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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Endovascular First in All Patients?

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





Who is the Exception?

· Who should receive surgical bypass first?





	Overall				HR (95% CI)
		302/709 (43)	408/711 (57)	+	0.68 (0.59,0.79)
- · · · ·	Infrainguinal PAD and				
	interpopulation occupiere disease	212/472 (45)	202470 (56)		0.70 (0.68.0.65)
	No	89/236 (30)	125/233 (54)	-	0.65 (0.50.0.86)
Conort	Rutherford category				
	Rutherlord category 4	35/144 (24)	71/142 (50)		0.39 (0.26,0.60)
	Rutherford category 5 and 6	267/565 (47)	337/569 (59)		0.75 (0.63,0.88)
	Gender				
	Male Estado	231/511 (45)	296/504 (56)		0.01 (0.59.0.84)
	Pernale	71/198 (36)	115501 (24)	-	0.60 (0.45,0.64)
	White	206/465 (42)	206/524 (56)		0.69 (0.57 0.82)
	Flack	71/153 (46)	67/118 (57)		0.82 (0.57.1.17)
	Aaian	6/12 (50)	6/7 (86)		0.03 (0.00.0.48)
	Al Others	18/42 (43)	37/58 (64)		0.73 (0.40,1.33)
	Ethnicity				
	Hispanic	31/82 (38)	64/105(61)		0.56 (0.35,0.88)
	Non-Hispanic	2/0/626 (43)	364.606 (21)		0.69 (0.59,0.81)
	Hadevennacity	21/82/381	64/105 (61)	-	0.56 (0.35.0.89)
	Black Non-Minnanic	69/151 (46)	64/113 (57)		0.81 (0.56.1.17)
	Al Others	200/470 (43)	280,493 (57)	-	0.69 (0.57.0.83)
	Age				
	< 80 yr	264/641 (41)	368/644 (57)		0.66 (0.56.0.77)
	≥ 80 yr	38/68 (56)	40/67 (60)		0.93 (0.58,1.49)
	Age (Guartiles)				
	< 60.96 yr	78/189 (41)	112/186 (60)		0.55 (0.41,0.75)
	60.96 to 67.15 yr	70/183 (38)	93/175 (53)		0.70 (0.51,0.96)
	273.63 vr	Pa/104 (40)	102/162 (96)		0.75 (0.55 1.01)
	Diabetes	00110(00)	ton too (ee)	-	act of factors () and
	Disteres	237/510 (46)	305/509 (60)		0.72 (0.61.0.86)
	No Diabetes	65/199 (33)	103/202 (51)		0.57 (0.41,0.78)
	Will Grade 3 wound on index limb				
	Grade 3 wound	22/45 (49)	27/40 (68)		0.65 (0.35,1.21)
	Less than Grade 3 wound	273/636 (43)	371/683 (57)		0.69 (0.59,0.81)
	Will steep d	100/200 (44)	1972917 (69)	-	0.62 /0.00 0.625
	Will store 3 or less	154/373 (41)	220,400 (55)		0.70 (0.57 0.86)
	Renal destunction		2000 COD (200)	-	erse family work
	Presence of renal dysfunction	109/180 (61)	133/190 (70)		0.84 (0.64.1.09)
	Absence of renal dysfunction	193/529 (36)	275/521 (53)		0.61 (0.51.0.73)
	Renal dysfunction				
	Dialysis dependent	45/67 (67)	66/64 (79)		0.92 (0.62,1.36)
	Non-dalysis dependent	64/113 (57)	67/106 (63)		 0.86 (0.60,1.23)
	Absence of renai dystunction	1691529 (36)	5/0/061 (00)		0.61 (0.51,0.73)
	reconcentration				
	Prior revencularization	20/39 (51)	20/37 (54)		0.88 (0.44.1.75)
	No prior revascularization	282/670 (42)	3884574 (54)		0.68 (0.59.0.80)

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BEST-CLI Cohorts	Figure S4: Subgroup Analyses of the Primary Endpoint, Cohort 2					
	Subgroup	Surgery no. event/ no.total(%)	Endovascular no. event/ no.total(%)		HR (95% CI)	
	Overall	83/194 (43)	95/199 (48)		0.79 (0.58,1.06)	
	Infrainguinal PAD and					
	intrapopliteal occlusive disease Yes	52/122 (43)	65/127 (51)	_	0.68 (0.47.0.99)	
	No	31/72 (43)	30/72 (42)		1.08 (0.64,1.84)	
Cohort 2	Rutherland category Putherland category 4	20.57 (35)	29/60 (40)		0.65 (0.36.1.22)	
	Putherland category 5 and 6	63/137 (46)	66/139 (47)		0.89 (0.62,1.26)	
	Gender	62(14) (44)	20/144 (4%)	-	0.28 (0.55.1.10)	
	Female	21/54 (39)	25/55 (45)	-	0.96 (0.52,1.78)	
	White	61/141 (43)	63/132 (48)		0.73 (0.50.1.04)	
	Black	18/39 (46)	28/56 (50)		0.83 (0.44,1.56)	
	Al Others	2/9 (22)	3/8 (38)			
	Ethnicity	10.07.075	10.05 (40)			
	Non-Hispanic	73/167 (44)	85/174 (45)		0.73 (0.53,1.02)	
	Racelethnicity	10/27/27	10/25 (40)		0.69 (0.22.2.05)	
	Black Non-Hispanic	18/39 (45)	28/55 (51)		0.77 (0.41,1.45)	
	All Others	55/127 (43)	57/119 (48)		0.70 (0.48,1.04)	
	< 80 yr	75/177 (42)	78/173 (45)		0.82 (0.60,1.14)	
	≥ 80 yr Ape (Quartiles)	8/17 (47)	17(26 (65)	-	0.53 (0.19,1.48)	
	< 60.96 yr	17/40 (43)	20/39 (51)		0.95 (0.48,1.88)	
	60.96 to 67.15 yr 67.16 to 73.82 yr	18/51 (35) 21/49 (43)	17/47 (36) 29/58 (48)		0.82 (0.39,1.73) 0.60 (0.31,1.15)	
	2 73.83 yr	27/54 (50)	30/55 (55)		- 0.70 (0.39,1.23)	
	Diabetes	55/120 (46)	52/116 (45)	-	1.03 (0.70.1.53)	
	No Diabetes	28/74 (38)	43/83 (52)		0.63 (0.38,1.03)	
	Grade 3 wound on Index limb	4/12 (33)	6/11 (55)			
	Less than Grade 3 wound	76/178 (43)	86/180 (48)		0.80 (0.58, 1.09)	
	Wifi stage 4	27/53 (51)	26/56 (46)		0.76 (0.42,1.38)	
	With stage 3 or less Renal dysfunction	43/118 (36)	58/11/ (50)		0.68 (0.45,1.01)	
	Presence of renal dystunction	29/43 (67)	29/56 (52)		■ 1.32 (0.74,2.36)	
	Benal dysfunction	ow roll (30)	www.ee.a (460)		0.74 (0.52,1.07)	
	Dialysis dependent	19/25 (76)	12/20 (00)		 1.52 (0.60,3.85) 0.85 (0.31,3.10) 	
	Absence of renal dysfunction	54/151 (36)	65/143 (46)		0.74 (0.52, 1.07)	
	Prior ipsilateral infrainguinal					
	Prior revascularization	10/20 (50)	13/20 (65)	•	- 0.40 (0.13,1.27)	
	No prior revascularization	/3/1/4 (42)	82/179 (46)		0.83 (0.60,1.15)	
			0	0.5 1	1.5	
	← Favors Surgery Favors Endovascular →					



End of Story?

All patients with SSGSV should get bypass first?



BEST CLI vs BASIL-2

- · BASIL-2 patients
 - · Older

 - Otder
 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?

- $\ensuremath{\mathsf{CLTI}}$ patients who have adequate single segment GSV should have bypass considered as primary therapy
- · Landscape is constantly changing