Peripheral Arterial Disease

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Introduction: Delays in the management of chronic limb threatening ischaemia (CLTI) are common and associated with poor limb-salvage outcomes. Currently little is known whether opportunities for timely recognition in general practice exist and are potentially being missed. This study aims to identify general practice consultations and ‘cardiovascular’ (CV) assessments undergone by patients in the year prior to having a major lower limb amputation for CLTI, in order to evaluate for ‘missed opportunities’ for diagnosis.

Methods: A retrospective cohort study, utilising the Clinical Practice Research Datalink (CPRD) with linkage to Hospital Episode Statistics and Office for National Statistics data, was undertaken. Adult patients undergoing a major amputation between 1st January 2000-31st December 2016 (index date) were identified as one of: CV or peripheral vasculature examination, lower limb doppler examination or diabetes consultation/check prior to index was also recorded. Consultations/assessment within 7 days of index were excluded as they were likely pre-surgical. Subsequent all-cause and CV-related mortality (1 year) mortality was identified.

Results: Following exclusion, 3260 patients (mean age=69.8 years, male=63.9%) were included. 47.4% of the cohort were recorded as having diabetes. Prescription rates of secondary preventative medications were poor (antiplatelet=49.7%, lipid lowering agent=40.7%). The 1-year mortality rate was recorded as 34.3% (all-cause) and 14.4% (CV-related).

In the year prior to amputation, 1348 (41.3%) patients underwent ≥25 primary care consultations. The times of
the latest primary care consultation and CV assessment are shown in Table 1. Whilst 2175 (66.7%) underwent a primary care consultation within 7-30 days of index, only 416 (12.8%) had a CV-assessment during the same period. Furthermore, 2073 (63.6%) patients had no CV-assessment within the 3 months prior to their amputation. Of this group, 1230 (59.3%) still underwent a primary care consultation for another reason in the 7-30 days prior to their amputation.

**Conclusion:** ‘Missed opportunities’ for timely diagnosis of CLTI within general practice potentially exist. Further investigation is required to greater understand the reasoning for these opportunities being missed and to develop strategies to that would help prevent amputation.

**Disclosure:** RSMD has acted as a speaker for Gore Medical and has received educational grants from Terumo/Aortic, Le Maitre & Gore Medical. Ethical approval granted through the CPRD’s global ethical approval for observational studies.

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<thead>
<tr>
<th>Table 1. Time of latest general practice consultation and CV-assessment prior to major lower limb amputation</th>
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<tr>
<td><strong>Latest CV-assessment (days)</strong></td>
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<td></td>
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<tr>
<td>7-30</td>
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<td>31-90</td>
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<tr>
<td>91-365</td>
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<tr>
<td>None</td>
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**O-027 Endovascular Interventions in Chronic Total Occlusion of Popliteal Artery with vs Without Distal Landing Zone**

**Peripheral Arterial Disease**

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**Introduction:** A large number of trials has been published concerning popliteal artery (PA) angioplasty. The type of lesion, its length and the runoff score have been shown to affect the long-term outcome. None, however, assessed possible role of the no-distal landing zone chronic total occlusions (CTO) of popliteal artery, when the lesion extends to and beyond the popliteal trifurcation. We compared the long-term results of angioplasty in PA CTO with vs without distal landing zone.

**Methods:** We retrospectively analyzed and followed-up 63 consecutive patients (age 42-87 y, mean 68.5 y) with CLI (all Rutherford 5-6), who underwent angioplasty with or without stenting for isolated PA CTO (no SFA lesions were included). Of these, 34 (54%) had distal landing zone (+DLZ) in the PA, while 29 (46%) didn’t (-DLZ). The procedure was performed via antegrade femoral access. No debulking or drug-eluting devices were used. The decision to implant a stent was left to the operator’s judgement. We compared baseline clinical and demographic variables, periprocedural outcome and long-term results in +DLZ vs -DLZ patients.

**Results:** Analysis of demographic variables revealed that there were significantly more diabetics in +DLZ group compared to -DLZ (67.5% vs 37.9%, p=0.024). The angiographic success of the procedure was 100%. Stenting rate was 41% vs 46% in +DLZ vs -DLZ, respectively. The follow-up was 12-24 months (median 18 months). The 1-year major amputation rate was significantly higher in -DLZ compared to +DLZ patients (30% vs 6.9%, p=0.0497). The 1-year amputation-free survival, mortality, primary patency and freedom from TLR were 55% vs 72.4%, 20% vs 24.1, 40% vs 50%, 87.5% vs 86.3% in -DLZ and +DLZ, respectively (all non-significant).

**Conclusion:** Patients with popliteal artery chronic total occlusion and a distal landing zone more frequently have diabetes than those with no distal landing zone. Angioplasty of the no distal landing zone PA CTO is associated with significantly higher 1-year major amputation rate.

**Disclosure:** Nothing to disclose

**O-028 Recommendations for Registry data Collection for Revascularisations of Acute Limb Ischaemia: A Delphi Consensus from the International Consortium of Vascular Registries**

**Peripheral Arterial Disease**

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**Introduction:** To develop a minimal core data set for evaluation of acute limb ischaemia (ALI) revascularisation treatment and outcomes that would enable collaboration among international registries.