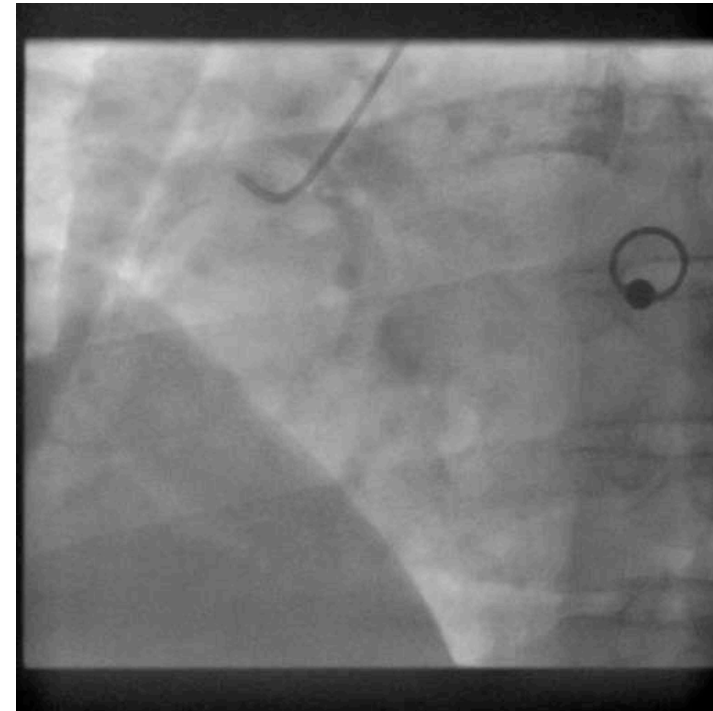
First published: 26 February 2018 | <https://doi.org/10.1002/ccd.27548> | Citations: 21

Un Cas Clinique

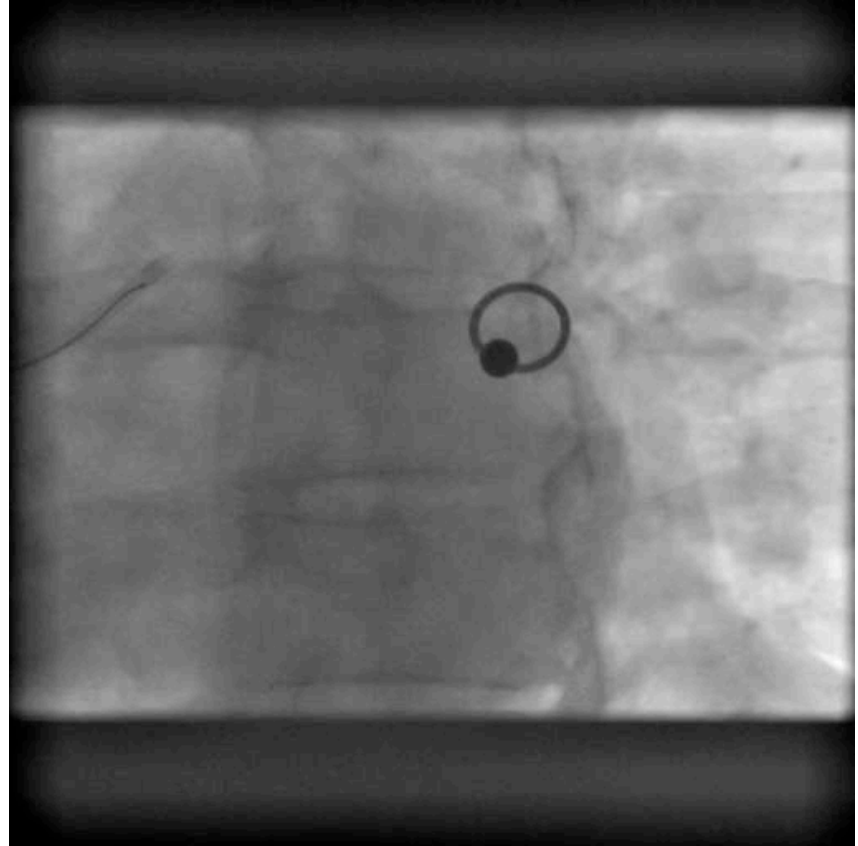
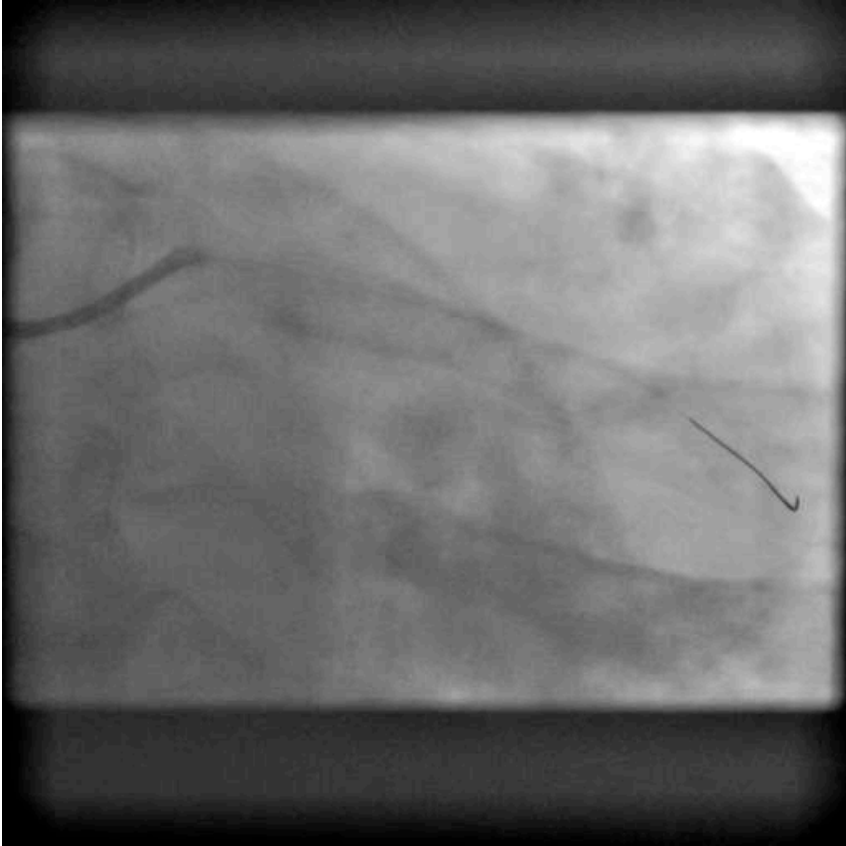
INDEX



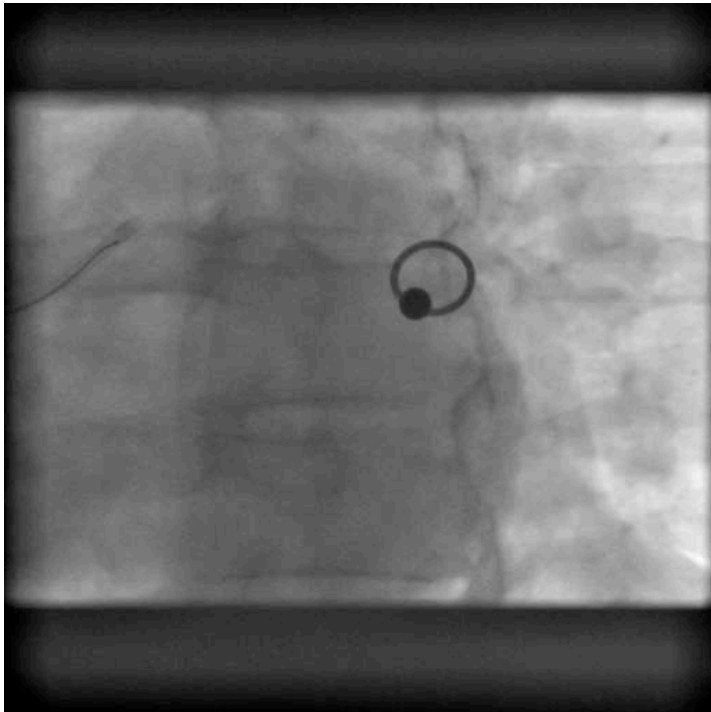
FU



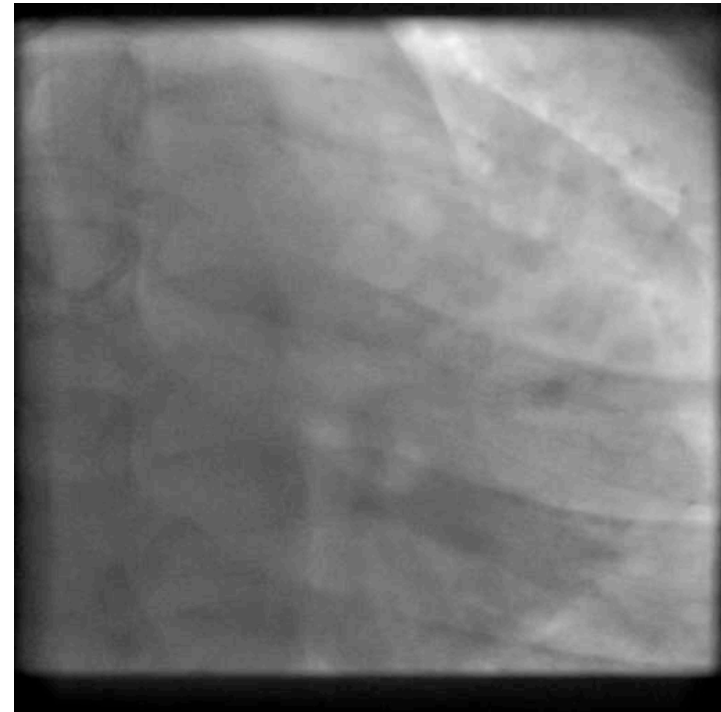




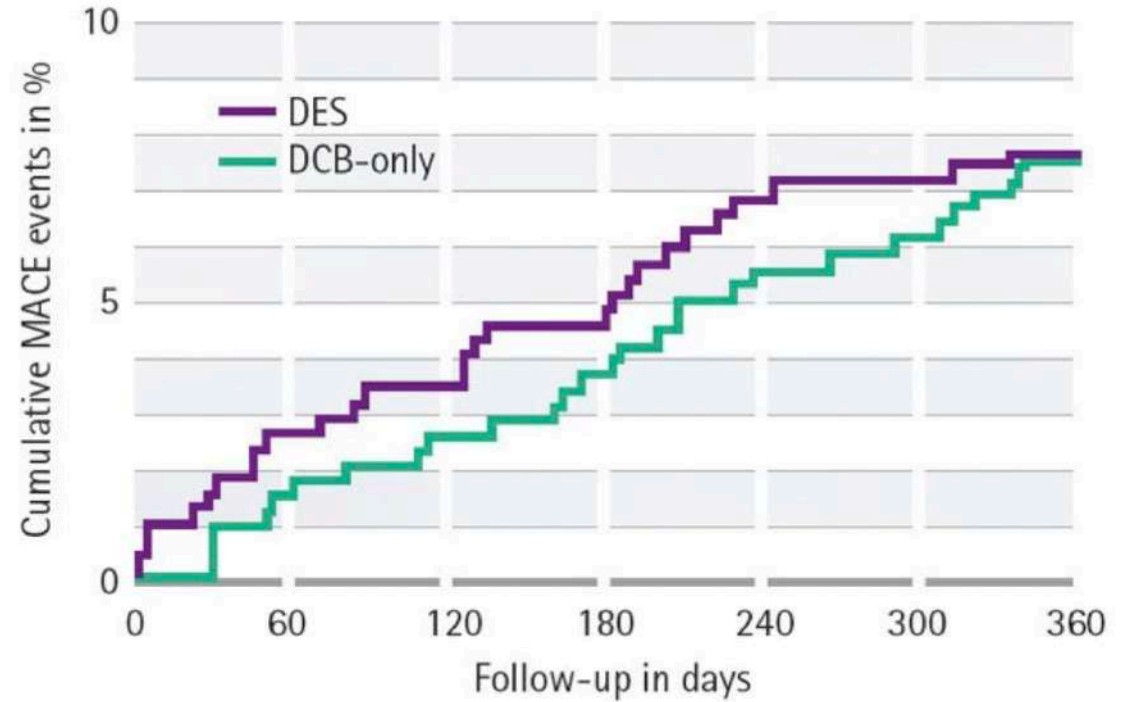
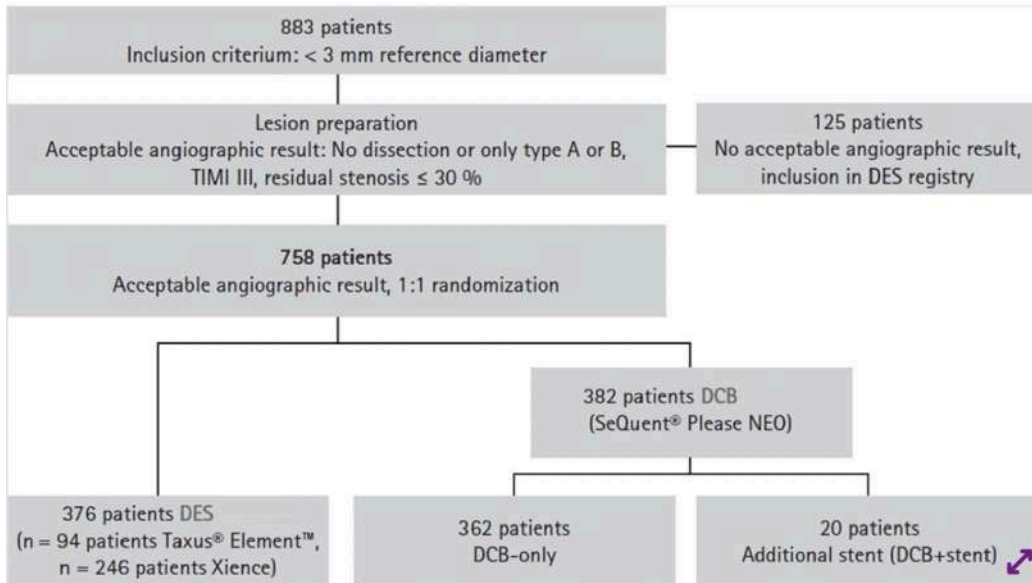
ACUTE



FU - 6 MOIS



Basket Small



EBC MEETING 2021

**Percutaneous treatment of unprotected left main stenosis in de novo coronary arteries by DCB:
 A feasibility and safety study**

- 42 consecutive patients with a de novo unprotected left main disease treated with PCI between May 2018 and December 2020.
- 23 patients were treated with DCB and 19 patients were treated with drug-eluting stent (DES)

Patient characteristics

| | DCB N = 23 patients | DES N = 19 patients |
|------------------------------|------------------------|------------------------|
| Age, years | 63.4 ± 10.9 | 67.4 ± 8.8 |
| Male | 17 (73.9) | 15 (78.9) |
| Body mass index | 24.2 ± 2.4 | 22.9 ± 2.8 |
| Hypertension | 15 (65.2) | 8 (42.1) |
| Hypercholesterolemia | 22 (95.7) | 14 (73.7) |
| Diabetes | 5 (21.7) | 8 (42.1) |
| Left ventricular EF, % | 58.9 ± 9.8 | 56.3 ± 11.5 |
| Clinical presentation | | |
| Stable angina | 6 (26.1) | 4 (21.0) |
| Unstable angina | 17 (73.9) | 12 (63.2) |
| AMI | 0 | 3 (15.8) |

Angiographic follow-up after DCB

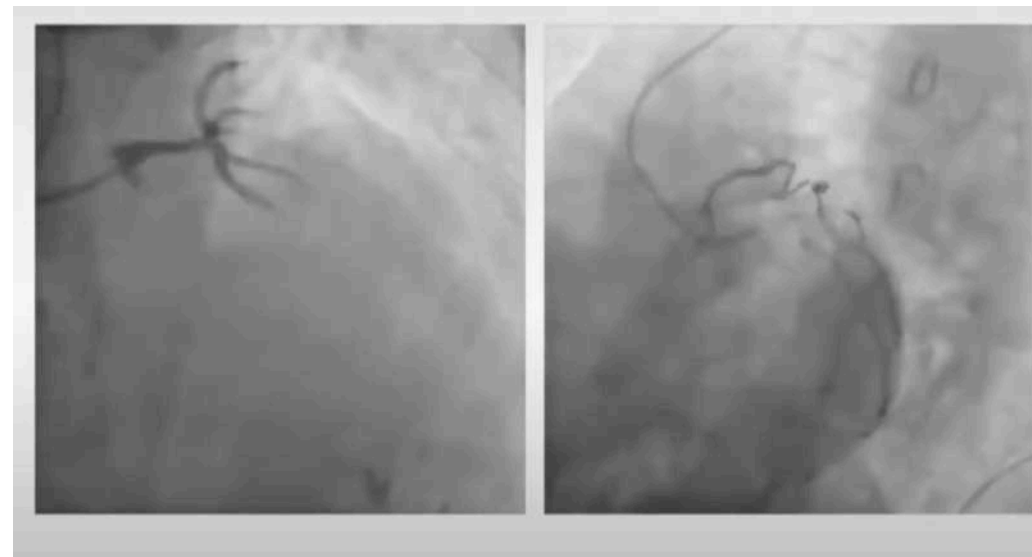
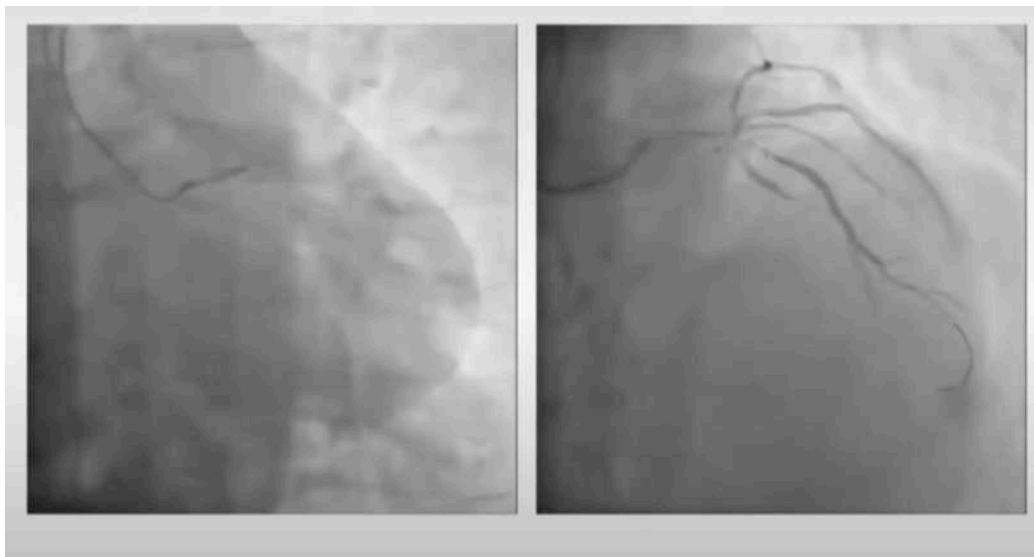
| Baseline | N = 23 patients |
|---------------------------------------|-----------------|
| Reference vessel diameter, mm | 3.1 ± 0.4 |
| Minimal lumen diameter, mm | 0.9 ± 0.4 |
| Diameter stenosis, % | 72.4 ± 13.2 |
| Lesion length, mm | 22.9 ± 9.3 |
| Post-DCB treatment | N = 23 patients |
| Minimal lumen diameter, mm | 2.2 ± 0.3 |
| Diameter stenosis, % | 30.1 ± 8.4 |
| Acute lumen gain, mm | 1.3 ± 0.5 |
| Follow-up (duration: 194d [182-287d]) | N = 15 patients |
| Minimal lumen diameter, mm | 2.2 ± 0.5 |
| Diameter stenosis, % | 31.4 ± 13.7 |
| Late lumen loss, mm | 0.1 ± 0.5 |
| Net lumen gain, mm | 1.2 ± 0.7 |
| Binary restenosis, % | 1 (4.3%) |

1 year outcomes

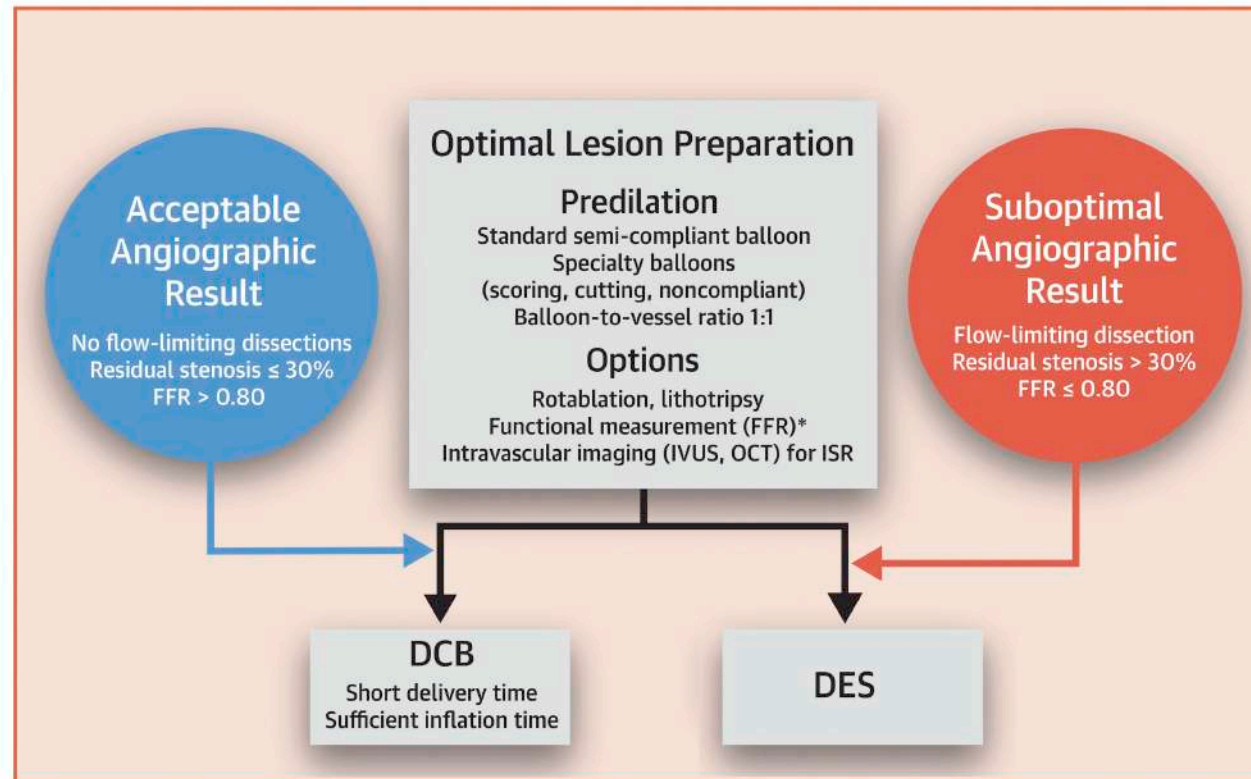
| | DCB N = 23 patients | DES N = 19 patients |
|--|------------------------|------------------------|
| MACE (cardiac death, MI, stroke, CD-TLR) | 2 (8.7) | 2 (10.5) |
| Cardiac death | 0 | 1 (5.3) |
| Myocardial infarction | 0 | 1 (5.3) |
| Clinically driven TLR | 2 (8.7) | 0 |
| Clinically driven TVR | 2 (8.7) | 0 |
| Target vessel thrombosis | 0 | 0 |
| Stroke | 0 | 1 (5.3) |
| BARC Type 3,4,5 bleeding | 0 | 1 (5.3) |

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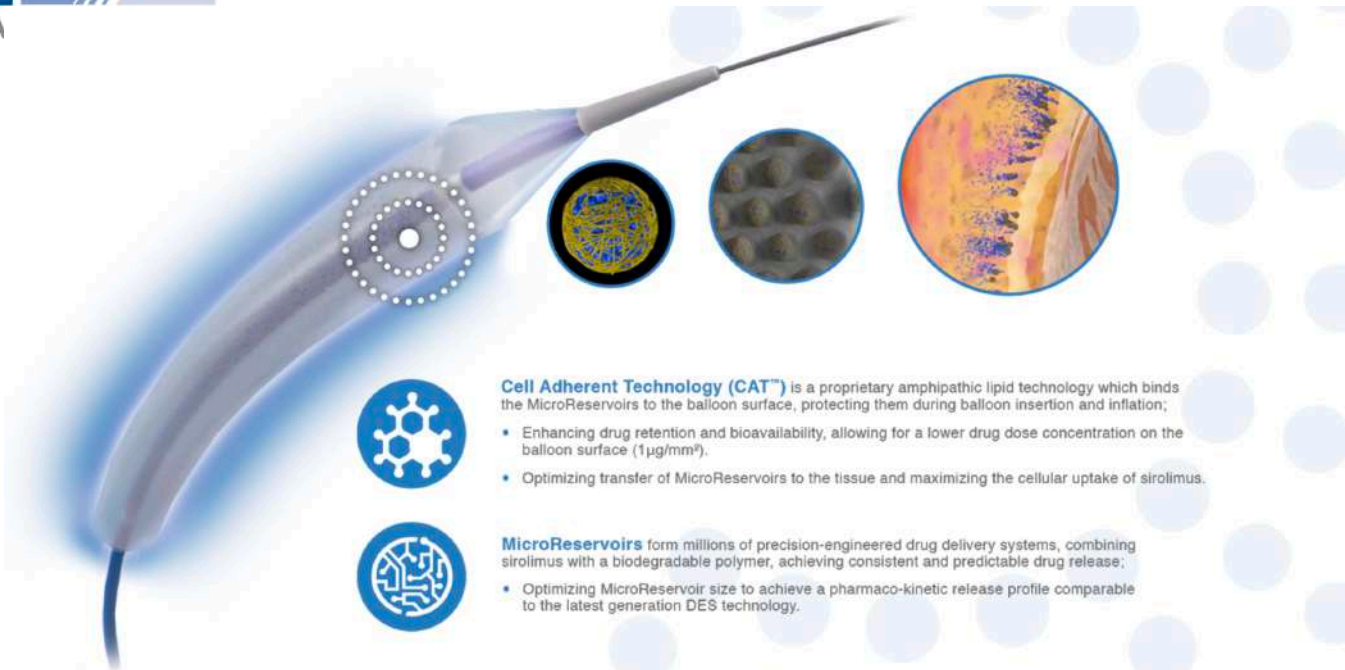
6 MOIS



CENTRAL ILLUSTRATION: DCB-Only Strategy for PCI in Coronary Artery Disease



Jeger, R.V. et al. J Am Coll Cardiol Interv. 2020;13(12):1391-402.



Cell Adherent Technology (CAT™) is a proprietary amphipathic lipid technology which binds the MicroReservoirs to the balloon surface, protecting them during balloon insertion and inflation;

- Enhancing drug retention and bioavailability, allowing for a lower drug dose concentration on the balloon surface ($1\mu\text{g}/\text{mm}^2$).
- Optimizing transfer of MicroReservoirs to the tissue and maximizing the cellular uptake of sirolimus.



MicroReservoirs form millions of precision-engineered drug delivery systems, combining sirolimus with a biodegradable polymer, achieving consistent and predictable drug release;

- Optimizing MicroReservoir size to achieve a pharmaco-kinetic release profile comparable to the latest generation DES technology.

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TRANSFORM

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