

Amputation Prevention & Limb Preservation



It is my pleasure to present another edition of *Endovascular Today* almost entirely dedicated to critical limb ischemia (CLI). Last year, around this time, nearly all medical attention was focused on the COVID-19 pandemic.

After a year of dealing with this still ongoing pandemic, there are signals that we can return to “normality” soon, and this means that health care systems will be able to provide care to those patients who had to wait to receive the care they need. This also means that we need to get back to focus on a pandemic that has been around for a long time, one that has almost been forgotten amid the turmoil the COVID-19 pandemic has caused: CLI.

There are several signs that CLI is increasingly receiving the scientific and political attention it needs to save more limbs and more lives. An example of the increased scientific interest is the recently published American Health Association policy statement that aims to achieve a 20% reduction in nontraumatic lower extremity amputation by 2030. This issue features a brief summary of the paper, with comments from Cowriting Committee Chairs Mark A. Creager, MD, and Kunihiro Matsushita, MD. Initiatives like this can only be effective when there is proper political support that enables dedicated legislation and reimbursement for CLI treatment. The Amputation Reduction and Compassion (ARC) Act is an example of how to fight amputation via legislation, and congressman Donald M. Payne Jr discusses the ARC Act and initiatives of the PAD Caucus in this edition. Additionally, Mary L. Yost, MBA, shares her estimate of the current prevalence of peripheral artery disease (PAD), the impact of amputation on health care costs, and potential reimbursement changes.

Our focus on amputation reduction efforts also includes an expert panel sharing insights into the disparities in amputation rates in the United States. Foluso Fakorede, MD; Katharine L. McGinagle, MD; Lee Kirksey, MD; and Olamide Alabi, MD, explain why dis-

parities exist and suggest ways to effect change.

Also in our feature this month, Srinu Tummala, MD, et al focus on pedal artery revascularization with an overview of current data and suggested indications. Then, Nedat Katib, MBBCh, and Ramon L. Varcoe, MBBS, assess stent options and additional technologies for below-the-knee interventions, and an article by the undersigned will explore the usefulness of combined surgical and endovascular procedures in the treatment of CLI. Marianne Brodmann, MD; Edward Choke, MD; and Andrew Holden, MBChB, comprise a panel that provides perspectives on the role of drug-coated balloons below the knee, current challenges, and considerations for future trials.

This issue features contributions from around the globe, underscoring the fact that CLI is a global issue. Various government and societal initiatives are underway. Regarding legislation, the United States is on the right track, with Europe still lagging behind (due to the fact that in Europe, separate legislation is required for each country). As emphasized in the panel on disparities, it is important to approach the clinical problem of CLI with a multidisciplinary team. One of the proponents of such an approach is the CLI Global Society that has as its mission “to improve the quality of life by preventing amputations and death due to CLI” and does so by trying to break down the barriers between specialties and thus improving CLI patient care. Like the COVID-19 pandemic, the CLI pandemic requires a global approach.

This issue of *Endovascular Today* also features an interview with Germano Melissano, MD, in which he explains his efforts to grow Aortic Disease Awareness Day (the initiative to discuss all aspects of the human aorta online using the hashtag #aortaEd), as well as the STABILISE registry to study type B aortic dissection, and more.

I hope you enjoy this issue. ■

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Guest Chief Medical Editor