Introduction to Expert Consensus Statements for Peripheral Interventions from The Society for Cardiovascular Angiography and Interventions

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The Peripheral Vascular Disease Committee (PVD Committee) for The Society for Cardiovascular Angiography and Interventions (SCAI) was challenged to develop appropriate use (AU) regarding intervention for aortoiliac, renal, femoropopliteal, and tibial arterial diseases. The scope of work was limited to catheter-based procedures and did not specifically include medical or surgical therapeutic alternatives. Clinical scenarios were described in which catheter-based intervention was classified as “appropriate,” “may be appropriate,” or “rarely appropriate.” These recommendations were based on best clinical and scientific evidence and the consensus of experts within the PVD Committee.

The writing committees were comprised of members with extensive clinical and interventional experience and commitment to the clinical management of patients with peripheral arterial disease (PAD). On completion by the writing committees, each manuscript underwent independent peer review before final approval by the PVD and Publications Committees of SCAI.

The effort to develop these manuscripts was intended to provide a concise, modern, focused, and unbiased review of each topic. The field of vascular medicine and intervention is based on a limited evidence-base. This becomes more evident and controversial as we move from renal to iliac to femoropopliteal to tibial arterial disease. As interventionalists need a current frame of reference, we have produced these “expert consensus statements.”

What value do these documents bring to the vascular community? These manuscripts provide a starting point as we work toward AU that are fully supported by the evidence. These recommendations will be challenged and may generate controversy, but hopefully this is a first step in the right direction to provide the practitioner with clinically relevant scenarios in which peripheral intervention appropriateness is the focus, and fosters a multispecialty approach to improved quality for our patients with PAD [1].

REFERENCE


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