PEACE

Pulsar Efficacy: an All-Comers rEgistry: 12-month results[1]

Conclusions

- Pulsar stents showed favorable study results at 12 months in patients with an average lesion length of 11.2cm
- A Primary Patency (PP)* of 79.5% and Freedom from Target Lesion Revascularization (FTLR) of 81.0%
- Results are similar to published data on similar lesion lengths, including 4EVER[2] with a PP of 81.4% and a FTLR of 89.3%
- No significant difference in PP between TASC A/B vs. TASC C/D lesions (p = 0.55) and diabetics vs. non-diabetics (p = 0.92)

Study design

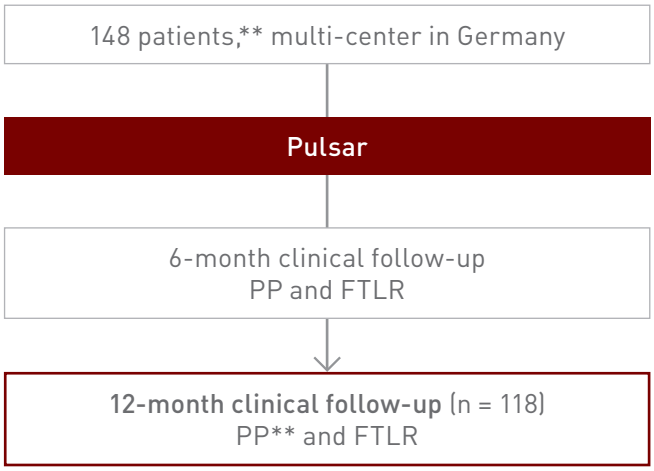
Prospective, multi-center all-comers registry.

Endpoints

- PP** at 6 and 12 months
- FTLR

Patient characteristics

	n = 118**	
Age, yrs‡	71.9 ± 9.6	
Male	64	54.2%
Hypertension	109	92.4%
Dyslipidemia	82	69.5%
Current smoker	44	37.3%
Diabetes mellitus	37	31.4%
Obesity	48	40.7%
Renal insufficiency	14	12.1%
Ankle-brachial index‡	0.63 ± 0.16	
Walking capacity (m)‡	74.4 ± 50.8	
Rutherford Classification (RC)¤		
2	36	30.5%
3	54	45.8%
4	14	11.9%
5	13	11.0%



Lesion characteristics

	n = 118	
Lesion length (mm)‡	111.5 ± 71.4	
Total occlusions	67	56.7%
Popliteal artery lesions	22	18.7%
TASC classification		
A	28	23.6%
B	29	24.8%
C	23	19.4%
D	38	32.2%

*Defined as binary duplex ultrasound PSVR < 2.5 at the stented target lesion(s)
**30 patients lost before 12-month follow-up (18 declined re-evaluation, 5 withdrew consent and 7 died)
¤One patient without classification because of missing data
‡Data shown as mean ± SD

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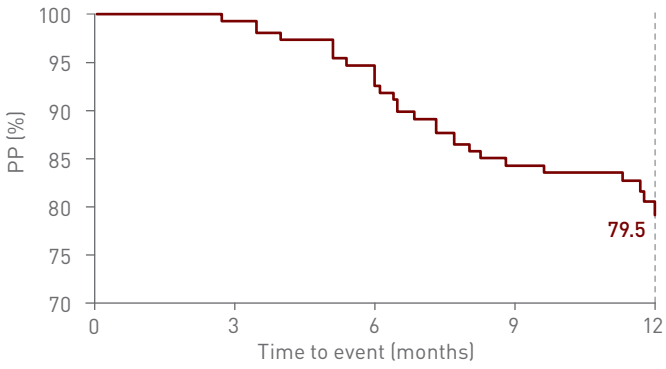
Results

	6 months	12 months
PP	87.4%	79.5%
FTLR	93.2%	81.0%
Rutherford improvement > 1	84.4%	79.8%
Rutherford unchanged	13.8%	16.5%

PP sub-group data

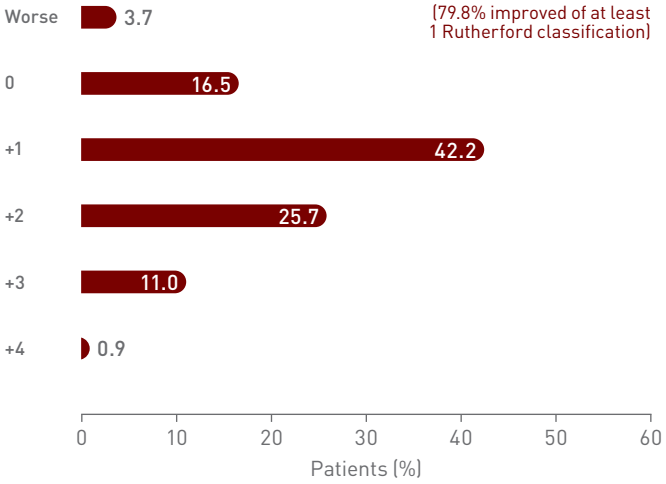
	6 months	12 months
Diabetics	86.0%	79.2%
Lesions > 100 mm	82.9%	78.0%
CTO	89.2%	78.1%
Popliteal segment	75.0%	71.4%
Renal insufficiency	82.8%	82.7%

12-month PP



	6 months	12 months
Left at risk	100	62

Rutherford change at 12 months

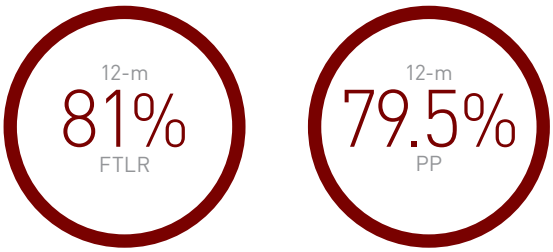


PP and FTLR at 12 months in perspective

Studies	A.L.L§	PP	FTLR	Total occlusions
4EVER (overall)[2]	7.1 cm	81.4%	89.3%	21%
PEACE[1]	11.2 cm	79.5%	81.0%	57%
DURABILITY[3]	9.6 cm	72.2%	79.1%	40%
ABSOLUTE[4,5]	10.1 cm	63.0%	-	37%
PEACE >100 mm[3]	-	78.0%	-	-
SUPERA[6]	7.8 cm	n/a	84.0%	-

§A.L.L – Average Lesion Length

Key outcomes



Principal investigators

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1. Lichtenberg M et al. PEACE I all-comers registry: patency evaluation after implantation of the 4-French Pulsar-18 self-expanding nitinol stent in femoropopliteal lesions. J Endovasc Ther. 2014; 21(3):373-80. doi: 10.1583/13-4637R.1; 2. Bosiers M et al. 4-French-compatible endovascular material is safe and effective in the treatment of femoropopliteal occlusive disease: results of the 4-EVER trial. J Endovasc Ther. 2013; 20(6):746-56. doi: 10.1583/13-4437MR; 3. Bosiers M et al. Nitinol stent implantation in long superficial femoral artery lesions: 12-month results of the DURABILITY I study. J Endovasc Ther. 2009; 16(3):261-9. doi: 10.1583/08-2676.1; 4. Schillinger M et al. Balloon angioplasty versus implantation of nitinol stents in the superficial femoral artery. N Engl J Med. 2006 May 4;354(18):1879-88; 5. Schillinger M et al. Sustained benefit at 2 years of primary femoropopliteal stenting compared with balloon angioplasty with optional stenting. Circulation. 2007; 115(21):2745-9; 6. Garcia LA et al. SUPERB final 3-year outcomes using interwoven nitinol biomimetic supera stent. Catheter Cardiovasc Interv. 2017; 89(7):1259-1267. doi: 10.1002/ccd.27058.

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