



**Title:** RANDOMization Screening for drug coated devices in patients undergoing endovascular femorOpopliteal procedures

**Short title:** The **RANDOM-STOP** registry

**Background and objectives:** Various randomized control trials (RCTs) have shown a potential clinical benefit, mostly in terms of vessel / lesion patency, using drug coated devices for patients undergoing endovascular femoropopliteal procedures. Nonetheless, these RCTs enrolled highly selected group of patients, in terms of both clinical and imaging criteria. Thus, their results cannot be fully extrapolated to daily practice of most vascular centers treating all-comers. Additionally, these RCTs do not report on the number of screened / excluded patients. This further complicates their applicability to everyday clinical practice, especially with regards to patients with chronic limb threatening ischemia (CLTI).

This proposed study will retrospectively screen consecutive patients who underwent endovascular procedures between January 2021 and December 2021 (12 months) for femoropopliteal disease and will evaluate the eligibility for randomization for the RCTs of the Food Drug Administration (FDA) approved paclitaxel-coated devices.

**Study Design:**

**Setting:** multiple vascular centers across Europe (multicenter study). A retrospective cohort study will be performed.

**Patients:** Consecutive patients with CLTI or intermittent claudication who underwent endovascular revascularization of the femoropopliteal segment between January 2021-December 2021 (12 months) will be included.

### Exclusion Criteria:

- Isolated common femoral / deep femoral artery procedures
- Patients who underwent surgical and hybrid (combined open and endovascular) procedures
- Patients treated conservatively either initially or as a definitive treatment plan, or those who underwent primary major lower limb amputation
- Isolated aortic, iliac or below the knee (crural arteries) procedures
- Interventions performed for femoral or popliteal artery aneurysms
- Patients with acute limb ischemia (symptoms' duration of less than 14 days)
- Patients presenting with vascular trauma.

### RCTs that will be evaluated\*:

- InPact SFA (InPact Admiral DCB)
- LEVANT II (Lutonix DCB)
- ILLUMENATE (Stellarex DCB)
- Ranger SFA (Ranger DCB)
- EMINENT (Eluvia DES)
- IMPERIAL (Eluvia DES)
- Zilver PTX (Zilver PTX DES)

\*If a vessel/plaque modification modality such as atherectomy, intravascular lithotripsy etc. was used, the patient will be additionally screened for the DEFINITIVE AR, DISRUPT PAD III RCTs.

### Outcomes:

#### Primary End Point:

- Exclusion from all the evaluated studies (RCTs)

#### Secondary End Points

- Inclusion at least into a Single study

- Clinical exclusion
- Radiological exclusion
- 30-day limb salvage (major lower limb amputation)
- 30-day mortality
- 30-day re-intervention (endovascular or open)
- Duration of hospital stay

## Analysis

Standard baseline demographics and cardiovascular co-morbidities will be reported using proportions and absolute values. Anatomical characteristics (target lesion site, length, calcification, number of patent tibial arteries), and endovascular modalities used will also be reported using appropriate descriptive statistics (e.g. mean values and standard deviation, proportions, or median values with interquartile range). With regards to the primary endpoint, the number of patients eligible for inclusion in each RCT will be reported as an absolute value and proportion (per RCT). A minimum of five centers will have to take part in the study (from at least five different countries / regions) to ensure generalizability of outcomes. If 30% of patients will be eligible for randomization in any of the RCTs included a total of a minimum of 221 patients will have to be included to be able to estimate the true proportion with 90% power (alpha set at 5%) within a standard deviation of 10%.

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