

This document is written in response to a recent article published in the New York Times on July 15, 2023, regarding healthcare and limb loss. The Critical Limb Ischemia (CLI) Global Society is a nonprofit, multidisciplinary membership-based organization of healthcare providers committed to amputation prevention, thereby improving the lives of patients suffering from critical limb ischemia, the most severe form of peripheral arterial disease (PAD). CLI is a devastating manifestation of atherosclerosis that affects the lower extremities. The Society's mission is to **"improve quality of life by preventing amputations and death due to critical limb ischemia"** worldwide through patient advocacy, education, and awareness of the problem. The mission is reinforced on the Society [website](#), in published annual reports, and in all associated scientific presentations.

CLI is a severely underdiagnosed and undertreated disease with a significant risk of amputation and mortality. It is estimated between 1 and 3 million Americans suffer from CLI<sup>1</sup>. Left untreated, CLI can lead to non-healing wounds, gangrene, amputations, and eventually death. 60% of patients who undergo amputation due to PAD or CLI die within two years, surpassing the five-year mortality rate for patients with breast, colon, and prostate cancer<sup>2</sup>.

The Society was formed in January 2016 to address the unmet clinical needs of patients with CLI and advocate for increased awareness and emphasis on this disease state. We are not focused on the entity of claudication, which is a manifestation of a less advanced form of PAD. The multidisciplinary leadership and membership include Vascular Surgeons, Interventional Cardiologists, Interventional Radiologists, Vascular Medicine Specialists, Podiatrists, Wound Care Specialists, Allied Health Professionals, and other healthcare providers committed to improving the outcomes of CLI, including disparities in care based on race, economics, and gender, to enhance limb preservation and reduce mortality in all patients with this disease.

The Society collaborates with like-minded organizations that share an interest in improving the lives of patients with CLI. We strongly desire to aggregate various backgrounds, perspectives, and experiences to address patient access to care, diagnosis, treatment, and outcomes to improve patient care and prevent amputations globally.

Important statistics about CLI:

- Patients from racial and ethnic minority groups experience higher incidence and worse outcomes of PAD, with 2 to 5 times higher amputation rates than white patients.<sup>3</sup>
- An estimated 300 non-traumatic amputations occur every day in the United States.<sup>4</sup>
- 85% of amputations due to CLI could be avoided.<sup>5</sup>
- 51% of patients undergoing primary major amputation for CLI receive no previous attempts at revascularization to preserve the limb.<sup>2</sup>
- Up to 61% of patients die within 2 years of undergoing an amputation for CLI.<sup>2</sup>
- Up to 78% of patients die within 4 years of undergoing an amputation CLI.<sup>2</sup>
- Only one-third of patients with CLI are prescribed optimal medical therapy.<sup>6</sup>
- Successful revascularization with bypass surgery or minimally invasive techniques doubles patient survival compared to amputation.<sup>7</sup>

- Major and minor amputation rates have increased by 50% from 2009 to 2015, with increasing rates more pronounced in younger adults with diabetes and PAD, who are at the highest risk for lower-extremity amputations.<sup>8</sup>
- The recent BASIL-2 and BEST-CLI trials have highlighted the significant cardiovascular mortality associated with this disease, regardless of the treatment strategy (endovascular vs surgery)<sup>9-10</sup>.

The Journal of Critical Limb Ischemia is a unique publication associated with the Society and the only scientific journal focused solely on CLI and amputation prevention. The Journal publishes peer-reviewed articles focused on clinical care, research, and education. Each manuscript undergoes multiple independent peer reviews and is then vigorously reviewed by an editorial board and managing editor. A significant milestone was reached as the Journal was recently accepted by SCOPUS, the largest abstract and citation database of peer-reviewed literature, with anticipated submission to PubMed before the end of this year.

**It is the fervent hope of the CLI Global Society that the recently published article in the New York Times does not serve to inhibit or discourage patients from seeking appropriate care needed to prevent amputation and improve their morbidity, mortality, and quality of life.**

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