Decreasing Unnecessary And Potentially Harmful Endovascular Procedures In Patients With IC Which Are Almost Never Justified And Should Not Be Reimbursed

Caitlin W. Hicks MD, MS, FACS, FAHA, DFSVS
Associate Professor of Surgery
Division of Vascular Surgery and Endovascular Therapy
The Johns Hopkins Hospital

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Veith Symposium 2024

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Disclosures

- Unrelated:
  - W.L. Gore (Speaker)
  - Cook Medical (Speaker)
  - Silk Road Medical LLC (Speaker)
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  - Society for Vascular Surgery

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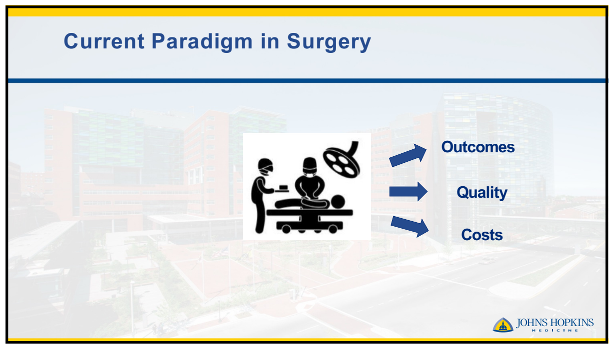

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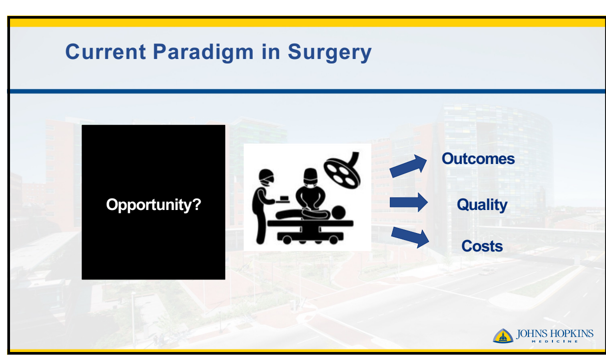

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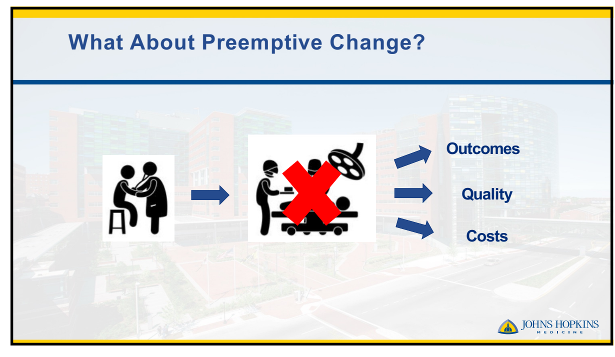

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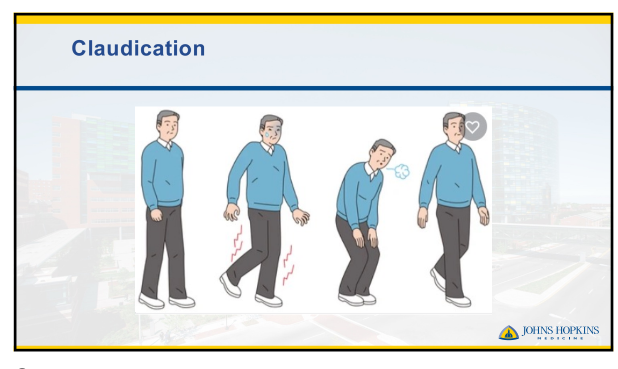

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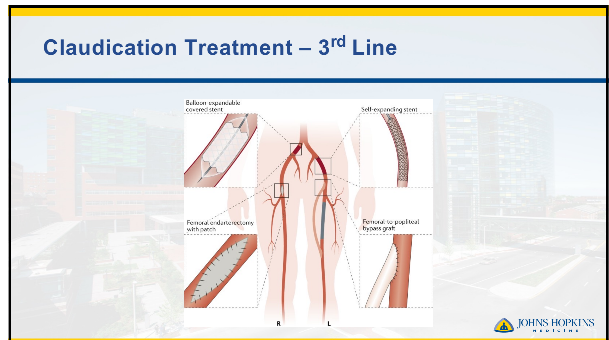

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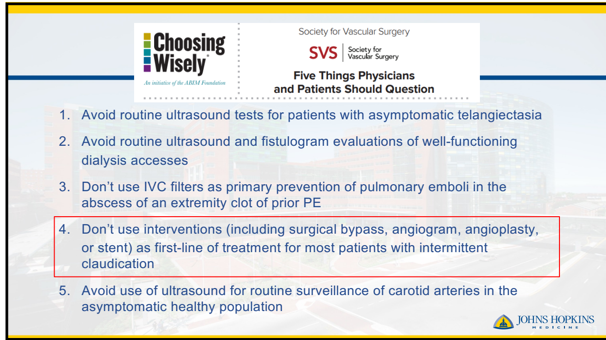

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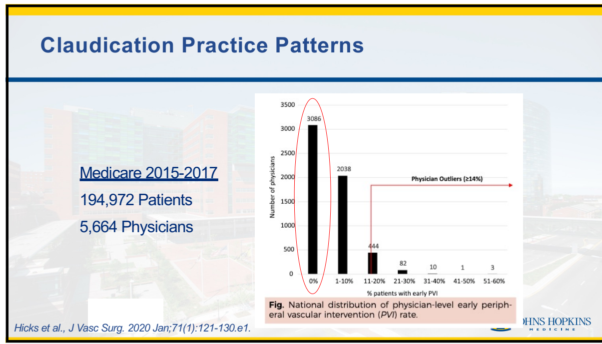

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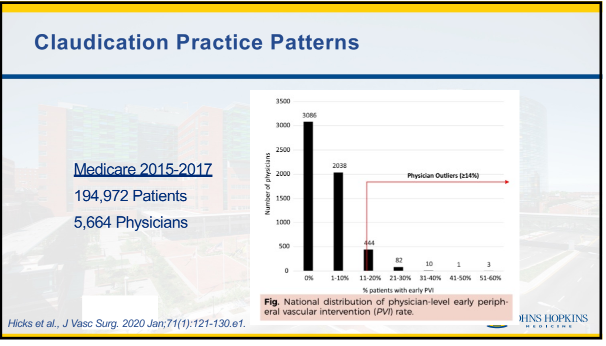

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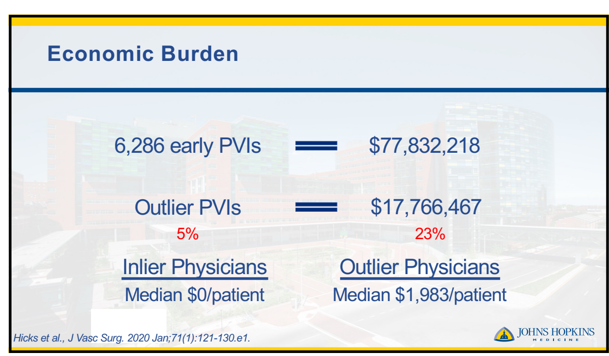

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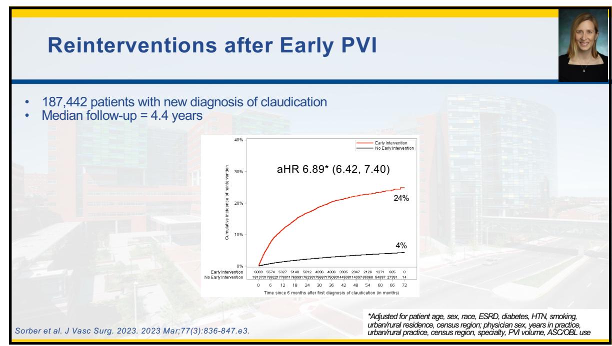

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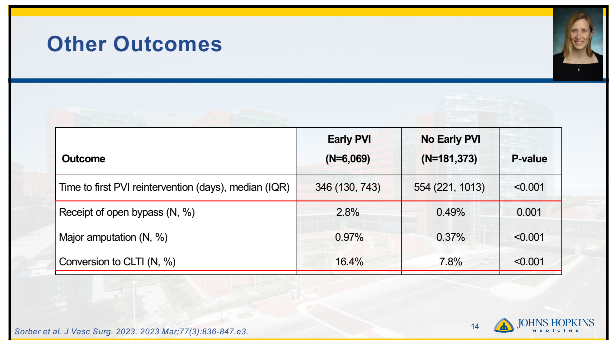

Outcome	Early PVI (N=6,069)	No Early PVI (N=181,373)	P-value
Time to first PVI reintervention (days), median (IQR)	346 (130, 743)	554 (221, 1013)	<0.001
Receipt of open bypass (N, %)	2.8%	0.49%	0.001
Major amputation (N, %)	0.97%	0.37%	<0.001
Conversion to CLTI (N, %)	16.4%	7.8%	<0.001

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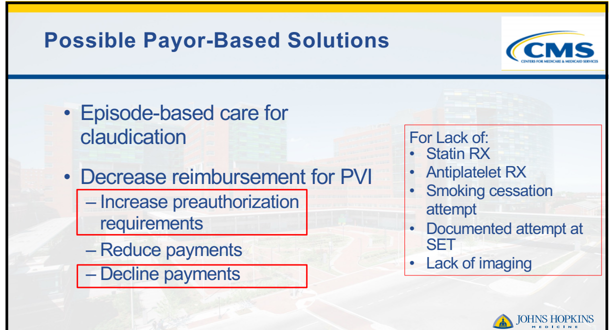

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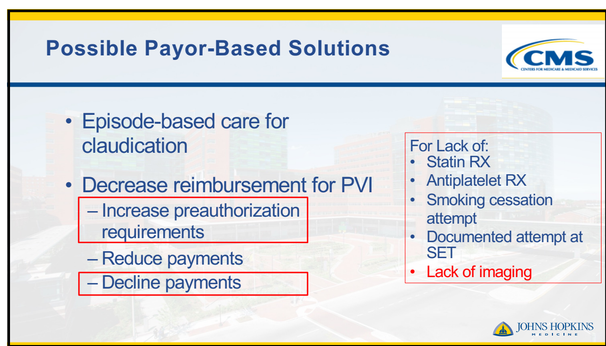

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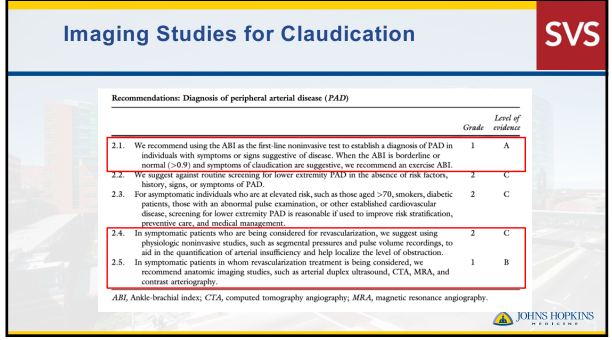

Recommendations: Diagnosis of peripheral arterial disease (*PAD*)

		Grade	*Level of evidence*
2.1.	We recommend using the ABI as the first-line noninvasive test to establish a diagnosis of PAD in individuals with symptoms or signs suggestive of disease. When the ABI is borderline or normal (>0.9) and symptoms of claudication are suggestive, we recommend an exercise ABI.	1	A
2.2.	We suggest against routine screening for lower extremity PAD in the absence of risk factors, history, signs, or symptoms of PAD.	2	C
2.3.	For asymptomatic individuals who are at elevated risk, such as those aged >70, smokers, diabetic patients, those with an abnormal pulse examination, or other established cardiovascular disease, screening for lower extremity PAD is reasonable if used to improve risk stratification, preventive care, and medical management.	2	C
2.4.	In symptomatic patients who are being considered for revascularization, we suggest using physiologic noninvasive studies, such as segmental pressures and pulse volume recordings, to aid in the quantification of arterial insufficiency and help localize the level of obstruction.	2	C
2.5.	In symptomatic patients in whom revascularization treatment is being considered, we recommend anatomic imaging studies, such as arterial duplex ultrasound, CTA, MRA, and contrast arteriography.	1	B

ABI, Ankle-brachial index; *CTA,* computed tomography angiography; *MRA,* magnetic resonance angiography.

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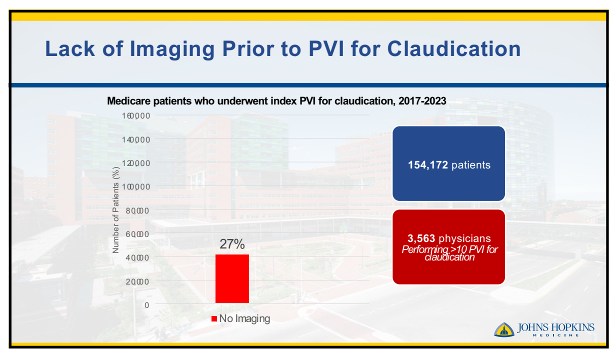

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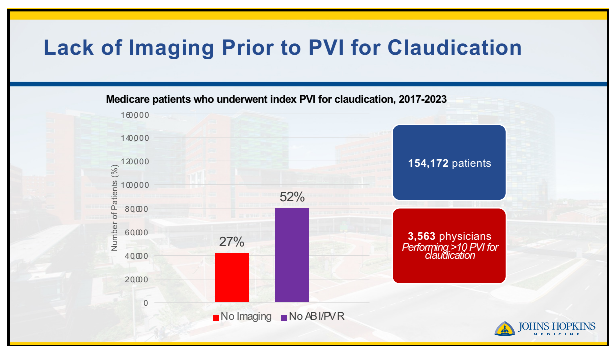

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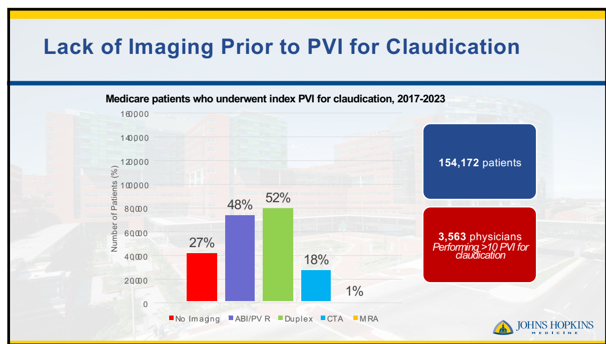

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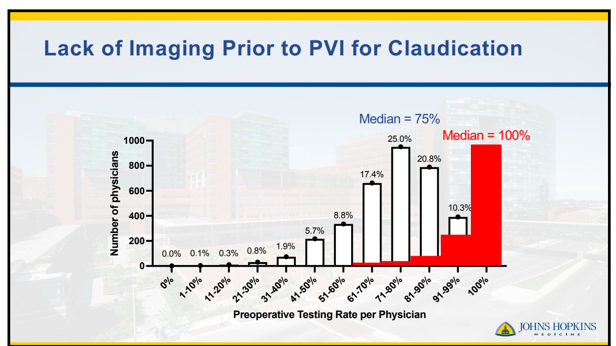

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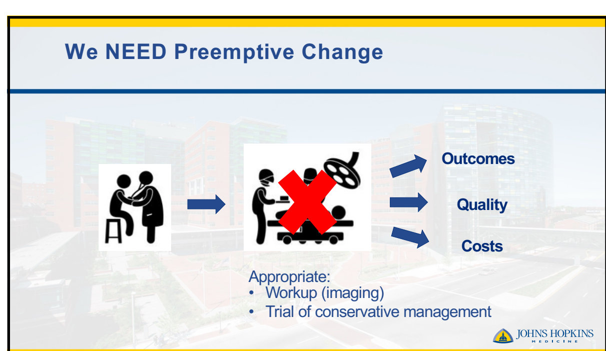

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Conclusions

- Early interventions for claudication happen more often then they should
  - Associated with poor patient outcomes
- Room for improvement in workup and conservative management
  - Specifically, pre-intervention imaging
- "We" need to come together to rethink / standardize our management of patients with claudication
  - Physicians of all specialties & payors

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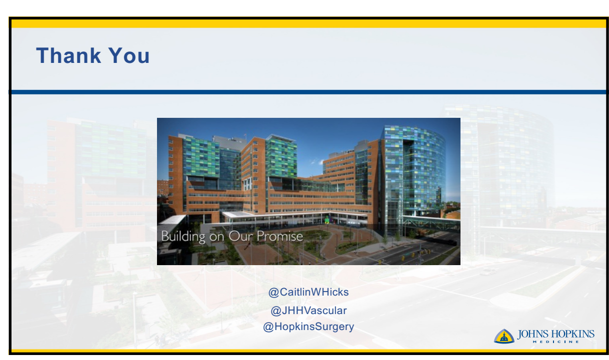

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