

# Collaborative, Comprehensive CLI Treatment

In order to continue the advancement of critical limb ischemia (CLI) therapy, we must begin by recognizing the disease as a large-scale, global health concern reaching far beyond our practices and the regional trends affecting them. While the associated statistics may be alarming, the vascular community's resultant increased understanding of them has caused a palpable upswing in enthusiasm toward amputation prevention around the world. Vascular pioneers in many countries have led the way, with industry enthusiastically looking to support these efforts.

Our treatment options are constantly changing, but we must prove that they are actually evolving. Tools that may have worked in one setting do not necessarily work in another, placing vast significance in how we design and conduct clinical trials and how we evaluate data of all kinds. It is important that we share successes but also failures from our own cath labs. We can often learn so much more from our poor outcomes than our successes.

Existing data leave us with as many questions as answers regarding CLI therapy. But, these questions are based on the previous answers, so this will likely always be the case. There continue to be new results for us to evaluate and compare to our own experiences and those of our colleagues.

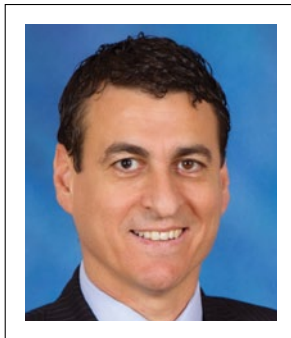
Today's ability to communicate these experiences quickly is allowing the field to advance more rapidly than ever. This development brings new opportunities, but also new challenges, ranging from expeditious device regulation and reim-

bursement to informed decision making for every patient and device.

With the aforementioned global focus in mind, *Endovascular Today* has asked the two of us to collaborate in providing a current look at care options and key lessons learned both in clinical trials and everyday experiences. Among the challenges of offering optimal CLI therapy is keeping track of successes and shortcomings using an increasing variety of options in practices around the world. *Endovascular Today's* continuing coverage of these therapies is aimed at assisting busy clinicians in their efforts to stay up to date. In addition to the experiences shared within this issue, we have also planned an interview series with our colleague Krishna Rocha-Singh, MD, on the key data from IN.PACT DEEP and how it will shape future CLI studies involving drug-coated balloons.

It is our obligation to offer the best care possible to every patient we see, as well as to educate those we may not ever meet (and their physicians). Our job is not only to save limbs, but also to improve lives, which is why wound care and informative follow-up are every bit as important as

that initial referral. To continue the momentum of endovascular intervention for limb salvage, we must prove our results in large-scale trials while responsibly exploring new possibilities in our own practices. Together, we can offer complete CLI therapy. There is far more to a successful outcome than what is achieved on the table, and some experiences are not measured in statistically significant terms. ■



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