Lars Norgren, MD, PhD, FRCS

Dr. Norgren discusses the PAD 2009 meeting, his hopes for the field, and what's next for TASC II.

This year, you will lead the PAD 2009 meeting in Örebro, Sweden, May 12 and 13. What inspired you to establish this meeting, and what are its objectives this year?

As early as 1994, we started a cooperation between the UK and Sweden, soon also including the US, to discuss certain issues in vascular medicine, vascular surgery, and vascular biology. My colleagues and I organized this first meeting, Eurochap-94, in Sweden. Now, 15 years later, and after several meetings in this trans-Atlantic vascular medicine setting, and in an era of enormous technical developments, we think that—unlike many meetings—we should focus on expectations and requirements for the next 10 years. What research is needed, how could costs be met, who will pay? The implications for patients with peripheral artery disease are obvious because cardiovascular prevention is of the utmost importance, but also important is the management of symptoms, to what extent the walking restriction can and shall be treated by intervention, how the prognosis for critical limb ischemia should be improved, etc.

On this basis, we have invited keynote speakers from research organizations, regulators, and drug and device companies besides the vascular community to discuss such topics with the audience in plenary sessions. Speakers, and hopefully the audience, will come from the US, Europe, and other parts of the world.

What would you like to see happen in the field in the next decade?

I hope we could do more for patients with critical limb ischemia. Whether angiogenic therapy will become an alternative remains to be shown. The results of ongoing trials are eagerly awaited. More realistic is to say that I hope and even think that the awareness of peripheral artery disease will increase, in order to recognize its severity as a predictor for serious cardio- and cerebrovascular events, requiring prevention.

Do you anticipate there will be significant changes to the options available, or will the progress be limited to incremental advancements of current technologies?

If we look back, there has been a tremendous development in this area since the 1960s to 1970s, but still the steps have been rather small, except for the very specific Dotter breakthrough, the start of catheter technology. I do not believe the next 10 years will see any dramatic technical change but most likely better prevention and even more sophisticated catheter techniques. Should any real breakthrough be seen, it may be in the field of prevention of the development of atherosclerosis.

What makes me slightly worried is the fact that if open vascular surgery will be restricted to the very complicated cases, centralization of such cases is required, and in many countries, this will become problematic.

The TASC (Transatlantic Inter-Society Consensus) guidelines were revised to TASC II in 2007. What benefit have you seen as a result of these changes?

We have seen the "original" TASC being cited in more than 900 publications and realized that it has had some "harmonizing" effects on the management of our patients. The problem was that it was not recognized to any great extent by our referring colleagues in primary healthcare. That was the main reason to update and abbreviate into TASC II. This publication should create a basis for dissemination of the message in various countries to primary healthcare providers, general practitioners, etc. This is a process that goes on. Just 1 year has passed since the publication of TASC II, so let's wait a while to see what benefit will come out.

Can we expect the guidelines to change again within the next 10 years? Are there any changes that you believe are necessary?

As mentioned, the development is rapid. Small steps forward may mean that evidence increases, provided

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they are proven by relevant studies. We believe an update of TASC is required every 3rd to 4th year, based on present experiences.

Already at this stage, we have started one modification to be published separately. My colleagues have rightly commented that the TASC II chapter on interventions is not detailed enough to be useful for specialists because many lesions, classified C or even D, can be treated by catheter techniques—at least by centers of excellence.

A TASC IIb is therefore under preparation, and a Working Group meeting will be organized just after PAD 2009.

What would you like to see happen to the relationship among the public, physicians, industry, and the government to improve the treatment of peripheral artery disease (PAD)?

Concerning research, the number one issue is to make sure that the medical profession, research organizations, and industry cooperate. Allocation of resources is crucial, not least in these days of a severely damaged economy, if to prevent from steps backward.

As mentioned, for the patients, the awareness of the severity of PAD is a most important issue to be confirmed in everyday practice and not least in governmental advice. ■

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