

Title: LINC 23: IN.PACT AV ACCESS: Outcomes to Date
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Dr Matteo Tozzi

"I'm Matteo Tozzi, Vascular Surgeon in Varese at the University of Insubria and Full Professor of Vascular Surgery.

Please remind us of the reasoning behind the IN.PACT AV ACCESS Trial.

The IN.PACT AV Access trial is a fundamental on our clinical practice because one of the best studies on the evidence for the use of DCB for the treatment of stenosis in AV access.

What are the study design and patient cohort?

The IN.PACT AV Access trial is a randomized controlled trial. The patient is randomized one to one to DCB or after vessel preparation to high-pressure balloon treatment. So, this design performs very useful data with big evidence about the use of the IN.PACT DCB.

What are the key findings revealed at LINC 23?

The fundamental key of this study naturally is the result the percentage of primary patency, the percentage of target lesion restenosis the circuit patency at six months, one year, two and today at 36 years. So, this is the goal of the study. Finally, we have a long-term outcome about the DCB for the treatment of the vascular arches malfunctioning for stenosis. The DCB today is fundamental in a different area and localization not only for treating the new internal palasia in the vascular arches, but also for in-stent restenosis in peripheral artery coronary and for atherosclerotic lesions in peripheral arterial disease. The DCB add a new treatment after the mechanical

dilatation of the vessel prep and the cure is fundamental for reducing the replication and then (indistinct) production of the muscle cell inside the vessel wall.

How should these findings impact practice?

I started my utilization of the IN.PACT DCB in the AV arches starting 2014 with very low evidence. Today my practice is based on this type of evidence. It's great evidence, the maximum level of evidence level A, grade one from a randomized control trial. So, this is very important for our clinical practice with haemodialysis patients.

What are the next steps?

I hope in the future to have the possibility for patients and for colleagues to see in the future. In the next guideline from the American KDOQI from SVS or other national society, see the recommendation about the use of the DCB in the first line treatment for the stenosis of the vascular arches. It's very important to reduce the percentage of treatment for each year in this type of patient for the functionality of the vascular arches and increase the survival of this court of patients in haemodialysis.”