

# Japan



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### What is the prevalence of endovascular SFA therapy as compared to surgical?

Endovascular SFA therapy is frequently used and has increased in Japan, primarily because long-term patency is improved with the drug-eluting stent.

### How would you describe device availability in your country, both in types of devices and different vendors within each class?

There are two types of bare-metal stents and one drug-eluting stent available. Atherectomy and drug-coated balloons cannot be used in Japan.

### In what ways does reimbursement (both government and private if applicable) affect device use? Which device classes are most affected?

Up to two stents per SFA can be redeemed for insurance.

### Are there any historic or cultural forces unique to your country that have affected the penetration of endovascular options?

The cardiologist is actively involved in performing endovascular therapy, and endovascular treatment is thriving.

### How do most physicians receive training in endovascular therapies in your country?

We learn endovascular skills from coronary interventions, as well as live courses and educational courses.

### What is your personal strategy or algorithm for treating?

- **Short, focal lesions:** POBA and provisional stenting (bare-metal stent or drug-eluting stent)
- **Long lesions:** POBA and provisional stenting (drug-eluting stent)
- **Calcified lesions:** Cutting balloon or scoring balloon and provisional stenting (bare-metal stent or drug-eluting stent)
- **CTOs:** Primary stent (drug-eluting stent)
- **In-stent restenosis:** Focal lesion, POBA; diffuse lesion, drug-eluting stent
- **Claudicants:** Depends on the lesion morphology ■