

# COvered Balloon Expandable Stent Trial

<b>Submission date</b> 26/01/2006	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 28/02/2006	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 06/08/2021	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**  
N/A

## Study information

**Scientific Title**  
COvered Balloon Expandable Stent Trial

**Acronym**  
COBEST

**Study objectives**

Does covered stent in aortoiliac occlusive disease have the same patency or even better patency rate than bare stent?

## **Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

Ethical approval received from the following hospitals:

1. Royal Perth Hospital (Australia)
2. St Vincents Public Hospital (Australia)

The following hospitals are pending ethical approval for participation in the COBEST trial:

St Vincents Private Hospital (Australia)  
Royal Prince Alfred Hospital (Australia)  
Hollywood Private Hospital (Australia)

## **Study design**

The study is an interventional, prospective, multicentre, randomised, controlled non-inferiority trial of V12 covered stent versus bare stent.

## **Primary study design**

Interventional

## **Study type(s)**

Treatment

## **Health condition(s) or problem(s) studied**

Iliac artery occlusive disease

## **Interventions**

V12 covered stent versus bare stents.

Runoff vessels:

The superficial and deep femoral arteries are the runoff vessels for iliac artery procedures, and the tibial arteries are the runoff vessels for femoral or popliteal procedures. The scoring system below will be used:

1. Two points will be given to a widely patent Superficial Femoral Artery (SFA) or Profunda femoris (2)
2. One point for a diseased but patent vessel (SFA or profunda femoris) (1)
3. No points for an occluded vessel (SFA or profunda femoris) (0)

Thus giving a range from zero to four, where four represents an excellent run-off.

## **Intervention Type**

Other

## **Phase**

Not Specified

## **Primary outcome(s)**

Comparison, between the two treatment groups (V12 covered stent versus bare stents) of:

1. Primary patency
2. Assisted primary patency

**Key secondary outcome(s)**

Secondary objectives:

1. Any amputation above the ankle
2. Ankle Brachial Index (ABI) changes from baseline

**Completion date**

30/08/2007

## **Eligibility**

**Key inclusion criteria**

1. Informed consent obtained
2. Patient aged 18 years or over and under 80 years
3. Patients with TransAtlantic Society Consensus (TASC) type B, C and D lesions
4. Haemodynamically significant dissections after angioplasty
5. Haemodynamically significant recurrent stenosis after angioplasty

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Total final enrolment**

125

**Key exclusion criteria**

1. Life expectancy of less than 12 months
2. Patients with uncontrolled hypertension
3. Patient with TASC type A lesion
4. Pregnant women or women of childbearing potential who are not following an effective method of contraception
5. Prior enrolment in this trial, patients who had any procedure performed at the aortoiliac level
6. Patients with extensive common femoral artery disease or who have had multiple groin procedures
7. Contradiction to aspirin or clopidogrel usage

8. Patients with superficial and profunda femoral arteries occluded
9. Mental condition rendering the subject unable to understand the nature, scope, and possible consequences of the study, or language barrier such that the subject being unable to give informed consent
10. Uncooperative attitude or potential for non-compliance with the requirements of the protocol making study participation impractical

N.B. In patients with a plasma/serum creatinine of more than 250 - 300 µmol/L, iodinated contrast is contraindicated and should be avoided.

**Date of first enrolment**

20/02/2006

**Date of final enrolment**

30/08/2007

## Locations

**Countries of recruitment**

Australia

**Study participating centre****Vascular Unit**

Perth

Australia

6000

## Sponsor information

**Organisation**

Atrium Australia (Australia)

**ROR**

<https://ror.org/03ds2he10>

## Funder(s)

**Funder type**

Industry

**Funder Name**

Atrium Australia (Australia)

# Results and Publications

## Individual participant data (IPD) sharing plan

IPD sharing plan summary  
Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		09/09/2011	06/08/2021	Yes	No