# Revascularization and Patency in Lower Limb Peripheral Arterial Disease: A Systematic Review and Meta-analysis Comparing Paclitaxel-eluting with Bare Metal Stents

A. Bosworth Smith, F. Distler, S. Steiner, Y. Goueffic, J. Hafermann, R. Saunders

(1) Coreva Scientific GmbH & Co. KG, Königswinter, Germany; (2) Department of Internal Medicine II, Division of Angiology, Medical University Vienna, Vienna, Austria; (3) Hôpital Paris St Joseph, Vascular and Endovascular Surgical Center, Paris, France

# Background

- Stent implantation is one of the treatment options for revascularization of symptomatic patients with lower limb peripheral arterial disease.1
- Common stent options used for management of femoropopliteal lesions include selfexpanding bare metal stents (BMS) or paclitaxel-eluting or -coated stents.
- Given limited direct comparative data from randomized controlled trials, this analysis uses a meta-analysis of proportions to examine primary patency (PP) and target-lesion revascularization (TLR) across single arm and comparative studies.

## Methods

- The systematic review (PROSPERO CRD42024528559) identified studies reporting on BMS or paclitaxel stents, as either polymer-based paclitaxel-eluting stents (PB-PES) or polymer-free paclitaxel-coated stents(PF-PCS).
- Analyzed studies were published between January 1st, 2009 and July 1st, 2024 and included ≥50 patients with femoropopliteal lesions.
- Data extracted included stent used, lesion length, PP, and TLR at 12 and 24 months.
- Study quality was assessed using the Downs and Black Quality Appraisal Tool.<sup>2</sup>
- As considerable between-study heterogeneity was expected, a random intercept logistic regression (generalized linear mixed model) in R was used to pool the data.<sup>3,4</sup>

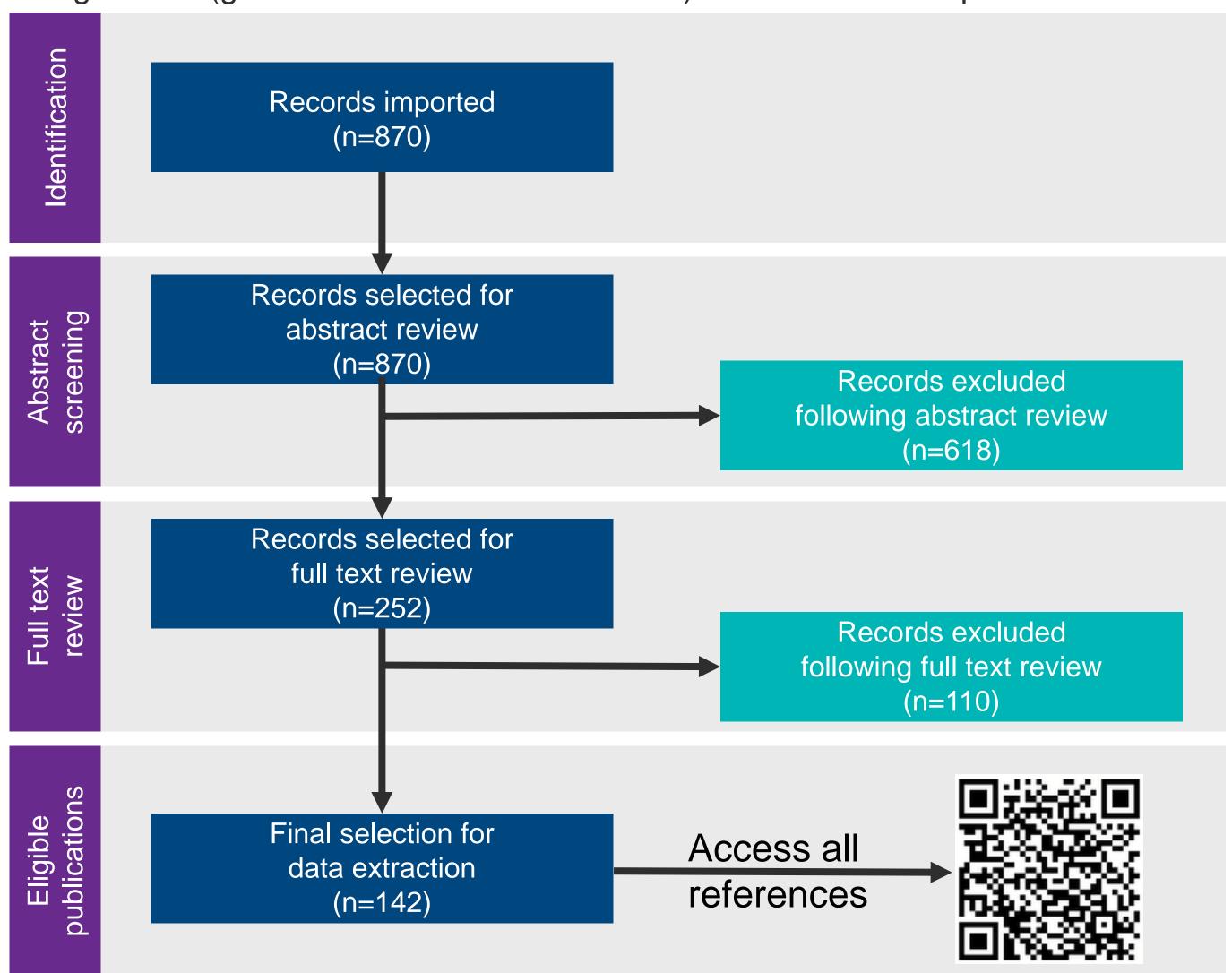


Figure 1 PRISMA diagram

#### References

- Gerhard-Herman M.D., et al. (2017): 2016 AHA/ACC Guideline on the Management of Patients With Lower Extremity Peripheral Artery Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. In Circulation 135 (12), e726-e779. DOI: 10.1161/CIR.00000000000471.
- Downs, S. H.; Black, N. (1998): The feasibility of creating a checklist for the assessment of the methodological quality both of randomised and non-randomised studies of health care interventions. In Journal of epidemiology and community health 52 (6), pp. 377-384. DOI: 10.1136/jech.52.6.377.
- Viechtbauer, W. (2010): Conducting Meta-Analyses in R with the metafor Package. In J. Stat. Soft. 36 (3). DOI:
- Balduzzi, S. et al. (2019): How to perform a meta-analysis with R: a practical tutorial. In Evidence-based mental health 22 (4), pp. 153-160. DOI: 10.1136/ebmental-2019-300117.

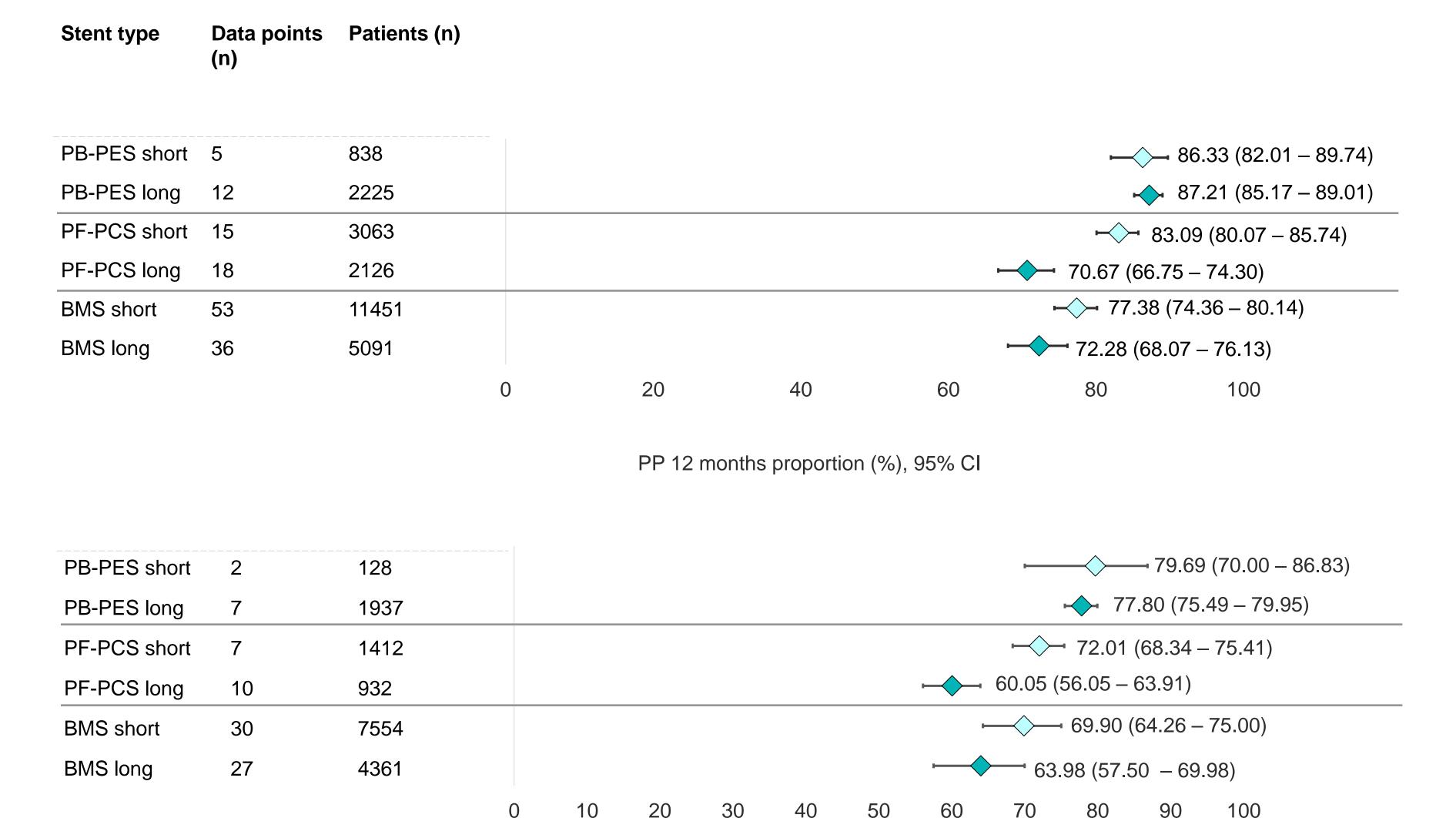
## Results

- Of 870 studies screened, 142 were included for data extraction (Figure 1).
- The pooled estimates of TLR and primary patency for each stent are reported in Table 1.
- For primary patency at 12 months, 51 paclitaxel stents studies (17 PB-PES and 34 PF-PCS) and 93 BMS studies were included. Fewer studies (86) report 24-month data (26 paclitaxeleluting or -coated stents versus 60 BMS).
- For TLR at 12 months, 38 paclitaxel stent studies (14 PB-PES and 24 PF-PCS) and 59 BMS studies were included. This was reduced to 20 paclitaxel-eluting or -coated stent studies and 38 BMS at 24 months.
- The overall mean lesion length was 152.8 (range: 37-330) mm.
- When considering lesion length <150mm versus ≥150mm, PB-PES performed consistently in long and short lesions in regard to PP and TLR (Figure 2 & 3).

Table 1 Results of primary patency and target lesion revascularization

Stent type	12-month PP	24-month PP	12-month TLR	24-month TLR
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
PB-PES	86.99	77.92	7.30	14.16
	(85.26 – 88.53)	(75.74 – 79.95)	(5.89 – 9.02)	(12.36 – 16.18)
PF-PCS	76.89	65.19	12.99	22.69
	(73.40 – 80.05)	(60.40 – 69.69)	(9.98 – 16.74)	(17.43 – 28.97)
BMS	75.30	67.01	14.31	20.83
	(72.90 – 77.55)	(62.91 – 70.87)	(12.50 – 16.34)	(17.61 –24.47)

PP: Primary patency; TLR: target-lesion revascularization; CI: confidence interval; PB-PES: polymer-based paclitaxel-eluting stents; PF-PCS: polymer-free paclitaxel-coated stents; BMS: bare metal stents



PP 24 months proportion (%), 95% CI

#### Figure 2 Lesion length: Primary patency

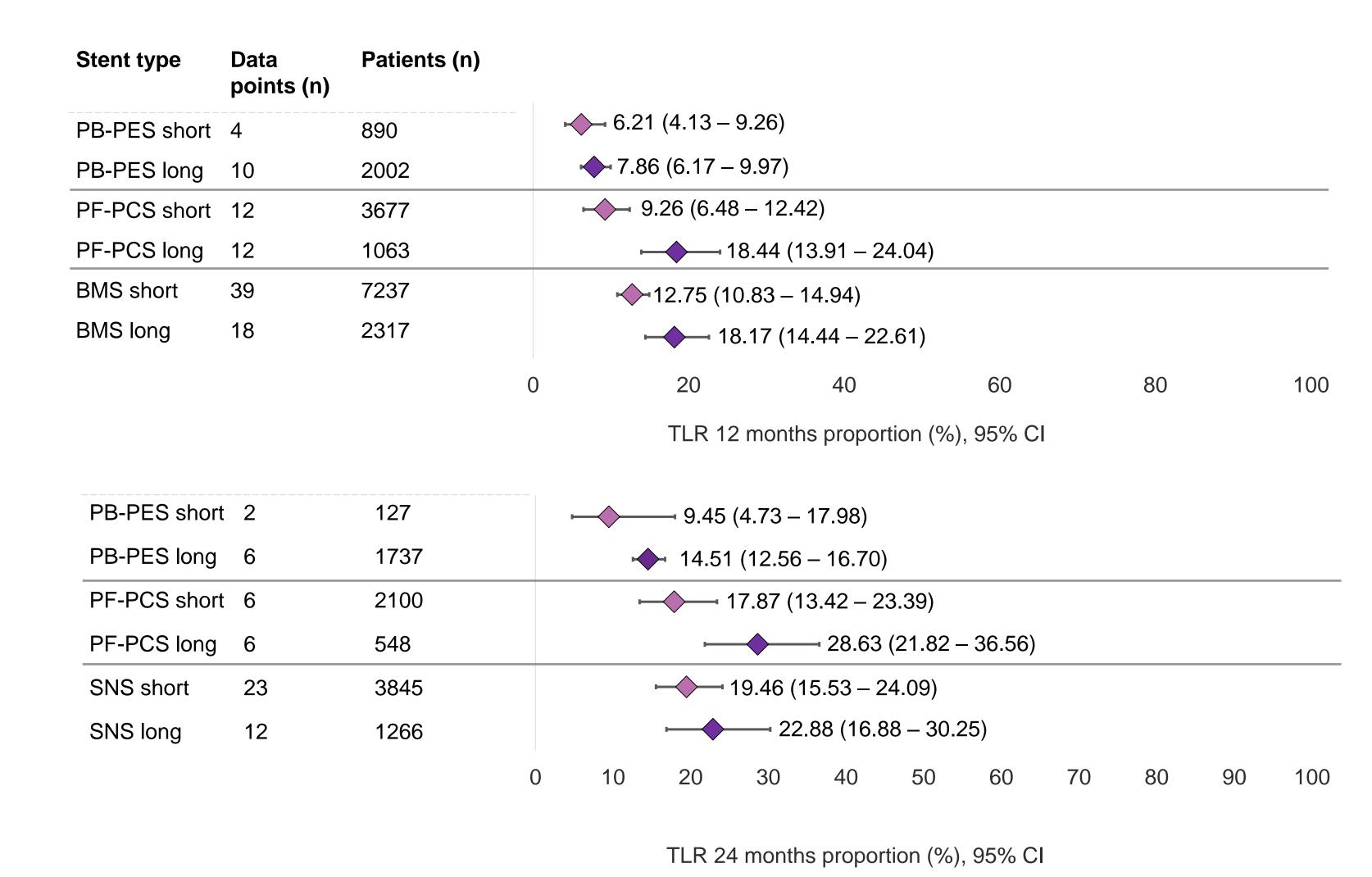
PB-PES: Polymer-based paclitaxel-eluting stents; PF-PCS: Polymer-free paclitaxel-coated stents; BMS: Bare metal stents; PP: Primary patency.

# Conclusion

PB-PES showed higher primary patency and lower TLR rates than PF-PCS and BMS, both at 12 and 24 months of follow-up. This was true in both short and long lesions. This study provides an important overview and synthesis of data and insights into stent performance.

# Discussion

- Stents tended to perform well in either short or long lesions, PB-PES performed consistently in both short and long lesions.
- As expected, performance tended to be worse at 24 months versus 12 months, and in more complex long lesions.
- This analysis used aggregated, cohort data from published studies.
- There were some inconsistencies in the definitions of primary patency and TLR.



#### Figure 3 Lesion length: Target lesion revascularization

PB-PES: Polymer-based paclitaxel-eluting stents; PF-PCS: Polymer-free paclitaxel-coated stents; BMS: Bare metal stents; TLR: Target-lesion revascularization.

#### Disclaimer

ABS, FD, and JH are employees, and RS is the CEO of Coreva Scientific GmbH & Co KG, which received consultancy fees from Boston Scientific for performing, analyzing, and communicating the work presented here. SS consults for Boston Scientific, Cook Medical, Biotronik, and iThera Medical. YG has received funding from Boston Scientific, COOK, General Electric, Veryan, WL Gore.