(4.5 to 7.0 mm), the mean common iliac artery (CIA) size was 28 mm (20 to 43 mm). All patients received follow-up exams with mean follow-up 2.5 years. Bilateral CIA was present in 80% (16/20) of patients. Technical success was 100% with no procedure related complications. All aneurysms were treated successfully. The mean implantation time was 52 ± 24 minutes (range, 35 to 98 minutes). There was no perioperative mortality. No internal iliac arteries were lost acutely or occluded during follow-up. There were no ruptures or conversions in this cohort group. Two patients required secondary interventions.

CONCLUSION This novel sac-filling technology has made it technically feasible to preserve hypogastric artery in the setting of common iliac artery and abdominal aortic aneurysm. High technical success, simple procedure and low secondary intervention rate are encouraging. These advances have the potential to markedly increase the number of patients treated and diminish complications associated with conventional management of complex aneurysms.

TCTAP A-100
Clinical Outcome of Drug-Eluting Stent Implantation for Diabetic Patients with Femoropopliteal Disease in Comparison with Bare Metal Stent
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BACKGROUND Clinical outcome of femoropopliteal (FP) stenting with drug eluting stents (DES) for diabetic patient remains unclear.
The purpose of this study is to investigate the advantage of DES for FP lesions in diabetic patients.

**METHODS** This is a single center, retrospective study. Between July 2008 and April 2013, 74 lesions in 58 diabetic patients were treated with bare metal stents (BMS group). 52 lesions in 42 diabetic patients were treated with Zilver PTX paclitaxel-eluting nitinol stents (DES group). We evaluate the clinical outcomes as primary patency, freedom from re-occlusion, major adverse limb events (MALE) and all-cause death after endovascular therapy. Stent patency was assessed by either duplex ultrasound or angiography.

**RESULTS** Mean follow-up period were 616±346 days in BMS group and 372±141 days in DES group. Primary patency at a year was 82% and 87%. (p=0.96) freedom from re-occlusion at a year were 92% and 91%. (p=0.29) Survival rate were 86% and 95%. (p=0.18) Multivariate logistic regression analysis revealed TASC II class C/D increased the risk of restenosis/reocclusion with an odds ratio [95% confidence interval] of 3.34 [1.20 to 9.03] (p=0.01)

**CONCLUSION** Femoropopliteal stenting for diabetic patients with drug-eluting stent offers no significant advantage over bare metal stent in middle-term clinical outcome.

**TCTAP A-101** Success Rate of Endovascular Recanalization in Iliac and Femoral Chronic Total Occlusion and Alternative Treatment Options After Reentry Failure

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**BACKGROUND** The reentry failure is one of major causes influencing the technical success of endovascular treatment of CTOs in iliac and femoral arteries. This study was conducted to evaluate the success rate of reentry during endovascular recanalization of iliac and femoral CTOs and review the alternative treatment after reentry failure in our institute.

**METHODS** This is a retrospective study from prospectively registered database of patients underwent endovascular treatment for long iliac artery and femoral artery CTO from October 2008 to September 2014 in Seoul St. Mary hospital and Inha university hospital. The patients treated with acute thrombotic occlusion and hybrid technique were excluded. We analyzed the baseline characteristics of patients, success rate of reentry, and alternative options after reentry failure. Initial success rate was defined as a success of recanalization with initial strategy, overall success rate as total success of recanalization with initial vascular access and/or alternative endovascular treatment (e.g. using CTO device such as Outback™, Truepath™, Offroad™ etc., or distal vessel puncture (Rendezvous or SAFARI technique) after failure of initial attempt.

**RESULTS** Fifty seven iliac CTOs (49 patients) and 19 femoral CTOs (18 patients) were enrolled. Initial success rate was 48 (84.2%) and 11 (57.9%) (p=.026), and overall success of recanalization was 50 (87.7%) in iliac CTO group and 16 (84.2%) in femoral CTO group (p=.704). The lesions which had angiographic stump, the initial success rate was 39 (90.9%), and the lesions those without stump, the initial success rate was 64.3% in iliac CTOs (p=.003), and in femoral CTOs were 71.4 vs. 20% (p=.111), respectively.

**CONCLUSION** In this study the initial success rate was much higher in iliac CTOs (84.2%) than in femoral CTOs (57.9%) which was