The Gore® Tigris® Vascular Stent for treatment of severe obstructive disease in the external iliac artery

B. Saint-Lèbes¹, M. Sibé², L. Casbas³, C. Giraud³, C. Lions⁴, JP. Bossavy¹, H. Rousseau⁴

¹ Vascular surgery unit, Rangueil University Hospital, Toulouse, France
² Vascular surgery unit, Clinique Tivoli, Bordeaux, France
³ Vascular surgery unit, Clinique Sarrus, Toulouse, France
⁴ Interventional Radiology unit, Rangueil University Hospital, Toulouse, France
Disclosure

Speaker name:

Dr SAINT-LEBES

I have the following potential conflicts of interest to report:

- Consulting: Medtronic, Gore, Bolton, Robocath
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

- I do not have any potential conflict of interest
External iliac artery obstructive disease

**TASC C**
- Bilateral EIA stenoses 3-10 cm long not extending into the CFA
- Unilateral EIA stenosis extending into the CFA
- Unilateral EIA occlusion that involves the origins of internal iliac and/or CFA

**TASC D**
- Diffuse disease involving the aorta and both iliac arteries
- Diffuse multiple stenoses involving the unilateral CIA, EIA and CFA
- Unilateral occlusions of both CIA and EIA
- Bilateral occlusions of EIA
AIE biomechanics
AIE biomechanics
• Unique Dual-component stent design (Nitinol+ePTFE)

- Maximize flexibility while minimizing risk of stent fracture
- Allow axial compression while resisting stent elongation
- Naturally conforms and allows vessel movement

✪ Carmedia bioactive surface (Heparin Bonding)
Tigris® biomechanics
Clinical cases
Case 1

- Mr P
  - 55 Y, Male
  - Risk Factors: Tobacco use, Dyslipidemia, obesity
  - Rutherford III, ABI 0.71
  - TASC D
  - Ttt 25/06/2014
Case 2

• Mr A
  – 60 Y, Male
  – Risk Factors: Tobacco use, Dyslipidemia
  – Rutherford III, ABI 0.6
  – TASC C
  – Ttt 07/01/2014
Case 3

- Mr H
  - 47 Y, Male
  - Risk Factors: Tobacco use, Obesity, HT
  - Rutherford III, ABI 0.61
  - TASC D
  - Ttt 27/02/2014
Case 4

• Mr P
  – 75 Y, Male
  – Risk Factors: Tobacco stopped, Obesity, dyslipidemia
  – Rutherford III, ABI 0,68
  – TASC C
  – Ttt 09/04/2014
Case 5

- Mr L
  - 55 Y, Male
  - Risk Factors: Tobacco use, dyslipidemia
  - Rutherford II, ABI 0.7
  - TASC C
  - Ttt 15/04/2014
    - Tigris 7x60mm
Preop CT scan
MRA at 10 months

Neutral

Flexion
### Serie

From 25/09/2012 to 20/01/2015

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>57</td>
</tr>
<tr>
<td>Limbs</td>
<td>61</td>
</tr>
<tr>
<td>Sex ratio</td>
<td>45/12 (79%)</td>
</tr>
<tr>
<td>Age</td>
<td>66 (47 – 91)</td>
</tr>
<tr>
<td>Rutherford I</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>Rutherford II</td>
<td>11 (19%)</td>
</tr>
<tr>
<td><strong>Rutherford III</strong></td>
<td><strong>35 (61%)</strong></td>
</tr>
<tr>
<td>Rutherford IV</td>
<td>8 (14%)</td>
</tr>
<tr>
<td>Rutherford V</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>TASC C</td>
<td>33 (58%)</td>
</tr>
<tr>
<td>TASC D</td>
<td>24 (42%)</td>
</tr>
<tr>
<td>Dissection</td>
<td>4 (7%)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>N</th>
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<tbody>
<tr>
<td>Tabacco</td>
<td>54 (95%)</td>
</tr>
<tr>
<td>Diabetis</td>
<td>15 (26%)</td>
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<tr>
<td>Obesity</td>
<td>26 (47%)</td>
</tr>
<tr>
<td>HTA</td>
<td>22 (38%)</td>
</tr>
<tr>
<td>Dyslipidemia</td>
<td>35 (61%)</td>
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<tr>
<td><strong>ABI</strong></td>
<td><strong>0,63</strong></td>
</tr>
<tr>
<td>ABI Rutherford II</td>
<td>0,73</td>
</tr>
<tr>
<td>ABI Rutherford III</td>
<td>0,65</td>
</tr>
<tr>
<td>ABI Rutherford IV</td>
<td>0,48</td>
</tr>
<tr>
<td>ABI Rutherford V</td>
<td>0,34</td>
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</table>
Serie: n=57
## Results n=61

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Total</th>
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<tbody>
<tr>
<td>Procedures completed</td>
<td>100%</td>
</tr>
<tr>
<td>FU</td>
<td>11 months (0 to 25)</td>
</tr>
<tr>
<td>Perioperative death</td>
<td>1 (1.8%)</td>
</tr>
<tr>
<td>Late Mortality</td>
<td>1 (1.8%)</td>
</tr>
<tr>
<td>Thombosis</td>
<td>0</td>
</tr>
<tr>
<td>Stenosis</td>
<td>2 (3.3%)</td>
</tr>
<tr>
<td>Amputation</td>
<td>0</td>
</tr>
</tbody>
</table>

### Survival Proportions

- **98% at 24 M**
- **94% at 24 M**
Conclusions

• New stent design (high conformability) for AIE treatment options
• Promising results in selected High TASC patients

• Tigris visibility: rx opaque markers
• Low profile
• FU, long term results
• RCT
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