

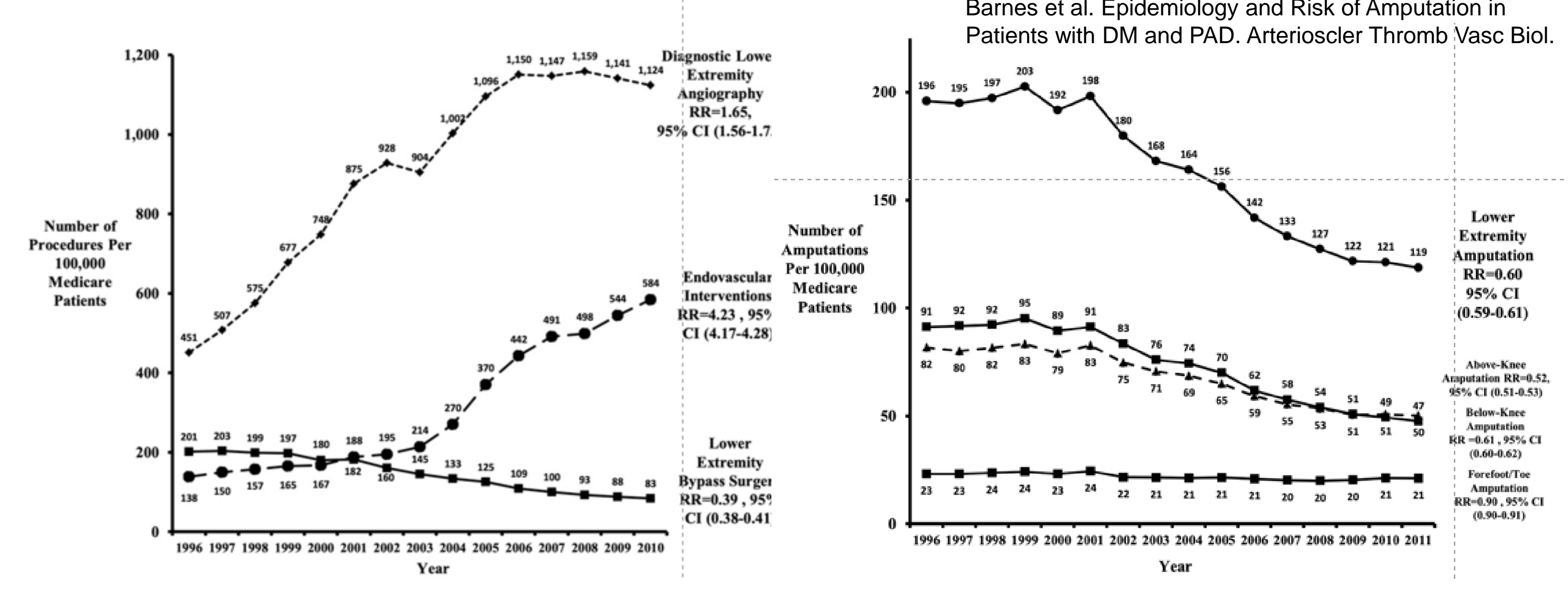
Risk Stratification for Amputation in Patients with Symptomatic Peripheral Artery Disease after Lower Extremity Revascularization: Insights from VOYAGER PAD

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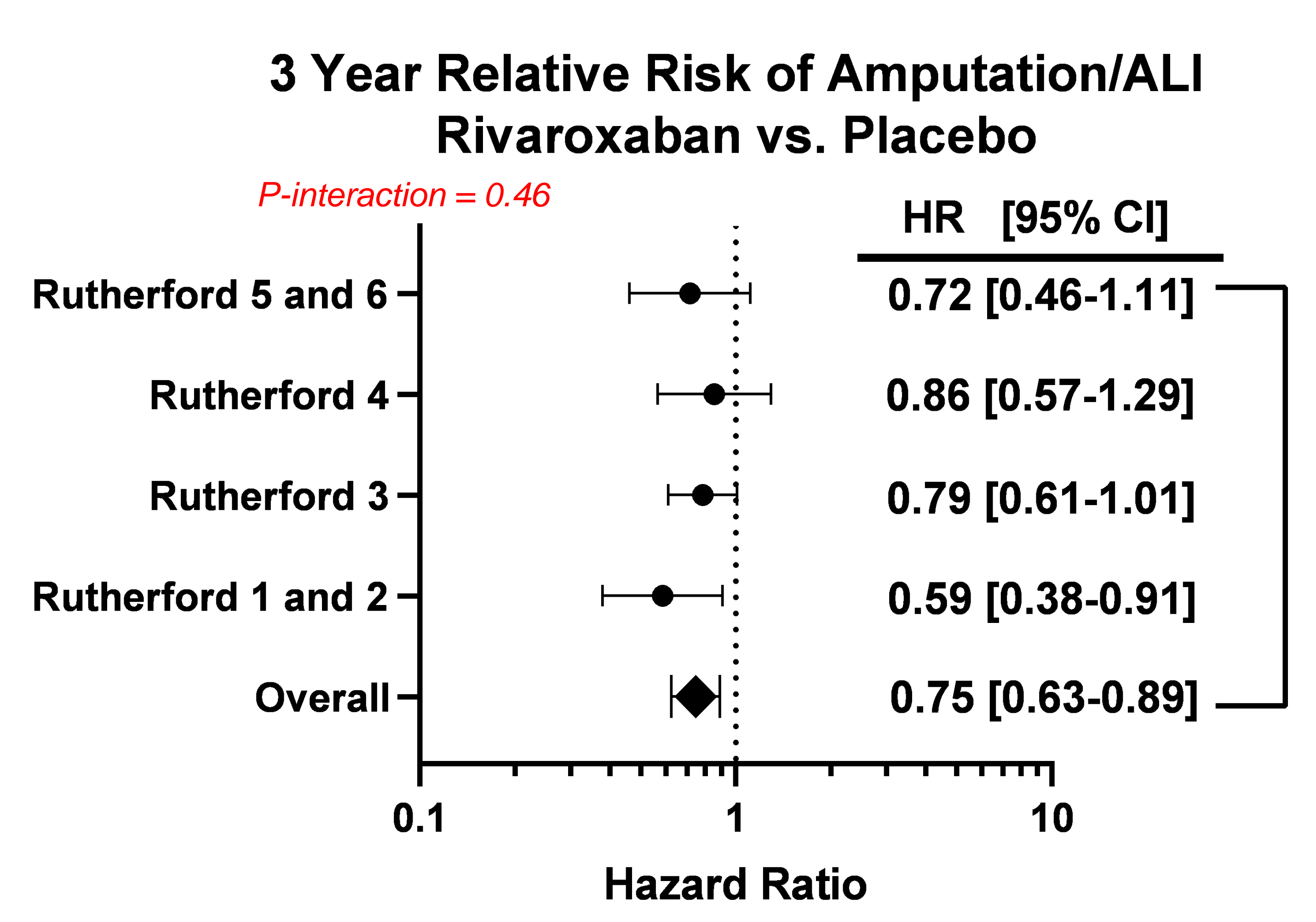
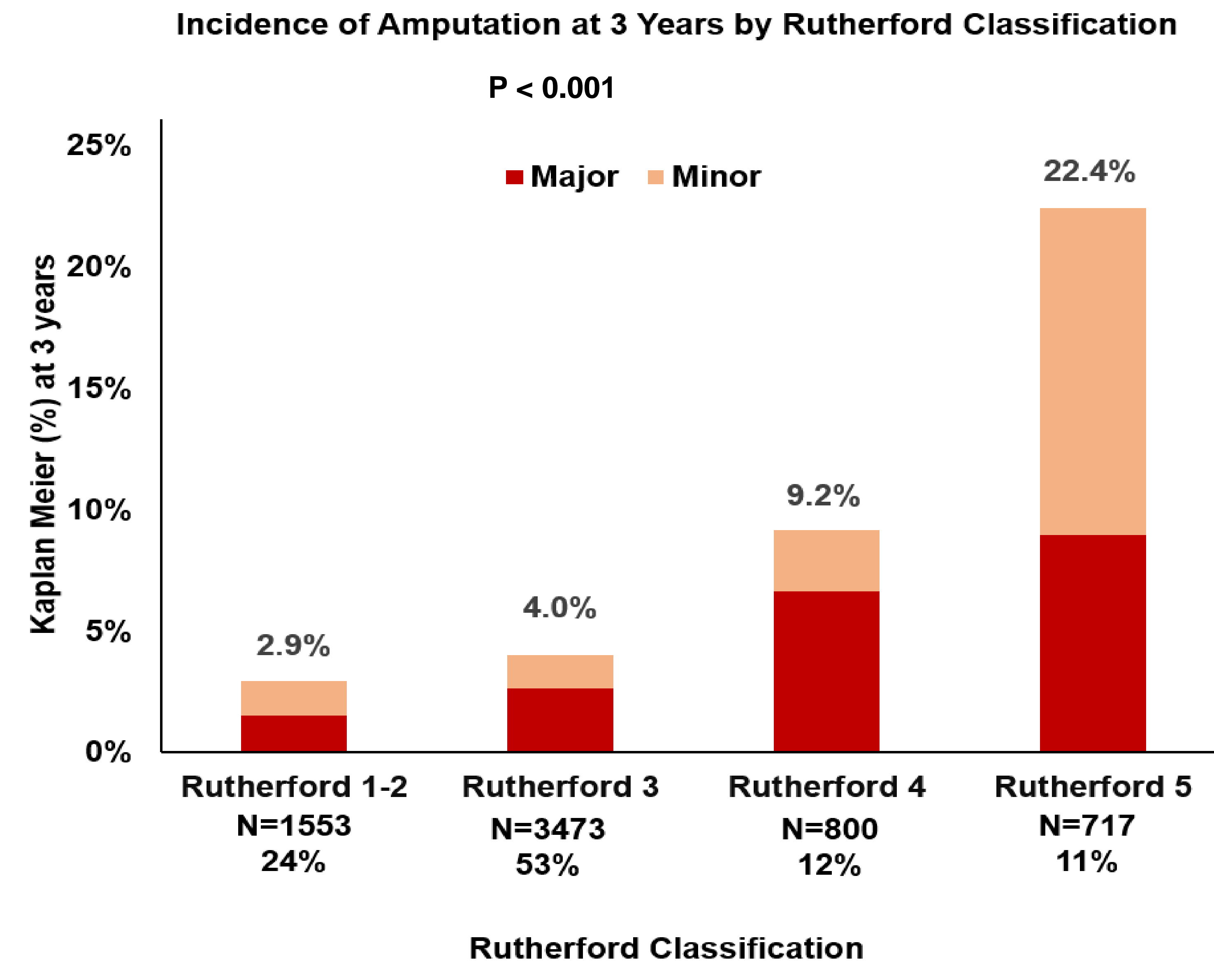
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BACKGROUND

- Peripheral artery disease (PAD) is chronic arterial occlusive disease of lower extremities
- Chronic limb threatening ischemia (CLTI) is a severe manifestation characterized by ischemic rest pain and ischemic ulceration/dry gangrene
- Amputation is a severe consequence of peripheral artery disease (PAD)



RESULTS



WIFI

	Ischemia - 0				Ischemia - 1				Ischemia - 2				Ischemia - 3			
W-0	VL	VL	L	M	VL	L	M	H	L	L	M	H	L	M	M	H
W-1	VL	VL	L	M	VL	L	M	H	L	M	H	H	L	M	M	H
W-2	L	L	M	H	M	M	M	H	M	H	H	H	M	H	H	H
W-3	M	M	M	H	M	M	H	H	H	H	H	H	H	H	H	H
	fl-	fl-	fl-	fl-	fl-	fl-	fl-	fl-	fl-	fl-	fl-	fl-	fl-	fl-	fl-	fl-
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3

Mills et al. SVS Lower Extremity Threatened Limb Classification... JVS

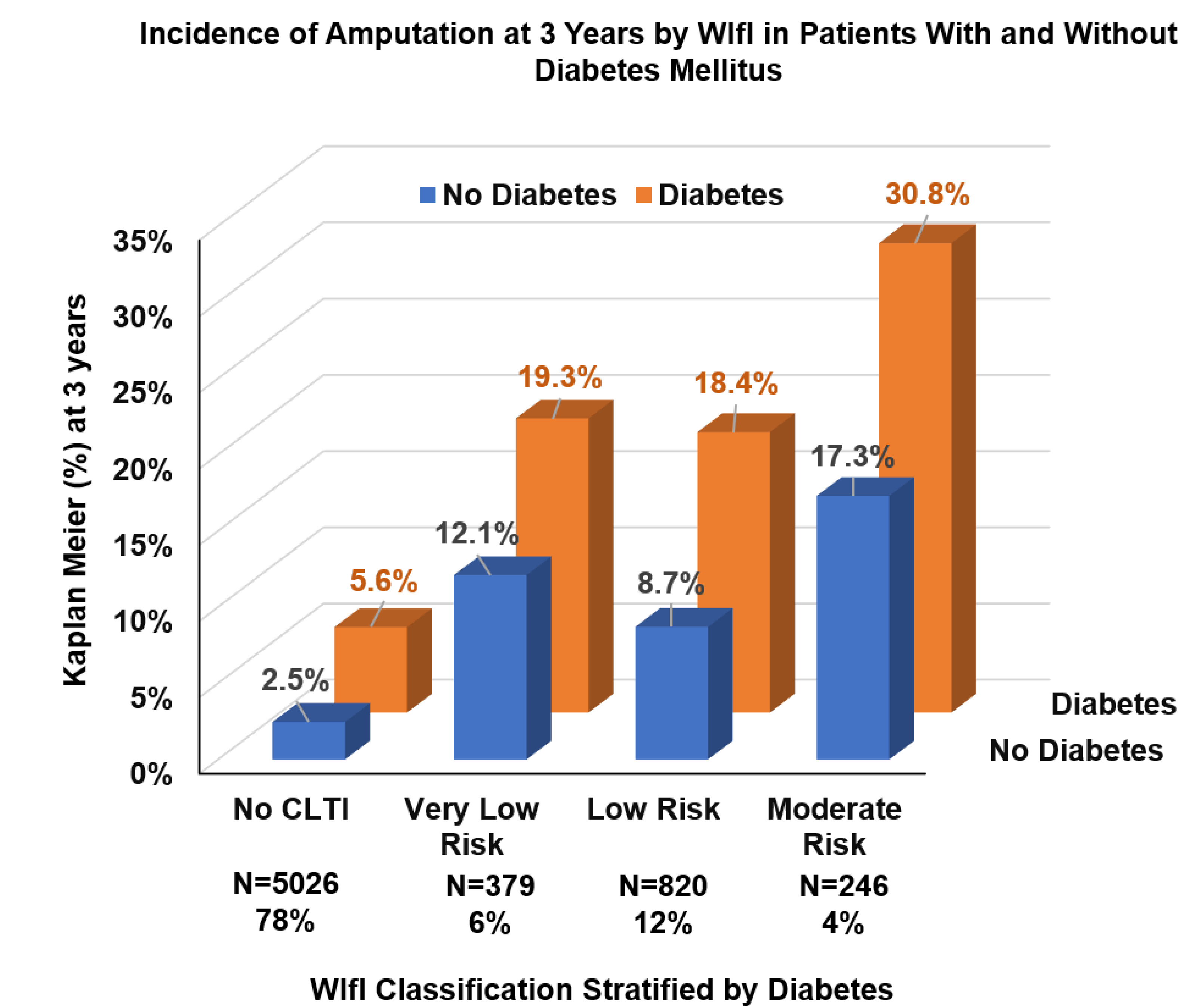
Rutherford

Stage	Signs and Symptoms
0	Asymptomatic
1	Mild claudication
2	Moderate claudication
3	Severe claudication
4	Rest pain
5	Ischemic ulcers of digits
6	Severe ischemic ulcers or gangrene

- Risk of amputation is associated with the Rutherford Chronic Limb Ischemia classification as well as the wound, ischemia, and foot infection (WIFI) grade in patients with PAD after lower extremity revascularization (LER)

METHODS

- The VOYAGER PAD trial randomized 6564 patients with PAD after LER to rivaroxaban 2.5 mg BID + ASA vs. placebo + ASA and followed for a median of 28 months
- Patients in the VOYAGER PAD trial were assigned a Rutherford Class by a trained investigator at baseline and follow up
- WIFI score was assigned based on protocol entry criteria; all foot infections were excluded based on trial protocol
- Incidence of the composite of first major or minor amputation through three years were calculated by risk group; RR of composite of major amp/ALI calculated by risk group



CONCLUSIONS

- In a recent large clinical trial of patients with symptomatic PAD post successful LER, high incidences of amputation were observed despite contemporary medical therapies suggesting systemic drivers of limb events
- Rutherford and Wifi both stratify risk
 - Those with Wifi "very low" risk still had high incidence of amputation
- Risk in those with diabetes was higher in each Wifi class suggesting that this clinical factor could be considered in risk stratification
- Rivaroxaban group had less risk of major amp/ALI at each Rutherford stage

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DISCLOSURES

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