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Embargoed for release until 4:58 p.m. ET, Monday, January 18, 2010

WOMEN MORE LIKELY THAN MEN TO AVOID AMPUTATION AFTER MINIMALLY INVASIVE THERAPY FOR BLOCKED LEG ARTERIES

AT A GLANCE

- Women with below-the-knee artery blockages fare better than men when treated with minimally invasive endovascular therapy.
- Two years after endovascular treatment, 88 percent of women avoided amputation compared to 83 percent of men, according to a study of 277 patients.
- About eight million Americans suffer from peripheral arterial disease (PAD), which can cause blocked arteries in the lower legs and in extreme cases lead to amputation.

HOLLYWOOD, Fla. – Women who are at risk of lower-leg amputation fare even better than men when they have minimally invasive treatment to open up the blocked arteries causing the problem, suggest results of a study being presented at the 22nd annual International Symposium on Endovascular Therapy (ISET).

Two years after receiving endovascular treatment – including angioplasty, stenting and atherectomy – nearly nine out of 10 (88 percent) of women in the study had avoided amputation, versus 83 percent of men.

“This study is the first to compare the outcomes of men and women being treated for blocked lower-leg

arteries with endovascular therapy,” said Tejas Shah, M.D., research fellow at Mt. Sinai Medical Center, New York. “The results suggest endovascular therapy should be strongly considered in women with blocked arteries below the knee.”

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The retrospective study involved review of all such procedures that took place at Mt. Sinai between July 1999 and November 2009 and included 152 men and 125 women. After two years, 46 percent of treated leg arteries in women remained open, compared to 30 percent in men. However, women experienced higher rates of blood clots forming at the access site of the treatment: nine percent of women vs. 0.6 percent of men experienced clotting, which is treated with blood thinners and may require a longer stay in the hospital.

Narrowed and blocked leg arteries are a common symptom of peripheral arterial disease (PAD). Like heart arteries, leg arteries can become clogged by plaque (fatty deposits) that slows or stops the flow of blood. About eight million Americans have PAD, according to the American Heart Association. PAD can cause pain while walking and, in extreme cases, lead to gangrene and the need for amputation of the toes, feet or legs, or even death.

These blockages can be treated several ways, including bypass – involving major surgery, lengthy incisions and general anesthesia – or minimally invasively by endovascular therapy. Several types of endovascular therapy are based on conventional balloon angioplasty in which a small cut is made in the groin and a thin tube, called a catheter, is advanced through the arteries to the site of the blockage in the legs. A tiny balloon is advanced to the blockage through the catheter and then inflated, compressing the plaque against the artery wall and opening the artery to allow better blood flow. In some cases, a tiny cage, called a stent, is left behind, which acts like scaffolding to keep the arteries propped open. Another method, called atherectomy, involves cutting out or vaporizing the plaque.

In the study, 104 men and 102 women had angioplasty alone, 29 men and 20 women had angioplasty and stenting and 48 men and 26 women had atherectomy. Some patients had more

than one blockage treated. There was no difference in results between the various forms of endovascular therapy.

The International Symposium on Endovascular Therapy (ISET) is attended by more than 1,200 physicians, scientists, allied professionals and industry professionals from around the world. The meeting pioneered the use of live cases to promote the multidisciplinary treatment of cardiac and vascular disease by endovascular means. ISET is presented by the Baptist Cardiac & Vascular Institute, Miami. ISET 2010 is taking place Jan. 17-21 near Miami Beach, Fla. For more information, visit www.ISET.org.

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Editor's note: Study numbers are current as of January 12, 2010 and may change upon presentation at the ISET meeting.

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