

Aterotrombosi e Tromboembolismo arterioso: aspetti clinici

THE START-SIAPAV-PAD REGISTRY: RATIONALE, STUDY DESIGN AND BASELINE CHARACTERISTICS OF AN ITALIAN MULTICENTRE REGISTRY

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Background. Peripheral artery disease (PAD) is a common and clinically heterogeneous manifestation of systemic atherosclerosis, PAD reflects systemic atherosclerotic burden and confers high cardiovascular morbidity and mortality rates. In Italy, contemporary real-world evidence on diagnostic pathways, adherence to GDMT, use of revascularisation strategies, and on long-term outcomes remains fragmented. Heterogeneous patient pathways, involvement of multiple specialties, and limited number of high-volume centres reduce the feasibility of adequately powered randomised clinical trials across the full clinical disease spectrum. Thus, prospective observational research is essential to generate high-quality, generalisable evidence to guide everyday practice. The START-SIAPAV-PAD registry was designed to describe characteristics, management and clinical history of patients with PAD in Italy. Baseline characteristics and treatment are here reported

Methods. START-SIAPAV-PAD is a prospective, multicentre, observational registry enrolling consecutive adults with objectively documented symptomatic PAD managed at 20 Italian Vascular centres. Standardised electronic case-report forms collect demographics, risk factors, comorbidities, haemodynamic parameters, vascular anatomy, medical therapies. Follow-up is planned for a minimum of 3 years. PAD severity is classified according to the Leriche–Fontaine scale, and risk-factor targets follow the 2024 ESC guidelines

Results. The present analysis includes 517 patients (72.0% male; median age 71 years) with a high prevalence of hypertension (79.2%), dyslipidaemia (85.0%), diabetes (36.9%), smoking (96.1% current or former) and chronic kidney disease (21.2%). Nearly half reported a walking distance <200 m, 77.5% had a resting ankle–brachial index ≤0.80, and 17.2% presented with Leriche–Fontaine stage IV. Femoropopliteal disease was most frequent (69.8%), with multilevel involvement in 43.4%. Previous revascularisation was common, major amputation was rare. LDL-cholesterol targets (<55 mg/dL) were achieved in 27.9% despite lipid-lowering therapy in 82.1%. Dual pathway inhibition, advanced lipid-lowering therapies, supervised exercise and structured smoking-cessation programmes were insufficiently adopted.

Conclusions. In a population with advanced PAD and multiple risk factors we observed a substantial gap between guideline recommendations and real-world practice. Longitudinal follow-up will assess outcomes and opportunities to improve PAD management