Treating the CFA endovascularly: CONS

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Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

☒ Consulting: Boston, Gore, Medtronic, Cordis, Cook

☐ Employment in industry

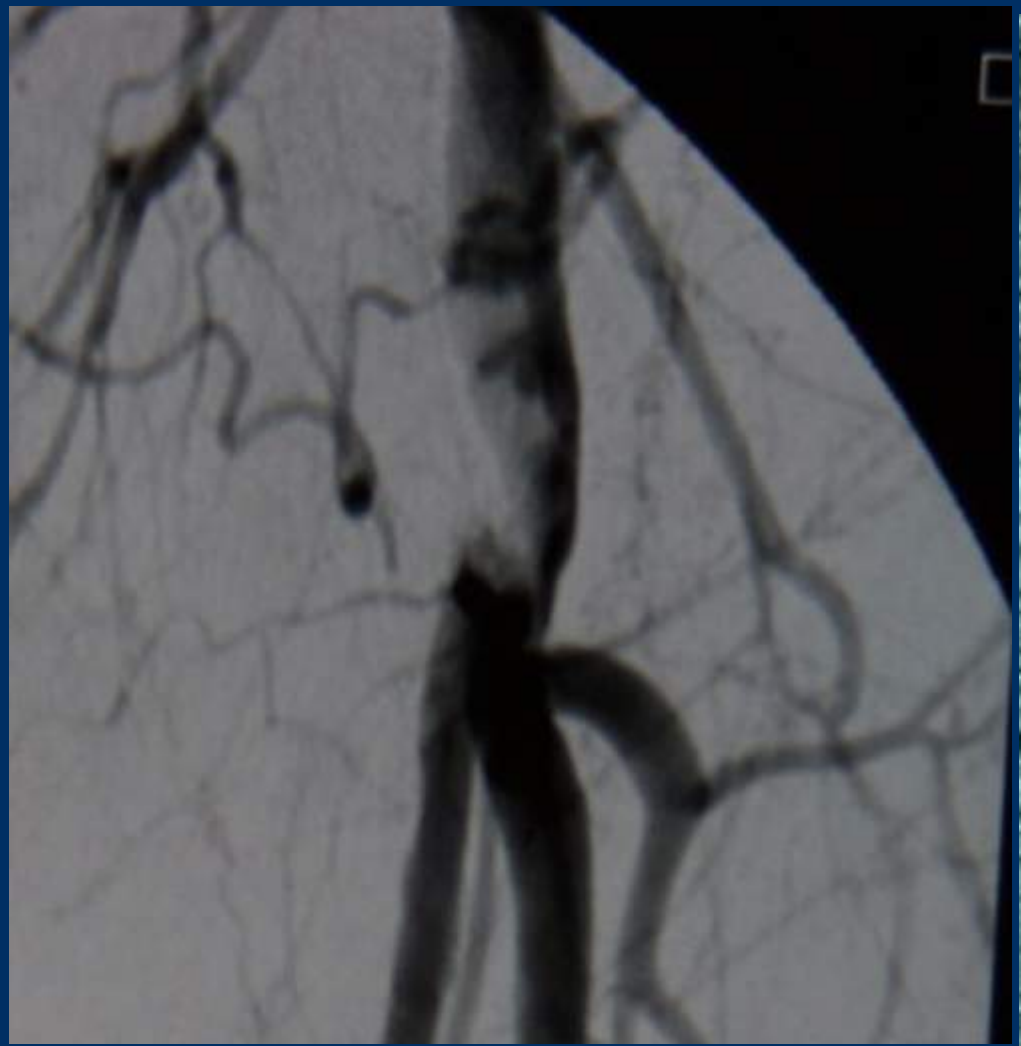
☐ Stockholder of a healthcare company

☐ Owner of a healthcare company

☒ Other(s): CEO Vascupedia and Foundation for Cardiovascular Research

☐ I do not have any potential conflict of interest

Stenosis of the common femoral artery



Results of CFA endarterectomy

- Primary patency:90% at 3 years[1]
- Complication rate:16% [1]
- Mortality:1.5%[2]

1. Wiecker et al. J Vasc Surg. 2016;64(4):995-1001
2. Siracuse et al. Vasc Endovascular Surg. 2014;48(1):27-33

Femoral endarterectomy

- 713 vessels in 655 patients (CLI 221 patients, intermittent claudication 434 patients)
- Survival rate 93.9%, 83.0%, 74.1%, and 60.1% at 1, 3, 5, and 7 years
- PP: 90.2% and 78.5% at 3 years and 7 years
- Overall complication rate 16.3%
  - Superficial wound infections (3.4%)
  - Groin hematomas (1.8%)
  - Lymphatic fistulas (3.4%)

Wieker CM et al JVS 2016;64:995-1001

Endovascular treatment -VQI

- 1014 patients
- Hematoma (5.2%), dissection (2.9%), embolization (0.7%), access site stenosis/occlusion (0.5%), perforation (0.6%)
- 30-day mortality 1.6%
- Amputation-free survival, freedom from loss of patency or death, and reintervention-free survival were 93.5%, 83%, and 87.5% at 1 year
- In claudicants high rate of reintervention and amputation

Siracuse JJ et al JVS 2017;65:1039-1046

PTA+DCB vs. endarterectomy

- 100 patients (DCB n=40, femoral endarterectomy n=60)
- Primary patency
  - 1 year DCB 75.0% vs FEA 96.7% (p=0.003),
  - 2 years DCB 57.1% vs. FEA 94.1% (p=0.001),
- Freedom from TLR lower in DCB group:
  - 2 years (57.1% vs 94.1%; P = .001)
- No difference in complications and adverse events

Kuo T-T et al JVS 2019;69:141-147

Systematic reviews

- Twenty-eight studies: 14 OS (1920 patients), 12 ER (1900 patients), and 2 comparative randomized trials (197 patients).
- No differences in *30-day* mortality or reintervention rates but improved 30-day morbidity after ER
- At *1 year*, no difference in primary patency and late reintervention rate; long-term primary patency rate was much greater after OS
- In the noncomparative studies, with a mean follow-up period of *23.8* months for ER and *66* months for OS, the restenosis rate was 14.4% and 4.7%, respectively
- Reported stent fracture rate 3.6%
- At present, the place of ER for CFA treatment still requires further definition

Boufi M et al JVS 2021;73:1445-1455

CLINICAL PRACTICE GUIDELINE DOCUMENT

Global vascular guidelines on the management of chronic limb-threatening ischemia

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6.27 Strong Recommendation

Perform open CFA endarterectomy with patch angioplasty, with or without extension into the PFA, in CLTI patients with hemodynamically significant (>50% stenosis) disease of the common and deep femoral arteries.

6.29 and 6.30

Consider endovascular treatment of significant CFA disease in selected patients who are deemed to be at high surgical risk or to have a hostile groin

Avoid stents in the CFA and do not place stents across the origin of a patent deep femoral artery

Conclusion

- CFA endarterectomy is a proven repair and should be considered as gold standard
- It addresses compound disease involving profunda and SFA
- It is durable(at 5-8 yr; PP: 91%-96%)
- A shift towards acceptance of endovascular treatment is seen