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# Insights from the REAL PTX-RCT on DES vs. DCB in complex femoropopliteal lesions – 3-year data



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# Disclosure

Dierk Scheinert, MD

Advisory Board /Consultant:

Abbott, Bayer, Boston Scientific, Cook Medical,  
Cardionovum, CR Bard, Gardia Medical/Allium,  
Medtronic, Philips, Upstream Peripheral  
Technologies

# Study Design

- Prospective, multicenter (5 centers in Europe), randomized, controlled trial
- Zilver PTX drug eluting stent vs drug coated ballon (1:1) in native femoropopliteal disease
- Investigator initiated: PI Prof. D. Scheinert, Germany
- N= 150 patients, 75 in each group
- Stratification for lesion length for both groups (1:1:1)
  - short:  $\leq 10$  cm
  - middle:  $> 10$  and  $\leq 20$  cm
  - long:  $> 20$  and  $\leq 30$  cm
- Mean lesion length:  $152.6 \pm 88.2$  mm
- Independent core-lab assessment for angio and duplex

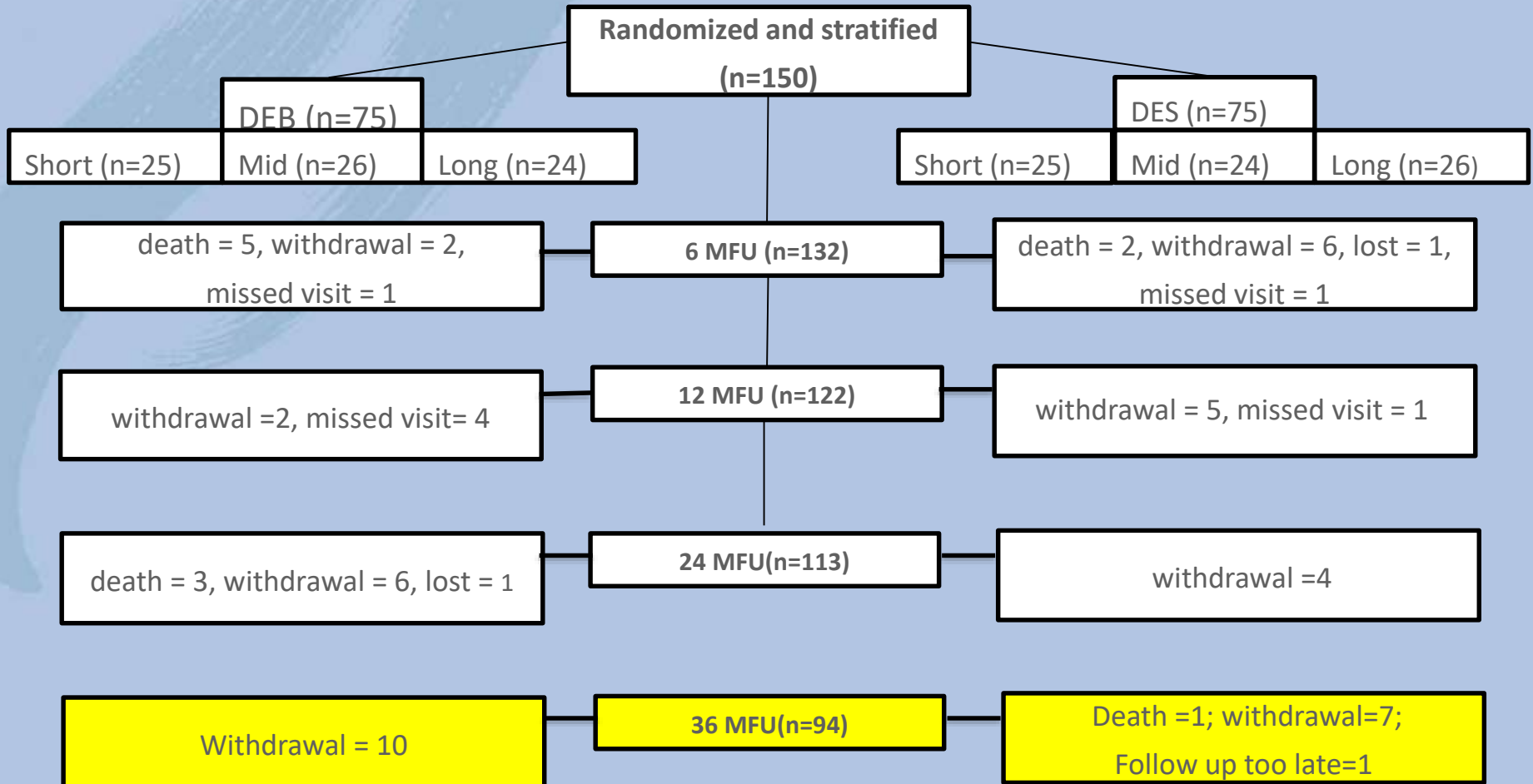
# Study Design

**Follow up:** 3 Years

## **Endpoints**

- **Primary:** Primary Patency @ 12 Month (Duplex)
- **Secondary:** Procedural success  
Major Adverse Event (Major Amputation;  
Death or TLR within 30 days)  
Primary Patency @ 24, 36 Month  
Clinically driven target lesion revascularisation  
(TLR)  
ABI, Improvement in Rutherford Categories,  
Assessment of walking capacity (WIQ)  
Mortality

# Patient Flow Chart



# Patient Characteristics

	DCB (n=75)	ZilverPTX (n=75)	p-value
Age in years ( $\pm$ SD)	68.2 $\pm$ 9.6	69.5 $\pm$ 9.5	0.4
Gender (male %)	60.0	76.0	0.05
BMI, mean ( $\pm$ SD)	26.5 $\pm$ 4.3	27.5 $\pm$ 3.9	0.1
Myocardial Infarction, n (%)	11 (14.7)	9 (12)	0.6
Heart Failure, n (%)	6 (8.0)	1 (1.3)	0.1
Cerebral Vascular Disease, n (%)	12 (16.0)	9 (12.0)	0.6
Hyperlipidemia, n (%)	51 (68.0)	56 (74.7)	0.3
Hypertension, n (%)	59 (78.7)	61 (81.3)	0.9
Renal Insufficiency, n (%)	16 (21.3)	14 (18.6)	0.8
Smoking, n (%)			0.5
Current, n (%)	32 (42.7)	29 (38.7)	
Previous, n (%)	22 (29.3)	29 (38.7)	
Diabetes, n (%)	25 (34.7)	23 (30.7)	0.7
Type 1, n (%)	1 (1.3)	1 (1.3)	
Type 2, n (%)	24 (32.0)	22 (29.3)	
Claudication (RC 2-3), n (%)	67 (89.3)	63 (84.0)	0.5
Critical limb ischemia (RC 4-5), n (%)	8 (10.7)	12 (16.0)	

Data are given as mean $\pm$ std or number (%).

## Lesion Characteristics

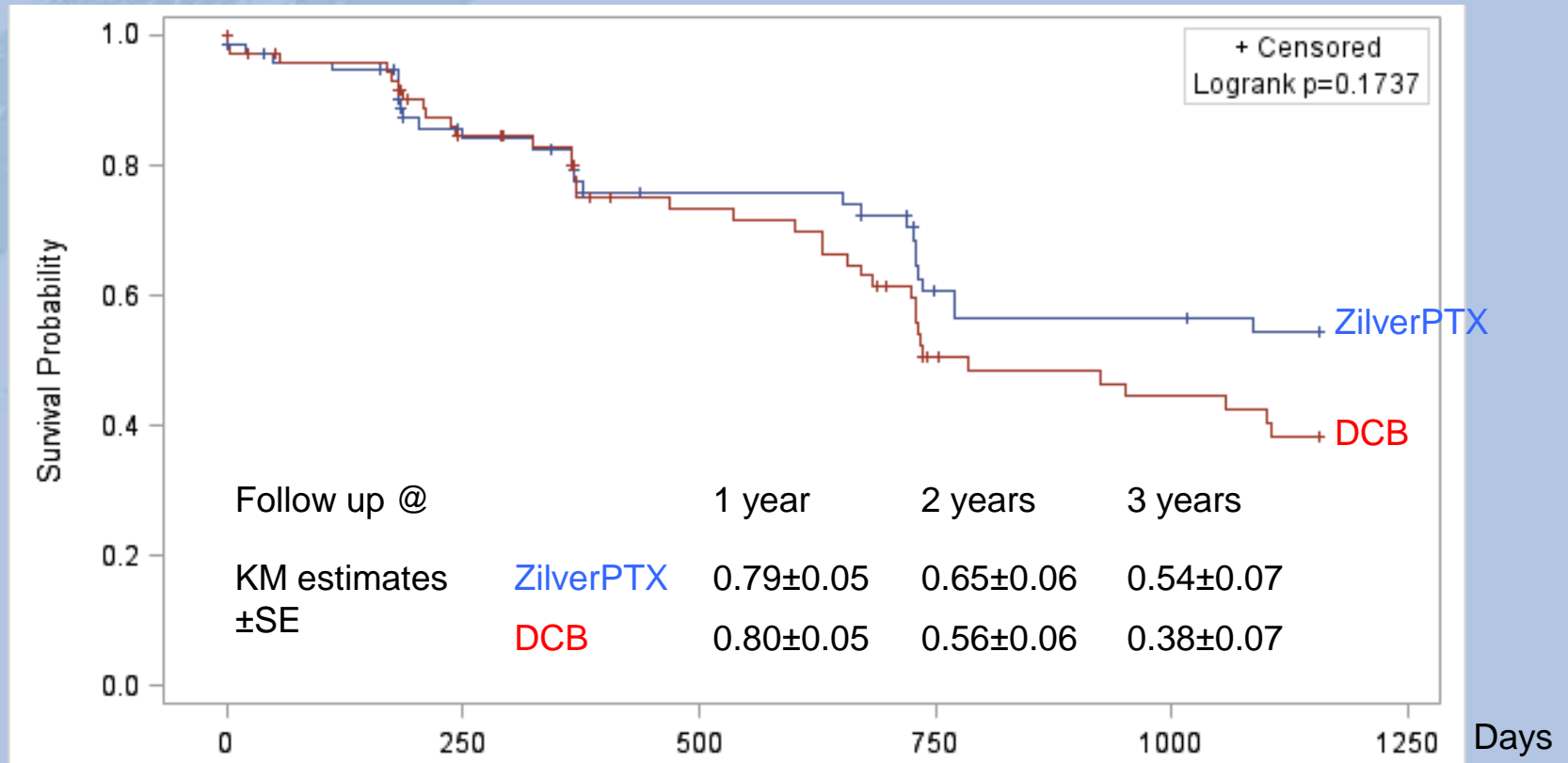
	DEB (n=75)	ZilverPTX (n=75)	p-value
Target lesion length, mm	144.8 ± 92.1	159.6 ± 97.3	0.3
Diameter stenosis	87.4 ± 16.8	86.9 ± 15.2	0.8
Chronic total occlusions	40 (53.3)	39 (52.0)	0.9
Popliteal involvement	15 (20.0)	12 (16.0)	0.5
Lesion calcification			0.5
None/mild	41 (54.7)	28 (37.3)	
Moderate/Mod. Severe/Severe	34 (45.3)	47 (62.7)	

## Procedural Outcome

	DEB (n=75)	ZilverPTX (n=75)	p-value
Bailout Stenting CoreLab	19 (25.3)	NA	
Dissection	54 (72.0)	29 (38.7)	< 0.001
Type A/B	19 (25.3)	11 (14.7)	
Type C-F	35 (46.7)	18 (24.0)	
Complication			
Embolic event	4 (5.3)	1 (1.3)	
AV-Fistel (local)	6 (8.0)	2 (2.7)	
Target Vessel Perforation	1 (1.3)	0	

Data are given as mean±std or number (%).

# Primary Patency @ 36 months months – ITT

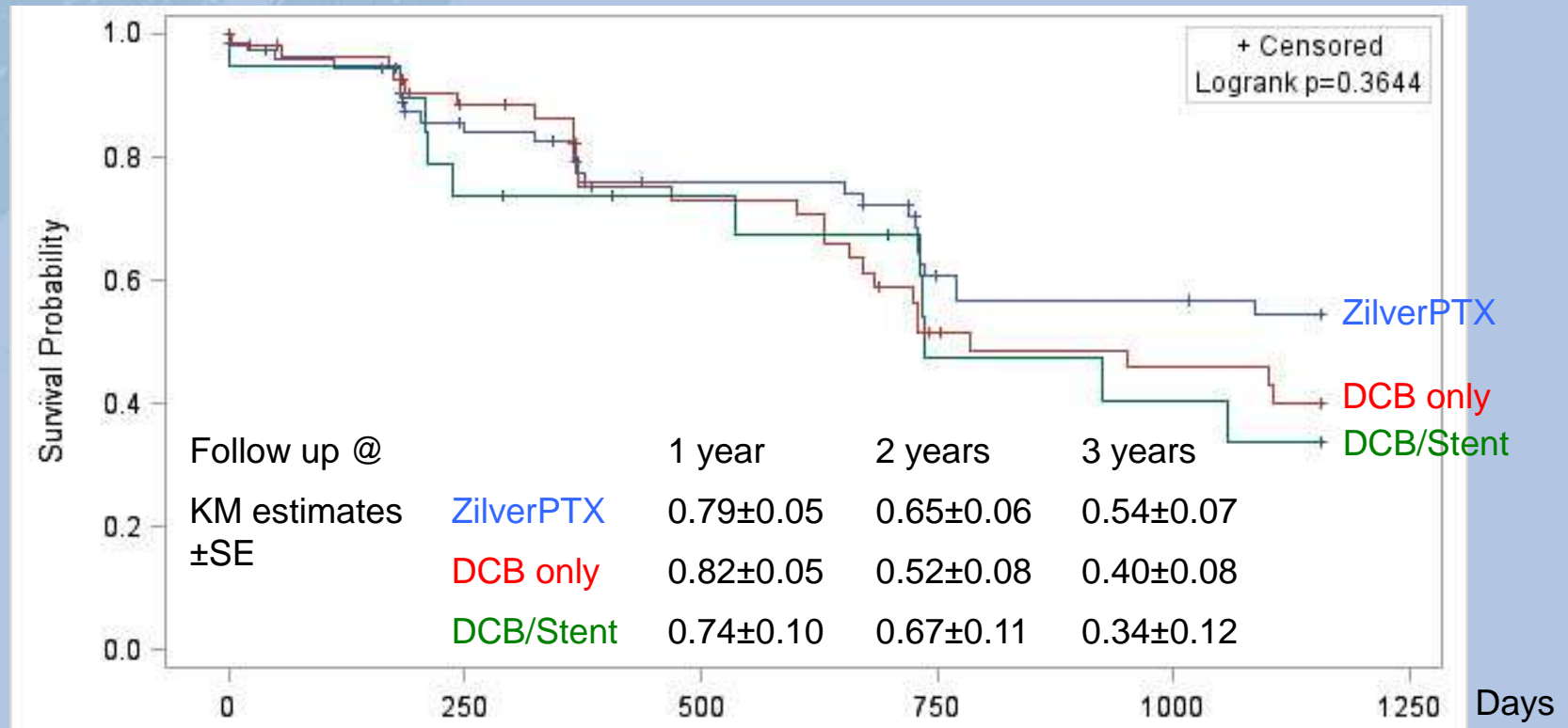


Days		150	320	670	1035
No@Risk	ZilverPTX	69	53	42	27
	DCB	69	55	38	22



# Primary Patency @ 36 months

## ZilverPTX vs DCB only vs DCB plus Stent

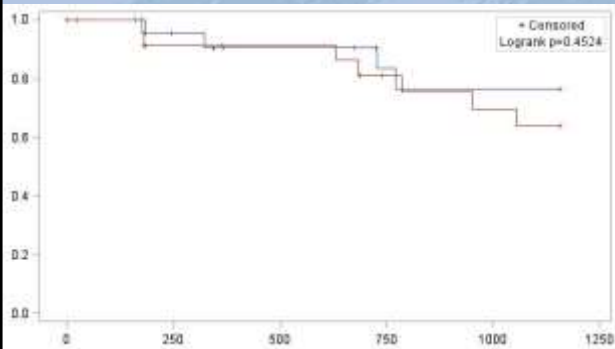


Days		150	320	670	1035
No@Risk	ZilverPTX	69	53	42	27
	DCB only	51	42	27	16
	DCB/Stent	18	13	11	6

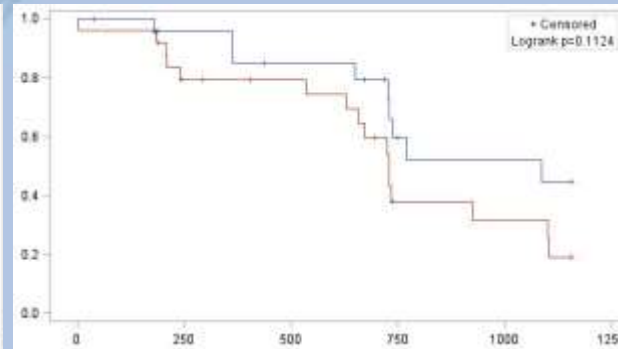
# Primary Patency @ 36 months

## Stratification for lesion length - ITT

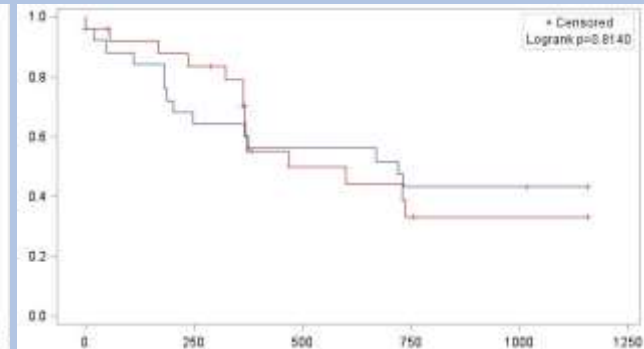
### Short lesions



### Middle lesions

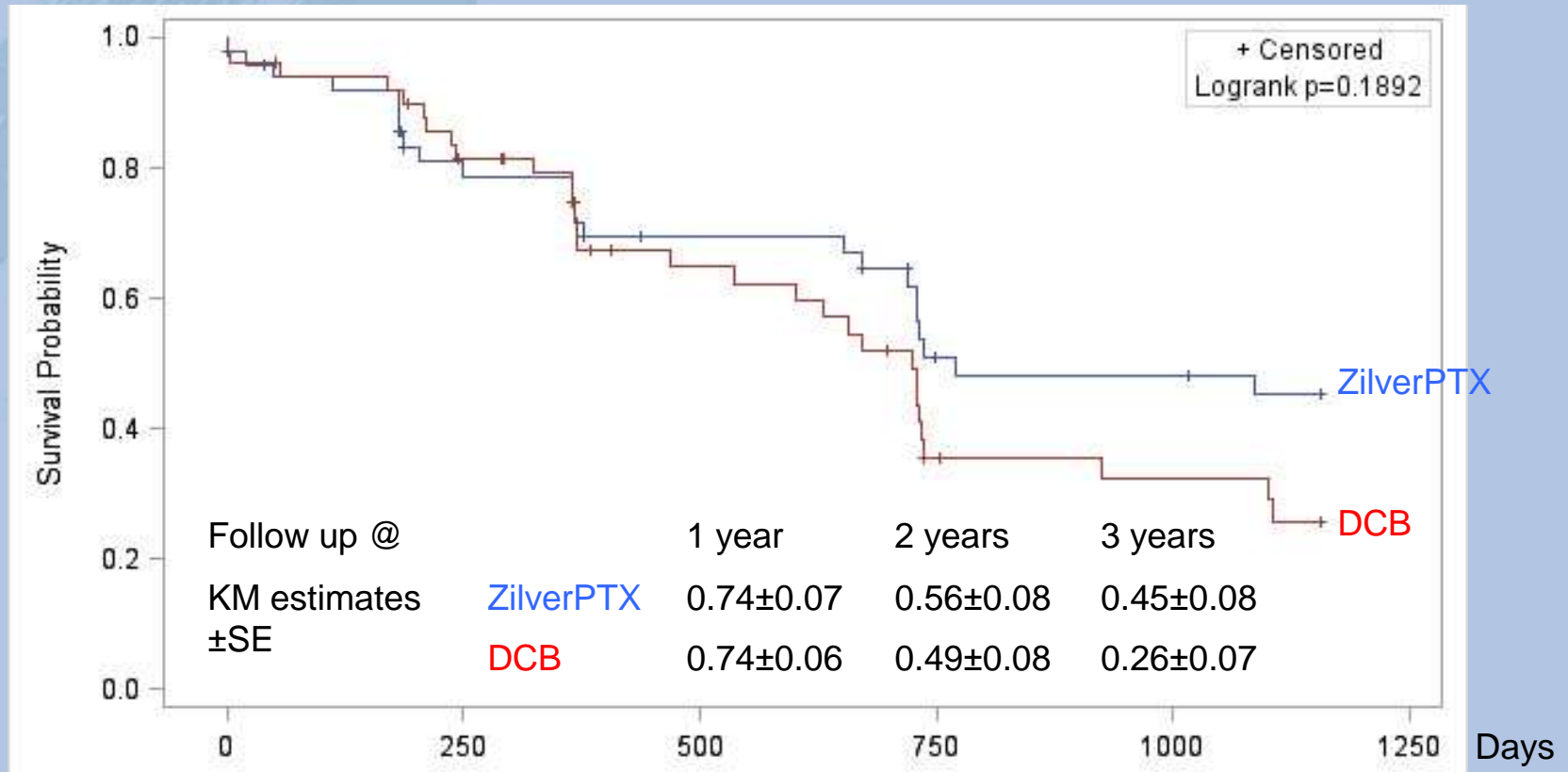


### Long lesions



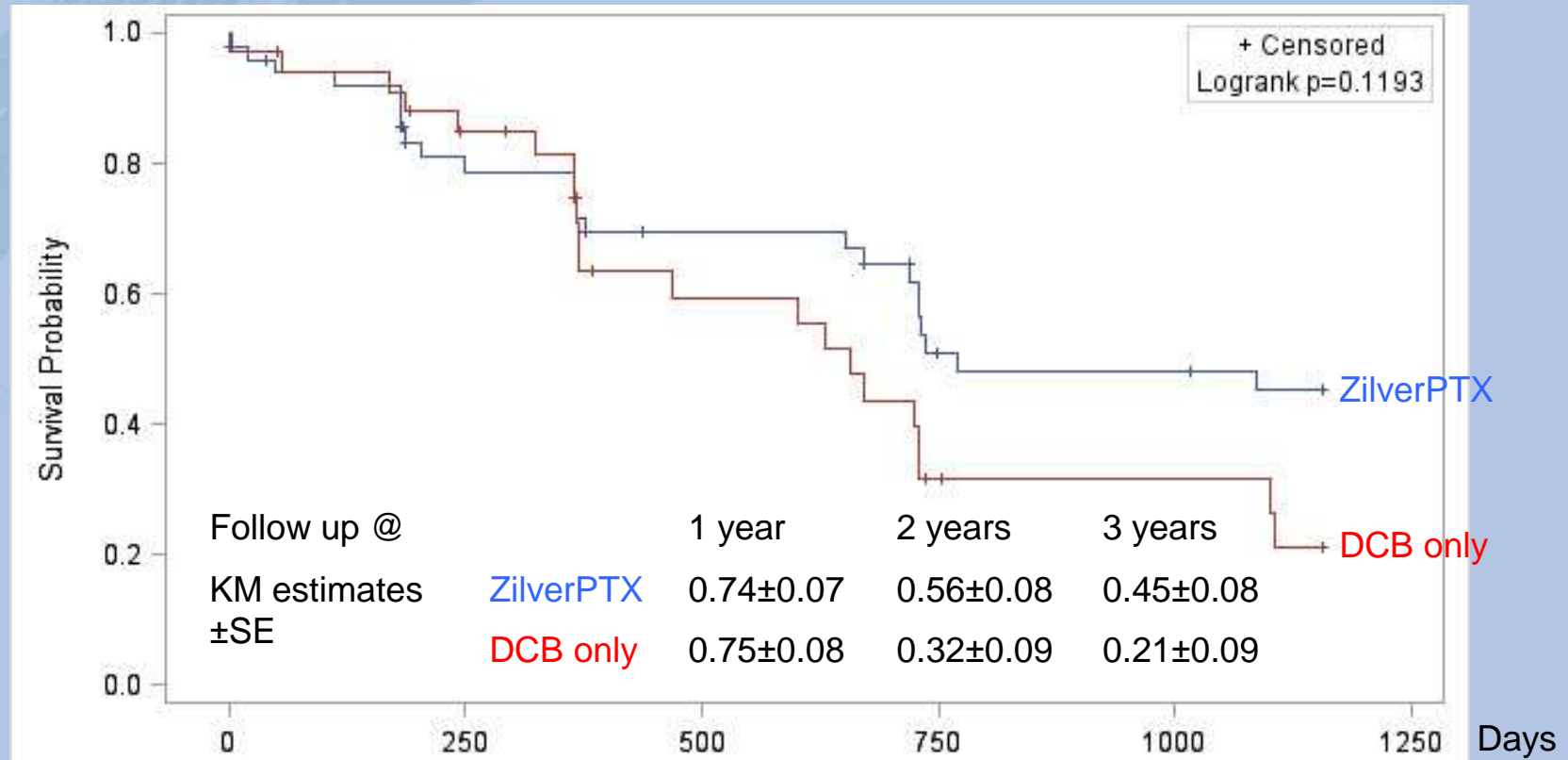
Follow up @		1 years	1 years	1 years
KM estimates ±SE	ZilverPTX	0.90±0.07	ZilverPTX	0.85±0.08
	DCB	0.91±0.06	DCB	0.80±0.08
Follow up @		2 years	2 years	2 years
	KM estimates ±SE	ZilverPTX	0.84±0.09	ZilverPTX
DCB		0.81±0.09	DCB	0.49±0.11
Follow up @		3 years	3 years	3 years
	KM estimates ±SE	ZilverPTX	0.77±0.09	ZilverPTX
DCB		0.64±0.11	DCB	0.19±0.10

# Primary Patency @ 36 months - ITT in middle and long lesions >10cm



Days		150	320	670	1035
No@Risk	ZilverPTX	44	34	27	16
	DCB	46	36	21	10

# Primary Patency @ 36 months – PP ZilverPTX vs DCB only in middle and long lesions >10cm



Days		150	320	670	1035
No@Risk	ZilverPTX	44	34	27	16
	DCB only	31	25	12	6

# Conclusion

- No significant difference between DCB and DES in Primary Patency @ 1 year
- Long-term trend showing better durability of DES treatment at 2 and 3 years
- Equal performance of DCB and DES in short lesions up to 10 cm
- Increased benefit of DES in lesions >10cm in comparison to DCB treatment
- Vessel preparation is mandatory for both DCB and DES – particularly in complex lesions!
- Pilot trial – not powered to show statistical significance

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