

VEIN SPECIALIST

NEWSLETTER



VENOUS2021 - GOING VIRTUAL



American Venous Forum
Promoting venous and lymphatic health

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The Ancient Order of the Froth Brothers

The Froth Brothers were an unreal or really non-existent group of mercenaries organized by a Mike Hoare to overthrow the Marxist president of the Seychelles Islands in 1981. Why am I telling you this obscure and inconsequential fact? Because Mike Hoare died in 2020 at the age of 101. The mercenary coup went awry, failed and Mike and his “friends” escaped by hijacking a plane to South Africa. Mike lived almost 40 years after this event. Remember this story as you read on.



—Steve Elias, MD

In late December, at the end of every year, everyone (or most) take stock of their lives. For some symbolic reason. The end of the year is not the end. Time is continuous and we merely allocate intervals to signify something. January 1st may as well be July 1st or September 31st. Is there a September 31st? It's like conceptualizing the physical end of the Universe. It doesn't end. There is nothing on the other side. But there is always something on the other side.

Medicine is like that. It is without boundaries. The only boundaries are those that we impose on ourselves to hinder progress. And those that do are left behind. How vividly I remember over 20 years ago the opposition to the impossibility

or the possibility of endovenous ablation by those in power in the AVF in the late 1990's and early 2000's. Some of these people are still alive and still part of AVF. The naked naysayers left behind. Who's laughing now?

We weren't laughing during last year's annual meeting. We were joking a bit about this “corona virus thing” but we really didn't appreciate the ensuing enormity. That meeting in early March was most likely the last meeting that most of us have attended in person. Well, it will continue to still be the last meeting as of this writing.

But the AVF forges ahead despite adversity as Michael Hoare did when the coup crashed. He made other plans. And so have we.

Our next annual meeting is virtual. A lot of work has gone into this. This issue of Vein Specialist gives you the Big Picture and some highlights. Read on. This year there is no excuse for not attending. No travel, No hotel, No nothing. Just our annual meeting. Put it on your calendar. You don't even need to wear a jacket or tie or fancy dress. I'm not even sure what a tie is. Enjoy AVF camaraderie from your own home. What could be better?

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VIRTUAL MEETING
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Virtually Ready for 2021

The American Venous Forum Annual Meeting is an exciting, informative time for all who attend. Authors present cutting edge research in all areas of venous and lymphatic disease. Education and interaction with vein specialists are of paramount importance. The annual meeting that took place in March 2020 occurred in person. At the meeting, several New York based colleagues started discussing travel restrictions due to COVID-19. After the meeting, the world became aware of the what the ensuing months ultimately brought. WebEx's, Zoom calls, and other virtual ways to interact, stay in touch, and learn from one another. COVID -19 changed the world.

The program committee was initially charged with putting together an in-person meeting, then maybe a hybrid meeting, then came the charge to switch to virtual. Our number one goal was to provide the same quality as the past meetings



—Kathleen Ozsvath, MD

had been. Excellent abstracts, the energy from our monthly calls, the behind the scenes work from the administrative team, and the leadership from the AVF President, Harold Welch and the Executive Board, changed the conversations to “we can do this”! We worked hard on making sure to provide traditional AVF programming, such as the Villavicencio session and the Day of Science. We added a session specifically related to COVID-19. The scientific sessions were filled with excellent abstract presentations. As we planned, we made sure, to keep interaction and discussion in the forefront.

We have had great working relationships with our industry partners. They have worked with us to support the program in the best “virtual way” possible.

The program committee is excited to present the Annual Meeting Program virtually. The content and the interaction will not disappoint.

We will See You All, Virtually!

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AVF *Scientific Session One*

COVID-19 and Venous Disease

– Moderators: Harold Welch, MD and Kathleen Ozsvath, MD

We first felt direct effects of the COVID-19 pandemic during the 2020 AVF Annual Meeting in Amelia Island where our New York colleagues were talking about not being able to get home because of travel bans. None of us could imagine what would unfold over the ensuing months. In a “new normal” of social distancing, WebEx calls, ZOOM meetings, and clinical work complicated by caring for sick patients while wearing PPE, the AVF through its committee volunteers has accomplished a great deal since March 2020.

The first scientific session is dedicated to COVID infection as it relates to venous complications. Below, we highlight the key findings of two of the abstracts that will be presented during the session.

Abstract AVF7, in a multi-site healthcare system experience, Camila Mesa et al studied deep venous thrombosis (DVT) and pulmonary emboli (PE) in COVID-19 infected patients compared to pre-pandemic hospitalized patients. From March to June, 427 hospitalized patients were infected with COVID-19. Of these patients, 10.8% had documented DVT/PE compared to 0.03% in the non- COVID infected population. The authors found heart rate, respiratory rate, white blood cell counts, platelets, d dimer, were higher in the DVT /PE cohort. Inflammatory markers were higher as well, including ProBNP, IL-6, and procalcitonin.

In Abstract AVF8, Elias and Elias sought an attempt to preserve PPE and decrease the exposure to COVID-19 in patients and vascular lab technologists in Englewood NJ, by instituting protocols whereupon vascular lab testing requests were screened by a full-time vascular surgeon to determine if the results would alter or impact patient care. In a six-week period from March to May 2020, 146 patients had 226 exams requested. After initial chart review and/or discussion with the ordering individuals, 112 exams were performed (49% of requested). Of the 112 exams performed, 25 were positive (22%). Without screening, the positive rate would have been 11% (25/226). By screening, testing was decreased by 51%, resulting in a decreased risk to all involved and savings in PPE.

We hope you will attend this session and look forward to moderating what promises to be a very strong start to the scientific sessions at VENOUS2021.



– Harold Welch, MD



– Kathleen Ozsvath, MD



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AVF *Scientific Session Two*

Quick Shots

– Moderators: Faisal Aziz, MD and Andrea Obi, MD

Interested in the unusual (or usual) clinic scenario with little clinical data to guide your treatment plan? The virtual AVF quick shot session is packed with interesting data for the venous specialist encompassing topics of medical therapy post stenting, whether to treat deep or superficial disease first, managing Xa levels and venous stent outcomes in pregnancy. Difficult clinical scenarios such as renal vein thrombosis in a young patient, central venous occlusion from arterial aneurysm and calciphylaxis masquerading as warfarin induced skin necrosis are highlighted.

In slightly over a year, the endovenous landscape has been transformed with introduction of the first nitinol stents specifically designed for deep venous indication. Despite widespread adoption into clinical practice, the optimal type, dose, target range and duration of anticoagulation therapy following endovascular DVT therapy has never been studied.¹ Patency rates vary by indication: stenting for non-thrombotic iliac vein obstruction approach 100%, while 40% of patients with chronic DVT undergoing stenting for PTS require an additional procedure to restore stent patency within the same time frame (four years).²⁻⁴ In abstract 13, Dr. Matson and colleagues from the University of Virginia highlight the particularly difficult scenario of patients with recurrent stent thrombosis undergoing secondary recanalization and venous stenting. These high-risk patients were treated with a standardized dual antiplatelet therapy and anticoagulant therapy regimen post operatively. Primary patency at initial follow up was 80% and assisted patency at three months was 100%. While a small patient cohort, it brings to light some very large questions regarding the lack of information we have on the interaction of venous stents with the vessel wall, the role of inflow and previous interventions and large trials to guide post venous stenting medical therapy compared to the arterial literature.⁵ We are excited to hear from our colleagues their view of these challenging patients and some insights into the next best steps for determining optimal medical therapy.

In abstract 15, Dr. Alsheekh and colleagues from Brooklyn, NY sought to compare the impact of venous ablation and iliac vein stenting on 726 patients with venous reflux disease who present with swelling. The patients were surveyed about their symptomatic relief after the procedures: 83% of patients reported improvement in swelling. About 18% of patients felt that both procedures equally helped, 23% felt that iliac vein stenting was superior, 24% reported that endovenous ablation was superior, 16% reported that neither procedure helped



– Faisal Aziz, MD



– Andrea Obi, MD



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and 19% were not sure which procedure helped. The authors also found that older patients were not sure which procedure helped them and the younger patients reported that endovenous ablation helped more for symptomatic relief. This is an interesting study, based on patients' report of symptomatic relief and highlights the importance of this to be studied in future randomized controlled trials. The authors suggest that age of a patient may have a role to play in choice of operation for treatment of chronic venous reflux disease with leg swelling.

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AVF *Scientific Session Three*

Deep Venous Disease

– Moderators: Angela Kokkosis, MD and Robert Attaran, MD

The quest for knowledge in the iliofemoral venous stenting arena continues in Scientific Session 3 - Deep Venous Disease I, on Thursday March 18th.

One of the abstracts, "Anticoagulation of Venous Stents for Non-Thrombotic Venous Lesions (NIVL) Does Not Increase Stent Patency," examined stent patency at 30 months for NIVL with anticoagulation (313 stents) versus without (80 stents). The authors determined that there was no significant difference in patency at 30 months (99% vs 98.5%), and thus prophylactic anticoagulation may not be necessary peri-operatively. However, if there was any evidence of thrombus formation, then anticoagulation would be indicated.

Juxtaposed with this presentation, is a study that examines the mechanism of venous in-stent restenosis, "Human Vein In-stent Restenosis: A Clinic-pathologic Study." A total of 163 endovascular biopsy samples from venous stents were examined, and it was determined that not only is venous in-stent restenosis different than arterial, but that an element of thrombus (fresh, organizing, or old) was present in every sample. The authors concluded that certain anticoagulation methods may reduce the development of venous in-stent restenosis. So what is the correct answer? To anticoagulate or not? You will have to tune in to find out!



– Angela Kokkosis, MD



– Robert Attaran, MD



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AVF *Scientific Session Four*

Deep Venous Disease II

– Moderators: Patrick Muck, MD and Alessandra Puggioni, MD

VENOUS2021 once again has an incredible slate of presentations. Scientific Session 4 - Deep Venous Disease II features an impressive body of work from a collaboration between Tufts University and Massachusetts General Hospital. Their abstract, AVF #44, Deciphering the Enigma of Renal Vein Compression (Nutcracker Syndrome), kicks off the session on Friday March 19th at 10:00AM. They examined over 500 patients and the subset that underwent intervention. They concluded the majority of patients with Renal vein compression have compensated for the renal venous outflow obstruction and present with symptoms of pelvic varicosities, pelvic pain or varicocele. Less commonly they complain of renal manifestations. It appears that many can be treated with the simpler gonadal vein embolization rather than direct alleviation of the renal vein compression.

Another remarkable contribution was made by the Mount Sinai group in NY, led by Dr. Windsor Ting and it will be presented as abstract #46, Technical Considerations of Iliocaval Venous Anomalies During Venous Stenting. The authors evaluated 845 patients who underwent iliac venous stenting for chronic venous outflow obstruction. They obtained preoperative CT or MR venography and intraoperative venography and IVUS. The investigators observed an overall 15% incidence of venous anomalies, most common being a high IVC bifurcation (56%). Next most common were a right internal iliac vein draining into the proximal left common iliac vein (23%), and a double IVC (9%), which both could be identified preoperatively. In contrast, a high IVC confluence could only be detected by venogram and not IVUS, and it required longer or multiple stents. This study demonstrates a higher incidence of iliocaval venous anomalies than expected, and it suggests it is time to refuel the discussion on optimal imaging modalities prior and during venous stenting procedures.



– Patrick Muck, MD



– Alessandra Puggioni, MD



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JOIN OUR WEBINAR

Venous Thromboembolism: The Changing Treatment Landscape

THURSDAY, FEBRUARY 4, 2021 • 8:00 PM (EST)

THIS INTERACTIVE, PRACTICAL, 75-MINUTE WEBINAR WILL INCLUDE:

- An overview of VTE
- Treatment algorithms
- Future therapeutic options
- VTE approaches and results
- Question and answer session with attendees

Moderators:

Dr. Ellen Dillavou, Duke Health & AVF Education Council Chair
Dr. Ruth Bush, University of Houston & AVF Secretary

Panelists:

Dr. William Marston, University of NC & AVF Vice President
Dr. David Dexter, Sentara Healthcare & AVF Committee Member
Dr. Patrick Muck, TriHealth & AVF Board Member
Dr. Glenn Jacobowitz, NYU Langone & AVF Treasurer

Penumbra



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AVF *Scientific Session Five*

Superficial Venous Disease

– Moderators: Eric Hager, MD Julianne Stoughton, MD

We are excited to present several noteworthy abstracts in “Scientific Session 5 – Superficial Venous Disease” on Saturday, March 20, 2021. For those experienced in treating superficial veins, we know that there cannot always be just one tool to treat all veins. Patient anatomy can dictate which ablative methods are best, and sometimes a combination of tools can help to improve results and lower risk of complications.

In the abstract “Percutaneous Cyanoacrylate Sandwich Technique Combined With Segmental Sclerotherapy for Very Superficial Vein Treatments”, Dr. Sakakibara and colleagues from Japan describe a technique of combining glue for the intra-fascial veins and sclerotherapy sandwiched with glue every 5 cm for the more superficial saphenous segments. They experienced excellent closure results, minimal pain scores, and this sandwich technique helped to minimize the phlebitis-like abnormal reaction (PLAR) which can be commonly seen with cyanoacrylate treatment in subdermal veins. There were 24 (41%) of patients treated with this technique, and the combination seemed to prevent PLAR completely in this group of patients. Further study is of course required, but this is a novel demonstration using a combination of techniques which seems to improve patient outcomes.

The treatment of advanced venous disease has progressed along without understanding of the pathology of venous hypertension. Current literature helps guide the treatment of proximal venous disease but there is very little information on the best approach for patients with reflux in the veins of the foot and ankle. In the abstract “Sclerotherapy as a Safe and Valuable Method of Treatment of Incompetent Veins on the Foot and Ankle,” Dr. Jaworucka-Kaczorowska and colleagues from Poland attempt to address this by describing the outcomes of 682 patients with foot and ankle vein incompetence treated with sclerotherapy. The patients suffered from corona phlebectatica, foot varicosities or venous ulcerations. All patients underwent ultrasound-guided foam sclerotherapy of the foot and ankle varicosities along with saphenous ablation. Post-procedure complications of the ablations were minimal with improvement of the CEAP and VCSS score at 1, 3, 6 and 12 months. The authors concluded that treatment of venous insufficiency should not stop at the ankle, and that ablation of the varicosities in the foot is safe and can improve patient satisfaction.



– Eric Hager, MD



– Julianne Stoughton, MD



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AVF *Scientific Session Six*

Lymphedema and Contemporary Venous Care

– Moderators: Lori Pounds, MD and Mikel Sadek, MD

“Seasonal Variation in Swelling of Lower Extremities in Patients with CVI”

A great deal is mentioned regarding variation in lower extremity swelling during the day. Many treatment recommendations or unofficial advice(s) are based on this diurnal variation. Little has been quantitated regarding seasonal variation, yet many of us experience this with our patients anecdotally.

This manuscript evaluated 589 patients with a primary presentation of lower extremity edema. Clinical as well as venous duplex ultrasound variables were recorded. Interestingly, 53% reported seasonal variation with worsening symptoms occurring in warmer weather. Of those reporting, 60% were women and 39.7% were men (statistically significant). The remaining demographics were not revealing, nor were the ultrasound findings.

These findings in patients with edema are fascinating, and it should generate a lot of interesting discussion regarding implications for the diagnosis of, and indications for, invasive treatment in patients with C3 disease.

“A Single-Center Experience of Anterior Accessory Saphenous Vein Endothermal Ablation Demonstrates Safety and Efficacy”

This VQI based manuscript from a single academic institution reviewed 314 limbs over a two year period for just procedures on the Anterior Accessory Saphenous Vein (AASV) documenting in granular detail details such as the demographics, VCSS score and treatment modality. They had great follow-up with less than 1% of patients lost.

Of interest is that the average size of the AASV is large, averaging 7.93 mm +/- 2.69mm. that is larger than a fair number of the great and small saphenous veins commonly ablated; and yet the same safe outcomes were achieved with low EHIT rates of 0.6% and successful ablation rates of 96.5%. For some insurance carriers that still want to decline authorization for documented reflux in this vein, hopefully this large experience will help formulate policy that it is indeed safe and justified to perform.



– Lori Pounds, MD



– Mikel Sadek, MD



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AVF Scientific Session Seven

Venous Thromboembolism (VTE)

– Moderators: Antonios Gasparis, MD and Efthymios “Makis” Avgerinos, MD

FEATURED ABSTRACTS:

(AVF62) Risk of Deep Venous Thrombosis with the Use of Foamed Sclerosant for Symptomatic Superficial Venous Insufficiency

Patrick Beyer¹, Thekla Bacharach², Anand Dayama², Jean Panneton², David Dexter²

¹Naval Medical Center Portsmouth, Portsmouth, VA, USA, ²Eastern Virginia Medical School, Norfolk, VA, USA

(AVF66) Discordant aPTT and Anti-Xa Values More Common than Realized in Hospitalized Patients Treated with Intravenous Unfractionated Heparin

Hanna Sams¹, Joann Lohr², Fonda Wilkins², Jonathan Sexton²

¹Prisma Health/University of South Carolina, Columbia, SC, USA, ²William Jennings Bryan Dorn VA Medical Center, Columbia, SC, USA

Dr. Beyer et al (Portsmouth, VA and Norfolk, VA) share a large real world retrospective experience of foam sclerotherapy associated DVT. Out of the 450 patients included in the study, approximately one third received foam sclerotherapy alone, the remaining received a combination with either thermal ablation or phlebectomy. The observed DVT rate of 10.7% is one of the highest reported in the literature. The majority of these DVTs were contiguous with the treated vein segments and only 40% required anticoagulation therapy for an average of 6.1 weeks. There was no difference in thrombotic events between the Varithena group and the physician compounded foam sclerosant group. A dose-related association was not reported.

Dr. Sams et al (Columbia, SC) present a retrospective review of 34 patients with arterial or venous thrombosis receiving unfractionated heparin. The authors sought to identify discrepancies between simultaneous anti-Xa and aPTT measurements and their impact. Interestingly, all patients were found to have discordant values in anti-Xa and aPTT at one or multiple points during hospitalization. Two patients who initially had monitoring by anti-Xa levels experienced major complications (pulmonary embolism and major bleeding) due to either therapeutic anti-Xa in the setting of sub therapeutic PTT or sub therapeutic anti-Xa in the setting of therapeutic PTT. The results of this study demonstrate a need for reagent and laboratory standardization as well as dosing protocol individualization depending on the clinical scenario.



– Antonios Gasparis, MD



– Efthymios “Makis” Avgerinos, MD



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Top Abstracts and Late-Breaking Trials Session

– Moderators: Ruth Bush, MD and Edgar Guzman, MD

Based on the two summaries below, you are not going to want to miss this exciting session.

AVF 21 – Results from the FLASH Trial

Patients with high and intermediate risk pulmonary emboli (PE) have very high mortality rates (30% and 15%). The FLASH trial is ongoing, evaluating the FlowTrier System (Inari Medical) for thrombectomy in these patients. This is an over-the-wire device combining both mechanical and aspiration actions to remove thrombus. There is no need for additional thrombolytic agents though they can be used, and the design allows for use in large vessels with a greater thrombus burden. To date, approximately 200 patients have been enrolled, with 90% being intermediate-risk and 10% at high-risk. Patients are highly symptomatic with RV/LV ratios of 1.54 ± 0.47 and sPESI of 1.54 ± 1.06 . The primary endpoint of major adverse event (all extracranial bleeds) occurred in only 3 patients in the intermediate -risk group. Dr. Wissam Jaber will be presenting these and other interim results in this exciting trial which may save lives in patients at risk for respiratory and hemodynamic failure due to a large PE.

AVF24 – VIVO Clinical Study Results

A myriad of stents has been used in the iliac veins for treatment of venous outflow obstruction. The Zilver Vena Venous Stent is FDA-approved for the treatment of symptomatic iliofemoral venous obstruction. The international VIVO Trial evaluated its use in 243 patients from 30 clinical trial sites. Dr. Anthony Comerota will present the 12-month industry data on these patients who had CEAP clinical classification of at least 3 and a VCSS pain score ≥ 2 , with 70% of patients having chronic symptoms. Clinical improvement, freedom-from-intervention and freedom-from-symptoms were the primary metrics of interest. The outcomes following Zilver implantation for venous obstruction (mostly external iliac artery compression syndrome) are excellent and we look forward to hearing the details in this patient-outcomes focused trial.



– Ruth Bush, MD



– Edgar Guzman, MD



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The 2021 D. Eugene Strandness Jr, MD Memorial Lecture

"The Rise, Fall, and Rise Again of Ultrasound Guided Foam Sclerotherapy (UGFS) for the Treatment of Lower Limb Superficial Venous Disease"

Professor Andrew W. Bradbury BSc (1st), MB ChB (Hons), MBA, MD, FEBVS, FRCSEd, FRCSEng

Sampson Gamgee Professor of Vascular Surgery University of Birmingham, UK, Consultant Vascular and Endovascular Surgeon University Hospitals Birmingham NHS Foundation Trust, UK, Director, West Midland Vascular Ltd.

The 2021 Strandness Memorial Lecture will be presented by Professor Andrew Bradbury of Birmingham, England. Professor Bradbury was educated at the University of Edinburgh Medical School where he received numerous honors. He was a Senior Clinical Fellow in Vascular Surgery at St. Mary's Hospital in London, and a Senior Lecturer and Honorary Consultant Surgeon at the Royal Infirmary in Edinburgh. Among his many appointments were the Director of Research and Development for the Heart of England NHS Foundation Trust (2002-06); Education Dean, University of Birmingham Medical School (2006-08); Director of Quality Assurance and Enhancement, College of Medical and Dental Sciences, University of Birmingham (2008-10). He has also participated in NICE Guidelines Development Groups and Advisory Groups for both peripheral arterial disease and venous disease. Professor Bradbury was President of the UK Venous Forum of the Royal Society of Medicine, 2010-12; and President of the European Venous Forum, 2015-16.

Professor Bradbury has been the recipient of major research grants. He is the Chief Investigator for the BASIL-2 and BASIL-3 trials in peripheral arterial disease, and is a senior co-investigator with Alun H. Davies in the EVRA Trial and several other venous trials in the UK. Professor Bradbury has authored over 300 original articles in peer reviewed journals, and 30 textbook chapters, as well as editing a number of undergraduate and postgraduate textbooks.

Professor Bradbury has extensive experience with Ultrasound Guided Foam Sclerotherapy, and we look forward to his Strandness Lecture.



– Andrew Bradbury

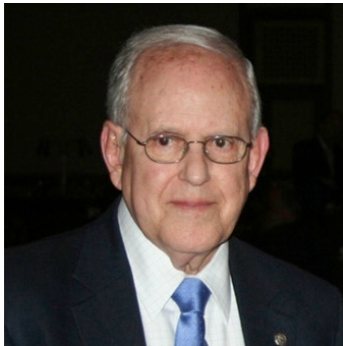


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Horizons of Venous Disease Management: What Critical Therapies do we Need to Take Patient Care to the Next Level?

Moderator: William Marston, MD

Saturday March 20, 2021
10:00 AM – 11:00 AM (ET)



J. Leonel Villavicencio, MD

Dr. J. Leonel Villavicencio was one of the founding members of the American Venous Forum and its first Secretary. He was the founder and Director of the clinic for venous and lymphatic diseases at Walter Reed Hospital for over 20 years. A constant innovator in the management of venous diseases, he continuously searched for solutions to poorly treated problems facing patients with venous and lymphatic diseases.

The 2021 Forum has engaged thought leaders in three critical areas of Venous Disease to consider the future, where gaps in our current capabilities demand novel therapies to improve outcomes for our patients.

- Superficial Venous Disease
- Pelvic Disease
- Lower Extremity Deep Venous Disease

Panelists will identify situations where we lack good therapies and where we need innovative devices, pharmaceuticals or other information to improve care for patients. A panel discussion will allow the online audience to ask questions facilitating discussion of the key needs to improve management of patients with venous diseases.



– William Marston, MD



SUMNER SESSION AT THE AVF ANNUAL MEETING

The State of the AVF – The Future is Bright!

Moderator: Antonios Gasparis

Thursday, March 18, 2021
10:00 AM (ET)



David S. Sumner, 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, we look forward to honor Dr. Sumner's namesake session with The State of the AVF – The Future is Bright!

Behind the scenes, the AVF is constantly improving member benefits, implementing new programs, innovating education and much more, all to advance the mission of the AVF for its members.



– Antonios Gasparis, MD

Join this session hosted by
President-Elect, Antonios Gasparis,
to take a look into the **AVF's future.**



SUMNER SESSION AT

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PRESENTATION

The Administrative Transition
Venous Education Series
Publication Business & Patient Education
AVF Communications
Guidelines Development
International Ambassador Program
Focused Practice Designation
Venous Advisory Council

SPEAKER

John Forbes
Ellen Dillavou
John Blebea
Steve Elias
Elna Masuda
Jorge Ulloa
BK Lal
Harold Welch



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Treatment for Varicose Veins of the Lower Extremity

– Mark Iafra, MD – Chair, AVF Health Policy Committee, Harold Welch, MD - President, AVF

Below you will find a message from the American College of Surgeons Bulletin Brief email, detailing Congress' action to stop Medicare Physician Payment Cuts.

A month or so ago, we asked you to participate in this advocacy movement. We would like to thank all the AVF members who wrote to their Senators and Representatives, and let you know that your efforts were successful.

This is an example of what you and the AVF Health Policy Committee can accomplish.



– Mark D. Iafra, MD

Legislative and Regulatory Updates

Advocacy in Action: Congress Acts to Stop Medicare Physician Payment Cuts

On December 22, 2020, Congress passed an extensive and highly anticipated COVID-19 relief package. Most notably, the measure included ACS-supported language to protect patients' access to surgical care by stopping drastic cuts to Medicare physician payment.

This legislative victory would not have been possible without ACS member participation, including a record-breaking number of grassroots efforts to contact Congress about this critical advocacy priority. Approximately 5,000 surgeons from all 50 states plus the District of Columbia sent nearly 20,000 letters to Capitol Hill demanding that Congress stop these harmful cuts, including 2,000 new surgeon advocates who had not contacted Congress prior to this call to action. To put this unprecedented level of grassroots participation into perspective, in 2020, a total of 30,000 letters were sent to Congress on any federal legislative priority.

Ultimately, this advocacy effort demonstrated that strength in numbers is key, friends of surgery in Washington are listening, and sending pre-drafted letters and making calls to legislators is effective. Additionally, personal testimonials and experiences are essential to help tell the story. Whether you contacted Congress by meeting with your lawmakers, writing letters, making phone calls, or by using social media, your efforts made a difference, and we thank you. The ACS Division of Advocacy and Health Policy looks forward to maintaining strong SurgeonsVoice grassroots momentum during the 117th Congress.

To learn more about comprehensive ACS efforts to stop CMS' Medicare payment cuts, visit facs.org.

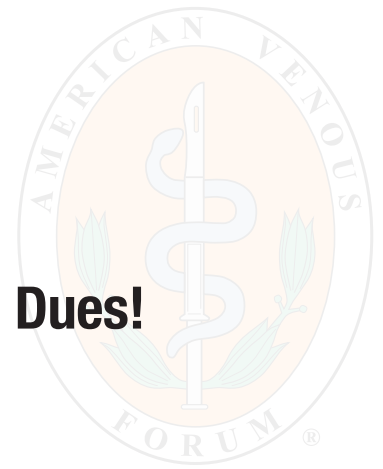


– Harold Welch, MD

FULL ARTICLE
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AVF Member *Community*



It's Time to Renew your AVF Membership Dues!



You Can Renew Your Membership
and Register for **VENOUS2021**
AMERICAN VENOUS FORUM at the Same Time.

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