American Venous Forum
Promoting venous and lymphatic health

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VEIN SPECIALIST NEWSLETTER

Annual Meeting Highlights Issue

March 2020 | veinforum.org

Steve Elias, MD

MESSAGE FROM THE EDITOR - THE LAST MEETING (VENOUS2020)

Steve Elias, MD

My son shared a social media post with me: "We have all become an Edward Hopper painting." COVID-19 has forced us to inhabit a relatively separate world. We exist as Hopperesque individuals. He is my favorite artist. Most of his paintings are either devoid of any human such as Early Sunday Morning or with the presence of a singular person not interacting with anyone, Carolina Morning. Or perhaps someone out of sight, six feet away. COVID-19 restrictions have now turned our mornings into Hopper's Early Sunday Morning and evenings into Railroad Sunset.

Our annual meeting at Amelia Island, VENOUS2020,I will label our annual meeting at Amelia Island, VENOUS2020, "the last meeting." The last meeting which may be the last time we are all together for a long while. The last meeting where we all feel comfortable being close to our friends and colleagues. But hopefully not the real last meeting for any of us. Our last meeting had many highlights and take-aways from the academic program, abstracts and posters. This is what this issue of VEIN SPECIALIST is about. Our newsletter committee members and a few others give us an overview of most of the sessions. In this issue, we give you a summary of everything with a focused deeper dive of key presentations in our upcoming April issue. They have done a lot of work to give us a succinct sense of what happened at our last meeting. VEIN SPECIALIST doesn't happen without them.

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MESSAGE FROM THE EDITOR - THE LAST MEETING (VENOUS2020) *continued*

Steve Elias, MD

Not to minimize the academia at our last meeting at Amelia Island, but under the current state of the world was content that important? Was the science that important? Was that abstract presentation Friday afternoon that important? Yes. At that time. But not now.

Our families, friends and vein colleagues are what are important now. We each have our own story we are living now. We at VEIN SPECIALIST will help keep you informed regarding venous disease. While our meeting at Amelia Island was our last meeting, we pray it is not The Last Meeting. Hopefully the next Editors Letter will reference a painting by Auguste Renoir depicting Parisian nightlife with revelers crowded into one space enjoying themselves. Just as we did at our Gala at our last meeting. Stay healthy. Here's to The Next Meeting, VENOUS2021.

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THE AMERICAS MODEL-CDP™ – PRACTICAL LYMPHEDEMA MANAGEMENT

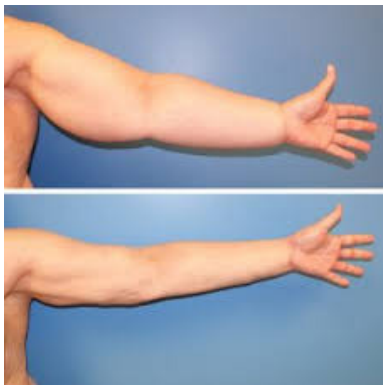
Robyn "Redd" Smith, M.Ed., COTA/L, CLWT, CLT, LASH-FKT
Certified International Lymphedema & Wound Therapist

Robyn "Redd" Smith, M.Ed., COTA/L, CLWT, CLT, LASH-FKT

Complete Decongestive Physiotherapy (CDP) is the Gold Standard of Lymphedema Care[8]. However, it was developed based on a model of Government-Provided, Single-Payer health care. Utilization of this model in countries with multi-payer reimbursement systems leads to challenges in providing efficacious lymphedema management[2]. This leads to discharging patients from care prior to lymphedema symptoms being sufficiently managed putting patients at risk of exacerbations and complications[8].

Utilization of Adjustable Velcro Wraps (AVW) to replace Short Stretch Multi-Layer Compression Bandaging and Intermittent Pneumatic Compression (IPC) as adjunct to Manual Lymphatic Drainage (MLD), allows patients to be treated more robustly mimicking the success seen throughout Europe with the Single-payer Model[4].

Manual Lymphatic Drainage (MLD)



Manual Lymphatic Drainage, sometimes referred to as Lymphatic Massage is, in actuality, a very specific manipulation of the skin actuating the anchoring filaments of the lymphatics to open the lymph capillaries and when companioned with the shifting weight of the hand, interstitial pressure changes moves fluid into the underlying lymphatic vessels[4]. An equally important function of the hands-on treatment is redirection of fluid across watersheds of the body via subcutaneous anastomoses[8] from congested areas of the body to areas where the lymphatic system is better able to process fluid.

The Single-Payer Model utilizes up to 3 sessions of MLD movement/redirection per day, 6-7 days per week. Use of this model allows for the lymph fluid to continue in its accelerated movement through the lymphatic system and return to the blood vessels at an almost constant increased rate of lymph return. The increased lymphangiomotoricity actuated by the MLD treatment increases lymphangion pulse rate from approximately 10-12 contractions per minute[8] to 40-60 contractions per minute. This increase in contraction rate can continue for approximately four hours post-treatment. As may thus be understood, utilizing the Single-Payer Model of multiple MLD sessions per day, a patient would receive an almost constant increased rate of fluid movement throughout their treatment duration. For this reason, the Single-Payer Model of Lymphedema management has remained successful throughout Europe through utilizing high intervention/treatment. While inpatient treatment in the Americas has been

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THE AMERICAS MODEL-CDP™ – PRACTICAL LYMPHEDEMA MANAGEMENT *continued*

Robyn "Redd" Smith, M.Ed., COTA/L, CLWT, CLT, LASH-FKT

successful in translating the model in toto, it has not been as successful in the post-acute venues of skilled nursing facility, home health and outpatient settings of care. Due to payers' limited coverage in both duration of care (avg 10-12 visits parceled at 2-3 visits per week) and appointment length (45min avg), the ability to complete the necessary components of lymphedema care have been considered a challenge for clinic and clinician alike. Teaching self-MLD has been tried but the techniques that a patient or caregiver can utilize do not show the same level of efficacy as MLD completed by a trained therapist, especially the redirection of fluid to a viable area.

Compression Bandaging

Compression is the single most important component of CDP[3] as all other efforts of moving fluid from the congested area will be for naught if the progress is not contained by static compression garments. Static compression contains fluid movement, reduces microcirculatory filtration, promotes lymphatic drainage, shifts tissue fluid toward the noncompressed parts of the limb and softens fibrotic tissue changes[8].

Compression begins with the initial stage where edema will be removed, and the limb reshaped toward a more normal appearance. This compression should be achieved with materials such as inelastic bandages (Short Stretch) or Adjustable Velcro Wraps (AVW)[6, 8]. Traditional short stretch bandaging has been used in the past, but the substantial amount of time and training needed to safely apply these bandages is a distinct disadvantage. Application of a bandaging system can take from 20 minutes for simple unilateral below-knee edema to more than an hour for a patient with substantial leg contours many times requiring more than one therapist to complete the bandaging process.

Adaptation: Compression Garments

Due to the limited visits allotted, it has been necessary to make adaptations of the current model.

Short Stretch bandages erroneously continue to be required for the initial decongestive stage with the antiquated belief AVW can only be used in the maintenance phase[6]. However, AVWs have been shown in studies to be superior for the initial phase of treatment[6]. Additional advantages to AVW also add to the increased preference for these types of compression: 1) AVW are the only type of inelastic material that is safe to be handled by patients and untrained personnel; 2) pressure loss throughout the day can be readjusted by patients subjectively[8].

Adaptation: Manual Lymphatic Drainage + Intermittent Pump Usage

The limited amount of time available to complete MLD decreases the amount of important "hands-on treatment" a patient receives to redirect and move

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THE AMERICAS MODEL-CDP™ – PRACTICAL LYMPHEDEMA MANAGEMENT *continued*

Robyn "Redd" Smith, M.Ed., COTA/L, CLWT, CLT, LASH-FKT
Certified International Lymphedema & Wound Therapist

lymphatic fluid. In order to match the increased time spent completing MLD in the Single-Payer model, an additional tool must be used as adjunct. By adding Intermittent Pneumatic Compression (IPC or Pumps) as a therapist-directed, patient-facilitated, method of fluid movement, the progress that was started by the therapist can continue on days patients receive treatment, as well as add additional movement on non-treatment days. Being able to utilize this adjunct therapy in the patient's home daily, active fluid movement time is increased exponentially.

In addition to the continued movement of fluid via the IPC, studies have shown that use of advanced, fully programable IPCs, are associated with reductions in cellulitis[8].

SUMMARY: Solution by Adaptation – The AMERICAS MODEL™-CDP
It is only by making adaptations to the Single-Payer Model that we can assure that patients in a Multi-payer system are receiving the most efficacious treatment available. By changing the type of static compression used in the initial phase of Complete Decongestive Physiotherapy to a more efficacious, easier-to-use, and patient-friendly Adjustable Velcro Wrap and adding Intermittent Pneumatic Compression as an adjunct to the Manual Lymphatic Drainage being performed by a Certified Lymphedema Therapist, can the patients of the Americas receive the same successful outcomes as their fellow patients in Europe.

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COMING TOGETHER – A CALL FOR AVF MEMBERS TO SUPPORT THE C-TRACT TRIAL

Suresh Vedantham, MD

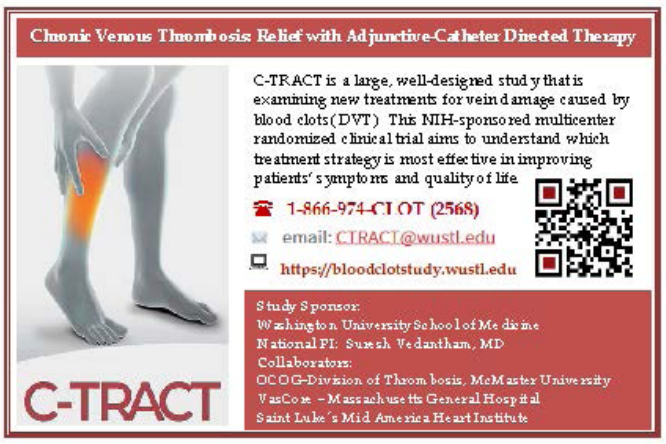
Suresh Vedantham, MD

On March 1-2, the NIH-sponsored C-TRACT Trial held its annual Steering Committee and Investigator Meetings in Amelia Island, in parallel with VENOUS2020. Reflecting the newly announced partnership between AVF and C-TRACT, Dr. Brajesh Lal (AVF President) and John Forbes (AVF Executive Director) attended both meetings. Dr. Lal and I, as the C-TRACT Principal Investigator, together highlighted the close alignment between the historical legacy of the AVF in promoting evidence-based venous practice, and the goal of C-TRACT to develop randomized trial data to characterize the effect of iliac vein stenting for the management of post-thrombotic syndrome (PTS).

During a robust discussion at the all-day Investigator Meeting, the attendees overwhelmingly agreed that there continues to be substantial uncertainty around the long-term benefits and risks of permanent stent implantation in PTS patients, clearly justifying the randomization of patients into a high-quality clinical trial.

Accordingly, AVF leadership asks all AVF members to support the study either by referring patients to study centers or by participating as a study center. Study patients receive the following benefits: (1) close monitoring and excellent communication from a dedicated coordinator; (2) outstanding PTS care delivered using protocols endorsed by national experts and NIH; (3) free compression stockings (donated by Medi USA) and ultrasound exams; (4) for applicable patients, stenting in a closely monitored study environment with independent safety oversight; and (5) for patients not randomized to endovascular therapy, excellent medical, compressive, and ulcer care with the opportunity to be stented later should the study's results demonstrate that this is the right thing to do.

Interested members can download the C-TRACT Referral App by typing "C-TRACT" into their phone's Apple or Google-play App Store, and can obtain information here or by contacting me.



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CONTRALATERAL LIMB IMPROVEMENT AFTER UNILATERAL ILIAC VEIN STENTING ARGUES AGAINST SIMULTANEOUS BILATERAL STENTING

Compliments of Venous News

Arjun Jayaraj

A retrospective review of patients presenting with bilateral obstructive iliofemoral venous lesions has shown that contralateral limb symptoms improve following stenting of the worse ipsilateral limb. In addition to this, the study found that only a small proportion of patients needed to undergo stenting during follow up, because of their clinical situation becoming worse or due to lack of relief.

The results of the review, presented at the annual meeting of the American Venous Forum (AVF 2020; 3–6 March, Amelia Island, USA) by Arjun Jayaraj (The RANE Center, Jackson, USA), suggest the need for a staged approach to iliofemoral venous stenting with a greater initial focus on the more symptomatic limb.

Introducing the study, Jayaraj asserted that symptoms of chronic venous insufficiency, secondary to obstructive iliofemoral disease, are often bilateral. Furthermore, the impact of stenting the more symptomatic lower extremity, upon clinical outcomes of the less affected, remains uncertain.

With regards to the retrospective review, Jayaraj and colleagues aimed to determine whether the possible benefits of stenting the worst-affected ipsilateral limb could be great enough to prevent the contralateral extremity from requiring intervention.

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CONTRALATERAL LIMB IMPROVEMENT AFTER UNILATERAL ILIAC VEIN STENTING ARGUES AGAINST SIMULTANEOUS BILATERAL STENTING *continued*

Compliments of VenousNews

To examine this possibility, electronic medical record data of 368 patients/limbs who received initial unilateral iliocaval stents between 2015 and 2017, were analysed. Excluded from the study were patients who underwent simultaneous bilateral stenting, or were diagnosed with occlusive disease.

For the remaining patients, the impact of stenting on contralateral leg symptoms was evaluated using a number of tools: the visual analogue scale (VAS) pain score (1–10); grade of swelling (0–3); and the Venous Clinical Severity Score (VCSS). To assess stent patency following intervention, a Kaplan-Meier analysis was used, while paired t-tests were employed for the purposes of examining clinical outcomes.

Expanding on the demographics of the cohort studied, Jayaraj explained that out of 368 limbs that underwent stenting for stenotic lesions, 304 (83%) had contralateral symptoms. In 229 of these limbs, the cause was post-thrombotic syndrome; for the other 75 limbs, these symptoms were the result of May-Thurner syndrome/non-thrombotic iliac vein lesions. "The median age of these patients was 63 years, and there was preponderance of women," he added.

After stenting of the ipsilateral side, the VAS pain score improved, on average, from 5 to 0 for patients in the contralateral group ($p<0.0001$), while the grade of swelling decreased from 3 to 1 ($p<0.0001$) and the VCSS fell from 5 to 3 ($p<0.0001$).

During the median follow up of 20 months, 15 contralateral limbs (5%) underwent stenting. Among these patients, the median VAS pain score, grade of swelling and VCSS score were 6.5, 2 and 5, respectively, compared with 0 ($p>0.0001$), 1 ($p>0.27$) and 3 ($p=0.0021$) in those from the contralateral cohort who did not require stenting.

Finally, the speaker noted that primary and primary-assisted patencies, at 12 months following contralateral stenting, were 75% and 100% respectively with no stent occlusions occurring after contralateral stenting. "While the prevalence of contralateral symptoms following iliocaval stenting is quite high, only 5% of such patients require stenting of the contralateral leg, resulting from either an absence of symptom relief or from progression of disease," Jayaraj noted.

The speaker finished by underscoring how "a wallstent and Z-stent combination seems to do better than the use of a wallstent alone", and that "outcomes following use of dedicated venous stents remain to be determined".

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NO DIFFERENCE IN PE INCIDENCE BETWEEN PATIENTS TREATED WITH IVC FILTERS OR ANTICOAGULATION ALONE

Compliments of VenousNews

Kate Gates

In a case-control study of patients with perceived contraindications to anticoagulation, who either received or did not receive inferior vena cava (IVC) filters, no difference was found in the incidence of symptomatic pulmonary embolism (PE) at 90 days.

Presented at the annual meeting of the American Venous Forum (AVF 2020; 3–6 March, Amelia Island, USA), it was also revealed that most patients with initially stated contraindications to anticoagulation received the treatment within three days following IVC filter placement.

Discussing the study during a Day of Science and Innovation at the meeting, Kate Gates (Jobst Vascular Institute, Toledo, USA) begun by emphasising that patients who have been immobilised for an extended period of time, for reasons such as a recent surgery, spinal trauma or stroke, are at a markedly higher risk of developing deep venous thrombosis (DVT) and, subsequently, PE.

Although the main strategies currently used to prevent PE include prophylactic anticoagulation and the placement of an IVC filter, the speaker noted that patients at the highest risk of DVT-induced PE frequently have contraindications to chemical prophylaxis, making them candidates for an IVC filter.

"When we look at the current literature on IVC filter placement, and outcomes to date, we only have one retrospective study, which includes patients who did not receive anticoagulation, due to a list of absolute contraindications. However, in

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NO DIFFERENCE IN PE INCIDENCE BETWEEN PATIENTS TREATED WITH IVC FILTERS OR ANTICOAGULATION ALONE *continued*

Compliments of VenousNews

clinical practice these contraindications are often temporary and can be difficult to define. These patients have become the largest and most clinically debated subset of populations, and yet they were completely excluded from randomized trials and large observational studies," Gates commented.

The objective of the investigation was to evaluate the incidence of PE in patients with DVT who had initial contraindications to anticoagulation and received an IVC filter or delayed anticoagulation alone after resolution of perceived contraindications.

As part of the study undertaken by Gates et al, hospitalised patients diagnosed with venous thromboembolism, either before or during their hospital stay, had to be considered at a high risk of developing PE, which was defined as having a Geneva score of more than eight. Of the patients included, 33 received IVC filters, while a control group of 165 patients did not.

Looking at the demographics of these two groups, Gates further underlined that participants in each cohort were matched by age, sex, BMI, revised Geneva score and D-dimer level at presentation. Both groups of patients were observed throughout the period of their hospitalisation and 90 days thereafter once discharged. Furthermore, the primary endpoint of developing PE was defined as a symptomatic episode confirmed with an imaging study.

In 15% of the study group (n=5), and 16% of the control group (n=27), the initial DVT was diagnosed prior to hospitalisation (p=0.6). In addition to this, active cancer was present in 6% and 13% of the study group (n=2) and control group (n=22), respectively (p=0.2). Gates explained that, despite initially perceived contraindications, 80% of the study patients who received IVC filters (n=27) began anticoagulation within three days of the filter being placed.

Regarding the primary endpoint of PE incidence, it was found that 33% of the IVC filter cohort (n=11) and 25% of the control group (n=41) developed the condition within 90 days of discharge from hospital (p=0.2), which is not deemed a significant difference with respect to the two groups.

Concluding, Gates said, "This study suggests that the population with these temporary contraindications to anticoagulation is different from previous studies, and the use of IVC filters in these patients warrants further investigation."

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Elna Masuda, MD
AVF Foundation President

THANK YOU INDUSTRY PARTNERS

Elna Masuda, MD – AVF Foundation President

On behalf of the AVF Foundation, I'd like to thank our Vision Partners who have stepped up to the plate over the last year to support our mission of Healthy Veins for Healthy Life. Through their generous investment, the American Venous Forum will be undertaking some exciting new initiatives this year.

Healthy Veins for Healthy Life
AMERICAN VENOUS FORUM FOUNDATION

I'd also like to commend the supporters of our educational programming. They have clearly demonstrated their commitment to venous and lymphatic health and hundreds of physicians and members-in-training have benefitted from the excellent programs delivered by our AVF faculty.

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Elna Masuda, MD – AVF Foundation President

VENOUS2020 - Day of Science: Beyond Hemodynamics, AVF Annual Meeting, and Early Career Hands-On Program

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Anil Hingorani, MD

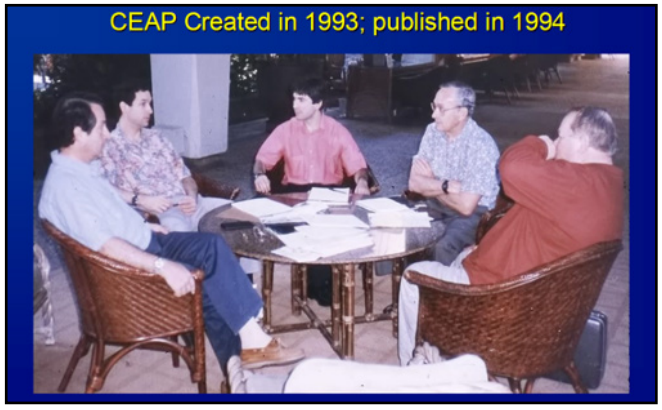
EUGENE STRANDNESS MEMORIAL LECTURE - ENTERING THE NEXT DECADE: WHAT NEW THOUGHTS AND FACTS SHOULD GUIDE US IN

Anil Hingorani, MD

The Eugene Strandness Memorial Lecture - Entering the Next Decade: What New Thoughts and Facts Should Guide us in Phlebology was given this year at the VENOUS2020 AVF Annual Meeting by Dr. Andrew Nicolaides. He shared some new ideas for the future:

1. The role of orthogonal polarization spectroscopy to evaluate microcirculation as cause of C0 disease.
2. Electrical Stimulation of calf muscles for healing of venous ulcers.
3. Role of APG to examine effectiveness of iliac vein stenting.
4. Role of venoactive drugs for treatment of venous disease.

Andrew Nicolaides, MD



Andrew Nicolaides, Greg Moneta, Nicos Labropoulos, Bob Kistner and John Porter. Picture taken by Bo Eklof

With this lecture, the audience took away the following points.

1. New research in venous disease remain clinically relevant and is pushing the field forward.
2. New ideas and tools are being used to diagnosis and treat venous disease and offer new opportunities for our patients.

This was a fantastic lecture given by Dr. Nicolaides and was well received by all.

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TOP ABSTRACTS AND LATE BREAKING TRIALS SESSON AT VENOUS2020

Edgar Guzman, MD

Edgar Guzman, MD

At VENOUS2020, there were many enlightening and interesting abstracts and late breaking trials. The most relevant presentations were:

1. Compression following endothermal ablation – A randomized controlled trial – Roshan Bootun
2. Update on Penumbra's Indigo Catheter for Pulmonary Emboli – Brian Kuhn
3. First in Man Results of Bashir Endovascular Catheter in the treatment of Submassive PE – Riyaz Bashir
4. Update on the CLOUT Study (ClotTriever Registry) – David Dexter

Take away:
This session focused on endovenous therapies for superficial incompetence and thromboembolic disease. Dr. Bootun showed that compression beyond 24 hours after endothermal ablation reduced pain in the short term but had no effect on mid or long term outcomes. Drs Kuhn and Bashir illustrated that percutaneous thrombectomy and catheter directed thrombolysis continue to be relevant treatment approaches for submassive pulmonary embolism. Both can achieve comparable improvements in markers of right heart strain, although the long term effect of these interventions remains unknown. The CLOUT registry has enrolled over 100 patients receiving percutaneous thrombectomy with the ClotTriever device. High rates of technical success and decrease in Villalata score have been documented with this intervention.

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Ruth Bush, MD

Glenn Jacobowitz, MD

INSIDE THIS EDITION

SUPERFICIAL VENOUS DISEASE AT VENOUS2020

Ruth Bush, MD & Glenn Jacobowitz, MD

We moderated the superficial venous disease at VENOUS2020 and discussed multiple topics that will assist in better patient care. Relevant presentations included:

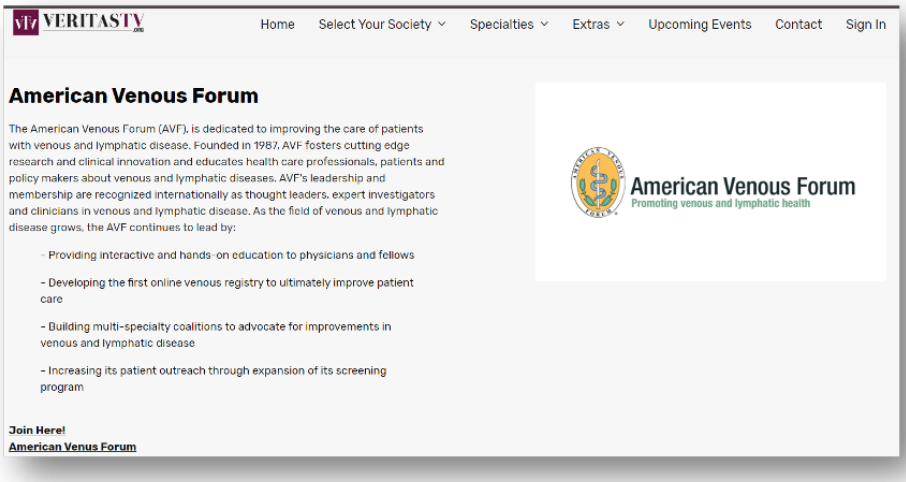
Relevant Presentations

1. "Do Patients with Isolated Symptomatic Varicose Veins (C2 disease) Improve Following Truncal Ablation?" – Nicholas Osborne
2. "Comparison of Unilateral vs Bilateral and Staged Bilateral vs Concurrent Bilateral Truncal Endovenous Ablation in the Vascular Quality Initiative" – Craig Brown
3. "Correlation Between Restless Leg Syndrome And Superficial Venous Reflux; A Single Center Retrospective Review" – Aaron Dezube
4. "Patient Preferences for Thermal Ablation vs. Non-thermal, Non-Tumescent Varicose Vein Treatments: A Choice-Based Conjoint (CBC) Analysis" – Peter Pappas

Key Takeaways

1. Combined ablation and phlebectomy may result in symptomatic improvement over ablation alone in C2 disease.
2. There may be no increase in complications with bilateral ablation compared to unilateral.
3. Periprocedural anticoagulation does not affect ablation closure rates.
4. Patient preferences may include willingness to pay more for a lower complication rate and market simulation favors nonthermal non tumescent procedures.

Full video captures of all the presentations will be available on the AVF Course Video page in April. Watch the full presentations to improve your patient care.



Maxim E. Shaydakov, MD, PhD

INTERNATIONAL SESSION AT VENOUS2020

Maxim E. Shaydakov, MD, PhD

Dear Colleagues,

We just wrapped up the 32nd Annual Meeting of the American Venous Forum. These days we are pleased to recall the brightest and the most interesting moments of the meeting. Among the many scientific sessions and social events, was a remarkable International session titled "Sharing Excellence in Global Venous Science." Established last year, the session aims to provide more space for physicians and scientists from outside the United States to share their experience and present novel research data. The international session took place in the middle of the first meeting day and was attended by about 130-140 people. There were 12 speakers from nine countries: Canada, United Kingdom, Russia, France, Germany, New Zealand, Argentina, Guatemala, and Chile. An excellent coffee grown outside the US was provided too.

Each abstract was carefully selected by the program committee and deserves a separate discussion. We would like to mention a few without diminishing the value of the rest of studies reported.

Angela Lee from Canada presented a secondary analysis of the ATTRACT trial compared two commonly used clinical scales to assess the post-thrombotic syndrome (PTS). The study results suggest to employ Villalta scale to evaluate PTS in preference to the VCSS due to a higher correlation with quality of life. The study was highly ranked and the authors deserved the Best Abstract Presentation award.

A small but very promising experience of minimally invasive robotic-assisted surgical treatment of the Nutcracker syndrome was presented by Fabien Thaveau from France.

Another study reported excellent 12-month technical results of endovenous neovalve formation to manage postthrombotic deep venous reflux. The study was presented by Ramon Varcoe from Australia and triggered a vivid discussion at the session and beyond.

Chris Ragg from Germany presented a prospective study on young individuals that attempts to answer a complicated question on the initiation and early progression of primary superficial valvular reflux. The results of the study

INTERNATIONAL SESSION AT VENOUS2020 *continued*

Maxim E. Shaydakov, MD, PhD

challenge the current understanding of C1 class of chronic venous disease as a primarily small vessel disorder.

An important observation is that some studies represent fundamental long-term research projects that have never been published or reported elsewhere. Thus, the international session may serve as a scientific platform to facilitate and recognize important research endeavors on international level. A prospective study by Roman Tauraginskii and Fedor Lurie investigates reflux volume in patients with varicose veins. The authors shared novel and intriguing data suggesting that reflux volume may better reflect global venous hemodynamics and correlate with the clinical severity of the primary chronic venous disease. It might be interesting to discuss on a recently created web platform called AVF exchange, or on the pages of the AVF Newsletter, whether a separate international session is justified at one of the largest, most famous, and truly international meetings in venous and lymphatic disease. However, an impressive size of the actively participating auditorium, the topics touched, and the number of insightful questions raised means that the AVF International Session 2020 may be deemed successful. It is important to mention that the majority of presented studies were submitted to the Journal of Vascular Surgery: Venous and Lymphatic Disorders. We may be able to enjoy reading full peer-reviewed manuscripts soon. Next month, we will have the pleasure to discuss some of the presented works in more detail. Please, don't hesitate to reach out to the Newsletter Committee if you are interested in providing a short commentary on any study presented at the meeting.

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