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## **The 2017 ESC Guidelines on the Diagnosis and Treatment of Peripheral Arterial Diseases, in Collaboration With the European Society for Vascular Surgery (ESVS)**

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## EDITORIAL

# The 2017 ESC Guidelines on the Diagnosis and Treatment of Peripheral Arterial Diseases, in Collaboration With the European Society for Vascular Surgery (ESVS)

The Collaboration of the European Society for Vascular Surgery (ESVS) and the European Society of Cardiology (ESC) in new Guidelines for Peripheral Arterial Diseases (PAD) is new and very welcome.<sup>1</sup> The ESVS Carotid and Vertebral Guidelines have just been published<sup>2</sup> and, in this issue, the ESC & ESVS PAD Guidelines will highlight the evidence and views of this multidisciplinary collaboration of specialists in vascular disease in Europe today. As we stress here, these Guidelines emphasise the importance of the multidisciplinary “Vascular Team” in holistic management of these patients, including comprehensive cardiovascular preventive measures and integrated cardiac risk management of PAD patients.

Recommendations are provided in both Guideline documents and graded according to the ESC system. These include level of evidence (A, B, C) and the class of recommendation (I, II, III). Class I indicates general agreement on what is formally indicated, in Class IIa there is conflicting evidence or divergence of opinion, whereas, for Class IIb, usefulness is less well established and in Class III there is general agreement that a given treatment is not useful or may even be harmful. This system is now almost identical to the American Heart Association (AHA) grading system, facilitating future comparisons of Guideline recommendations between the USA and Europe.<sup>3</sup>

The ESVS Carotid and Vertebral Guidelines cover 64 pages and 475 references, with an in-depth focus on all issues regarding management of cerebrovascular disease, while the new ESC & ESVS PAD Guideline had the challenge to produce a single document of 50 pages (and 420 references) covering a much wider range of topics, including some of particular interest to cardiologists, but of definite importance to surgeons, such as the cardiac conditions other than coronary artery disease in patients with PAD (i.e. heart failure, atrial fibrillation, valvular heart disease and vascular access). Both Guidelines emphasise the importance of investigating multisite artery disease. Importantly, in the new ESC & ESVS document, PAD encompasses all the peripheral territories, covering carotid and vertebral, mesenteric artery disease, renal artery disease, as well as upper and lower extremity artery diseases.

The ESC & ESVS Guidelines address gaps in evidence as well as giving ‘To do and not to do’ messages, which may be of particular interest to non-vascular specialists or general practitioners. Where ESC covers antithrombotic drugs for a wide range of PAD, ESVS covers drug treatments for carotid and vertebral disease. Both Guidelines address the evidence for management of concurrent coronary and carotid disease, for carotid disease with major non-cardiac surgery and for occlusive disease of proximal common carotid and innominate arteries. The ESVS document takes more space to tackle newer issues which have become topical, such as the relationship (or not) of carotid disease to dementia, opportunities for future trials and, of course, the timing of carotid surgery, surgical techniques and complications that may occur.

## THE NEW ESC & ESVS PAD GUIDELINES — WHAT IS REALLY NEW?

This document replaces the ESC 2011 Guidelines on PAD, with some significant differences. There is downgrading of the previous indications for revascularization of asymptomatic carotid stenosis and inclusion of data indicating that revascularisation of carotid stenosis for CABG is mostly unnecessary; other differences include the ‘how to do it and in whom’ boxes, such as for PAD detection, the useful figures on antiplatelet therapy for carotid disease and PAD, a helpful section on when oral anticoagulation is indicated, a reminder that using treadmill walking tests for PAD is valuable, the ‘WIFI’ classification for assessing amputation risk and an update of the co-incidence of other vascular diseases for each disease territory, an example being ‘39%–61% of patients with more than 70% carotid stenosis have CAD’.

## WHO WILL READ EACH (OR INDEED BOTH)?

The cardiologist and vascular physician are well catered for in these new ESC & ESVS PAD Guidelines. The Surgeon will find it refreshing to see the evidence from their point of view, and can appreciate that, when cardiac disease is prevalent, close multidisciplinary collaboration is required to improve patient outcome. The neurologist and stroke interventionalist just might read both, since the European Stroke Organisation (ESO) endorses these new ESC/ESVS Guidelines. However, some interventionalists may be uncertain about their place in this new world — for example, should more cardiologists and surgeons provide acute endovascular interventions in PAD, or will they be constrained by local training requirements? Finally, this is a

unique document summarizing the evidence and the optimal management for all peripheral territories and from this standpoint, it should definitely interest any training physician or surgeon who wants to have all the information in one place, written by experts from both societies.

As a general rule for any ESC Guidelines document, this PAD Guidelines document has been reviewed (at least for Class I and III recommendations) by every National Cardiology Society prior to approval, but practice in every European Country is different — this has not been addressed, as Guidelines will not assess problems of European National Healthcare provision, which may be centrally- or Insurance-funded, driven by general practice budgets or by hospital profit. The ability of all European countries to provide the services described in these new Guidelines is uncertain. This should be our next aim in a new ESC & ESVS Collaboration — to provide standards for the care of patients with vascular disease in Europe, taking into account the regional differences in different countries. The ESVS and the ESC will join their efforts for a new joint endeavour — one aiming to improve delivery of the care recommended in these excellent Guidelines.

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