

# Drug-coated Balloons and Stents Should be Abandoned Because They Offer No Meaningful Added Benefit

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## Disclosures

- NIH K23161428 (PI Shah)
- AGING Initiative/NIA R33AG057806 (PI Shah)
- StimLabs – (PI Shah)
- UF Aortic Disease Center (PI Shah)
  
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# What is “Meaningful Added Benefit?”

- Meaningful added benefit in PAD should mean:
  - ↓ Major (above-ankle) amputation (especially in CLTI)
  - ↑ Amputation-free survival (AFS) and/or overall survival
  - ↑ Disease-specific QoL (e.g., VascuQoL) / walking function
- It does not mean delayed restenosis/fewer secondary interventions

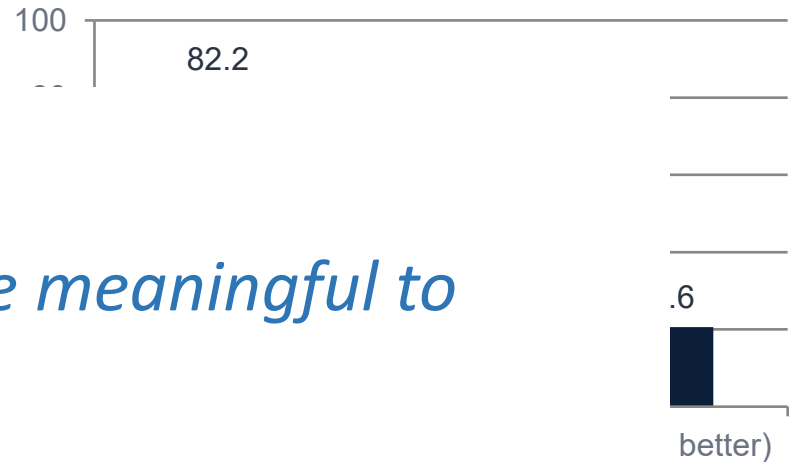
# DCB: Short-Term Wins with Surrogate Outcomes

## IN.PACT SFA (12 months):

RCT: DCB vs POBA for SFA/proximal pop lesions,  
n=331

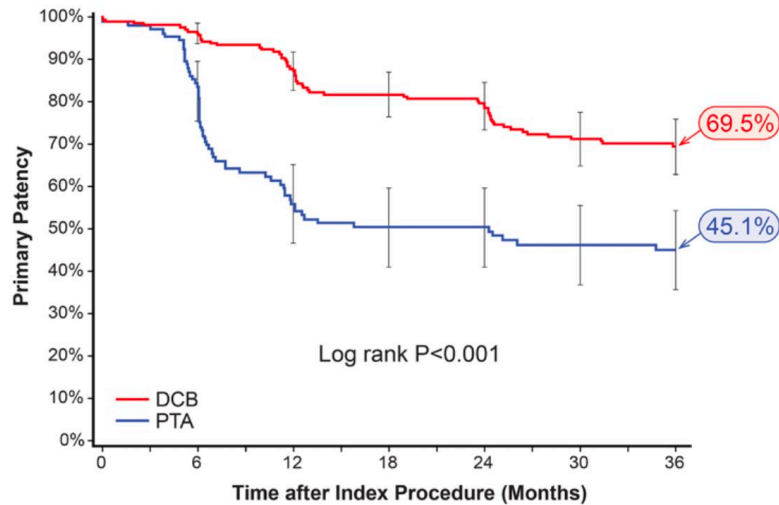
- Primary patency: 82.2% (DCB) vs 52.4%
- Clinical outcomes vs 20% TLR
- No need for repeat interventions

*Primary patency/TLR are meaningful to operators...*

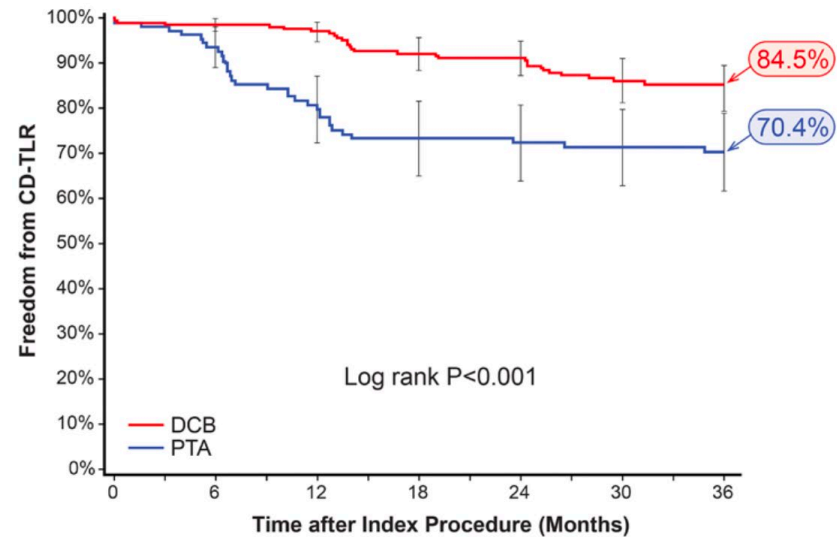


Tepe et al. *Circulation* 2015

# DCB at 3 Years



Number of subjects at risk	DCB:	220	213	192	149	121
PTA:	111	108	69	52	41	



Number of subjects at risk	DCB:	220	215	205	175	153
PTA:	111	108	93	78	70	

Schneider et al. *CircInterventions* 2018

# Surrogates are Better, But...

## IN.PACT SFA (Table 4): Functional Outcomes at 36 Months

Baseline values shown in grey → 36-month values in bold. Right column shows 36-month between-group p-value (all NS).

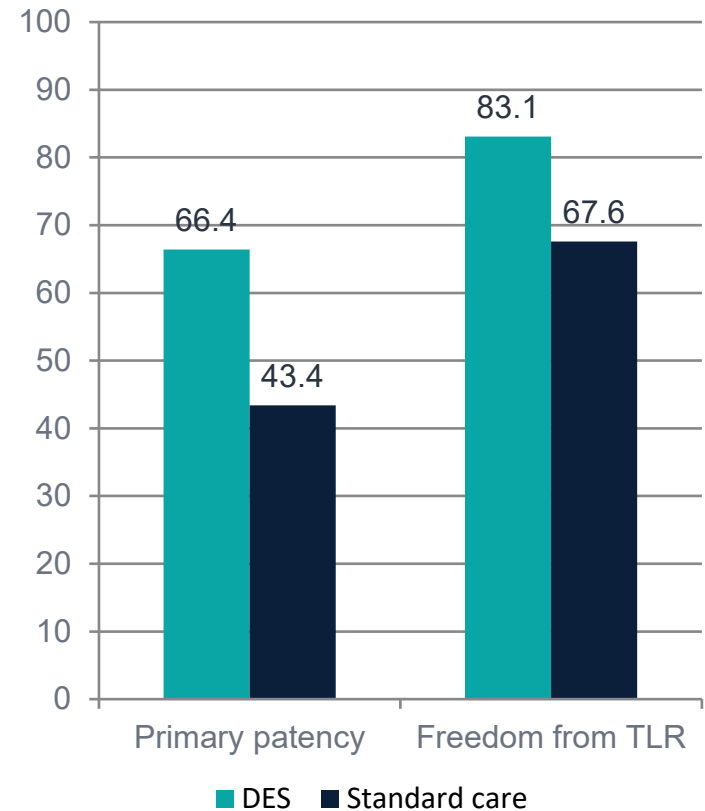
	DCB (paclitaxel)	PTA (plain balloon)	p
6-min walk distance (m)	Baseline: 253.2 ± 123.0 → <b>36 mo: 282.9 ± 129.7</b>	Baseline: 256.0 ± 114.7 → <b>36 mo: 292.6 ± 124.0</b>	0.583
WIQ total (walking impairment, %)	Baseline: 42.1 ± 28.9 → <b>36 mo: 71.8 ± 34.2</b>	Baseline: 41.3 ± 29.9 → <b>36 mo: 74.7 ± 29.2</b>	0.785
WIQ walking distance (%)	Baseline: 32.3 ± 27.7 → <b>36 mo: 67.4 ± 37.8</b>	Baseline: 30.4 ± 24.2 → <b>36 mo: 65.0 ± 37.9</b>	0.680
WIQ walking speed (%)	Baseline: 31.8 ± 23.5 → <b>36 mo: 52.4 ± 31.6</b>	Baseline: 29.3 ± 17.1 → <b>36 mo: 47.1 ± 28.4</b>	0.351
WIQ stair climbing (%)	Baseline: 42.5 ± 31.3 → <b>36 mo: 66.4 ± 36.8</b>	Baseline: 40.7 ± 29.0 → <b>36 mo: 68.2 ± 35.9</b>	0.786

Schneider et al. *Circinterventions* 2018

# DES: Same Story – Better Patency, Not Better Lives

Zilver PTX (5 years):

- Primary patency: 66.4% (DES) vs 43.4% (PTA)
- Freedom from TLR: 83.1% (DES) vs 67.6% (PTA)



Dake et al. *Circulation* 2016

# Safety Cloud: Paclitaxel Mortality Signal

## Risk of Death Following Application of Paclitaxel-Coated Balloons and Stents in the Femoropopliteal Artery of the Leg: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

Konstantinos Katsanos, MD, PhD, MSc, EBIR; Stavros Spiliopoulos, MD, PhD; Panagiotis Kitrou, MD, PhD; Miltiadis Krokidis, MD, PhD; Dimitrios Karnabatidis, MD, PhD

- Metaanalysis of 28 RCTs (n=4663)
- Mortality
  - 1 y: 2.3% vs 2.3%
  - 2 y: 7.2% (paclitaxel) vs 3.8%
  - 4-5 y: 14.7% (paclitaxel) vs 8.1%
- Metaregression showed connection ( $p < .001$ ) between dose and risk of death

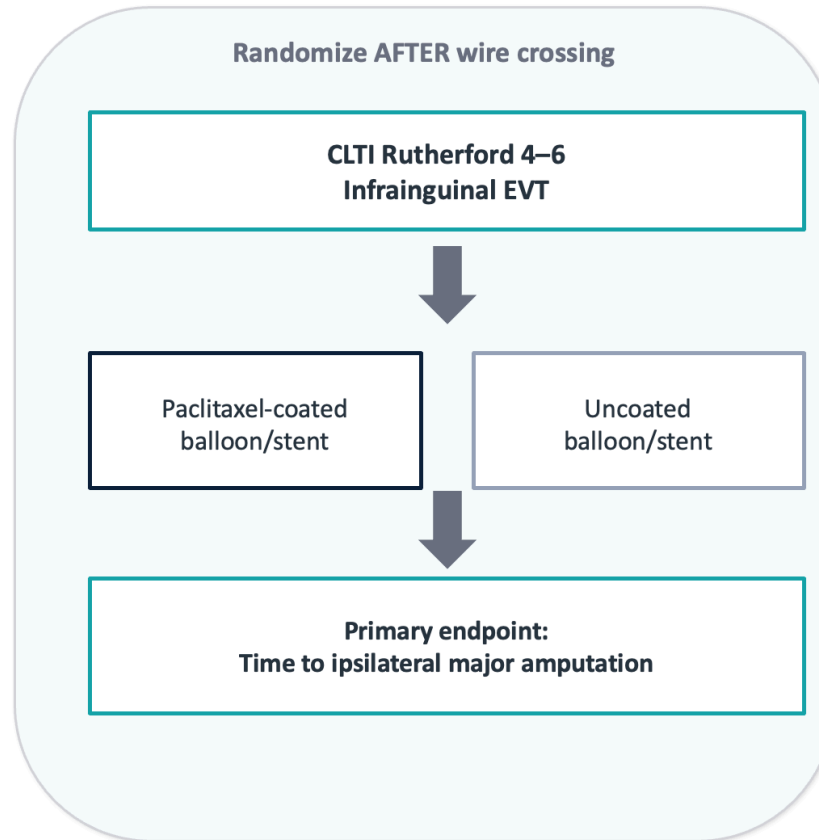
Katsanos et al. J Am Heart Assoc 2018

# “Unlikely” Mortality Risk (FDA 2023)

- FDA (07/11/2023): “data does not support an excess mortality risk”
- Changes the lens
  - Surrogate endpoints are not enough
  - Must have evidence of direct patient benefit

# SWEDEPAD-1: Pragmatic RCT for Meaningful Outcomes

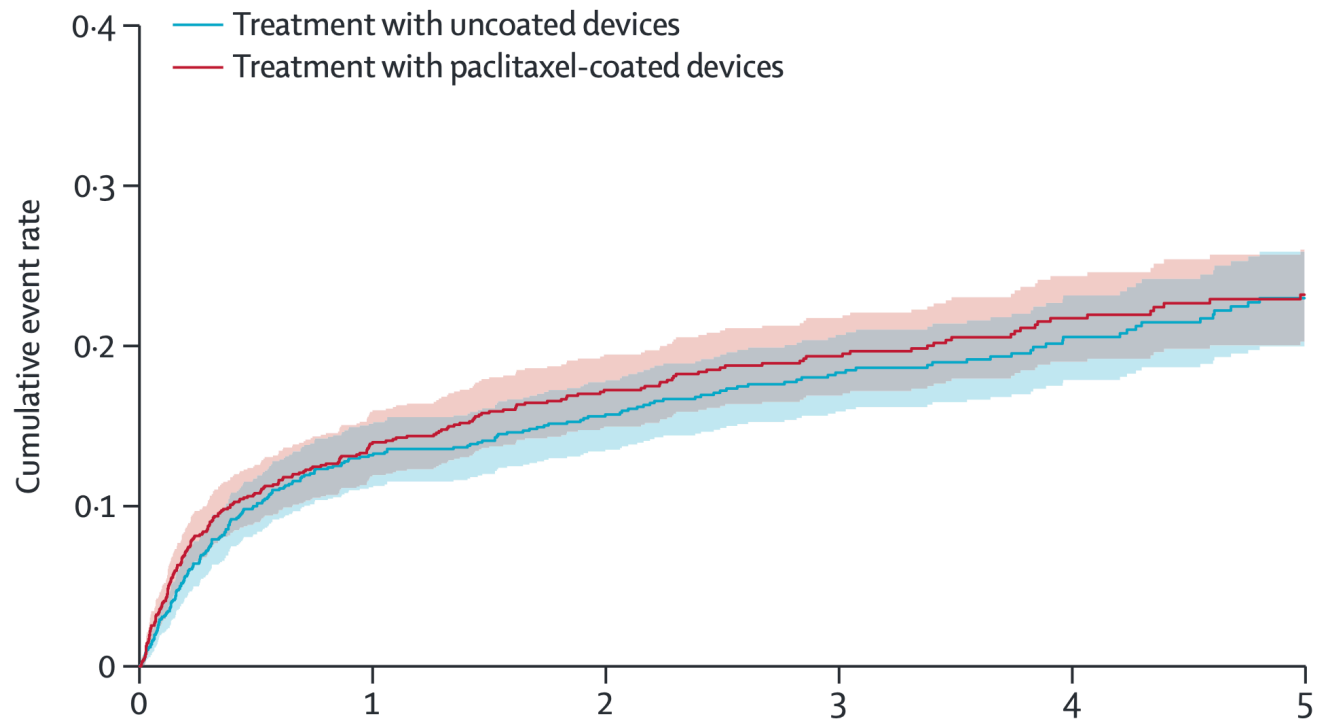
- Sweden, 22 centers, Rutherford 4-6, n=2355



# SWEDEPAD-1: Pragmatic RCT for Meaningful Outcomes

- Why does this matter?
  - CLTI not claudicants or mixture – limb salvage is a patient centered outcome
    - Primary endpoint: ipsilateral major amputation
  - Median age 77, approx. 75% with tissue loss
  - Fem-pop intervention (52.7%)/infrapopliteal (22.8%)/both (23.8%)

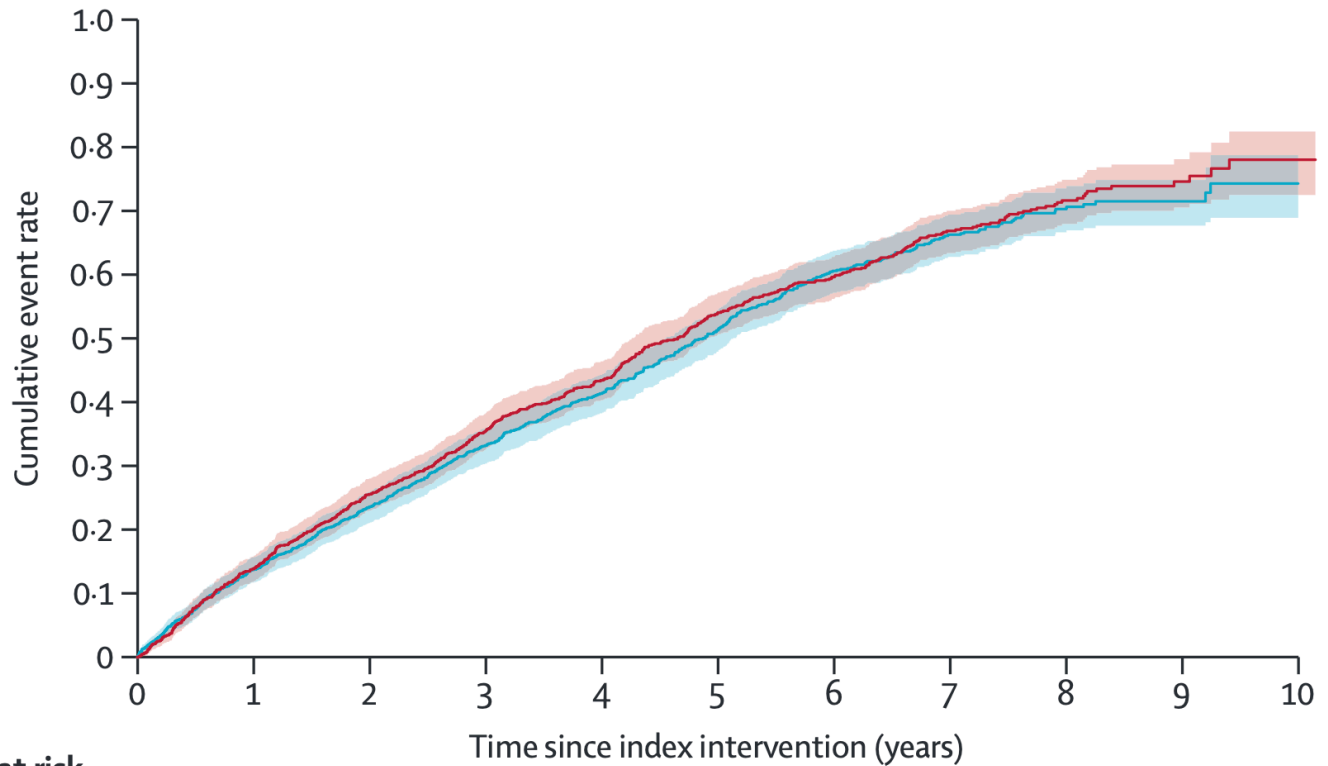
# SWEDEPAD-1: No Limb Salvage Benefit



	0	1	2	3	4	5
<b>Number at risk (censored)</b>						
Treatment with paclitaxel-coated devices	1180 (0)	894 (127)	699 (291)	525 (449)	365 (596)	277 (678)
Treatment with uncoated devices	1175 (0)	896 (131)	722 (281)	543 (440)	377 (594)	288 (673)

Falkenberg et al. Lancet 2025

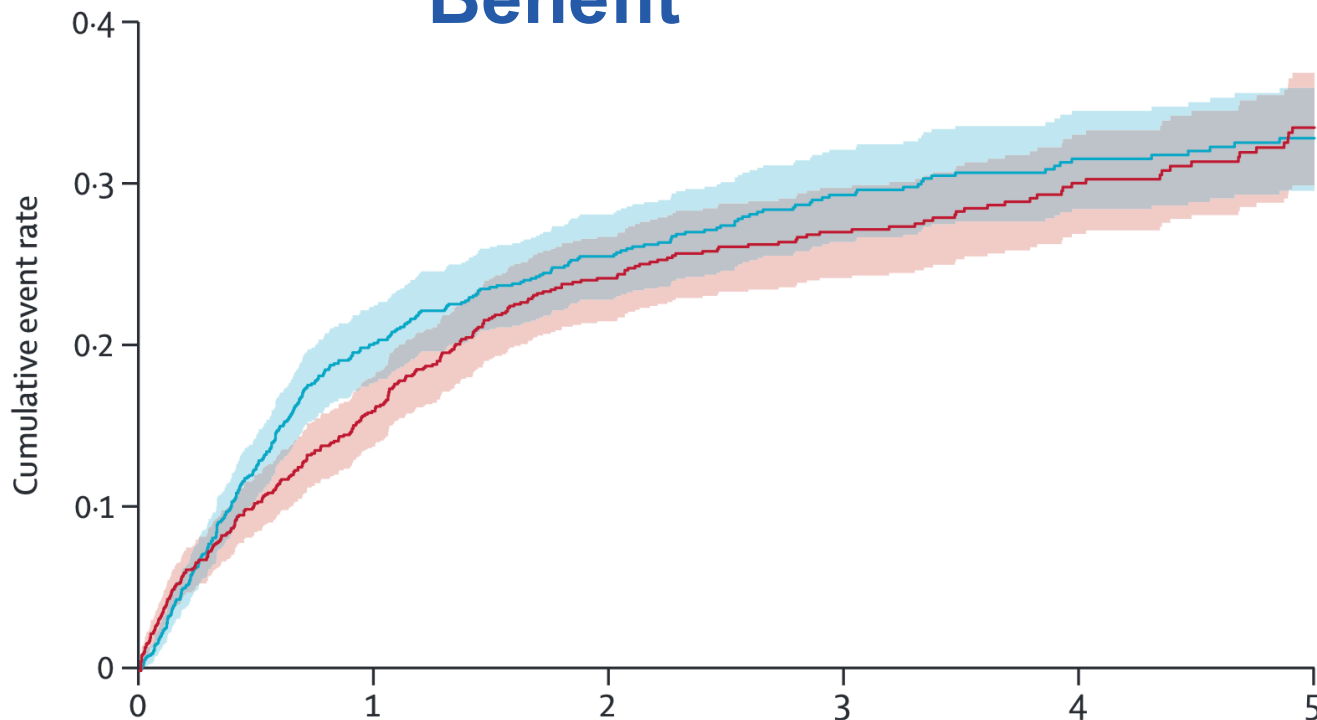
# SWEDEPAD-1: No Mortality Benefit



	0	1	2	3	4	5	6	7	8	9	10
<b>Number at risk (censored)</b>											
Treatment with paclitaxel-coated devices	1180 (0)	1017 (0)	809 (73)	617 (166)	434 (278)	331 (304)	290 (304)	171 (377)	90 (438)	33 (488)	1 (517)
Treatment with uncoated devices	1175 (0)	1014 (0)	836 (65)	648 (153)	457 (272)	356 (299)	288 (299)	181 (370)	86 (448)	29 (502)	1 (528)

Falkenberg et al. Lancet 2025

# SWEDEPAD-1: No Target Vessel Reintervention Benefit



## Number at risk (censored)

	0	1	2	3	4	5
Treatment with paclitaxel-coated devices	1180 (0)	853 (148)	611 (312)	447 (455)	285 (602)	210 (665)
Treatment with uncoated devices	1175 (0)	808 (143)	619 (281)	445 (427)	309 (551)	234 (621)

Falkenberg et al. Lancet 2025

# SWEDEPAD-2 (Claudication): No QoL Benefit + Mortality Signal

- Disease-specific QOL at 12 months: no difference vs uncoated devices
- All-cause mortality over total follow-up: HR 1.18 (95% CI 0.94-1.48),  $p=0.16$
- But 5-year mortality incidence higher with paclitaxel: HR 1.47 (95% CI 1.09-1.98),  $p=0.010$
- Authors: “These findings do not support routine use of paclitaxel-coated devices”

Nordanstig et al. Lancet 2025

# Conclusion – Abandon DCB/DES

## 1) Benefit is mostly surrogate

- Patency/TLR improve...
- ...but function and QoL often do not (IN.PACT)
- CLTI limb salvage does not improve (SWEDEPAD-1)

## 2) Safety history raised the bar

- 2018 mortality signal (Katsanos)
- FDA now reassures (2023)...
- ...but residual uncertainty matters when benefit is small

## 3) New RCT data argues against routine use

- SWEDEPAD-1: HR 1.05 for major amputation
- SWEDEPAD-2: no QoL benefit with a higher 5-yr mortality incidence signal

**If we want better outcomes, we need technologies that improve AFS, limb salvage, or QoL—not just angiographic durability.**

**UF** | Division of Vascular Surgery &  
Endovascular Therapy  
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