Conclusions: During the last two decades the natural history of medically treated No Option CLI has improved. Reduction in the AFS composite measure was predominantly influenced by mortality. A composite outcome which includes survival may blur the limb specific benefits of an intervention. The changing natural history data has important implications for power calculations and endpoint selection of future NOCLI trials.

Natural History of NOCLI

<table>
<thead>
<tr>
<th>Outcome (1 year)</th>
<th>Summary</th>
<th>Coefficient of &quot;final Year Recruitment,&quot;</th>
<th>p Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amputation</td>
<td>0.35 (0.25, 0.46)</td>
<td>-0.0252 (-0.0621, 0.0117)</td>
<td>0.157</td>
</tr>
<tr>
<td>Death</td>
<td>0.18 (0.09, 0.31)</td>
<td>-0.047 (-0.0982, 0.0014)</td>
<td>0.056</td>
</tr>
<tr>
<td>AFS</td>
<td>0.55 (0.40, 0.69)</td>
<td>0.052 (0.001, 0.104)</td>
<td>0.047</td>
</tr>
</tbody>
</table>

Author Disclosures: E. Benoit: Nothing to disclose; M. D. Iafrati: Nothing to disclose; G. Kitsios: Nothing to disclose; T. F. O’Donnell: Nothing to disclose.

PS136.
Variation in the Use of Invasive Revascularization for Severe Lower Extremity PAD in the Year Prior to Amputation
Philip P. Goodney¹, Nicholas H. Osborne³, Jack L. Cronenwett¹, Richard J. Powell¹, F. Lee Lucas², John D. Birkmeyer³, Elliott S. Fisher¹. ¹Section of Vascular Surgery, Dartmouth-Hitchcock Medical Center, Lebanon, NH; ²Center for Outcomes Research and Evaluation, Portland, ME; ³University of Michigan, Ann Arbor, MI

Objectives: Many believe limited access to vascular care represents a significant barrier in preventing lower extremity amputation. Therefore, we sought to describe the variation in vascular care obtained by patients with PAD during the year prior to amputation.

Methods: Using Medicare claims (2003-2006), we identified all patients with a diagnosis of PAD who underwent major lower extremity amputation (n=22,208) in each of the 304 hospital referral regions (HRRs) described in the Dartmouth Atlas of Healthcare. For each patient, we studied the use of revascularization procedures (bypass surgery or endovascular interventions) in the year prior to amputation. Our main outcome measure was the intensity of vascular care, defined as the proportion of patients in the HRR who underwent any revascularization procedure in the year prior to amputation.

Results: Overall, we studied 22,208 patients with PAD who underwent 29,559 major lower extremity amputations. In the year prior to amputation, vascular intensity varied across regions. In the regions in the lowest quintile of vascular intensity, lower extremity revascularization was rarely attempted in the year prior to amputation (1% of patients underwent bypass surgery, 1% endovascular interventions). Conversely, in the regions in the highest quintile of vascular intensity, revascularization was much more commonly performed in the year prior to amputation (49% of patients underwent bypass surgery, 48% endovascular interventions). Within quintiles of vascular intensity, regions tended to use bypass surgery and endovascular interventions similarly (Figure 1).

Conclusions: Dramatic disparities exist in the intensity of vascular care provided to patients in the year prior to amputation. In some regions, patients receive very intensive care, while in other regions, far less vascular care is provided. Future work is needed to determine the association between intensity of vascular care and outcomes in the treatment of patients with CLI.

Author Disclosures: J. D. Birkmeyer: Nothing to disclose; J. L. Cronenwett: Nothing to disclose; E. S. Fisher: Nothing to disclose; P. P. Goodney: Nothing to disclose; F. Lucas: Nothing to disclose; N. H. Osborne: Nothing to disclose; R. J. Powell: Nothing to disclose.

PS138.
Mid-Term Results of a Novel Regenerative Xenograft Vascular Patch
Alan Dardik¹, György Acsády², Lajos Mátyás³, Istvan Mogán⁴, Paul van Eijkelenburg⁵. ¹Department of Surgery, Yale University School of Medicine, New Haven, CT; ²Semmelweis University Hospital, Budapest, Hungary; ³Miskolc Hospital, Miskolc, Hungary; ⁴Szent Imre Hospital, Budapest, Hungary; ⁵St. Elisabeth Hospitaal, Willemstad, Netherlands Antilles

Objectives: Prosthetic patches are commonly used to close arteriotomies such as performed after carotid or femoral endarterectomy (FEA). Currently available synthetic patches typically have poor compliance and are prone to inflammatory infiltrates, contributing to long-term restenosis or pseudoaneurysm formation. We evaluated the performance of a novel acellular, uncross-