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# Walking Impairment Questionnaire score change after lower extremity revascularization and outcomes in a modern cohort of **VOYAGER PAD trial**

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# Disclosure

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# Backgrounds

- The long-term natural course of changes in walking ability after lower extremity revascularization (LER) in peripheral artery disease (PAD) patients and their clinical impact have not been well studied.
- A previous study in chronic, stable PAD populations has shown an association between changes in Walking Impairment Questionnaire (WIQ) scores and clinical outcomes. However, this relationship has not been evaluated in patients following LER.

# Walking Impairment Questionnaire (WIQ) score

Walking distance	Degree of difficulty					Weight
	No difficulty	Slight difficulty	Some difficulty	Much difficulty	Unable to do	
1. Walking indoors (ie, around the home)	4	3	2	1	0	20
2. Walking 50 feet?	4	3	2	1	0	50
3. Walking 150 feet? (1/2 block)	4	3	2	1	0	150
4. Walking 300 feet? (1 block)	4	3	2	1	0	300
5. Walking 600 feet? (2 block)	4	3	2	1	0	600
6. Walking 900 feet? (3 block)	4	3	2	1	0	900
7. Walking 1500 feet? (5 block)	4	3	2	1	0	1500

**Walking distance score** =  $[(20 * \text{points for walking indoors}] + (50 * \text{points for walking 50 feet}) + (150 * \text{points for walking 150 feet}) + (300 * \text{points for walking 300 feet}) + (600 * \text{points for walking 600 feet}) + (900 * \text{points for walking 900 feet}) + (1500 * \text{points for walking 1500 feet})] / 14080 * 100$

Walking speed	Degree of difficulty					Weight
	No difficulty	Slight difficulty	Some difficulty	Much difficulty	Unable to do	
1. Walking 1 block slowly?	4	3	2	1	0	1.5
2. Walking 1 block at an average speed?	4	3	2	1	0	2
3. Walking 1 block quickly?	4	3	2	1	0	3
4. Running or jogging 1 block?	4	3	2	1	0	5

**Walking speed score** =  $[(1.5 * \text{points for walking slowly}) + (2 * \text{points for walking at average speed}) + (3 * \text{points for walking quickly}) + (5 * \text{points for running or jogging})] / 46 * 100$

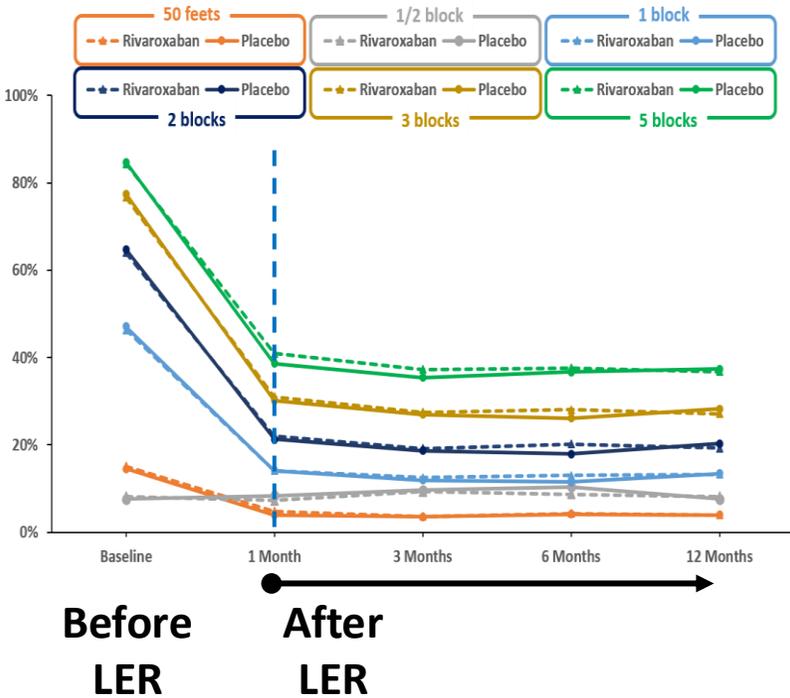
Stair climbing	Degree of difficulty					Weight
	No difficulty	Slight difficulty	Some difficulty	Much difficulty	Unable to do	
1. Climbing 1 flight of stairs?	4	3	2	1	0	1
2. Climbing 2 flights of stairs?	4	3	2	1	0	2
3. Climbing 3 flights of stairs?	4	3	2	1	0	3

**Stair-climbing score** =  $[(1 * \text{points for 1 flight of chair}) + (2 * \text{points for 2 flights of chairs}) + (3 * \text{points for 3 flight of chairs})] / 24 * 100$

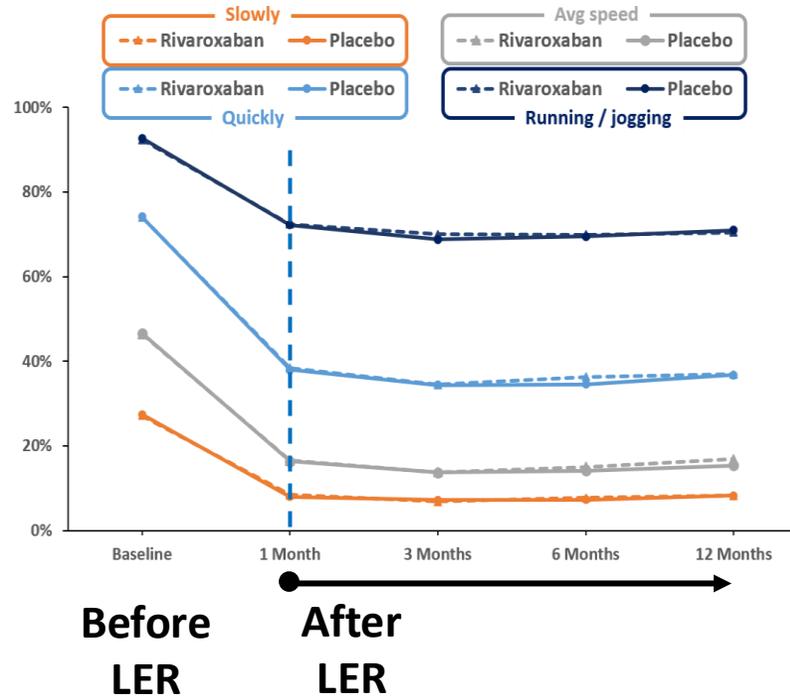
# Research Questions

## Proportion of Patients with Functional Impairment Before and After Revascularization Unable to do or Able with Much Difficulty

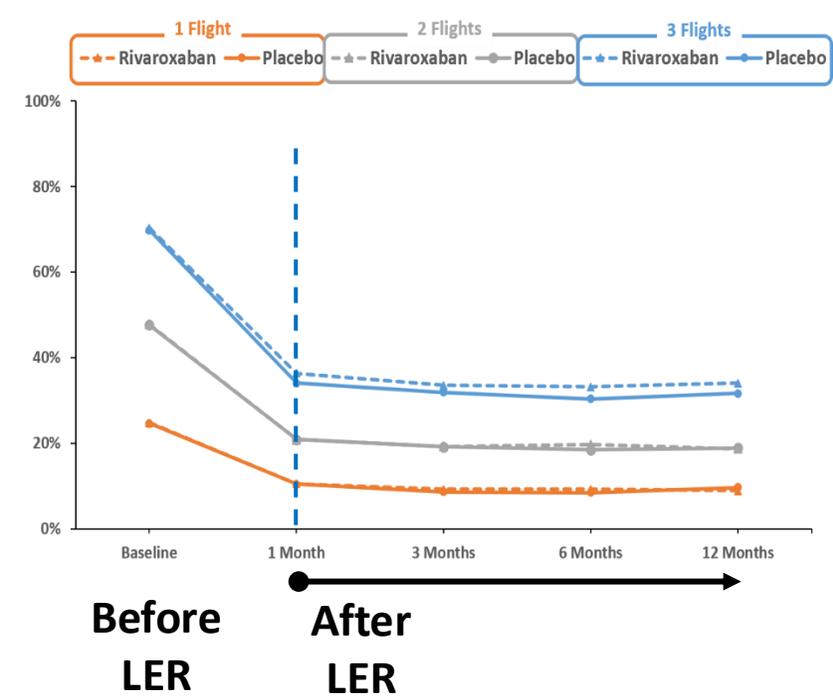
### Walking distance



### Walking speed



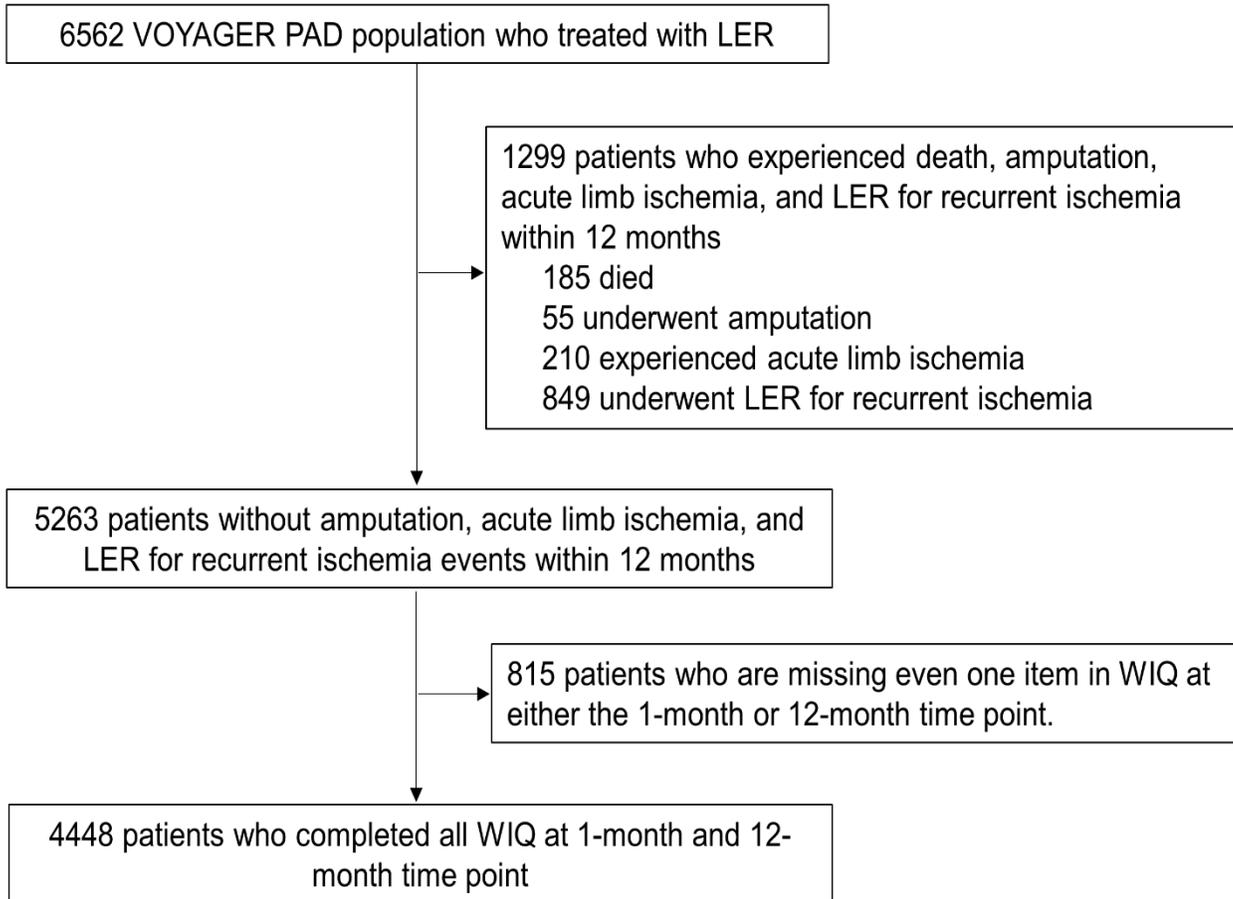
### Stair climbing



This study aimed to evaluate the association between functional changes during the first year after LER and subsequent clinical outcomes using a large, contemporary cohort from the VOYAGER PAD trial, especially focusing on patients who remained stable after the procedure.

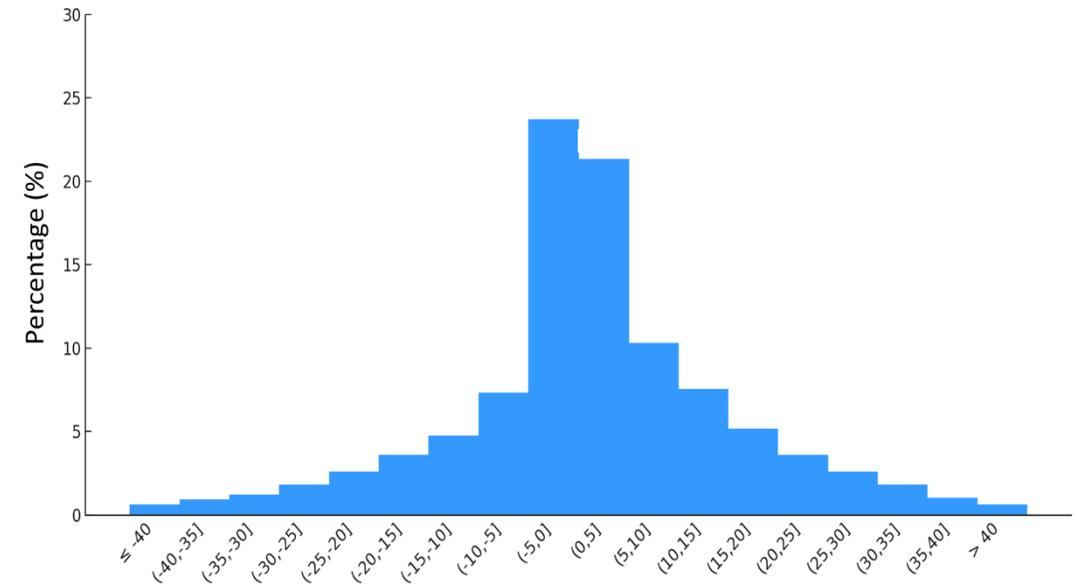
# Methods

## Selection of the study population

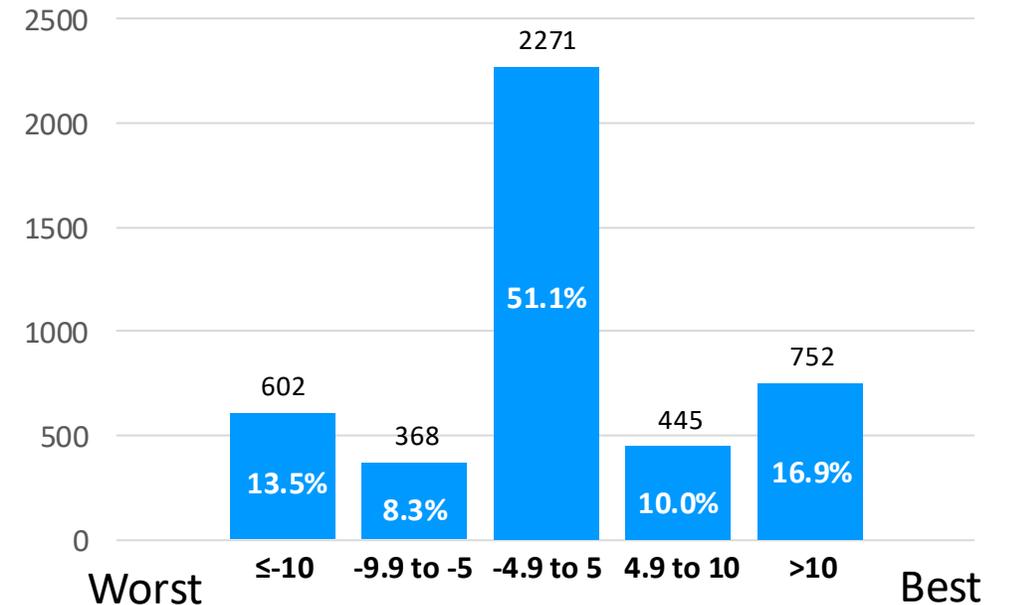


We calculated the change in total WIQ scores between 1 and 12 months

## Distribution of total WIQ score changes

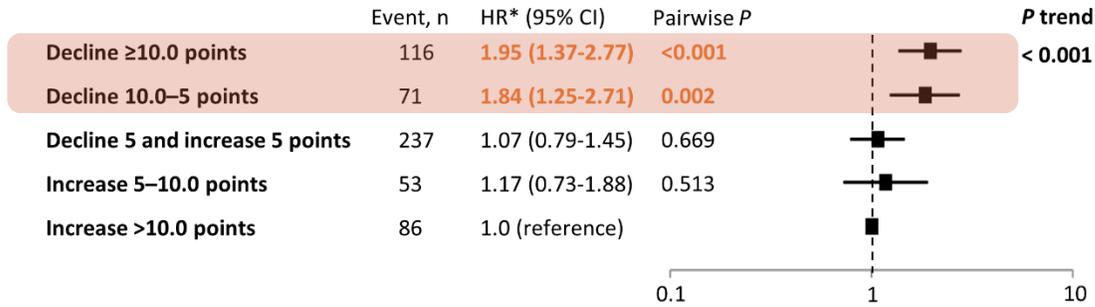


## Categories of total WIQ score changes

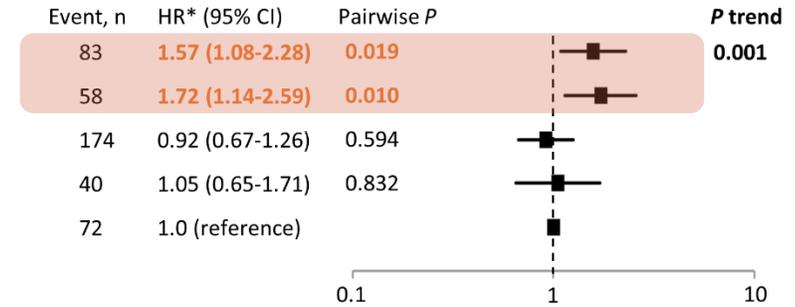


# Clinical outcomes according to total WIQ score changes categories

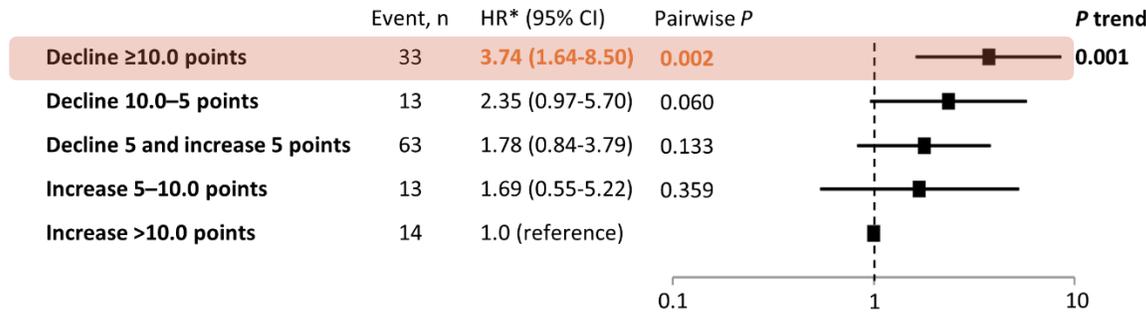
Primary efficacy outcome (Acute limb ischemia, major amputation for a vascular cause, myocardial infarction, ischemic stroke, or death from cardiovascular cause)



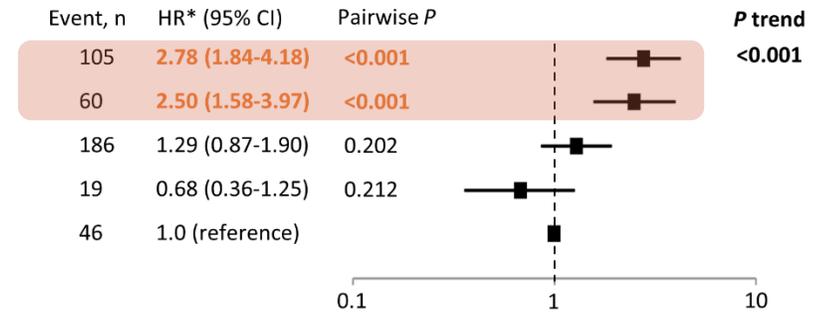
MACE (MI, Ischemic stroke, Death from cardiovascular causes)



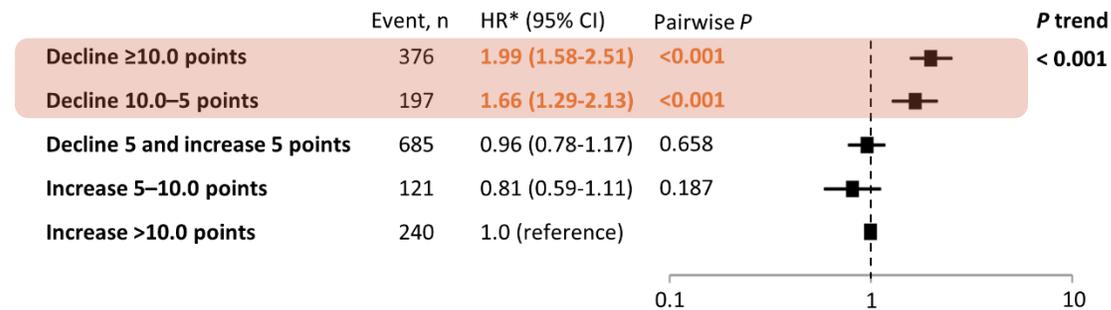
MALE (Acute limb ischemia and major amputation for vascular causes)



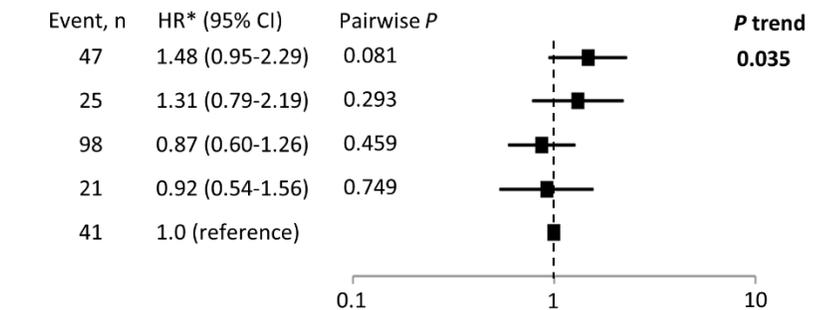
Unplanned index- limb revascularization for recurrent limb ischemia



Hospitalization for coronary or peripheral event of a thrombotic nature



Death from any cause



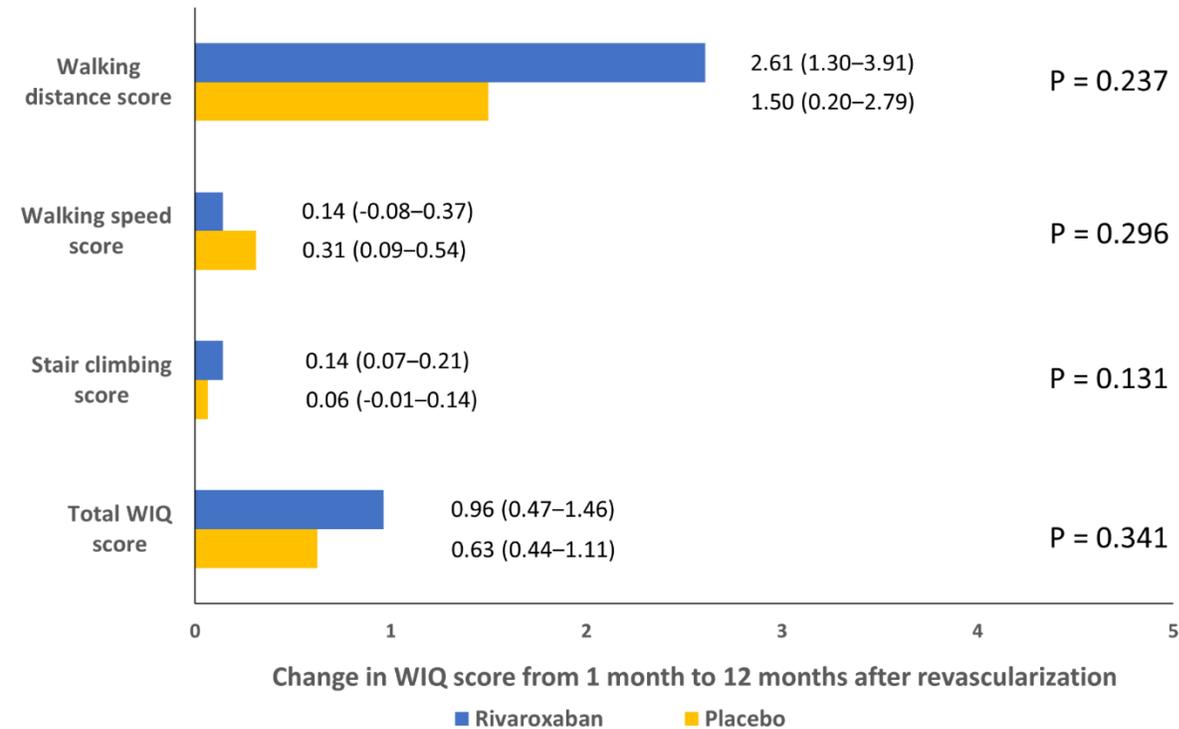
\* Adjusted for age, sex, body mass index, race, current smoking, hypertension, diabetes, chronic kidney disease, baseline ankle-brachial index, revascularization for critical limb ischemia, endovascular treatment, use of statin, use of angiotensin converting enzyme inhibitor or angiotensin receptor blocker, use of clopidogrel at randomization, and use of rivaroxaban

# Factors associated with a decline of $\geq 10$ points in the total WIQ score

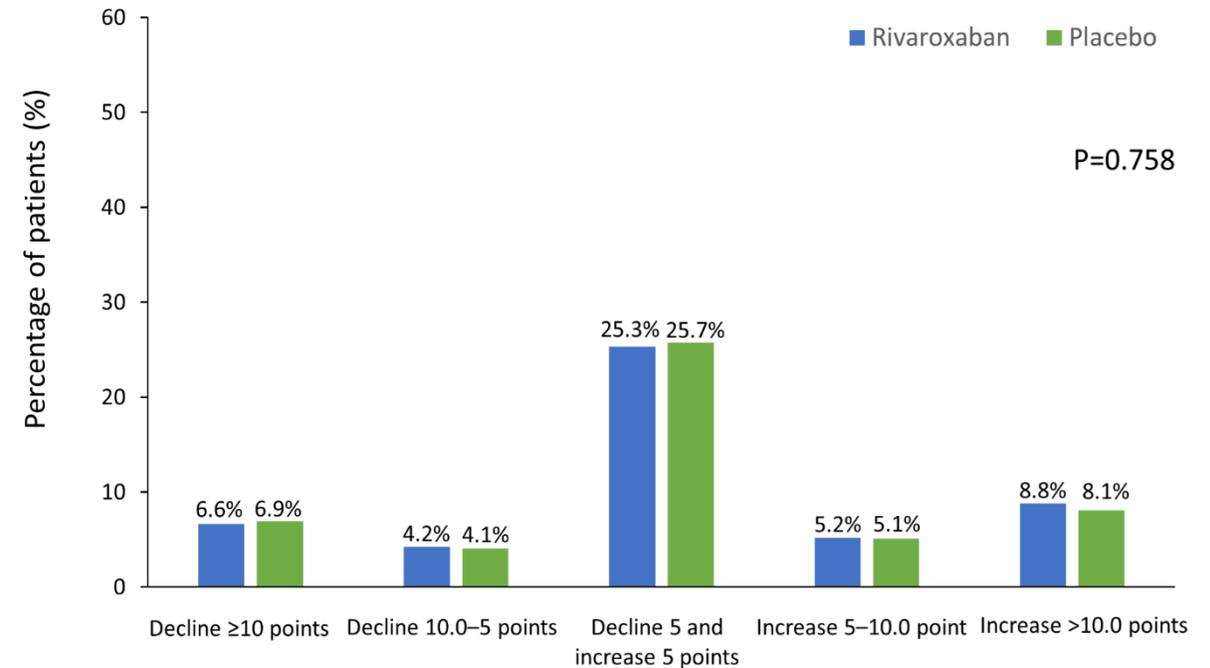
Characteristics	Unadjusted OR (95% CI)	P value	Adjusted OR (95% CI)	P value
<b>Age</b>	1.008 (0.997–1.018)	0.149	1.012 (0.001–1.024)	0.041
Female	0.965 (0.790–1.178)	0.725	0.916 (0.744–1.129)	0.411
BMI	1.023 (1.004–1.042)	0.019	1.016 (0.996–1.037)	0.111
Black race	1.550 (0.920–2.611)	0.100	1.392 (0.817–2.371)	0.223
Hypertension	1.139 (0.910–1.426)	0.255	0.969 (0.747–1.258)	0.814
Hyperlipidemia	1.154 (0.967–1.377)	0.112	1.012 (0.825–1.241)	0.909
<b>Current smoker</b>	1.143 (0.957–1.366)	0.140	1.254 (1.036–1.517)	0.020
Diabetes	1.122 (0.941–1.336)	0.199	1.015 (0.840–1.225)	0.881
Chronic kidney disease	0.986 (0.794–1.225)	0.899	0.889 (0.703–1.123)	0.323
<b>Symptomatic CAD</b>	1.330 (1.112–1.591)	0.002	1.278 (1.055–1.547)	0.012
Baseline ABI	1.822 (1.136–2.921)	0.013	1.397 (0.834–2.339)	0.204
<b>Rutherford grade 3</b>	1.353 (1.091–1.679)	0.006	1.384 (1.106–1.733)	0.005
Rutherford grade 4	1.079 (0.785–1.484)	0.638	1.214 (0.866–1.700)	0.260
Rutherford grade 5-6	0.964 (0.688–1.351)	0.833	1.084 (0.760–1.546)	0.657
Baseline total WIQ score	0.996 (0.988–1.004)	0.276	0.996 (0.988–1.004)	0.347
<b>Endovascular treatment</b>	1.456 (1.204–1.761)	<0.001	1.351 (1.073–1.702)	0.011
Use of statin	1.113 (0.893–1.387)	0.340	0.990 (0.773–1.268)	0.938
Use of ACE inhibitor or ARB	1.227 (1.023–1.472)	0.027	1.150 (0.934–1.416)	0.188
Use of rivaroxaban	0.984 (0.798–1.126)	0.543	0.946 (0.796–1.125)	0.530
Use of clopidogrel at randomization	1.275 (1.073–1.515)	0.006	1.072 (0.876–1.313)	0.501

# Effect of rivaroxaban on changes in functional ability.

Mean Changes in WIQ Scores from 1 month to 12 months after revascularization



Percentage of participants in each total WIQ score change category by treatment groups



# Conclusions

- In patients who remained event-free for 12 months after LER, declines in WIQ scores between 1 and 12 months were associated with higher risks of subsequent adverse limb and cardiovascular outcomes.
- These findings suggest that changes in walking ability during the stable post-LER phase may have prognostic value in PAD.
- The antithrombotic therapy with low dose rivaroxaban plus aspirin reduced thrombotic events but did not influence changes in WIQ scores, underscoring a disconnect between event prevention and functional recovery.