At 2 Years After Endovascular Interventions For IC, Only 32% Of Patients Were Free From Recurrent IC: From A VQI Multicenter Study: What Are The Implications?

Peter F Lawrence M.D.
Division of Vascular and Endovascular Surgery
Gonda Vascular Center
David Geffen School of Medicine at UCLA

No Conflicts

Society for Vascular Surgery practice guidelines for atherosclerotic occlusive disease of the lower extremities: Management of asymptomatic disease and claudication

Society for Vascular Surgery Lower Extremity Guidelines Writing Group: Michael S. Conte, MD, (Co-Chair),[a] Frank B. Pomposelli, MD, (Co-Chair),[b] Daniel G. Clair, MD,[c] Patrick J. Geraghty, MD,[d] James F. McKinsey, MD,[e] Joseph L. Mills, MD,[f] Gregory L. Moneta, MD,[g] M. Hassan Murad, MD,[h] Richard J. Powell, MD,[i] Amy B. Reed, MD,[j] Andres Schanzer, MD,[k] and **Anton N. Sidawy, MD, MPH,[l]** *San Francisco, Calif; Boston and Worcester, Mass; Cleveland, Ohio; St. Louis, Mo; New York, NY; Tucson, Ariz; Portland, Ore; Rochester, Minn; Lebanon, NH; Hershey, Pa; and Washington, D.C.*

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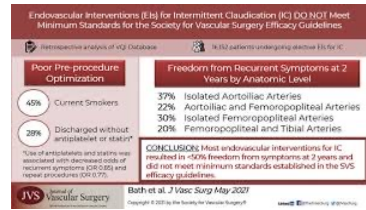
Revascularization for intermittent claudication (IC) is appropriate for selected patients with disabling symptoms after a careful risk-benefit analysis

"Invasive treatment for IC should have > 50% likelihood of sustained benefit for at least 2 years"

Endovascular Interventions for Claudication Do Not Meet SVS Efficacy Guidelines



J Bath, P Lawrence, D Neal, Y Zhao, A Beck, M Conte, M Schermerhorn, T Vogel, K Woo May 2021;73(5):1693-1700

SVS | VQI
VASCULAR QUALITY INITIATIVE

Goals of Study

1. Describe practice patterns of claudication *procedures*
2. Describe the incidence of claudication *recurrence*

Demographics

	n=16,146
Age, mean (sd)	66 (10.4)
Sex	
Female	6299 (39%)
Male	9852 (61%)
Race	
White	13729 (85%)
Black/Other	2422 (15%)

Results

	n=16,142 (%)
Coronary Artery Disease	4361 (27)
Active Smokers	7268 (45)
Diabetes	5976 (37)
Discharge without Antiplatelet/statin	4522 (28)
Hypertension	13567 (84)
> 2 arteries treated	2261 (14)
Atherectomy used	1938 (12)

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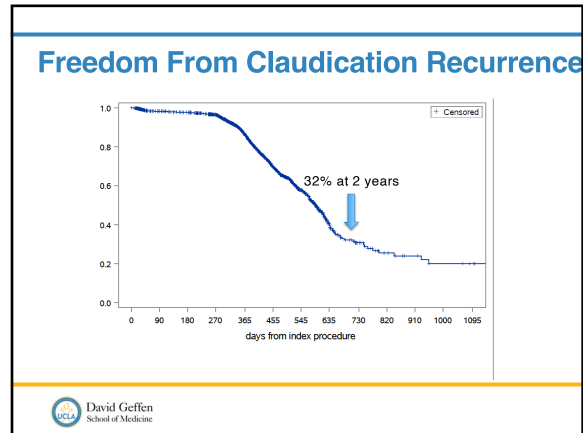

Likelihood of Claudication Recurrence

	OR	P-value
Smoking	1.11	0.02
> 2 arteries treated	1.18	<0.01
Atherectomy	1.07	0.22
AP & statin	0.85	<0.01

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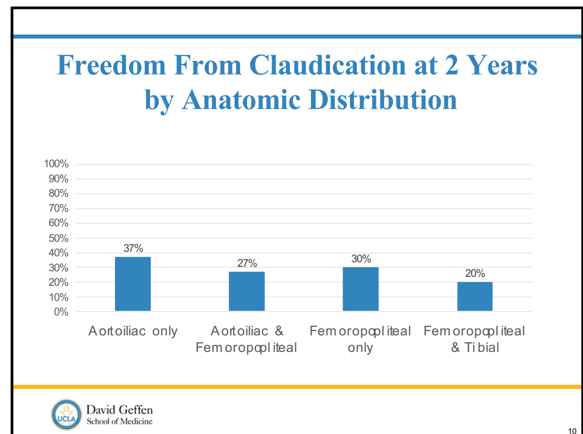

What Has Changed since 2017

- Statins and antiplatelet meds have become standard of care and are being used more frequently
- Clinicians are controlling smoking and diabetes better
- New devices and new locations for claudicators
  - Drug eluting stents and balloons have been designed for SFA, above and below knee
  - Atherectomy may be used less often

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SOCIETY FOR VASCULAR SURGERY DOCUMENTS

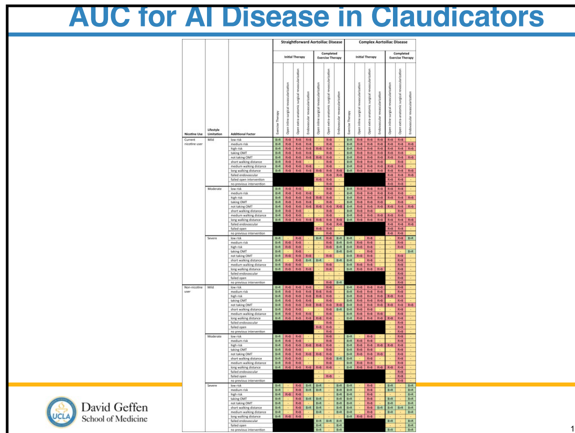
Check for updates

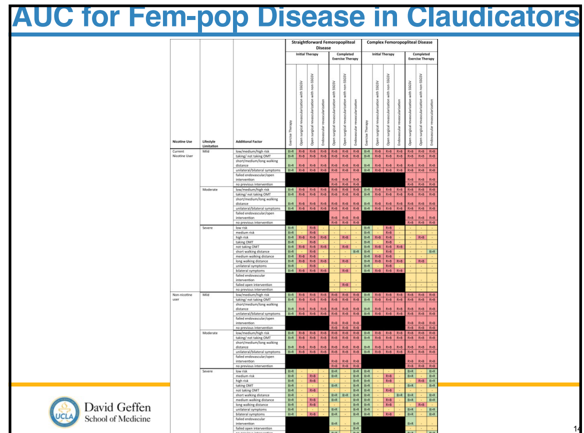
Society for Vascular Surgery appropriate use criteria for management of intermittent claudication

Karen Woo, MD, PhD,[a] Jeffrey J. Siracuse, MD, MBA,[c] Kyle Klingbeil, MD, MS,[b] Larry W. Kraiss, MD,[d] Nicholas H. Osborne, MD,[e] Niten Singh, MD,[f] Tze-Woei Tan, MD,[g] Shipra Arya, MD, SM,[h] Subhash Banerjee, MD,[i] Marc P. Bonaca, MD, MPH,[j] Thomas Brothers, MD,[k] Michael S. Conte, MD,[l] David L. Dawson, MD,[m] Young Erben, MD,[n] Benjamin M. Lerner, MD,[o] Judith C. Lin, MD, MBA,[p] Joseph L. Mills Sr, MD,[q] Derek Mittleider, MD,[r] Deepak G. Nair, MD, MS, MHA,[s] Leigh Ann O'Banion, MD,[t] Robert B. Patterson, MD,[u] Matthew J. Scheidt, MD,[v] *and* Jessica P. Simons, MD, MPH,[w] for the Society for Vascular Surgery Appropriateness Committee, *Los Angeles, Stanford, San Francisco, and Fresno, CA; Boston and Worcester, MA; Salt Lake City, UT; Ann Arbor and East Lansing, MI; Seattle, WA; Tucson, AZ; Dallas, Temple, and Houston, TX; Aurora, CO; Charleston, SC; Jacksonville, Melbourne, and Sarasota, FL; Louisville, KY; Providence, RI; and Milwaukee, WI*

ABSTRACT
The Society for Vascular Surgery appropriate use criteria (AUC) for the management of intermittent claudication were created using the RAND appropriateness method, a validated and standardized method that combines the best available evidence from medical literature with expert opinion, using a modified Delphi process. These criteria serve as a framework on which individualized patient and clinician shared decision-making can grow. These criteria are not absolute. AUC should not be interpreted as a requirement to administer treatments rated as appropriate (benefit outweighs risk). Nor should AUC be interpreted as a prohibition of treatments rated as inappropriate (risk outweighs benefit). Clinical situations will occur in which moderating factors, not included in these AUC, will shift the appropriateness level of a treatment for an individual patient. Proper implementation of AUC requires a description of those moderating patient factors. For scenarios with an indeterminate rating, clinician judgement combined with the best available evidence should determine the treatment strategy. These scenarios require mechanisms to track the treatment decisions and outcomes. AUC should be revisited periodically to ensure that they remain relevant. The panelists rated 2280 unique scenarios for the treatment of intermittent claudication (IC) in the aortoiliac, common femoral, and femoropopliteal segments in the round 2 rating. Of these, only nine (0.4%) showed a disagreement using the interpercentile range adjusted for symmetry formula, indicating an exceptionally high degree of consensus among the panelists. Post hoc, the term "inappropriate" was replaced with the phrase "risk outweighs benefit." The term "appropriate" was also replaced with

Woo, Siracuse et al Volume 76, Issue 1





Summary

- SVS guidelines were not being met
- Claudicators medically undertreated
  - Almost 50% smoking with 28% not taking antiplatelet agents/statins
- Claudication recurrence/repeat procedures associated with:
  - Lack of discharge antiplatelet agents/statins
  - Atherectomy use
  - > 2 arteries treated
- Only 32% sustained benefit for symptoms at 2 years
- Even isolated aortoiliac intervention has poorer long-term results than previously thought

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Future VQI Study of Claudication

Measure outcomes for claudicators undergoing endovascular procedures

- Determine which risk factor modifications most improve outcomes from endo Rx of PAD
- Determine what locations of endovascular treatment of PAD meet claudication PG and AUC
- Determine which devices are most effective in claudication relief and patency at 2 years

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