Objective(s):
Drug-coated balloons (DCB) have become ubiquitous in the treatment of femoropopliteal (SFA-pop) atherosclerotic disease. Given their widespread use based on IDE trial data, we sought to evaluate the utility of DCB in a real world, high volume, single center. **Methods:**
From January 2013 to December 2016, data on 352 consecutive endovascular interventions for SFA-pop stenosis and/or occlusions was prospectively collected. Both standard angioplasty (POBA) and DCB angioplasty patients were analyzed and stratified against a propensity matched cohort over this time period. Two different types paclitaxel coated balloons were utilized. Group comparisons were performed using Kaplan-Meier Product Limit estimates and p values were generated via the Log-Rank test. The primary outcome was the primary patency rate up to 24 months. Patients were grouped by DCB use, with or without stenting, and then stratified by TASC classification.

**Results:**
Of the 325 interventions, 256 limbs from 234 patients were available for review, with at least 12 month follow-up. DCBs were used in 51 of the 256 interventions for intermittent claudication (189) and critical limb ischemia (147). The overall primary patency for the entire cohort at 12 and 24 months was 74.6% and 70.7%, respectively. The overall 12 month patency at TASC levels A, B, C, and D was 86.4%, 72.5%, 77.4% and 63.6% respectively and at 24 months the patency was 84.8%, 71.0%, 72.6%, and 56.1 respectively (P=.009). Patency at 24 months for the DCB group and DCB+stent group was not significantly different at 76.9% and 72.0%, respectively. (P=.78). Primary patency at 24 months for the DCB+stent group was significantly different at 72.0% and 69.6%, respectively. (P=.009) (Figure 1A). In the combined groups of DCB and DCB+stent versus POBA and POBA+stent, the 24 month patency rates were also comparable at 74.5% and 69.8% (across all TASC levels) respectively (P=.55) (Figure 1B) **Conclusions:** The use of DCB for patients who required stenting at any or all TASC classifications did not confer any advantage in terms of primary patency over POBA + stent at 24 months. Utilization of DCB should be considered only for select patients who will not require stenting.