UPMC | HEART AND VASCULAR INSTITUTE

2019 Vascular Surgery Clinical Trials

Is your patient a candidate for a clinical trial?

Referring your patient

The UPMC Heart and Vascular Institute is a leader in conducting research studies and clinical trials to better understand and treat cardiovascular disease.

To refer a patient, please contact the study or trial coordinator or email **VascularSurgeryResearch@upmc.edu**.

For more information about the UPMC Heart and Vascular Institute, please call **412-802-3333** or visit **UPMC.com/HVI**.

Zenith® p-Branch™ Pivotal Study:
Clinical investigation intended to evaluate the safety and effectiveness of the Zenith® p-Branch™ in combination with Atrium iCAST™ covered stents for the treatment of pararenal or juxtarenal aortic aneurysms.

Inclusion criteria: Patients with a pararenal or juxtarenal abdominal aortic aneurysm (AAA) ≥ 5.0 cm in diameter with anatomy suitable for treatment with the Zenith® p-Branch™.

Principal Investigator: Michael Singh, MD

Contact: Caroline Kissell, 412-235-1304

BEST-CLI Trial:
Randomized, multicenter, controlled trial to compare best endovascular versus best surgical therapy in patients with critical limb ischemia.

Inclusion criteria: Infrainguinal arterial occlusive disease with critical limb ischemia (CLI) – arterial insufficiency with gangrene, non-healing ischemic ulcer, or rest pain consistent with Rutherford categories 4-6. Atherosclerotic, infrainguinal PAD. Candidate for both open and endovascular infrainguinal revascularization.

Principal Investigator: Rabih Chaer, MD

Contact: Ali Arak, 412-623-8443,
Julianna Sheline, 412-623-8486

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Critical Limb Ischemia (CLI) in Patients with Femoropopliteal Occlusive Disease Treated with Drug Coated Balloon (DCB) Angioplasty:
Pilot study to evaluate if there is a direct association between paclitaxel and wound healing in patients with CLI.

Inclusion criteria: Femoropopliteal arterial occlusive disease and CLI with tissue loss (Rutherford Classification of 5 or 6). All activities are standard of care with the exception of sending the debrided tissue sample for specialized staining to evaluate for paclitaxel crystals.

Principal Investigator: Rabih Chaer, MD

Contact: Ali Arak, 412-623-8443,
Julianna Sheline, 412-623-8486

Standard vs. UltrasouNd-asSisted CathEter Thrombolysis for Acute Submassive Pulmonary Embolism (SUNSET sPE) Trial: Randomized trial on intermediate risk pulmonary embolism comparing standard catheter vs. ultrasound assisted thrombolysis. The Pulmonary Embolism Response Team (PERT) of UPMC is actively enrolling patients.

Principal Investigators: Efthymios Avgerinos, MD
and Rabih Chaer, MD

Contact: Ali Arak, 412-623-8443,
Julianna Sheline, 412-623-8486

Chronic Venous Thrombosis Relief with Adjunctive Catheter-Directed Therapy (The C-TRACT Trial): A randomized, multicenter, assessor-blind trial to determine if the use of imaging-guided endovascular therapy (EVT) is an effective strategy with which to reduce PTS disease severity and improve QOL in patients with established DIO-PTS (Disabling Iliac Occlusion-Post Thrombotic Syndrome).

Inclusion criteria: Disabling (moderate-to-severe) PTS with VCSS ≥ 8 or Villalta ≥ 10 or open ulcer and iliac vein obstruction (occlusion or > 50% area stenosis).

Principal Investigators: Eric Hager, MD

Contact: Julianna Sheline, 412-623-8486

GORE ® TAG ® Thoracic Branch Endoprosthesis
A prospective, non-randomized study to evaluate the GORE® TAG® Thoracic Branch Endoprosthesis (TBE Device) in the treatment of lesions of the aortic arch and the descending thoracic aorta.

Inclusion criteria: Patients > 18 years of age with thoracic aortic lesions which require coverage of the left subclavian artery, left common carotid artery and/or the brachiocephalic trunk/innominate artery for effective treatment and have anatomy suitable for treatment with the TAG® TBE Device

Principal Investigator: Michael Singh, MD

Contact: Caroline Kissell 412-235-1304

GORE® EXCLUDER® Conformable AAA Endoprosthesis
A prospective, non-randomized study to assess the safety and effectiveness of the CEXC device for the treatment of infrarenal AAA. The CEXC device will allow endovascular treatment in hostile infrarenal aortic anatomy characterized by either a short proximal seal zone and/or excessive proximal neck angulation.

Inclusion criteria: Patients > 21 years of age with a AAA that meet any of the following criteria: Maximum diameter ≥ 50 mm, Rapid growth (> 5 mm in a six month period) or, Non-ruptured AAA presenting with clinical symptoms and have anatomy suitable for treatment with the CEXC device.

Principal Investigator: Georges Al-Khoury, MD

Contact: Caroline Kissell, 412-235-1304

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