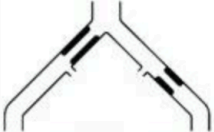
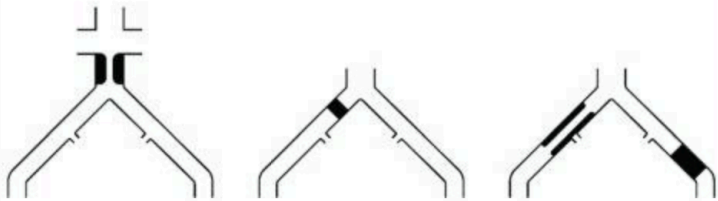
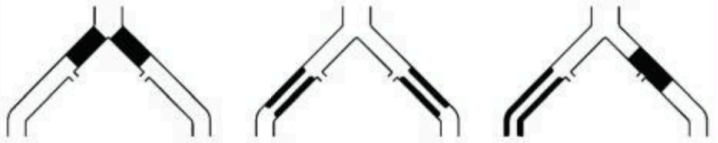
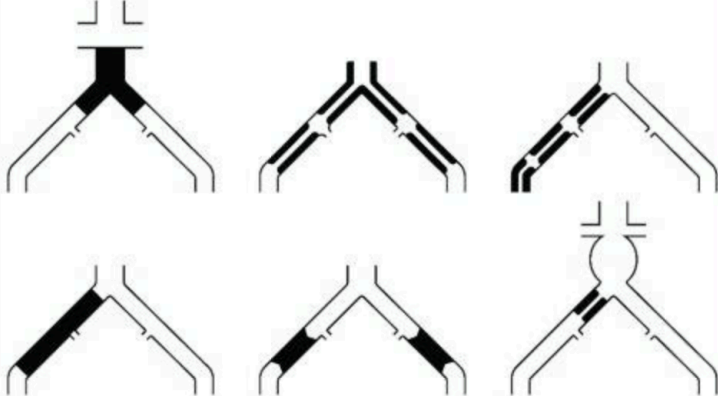
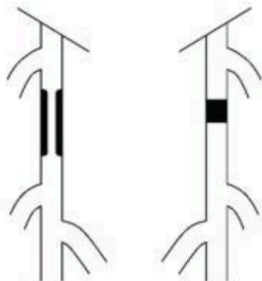
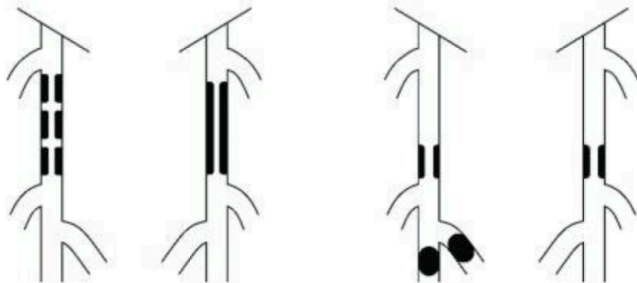
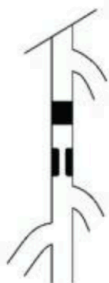
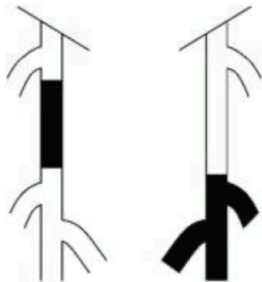


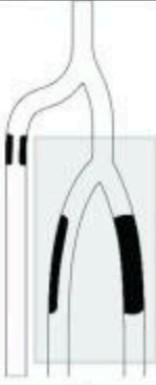
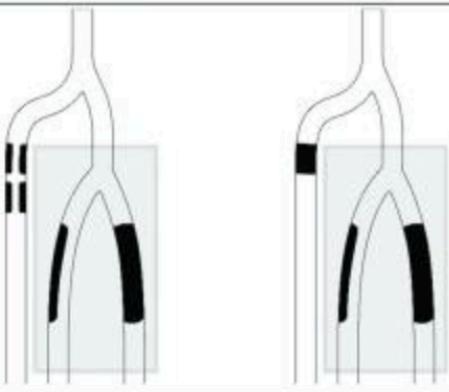
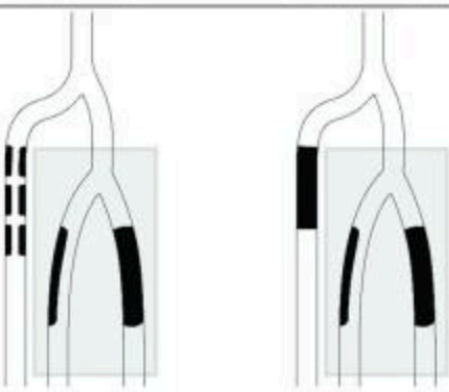

Aortoiliac Disease:

<p>TASC A lesions</p> <ul style="list-style-type: none"> • Unilateral or bilateral CIA stenoses • Unilateral or bilateral single short (≤ 3 cm) EIA stenosis 	
<p>TASC B lesions</p> <ul style="list-style-type: none"> • Short (≤ 3 cm) stenosis of the infrarenal aorta • Unilateral CIA occlusion • Single or multiple stenosis totaling 3 to 10 cm involving the EIA not extending into the CFA • Unilateral EIA occlusion not involving the origins of the internal iliac or CFA 	
<p>TASC C lesions</p> <ul style="list-style-type: none"> • Bilateral CIA occlusions • Bilateral EIA stenoses 3 to 10 cm long not extending into the CFA • Unilateral EIA stenosis extending into the CFA • Unilateral EIA occlusion involving the origins of the internal iliac and/or CFA • Heavily calcified unilateral EIA occlusion with or without involvement of the origins of the internal iliac and/or CFA 	
<p>TASC D lesions</p> <ul style="list-style-type: none"> • Infrarenal aortoiliac occlusion • Diffuse disease involving the aorta and both iliac arteries • Diffuse multiple stenoses involving the unilateral CIA, EIA, and CFA • Unilateral occlusions of both CIA and EIA • Bilateral EIA occlusions • Iliac stenoses in patients with AAA not amenable to endograft placement 	

Femoropopliteal Disease:

<p>TASC A lesions</p> <ul style="list-style-type: none"> • Single stenosis ≤ 10 cm in length • Single occlusion ≤ 5 cm in length 	
<p>TASC B lesions</p> <ul style="list-style-type: none"> • Multiple lesions (stenoses or occlusions), each ≤ 5 cm • Single stenosis or occlusion ≤ 15 cm not involving the infrageniculate popliteal artery • Heavily calcified occlusion ≤ 5 cm in length • Single popliteal stenosis 	
<p>TASC C lesions</p> <ul style="list-style-type: none"> • Multiple stenoses or occlusions totaling >15 cm with or without heavy calcification • Recurrent stenoses or occlusions after failing treatment 	
<p>TASC D lesions</p> <ul style="list-style-type: none"> • Chronic total occlusions of CFA or SFA (>20 cm, involving the popliteal artery) • Chronic total occlusion of popliteal artery and proximal trifurcation vessels 	

Infrapopliteal Disease:

<p>TASC A lesions</p> <p>Single focal stenosis, ≤ 5 cm in length, in the target tibial artery with occlusion or stenosis of similar or worse severity in the other tibial arteries.</p>	
<p>TASC B lesions</p> <p>Multiple stenoses, each ≤ 5 cm in length, or total length ≤ 10 cm or single occlusion ≤ 3 cm in length, in the target tibial artery with occlusion or stenosis of similar or worse severity in the other tibial arteries.</p>	
<p>TASC C lesions</p> <p>Multiple stenoses in the target tibial artery and/or single occlusion with total lesion length >10 cm with occlusion or stenosis of similar or worse severity in the other tibial arteries.</p>	
<p>TASC D lesions</p> <p>Multiple occlusions involving the target tibial artery with total lesion length >10 cm or dense lesion calcification or non-visualization of collaterals. The other tibial arteries occluded or dense calcification.</p>	

Jaff MR, White CJ, Hiatt WR, Fowkes GR, Dormandy J, Razavi M, Reekers J, Norgren L. An Update on Methods for Revascularization and Expansion of the TASC Lesion Classification to Include Below-the-Knee Arteries: A Supplement to the Inter-Society Consensus for the Management of Peripheral Arterial Disease (TASC II): The TASC Steering Committee(.). *Ann Vasc Dis.* 2015;8(4):343-57. doi: 10.3400/avd.tasc.15-01000. Epub 2015 Oct 23. PMID: 26730266; PMCID: PMC4691515.