Current Status Of An Endovascular First Approach To Lower Extremity Revascularization For CLTI In The Context Of The BEST-CLI Trial: What Are The Exceptions

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NO DISCLOSURES

BASIL

BEST-CLI
Best Endovascular vs. Best Surgical Therapy in Patients with Critical Limb Ischemia

BASIL-2
Bypass versus angio plasty in severe ischaemia of the leg - 2 (BASIL-2) trial: study protocol for a randomised controlled trial

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Endovascular First in All Patients?

- Endovascular therapy is ALWAYS the best first choice
  - Can always do bypass if it fails….

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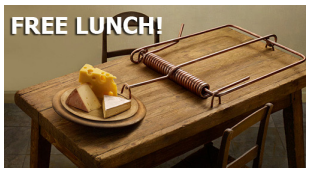

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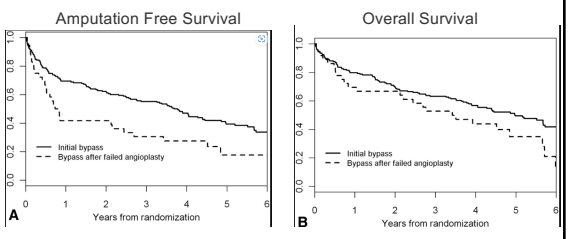
BASIL Initial bypass vs Bypass after failed angioplasty



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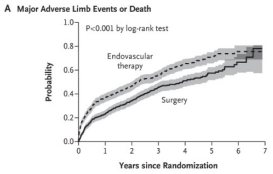
Who is the Exception?

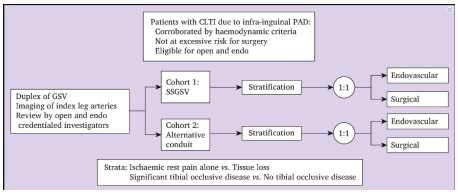
- Who should receive surgical bypass first?

BEST CLI

- For patients with CLTI does surgical revasc or endovascular revasc lead to superior limb outcomes
- Significantly lower MALE and death in surgical group vs endovascular group
  - Specific for the cohort who had adequate GSV for bypass
- Endovascular First approach is not supported by the evidence



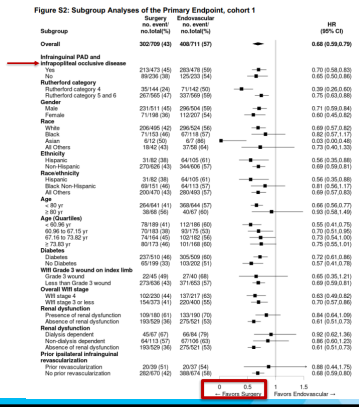
BEST CLI cohorts



- Cohort 1- 1436 patients with SSGSV
  - 718 bypass
  - 716 endovascular
- Cohort 2- 396 patients Alternative Conduit
  - 197 bypass
  - 199 endovascular

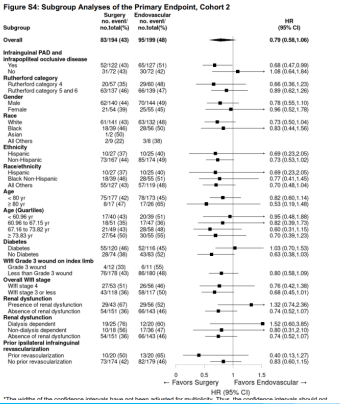
BEST-CLI Cohorts

Cohort 1



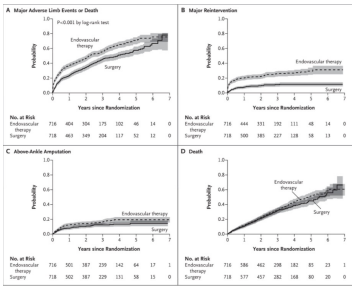
BEST-CLI Cohorts

Cohort 2



BEST-CLI Cohorts

- Cohort 1- Surgery superior to endovascular first approach
  - MALE
  - Amputation
  - Reintervention
- Cohort 2- No difference between surgery and endovascular therapy
  - MALE
  - Amputation
  - Reintervention

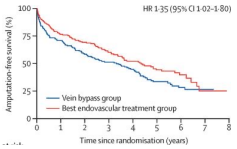


End of Story?

All patients with SSGSV should get bypass first?

BASIL 2

- Endovascular therapy statistically superior to surgical bypass in amputation free survival
  - Driven by fewer death in the best endovascular treatment group
- Endovascular First approach IS supported by the evidence?



BEST CLI vs BASIL-2

- BASIL-2 patients
  - Older
  - Homogenous
  - Patient's randomized to surgery had higher prevalence of prior MI
    - (periop mortality after surgery twice as high than in BEST CLI)
  - Higher number of prior limb interventions
  - Tibial disease
  - Endpoint amputation free survival
- BEST CLI
  - >5x sample size
  - Infrapopliteal intervention in just more than ½ the patients.
  - Endpoint MALE

What is the best therapy?

- CLTI patients who have adequate single segment GSV should have bypass considered as primary therapy
- Landscape is constantly changing