The Truth About BEST Trial!

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Disclosure
Education and Consulting for Abbott Vascular, Medtronic, Bard, Gore, Covidien, and Spectranetics but do not take any Compensation

BEST CLI-Trial

History repeats itself, first as tragedy, second as farce.

Karl Marx

BEST Surgery

Single Segment SVG

VS

Worst Endo

Biased Treatment Approach

Bypass versus angioplasty in severe ischaemia of the leg (BASIL): multicentre, randomised controlled trial

Results
During the 6-month BASIL audit, 585 consecutive patients presented with severe limb ischaemia to the leg 60 recruiting centres (which between them recruited 15466% excluded)

Biased Patient Selection – Not Generalizable
was given in many instances for responsible surgeons and radiologists not participating or not randomly assigning the remaining 186 patients was that the leg could not be revascularized by either surgery or angioplasty in 154 (34%).
**Experience and Outcomes With Carotid Artery Stenting**

An Analysis of the CHOICE Study (Carotid Stenting for High Surgical-Risk Patients; Evaluating Outcomes Through the Collection of Clinical Evidence)

**Over 30% of CTOs Can Not be Crossed in the Antegrade Approach**

WHY CREST 2 HAS CREDENTIAILING BUT BEST TRIAL DOES NOT?

**Biased Experienced Level**

**Wound Size Consideration (WIfI!!)**
The Society for Vascular Surgery Lower Extremity Threatened Limb Classification System: Risk stratification based on Wound, Ischemia, and foot Infection (WIF

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MALE:
- Above ankle amputation
- Major re-intervention

Flawed Primary Endpoint

Very Few Interventions or Techniques Have Shown a Difference in AFS or MALE in CLI

The Truth About BEST CLI

- Not generalizable with many screen failures (<10% randomized)
- No CORE lab for angios and procedures
- No qualitative check to assess perfusion post procedure
- Many many operators with minimal skill set
- No REAL guidance as to what a BEST endovascular treatment is
- Wrong endpoints

THANK YOU!!