**Title: ISET 24: TOBA II BTK: Sub-Analysis Shows Tack Repair Performs Well in Complex Lesions**

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**Date: 2 Feb 2024**

**Dr Marianne Brodmann**

"I'm Marianne Brodmann from the medical university in Graz, Austria and I'm the head of the division of angiology. The current treatment options for patients with PAD with regard to the endovascular approach is for sure an adequate vessel preparation, very often still done with POBA or specialty balloons, atherectomies, especially in Europe, also getting a little bit it more into the field and then the final treatment is drug-eluting balloon or drug-eluting stents.

And the unmet needs are, even if we use stents and I think this is very, very important to know, even if you use stents, we have then at the end of the day, at a certain point some kind of in-stent restenosis issues and that is really causing us problems. And therefore the unmet need is what kind of mechanical treatment, if we have dissections, if we have long lesions with acute recall, we should apply, and I think this is for sure a very unmet need in the endovascular space in PAD, not to know what kind of mechanical solution we should apply to our patients.

But TOBA II BTK was that we included patients with dissections only. So after treatment of the patients and if they had dissections then they were included in the TOBA II BTK study, because this tool, the tack system, is a dissection sealing system. So therefore only dissected arteries were included into the study.

And with regard to the sub-analysis, we have data so far for the whole cohort and I think it's very important to know if these tiny metal implants are also able to solve the issues with regard to this section in complex patient cohorts like long lesions, calcified lesions, CTOs. So this was the reasons for the sub-analysis.

The key findings are that tack is also useful and helping solving dissections in complex lesions and is working there as well as in the whole cohort. So not only in simple short lesions, but also in complex lesions, what we are seeing more and more in daily practice, what further studies required with regard to the tack system, maybe to have a randomised controlled study of just using DCB compared to DCB plus tack and see if the outcome is better with tack system. So this could be an idea, in my opinion.”