What Is The Optimal Medical Treatment For Patients With CLTI; With PAD: How Much Will Medical Treatment Replace Invasive Interventions By 2028

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Disclosures
- Scientific Advisory Board – Novate Medical
- Non-compensated consultant – BTG

Peripheral Artery Disease Mortality is High

Critical Limb Ischemia Mortality is High

Treatment Should Follow Causes of Mortality

Interim Conclusion 1:
TODAY Intervention is Insufficient for CLI Patients
Goals of Care Should also Follow Morbidity

Interim Conclusion 2: For Morbidity and Complications, Even in 2028 Medical Therapy will NOT Replace Intervention

Focused Bottom Line: What Medicine should Every CLI Patient Receive?

Antiplatelet Therapy in PAD Reduces Mortality

Do Not Forget Morbidity – MALE:

Vorapaxar Reduced Acute Limb Ischemia / Revascularization in PAD at a Price of More Bleeding
In PEGASUS Ticagralor Reduced MACE and MALE

"...plaque rupture may induce atherothrombosis caused by fibrin formation and platelet activation" (?)

Is There a Role for Anticoagulants?

- 75 CLI patients with amputations
  - Thoracic aortic occlusion common (71%), and not always associated with atherosclerosis (67%)
  - Suggestive of thromboembolic disease
  - Mechanism of progression from IHD to CLI
  - Role for AC?

COMPASS PAD: Fewer Events, More Bleeds

Statins Reduce MACE, but may Also Reduce Adverse Limb Outcomes

PCS\(\text{K}\) Inhibitors?
FOURIER PAD Sub-Analysis: NNT of ONLY 29 over 2.5 Years to Reduce MACE

92% of patients on statins: 52% on HMG-CoA reductase inhibitors
**Interim Conclusion 3**
By 2028 Every CLI Patient will Receive an Anti-platelet Agent, Statin and Anticoagulant

**Interim Conclusion 4**
Even in 2028 CLI will Remain a Team Sport. Medical Therapy and Intervention will go Hand in Hand

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