How Should Most Patients With IC Be Treated? An Interventional Cardiologist’s View

William A. Gray MD
Associate Professor of Medicine
Columbia University Medical Center
The Cardiovascular Research Foundation

Basic premises in considering IC therapy
- Iliac lesions all get preferential endovascular first
- DCB, DES, covered stents showing reasonably competitive patency in long SFA lesions
- 5 year and 2 year data for DES and DCB, respectively, show durable results in SFA
- Cardiovascular and general health maintenance mandates 30 minutes of continuous exercise 3x/week
- Informed and patient-inclusive decision making
- All ties go to endovascular approach due to lower morbidity and quicker recovery
- There are no absolute statements regarding the approach to IC

Disclosures
- I have nothing to disclose

Patient with IC

Assessment of severity of physiologic testing

Yes
- Pletal/exercise/ aggressive risk factor control
- 20-30 min?
- Duplex/CTA/MRA

No
- Revascularization
  - Endovascular
  - Prior surgical failure
  - Poor surgical conduit
  - Poor physiological risk
  - ATK: vein independent
  - BTK: vein dependent

- Surgical
  - Multi-level disease
  - Heavy Calc++
  - Multiple occl failures
  - ATK: vein independent
  - BTK: vein dependent

Thank you