Argentinean Registry for endovascular treatment in lower limbs “RAdAMI”.
Inicial results.

RAdAMI group

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Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☒ I do not have any potential conflict of interest
RAdAMI Registry

- Argentinean Registry of Lower Limbs Angioplasty
- 1024 Patients
- Recruitment: 24 months
- Follow up: 12 months
- Intermittent Claudication (IC)
- Critical Limb Ischemia (CLI)
- Sponsors: SAC, CACI

SAC Argentinian Society of Cardiology
CACI Argentinian Association of Interventional Cardiology
Background

- Increasing prevalence.
- Risk factors increase.
- High variability in the treatment indication.
- Lack of definition in the treatment standards.
- Ongoing technology evolution.
- No weight of evidence of research studies.
- Encourage near future randomized trials.
Aims

• Clinical characteristics
• Technical strategies
• Angiographic and clinical results
• Salvage limb rate
• MACE and MALE after 6 and 12 months
### Clinical Characteristics

<table>
<thead>
<tr>
<th>Condition</th>
<th>%</th>
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<tbody>
<tr>
<td>Hypertension</td>
<td>84</td>
</tr>
<tr>
<td>Smoking</td>
<td>65</td>
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<tr>
<td>Diabetes</td>
<td>63</td>
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<tr>
<td>Dislipidemia</td>
<td>62</td>
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<tr>
<td>Obesity</td>
<td>27</td>
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<tr>
<td>Chronic Renal Insufficiency</td>
<td>12</td>
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<tr>
<td>Previous bypass surgery</td>
<td>7</td>
</tr>
<tr>
<td>Previous PTA</td>
<td>20</td>
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<tr>
<td>AAA</td>
<td>4</td>
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<tr>
<td>Coronary Disease</td>
<td>20</td>
</tr>
<tr>
<td>Stroke</td>
<td>25</td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
<td>4</td>
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</tbody>
</table>

#### Clinical Presentation

- **CLI**: 62%
- **IC**: 35%
- **Acute Ischemia**: 3%

**AI**: 3%
Clinical conditions

Rutherford classification

Rutherford 6
Rutherford 5
Rutherford 4
Rutherford 3
Rutherford 2

40%

Time until the intervention

IC
CLI

<1Month  Between 1 and 6 months  >6 Months
Diagnosis

Diagnostic methods

- Angio RM
- Angio TC
- ABI
- US
- Angiography

Affected territories

64% >1 territory

iLIAC  Fem-Pop  BTK  BTA

iLIAC  Fem-Pop  BTK  BTA

0 10 20 30 40 50
0 100 200 300 400 500 600 700 800 900
Medical treatment

**Intermittent claudication**
- Estatins 73%
- Aspirin 83%
- Clopidogrel 45.5%
- Cilostazol 60%
- Anti Hypertension drugs 72%
- Anti diabetics drugs 7.5%

**Critical Limb Ischemia**
- Estatins 65.5%
- Aspirin 86%
- Clopidogrel 38%
- Antibiotic 28%
- Anti Hypertension drugs 47%
- Anti diabetics drugs 70%
Endovascular treatment

Treatment strategy by territory

ILIAC
- BMS
- DES

FEM-POP
- BAILOUT 38% PLAIN BALLOON
- BAILOUT 20% DCB
- Plain Balloon
- Mimetic Stent

BTK
- DCB
- Covered Stent

BTA
- Plain Balloon
- DCB
Clinical evolution

Related to Rutherford classification

*528 patients have reached 12 months of FU, who were enrolled during 2017
Follow up

Re-intervention 12 months

- Endovascular: 14%
- Open: 5%

Major Amputations

- In-hospital: 4.5%
- 6 months: 10%
- 12 months: 1.5%

Death rate 6%

Limb Salvage rate 86.5%

*528 patients have reached 12 months of FU, who were enrolled during 2017
Conclusions

• Most of the interventions were performed in CLI
• The time until the intervention was prolonged specially in CLI.
• The use of non invasive diagnostic methods was very low.
• The highest percentage of reinterventions and major amputations occurred within 6 months.
• In our population the revascularization of the BTA territory was very low.
Thank you!
• Patients with CLI not always got any treatment in the BTK territory