

Declaration of conflicts of interest

None

ESC Guidelines on the diagnosis and treatment of peripheral artery diseases

Closing Remarks

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The need for a holistic view of patients with atherosclerosis

- As cardiologists, we are confronted with PAD every day:
 - 1/3 of our patients with CAD present concomitant clinical PAD.
 - Among those without clinical PAD, an additional 1/3 also have asymptomatic PAD.
- We are solicited by other specialists to assess CV risk in patients with PAD:
 - Patients with PAD will mostly die from CAD.

ESC guidelines on PAD

- What *every* cardiologist should know about PAD
- General approach
- Site-by-site management
- Management of multisite artery disease: the most complexe situation

ESC guidelines on PAD

- A multidisciplinary TF team for a
 - Multisite disease
 - Multi- end-damage organs

→ « Vascular Team » including always a cardiologist.



Variable definition according to the presentation

Management of PAD

- Rapidly evolving field in cardiovascular medicine
- Updates will be necessary, probably starting by the revascularization techniques
- Many data in some fields, major gaps in others

PAD: major gaps in evidence

- Benefits of CEA/CAS in asymptomatic carotid disease *vs. current* BMT?
- Large trials still necessary in the management of RAS.
- In LEAD benefits of the combination of supervised exercise training and medical therapy are unclear.

PAD: major gaps in evidence

- *Specific* trials focused on patients with multisite artery disease are mandatory




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10 **Document covering atherosclerotic disease of extracranial carotid and vertebral, mesenteric, renal, upper and lower extremity arteries**

15 **The Task Force on the Diagnosis and Treatment of Peripheral Artery Diseases of the European Society of Cardiology (ESC)**

20 **Endorsed by: the European Stroke Organisation (ESO)**

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PAD

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AND TREATMENT OF PERIPHERAL
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