

The LINC logo features the letters 'LINC' in a white, sans-serif font, positioned over a stylized graphic of three curved, overlapping brushstrokes in dark blue, red, and yellow.

LINC

The REACT logo consists of the word 'REACT.' in a white, sans-serif font, set against a dark blue rectangular background. Above the text, a small graphic shows a white background with a blue pen nib and a red line.

REACT.

REsponse Adapted Combination Therapy (REACT)

Maximizing Outcomes, Minimizing Burden

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LINC AP 2018

Hong Kong 13-15th March



Learning Objectives

- To present latest clinical results from BIOTRONIK REACT studies
- To discuss the role of stent, DCB and combination therapy in the SFA
- To share SFA treatment algorithm in Asia Pacific perspective

Agenda

Minimizing Burden, the effect of thin strut and low COF stents

Live case – REACT, Passeo-18 Lux + Pulsar-18

Prof. Yong LIU (China)

University Hospital Leipzig (Germany)

Maximizing Outcomes in a complex population

Dr. Chumpol WONGWANIT (Thailand)

Maximizing Outcomes with the REACT approach

Live case - Pulsar-18

Prof. Patrice MWIPATAYI (Australia)

Chinese PLA General Hospital (China)

Refining REACT, a pilot study

Dr. Ralf LANGHOFF (Germany)

Closing

Prof. Haofu WANG (China)

PHYSICIAN'S FACE CHALLENGING CONDITIONS AND CHOICES WHEN TREATING THE SFA



Overview of clinical condition and recommended treatment in the SFA

Treatment	Lesion prep ¹⁾	Short/med lesions ²⁻⁶⁾	Long lesions ⁷⁾	Popliteal ¹⁾	Calcification ¹⁾	Thrombus ¹⁾	Vessel recoil	In-stent restenosis ¹⁾
PTA	✓	✓		✓				
Atherec.	✓			✓	✓			✓
BMS		✓			✓		✓	
DES		✓	✓		✓	✓	✓	✓
DCB		✓	✓	✓				✓

The REACT approach promotes evidence-based decision making: maximizing outcomes, minimizing burden

1) <http://evtoday.com/2014/10/when-would-you-elect-to-use-a-dcb-versus-a-des-for-sfa-interventions-and-what-guides-your-decision-making/> 2) Tepe G, Zeller T, Albrecht T, et al. Local delivery of paclitaxel to inhibit restenosis during angioplasty of the leg. N Engl J Med. 2008;358:689-699. 3) Werk M, Albrecht T, Meyer DR, et al. Paclitaxel-coated balloons reduce restenosis after femoro-popliteal angioplasty: evidence from the randomized PACIFIER trial. Circ Cardiovasc Interv. 2012;5:831-840. 4) Scheinert D, Duda S, Zeller T, et al. The LEVANT I (Lutonix paclitaxel-coated balloon for the prevention of femoropopliteal restenosis) trial for femoropopliteal revascularization: first-in-human randomized trial of low-dose drug-coated balloon versus uncoated balloon angioplasty. JACC Cardiovasc Interv. 2014;7:10-19. 5) Micari A, Cioppa A, Vadala G, et al. Clinical evaluation of a paclitaxel-eluting balloon for treatment of femoropopliteal arterial disease: 12-month results from a multicenter Italian registry. JACC Cardiovasc Interv. 2012;5:331-338. 6) Dake MD, Ansel GM, Jaff MR, et al., on behalf of the Zilver PTX Investigators. Paclitaxel-eluting stents show superiority to balloon angioplasty and bare metal stents in femoropopliteal disease: 12-months Zilver PTX randomized study results. Circ Cardiovasc Interv. 2011;4:495-504. 7) Zeller T, Rastan A, Macharzina R, et al., Drug-coated balloons vs. drug-eluting stents for treatment of long femoropopliteal lesions. J Endovasc Ther. 2014;21:359-368.

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