

BACKGROUND

- Lower extremity peripheral artery disease (PAD) is a complex condition that requires different interventions to:
 - mitigate patients' cardiovascular risk
 - improve their health status (symptom relief, function, and quality of life.)
- How patients with PAD value various treatment goals and outcomes is unknown

AIMS

- To document goals and preferences for PAD treatment outcomes in patients with PAD
- To identify variability among patients in values and preferences for PAD treatment outcomes

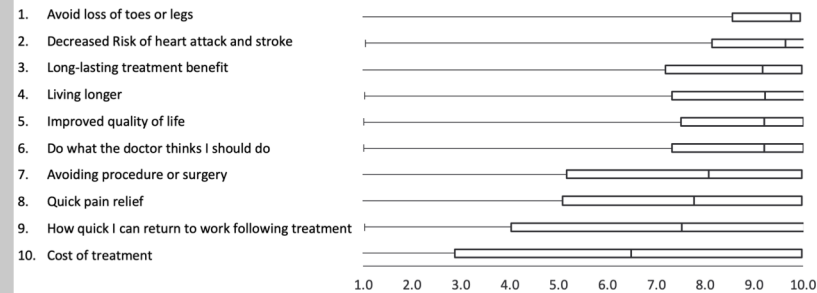
METHODS

- The PORTRAIT study¹ enrolled 797 patients in the US with new or worsening claudication symptoms at 10 vascular clinics
- For patients at select enrolling sites (N=281), we also elicited their priorities for 10 PAD treatment goal values (1=not at all important; 10=very important)

RESULTS

- Of the 281 patients, the mean age (\pm standard deviation [SD]) was 69.2 \pm 8.7 and 55.2% were male
- Treatment goals (Figure 1) received mean importance scores ranging from 6.5 to 9.8

Figure 1 – Box Plots of PAD Treatment Goal Importance Scores (1=not at all important; 10=very important); Vertical Line Indicates Mean Score, Box Indicates \pm SD, Whiskers Indicate Minimum and Maximum Scores



- While the top 5 treatment goals were all related to avoiding PAD progression, cardiovascular events, and obtaining symptom relief, individual patients varied in how much they valued each outcome
- Avoiding procedural risk, quick pain relief, returning to work, and treatment costs were generally prioritized lower
- Importantly, the range of prioritization across patients varied widely, particularly amongst the more intermediate outcomes of avoiding procedures, quickly obtaining symptom relief or returning to work, and costs

LIMITATIONS

- Goal and preference survey results were from select PAD specialty clinics and may not extend to other vascular clinics or generalize to the PAD population as a whole
- For US sites, only 35.3% (281/797) of patients in PORTRAIT were surveyed for PAD treatment goals and preferences

CONCLUSIONS

- Among patients with PAD, the most important goals were to avoid amputation and decrease cardiovascular risk, while the rapidity of symptom resolution and costs were relatively less important
- The variation in priority across patients underscores the importance of directly eliciting each patient's individual preferences to establish clear treatment goals and in selecting the most appropriate treatment strategy for that patient

REFERENCES

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DISCLOSURES

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