# **Peripheral Artery Disease in Black** Women: A Single Institution Experience

Molly Ratner MD, Moira McGevna BS, Bhama Ramkhelawon PhD, Karan Garg MD, Mikel Sadek MD, Thomas Maldonado MD, Glenn Jacobowitz MD, Caron Rockman, MD.

# BACKGROUND

There is a paucity of literature examining outcomes in black women, specifically. The aim of this study is to examine the outcomes in black women who underwent an endovascular first approach.

# **METHODS**

The Vascular Quality Initiative was queried between 2013-2022. Preoperative risk factors, perioperative morbidity/mortality were collected. Time between index intervention and ipsilateral intervention or amputation was calculated.

Baseline Comorbidities (Table I) - 161 patients met inclusion criteria - Preoperative medications: 57.1% were on aspirin and 66.5% were

- on a statin.
- anterior tibial (16%) arteries.
- 6.1% re-thrombosed within 30 days.

Long Term Follow-up: - Median follow-up: 374 days

- Mean change in ABI: 0.06 +/- .27
- days.

Black women had high rates of known atherosclerotic risk factors, despite many not receiving appropriate primary prevention. Patients tended to present with late-stage disease (i.e. CLTI). Although technical success rate was high, over one-third of patients required reintervention and 10% of patients experienced a major adverse limb event, most within a year. Our findings reinforce the importance of aggressive primary prevention and improved early access to care.

# RESULTS

- Most frequent indications for intervention: chronic limb threatening ischemia (58.4%), claudication (27.3%).

- Most frequently treated arteries: superficial femoral (27%) and

- Technical success od the index operation: 93.4% of cases

- Sixty-four patients (39.8%) required ipsilateral reintervention with median time to reintervention of 145 days.

- Rate of MALE was (10%) with a median time to amputation of 71

# CONCLUSION



Variable	Absolute Number (%)
Age	67.5 +/- 13.4
Body Mass Index	27.6 +/- 6.7
Elective	149 (92.5%)
Cerebrovascular Disease	40 (24.8%)
Coronary Artery Disease	40 (24.8%)
Coronary Artery Bypass Graft	10 (6.2%)
Percutaneous Coronary Intervention	27 (16.8%)
Congestive Heart Failure	21 (13.1%)
Dysrthymia	11 (6.8%)
Diabetes	100 (62.1%)
End Stage Renal Disease (on dialysis)	27 (16.8)
Calciphylaxis	4 (2.5%)
Hypertension	142 (88.2%)
Hyperlipidemia	102 (70.3%)
Active Smoking	56 (34.8%)
Prior Smoking	32 (19.9%)
Autoimmune Condition	27 (16.8%)
Inherited Hypercoagulability Condition	15 (9.3%)
Preoperative Medication	
Aspirin	92 (57.1%)
Anticoagulation	25 (15.5%)
Anti-platelet	48 (29.8%)
Statin	107 (66.5%)
ACE/ARB*	71 (44.1%)
Cilastazol	7 (4.3%)
Betablocker	54 (33.5%)
Prior Lower Extremity Intervention**	47 (30.1%)
Prior Lower Extremity Amputation	22 (13.7%)
ABI (R)	0.73 +/- 0.3
ABI (L)	0.75 +/- 0.3

\*\*Angiotensin-Converting Enzyme Inhibitor or Angiotensin II Receptor Blocker \*\*defined as either peripheral vascular intervention, bypass or endarterectomy

### **NYU Langone** Health **Division of Vascular** Surgery

# TABLE I

#### The authors have no conflicts of interest to report.