

Drug-coated balloon cuts TLR in femoropopliteal artery disease

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(HealthDay)—For femoropopliteal artery disease, use of drug-coated

balloon (DCB) is associated with reduced risk of target lesion revascularization (TLR) compared with conventional plain balloon (PB), with no effect of all-cause mortality, according to a review published in the August 22 issue of *JACC: Cardiovascular Interventions*.

Daniele Giacoppo, M.D., from the Technische Universität München in Germany, and colleagues identified eight randomized trials comparing DCB with PB for the treatment of femoropopliteal artery disease. They examined the risk of TLR and all-cause death with DCB and PB.

The researchers found that, compared with PB, DCB correlated with a marked 12-month TLR risk reduction (risk ratio [RR], 0.33; 95 percent confidence interval [CI], 0.19 to 0.57). The groups had a comparable risk of death (RR, 0.96; 95 percent CI, 0.47 to 1.95). In long-term outcomes assessment, the incidence of TLR was reduced with DCB (RR, 0.35; 95 percent CI, 0.24 to 0.51), while incidence of all-cause death was similar (incidence RR, 1.13; 95 percent CI, 0.60 to 2.15). There was significant heterogeneity present, with differential efficacy observed across devices. The available evidence was sufficient to prove superior antirestenotic efficacy for DCB over PB.

"Future trials investigating DCB angioplasty should include potentially more effective comparator therapies," the authors write.

One author disclosed financial ties to the medical device industry; one author disclosed patent applications in relation to drug-eluting stent technology.

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