



American Venous Forum

Promoting venous and lymphatic health

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VEIN SPECIALIST NEWSLETTER

Annual Meeting Issue

December 2019 | [veinforum.org](#)



WELCOME TO VENOUS2020



Patrick Muck, MD

Patrick Muck, MD

Dear Venous & Lymphatic Practitioners,

Welcome to VENOUS2020, the 32nd annual meeting of the American Venous Forum (AVF)!

The AVF's mission for over 3 decades has been to advance science, education and advocacy in venous and lymphatic disease. In April of this year, AVF's Strategic Planning Committee, which included five Past Presidents of the AVF, met in New York City to create a compelling and exciting vision for the future of AVF. One of many important initiatives energized by the current President, Dr. Brajesh Lal, during this retreat that would clearly strengthen our mission was the creation of "VENOUS2020". VENOUS2020 will be the yearly meeting of the AVF and will serve as a global meeting venue for individuals and organizations who share in this mission. Each year, AVF's annual meeting will offer opportunities for Industry partner meetings, current and future clinical trial meetings, a Day of Science and Innovations, an Early Career meeting, as well as the traditional annual Scientific Program. In other words, our annual VENOUS2020 future annual meetings will be "all things venous" – from clinical trials, basic science, to hands-on training. This annual international gathering will bring venous practitioners and key opinion leaders from all around the globe to learn, promote and fulfill the mission of the AVF.

President Dr. Brajesh Lal, the annual meeting program committee, and I have been working all year to create a comprehensive, exciting program. We invite you to celebrate with us the latest in venous and lymphatic science, practice, technology and people.



VENOUS2020 will actually begin on Sunday, March 1st with the annual meeting of the C-TRACT Trial's investigators and research coordinators. On Tuesday, March 3rd, we will have the Day of Science & Innovation. March 4th to 6th will showcase the best in venous and lymphatic research and disease management. March 5th will include an Early Career focus on venous stenting.

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WELCOME TO VENOUS 2020 *continued*

Patrick Muck, MD

Additional exciting features include:

- An International session designed by Drs. Jorge Ulloa and Lowell Kabnick that will include over 10 invited abstracts from around the world.
- The Sumner Session, developed by President-Elect Dr. Hal Welch, with presentations by many of the AVF's Past Presidents.
- The Villavicencio Symposium moderated by AVF Vice President, Dr. Tony Gasparis.
- An interactive live ultrasound session entitled, "Ask the Expert" moderated by Dr. Steve Elias and Dr. Tony Gasparis.
- Late Breaking Trials, developed by Dr. Ellen Dillavou, highlighting what's new in venous technologies from our Industry partners.

VENOUS2020 will highlight several firsts as well.

- A special European session highlighted by Prof. Alan Davies. This session will be led by Dr. Dominik Heim, European Venous Forum President, and Dr. Elna Masuda, Past President of the AVF and AVFF President.
- Dr. Jose Almeida will lead the Venous Registry session highlighting key accomplishments and future plans of the varicose vein, caval filter and venous stenting modules.
- Dr. Makis Avgerinos will direct the first Pulmonary Embolism Summit at the meeting.
- Finally, Dr. Kathleen Ozsvath will lead the Early Career Session. Kathleen and I have developed the first ever "Hands On" Summit on Thursday afternoon. This summit will feature faculty directed workstations for a hands-on experience with the new venous technologies over the past year. We thank Dr. Nasim Hedayati for working along with the industry partners to create this new exciting Thursday session!



Dr. Lal and the Executive Committee chose an ideal venue this year at the OMNI Plantation Resort in Amelia Island, FL providing ample opportunity for sunshine, golf, tennis and relaxation. We are so glad you joined us for this world class venous meeting!

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**AMERICAN
VENOUS FORUM
32ND ANNUAL
MEETING**

OMNI AMELIA ISLAND
PLANTATION RESORT
AMELIA ISLAND, FLORIDA

March 3 - 6

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**4TH ANNUAL "DAY OF SCIENCE:
BEYOND HEMODYNAMICS"**

will be featured during the 32nd Annual
Meeting of the American Venous Forum
March 3, 2020 11:00am - 5:00pm

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VEIN DISEASE CARE: THE RUSSIAN EXPERIENCE



Evgeny Shaydakov,
MD, PhD, FRCS

Evgeny Shaydakov, MD, PhD, FRCS

Phlebology in Russia has come through its own long and thorny way from 1888 when Dr. Trojanow resected a proximal segment of the great saphenous vein to eliminate pathological superficial reflux, to 1981, when Dr. Vedensky reported the first results of external correction of venous valve insufficiency using a plastic spiral. Our history is full of many other inquisitive investigators, talented clinicians, and excellent organizers. Our history is also exceptional for a number of bright training programs with enthusiastic and patient teachers, with different perspectives on the diagnostics and treatment of venous diseases. Within the last two decades we have been observing intriguing changes in the paradigm of treatment of venous pathology. Endovascular treatment of superficial venous disease, iliofemoral stenting, and novel anticoagulants have significantly improved the outcomes. Most treatment modalities for venous disease has become low risk outpatient procedures performed by physicians of various, often-times, non-surgical specialties. The number of venous procedures performed annually has drastically increased in Russia, like throughout the world. This situation justified creation of a professional society in Russia that would support and guide physicians in this flourishing and evolving field.

The Saint-Petersburg Society of Phlebology (SPSP) was established in 1996 to improve awareness and education in venous and lymphatic disease and to facilitate an open communication between healthcare specialists, scientists, regulatory authorities and industry. In the beginning of the 21st century, the SPSP has initiated the process of integration into the international professional society. The first annual meeting of the SPSP was held in December 2007. It was attended by about 50 participants from Russia, with a great lecture from Professor Bo Eklof, MD, a vascular surgeon from Sweden, and the past president of the American Venous Forum (AVF). That first meeting in a cold and snowy Saint-Petersburg brightly decorated before the Christmas became a warm annual tradition. Providing yearly lectures and sharing his experience in venous disease, Bo Eklof gradually turned out to be more than a lecturer and teacher, he became a close friend to SPSP who sincerely fell in love with Russia and believed in constructive progress of phlebology in our country. Within the next decade many world-renowned leaders in the field actively participated in the annual SPSP meeting: Drs. Robert L. Kistner, Anthony Comerota, Lowell Kabnick, Andrew Nicolaidis, Michel Perrin, Peter Neglen, Niels Baekgaard, Lars Rasmussen, Jan Christenson, George Gerulakos, Oscar Maleti, Marcia Lugli, and others.

Participation of specialists from Europe and the United States have contributed to a sweeping popularization of venous procedures in Russia. Under the leadership of SPSP, the 16th annual meeting of the European Venous Forum (EVF) was held in Saint-Petersburg in 2015, that was later recognized as one of the best EVF meetings. Ever since then, the SPSP has become a truly international society and eventually has been accepted to the International Union of Phlebology (UIP).

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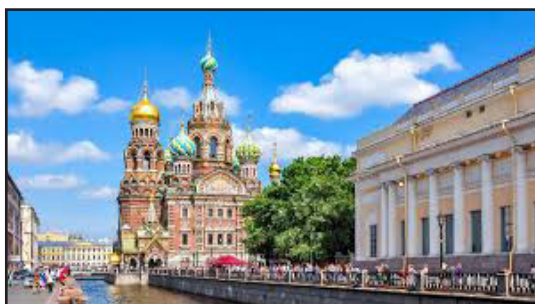
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VEIN DISEASE CARE: THE RUSSIAN EXPERIENCE *continued*

Evgeny Shaydakov, MD, PhD, FRCS

The annual meeting of the SPSP has turned into the leading scientific and social phlebology event in Russia and former Soviet Union countries with more than 700 delegates representing more than 50 countries from all over the world. Three years ago, SPSP established a Gold Medal for outstanding contribution in phlebology. Bo Eklof and Robert Kistner became one of the first recipients of the Medal.

It has to be said that without active support from the leaders of AVF this progress would not have been possible. Collaboration with AVF members has always been one of the top SPSP priorities. The President of the SPSP, Professor Evgeny Shaydakov, became an active member of AVF in 2007, and a member of AVF's International Committee in 2018. This year the annual meeting of the SPSP will be remembered by the first AVF International Committee session where our colleagues Drs. Malay Patel (India), Lowell Kabnik (USA), Victor Canata (Paraguay), Tomasz Urbanek (Poland), Kursat Bozkurt (Turkey), and Jorge Ulloa (Colombia) will come to Saint-Petersburg to share their knowledge and experience in venous disease. We would like to invite all AVF members to Saint-Petersburg to exchange clinical experience, discuss recently published studies in the field, report novel scientific data, shape the protocols of future studies, and enjoy Christmas in our magnificent city. Active participation of AVF members in the annual meeting of the SPSP may partially fulfill the goal of AVF to expand its representation on the international arena and initiate fruitful international collaboration for the sake of our patients.



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TREATMENT OF SUPERFICIAL VENOUS REFLUX

Eric Hager, MD & Steve Elias, MD



Eric Hager, MD

The treatment of superficial axial veins has evolved over the past twenty years. Venous stripping, while once the primary treatment technique, has been largely supplanted in contemporary venous practice with thermal tumescent (TT) and nonthermal nontumescent (NTNT) modalities (Table 1). Recent literature has shown that symptom improvement and quality of life are similar between the various treatment options^{1,2} and thus the question arises, when should the various treatments be offered to provide the best possible outcome? To answer this question, we must understand the benefits and pitfalls of each treatment modality and select them based on the anatomic and pathologic characteristics of the vein to be treated. This decision is predicated on several factors which include: vein diameter, length, tortuosity, proximity of peri-venous structures and severity of disease.³

Patients with large veins (>12mm) are best treated with either thermal tumescent ablation or stripping with tumescence. The former technique allows a maximal amount of energy to be delivered to the large areas while the latter physically removes the large axial vein with minimal post procedure bruising or pain. The nonthermal ablation techniques are not recommended for large veins and fall outside of their instructions for use (IFU). Veins with a diameter <12 mm can be treated with any of the available treatments with similar closure rates although literature suggests higher patient satisfaction with nonthermal ablation both during and after the procedure.⁴

The length of the incompetent vein plays little role in the decision as any of the available technologies can be utilized successfully with long veins. Short veins may be better treated with ClariVein or thermal ablation rather than VenaSeal (Medtronic) as it is more expensive.

Tortuous superficial axial veins can be problematic as the relatively rigid thermal catheters may be difficult to traverse the curves. Steerable guidewires can be used to cross the tortuous segments although this can increase the difficulty of the procedure and add significant time and cost. Instead, the ClariVein (Vascular Insights) is itself a steerable small caliber wire with a 45 degree angle that can be manipulated to traverse the tortuosity. Another good option is Varithena (BTG International) which uses a proprietary Polidocanol foam that freely flows through the vein and can successfully treat the tortuous vein and its branches.

The proximity of peri-venous structures is an important consideration when selecting an ablation technique. In patients with below-the-knee axial reflux, care must be taken to avoid damage to the saphenous nerve (near great saphenous vein) or sural nerve (near small saphenous vein) as well as the tibial and peroneal nerve near the sapheno-popliteal junction. Thermal ablation should be used cautiously in this scenario as it can lead to thermal damage to nervous structures



Steve Elias, MD

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TREATMENT OF SUPERFICIAL VENOUS REFLUX *continued*

Erick Hager, MD & Steve Elias, MD

these nerves. Non thermal ablation is a better choice below-the-knee as there have been virtually no reported cases of nerve damage. Patients with exceedingly superficial axial veins can experience skin damage or significant phlebitis. ClariVein or Varithena should be considered first line therapies with superficial veins as both induce spasm thereby minimizing the phlebitis resulting from a large thrombus burden.

In patients with advanced venous disease, skin thickening, lipodermatosclerosis and open ulcers can prove a challenge to instill adequate tumescent anesthesia. Damage to the unhealthy skin from multiple needle sticks can be both painful and lead to further breakdown. The nonthermal techniques may work better in this situation as they require only one puncture and can be used as far distal as the ankle. In patients with advanced disease, the pathologic vein should be treated at the lowest level of reflux to improve outcomes. Non thermal technologies offer this as a safer option.

The introduction and implementation of non-thermal ablation has improved the safety and overall satisfaction of patients. All things being equal (ie. Payer coverage) the majority of patients today can be successfully treated with nonthermal ablation although thermal techniques are still effective in large, deep veins above the knee. In order to best treat superficial axial reflux vein specialists need to be comfortable utilizing both thermal and non thermal technologies for optimal patient outcomes.

Thermal Tumescent	Nonthermal Nontumescent
<ul style="list-style-type: none"> - Radiofrequency Ablation - <u>Endovenous Laser Ablation</u> 	<ul style="list-style-type: none"> - Mechanical occlusion chemical ablation (<u>ClariVein</u>) - Cyanoacrylate glue (<u>VenaSeal</u>) - Polidocanol <u>microfoam</u> (<u>Varithena</u>)

Table 1. Current treatment modalities for axial reflux

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APPROPRIATE USE CRITERIA (AUC) FOR CHRONIC VENOUS DISEASE: A MULTI-SOCIETY PROJECT AIMED AT IMPROVING VENOUS CARE



Elna Masuda, MD

Elna Masuda, MD

In 2017, the American Venous Forum (AVF) embarked on a project to address the growing number of concerns over inappropriate treatment of chronic lower extremity venous disease. Some of the problems that we face with treatment of chronic lower extremity venous disease and especially venous ablation and stenting are:

- 44 specialties are treating venous disease.
- Most venous ablations are performed in outpatient-based offices.
- Lack of oversight expands to all areas including Outpatient Based Laboratories, surgical centers and hospitals.
- Current methods of accreditation and educational certifications lack specific regulation or penalties.

The AVF Ethics Task Force was created to develop possible solutions to these problems. The AVF elected to work with three other societies to develop the first AUC on chronic lower extremity venous disease. These societies included: Society for Vascular Surgery, American Vein and Lymphatic Society, and Society of Interventional Radiology. Over 30 individuals from all 4 societies were involved in the project.

The AUC process is a widely accepted and validated method of addressing overutilization and inappropriate application of technology and has been applied by many specialties including cardiology, radiology, orthopedic surgery, vascular surgery and general surgery. A key feature is that AUC can fill in the gaps where good-quality evidence is not available to decide best practices, or guidelines cannot comment because Level 1 data are not available or cannot possibly be generated

The methodology used by the committee included a modified Delphi process of rating scenarios by an expert panel, after two rounds of ratings based on literature-review and discussions.

The scenarios were rated as: appropriate, may be appropriate, rarely appropriate and a first for AUC, never appropriate. The findings were primarily as expected with several areas identified where quality evidence is lacking and research is needed to clarify the role of treatment. A multipronged approach to getting “better” involves pulling all resources to improve awareness, and influence provider-behavior and practice-patterns toward acceptable standards. We need to work together with other societies who share similar core values and drive the needle forward on establishing clinical standards of care by applying guidelines and AUC.

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APPROPRIATE USE CRITERIA (AUC) FOR CHRONIC VENOUS DISEASE: A MULTI-SOCIETY PROJECT AIMED AT IMPROVING VENOUS CARE *continued*

Elna Masuda, MD

Under the current leadership of AVF President, Brajesh K. Lal, MD, the project has been endorsed by multiple societies and has been submitted to the JVS VL for publication. The findings of the project and what was learned from this first AUC on chronic venous disease will be presented during VENOUS2020 at the 32nd AVF Annual Meeting at Amelia Island from March 3-6, 2020.

*The results of the FIRST AUC on venous disease
will be announced at:*



AVF 32ND ANNUAL MEETING



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March 3 - 6, 2020

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AMELIA ISLAND, FLORIDA

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THE AMERICAN VENOUS FORUM WELCOMES C-TRACT INVESTIGATORS TO VENOUS 2020!



Brajesh Lal, MD

Brajesh Lal, MD

In March 2020, all research in venous and lymphatic disease will converge on Amelia Island for VENOUS2020, the Annual Meeting of the American Venous Forum. There can be no better time and place for investigators of the C-TRACT trial to meet too.

The AVF is delighted to welcome the leadership and all the site investigators of the C-TRACT clinical trial as they conduct their annual meeting during VENOUS2020.

Suresh Vedantham MD, Principal Investigator
Clive Kearon PhD, Principal Investigator, Data Coordinating Center
Susan R Kahn MD, Associate Chair, Steering Committee
Anthony J. Comerota MD, Co-Chair, Venous Ulcer Care Committee
William A Marston MD, Co-Chair, Venous Ulcer Care Committee
Samuel Z. Goldhaber MD, Member, Medical Therapy Committee
Suman M. Wasan MD, Co-Chair, Medical Therapy Committee
Mahmood K. Razavi MD, Co-Chair, Interventions Committee
Akhilesh Sista MD, Co-Chair, Interventions Committee

And most of all- all the C-TRACT site principal investigators and research coordinators!

The investigator meeting will be conducted from March 1-2. It will seamlessly flow into the AVF Day of Science on March 3rd. And that will, in turn flow into the AVF Scientific Sessions from March 4-6. The AVF and C-TRACT have entered into a pathbreaking partnership where the Society will partner with the NIH trial to increase awareness of the study, assist the study leadership in identifying investigators and sites to participate in the study, encourage enrollment in the trial, and promote the study across the country. The AVF mission is to encourage the generation of high-quality data that will help guide the treatment of venous and lymphatic disease. We have re-imagined our annual meeting so that it has room to welcome and support such large multicenter trial meetings occurring concurrently. Most, if not all of the investigators are members of the AVF and we welcome each one of them.

C-TRACT is an important study that will generate important Level 1 evidence to guide the best approach to the treatment of one the most challenging conditions all of us deal with in our clinics post thrombotic syndrome.

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AVF EARLY CAREER COURSE RECAP



Nasim Hedayati, MD

Nasim Hedayati, MD

The American Venous Forum Fall Fellow, Resident and Early Career course took place on December 6th and 7th at University of California, Davis Medical Center in Sacramento. The faculty included Drs. Haraldur Bjarnason, John Carson, Steve Elias, Lori



Pounds, Nasim Hedayati, Mark Meissner, and Peter Lawrence. The course had 42 registrants, with Fellows, Residents and attendees from Vascular Surgery, General Surgery, Interventional Radiology, Cardiology, and Vascular Medicine. Attendees hailed from all regions of the US; we had two international attendees as well. The course focused on superficial and deep venous disease and treatment in an interactive format, with hands-on sessions with industry partners, and concluded with a well-received game show "Password" to test the group's knowledge with give-away prizes. The feedback from attendees about course content and organization was excellent.



This is a testament to the continued success of the Resident/Fellow course over the last 15 years thanks to Dr. Steve Elias' tireless leadership. This year was the first year the course's name was changed as we targeted early career physicians take advantage of this excellent opportunity. As membership in the AVF was required for the trainees to get

reimbursement, we hope that the enthusiasm of the faculty and the benefits of the society will serve as an impetus for continued membership and contribution of these young physicians in the AVF.

*Thank you for the excellent course, well organized.
Practical, well-chosen lectures!
- Isaac Eisenstein, MD*



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AVF DAY OF SCIENCE – BEFORE AND BEYOND HEMODYNAMICS



Fedor Lurie, MD

Fedor Lurie, MD

In his 1986 letter to Drs. Norman M. Rich, Leonel J. Villavicencio, and Robert L. Kistner, John J. Bergan wrote that there is a need for those who are interested in studying venous and lymphatic disorders to have a place and time to discuss their findings and observations and to learn from each other. Dr. Robert L. Kistner replied that he agrees, but, "there probably are only a handful of people who will show up to this meeting." At the time of this exchange, there were not

At the time of this exchange (1986), there were not more than ten papers published annually. more than ten papers on the subject published annually in the indexed journals. Things changed dramatically during following decades. Not only have the number of researchers in the fields of venous and lymphatic disorders increased, but the field itself has significantly diversified. Today,

the papers related to veins and lymphatics appear in a vast variety of basic science, bioengineering and clinical journals and important research findings are presented at an increasing number of specialty society and scientific meetings. Along with multiple benefits of such diversification, some new challenges have appeared, sometimes impeding the scientific progress and disrupting delivery of appropriate care to patients suffering from venous and lymphatic diseases.

Historically, the limited resources available for venous and lymphatic studies were dispersed through a multitude of un-coordinated projects, frequently duplicating each other, addressing secondary clinical needs. This uncoordinated effort contributed little to the progress in knowledge and practice. Even the best study results have been looked upon from a very different perspectives by the regulators, policy makers, scientists and clinicians.

In an attempt to resolve this situation, in 2015 the American Venous Forum Board of Directors created a strategic initiative with a vision "to develop an all-inclusive forum for scientific exchange aimed at defining current research priorities in the area of venous and lymphatic diseases." This initiative was led by a committee including: Dr. John Blebea as the AVF President, Dr. Jose Diaz, Research Council Chair, Dr. Harold Welch, Annual Meeting Program Committee Chair, Dr. Faisal Aziz, Research Committee Chair, and Dr. Fedor Lurie. The committee decided to hold the first (pilot) half-day meeting just before the 2016 AVF Annual meeting. Branded as the AVF Day of Science (DOS), this meeting was designed to bring together the major stakeholders in the field of venous and lymphatic disease including representatives of industry, government agencies such as NIH and FDA, private payers, basic scientists, clinical researchers and practitioners. The representatives of these different sectors were asked to address the state of the field, discuss next steps for closing knowledge gaps in the selected areas, identify which data may influence positive changes in coverage and ultimately identify what

The vision for the AVF Day of Science, established in 2015, is to develop an all-inclusive forum for scientific exchange aimed at defining current research priorities.

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AVF DAY OF SCIENCE – BEFORE AND BEYOND HEMODYNAMICS *continued*

Fedor Lurie, MD

are the priorities for improvement in medical treatment of patients with venous and lymphatic diseases. The success of the first meeting in 2016 that addressed knowledge gaps and priorities in research in recurrent VTE and C2 CVD created strong momentum for the following Day of Science sessions as follows:

- DOS 2017 - focused on defining clinical and research outcome measures in C4-6 disease.
- DOS 2018 - discussed clinical research aspects of the Post-thrombotic disease resulting from ATTRACT trial.
- DOS 2019 - was dedicated to defining knowledge gaps and priorities in research related to lymphatic vessels and the small veins.

Since 2017, DOS successfully integrated the Basic Science section, and Bioengineering & Biomechanics section that were previously parallel sessions of the AVF Annual Meeting. This integration facilitated participation of industry-based engineers and scientists, and collaboration with other societies. The evolution of the DOS program continues to reflect the ever-changing environment of the venous and lymphatic fields of knowledge and practice. For millennia, the treatment options for patients with chronic disease have addressed the hemodynamic abnormalities (reflux and obstruction) that are results of the disease process. The disease itself remains untreated, mainly due to the lack of knowledge of pathology and pathophysiology of its early stages. Current developments in treatment modalities require deeper understanding of basic pathophysiological processes such as inflammation and vessel wall remodeling that precede the development of the venous flow disturbances. The goal of DOS2020, entitled “Before and Beyond Hemodynamics” is to educate our audience on the most recent developments in these areas and to increase the number of new studies of the role of these processes in venous and lymphatic diseases.

The basic structure of the DOS2020, part of VENOUS2020, remains unchanged. The morning session will have in-depth discussion of the best science abstracts submitted to the AVF meeting. The afternoon session will start with the summary of current knowledge of the key biological processes: inflammation and its resolution (Charles Serhan), Vessel genetic identity (Alan Dardik), and the most advanced techniques of imaging of the inflammation (Farouc Jaffer). The gaps in knowledge regarding primary CVD will be addressed by Joseph Raffetto (pathophysiology before the reflux), and Andrew Nicolaides (pathophysiology of COs – before the clinical signs). The next segment of the program is “The Bridges.” We will learn about resources for future research projects: animal model of venous obstruction (Alan Dardik), animal models of venous thrombosis (Jose Diaz), and how clinical trials can be a source for translational and basic research (Andrei Kindzelski). The final segment of the program, “The Future” will give the audience an opportunity to learn about the results and prospects of the projects

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AVF DAY OF SCIENCE – BEFORE AND BEYOND HEMODYNAMICS *continued*

Fedor Lurie, MD

supported by the AVF-JOBST Research Grant.

This exciting day of sharing knowledge and in-depth discussions is an opportunity to learn and to present different perspectives on the needs for future developments in chronic venous disease – from clinicians to biomedical researchers to engineers and inventors. We are looking forward to having an engaging and productive Day of Science at the American Venous Forum Annual



Day of Science – Beyond Hemodynamics

March 3, 2020
Amelia Island, FL

Register Now

Day of Science Schedule



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VENOUS2020 DAVID S. SUMNER SESSION



Hal Welch, MD

Hal Welch, MD

The Sumner Session at the AVF Annual Meeting is named in honor of the late David S. Sumner, 12th President of the American Venous Forum. Dr. Sumner was an internationally acclaimed vascular surgeon, researcher, and teacher. This year, to honor Dr. Sumner, the Past Presidents of the AVF are invited to share their wisdom and experience on a variety of topics of their choosing. As expected, there was an enthusiastic response, and 17 Past Presidents have accepted to participate in the Wednesday morning Sumner Session, March 4th. Several of the talks include:

- "Are Statins the Next Major Advance in the Management of VTE", by Dr. Anthony Comerota
- "Seeing is Believing: The Evolution of Venous Imaging", by Dr. Joann Lohr
- "Are we Looking for Reflux in all the Wrong Places", by Dr. Seshadri Raju;
- "Unsolved: A >50 Year Search For a Substitute Venous Valve" by Dr. Michael Dalsing.

It will be an entertaining and informative session, and sure to be one of the highlights of VENOUS2020.



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JVS-VL JANUARY 2020 ISSUE PREVIEW

Peter Gloviczki, MD & Peter F. Lawrence, MD



Peter Gloviczki, MD



Peter F. Lawrence, MD

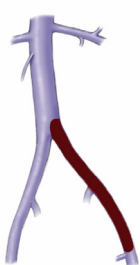
We wish all our readers and contributors a Happy New Year of 2020. We are pleased to introduce the January issue, that will announce our enlarged Editorial Board, with new AVF members John Blebea, Patrick Muck, Jose Diaz, Feisal Aziz, Mark lafrati and Anil Hingorani joining our board that is enriched also by a prominent list of new international experts.

The **Editors' Choice** article this month is entitled **"Quality of life after pharmacomechanical catheter-directed thrombolysis for proximal deep venous thrombosis,"** written by Dr Susan Kahn and colleagues for the ATTRACT Trial investigators. In the ATTRACT trial, pharmacomechanical catheter-directed thrombolysis (PCDT) did not reduce the occurrence of post-thrombotic syndrome (PTS) during 24 months of follow-up but reduced the severity of PTS and accelerated resolution of acute symptoms. In this analysis PCDT resulted

in greater improvement of disease specific quality of life (QoL), as measured by the Venous Insufficiency Epidemiological and Economic Study on Quality of Life/Symptoms (VEINESQOL/Sym) measure, than

Quality Of Life (QOL) After Pharmacomechanical Catheter-Directed Thrombolysis (PCDT) For Proximal Deep Vein Thrombosis (DVT)

ATTRACT Trial (Randomized Controlled Study) 691 patients with proximal (femoral-popliteal and iliofemoral) DVT



- ✓ In patients with proximal DVT, PCDT resulted in greater improvement in disease-specific QOL than no PCDT, at 1 month and 6 months, but not later.
- ✓ In patients with iliofemoral DVT, PCDT led to greater improvement in disease-specific QOL during 24 months.

JVS-VL Journal of Vascular Surgery Venous and Lymphatic Disorders Kahn et al. J Vasc Surg Venous Lymphat Disord, January 2020 Copyright © 2020 by the Society for Vascular Surgery* @JVascSurg @TheJVascSurg

controls at 1 month and at 6 months. In patient with iliofemoral DVT, PCDT led to greater improvement in disease specific QoL during the entire follow-up of 24 months vs anticoagulation alone. Therefore, PCDT may be a reasonable treatment in iliofemoral DVT in patients with low bleeding risk, and a willingness to undergo a catheter-based procedure.

The second paper deals with **"Spontaneous hemorrhage from varicose veins,"** written by Dr Amrit Hingorani and colleagues from Brooklyn, NY. Thirty-two patients (4% of 808 varicose vein [VV] patients) were treated for bleeding VVs; 16 had bleeding after coming into contact with warm water. All patients were treated with Unna boots, 20 underwent vein ablation. The skin defect or ulcer healed in an average of 2.1 weeks. Those with bleeding after warm water exposure had faster healing rate than those who did not. The take home message is that spontaneous hemorrhage from VVs is an uncommon but potentially fatal. It can

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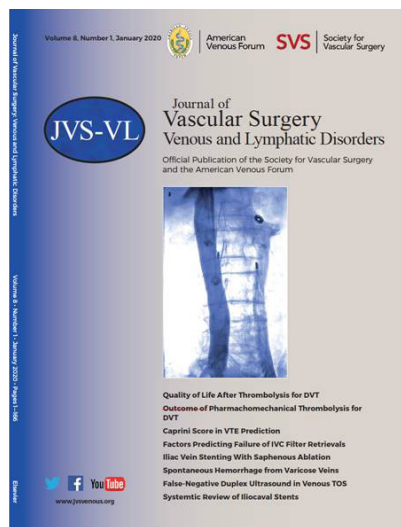
Peter Gloviczki, MD, & Peter F. Lawrence, MD

be safely and effectively treated with Unna boots.

The third paper is entitled **"Factors predicting failure of retrieval of inferior vena cava filters,"** written by Dr Katherine Morrow and colleagues from Cleveland, Ohio. Filter retrieval failure rate of 295 attempts was 16%, median filter dwell time was 196 days for the successful retrievals, 375 days for the failed attempts. Failure rate was 4% without inferior vena cava (IVC) wall penetration or if only the tines of the filter penetrated. Failure rate was 48% in those where the hook or the apex and 67% when the hook, apex, and the collar penetrated the IVC wall. The take home message is that filters with any significant penetration have increased rates of retrieval failure.

The final article is entitled **"False-negative upper extremity ultrasound in the initial evaluation of patients with suspected subclavian vein thrombosis due to thoracic outlet syndrome,"** written by Dr Evan Brownie and colleagues from St. Louis Missouri. Among 214 patients treated surgically for venous thoracic outlet syndrome (vTOS), 21% had a false negative study on initial ultrasound. These patients are less likely to have a definitive diagnostic imaging within 48 hours and more likely to require subclavian vein reconstruction because of delay in diagnosis. The authors suggest starting anticoagulation even with negative ultrasound in patients with high index of suspicion for vTOS and consider proceeding with catheter based venogram to rule out thrombosis or proceed with thrombolysis if needed.

Enjoy reading these four and all other great articles in the January issue of JVS-VL. A video of the Editor's introduction article may be found online at jvsvenous.org.



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