

SVS Position Statement Comparative Effectiveness Research in Vascular Disease Management

Overview

The Society for Vascular Surgery (SVS) applauds the recent federal commitment to improving the lives of patients through studies to determine the most effective treatments for a broad range of medical conditions. Attention to health care cost containment is essential to maintain the superiority of our health care system. In view of the rapid growth of the elderly population, the demographic segment in whom vascular disease predominates, we believe that vascular disease represents a very important area for objective research. Currently, 12 million Medicare beneficiaries are being treated for peripheral arterial disease at a cost of approximately \$151 billion. Therefore, the SVS fully endorses the concept of comparative effectiveness research, has a demonstrated record of expertise and commitment to this process, including defining and publishing peer-reviewed practice guidelines, and is eager to participate actively in the design and implementation of these studies as they relate to vascular ailments.

The SVS endorses the full evaluation of all clinical options for the treatment of vascular disease, to ensure that the highest possible quality of care is available to patients. The SVS believes that comparative effectiveness initiatives in vascular disease should begin by addressing these areas of priority:

- **Carotid disease.** Stroke is the third leading cause of death, the second leading cause of dementia, and the leading cause of adult disability in the United States. Further, the prevalence of stroke increased exponentially among those over the age of 65, and especially those over age 75, the fastest growing segment of the population. Carotid artery occlusive disease is a common and preventable cause of ischemic stroke. Large randomized controlled trials have previously established the appropriate indications for carotid endarterectomy. However, evolving and improving medical therapy and the introduction of endovascular carotid angioplasty and stenting have complicated the question of the optimal treatment for the patient with carotid artery disease; especially in individuals with asymptomatic carotid stenoses. Objective research is clearly needed in this area.
- **Lower extremity occlusive disease.** In recent years we have witnessed the rapid development and adoption of minimally invasive and expensive technologies to treat lower extremity arterial disease despite a paucity of critical data supporting clinical effectiveness and cost efficacy. This has led to an environment where patients and providers are not sufficiently informed to decide what the best and most cost effective treatment modality is in a particular case. The SVS believes that non-operative, endovascular and operative treatment strategies should be closely examined within the context of comparative effectiveness.
- **Venous Disease.** The treatment of venous reflux and obstructive disease represents an understudied aspect of venous disease, and yet in recent years we have seen an exponential growth in the performance of minimally invasive new technologic procedures to treat this very common clinical disorder. The importance of venous disease as a topic of study lies in its prevalence and overall lack of high-quality comparative data. In addition, patients with venous disease represent a younger cohort compared to those with arterial disease. These patients often suffer from substantial morbidity that likely carries a significant societal burden with lost work days and long-term disability.

The role of the SVS

To help promote an understanding of comparative effectiveness research among clinicians, the SVS commits to:

- providing formal education to its members about comparative effectiveness research so that vascular surgeons can participate in such studies and successfully use the results to improve patient care;
- continuing development of practice guidelines, reporting standards, and quality measures that can form the foundation of comparative effectiveness research;
- urging the publishers of vascular studies to embrace the methodologies of comparative effectiveness research and insist that research papers be based on high quality evidence;
- studying the role of comparative effectiveness research in maintenance of certification activities;
- working to ensure that the Vascular Registry contains data elements conducive to comparative effectiveness research;
- encouraging open dialogue with other professional societies regarding comparative effectiveness initiatives;
- working with payors to document and promote comparative effectiveness research; and to
- working with the medical industry to establish guidelines for studying clinical and cost efficacy of new technologies and treatments.

Conclusion

The SVS supports the promotion of high quality data-driven vascular care. We believe that comparative effectiveness research plays an important role in the development of a more sustainable American health care system and can significantly improve the health of patients, their families, and their communities. We believe that collaboration between practitioners and payors, including the federal government, is appropriate and essential to conducting the necessary high quality research to optimize patient care in the future in the most cost effective fashion. The SVS is uniquely poised to lead in this process.