

**Endovascular Non Thermal Irreversible Electroporation Attenuates Post-Angioplasty Luminal Loss and Neointimal Formation in New-Zealand White Rabbits***Maor, E<sup>1</sup>; Ivorra, A<sup>2</sup>; Mitchell, J<sup>3</sup>; Rubinsky, B<sup>2</sup>**<sup>1</sup>Sheba Medical Center, Tel-Hashomer, Israel; <sup>2</sup>University of California, Berkeley, USA;**<sup>3</sup>Angiodynamics, Queensbury, USA*

Using fundamental principles of electroporation and computer simulations of temperature and electrical fields we developed a novel endovascular ablation approach - non thermal irreversible electroporation (NTIRE), which selectively destroys cellular components of the arterial wall without affecting the extracellular scaffold. METHODS: Computer simulations were used to demonstrate that NTIRE does not induce thermal damage to the arterial wall. Using an endovascular approach, a custom made device was used in-vivo to apply ninety NTIRE pulses to the right iliac arteries of eight New-Zealand white rabbits. Evaluation at 7 and 35 days included H&E, Masson's trichrome, elastic Von Gieson, smooth muscle actin, proliferating cell nuclear antigen, Von Willebrand, and S-100 antigen. In addition, 24 iliac arteries of 12 additional animals were used to evaluate the effect of NTIRE on luminal loss at 35 days in a rabbit model of balloon angioplasty. RESULTS: One week after NTIRE, normal iliac arteries experienced complete transmural and circumferential cellular ablation, minimal damage to extra-cellular components and re-endothelialization. After five weeks there was no evidence of vascular smooth muscle cells (VSMC) regeneration and. In angioplasty-damaged arteries, results at 35 days demonstrated the ability of NTIRE to significantly reduce post-angioplasty luminal loss. Compared with controls, NTIRE-treated arterial segments were wider ( $0.85 \pm 0.18$  vs.  $0.58 \pm 0.22$  cm<sup>2</sup>,  $p = 0.001$ ), experienced less luminal loss ( $18\% \pm 19\%$  vs.  $38\% \pm 24\%$ ,  $p < 0.001$ ), demonstrated wider point of maximal stenosis ( $0.21 \pm 0.09$  cm vs.  $0.11 \pm 0.06$ ,  $p = 0.004$ ), and showed less neointimal formation ( $3.91 \pm 1.39$  vs.  $2.64 \pm 2.29$  mm<sup>2</sup>,  $p < 0.001$ ). The results suggest that NTIRE can ablate cells with minimal damage to extra-cellular components, minor inflammatory response and limited VSMC regeneration. NTIRE holds the potential to treat restenosis and cardiac arrhythmias.