



American Venous Forum

Promoting venous and lymphatic health



VEIN SPECIALIST

NEWSLETTER

July 2019 | veinforum.org



PRESIDENT'S MESSAGE

Brajesh Lal, MD

Information is the basis of our lives. Without that, there can be no planning, execution, or assessment of accomplishments / failures. Yet, in this age of information overload, there have been so many times I have pulled at my (precious few) hairs in absolute frustration! Don't we have enough already? Why, then, do we need yet another newsletter you may ask?

Here's why...

It's not so much the volume of information that frustrates me (or us), but its organization. In the middle of a busy life, I need all the information I can get, but it needs to be synthesized into relevant and cogent capsules. It should be organized in a hierarchy that lets me quickly decide whether the topic is important to me. It should then allow me to explore the subject in moderate detail. Finally, if it perks my interest a whole lot, it should let me dive headlong into more and more detail.

The energetic and enthusiastic Editor and Editorial Board of Vein Specialist have done a great job of sticking to this plan. Vein Specialist is committed to bringing you a compilation and summary of all that is important, new, astonishing, shocking or even troubling, that is happening in the world of veins and lymphatics.

We hope you enjoy spending a few minutes each month, scanning through the topics and we are confident that you'll find more than one that will catch your eye and draw you in to read more about it.



AVF President
Brajesh Lal, MD

INSIDE THIS EDITION

- President's Message 1
- Letter from the Editor 2
- Recap: Spring Fellows and Residents Course 4
- Health Policy Update 6
- Find Your Vein Specialist 7
- Join AVF Today 8
- Upcoming Meetings 9
- C-TRACT Clinical Trial 13
- AVF-JOBST Grant 15

LETTER FROM THE EDITOR



Steve Elias, MD

ESCAROLE AND BEANS

Steve Elias, MD, Editor in Chief

There are many existential questions that can be asked. There are many practical questions that can be asked. But I am sure that the TSA agents at Newark Airport have not been asked, “Can you bring escarole and beans on the flight?” My wife is Italian. I am Greek-Jewish. Growing up I was never exposed to escarole. Beans, of course. My Greek grandmother cooked a mean flanken and beans. Escarole? Not on anyone’s radar screen. But airline food is so “airline food”. So when leaving for a recent trip I asked my wife to pack some leftover escarole and beans to eat on the flight. This raised a number of unanswerable questions. If you Google: “Can I bring escarole and beans through security?” You get many disjointed answers. This is not a situation the TSA needs to confront on a daily basis. Maybe never. I was in a quandary. Do I bring the escarole and beans risking needing to throw it out or not even try? What would you do? I chose not to even try.



Escarole and beans is such a simple, peasant dish. Both ingredients are cheap. The world would not end if it was wasted. When cooking escarole and beans one needs to answer a crucial question: “Do I cook each ingredient separately or together?” I am more of a separatist. This gives you options. Who wants to commit to the melding of ingredients? Maybe you just want to eat escarole. Maybe you just want to eat beans. Separate but equal. But who am I to tell you how to cook? My wife does it as her grandmother did. Time tested.

The AVF is time tested also. We also have many recipes for success. Sometimes we keep things separate: escarole alone and beans alone. Other times we mix things together. This edition of the “new and improved” Vein Specialist brings together a number of AVF separate initiatives, AVF member initiatives and initiatives by our AVF colleagues. BK Lal, our President, gives us his take on the world of AVF. Nasim Hedayati tells us where we are going with the next Fellows and Residents Course. In the Winter we heed the advice of author and newspaper editor Horace Greely who is credited with the phrase: “Go West, young man.” He was commenting on America’s westward expansion and the notion of “manifest destiny.” We are heading West to Sacramento for the course.

INSIDE THIS EDITION

President’s Message	1
Letter from the Editor	2
Recap: Spring Fellows and Residents Course	4
Health Policy Update	6
Find Your Vein Specialist	7
Join AVF Today	8
Upcoming Meetings	9
C-TRACT Clinical Trial	13
AVF-JOBST Grant	15





LETTER FROM THE EDITOR *continued*

Steve Elias, MD

I give a synopsis of the past course which was held in the East at Englewood. Dan Monahan's article continues the western theme. The West Coast Vein Forum article by him tells us what it is about and who should attend. Mark Meissner has said, "Vein care is an East Coast centric specialty." Meissner, you are wrong. AVF is seeking equanimity for each coast. Continuing the western centric theme, our annual meeting held in Amelia Island, FL is discussed by Stacey Meyer.

If you thought the ATTRACT Trial was important, Suresh Vedantham has another NIH supported trial starting: the C-TRACT Trial. Very important trial. Read about it and more importantly see how you can easily refer patients for the trial.

Finally, we have an article by Mikel Sadek about the ongoing AVF-JOBST. Jobst has done this for a long time. Read about what it is and how one can apply. This research grant has supported many of our members. But the question I posed to the TSA agents would not qualify for the generous AVF-JOBST grant.

The TSA agents I posed the escarole and beans question to had no sense of humor. Surprised? I wasn't. I didn't try to bring the escarole and beans through security. But I posed the question to 2 of TSA's finest. The first part of my plan was to find a TSA agent that knew about escarole and beans. A dish of Italian descent. After passing through security at Newark I profiled some agents. I needed to ask the burning escarole and bean question to someone who had an idea of what it was. I found 2 TSA agents standing together. One clearly not Italian and the other a good possibility. The incredulous look on their faces was priceless. My direct question: "Can one bring escarole and beans safely through security?" One agent had the look of a Stranger In Paradise – clueless. The other took the bait. He asked, "How much liquid is in it?" I said, "Mostly solid, some olive oil." This did not suffice. I asked, "Would you be concerned that the liquid content would be a security threat?" Blank stare. I mentioned how the liquid is really tasty especially when soaked up by a piece of crusty bread. He didn't flinch. No sense of humor. Not surprised. A conversation then ensued between the agent and his partner. After much private discussion the answer came when he asked his partner this question: "Can you bring chili on the plane from home?" It was determined that not even chili was absolved. Apparently chili can be used as a weapon. Imagine someone trying to inflict harm with a bowl of chili. Heartburn; yes. Significant harm; no. Enjoy this issue of Vein Specialist.

INSIDE THIS EDITION

President's Message 1

Letter from the Editor 2

Recap: Spring Fellows and Residents Course 4

Health Policy Update 6

Find Your Vein Specialist 7

Join AVF Today 8

Upcoming Meetings 9

C-TRACT Clinical Trial 13

AVF-JOBST Grant 15



SPRING FELLOWS, RESIDENTS, AND EARLY CAREER COURSE



Steve Elias, MD

Steve Elias, MD

Why do we still do this? Don't all fellows and residents get enough venous exposure during their training? The course was started 14 years ago as a private course funded by industry to fill a perceived void in training. It became part of the AVF about 4 years ago while maintaining the formula that had made it successful. When the course started, the endovenous revolution for superficial vein care, new technologies, was maturing. There was very little that was new in deep venous disease management. When fellows were surveyed at that time, a very small percentage felt they had adequate training. Unfortunately, it is still true today. This is why we still need the course.



What the Spring Course does is not only showcase the available technologies but, more importantly, we get fellows and residents to understand what vein patients want to accomplish. Vein patients have significantly different goals than arterial patients. This year, there were 34 attendees. The key to the success of the course is having the right mix of faculty. This spring there was a great group: Makis Avgerinos (Pittsburgh), John Carson (Maine), Shelia Coogan (San Antonio), Nick Sikalas (Stony Brook) and Kathleen Ozsvath (Albany). Anyone can give a talk but the faculty is asked to give information and to engage the attendees during their presentations. This is done by an interactive format that forces attendees to think and solve a problem (see the [agenda](#)). Faculty responsibilities also include personal interaction with attendees and industry during breaks, hand-on sessions, lunches and dinners. This is a big commitment. Getting the right mix of faculty is what I consider the most important aspect to a successful course. Our group more than accomplished this.

The whole theme of the meeting is to have a relaxed, intimate atmosphere. Everyone feels that "We are in this together for the next 2 and 1/2 days." Jeans, casual shirts and sneakers are de rigueur for faculty, attendees and industry. Aside from the lectures that include clinical cases, there is also live ultrasound imaging of patients with fellows "playing doctor". They speak with and examine these patients as if they are seeing them in clinic and come with a care plan.



The course cannot occur without industry support, both monetary and with participation, during the course. As can be seen from the [agenda](#) there are hands-on sessions the first 2 days. Attendees are divided into small groups of



Fall Fellows/Residents/
Early Career Course

December 6-7, 2020
Sacramento, CA

[More Information](#)

INSIDE THIS EDITION

President's Message 1

Letter from the Editor 2

Recap: Spring Fellows and
Residents Course 4

Health Policy Update 6

Find Your Vein Specialist 7

Join AVF Today 8

Upcoming Meetings 9

C-TRACT Clinical Trial 13

AVF-JOBST Grant 15





SPRING FELLOWS, RESIDENTS, AND EARLY CAREER COURSE *continued*

Steve Elias, MD

4-5 and rotate to each industry partner's table. This time gives everyone ample opportunity to answer questions. A lot of teaching occurs here. Fellows and residents like the course. They say they don't get this much intimate time with faculty and industry at other courses. The course is just for them and they don't need to compete or feel intimidated by physicians already in practice.

Fellows and residents are young. I feel it is important that AVF members recognize this. While many of our older members relate well to residents and fellows, we need some of our younger members to be involved with the course and teaching. This year we had the perfect mix of faculty and I personally thank them and our industry supporters many of whom have been there from the beginning. As we all know, sooner or later, teaching is a personal interaction. This is what the course does. The AVF leadership, the Fellows Committee and myself ask anyone interested in being part of the course to contact us. The future of the AVF is dependent on the next generation of vein specialists. To this goal, all attendees receive a complimentary 1-year membership to AVF. The Fellows and Residents Course is one of the oldest educational endeavors of the AVF. Send your trainees and become part of the faculty.

**Did you miss it? Register now for the
Fall Fellows Course this December!**



INSIDE THIS EDITION

President's Message 1

Letter from the Editor 2

Recap: Spring Fellows and Residents Course 4

Health Policy Update 6

Find Your Vein Specialist 7

Join AVF Today 8

Upcoming Meetings 9

C-TRACT Clinical Trial 13

AVF-JOBST Grant 15



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July 2019 | veinforum.org 5



HEALTH POLICY UPDATE

HEALTH POLICY AND THE VEIN SPECIALIST

Kathleen Ozsvath and Dan Monahan



Kathleen Ozsvath, MD



Dan Monahan, MD

Vein specialists take care of patients suffering from a wide variety of venous diseases. They must make decisions on treatment and interact with payors with set reimbursement rules. These rules fall under Health Care Policy (HCP). HCP is defined as the decisions, plans, and actions that are undertaken to achieve specific healthcare goals within our society.¹ Policy development and implementation is meant to affect healthcare systems and outcomes by creating programs and services providing access to care, quality care and equal access to care.² The economics of health care delivery and implementation is complicated.³ Funding is obtained through taxation and through private insurance companies. Policies are (purportedly) made based on evidence based medical research. As technology advances, new ways to treat patients become available. Unfortunately, access to newer technology is limited by payors until adequate evidence is obtained to change the policies that are in place. Studies proving safety, efficacy, and more recently cost advantage are undertaken to help implement new ways to treat disease processes. Technology is rapidly improving and changing. There is a significant lag time that exists between innovation and delivery of care and reimbursement for care.

These issues directly affect the vein specialist treating venous disease. Venous disease is complicated with quite variable presentations and anatomic differences. The cost of care for chronic venous insufficiency in patients with advanced disease is significant with cost rising.

The American Venous Forum has addressed the issues facing health care policy in several ways. The guidelines committee is comprised of experts who review the data and research, who then write guidelines for treatment that are published. Recently, the ethics committee under the leadership of past President, Elna Masuda, championed a project to determine appropriate use criteria for the treatment of venous disease. The document is close to completion, and the first of its kind addressing venous disease. The health policy committee is charged with addressing issues directly from the private payor level to meeting with members of CMS.

This past year, the HPC worked on several letters addressing the need for coverage for non-thermal techniques, specifically mechanic-chemical treatment of axial venous insufficiency. Collaboration with the Society for Vascular Surgery, and with the American College of Phlebology Venous and Lymphatic Society (AVLS) commenced to jointly work on projects. A joint letter was sent to the SDMS regarding the cleaning of Ultrasound equipment. Due to the hard work of AFV leaders, the AVF was asked to join Evidence Street, used by Blue Cross Blue Shield to collect the research and evidence available. BCBS uses this information

INSIDE THIS EDITION

- President's Message 1
- Letter from the Editor 2
- Recap: Spring Fellows and Residents Course 4
- Health Policy Update 6
- Find Your Vein Specialist 7
- Join AVF Today 8
- Upcoming Meetings 9
- C-TRACT Clinical Trial 13
- AVF-JOBST Grant 15



HEALTH POLICY UPDATE *continued*

HEALTH POLICY AND THE VEIN SPECIALIST

Kathleen Ozsvath and Dan Monahan

to help create their policies on treatment and reimbursement for their patients. Members of the HPC met with CMS to discuss ways in which AVF could better provide information used to determine policy. When the HPC became aware of local LCDs not supporting point of service care, AVF members responded in collaboration with ACP AVLS in person to publicly held meetings and with written responses. When CMS made proposed cuts to supplies used to treat venous disease, the AVF responded.

The HPC will continue to diligently work on policy issues that affect the venous specialist and the patients in need of care. The AVF HPC advocates for venous patients by understanding health policy and helping to implement change.

¹World health organization, Health Policy. March 2011

²Harvard School of Public Health, Department of Policy and Management, March 201

³Cross, H, Jewell, Hardee 2001. Reforming operational policies: a pathway to improving reproductive health programs. Policy. Occasional paper no 7. Washington DC. The futures group international policy project.

FIND YOUR VEIN SPECIALIST



As a part of your AVF membership, you can be listed in the "Find a Vein Specialist" Directory. This directory provides an opportunity for your contact information to be listed and viewable by patients and others directly from the AVF website. Also, the directory allows the viewer to easily search the directory based on name, organization, and work addresses.

If you would like to be included in the directory, click below. Please keep in mind that anything entered on the form will be added directly into the online directory.

Include Me

INSIDE THIS EDITION

President's Message 1

Letter from the Editor 2

Recap: Spring Fellows and Residents Course 4

Health Policy Update 6

Find Your Vein Specialist 7

Join AVF Today 8

Upcoming Meetings 9

C-TRACT Clinical Trial 13

AVF-JOBST Grant 15





JOIN THE AVF TODAY

Benefits of Membership

- Complimentary subscription to the Journal of Vascular Surgery: Venous and Lymphatic Disorders
- *Vein Specialist* Newsletter
- Patient Informed Consents
- Patient Education Brochures

Educational Programs

- Discounted or complimentary admission to AVF Meetings & Courses
- Opportunities to earn CME and self-assessment credits
- Online access to presentations from Annual Meetings and other educational courses
- American Venous Forum Screening Kit

Leadership Opportunities

- AVF committees and initiatives
- National and international panelist opportunities
- Multi-specialty coalitions

Networking & Public Awareness

- Find a Vein Specialist listing – public online directory
- Access to AVF Membership Directory
- AVF Member Logo – official logo of AVF members
- Recognition internationally as thought leaders, expert investigators and clinicians in venous and lymphatic disease

Join Today

INSIDE THIS EDITION

President's Message 1

Letter from the Editor 2

Recap: Spring Fellows and Residents Course 4

Health Policy Update 6

Find Your Vein Specialist 7

Join AVF Today 8

Upcoming Meetings 9

C-TRACT Clinical Trial 13

AVF-JOBST Grant 15





UPCOMING MEETINGS

4TH ANNUAL WEST COAST VEIN FORUM

August 23-24, 2019

Laguna Cliffs Marriott Resort & Spa

Dana Point, CA

Click [here](#) for more information and to add to calendar



FALL RESIDENTS, FELLOWS, & EARLY CAREER COURSE

December 6-7, 2019

UC Davis / Courtyard Sacramento Midtown

Sacramento, CA

Click [here](#) for more information and to add to calendar

AVF 32ND ANNUAL MEETING

March 3 – 6, 2020

Omni Amelia Island Plantation

Amelia Island, FL

Click [here](#) for more information and to add to calendar

WEST COAST VEIN FORUM

Dan Monahan, MD

The West Coast Vein Forum returns this year on August 23-24 in Dana Point, California. As with prior meetings, the venue is scenically spectacular and the meeting program will feature cutting edge discussions of challenges and controversies in vein care. The interactive format gives attendees the opportunity to question and converse with national experts illuminating best practices in vein evaluation and treatment. The meeting is intended to provide an opportunity for vein practitioners at every level to step up their expertise.

The West Coast Vein Forum was conceived as an educational opportunity open to all practitioners, but more easily available for physicians in western states. Numerous meetings providing reviews and current scientific research are provided in eastern venues. The program committee originally imagined a meeting for western states physicians that would review the current understanding of vein treatment. The format would focus on challenges and controversies. The committee members all agreed that often the most valuable discussions were in the hallways outside the formal meeting. Their idea was to bring those conversations into the meeting hall. The first meeting was held in Napa, California in April of 2015. The audience response to the meeting and format was overwhelmingly positive. Subsequent meetings were held in Monterey, California and Squaw Creek, California.



Dan Monahan, MD

INSIDE THIS EDITION

President's Message 1

Letter from the Editor 2

Recap: Spring Fellows and Residents Course 4

Health Policy Update 6

Find Your Vein Specialist 7

Join AVF Today 8

Upcoming Meetings 9

C-TRACT Clinical Trial 13

AVF-JOBST Grant 15



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UPCOMING MEETINGS *continued*

WEST COAST VEIN FORUM

Dan Monahan, MD

This year the meeting goes to southern California for the first time. Invited faculty are Elna Masuda, MD, past-president AVF, Kathleen Gibson, MD, Fedor Lurie, MD, past-president AVF, William Marston, MD, and Sheila Coogan, MD. Program committee members will also participate, and include Robert Merchant, MD, Stephanie Dentoni, MD, John Carson, MD, Nasim Hedayati, MD, Rick Pittman, MD, and Anne Luhan, MD. Along with the breathtaking view from Laguna Cliffs Marriott Resort, the town of Dana Point is charming, with restaurants, shops, museums, and boat harbor among the many things to see. A free trolley picks up guests at the hotel and takes them anywhere between Dana Point and Laguna Beach.

The West Coast Vein Forum provides some very special opportunities. Every vein specialist will find value in the program content. Those who are newer to the specialty will have a unique exposure to expert knowledge and opinion regarding appropriate and best practices. And it is being held in very special spot that you will want to bring your family to and enjoy some extra time before or after the meeting dates. You don't want to miss this meeting! See you in Dana Point in August!

Register Today

REGISTRATION OPEN!



4TH Annual West Coast Vein Forum
August 23-24, 2019

Laguna Cliffs Marriott | Dana Point, California

INSIDE THIS EDITION

President's Message	1
Letter from the Editor	2
Recap: Spring Fellows and Residents Course	4
Health Policy Update	6
Find Your Vein Specialist	7
Join AVF Today	8
Upcoming Meetings	9
C-TRACT Clinical Trial	13
AVF-JOBST Grant	15

COURSE HIGHLIGHTS

- Discussions on Challenges & Controversies in Vein Treatment by National Experts
- How to Diagnose & Treat...
 - Varicose and spider veins
 - Pelvic venous disorders
- The Proper Place for...
 - Ablations in difficult situations
 - Ultrasound assessment
 - Timing/use of phlebectomy and sclerotherapy
- Discussions on Performance of Cosmetic Procedures
- Tips in Managing...
 - Varicose veins in pregnancy
 - Venous ulcers
 - Deep and superficial phlebitis
 - Lymphedema
- Practice Management Solutions



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UPCOMING MEETINGS *continued*

FALL FELLOWS AND RESIDENTS COURSE IN VENOUS DISEASE

Nasim Hedayati, MD

The Fall Fellows Residents Course in Venous Disease is presented for the benefit of fellows, residents and early career within the specialty of vascular surgery, interventional radiology, interventional cardiology, vascular medicine, general surgery and associated programs.

The course program will cover:

- Anatomy and pathophysiology of venous disorders and noninvasive diagnostics
- Chronic venous insufficiency (superficial & deep)
- Pregnancy, upper extremity venous issues, acute DVT and wound care
- Future of venous disease
- The business of venous disease

The goal of the course is to educate and update the fellows, residents and early career regarding the latest theories and developments in the clinical practice of vein disease management. Fellows and Residents will gain an overall understanding of vein disease to allow them to successfully incorporate venous knowledge, skills and techniques into their overall practice as they make the transition from training to the clinical practice.

Register Today

AVF FALL RESIDENTS, FELLOWS, & EARLY CAREER COURSE

Complementary Registration, Hotel and Travel for Attendees



December 6-7, 2019
University of California Davis
Sacramento, CA

The course program will cover:

- Anatomy and pathophysiology of venous disorders and noninvasive diagnostics
- Chronic venous insufficiency (superficial & deep)
- Pregnancy, upper extremity venous issues, acute DVT and wound care
- Future of venous disease
- The business of venous disease



Nasim Hedayati, MD

INSIDE THIS EDITION

President's Message 1

Letter from the Editor 2

Recap: Spring Fellows and Residents Course 4

Health Policy Update 6

Find Your Vein Specialist 7

Join AVF Today 8

Upcoming Meetings 9

C-TRACT Clinical Trial 13

AVF-JOBST Grant 15



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UPCOMING MEETINGS *continued*

AVF 32ND ANNUAL MEETING

AVF 32ND ANNUAL MEETING



SAVE the DATE

March 3 - 6, 2020

OMNI AMELIA ISLAND PLANTATION
AMELIA ISLAND, FLORIDA

Join us in Amelia Island, Florida for AVF’s 32nd Annual Meeting! It will be held March 3-6, 2020 at the Omni Amelia Island Plantation, at the tip of a barrier island just off the Northeast Florida coast. The AVF Annual Meeting provides an excellent opportunity to:

- The latest science, publications, and practical information for better treatment of venous disease patients.
- Engage and network with over 450 attendees and thought leaders from the US & International countries.
- Multiple tracks for Surgeons (including early career track and information), PAs, RNs, & Allied Health
- AVF Gala to support the AVFF Foundation
- CME credits available

AVF Abstract Submission

2020 AVF Abstract Submission Site is Now Open!

Submission Deadline: **Thursday, August 15th at 5:00pm EST**

AVF only accepts electronic abstract submissions via the official abstract submission website. No more than two abstracts from the same institution will be selected for speaking slots (oral presentations and quick shot).

For more information on the upcoming annual meeting and to submit an abstract, click [here](#).

We look forward to seeing you in Amelia Island!

[More information](#)

INSIDE THIS EDITION

President’s Message 1

Letter from the Editor 2

Recap: Spring Fellows and Residents Course 4

Health Policy Update 6

Find Your Vein Specialist 7

Join AVF Today 8

Upcoming Meetings 9

C-TRACT Clinical Trial 13

AVF-JOBST Grant 15



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Suresh Vedantham, MD

C-TRACT CLINICAL TRIAL

JOIN THE AVF IN SUPPORTING THE C-TRACT CLINICAL TRIAL

Suresh Vedantham, MD

The post-thrombotic syndrome (PTS) causes chronic leg pain, swelling, skin changes, venous leg ulcers, and poor quality of life (QOL) in patients with previous deep vein thrombosis (DVT). Preliminary studies and clinical experiences suggest that endovascular therapy (EVT), mainly iliac vein stent placement, can improve symptoms and heal ulcers in patients with moderate-or-severe PTS. However, we lack high-quality evidence to support and characterize the long-term risk-benefit ratio of EVT.



To address this problem, the National Heart Lung and Blood Institute, part of the National Institutes of Health, has funded the C-TRACT (Chronic Venous Thrombosis: Relief with Adjunctive Catheter-Directed Therapy) Clinical Trial: a multicenter, randomized, controlled study that is evaluating the ability of EVT to

reduce PTS severity in patients with moderate-or-severe PTS. The study is led by Dr. Suresh Vedantham from Washington University in St. Louis, a Distinguished Member and past Board Member of the AVF, working in partnership with researchers at McMaster University (Hamilton, ON), Massachusetts General Hospital (Boston, MA), the Mid America Heart Institute (Kansas City, MO), and 22 U.S. Clinical Centers.

All patients in both arms receive close monitoring and optimal standard PTS care that includes medications, compression therapy, and (if needed) quality venous ulcer care. The patients are randomized to also receive, or not receive, EVT. Patients in both arms are followed for 2 years, and have PTS severity, QOL, ulcer healing, safety, and costs assessed.

Why You Should Help

The C-TRACT Trial will *help your patients* by arming you with credible information on the mid-term risk-benefit ratio of iliac vein stenting. Right now, patients undergo implantation of permanent devices without confidently knowing how likely it is that they will benefit, by how much, and whether that benefit will be sustained over time. To support its members, the AVF continues to strengthen its voice on payer-reimbursement issues, but needs your help. With companies now actively promoting venous stents, the volume will rise, which is sure to prompt pushback from payers. By supporting C-TRACT, you will support the AVF's effort to obtain critical evidence that is needed to defend the accessibility of quality venous care.

INSIDE THIS EDITION

President's Message 1

Letter from the Editor 2

Recap: Spring Fellows and Residents Course 4

Health Policy Update 6

Find Your Vein Specialist 7

Join AVF Today 8

Upcoming Meetings 9

C-TRACT Clinical Trial 13

AVF-JOBST Grant 15



C-TRACT CLINICAL TRIAL *continued*

JOIN THE AVF IN SUPPORTING THE C-TRACT CLINICAL TRIAL

Suresh Vedantham, MD

What You Can Do

1. Become a study site. If you see PTS patients and your practice can reliably open chronically occluded iliac veins and deliver quality anti-thrombotic, compressive, and ulcer care, [submit a site questionnaire](#) to CTRACT@wustl.edu. Don't wait, act now! Interested investigators can contact Dr. Vedantham directly at vedanthams@mir.wustl.edu.

2. Connect PTS patients to study teams. Refer your patients to the study, and ask your colleagues to do the same! Participation in C-TRACT enables patients to receive state-of-the-art PTS care with close monitoring by committed multi-specialty teams, while also improving care for future patients. Download the C-TRACT Referral App, which enables quick referral of patients who might qualify for the study. Please visit the [website](#) for more information.

To succeed in this study, we depend on the community of providers who care about PTS patients. We thank and commend the AVF for providing its strong endorsement for the C-TRACT Trial!

Acknowledgements

The C-TRACT Clinical Trial is supported by NHLBI grants UH3-HL138325 (Dr. Suresh Vedantham at Washington University in St. Louis) and U24-HL137835 (Dr. Clive Kearon at McMaster University). The content in this article is solely the responsibility of the author, and not the NHLBI or NIH.

INSIDE THIS EDITION

President's Message 1

Letter from the Editor 2

Recap: Spring Fellows and Residents Course 4

Health Policy Update 6

Find Your Vein Specialist 7

Join AVF Today 8

Upcoming Meetings 9

C-TRACT Clinical Trial 13

AVF-JOBST Grant 15



AVF-JOBST GRANT

JOIN THE AVF IN SUPPORTING THE C-TRACT CLINICAL TRIAL

Mikel Sadek, MD



Mikel Sadek, MD

The pursuit of scientific research is a noble, rewarding and challenging path. Great advancements in science have led to our understanding of disease processes and treating previously incurable diseases.



The study of venous and lymphatic disorders is at the cusp of many breakthroughs and the need for progress is more urgent than ever. As funding for scientific research has become more limited, young scientists must contend with exceedingly strenuous conditions to obtain necessary funding.



Traditionally, funding for research has come from government and private sources. Some large medical technology companies and pharmaceutical companies have made commitments to support education and research, and JOBST has been at the forefront. Without this dedication to the advancement of science, opportunities would become extinct.

JOBST is a global medical device company supplying casting, bandaging, wound care and compression products. Jobst has also demonstrated a commitment to advancing the science of venous and lymphatic disease. In 1995, the American Venous Forum (AVF) and JOBST announced the first JOBST Research Grant. This grant specifically provided funding to residents, fellows, or physicians within the first five years of their practice, for original basic science or clinical research in venous or lymphatic disease. The relationship between the AVF and JOBST has remained strong and continues to grow, with the current award equaling 90 thousand dollars over a two-year period.

The first AVF – JOBST Research Grant was awarded to Dr. Peter Pappas. Dr. Pappas and subsequent recipients of the AVF - JOBST Research Grant have become nationally and internationally acclaimed experts who have made seminal contributions to the field of venous and lymphatic disorders. Their careers are praiseworthy and impressive. The full list of accomplished recipients can be found on the AVF website.

Applications for the 2020 AVF – JOBST Research Grant are now available on the AVF [website](#).

do you have

FEEDBACK?

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INSIDE THIS EDITION

President's Message 1

Letter from the Editor 2

Recap: Spring Fellows and Residents Course 4

Health Policy Update 6

Find Your Vein Specialist 7

Join AVF Today 8

Upcoming Meetings 9

C-TRACT Clinical Trial 13

AVF-JOBST Grant 15



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