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New clinical data



American Venous
Forum 2016

VIDIO clinical summary

Venogram versus intravascular ultrasound for diagnosing and treating iliofemoral vein obstruction (VIDIO): report from a multicenter, prospective study of iliofemoral vein interventions

Gagne PJ, et al. J Vasc Surg: Venous and Lym Dis 2016;4(1):136.

Objectives

The study was designed to (1) prospectively compare the diagnostic performance of conventional multiplanar venography versus intravascular ultrasound (IVUS) for diagnosing and treating iliac/common femoral vein obstruction (ICFVO), and (2) to characterize the patient response to iliofemoral vein intervention over six months of follow up.

Summary

Case study methods and results

100 patients (CEAP Score: C4, C5, C6), at 11 U.S. and three European centers between July 2014 and July 2015.

- Median age 63 (range, 30–85 y); left-right 63:37; female-male 0.43:1
- All patients underwent IVUS evaluation of the study leg, and the final treatment strategy was documented. Completion multiplanar venography and IVUS were performed after intervention.
- IVUS detected significantly more lesions than multiplanar venography
- No adverse device effects were reported

Summary of significant iliofemoral lesions identified during the index procedure

Lesion detection (N=100 patients)		IVUS	Multiplanar venography
No. of lesions detected, total		124	66
No. of patients with:	0 lesions detected	19	48
	1 lesion detected	46	40
	2 lesions detected	27	10
	3 lesions detected	8	2

Conclusions

This is the first prospective, multicenter study comparing venography versus IVUS for diagnosing venous outflow obstruction. Across the full 100 patients enrolled, according to investigator readings at the time of the index procedure, IVUS detected 88% more lesions than multiplanar venography (124 vs. 66) ($P < .0001$). In addition, 29% of patients were ruled negative by venograms, while showing positive findings from IVUS (19 vs. 48).

Key takeaways*

1. 88% more lesions detected using IVUS
2. Patients that underwent IVUS-guided stenting reported improved Quality of Life (QoL) scores in every health domain measured by the SF-36v2 survey, with statistically significant improvements experienced on 7 of 8 scores
3. This recovery was coupled with a statistically significant improvement in the severity of venous disease with a median Venous Clinical Severity Score (VCSS) improvement of 36% from 14.4 to 9.2

*Data on file

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