Debate: CLTI: Multivessel Endovascular Intervention Is The Best Treatment
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DISCLOSURES
VK: None
NK: Consultant Medtronic
MS: advisory board for Medtronic, Abbott Vascular, Terumo, Boston Scientific and Phillips

Introduction
What Should be Our Goal in Post Revascularization After CLTI?
• Prevent Amputation and MALE
  – BUT that is NOT enough:
• Wound Healing
• Time to Wound Healing
• Quality of Life
• Readmission
• Long-term Survival

Critical Limb Ischemia
An Expert Statement
JACC 2016

Global vascular guidelines on the management of chronic limb-threatening ischemia
Our experience at University Hospitals/Case Western

Study Design
- Retrospective review using CPT codes
- Single institution, multiple sites

Patients
- 1170 consecutive patients undergoing femoropopliteal percutaneous revascularization between 2011-2018
- Grouped on basis of exposure to paclitaxel (DCB or DES)

Outcomes
- All-cause mortality
Propensity Score–Adjusted Comparison of Long-Term Outcomes Among Revascularization Strategies for Critical Limb Ischemia

- 36,860 patients Medicare (10,904 PTA; 11,295 stent placement; 4,422 atherectomy; 10,239 surgical bypass)
- All-cause mortality over 4 years was 49.3% with atherectomy, 51.4% with surgical bypass, 53.7% with stent placement, and 54.7% with PTA (P<0.05 for all pairwise comparisons).
- Major amputation rates over 4 years were 6.8% with atherectomy, 7.8% with stent placement, 8.1% with PTA, and 10.8% with surgical bypass (P<0.05 for all pairwise comparison except PTA versus stent).
- Among Medicare beneficiaries who received PTA, stent placement, atherectomy, or surgical bypass for critical limb ischemia, high mortality and major amputation rates were observed with minor differences among treatment groups.

Conclusions

- Even Dr. Neville agrees:
  - Our data indicates that Endovascular Therapy is appropriate and beneficial for patients with CLTI
  - Larger studies and RCTs are needed to confirm this finding