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Optilume: ¿Compite con la uretroplastia? Datos, comparación

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Background

- ✓ **Paclitaxel** es un taxano, con actividad anticancerigena qu es es capaz de inhibir el crecimiento de fibroblastos y la formación de cicatricez.
- ✓ Stents recubiertos de Paclitaxel han sido utilizados con exito en estenosis coronarias recurrentes y han sido introducidos recientemente en urologia como opcion de tratamiento para estenosis de uretra.

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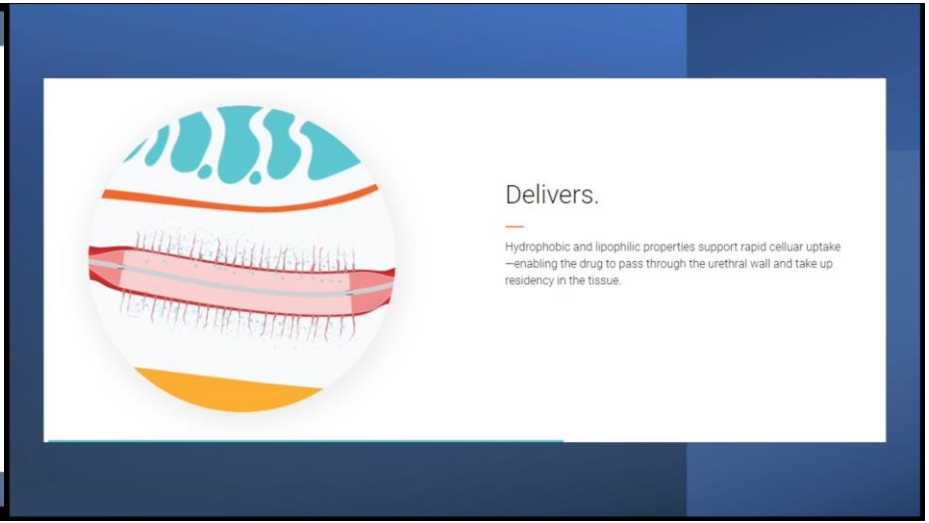
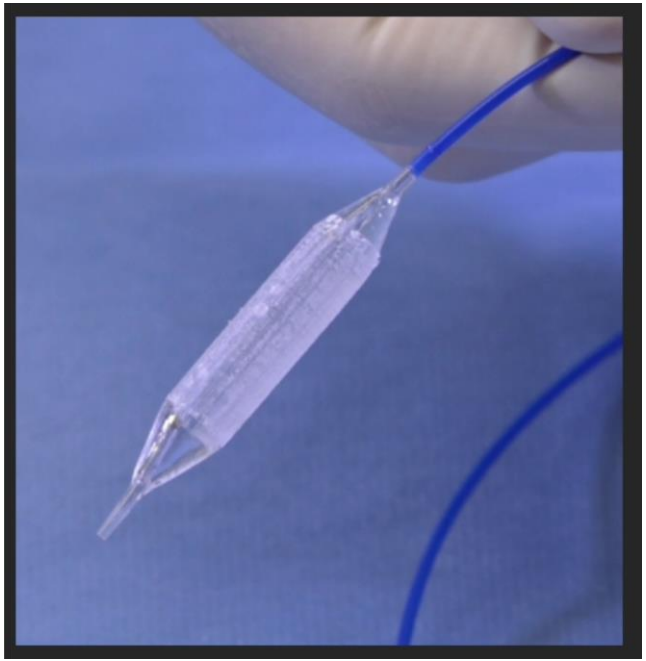
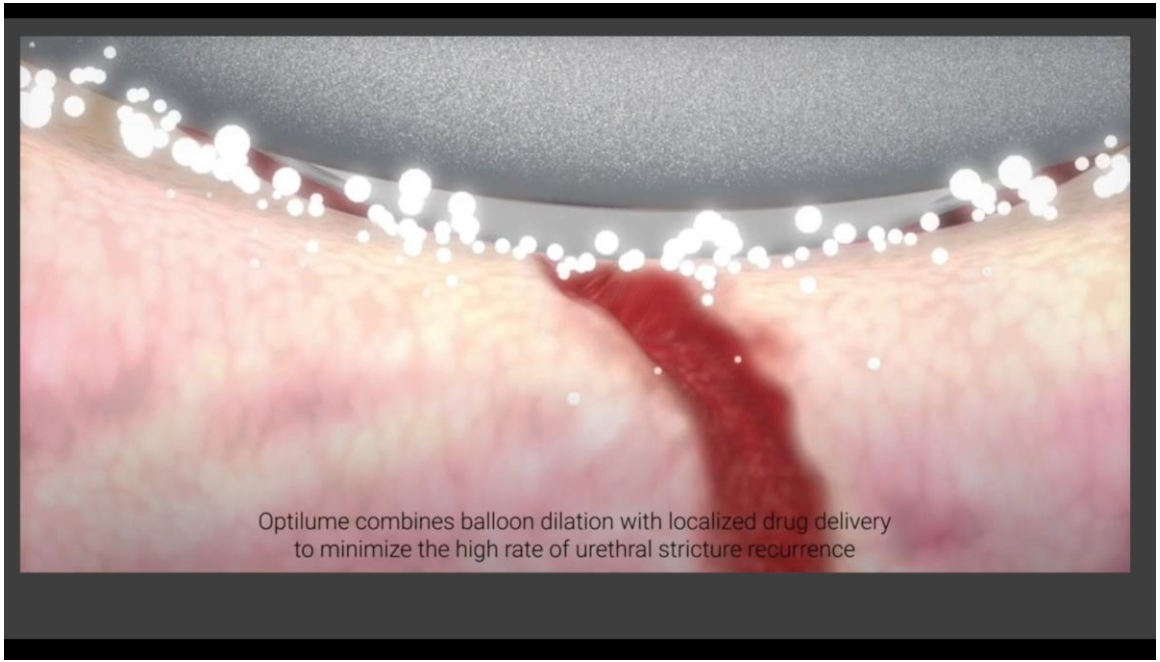





Optilume combines balloon dilation with localized drug delivery
to minimize the high rate of urethral stricture recurrence

7 Cite Share

Paclitaxel stent coating inhibits neointimal hyperplasia at 4 weeks in a porcine model of coronary restenosis.

Heldman AW, Cheng L, Jenkins GM, Heller PF, Kim DW, Ware M Jr, Nater C, Hruban RH, Rezai B, Abella BS, Bunge KE, Kinsella JL, Sollott SJ, Lakatta EG, Brinker JA, Hunter WL, Froehlich JP.

Circulation. 2001 May 8;103(18):2289-95. doi: 10.1161/01.cir.103.18.2289.

PMID: 11342479

We tested whether **paclitaxel**-coated coronary **stents** are effective at preventing neointimal proliferation in a porcine model of restenosis. METHODS AND RESULTS: Palmaz-Schatz **stents** were dip-coated with **paclitaxel** (0, 0.2, 15, or 187 microgram/**stent** ...

8 Cite Share

Paclitaxel-coated **stent**: is there a light at the end of the tunnel?

Kipshidze N, Moses JW, Leon MB.

J Am Coll Cardiol. 2001 Jul;38(1):292-3. doi: 10.1016/s0735-1097(01)01357-2.

PMID: 11451292 **Free article.** No abstract available.

9 Cite Share

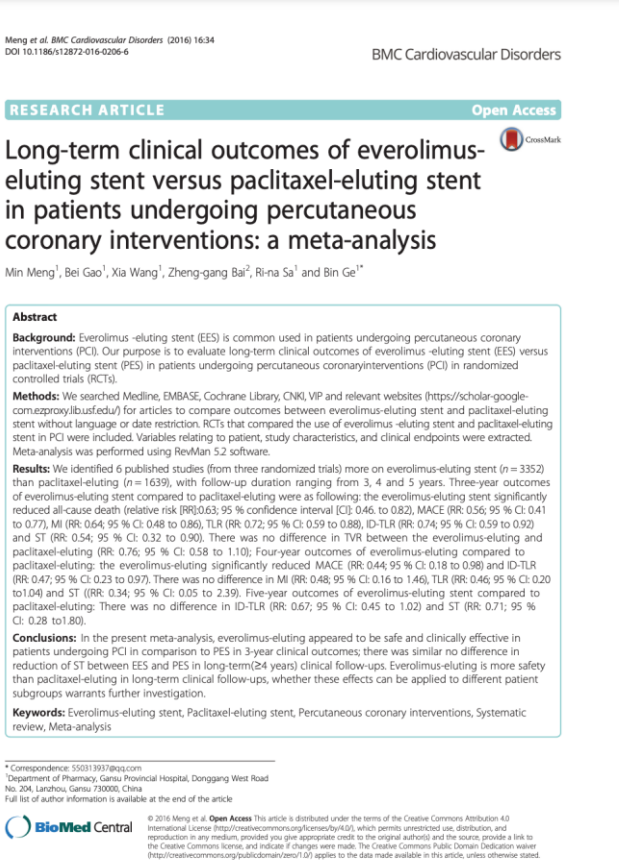
Pathological analysis of local delivery of **paclitaxel** via a polymer-coated **stent**.

Farb A, Heller PF, Shroff S, Cheng L, Kolodgie FD, Carter AJ, Scott DS, Froehlich J, Virmani R.

Circulation. 2001 Jul 24;104(4):473-9. doi: 10.1161/hc3001.092037.

PMID: 11468212

CSG-coated **stents** with **paclitaxel** (42.0, 20.2, 8.6, or 1.5 microgram of **paclitaxel** per **stent**), CSG-coated **stents** without **paclitaxel**, and uncoated **stents** (without **paclitaxel** or CSG) were deployed in the iliac arteries of New ...



Meng et al. BMC Cardiovascular Disorders (2016) 16:34
DOI 10.1186/s12872-016-0206-6

BMC Cardiovascular Disorders

RESEARCH ARTICLE Open Access

Long-term clinical outcomes of everolimus-eluting stent versus paclitaxel-eluting stent in patients undergoing percutaneous coronary interventions: a meta-analysis

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Abstract

Background: Everolimus -eluting stent (EES) is common used in patients undergoing percutaneous coronary interventions (PCI). Our purpose is to evaluate long-term clinical outcomes of everolimus -eluting stent (EES) versus paclitaxel-eluting stent (PES) in patients undergoing percutaneous coronaryinterventions (PCI) in randomized controlled trials (RCTs).

Methods: We searched Medline, EMBASE, Cochrane Library, CNKI, VIP and relevant websites (https://scholar-google-com.ezproxy.lib.usf.edu/) for articles to compare outcomes between everolimus-eluting stent and paclitaxel-eluting stent without language or date restriction. RCTs that compared the use of everolimus -eluting stent and paclitaxel-eluting stent in PCI were included. Variables relating to patient, study characteristics, and clinical endpoints were extracted. Meta-analysis was performed using RevMan 5.2 software.

Results: We identified 6 published studies (from three randomized trials) more on everolimus-eluting stent ($n = 3352$) than paclitaxel-eluting ($n = 1639$), with follow-up duration ranging from 3, 4 and 5 years. Three-year outcomes of everolimus-eluting stent compared to paclitaxel-eluting were as following: the everolimus-eluting stent significantly reduced all-cause death (relative risk [RR]:0.63; 95 % confidence interval [CI]: 0.46. to 0.82), MACE (RR: 0.56; 95 % CI: 0.41 to 0.77), MI (RR: 0.64; 95 % CI: 0.48 to 0.86), TLR (RR: 0.72; 95 % CI: 0.59 to 0.88), ID-TLR (RR: 0.74; 95 % CI: 0.59 to 0.92) and ST (RR: 0.54; 95 % CI: 0.32 to 0.90). There was no difference in TVR between the everolimus-eluting and paclitaxel-eluting (RR: 0.76; 95 % CI: 0.58 to 1.10); Four-year outcomes of everolimus-eluting compared to paclitaxel-eluting: the everolimus-eluting significantly reduced MACE (RR: 0.44; 95 % CI: 0.18 to 0.98) and ID-TLR (RR: 0.47; 95 % CI: 0.23 to 0.97). There was no difference in MI (RR: 0.48; 95 % CI: 0.16 to 1.46), TLR (RR: 0.46; 95 % CI: 0.20 to1.04) and ST ((RR: 0.34; 95 % CI: 0.05 to 2.39). Five-year outcomes of everolimus-eluting stent compared to paclitaxel-eluting: There was no difference in ID-TLR (RR: 0.67; 95 % CI: 0.45 to 1.02) and ST (RR: 0.71; 95 % CI: 0.28 to1.80).

Conclusions: In the present meta-analysis, everolimus-eluting appeared to be safe and clinically effective in patients undergoing PCI in comparison to PES in 3-year clinical outcomes; there was similar no difference in reduction of ST between EES and PES in long-term(≥4 years) clinical follow-ups. Everolimus-eluting is more safety than paclitaxel-eluting in long-term clinical follow-ups, whether these effects can be applied to different patient subgroups warrants further investigation.

Keywords: Everolimus-eluting stent, Paclitaxel-eluting stent, Percutaneous coronary interventions, Systematic review, Meta-analysis

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JU

One-Year Results for the ROBUST III Randomized Controlled Trial Evaluating the Optilume® Drug-Coated Balloon for Anterior Urethral Strictures

Sean P. Elliott, Karl Coutinho, Kaiser J. Robertson et al.

Correspondence: Sean P. Elliott (email: selliott@umn.edu).

Full-length article available at www.auajournals.org/10.1097/JU.0000000000002346.

CONCLUSIONS

The results of this randomized controlled trial support that Optilume DCB is safe and superior to standard DVIU/dilation for the treatment of recurrent anterior urethral strictures <3 cm in length. Superior outcomes were observed for freedom from repeat treatment at 1 year, anatomical success at 6 months and functional success at 1 year. We will continue to follow these men for 5 years. The Optilume DCB may serve as an important alternative for men who have had an unsuccessful DVIU/dilation but who want to avoid or delay urethroplasty.

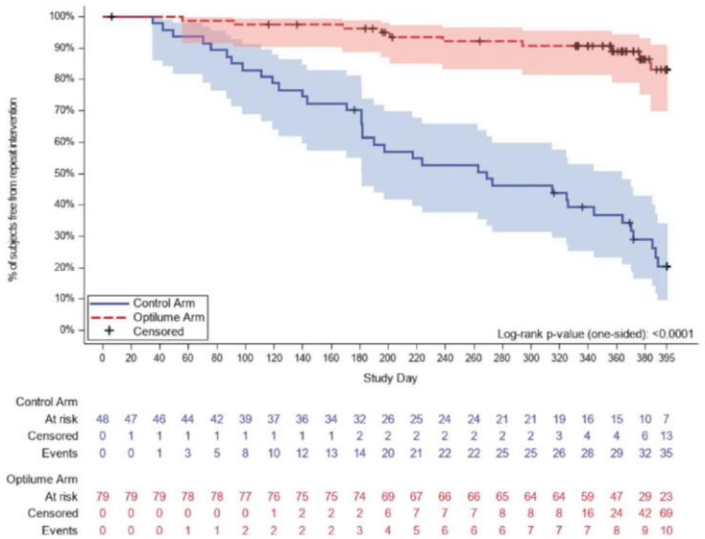
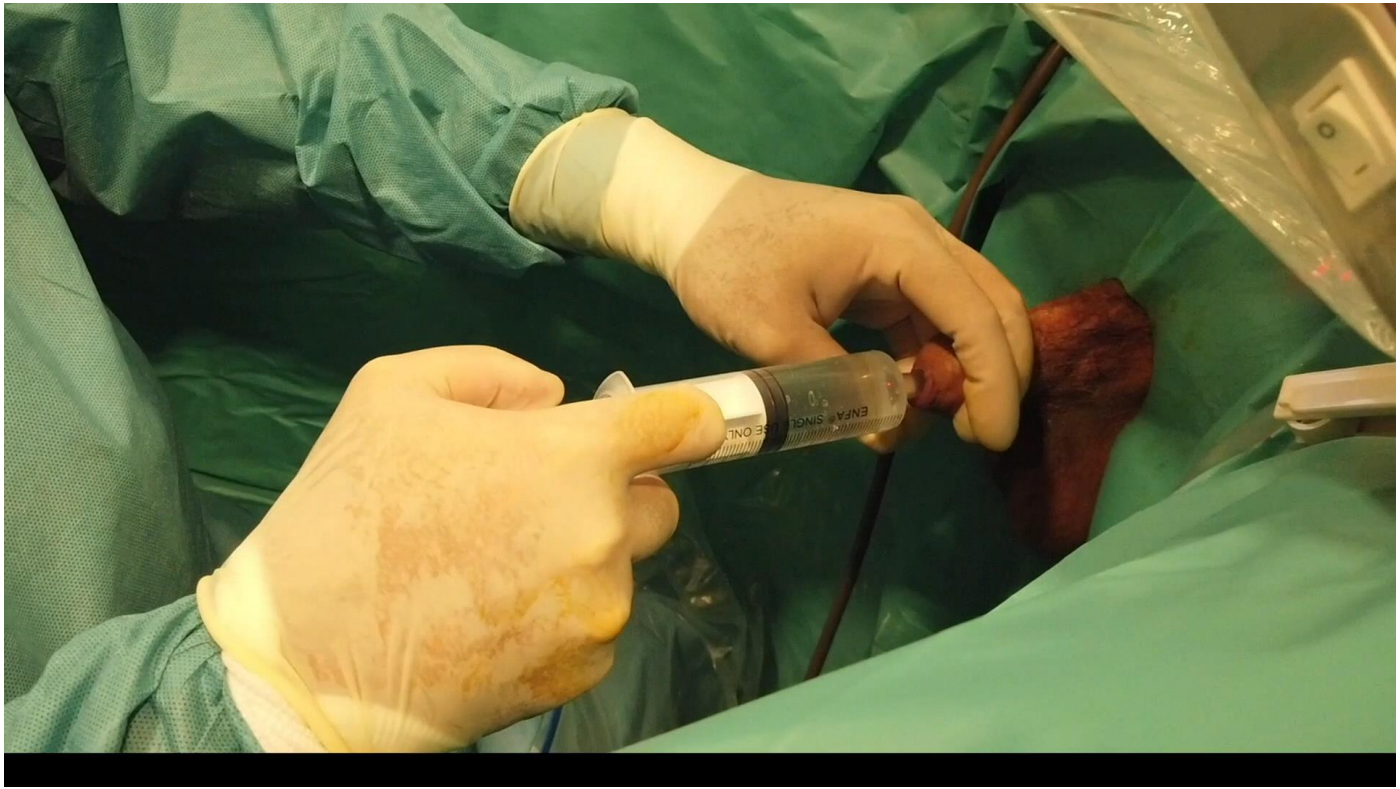


Figure 3. Kaplan-Meier curve of freedom from repeat intervention through 1 year.



Dilatacion con Balon recubierto paclitaxel (Optilume) N= 17 pacientes

Edad	28 –81
Tiempo seguimiento	9 (3-18) meses
Intervenciones previas	
• Uretroplastias	4
• Laser de prostatata	3
• Prostatectomia radical	2
• otras	3
Q max 1 / 3 / 12 meses	14 / 17 /16 ml/seg
fallido	1
Fracasos	2

Indicaciones

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- ✓Estenosis < 3cm
- ✓Primarias, recidivas uretroplastia, estenosis yuxtaesfinterianas post-HoLEP

Poco recomendable (Atención probabilidad de fracaso):

- Esclerosis de cuello post Prostatectomia radical
- Esclerosis uretra prostatitca posradioterapia (Fibrosis)
- Esclerosis de celda restos adenomatosos, postadenomectomia..

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Conclusion

- Alternativa para el tratamiento de estenosis de uretra < 3 cm