

## Which Vascular Specialists Are Performing Tibial Atherectomies And Angioplasties For Intermittent Claudication And Are There Suboptimal Outcomes

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Veith Symposium 2024

### Disclosures

- Unrelated:
  - W.L. Gore (Speaker)
  - Cook Medical (Speaker)
  - Silk Road Medical LLC (Speaker)
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### PAD Overtreatment = Spotlight






### Great Debates in Claudication


Initial Management




Atherectomy



Tibial PVI





### Claudication Treatment – Best Practices

1<sup>st</sup> Line



2<sup>nd</sup> Line

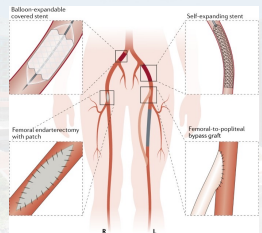










### Claudication Treatment – 3<sup>rd</sup> Line





### 2022 SVS AUC re: Infrapopliteal Interventions

**Infrapopliteal disease**  
After discussion, the rating panel unanimously agreed that scenarios involving open or endovascular revascularization of infrapopliteal disease for patients with symptoms limited to IC were R-B. The panelists unanimously agreed not to individually rate any infrapopliteal scenarios. The panelists also unanimously agreed that isolated infrapopliteal lesions do not result in disabling claudication and, therefore, are R-B to treat for an indication of IC.

The rating panel discussion included 'downstream' infrapopliteal interventions, defined as any endovascular intervention in the setting of concomitant proximal intervention (open and/or endovascular). The panelists unanimously agreed that 'total' revascularization (performing an infrapopliteal intervention to improve runoff distal to a femoropopliteal revascularization) is R-B for IC. This was a notable and intentional deviation from the assumption of single-level disease used in the other anatomic segments.

**SVS**  
Risk > Benefit

- Isolated lesions
- Concomitant / downstream lesions

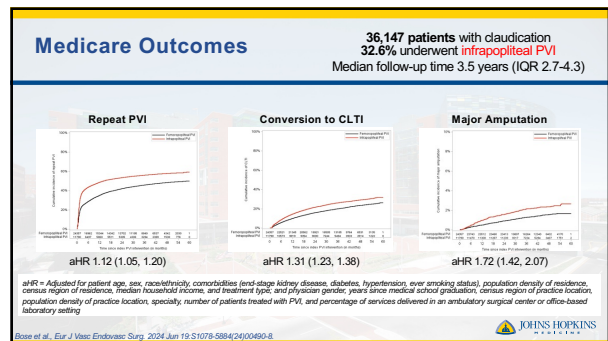
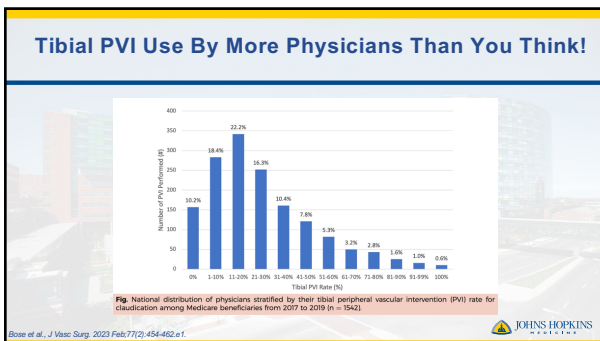
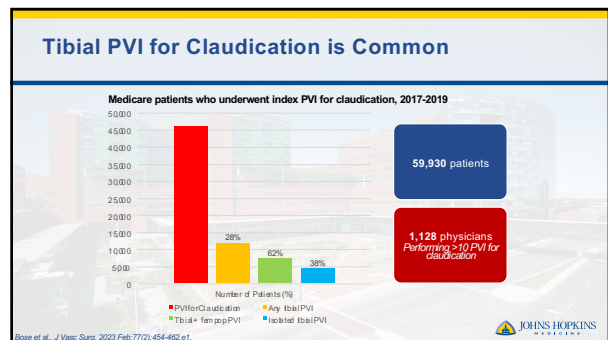
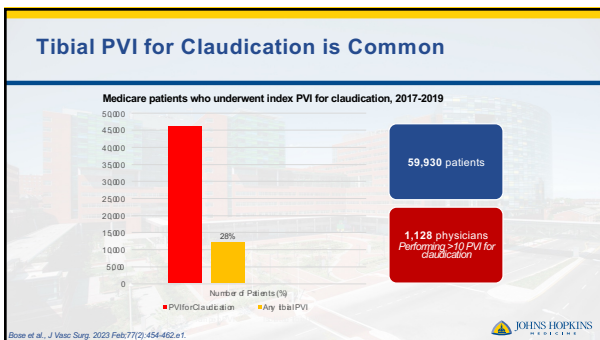
Woo et al. J Vasc Surg. 2022 Jul;76(1):3-22.e1.

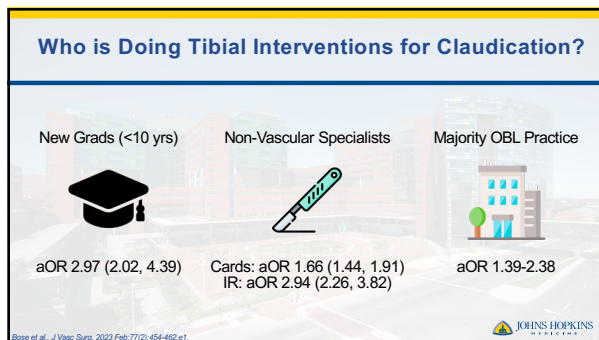
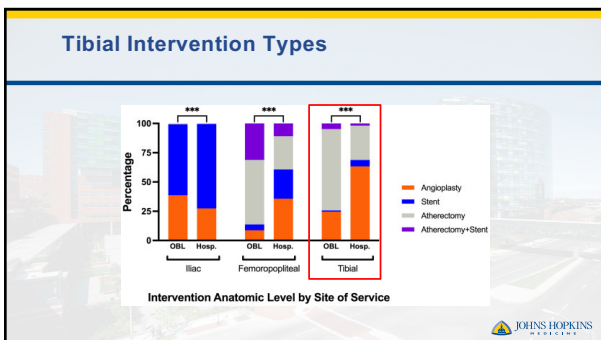
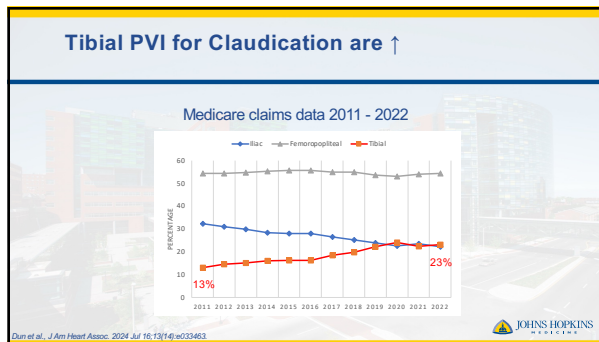
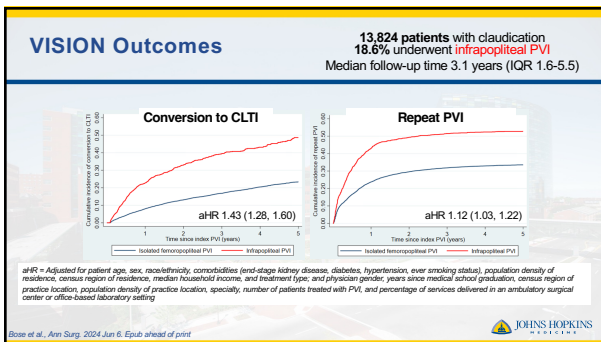
### 2024 ESVS Guidelines

**Table 1. Select revascularization recommendations from the 2024 European Society for Vascular Surgery guidelines for asymptomatic peripheral artery disease and intermittent claudication**

Recommendation	No.	Class	Level
For patients with intermittent claudication, a stepwise approach is recommended, providing risk factor management, best medical treatment, and exercise therapy as a first step, and revascularization as a second step in complex patients with continued disabling limb symptoms.	45	I	B
For patients with disabling intermittent claudication undergoing revascularization, evidence of adherence for the treatment of infrapopliteal lesions is not recommended due to lack of superiority over conventional endovascular therapies in terms of efficacy and safety endpoints.	67	III	A
For patients with disabling intermittent claudication, endovascular treatment of isolated below-the-knee lesions is not recommended due to the risk of harm from distal revascularization.	71	III	C

Ministry of Health. Eur J Vasc Endovasc Surg. 2024 Jun;67(1):9-66.





### Specialty Differences in Perspective

**SVS**

**2016 AHA/ACC Guideline on the Management of Patients With Lower Extremity Peripheral Artery Disease: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines**

Class	Level	Recommendation
I	A	Endovascular procedures are effective as a revascularization option for patients with chronic limb-threatening ischemia and hemodynamically significant aortoiliac occlusive disease.
IIa	B-NR	Endovascular procedures are reasonable as a revascularization option for patients with chronic limb-threatening ischemia and hemodynamically significant femoropopliteal disease.
IIb	C-LD	The usefulness of endovascular procedures as a revascularization option for patients with claudication due to isolated infrapopliteal artery disease is uncertain.
III	B-NR	Endovascular procedures should not be performed in patients with PVD solely to prevent progression to CLTI.

**APPROPRIATE USE CRITERIA**

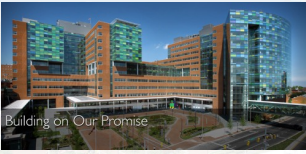
**ACC/AHA/SCAI/SIR/SVM 2018 Appropriate Use Criteria for Peripheral Artery Intervention**

Intervention	ICD-9-CM	ICD-10-CM	ICD-9-CM	ICD-10-CM	ICD-9-CM	ICD-10-CM
1	44.02	I70.0	44.02	I70.0	44.02	I70.0
2	44.03	I70.1	44.03	I70.1	44.03	I70.1
3	44.04	I70.2	44.04	I70.2	44.04	I70.2
4	44.05	I70.3	44.05	I70.3	44.05	I70.3
5	44.06	I70.4	44.06	I70.4	44.06	I70.4
6	44.07	I70.5	44.07	I70.5	44.07	I70.5
7	44.08	I70.6	44.08	I70.6	44.08	I70.6
8	44.09	I70.7	44.09	I70.7	44.09	I70.7
9	44.10	I70.8	44.10	I70.8	44.10	I70.8
10	44.11	I70.9	44.11	I70.9	44.11	I70.9
11	44.12	I70.9	44.12	I70.9	44.12	I70.9

Woo et al., *J Vasc Surg.* 2022 Jul;79(1):3-22.e1.

- ### Conclusions
- Tibial PVI for claudication are on the rise
    - Expensive and without efficacy
  - Use varies by physician specialties as well as site of service
  - "We" need to come together to rethink / standardize our management of patients with claudication
    - Physicians of all specialties & payors
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**Thank You**



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