



SASCI

South African Society of Cardiovascular Intervention

SASCI STATEMENT ON THE ROLE OF BIORESORBABLE VASCULAR SCAFFOLD (BVS)

IN THE SOUTH AFRICAN MARKET

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It is a mere 37 years since Andreas Gruntzig performed the first coronary intervention on a human patient in 1977. Since that time there has been a constant improvement in devices used in the treatment of our patients. Only this past week (19th of May) at EuroPCR, we were privileged to see the new developments in products used for the diagnosis and treatment of our coronary patients.

This change included the development of better and better devices to improve not only the short term but long term outcomes of these patients. The one problem has been the long-term position of the implanted metal stents in human coronary arteries and we have waited for years for bioresorbable scaffolds, not only to secure patent arteries in the short-term but to restore the arteries to normal function in the long term with abolition of the scaffold and return of the artery to normal physiology.

The development of these devices has been long and laborious and expensive with 3 or 4 major companies having scaffolds made of polymer or magnesium alloy in different stages of development.... Although they essentially do the same work as a traditional Drug-eluting stents (DES) they need to be seen as a new class of therapeutic agents designed to decrease repeat procedures and improve the future of our patients.

These devices are not for all patients or for all lesions but in specific sub groups are now the device of choice. The two main situations are in young patients and in patients requiring very long stents where the so called "metal jacket" is a disadvantage in the long term....

With this as a preamble SASCI would like to re-enforce our original opinion that the RESORBABLE SCAFFORD is important for our patients.... We have had the opportunity to use the ABBOTT "Absorb" BVS, supplied by Baroque Medical, since July 2013. To date 550 devices have been implanted with extremely low acute complications or device failure and excellent medium term results comparable or better than the best of the DES stents on the SA market. It expected that a number of other BVS devices with their individual pros and cons will come to market in the near future.

We understand the difficulty in continuing to supply the scaffolds to our patients but would urge the company and funders to ensure the on-going availability, not only in the private sector but to a limited group of worthy patients in the public sector.





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For future information or advice please contact the SASCI Executive through the offices of our Executive Officer, George Nel (sasci@sasci.co.za)

Kind Regards

Graham Cassel

SASCI Executive Committee