

Press Release

Latest Update to TASC II (Inter-Society Consensus for the Management of Peripheral Arterial Disease) Is Published in the *Journal of Endovascular Therapy*

Los Angeles, CA (August 3, 2015). The *Journal of Endovascular Therapy (JEVT)*, official publication of the INTERNATIONAL SOCIETY OF ENDOVASCULAR SPECIALISTS (ISES), announces that it is today publishing the latest update of the Inter-Society Consensus for the Management of Peripheral Arterial Disease (TASC II),¹ an internationally recognized set of guidelines for the management of patients with peripheral arterial disease (PAD).

Originally published in 2000, the TASC document represents the collaboration of international vascular specialties involved in the treatment of PAD patients. One highly utilized aspect of the TASC guidelines is the TASC anatomic artery lesion classification (A–D), which characterizes the various patterns of disease and provides guidance on treatment decisions regarding the optimal revascularization strategy (endovascular vs surgical). The TASC II guidelines published in 2007 included a revision of the original TASC classification for PAD, with a focus on the aortoiliac and femoropopliteal territories.

Since the publication of the TASC II document, a number of scientific publications and observational reports have documented the rapid adoption of endovascular therapy as a primary strategy for the treatment of symptomatic PAD. The overall result is that there has been an increase in the adoption of the endovascular-first strategy for even the most complex anatomies. This shift was not clearly reflected in TASC II. In addition, the TASC II lesion classification did not include the infrapopliteal arteries, which was an important omission given today's expanding technologies and techniques for catheter-based tibial and distal interventions for patients with critical limb ischemia. Thus, the focus of the TASC II supplement published today in the *JEVT* is to update the endovascular and surgical revascularization strategies and techniques for PAD and to expand the TASC lesion classification to include below-the-knee arteries. The document has been prepared in relationship with a number of vascular societies worldwide and has been endorsed by the ISES.

According to Dr. George A. Antoniou of the Royal Liverpool University Hospital, whose commentary² accompanies the TASC II supplement, "The treatment of PAD has seen dramatic evolutionary changes over the past decade. Updates of literature, techniques, and practices by expert committees are an essential tool to facilitate and guide clinical practice." Given the worldwide importance of this TASC II supplement, the article is being co-published with permission of the authors and SAGE in the following journals: *Vascular Medicine*, *Catheterization and Cardiovascular Interventions*, *Annals of Vascular Diseases*, *Journal of the Japanese College of Angiology* (Japanese translation), and *Técnicas Endovasculares* (Spanish translation).

To support physician education and patient care worldwide, access to the TASC II supplement is open to everyone on the *JEVT* website (www.jevt.org).

References

1. The TASC Steering Committee. An update on methods for revascularization and expansion of the TASC lesion classification to include below-the-knee arteries: a supplement to the Inter-Society Consensus for the Management of Peripheral Arterial Disease (TASC II). *J Endovasc Ther.* 2015;22:657-671. DOI: 10.1177/1526602815592206
2. Antoniou GA, Ibrahim R, Ahmad N, Torella F. TASC II anatomic classification for infrapopliteal arterial disease: a framework for clinical practice and future research. *J Endovasc Ther.* 2015;22:672-674. DOI: 10.1177/1526602815596723

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