

# **PAD MEDCAC Panel July 22, 2015**

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Chair, ACC Peripheral Vascular Disease Section**



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# Herbert D. Aronow, MD, MPH

## Potential Conflicts of Interest

- Medical Society Roles
  - SVM Board of Trustees
  - SCAI PVD Committee
  - ACC PVD Section Chair
  - ACC Board of Governors (Michigan Chapter President)
- Vascular Registry Roles
  - ACC NCDR PVI Steering Committee
  - SVS PSO (VQI Governing Board)
- Vascular Research Roles
  - Site Principal Investigator, multiple medical and device therapy trials in patients with PAD
  - Executive Committee, ENDOMAX
  - Chair, Clinical Events Committee, ROADSTER



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# American College of Cardiology

- 501(c)6 not-for-profit education and research organization
- 49,000 physician and nonphysician members who treat patients across the spectrum of cardiovascular disease
- I am representing ACC as Chair of the Peripheral Vascular Disease Section Leadership Council



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# Intermittent Claudication (IC)

## What Don't We Know?

- Long-term outcomes
  - Relative effects of contemporary medical therapy vs. revascularization on late functional status and QoL
  - Relative patency of most endovascular therapies beyond 2 years
  - Cost-effectiveness of revascularization + medical therapy vs. medical therapy alone (from a societal perspective)
  - Initial utilization rates for endovascular and surgical revascularization procedures were coverage for supervised exercise available.
  - Rates of repeat revascularization were coverage for supervised exercise available.
  - Potential impact of improved functional status/QoL on cardiovascular morbidity/mortality



# Intermittent Claudication (IC)

## What Don't We Know?

- Subgroups
  - Elderly
  - Women
  - Minorities



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# Intermittent Claudication (IC)

## What Don't We Know?

- Subgroups
  - Should IC be managed differently in the elderly?
    - Highest prevalence of LE PAD
    - Reduced accuracy of self-reported walking limitation
    - 15-20% of elderly unable to perform treadmill testing
    - Lower procedural success/higher complication rates
    - PAD-related costs, including treatment, increase with age



# Intermittent Claudication (IC)

## What Don't We Know?

- Subgroups

- Should IC be managed differently in women?

- Similar prevalence of PAD to men
    - Older and have greater comorbidities at time of presentation
    - Less likely symptomatic (more often have atypical sx's)
    - Lower mean ABI (more severe disease)
    - Lower exercise capacity/poorer QoL when IC present
    - Worse outcomes after vascular surgery relative to men
    - More often undergo endovascular procedures



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# Intermittent Claudication (IC)

## What Don't We Know?

- Subgroups
  - Should IC be managed differently among minorities?
    - African Americans (AA) have higher PAD prevalence than Non-Hispanic Whites (NHW), Hispanics (H)
    - AA with PAD more likely to undergo non-invasive imaging than others
    - AA and H more likely than NHW to present with CLI than claudication
    - AA and H who undergo PVI more likely than NHW to undergo repeat intervention and have worse short and long-term outcome
    - AA and H have poorer outcomes than NHW following vascular surgery than NHW

