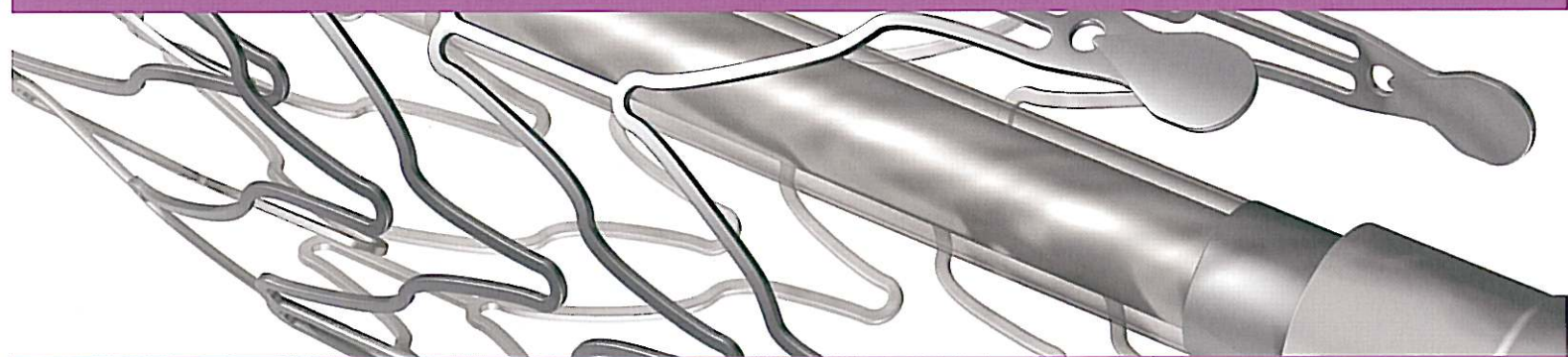


Vienna ABSOLUTE Trial

The only trial with sustained benefit at two years of primary stenting

Results presented by Prof. Martin Schillinger at PCR – 2007.

Following to the publication in the NEJM (N Engl J Med 2006; 354:1879-88.), new data have been presented to support Primary Stenting vs. Balloon Angioplasty with patients followed up at 24 months.

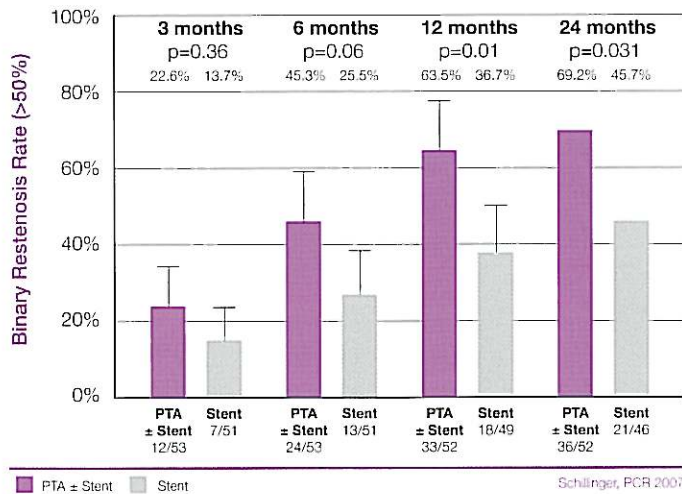


Sustained benefit at two years of primary stenting

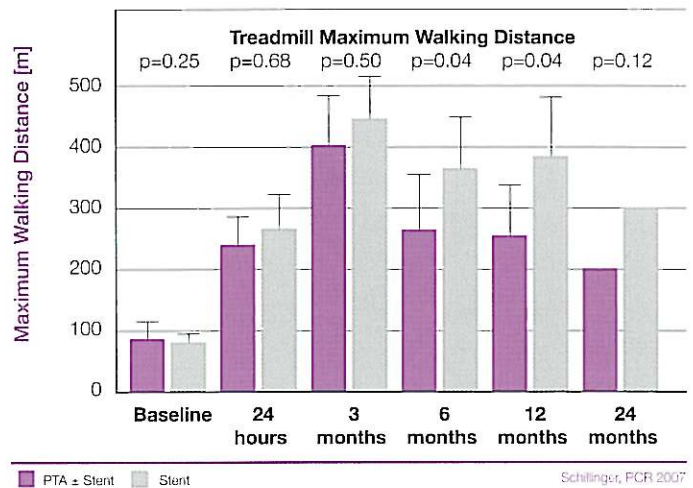
- 98/104 patients followed up at 2 years (94%)
- **Restenosis rates at 2 years were 45.7% (21/46) vs. 69.2% (36/52) in favor of primary stenting compared to balloon angioplasty with optional secondary stenting by an intention to treat analysis (p=0.031).**
- Consistently, stenting (whether primary or secondary; n=63) was superior to plain balloon angioplasty (n=35) with respect to the occurrence of restenosis (49.2% vs. 74.3%, p=0.028) by a "treatment received" analysis.
- Clinically,
 - patients in the primary stent group showed a trend towards better treadmill walking capacity (average 302 m vs. 196 m, p=0.12)
 - and better ABI values (average 0.88 vs. 0.78, p=0.09) at 2 years, respectively.
 - Re-intervention rates tended to be lower after primary stenting (17/46, 37.0% vs. 28/52, 53.8%; p=0.14).

Vienna ABSOLUTE Trial – 24 mo. Results

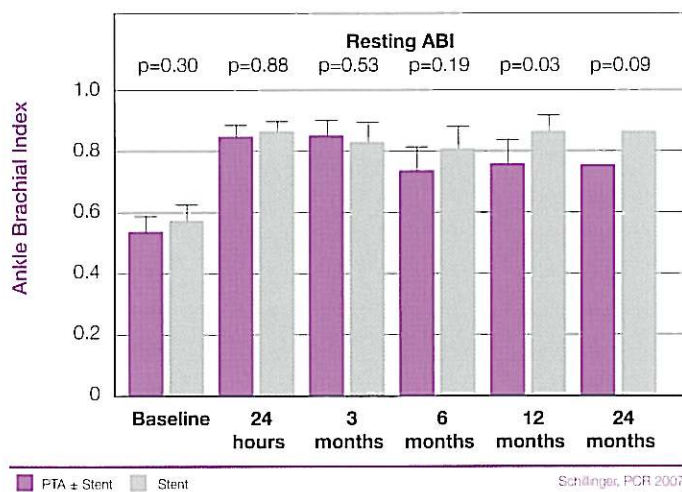
Secondary endpoint: 3-6-12-24 mo. restenosis [DUS]



Secondary endpoint: 3-6-12-24 mo. walking distance



Secondary endpoint: 3-6-12-24 mo. resting ABI



Conclusion

At 2 years, primary stenting with self expanding nitinol stents for treatment of SFA obstructions yields:

- a sustained morphological benefit.
- a trend towards a clinical benefit compared to balloon angioplasty with optional stenting.

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