LUPA RESULTS

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The problem with leg ulcer care

- Poor referral practices
- Lack of clarity on what treatment is needed
- Pathophysiology and pathways poorly understood
- APPG – CQUIN for leg ulcers from 2020

RSM Venous Forum releases guidance for management of leg ulcers

6th April 2018   👁 3026

The ROYAL SOCIETY *of* MEDICINE

EVRA Study

ORIGINAL ARTICLE

A Randomized Trial of Early Endovenous Ablation in Venous Ulceration

Manjit S. Gohel, M.D., Francine Heatley, B.Sc., Xinxue Liu, Ph.D., Andrew Bradbury, M.D., Richard Bulbulia, M.D., Nicky Cullum, Ph.D., David M. Epstein, Ph.D., Isaac Nyamekye, M.D., Keith R. Poskitt, M.D., Sophie Renton, M.S., Jane Warwick, Ph.D., and Alun H. Davies, D.Sc. for the EVRA Trial Investigators*

- Early intervention significantly improves healing but:
- 93% of patients excluded (6105/6555 screened)
- Role of deep venous intervention unclear
- Treatment for larger ulcers unclear

What does SOC look like?

- Community based care
- Multiple different models – no consistency
- Delayed or non-referral for vascular opinion
- Traditional lack of interest from Vascular Surgeons (e.g. GSTT leg ulcer clinic stopped in 2009)

SOC: 21% healed, 3% healing,
76% not healed/recurred

LUPA study Rationale

- Cohort of consecutive patients – all comers

- Accelerated ulcer care pathway (Diagnosis and Treatment)

- Epidemiology – Deep/SVI/Arterial/Other

- Barriers to implementation of care pathways

- Compare outcomes to SOC

- Longitudinal monitoring of clinical and economic outcomes using a digital health solution (Medopad)

LUPA Results

- 130 patients enrolled
- 110 patients completed follow up to 1 year
- 15 lost to follow up
- 5 excluded from evaluation

Consecutive all comers
Treated all underlying venous disease
Foam
Surgical debridement if needed

LUPA Results

Baseline Demographics	N = 110	
Male	75	68%
Female	35	32%
Age	59 years (20 – 91)	
ulcer < 3mo	11	10%
ulcer 4-6 month	31	28%
ulcer 7-12 months	15	14%
ulcer > 12 months	53	48%

Referral Source	N = 110	
Practice Nurse	4	4%
General Practice	65	59%
Tissue Viability	20	18%
Other	19	17%
District Nurse	2	2%

GSTT does have a tertiary referral practice but the majority of patients were local referrals

LUPA Results

	N = 110	
DVT	59	54%
Hypertension	44	40%
Superficial Venous Thrombosis	24	22%
Arthritis	22	20%
Ischemic Heart Disease	14	13%
Diabetes	13	12%
Trauma (Surgical / Accident)	13	12%
Peripheral Artery Disease	11	10%

LUPA Results

Treatment	N = 110	
SVI Treatment	67	61%
Venous Stent	37	33%
Other	6	6%

LUPA Results

Outcomes	12 months
Healed	**80%**
Healing	11%
Not Healed	9%

Where next?

- Validate the results in other centers with mixed population
  - Oxford (Urban/Rural) – Emma Wilton
  - Cambridge (Urban/Rural) – Manj Gohel
- Further data analysis
- Work on local Pathways
- Influence policy – NHS and NICE

Conclusion

- This is an initial data analysis

- Need to validate the results in other centers to ensure the data is not skewed

- The goal needs to remain on improving healing but also reduce recurrence in the long term

- Further analysis including epidemiology, HE and treatment strategies

- Improve local pathways and patient access

- Provide support for staff along the patient pathway