



# Vascular Medicine

## COMPARATIVE EFFECTIVENESS OF ENDOVASCULAR OR SURGICAL REVASCUARIZATION IN PATIENTS WITH CRITICAL LIMB ISCHEMIA: A META-ANALYSIS

Poster Contributions

Poster Sessions, Expo North

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Abstract Category: 35. Vascular Medicine: Non Coronary Arterial Disease

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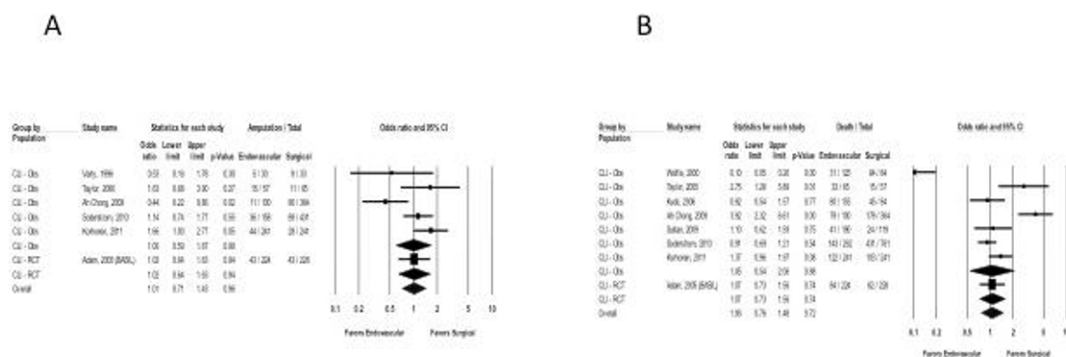
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**Background:** For patients with critical limb ischemia (CLI), the optimal revascularization method to preserve limbs, prevent death, and improve functional status is unknown. We systematically reviewed the literature assessing the comparative effectiveness and safety of endovascular and surgical revascularization in patients with CLI.

**Methods:** Two investigators screened each abstract and full-text article for inclusion, abstracted the data, and performed quality ratings and evidence grading. Random-effects models were used to compute summary estimates of effects.

**Results:** A total of 20 studies (1 randomized and 19 observational) in CLI patients evaluated the comparative effectiveness of endovascular and surgical revascularization therapies. Meta-analysis of the studies showed no difference in lower extremity amputation up to 3 years between endovascular and surgical revascularization [OR (95% CI); 1.01 (0.71-1.43),  $p=0.96$ ; Figure]. There was also no difference in all-cause survival after 3 years between revascularization strategies [OR (95% CI); 1.06 (0.76-1.48),  $p=0.72$ ; Figure].

**Discussion:** Comparative effectiveness data suggests that patients treated with an endovascular-first approach fare as well as patients treated with a surgical-first approach. There is a paucity of high-quality data available to guide clinical decision-making. More comparative effectiveness studies are required to determine the best initial revascularization strategy in patients with CLI.



**Panel A.** Effect of endovascular revascularization and surgical revascularization on lower extremity amputation with 2 to 3 years of follow up.

**Panel B.** Effect of endovascular revascularization and surgical revascularization on all-cause mortality with 3 years of follow up.