

Welcome to the first issue of the Inter-Society Consensus for the Management of Peripheral Artery Disease (TASC) III quarterly newsletter!

William R Hiatt MD and Lars Norgren MD PhD FRCS, Co-Chairs



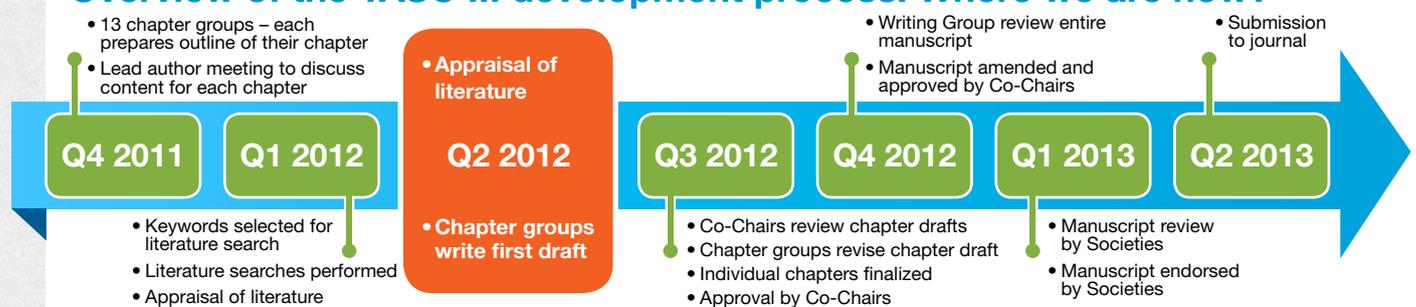
TASC provides the only international standards for the management of peripheral artery disease (PAD) and development of the latest iteration of the TASC guidelines, TASC III, is currently under way. This newsletter will provide you with a regular update on the key milestones achieved in the development of TASC III and will discuss the global implications of the guidelines.

In this issue, we outline the process for developing TASC III and highlight its current status. TASC Co-Chairs, Professors Lars Norgren and William R Hiatt also introduce TASC III and provide their perspective on its goals.

What's new this quarter?

The majority of the literature searches to support the development of the individual TASC III chapters have been performed and an appraisal of the literature is in progress. The TASC website will also be launched shortly and will facilitate collaboration among TASC Working Group members during development of the chapter drafts.

Overview of the TASC III development process: Where we are now?



Interview with the TASC III Co-Chairs

Lars Norgren is Professor of Surgery and Professor Emeritus at the University Hospital Örebro, Sweden and has been involved in TASC since its initiation in 1996. William R Hiatt is Professor of Medicine, at the University of Colorado, USA. He also participated in the original TASC and both have been Co-Chairs since the start of TASC II.

What are the objectives of TASC III?

Since the publication of TASC II in 2007, there have been a lot of technical advances and the guidelines should accommodate these changes. The lesion classification system also needs updating. TASC III will, therefore, be a comprehensive update of the guidelines.

How is TASC III different to TASC I and TASC II?

The initial TASC I document, published in 2000, was aimed at vascular specialists. TASC II targeted a wider audience, including primary care physicians and podiatrists, and had a broader international representation, though it was less encyclopaedic than TASC I. TASC III is similar to TASC I in that it will be a more comprehensive guideline, aimed primarily at vascular specialists and will also cover the very different situation of PAD in developing countries.

Who is TASC III aimed at?

TASC III will be applicable to all categories of healthcare professionals involved in the care of patients with PAD and will be a definitive reference for PAD.

How is TASC different to other guidelines?

TASC remains the only global guideline for the management of PAD. It evaluates everything to do with PAD from all perspectives and is endorsed by numerous societies. TASC is, therefore, multi-national, multi-society and multi-audience.

What impact do you expect TASC III will have?

TASC I and II changed the management of patients with PAD, and although treatment patterns are unlikely to be changed drastically with TASC III, there will be some important modifications to the guidelines that should be considered.

Sponsor corner

PAD affects over 30 million people worldwide and represents a rising burden for patients and society. The TASC guidelines have helped modify the management of PAD, providing expert recommendations that are applicable across the globe. The development of the TASC III guidelines is solely dependent on the generous support of its sponsors; we need you!

To find out more about TASC III sponsorship opportunities, please contact the TASC secretariat at: tasc@medicusint.com

Did you know?

Did you know that the TASC III Writing Committee includes authors representing 30 international surgical vascular, cardiovascular, vascular radiology and cardiology societies, and experts in epidemiology and health economy?