

VEIN SPECIALIST

NEWSLETTER



ADVOCACY ISSUE



American Venous Forum
Promoting venous and lymphatic health

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SO, WHAT HAVE YOU DONE LATELY?

Some Like It Hot, The Apartment, Sabrina, Stalag 17, The Seven Year Itch, etc... These are all films by Billy Wilder. Billy Wilder died in 2002. He won many Academy Awards. When being interviewed for the television show *60 Minutes* by Morley Safer in the 1990's, they were sitting in Billy Wilder's home office. I was sitting in my family room watching. His words have stuck with me.

Morley – "Mr. Wilder, you have received so many awards for so many of your movies. Yet there is not one displayed here on the walls or shelves or anywhere in your home. Why?"

Billy – "If they were here, every time I saw them, I would feel that they were saying to me "So what have you done lately?" Do I really need that?"

No one should be complacent. No one who lives in the past can continue to evolve. Picasso didn't stop painting until he died. Nor did Monet. The AVF does not rest on its' laurels. The AVF is not happy to say, "We've already accomplished so much. Need we do more?" The resounding answer from AVF leadership has been, "So what have we done lately?" This issue is what we at VEIN SPECIALIST have labeled The Advocacy Issue. AVF leadership and many members continue to work for the good of all in the venous world. There are articles in this issue that highlight the current and future advocacy efforts of our society and members.

In this issue of VEIN SPECIALIST read about what our members are doing for our members. Rob Attaran tells us what the AVF has done for him and advocates for new members. Anil Hingorani's article about the AVF Exchange explains a new vehicle by which we all can interact and help and advocate for each other. Dan Monahan writes a great article which brings us up to date regarding our Health Policy Committee. Advocacy for our organization and our specialty has been the focus of this committee. Their work is vital to our members and our growth. Lymphedema needs more advocacy by us. Lori Pounds and Peter and Monika Glociczki have articles about this important need. There are clinical articles as well. Jovan Markovic and Cynthia Shortell discuss venous malformations. We need new members and we get new members. Our monthly membership section introduces you to them.

So, when some members ask themselves each year when their dues invoice arrives, "What has AVF done lately?", this issue answers some of their questions. Advocacy maintains and grows the viability of the AVF. A society is an organic entity. It moves. It grows. Not by some esoteric, immutable force but by the hard work of leadership and members; established and new. Don't be complacent. Don't rest on your laurels. If you aren't already actively involved, commit and advocate for yourself and AVF. Listen to Billy.



–Steve Elias, MD
Editor in Chief

“Advocacy maintains and grows the viability of the AVF. A society is an organic entity. It moves. It grows. Not by some esoteric, immutable force, but by the hard work of leadership and members; established and new.”



AVF Annual Meeting: Reflections on Venous 2020

Ten years ago, when I was completing my advanced fellowship training, there were a wide variety of symposia and conferences offered on venous disease. I know because I attended most of them.

None, however, was quite like the American Venous Forum. It is here that I learned how little I know and how much more there is to discover. The AVF Annual Meetings are a gathering of dedicated practitioners and scientists focused on advancing the field of venous disease. Everyone I met there is intellectually curious and devoted to doing the right thing for their patients. There is a culture of academia, collaboration, and camaraderie.

I have had the opportunity to pick the brains of Alun Davies, Ellen Dillavou and Tony Comerota, to name a few. And who could forget Nicos Labropoulos' infectious enthusiasm? Without a doubt, the AVF Annual Meeting is the best value for the money and time spent for anyone looking to expand their knowledge in the field.



—Robert R. Attaran,
MD, FACC, FSCAI, FASE, RPVI

The American Venous Forum has been an amazing society to be part of over the years. It has been a place where the greatest minds are able to gather and discuss with each other about improving the care of patients with venous and lymphatic disease. Having a chance to meet many Doctors from all over the world, see and discuss what they are working on, how their cases are going, what new methods have they devised, has been an amazing learning experience for me and I think I can say the same for everyone.

For me, every time I can meet in the conferences with my colleagues it is a great experience to be able to learn and take away some new piece of knowledge from every conversation being held. I feel that getting together especially in a society such as the AVF has helped us improve a lot and advance new techniques to help our patients and to every day getting better and more efficient in taking care of our patients with Venous and Lymphatic diseases.

I have also had both my son and daughter be part of the AVF and attending their gatherings, as both of them pursue careers in the medical field and realizing a place like the AVF where the best doctors gather together is great way for them to develop, meet and interact with experienced doctors. Both telling me that it is a great experience and it can be very motivating for young adults like them to be in an environment like that.

In the end, I firmly believe the AVF meetings are essential and beyond useful in the current globalized and changing world we live in. Now more than ever getting together, sharing methods, discoveries and knowledge is essential and especially bringing more young minds to our cause to help us.

VENOUS 2020
AMERICAN VENOUS FORUM



—Prof. Dr. Victor Manuel
Canata Benitez



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The AVF Exchange: An Exciting New Member Benefit

–Anil Hingorani, MD

The AVF EXCHANGE is the only communication platform dedicated solely to making it easier and more efficient to consult with your peers around venous and lymphatic disease. The AVF EXCHANGE allows AVF members to collaborate on individual cases, build consensus, advance medical skills, educate colleagues, and discover and critically evaluate medical data, knowledge, and technologies related to venous and lymphatic health and disease. Better yet, there is a support team whose only mandate is to work with you to ensure you are able to overcome any hurdles (technology, time, etc.) that may get in the way of connecting with your AVF colleagues.

Since its inception, over 40 engaging, up-to-date, and lively discussion threads have been started by AVF members, ranging from challenging case presentations, to new techniques, to compression therapy. The AVF EXCHANGE is moderated, so if a post violates HIPAA or other laws, or is otherwise not in compliance with the AVF EXCHANGE Code of Conduct, it is not published.

AVF EXCHANGE members also have access to the COVID-19 Global DocMatter Community, through which you can collaborate with over 45,000 front-line physicians, representing 130+ countries and 12,000+ institutions on issues related to COVID-19.

The AVF EXCHANGE is open to all AVF members with their paid membership. Members can communicate with all other AVF members at once, send direct individual messages, and AVF committees also have the opportunity to communicate and share documents through the AVF EXCHANGE.

Please contact

Laura Richards (laura@veritasmeetingsolutions.com)

if you are interested in taking part in this AVF member benefit (included with your membership).



American Venous Forum
AVF EXCHANGE



–Anil Hingorani, MD

IN THE LAST 30 DAYS:

464 of 656

AVF EXCHANGE
MEMBERS (71%) HAVE

**Engaged with
the Community**

**43 Discussion
Threads**

HAVE BEEN STARTED

359 Overall Posts

HAVE BEEN APPROVED

ON AVERAGE,
THERE ARE

**6 Contributors &
7 Responses per
Discussion**



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The AVF is Advocating for You

–Dan Monahan, MD

The Health Policy Committee of the AVF addresses issues related to government and private payor policies regarding coverage and reimbursement for health care services. This committee reviews and responds to third-party payor policies that are felt to be unfounded or unfair, and out of line with AVF Guidelines and recommendations and standards of care. In the past, we have submitted many position papers to numerous regional Medicare providers and private insurers in an effort to influence their policies regarding coverage and reimbursement. These efforts have largely been of no avail. The objections and suggestions offered could be ignored – we had no stick or carrot with which to push them.



In the past year, we have created initiatives for advocating on behalf of our members, through a collaboration with the AVLS. Health Policy Committee members from both organizations join a monthly conference call to discuss these and other issues of mutual concern. The effort to join the RUC and CPT Coding Committees detailed below has been a major initiative in the intention to impact payor policies. The committee continues to assess these policies as they affect vein treatment.

As part of the desire for an alternative to acting reactively to payor policies, Dr. Welch suggested we come up with our ideal policy for vein treatment, properly substantiated, and publish it, as a recommendation for third party payors to consider. We are currently working on a document (in conjunction with the AVLS) for a comprehensive and appropriate policy to publish and recommend to payors. What effect that will have remains to be seen.

Another issue we have addressed was regarding the Society for Medical Diagnostic Sonography (SMDS) request for endorsement from AVF and AVLS for a policy document with elaborate and unreasonable techniques and requirements for ultrasound sterilization. Working in collaboration with the AVLS, both organizations provided



–Dan Monahan, MD

thoroughly documented responses as to why the policy was not acceptable, first in 2018, and again at the end of 2019. Nonetheless, the document has been published with only slight modifications. Neither AVF, nor AVLS, has endorsed that document.

Earlier in the history of the AVF, our leaders felt that our primary responsibility was to the science of vein disease and treatment. No question that is still a primary purpose of the organization. The AVF has also recognized education as another primary purpose, as described in other articles in editions of VEIN. It is a new and changing world, and our leadership recognizes that advocating on behalf of our members, our patients, and our field of work requires a deliberate effort. Science, Education, and Advocacy have become our primary purposes. The Health Policy Committee is the arm of our organization through which the effort for advocacy will be made.

Current members of the HPC are: Mark lafrati, Chair, Sheila Coogan, Daniel Monahan, Ruth Bush, Joel Crawford, Mark Garcia, John Golan, Julian Javier, Lowell Kabnick, Fedor Lurie, William Marston, Elna Masuda, Jeff Martinez, Kathleen Ozsvath, Michael Vasquez, Chandu Vemuri, Hal Welch and Eleftherios Xenos.

Email us at HealthPolicy@veinforum.org.



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ADVOCACY ALERT –

CMS Preauthorizations for Vein Ablation Procedures in a Hospital Outpatient Setting

On July 1, CMS will be instituting a prior authorization requirement that was announced last year.

Most vein procedures that are performed in a hospital outpatient setting will be affected by this change.

On May 28th, 2020, CMS had an Open Forum on their new program, and Dr. Mark Iafrazi, Chair of the AVF Health Policy Committee participated. Dr. Iafrazi has provided a [summary](#) of the Open Forum, as well as [copies of the slides used](#).

As mentioned, this program affects prior authorization for vein ablation procedures in a hospital outpatient setting only, at this time. Of course, the concern is that in the future, this will extend to all outpatient settings. The AVF Health Policy Committee, along with our sister societies, will be monitoring for future CMS decisions concerning vein ablation policies.

Thank you to Dr. Mark Iafrazi for this important information for our members.

Dr. Hal Welch
AVF President



–Harold Welch, MD



Click [here](#) to listen to AVF President Harold Welch's podcast

The American Venous Forum is committed to ensuring that patients have access to the highest quality venous and lymphatic care.

- Are you receiving increased numbers of insurance denials?
- Have you received unreasonable denials for venous procedures?
- Are you aware of unfair coverage policy changes, proposed or recently enacted?

If so, the AVF Health Policy Committee wants to hear from you!

Please email us at HealthPolicy@VeinForum.org



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Can You Hear Me Now?

The AVF Seeks Its Voice in the AMA

—Dan Monahan, MD



How is your reimbursement for a given procedure determined by Medicare and insurers? Who makes up the billing codes for procedures? How are new technologies assigned codes? The processes of revising reimbursements and coding occur through committees of the AMA House of Delegates, which make direct recommendations to Medicare, to which the insurers generally follow suit. They meet twice a year. There are national representatives from every specialty and field. But not from the American Venous Forum.

A year ago, I was the new chair of AVF's Health Policy Committee. It seemed that we were perpetually reacting to policies brought to our attention by our members, or representatives of other societies. I asked prior HPC chairs, "How can we be more proactive? How can we influence the payors' policies before they are determined?" Conversations with colleagues from AVLS and ties to SVS kept bringing up the term "RUC process." At that same time, our president, BK Lal, contacted me and said that the AVF had never been able to accomplish gaining a seat in these AMA bodies. He wanted me, as chair of the HPC, to put together a team to pursue entrance into the RUC process. John Forbes, our AVF Executive Director, worked closely with me and Mark Iafrazi, the current HPC chair. Kathleen Ozsvath and Anne Luhan both agreed to work on the project. Stephen Daugherty, John Blebea, and others from the AVLS (American Venous and Lymphatic Society, formerly American College of Phlebology) were also very encouraging and informative. Sean Roddy of the Society for Vascular Surgery also took time to advise us regarding the process.

John Forbes obtained the application for specialty organizations for entry into AMA participation. The application required many things that were already in place in the AVF, such as representation from around the country, length of time in existence, bylaws, etc. There is also a requirement that a certain proportion of your members also be AMA members. It was found that we far exceeded the minimum requirement. Finally, we needed to provide a statement of what our society offered that was not already represented in the AMA committees. Our statement acknowledged the AVLS and SVS as complementary voices and

expressed that our organization had its own well-established specific strengths and values from which to advocate for our patients, our physicians, and our field. So, we completed and submitted the application last February.

Our AMA contact indicated that we should be accepted at the June meeting. At that time, our representative would be seated in the House of Delegates of the AMA as a member of the Specialty Services Section. We would have a representative at two meetings each year for 3 years. Then we would be eligible to obtain a seat with the reimbursement and coding committees. The former is called the RUC – the Relative Value Scale Update Committee – which reviews and updates physician reimbursements for every service across the spectrum of AMA members. The latter is the CPT Coding Committee, which reviews and establishes procedure codes, such as we have seen with codes created for our new ablation technologies. Both committees meet twice a year.

The COVID crisis resulted in the June meeting being cancelled, and our application/acceptance delayed until the November meeting – at least that is the plan now. At any rate, at some point we will be accepted into the process and begin to learn how to participate in it. The AVF will finally have its voice in the RUC process and CPT Coding Committee. Through your AVF and AMA memberships you enable that voice.



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Venous Malformations – Basic Considerations and Treatment Challenges

–Jovan N. Markovic, MD and Cynthia K. Shortell, MD, FACS

Congenital vascular malformations (CVMs) are a complex group of vascular lesions that result from dysmorphogenesis during embryologic development and are characterized by lack of increased endothelial proliferation that leads to structural and functional anomalies of the vascular system. Frequently, inexorable growth and progression of CVMs can result in substantial morbidity and, in some cases, premature death of patients who suffer from such lesions. Despite this, CVM patients are still often erroneously diagnosed and/or inadequately treated, due to lack of expertise among primary care practitioners, as well as specialists. During the last two decades numerous protocols, diagnostic modalities, and therapeutic innovations have been made which have significantly improved the management of CVM patients.

In recognition of the fact that CVM do not have familial distribution, it has been conjectured that they can result from somatic mutations that would be lethal if they appeared in the germline. There is now substantial confirmation of this hypothesis. In recent years, it has become evident that significant number of CVM patients have mutations in PIK3CA gene. In addition, Klippel-Trenaunay syndrome (KTS) has a number of phenotypic features that overlap with those observed in patients with activating mutations in the PI3K-AKT pathway. Furthermore, mutations in the RAS/MAPK/MEK signaling pathway have also been identified in patients with complex vascular anomalies. Mutations that dysregulate the RAS pathway, including those in EPHB4, KRAS, HRAS, NRAS, BRAF, RAF1, PTPN11, and SOS1, have been recognized in vascular anomalies.

A recent advancement in the diagnostic and treatment modalities have resulted in a better understanding of the pathophysiology and natural history of CVMs and improved management of these lesions. Multidisciplinary approach and diagnostic algorithm utilized to distinguish arterial from lymphatic malformations (LMs) and venous malformations (VMs) have been validated as clinically applicable for making an accurate anatomical and hemodynamic diagnosis of VMs, and they serve as a basis for proper treatment selection, and significantly



–Jovan N. Markovic, MD



–Cynthia K. Shortell,
MD, FACS



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facilitate communication among different medical specialists. The dynamic contrast-enhanced magnetic resonance imaging (dceMRI) is able to definitively distinguish arterial malformations from LMs and VMs with accuracy of approximately 84%. In inconclusive cases, confirmatory angiography is required. By using dceMRI a significant number of patients can be spared the expense, risk, and inconvenience of a catheter-based diagnostic study, as well as delayed or erroneous diagnosis.

The importance of a multidisciplinary team approach to the treatment of VMs has been well established, as the management of malformations exceeds level of expertise of a single medical specialty. Symptomatic, diffuse, and extensive lesions that involve multiple tissue planes and vital structures are best treated with foam sclerotherapy. Primary surgical resection is the treatment of choice for localized and septated

VMs. The management is often characterized by multimodal treatment that requires multiple office visits. It has to be emphasized that treatment of extensive VMs is palliative and goal oriented. Relatively recently novel pharmacological agents that target above mentioned metabolic pathways have demonstrated promising results for treatment of VMs.

Most clinicians – from primary care doctors to subspecialists (including vascular surgeons) – consider the management of VMs (and CVMs in general) a difficult task reserved for referral centers with specialized expertise in this area. Implementation of the above summarized diagnostic protocols and therapeutic algorithms in a multidisciplinary setting results in favorable outcomes with an acceptable complication rates in this challenging patient population.



New Dates!

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AMERICAN VENOUS FORUM & DAY OF SCIENCE

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Journal Watch – New England Journal of Medicine

Apixaban for the Treatment of Venous Thromboembolism Associated with Cancer

–Edgar Guzman, MD

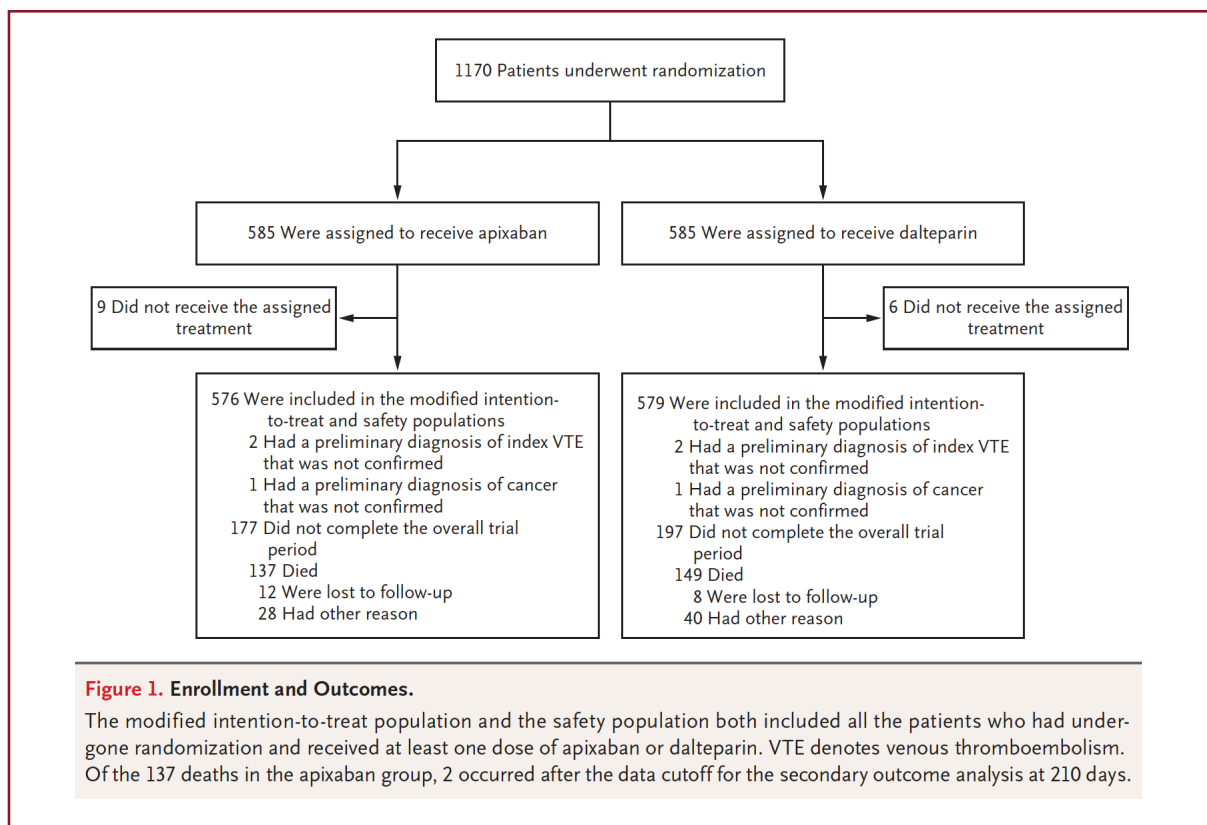
The unreliability of warfarin in the treatment of venous thromboembolism in patients with cancer has been extensively demonstrated. For this group, low molecular weight heparin (LMWH) was the therapy of choice; even with the inconvenience of administration by injection. Direct oral anticoagulants act through the same mechanism as LMWH (inhibition of factor Xa) and as such have been shown to be a suitable substitute for this patient population. Their use has been endorsed in NCCN and ASCO guidelines.

The current publication adds to this body of evidence as it reports the results of a randomized open label trial involving close to 1200 patients comparing apixaban to dalteparin. Results showed non-inferiority of apixaban in relation to dalteparin, with comparable bleeding events. Of note, patient with intracranial tumors were excluded. However, the question of overall superiority between apixaban, rivaroxaban and edoxaban remains unanswered.

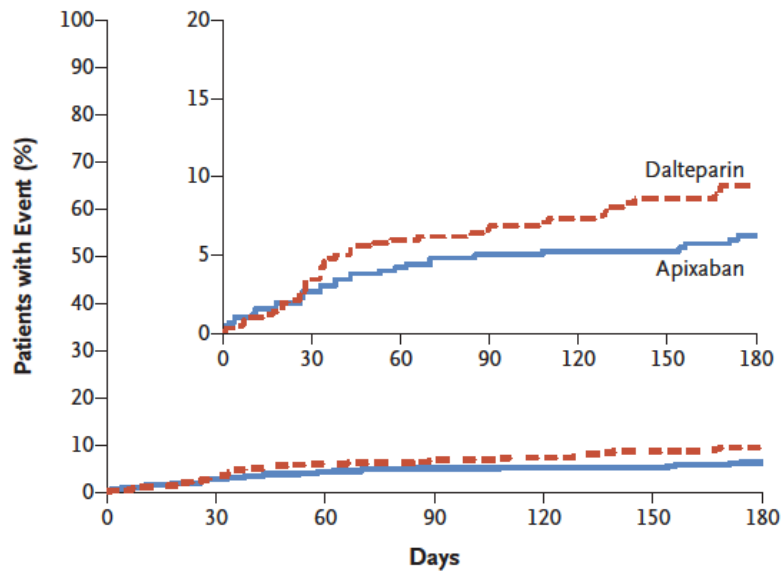


–Edgar Guzman, MD

<https://www.nejm.org/doi/full/10.1056/NEJMoa1915103>



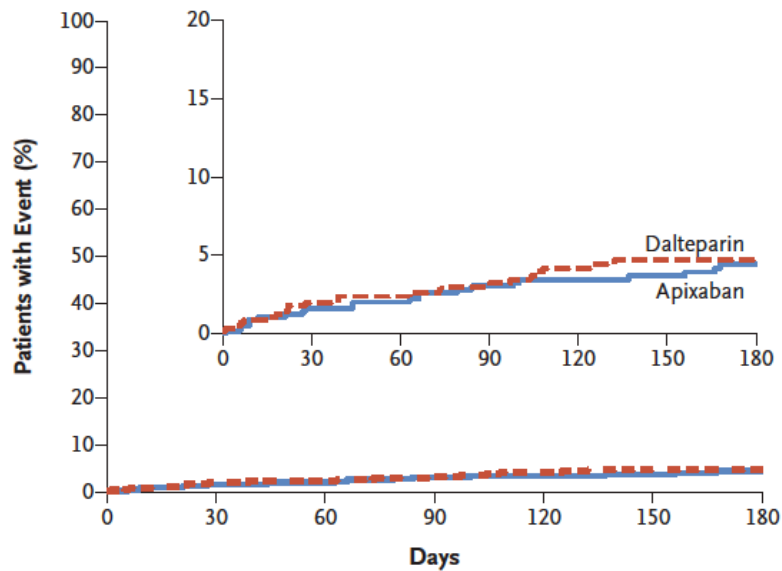
A Recurrent Venous Thromboembolism



No. at Risk

| | | | | | | | |
|------------|-----|-----|-----|-----|-----|-----|-----|
| Dalteparin | 579 | 507 | 462 | 417 | 383 | 352 | 217 |
| Apixaban | 575 | 522 | 481 | 453 | 424 | 399 | 241 |

B Major Bleeding



No. at Risk

| | | | | | | | |
|------------|-----|-----|-----|-----|-----|-----|-----|
| Dalteparin | 579 | 510 | 473 | 430 | 387 | 355 | 222 |
| Apixaban | 575 | 527 | 490 | 458 | 427 | 402 | 238 |

Figure 2. Recurrent Venous Thromboembolism and Major Bleeding.

Shown are cumulative percentages of patients with recurrent venous thromboembolism (Panel A) and major bleeding (Panel B) who received either oral apixaban or subcutaneous dalteparin. The insets show the same data on an expanded y axis.

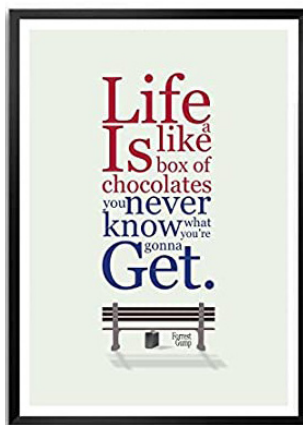


What Practice Guidelines for Lymphedema and Edema Management Would Mean to Us in the Trenches

–Lori L. Pounds, MD, FACS

A vascular clinic is like a box of chocolates, you never know what you are going to get. It is guaranteed that box of chocolates will have one piece that you just don't like as much (for me it is the gooey liquid filled ones) that will immediately make one have a distorted face or politely spit out. Lymphedema and edema consults are that piece of chocolate in a vascular clinic to some vascular surgeons. I trained in the 1990's, so vascular surgery Unna boot day was routine to me and I have always accepted that these patients were part of my practice, even if they are not high RVU / case producing (typically). You can really help them through education and changes in their lifestyle modifications, and general improvement in their quality of life.

The complexities on how to accomplish that goal has changed in the last thirty years with increased time constraints; insurance documentation requirements, EMR's, and multiple stakeholders who may benefit from treatments (wound care centers, lymphedema clinics, home health agencies). Tom O'Donnell's review in JVS-VL of demonstrated significant variability in recommendations of the four that were guidelines.¹ It may seem all academic and ivory tower, but what that means is that our patients, referring doctors, trainees (sometimes us) are just confused on exactly what the right thing to do is. If you ask me what the treatment for a venous leg ulcer is for the patient in room³ – easy. I quote the AVF guidelines.² Same for the guy in exam room 5 with the 6.2 cm AAA – look right at the SVS guidance on what to do.³ Room 6 has the Vet in the scooter with leg swelling and a BMI of 45 with Class III CHF on Amlodipine with normal arterial perfusion and no reflux – what to do with him? The accompanying editorial for the aneurysm guidelines by Drs. Gloviczki, Lawrence and Forbes hits the nail on head as it sums the importance of a societal practice guideline in the last paragraph: “(it) should



–Lori L. Pounds, MD, FACS

be studied by vascular specialists, trainees, third-party payers, and all physicians and health care professionals who participate in the care of patients with AAAs”.⁴

These guidelines would empower us to efficiently formulate the care plan for room 5, and refer him for complete decongestive therapy that included manual lymphatic decongestion with short stretch bandaging. You would not have to suffer through a peer to peer to explain that you didn't recommend a massage but a type of physical therapy that is not for the muscles or joints, but for the skin and lymphatics. The patient would not have to return to clinic untreated because they could not afford the short stretch bandages – that can cost up to \$200 and now have cellulitis. Or another sad but frequent scenario, they didn't go to the certified therapist and found “a wound/lymph clinic” who treated them with Ace wraps, and a stationary bike for exercise but they are no better and now your satisfaction scores are in the basement. That is what guidelines would do for those of us in the trenches every clinic day.



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Trustworthy Practice Guidelines for Lymphedema are Urgently Needed

–Monika L. Gloviczki, MD, PhD and Peter Gloviczki, MD, FACS

Chronic lymphedema is a debilitating and incurable condition, responsible for more than half of chronic edema cases. In addition to affecting over 17 million patients with filariasis, lymphedema impairs quality of life of many cancer patients and phlebo-lymphedema aggravates chronic venous insufficiency.

Although lymphedema is still underdiagnosed and undertreated, progress in both diagnosis and management has been considerable. Duplex ultrasonography, lymphoscintigraphy, magnetic resonance and indocyanine green lymphography aid today in evaluation of lymphatic structure and function and a variety of physiotherapy techniques, including complex lymphedema therapy, manual lymphatic drainage and compression therapies are used under the supervision of specially trained therapists in dedicated lymphedema centers. Pharmacotherapy, risk factor recognition and modification have also become integral part of the multimodality lymphedema therapy. Introduction of indocyanine green lymphography together with development of super-microscopic techniques resurrected lymphatic microsurgical reconstructions in the treatment of lymphedema in centers for excellence.

The American Venous Forum has been dedicated to promoting lymphatic health and its mission includes advancing the science, education, and advocacy of lymphatic disease. Guidelines on evaluation and management of lymphedema have been provided in the AVF Handbook of Venous and Lymphatic Disorders,¹ but formal Clinical Practice Guidelines with endorsement of the AVF and the Society for Vascular Surgery (SVS) following currently required rigor, clarity and transparency have not yet been developed.

The JVS – Venous and Lymphatic Disorders, the official journal of the AVF and SVS, has recently published three important reviews, already on-line, on this topic.²⁻⁴ Each could take the role of a “Call to Arms” to urgently develop trustworthy clinical practice guidelines for the management of chronic lymphedema.

The first is entitled “A systematic review of guidelines for lymphedema and the need for contemporary intersocietal guidelines for the management of lymphedema” was written by Thomas O’Donnell and colleagues² from Tufts University in Boston, MA. A review of 271 relevant



–Monika L. Gloviczki,
MD, PhD



–Peter Gloviczki,
MD, FACS



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documents yielded only four lymphedema practice guidelines. Since all four demonstrated low overall study quality, the authors concluded it was imperative for our vascular societies to develop contemporary high-quality evidence-based guidelines for the management of lymphedema.

The second article, also from Dr. O'Donnell and his team, is "A systematic review of the quality of clinical practice guidelines for lymphedema, as assessed using the Appraisal of Guidelines for Research and Evaluation II instrument."³ In this review the authors analyzed in detail reasons of low quality of the four lymphedema guidelines and call again for new, high quality clinical practice guidelines for lymphedema, this time guided by the AGREE II instrument.⁵

The third article, "A Methodological Assessment of Lymphoedema Clinical Practice Guidelines" is another, transatlantic expert review of the problem, coming from the team of Professor Alun Davies and his team.⁴ Only two of five reviewed guidelines scored moderately high in this report. These authors also recommend development of new guidelines, that would follow rigorous and updated approach leading to accurate recommendations.

Lymphedema experts agree at both sides of the ocean that time has come to develop trustworthy multi-society evidence-based guidelines for the evaluation, treatment, and prevention of chronic lymphedema.

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AVF-JOBST Research Grant 2021

–On behalf of the Research Committee
Dr. Maxim Shaydakov, Chair

An important goal of the American Venous Forum (AVF) and the American Venous Forum Foundation (AVFF) is to facilitate education, advance knowledge, and promote excellence in research in venous and lymphatic disorders by supporting promising and innovative research projects. The AVF is now accepting applications for the AVF-JOBST Research Grant 2021.

The AVF-JOBST Grant in Venous and Lymphatic Disease was established in 1995 by the JOBST company in collaboration with the AVF to appreciate Mr. Conrad Jobst's legacy in research and innovation. Mr. Jobst dedicated his life, expertise, and experience to the development of gradient compression garments for relieving symptoms of venous disease. Mr. Jobst suffered from venous insufficiency himself that prompted him to create



Pictured are: Past President, BK Lal, MD, Jobst Award Winner Eri Fukaya, MD and Michael Feenan, North American Leader - Essity Health & Medical Solutions



–Maxim Shaydakov, MD

the very first line of elastic compression stockings. Over the years this project has evolved into an extensive portfolio including, but not limited to, various high-quality wound care and compression therapy products.

Within 25 years, research projects performed by the AVF-JOBST Grant recipients and their mentors have contributed immensely to a constant progress in diagnostics and treatment of venous and lymphatic disease. This prestigious award will provide \$90,000 over two years for original, basic or clinical research based on a competitive and confidential peer-review process. The competition is open to residents, fellows, and physicians who have completed their clinical training within the past five years. An applicant should be an active AVF member and practice in the United States. The deadline to submit an application is September 30, 2020.

Follow the link for more details:

<https://www.veinforum.org/avf-foundation/jobst-research-grant/>



American Venous Forum
Promoting venous and lymphatic health

AVF Member *Community*



This month we're highlighting Dr. Angela Lee, a surgical resident in training.

Dr. Lee joined AVF this year in 2020. She is a first year Vascular Surgery resident at the University of Toronto in Canada. Dr. Lee graduated

McGill University Medical School in Montreal, Canada and is proficient in three languages – English, French and Korean.

She brings lots of enthusiasm to AVF. She states in her letter of intent that “my training and my knowledge base should encompass all areas of Vascular Surgery, including the venous portion. However, given the type of cases at Canadian academic centers, the emphasis is largely placed on aortic and arterial diseases. The exposure to venous procedures and disease is rather limited.” She is hoping that the Mentor/Mentee program will be an excellent resource for her to learn new skills and help to shape her career. Our Mentor/Mentee Program is designed for both parties to have an open, honest and nonjudgmental relationship with the Mentee gaining from the Mentor vast knowledge of experience.

Another resource offered that she looks forward to is the Resident, Fellows and Early Career course which provides our members with invaluable hands on experience at our meeting in the Fall. This course teaches the business of venous disease, anatomy and pathophysiology of venous disorders and non-invasive diagnostics and practical training.

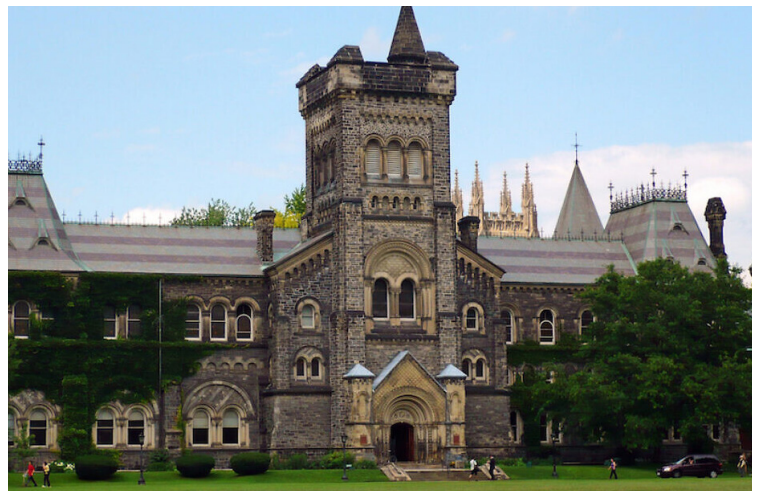
Dr. Lee, states that venous thrombosis and venous disease are the focus



–Ashlynn Hill
Membership Services Representative,
Veritas Meeting Solutions

of her research and that she plans on including a venous disease clinic in her future practice. She believes that AVF will aid in her research and help her to network with other members of the association. In her letter of Intent, she states that “The American Venous Forum has taken a forefront in addressing venous and lymphatic disease through the use of evidence-based medicine and the engagement of stakeholders. I believe that the American Venous Forum will provide me with the tools to better my care as a future vascular surgeon.”

Welcome to the AVF, Dr. Lee!



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Promoting venous and lymphatic health

New AVF Members – Welcome to the Community!

| | |
|-----------------------|---|
| Shivam Kaushik | <i>Medical Student Member, New Jersey</i> |
| Lisa Anderson | <i>Allied Health Member, Maine</i> |
| Sai Kottapalli | <i>Member in Training, New York</i> |
| Amber Ritenour | <i>Member in Training, Texas</i> |
| Son Yu | <i>Physician Member, California</i> |
| Nikita Singh | <i>Medical Student Member, Illinois</i> |

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**Disclaimer: The information featured in this newsletter selected by AVF, which offers educational materials, are not intended to be representative of patients with venous disease generally and should not be considered medical advice. Patients should consult their doctor to determine the best treatment decision for their individual disease.*



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