Boston Scientific
Advancing science for life™

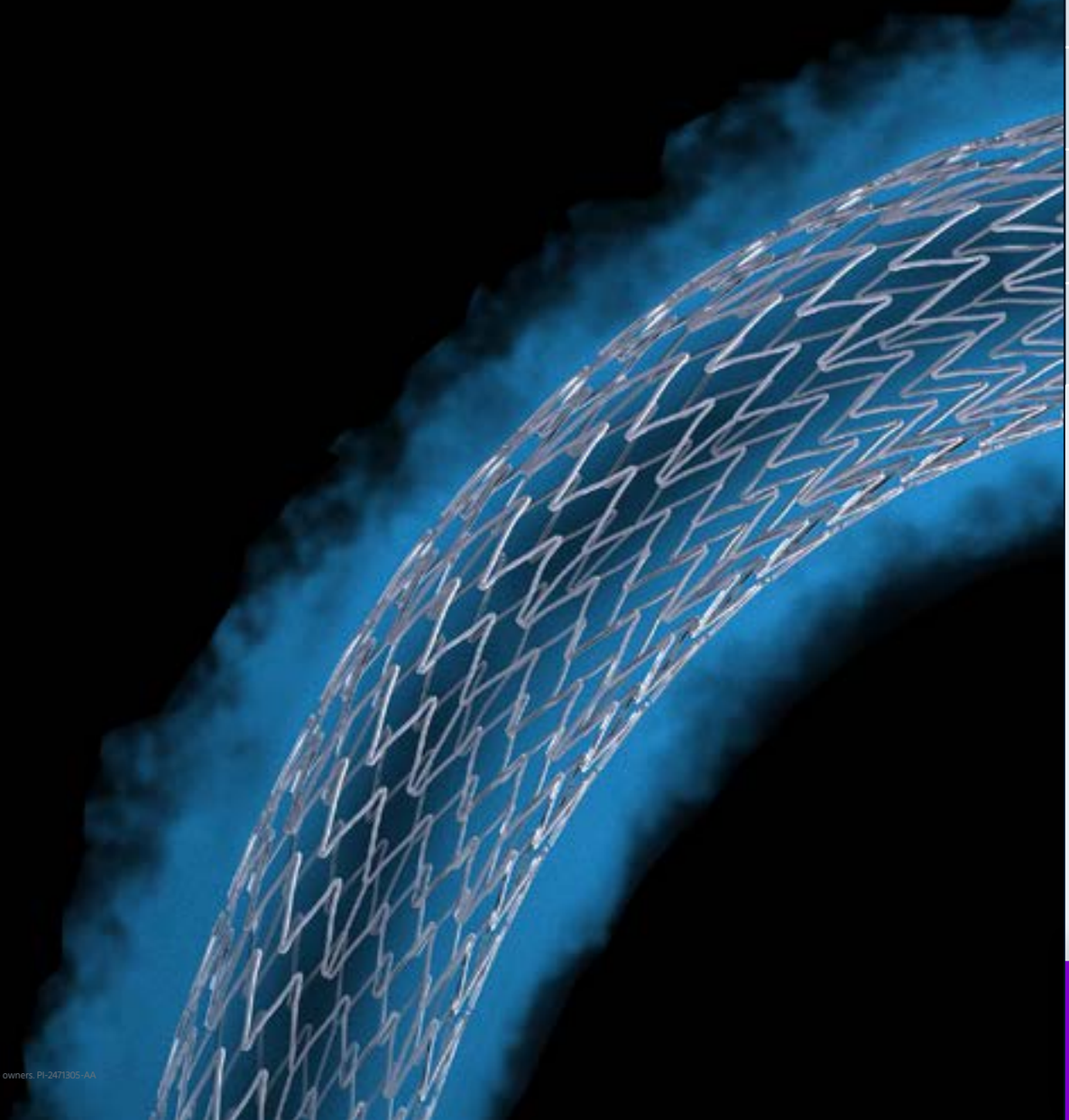
ELUVIA DRUG-ELUTING VASCULAR STENT SYSTEM

CASE 1 | TREATING A LONG SFA LESION USING ELUVIA DRUG-ELUTING STENTS

PRESENTED BY:

Sonya S Noor, MD FACS

- Clinical Associate Professor Dept. of Surgery, UB
- Director, Endovascular Services, BGMC, Buffalo, NY
- Managing Partner BEVSA, PLLC, Buffalo, NY
- Medical Director, AccessCare, Buffalo, NY



CASE TYPE
PATIENT HISTORY
DIAGNOSTIC FINDINGS
TREATMENT APPROACH
VESSEL PREP AND STENT PROCEDURE
TREATMENT RESULTS & OUTCOMES

DE Clinical Spotlight Series

CASE 1 | TREATING A LONG SFA LESION USING ELUVIA DRUG-ELUTING STENTS

Boston Scientific
Advancing science for life™

PATIENT HISTORY

PATIENT DEMOGRAPHICS

69-year-old male

PRESENTING SYMPTOMS

Increasing claudication on LEFT and RIGHT leg for the last 5 to 6 years – now significantly lifestyle limiting.

MEDICAL HISTORY

Hypertension

Prior myocardial infarction

Pulmonary emphysema

Former smoker

PRIOR MEDICAL MANAGEMENT

Guideline-directed medical therapy:

- Statin therapy
- Aspirin
- Antihypertensive medications

Persistent functional decline despite medical compliance and exercise

NONINVASIVE VASCULAR ASSESSMENT

Evidence of significant peripheral artery disease

Ankle–brachial index (ABI):

- Right: 0.57
- Left: 0.60

CLINICAL INTERPRETATION

Diagnostic imaging evaluation and possible intervention required

CASE TYPE

PATIENT HISTORY

DIAGNOSTIC FINDINGS

TREATMENT APPROACH

VESSEL PREP AND STENT PROCEDURE

TREATMENT RESULTS & OUTCOMES

DIAGNOSTIC FINDINGS

DIAGNOSTIC ANGIOGRAPHY FINDINGS

Complete occlusion of the left superficial femoral artery (SFA)

- Occlusion extended from SFA ostium through the adductor canal

Total occlusion length approximately 250 mm

Distal SFA and popliteal artery (P1-P3 segments) patent

RUNOFF EVALUATION

Two-vessel runoff maintained via:

- Posterior tibial artery
- Tibial peroneal trunk
- Anterior tibial artery occluded at the mid-calf

OVERALL ASSESSMENT

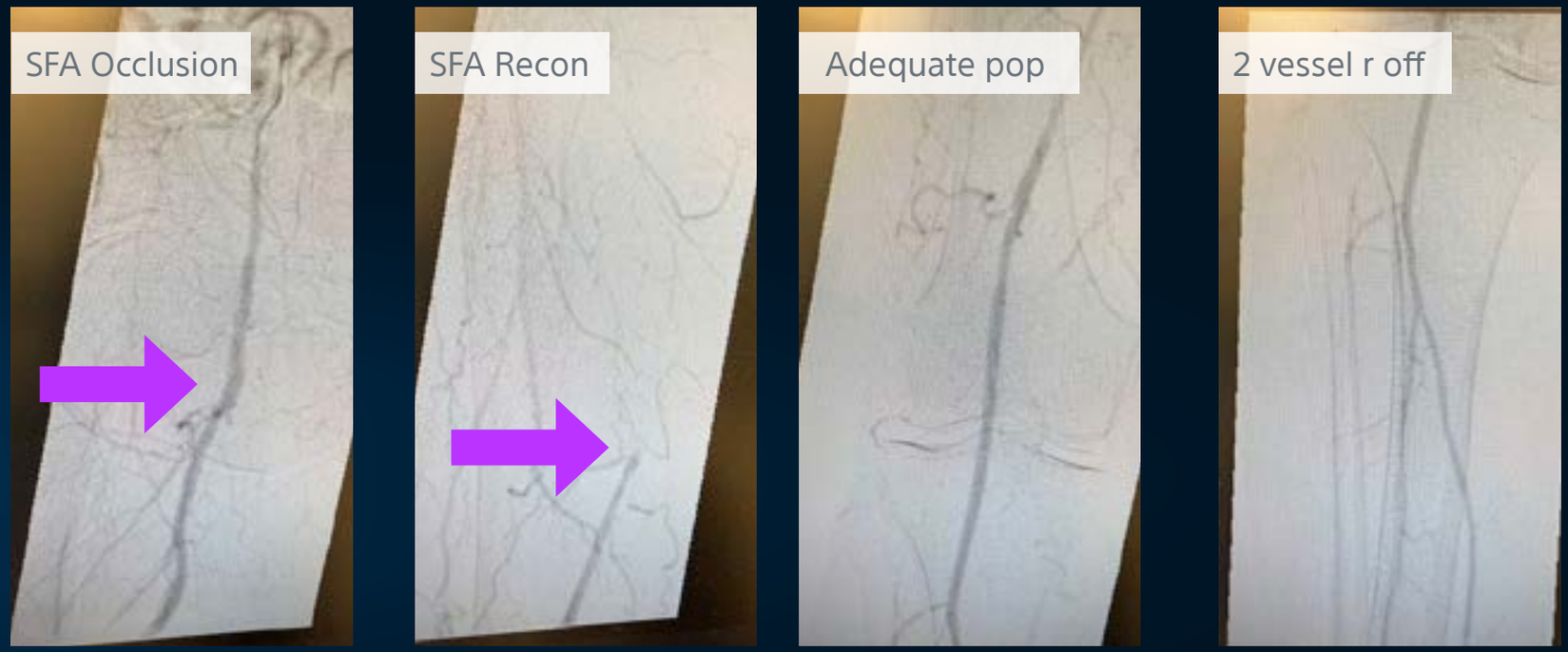
Long-segment femoropopliteal chronic total occlusion

Adequate distal targets for revascularization

CASE TYPE
PATIENT HISTORY
DIAGNOSTIC FINDINGS
TREATMENT APPROACH
VESSEL PREP AND STENT PROCEDURE
TREATMENT RESULTS & OUTCOMES

DIAGNOSTIC FINDINGS

DIAGNOSTIC ANGIOGRAM : SFA OCCLUSION RECONSTITUTION DISTAL SFA 250 MM CTO



CASE TYPE
PATIENT HISTORY
DIAGNOSTIC FINDINGS
TREATMENT APPROACH
VESSEL PREP AND STENT PROCEDURE
TREATMENT RESULTS & OUTCOMES

DE Clinical Spotlight Series

CASE 1 | TREATING A LONG SFA LESION USING ELUVIA DRUG-ELUTING STENTS

Boston Scientific
Advancing science for life™

TREATMENT APPROACH

CLINICAL CHALLENGES OF LONG SFA LESIONS

Difficult to cross, intimal and subintimal crossing with higher risk of restenosis

Increased need for repeat intervention and procedural complexity due to:

- Extended lesion length> 250 mm
- Increased likelihood of flow-limiting dissection

EVIDENCE CONSIDERATIONS

SPORTS 2 YEAR. CHARING CROSS 2025. LONDON

Lesion length is a key predictor of reintervention

Durability decreases as lesion length increases

Long lesions require consistent and complete coverage

BIOLOGIC CONSIDERATIONS

Increased neointimal hyperplasia burden in long lesions

Need for sustained drug delivery across extended segments

TREATMENT STRATEGY GOALS

Reliable lesion crossing

Full-length vessel prep and coverage

Predictable device deliverability

Uniform and sustained Paclitaxel release

eduction of restenosis risk over time

DEVICE STRATEGY

Treatment required to perform consistently across long, complex anatomy

Eluvia™ selected to support both procedural success and long-term patency

CASE TYPE
PATIENT HISTORY
DIAGNOSTIC FINDINGS
TREATMENT APPROACH
VESSEL PREP AND STENT PROCEDURE
TREATMENT RESULTS & OUTCOMES

DE Clinical Spotlight Series

CASE 1 | TREATING A LONG SFA LESION USING ELUVIA DRUG-ELUTING STENTS

Boston Scientific
Advancing science for life™

VESSEL PREP AND STENT PROCEDURE

VESSEL PREPARATION

Predilatation of long occlusive segment performed

Two plain balloon catheters used for successful crossing of chronic total occlusion 6X200 :

STENT DEPLOYMENT

Two Eluvia™ 6X150 drug-eluting stents implanted

Stents deployed to achieve full lesion coverage across entire treated segment

SUCCESSFUL CROSSING OF A OCCULSION PTA WITH 6X200

DEPLOYMENT OF 6X150 ELUVA X2

CASE TYPE
PATIENT HISTORY
DIAGNOSTIC FINDINGS
TREATMENT APPROACH
VESSEL PREP AND STENT PROCEDURE
TREATMENT RESULTS & OUTCOMES

TREATMENT RESULTS & OUTCOMES

COMPLETION ANGIOGRAM RESULTS

- Excellent luminal gain throughout treated segment
- No residual stenosis observed
- Restored inline flow

RUNOFF ASSESSMENT

Two-vessel runoff preserved

TECHNICAL OUTCOME

Optimal angiographic result

Successful reconstruction of long SFA occlusion

COMPLETION ANGIOGRAM

CASE TYPE

PATIENT HISTORY

DIAGNOSTIC FINDINGS

TREATMENT APPROACH

VESSEL PREP AND STENT PROCEDURE

TREATMENT RESULTS & OUTCOMES

TREATMENT RESULTS & OUTCOMES

CLINICAL RATIONALE

Long, complex SFA occlusion required:

- Full-length lesion coverage
- Predictable deliverability

DEVICE PERFORMANCE

Eluvia™ provides sustained antiproliferative drug therapy and full lesion coverage for durability

PATIENT OUTCOME

Durable revascularization achieved

Restored flow through treated segment

Expected meaningful symptom improvement

LISTEN TO DR. NOOR HIGHLIGHT THE FULL CASE HERE

CASE TYPE
PATIENT HISTORY
DIAGNOSTIC FINDINGS
TREATMENT APPROACH
VESSEL PREP AND STENT PROCEDURE
TREATMENT RESULTS & OUTCOMES

DE Clinical Spotlight Series

CASE 1 | TREATING A LONG SFA LESION USING ELUVIA DRUG-ELUTING STENTS

Boston Scientific
Advancing science for life™

CASE TYPE

PATIENT HISTORY

DIAGNOSTIC FINDINGS

TREATMENT APPROACH

VESSEL PREP AND STENT PROCEDURE

TREATMENT RESULTS & OUTCOMES

ELUVIA™ Drug-Eluting Vascular Stent System
Indications, Safety, and Warnings

http://bostonscientific.com/eluvia-indications

Boston Scientific
Advancing science for life™

Interventional Oncology & Embolization
300 Boston Scientific Way
Marlborough, MA 01752-1234
www.bostonscientific.com

To order product or for more information contact customer service at 1.888.272.1001.

PI-2471305-AA