



VEIN SPECIALIST

2021



ON A DAILY BASIS



American Venous Forum
Promoting venous and lymphatic health

34th American Venous Forum Annual Meeting – VENOUS2022

VENOUS2022
AMERICAN VENOUS FORUM

REGISTRATION IS OPEN

February 23 - 26, 2022 • Omni Orlando Resort, Championsgate, Florida

Fellows/Early Career Physician-in-Training Sessions

The Early Career Committee has developed an excellent, case-based, interactive program geared for fellows/residents and early career physicians. **The sessions will take place during the 34th Annual American Venous Forum meeting at times that still allow you to attend key elements of the Annual Meeting.** You will learn from well-known faculty and leaders who will share their cutting edge knowledge, effective clinical management, and most appropriate treatment for patients with venous disease. In addition, we will also have live patient demonstrations.

Session highlights Include: superficial venous disease, deep venous disease, case presentations, superficial thrombophlebitis with complicated disorders such as pregnancy, cancer and hyper-coagulable states, wounds, management of lymphedema, management and treatment of DVT/pulmonary embolism, and how to set up a venous practice. Don't miss this valuable opportunity!

3 Days of Physician-in-Training Sessions

PHYSICIAN-IN-TRAINING SESSION A

Thursday, February 24, 2022 • 2:00 PM - 5:00 PM ET

PHYSICIAN-IN-TRAINING SESSION B

Friday, February 25, 2022 • 2:30 PM - 4:00 PM ET

PHYSICIAN-IN-TRAINING SESSION C

Saturday, February 26, 2022 • 8:30 AM - 10:30 AM ET



REGISTER

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

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On A Daily Basis

New Year's Eve 2021. Tonight no one in the house except us. My wife and I planned a COVID New Year's Eve. Alone. Lobster, broccoli rabe, polenta and a few drinks. Hors d'oeuvres outside on the deck with a propane heater. Toasty. The evening matured. The conversation continued. Just the two of us and then the phrase – "on-a-daily basis." We do a lot of things on-a-daily basis: brush our teeth, eat dinner, treat patients, etc. But in the haze of New Year's Eve after hors d'oeuvres and cocktails and before Anderson Cooper and Andy Cohen had more tequila shots than any mortal should consume, I said to my wife, "What person my age wants their children at home on-a-daily basis?" This statement may not be what any parent wants their children to hear. Besides, I said this to my wife, not my children. I've had a child in the house for 39 years. Four children, ages 39, 35, 23, 21. The last 2 are with us "on-a-daily basis." I love my children but they are with us due to collateral COVID consequences, college has been remote. There have been many of these and unfortunately others have been much worse than mine. I get it. I appreciate the relative ridiculousness of my situation. We moved onto our resolutions, which I will not divulge. But I will divulge the resolutions, thoughts, suggestions, and hopes that our members have contributed to this issue of *Vein Specialist*.

AVF's first resolution for 2022 is to have a live meeting with a virtual option. Makis Avgerinos and Tony Gasparis explain in detail. Many of our younger, newer members contributed to this resolution issue. They have approached their thoughts from different, refreshing perspectives. Read all of them. By experiencing what's important to them, you will reflect on what is important to



Steve Elias, MD

you in 2022. Industry also makes resolutions and Michael R. Jaff, DO, and Alexandra J. Greenberg-Worisek, PhD, MPH, let us know about Boston Scientific's 2022 intentions. While it is a relatively short article, Mark Iafrati, MD, Health Policy Committee Chair, shares some important news about coverage of non-junctional reflux. Finally, the recurring Member Matters section has some more personal perspectives. Isn't that what New Years is about?

After my wife and I shared resolutions our evening continued. It was time for Larry the Lobster (as my wife called him) to meet his maker. I plunged him head-first into 2 inches of boiling, steaming water. Google assured me that the noise coming from the pot was steam hissing and not Larry screaming. But there was noise. I tried not to listen. We both like lobster, but it's not going to be on-a-daily basis. What should be on-a-daily basis is your access to all of the offerings AVF has. Soon you will see our new website and soon you should use AVF for all things venous on-a-daily basis. Happy New Year.



2022 AVF Live Annual Meeting and COVID-19

Antonios Gasparis, MD, and Efthymios “Makis” Avgerinos, MD

Dear AVF Members and Colleagues,

We are so looking forward to seeing our AVF community during the **34th American Venous Forum Annual Meeting – VENOUS2022** (Feb. 23 – 26, Orlando, Florida). It’s going to be a great, long-overdue chance to reconnect!

We recognize that the Omicron variant has us all rightfully on guard, and that you may have heightened concerns about attending the Annual Meeting in person. Rest assured that we are monitoring the situation closely, and that your well-being is our top priority.

As the No. 1 travel destination in the US, Orlando takes safety extremely seriously. As of today, 78.5% percent of adults in Orlando (Orange County) have at least one vaccination and 66% of them are fully vaccinated, according to the **US COVID Risk & Vaccine Tracker**. Orlando’s local government is also taking action, including a recommendation that visitors and residents wear facial coverings while in indoor spaces per the latest CDC guidance. You can read about Orlando’s COVID guidance [here](#). It’s a very helpful site.

Based on this information, we are moving forward with our plan to host this year’s Annual Meeting in person with an available virtual option. We believe the combination of the local protocols in Orlando and the enhanced provisions on-site will make it a safe and comfortable environment for everyone who attends.

ANNUAL MEETING SAFETY MEASURES

Although Florida does not mandate vaccinations or mask wearing, we strongly encourage all attendees to be fully vaccinated and to wear masks for their safety and the safety of all attendees. We are paying close attention to social distancing within all indoor meeting spaces and will utilize outdoor spaces whenever possible for social events.



Antonios Gasparis, MD



Efthymios “Makis”
Avgerinos, MD



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Promoting venous and lymphatic health

2022 AVF Annual Meeting and COVID-19

HOST HOTEL SAFETY MEASURES

Our host hotel, the Omni Orlando Resort at Championsgate, participates in the Omni Safe & Clean program that focuses on enhanced cleanliness measures that will be visible to guests in their rooms, restaurants, and public spaces. Additional information about what safety measures you can expect at the hotel can be found [here](#).

The safest way to travel is vaccinated. If you are not comfortable traveling at this time or have not been fully vaccinated against COVID-19 and boosted at least two weeks before the meeting, we strongly recommend that you attend the meeting virtually. **With few exceptions, all presentations and Q&A will be conducted live.** Virtual attendees have access to the same cutting-edge, skill-building content and may access recorded content after the meeting.

Pro Tip: If you do plan to attend the meeting in person, be sure to make your reservation by **February 18** to save \$100 from the cost of onsite registration and reserve your accommodations at the Omni Orlando Resort by **January 31** to receive discounted AVF pricing there, too.

Whichever way you plan to attend this year's meeting, in person or virtually, know that we are excited to share the up-to-the-minute content that we've worked so hard to prepare.

QUESTIONS?

We're ready to assist! Email AVF at info@veinforum.org, or call us at (847) 752-5355.

We look forward to meeting with you at the 34th American Venous Forum Annual Meeting – VENOUS2022.

Antonios Gasparis, MD
President

Efthimios (Makis) Avgerinos, MD
Chair, Annual Program Committee

SEE FULL AGENDA



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Smart Shopping in a New Year Full of New Tools

Natalie D. Sridharan, MD

Deep venous thrombosis (DVT) affects approximately 1 in every 1,000 adults every year at an estimated cost between \$5 and 8 billion annually.¹ Twenty- to fifty-per cent of these patients will go on to develop symptoms of post thrombotic syndrome (PTS) with associated healthcare costs estimated at \$7,000 per patient per year.²⁻⁴ Early treatment of ilio caval DVT has the potential to reduce the incidence and severity of this disease and its associated economic burden. However, as has been thoroughly discussed, the published results for catheter-directed interventions for DVT have been both mixed and study designs flawed; thus, we continue to operate by relying on sub-analyses of trial data and retrospective data to guide us.

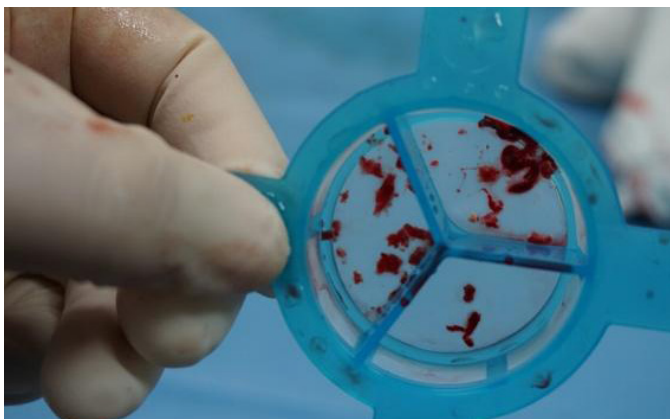
Despite these limitations, few areas in the treatment of venous disease have expanded as rapidly from a technology standpoint as deep venous interventions. Not long ago, no FDA-approved dedicated venous stents were available. Now multiple options are on the shelf, each with its own theoretical strengths and weaknesses. In addition, numerous promising devices have emerged within the last few years for the treatment of acute and subacute iliofemoral DVT including new lytic catheters and a number of percutaneous mechanical and pharmaco-mechanical thrombectomy devices, which have expanded the number of patients who can receive treatment for DVT, shortened hospital stays, and prevented ICU admissions. While these devices seem to be overwhelmingly effective, comparative data are lacking.

When faced with a patient with iliofemoral DVT, an interventionalist currently has a myriad of options:

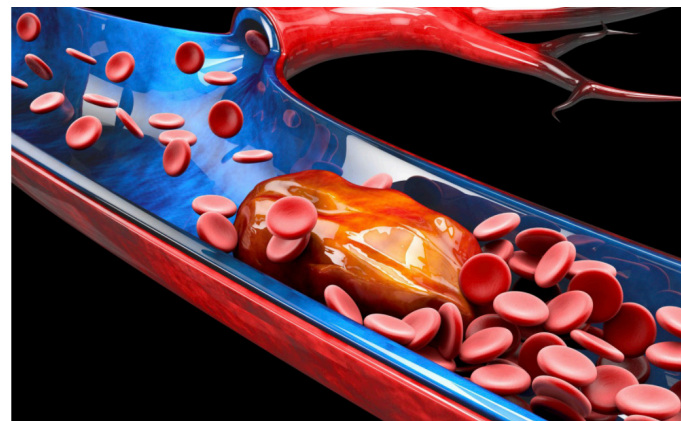
1. Lysis with overnight ICU stay and return to the OR
2. Pharmaco-mechanical thrombolysis
3. Aspiration thrombectomy
4. Mechanical thrombectomy
5. Some combination of these



Natalie D. Sridharan, MD
University of Pittsburgh
Medical Center



Aspiration thrombectomy



Mechanical thrombectomy



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Smart Shopping in a New Year Full of New Tools

Adding to the complexity of decision-making, multiple device options in each category and various algorithms can be employed. Certainly, anatomic and patient factors guide us toward a particular treatment preference in some cases. However, in many cases we are left without much data to guide us in treatment selection and what approach is most cost-effective for a severely overburdened health system. Avoiding ICU stays and return trips to the OR seems like it would be cost effective. However, if non-lytic therapies result in reduced long-term patency rates or valve damage and no subsequent reduction in PTS, that may not actually be the case--especially with increased up-front procedural costs associated with some of these devices.

The largest portion of hospitalization costs for surgical patients is related to the resource-intensive operating room.⁵ While we can all agree that the welfare of our patients is our foremost concern, we can also acknowledge that we work within an overburdened system with continuously rising healthcare costs in which we play a very critical role in helping to control. If we can provide cost-effective, quality care without sacrificing outcomes and safety, most physicians agree this would be worthwhile.⁶ In the interventional management of DVT, it seems the devices have rapidly outpaced the data in this regard.

Optimally, robust clinical trials would be conducted to help determine the appropriate uses of these technologies in a comparative fashion. However, this is an enormous undertaking. Nonetheless, with this lofty goal in mind in the new year, I hope to contribute to a growing body of literature to help guide physicians treating DVT patients not only from an effectiveness standpoint but a cost-effectiveness standpoint as good stewards of our healthcare system.

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New Initiatives to Launch a New Year

Jai Shahani, MS2

My name is Jai Shahani, and I am a first-generation, second-year medical student at New Jersey Medical School. Throughout this academic year, I was immersed into the rapidly developing field of vascular surgery, and I am incredibly excited to learn more in 2022! Three things immediately drew me into the specialty: longitudinal patient-provider relationships, a wide variety of open and endovascular procedures, and its application of cutting-edge medical technology.

As the new year begins, I look forward to gaining hands-on experience learning surgical techniques and vascular pathologies during my clinical rotations, acting internships, and shadowing opportunities. I intend to learn the differences between arterial and venous pathologies and notice how clinicians develop sustainable treatment plans for patients with comorbidities. I am also excited to attend my first vascular conference to learn about the latest research and meet like-minded colleagues similarly considering a future working in vascular surgery.

As Vice President of the Vascular Surgery Interest Group at NJMS, I will also work with peers and mentors to expand awareness of vascular disease and career opportunities in the specialty. Lastly, I will continue researching the epidemiology and current management practices of vascular pathologies domestically and internationally as a Global Health Distinction Candidate at my medical school. As a dual citizen of the United States and India, I am naturally interested in being a liaison between the two democracies and collaborating on research to advance medical care in both countries.

My experiences in vascular surgery have been none other than immersive, dynamic, and exciting. I am incredibly grateful to my mentors at University Hospital and the NYU Langone School of Medicine for their help navigating this burgeoning specialty in a quickly evolving era of medicine. I look forward to meeting many more members of this incredible community and learning so much more about medicine over the coming year.



Jai Shahani
MS2, New Jersey Medical School



Michael Curi, MD, simulates a carotid endarterectomy for VSIG members at New Jersey Medical School.



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New Year, Same Me

Dejah R Judelson, MD

I've never been a big fan of New Year's Resolutions: pledges that I strive for but struggle to keep. Instead, I try to improve myself constantly year-round at home and at work. So, for 2022, I am trying something new – a series of promises to myself, my family, and my colleagues. Hopefully, I will do better at committing to them than the year my resolutions included listening to less Blink-182 and "Steal my Sunshine" by Len (yes, I still listen to Pop Rock of the '90s).

FOR 2022 I WILL TRY MY BEST TO:

1. **Wear compression stockings whenever I operate.** I have to start with a relatively easy one; this one works since I do it already. At work I keep a stash of 20-30 mmHg knee high compression stockings that I wear for all my OR and cath lab cases. They get rotated daily but I would be lying if I didn't have a lucky pair or two that get re-used. I will try to be better about wearing them on my Vein Center days, even if that means avoiding high heels!
2. **Avoid contracting COVID as long as possible.** As I'm coming to the realization that COVID is here to stay, I'll keep wearing my N95/Stoggles™ in fashion both at work and in public to protect myself as long as I can (Figure 1).



Dejah R Judelson, MD
Medical Director, Center for
Vein Disease
University of Massachusetts
Chan Medical School



Figure 1. Dejah Judelson at Van Gogh Immersion Exhibit
Boston, Massachusetts, December 2021.



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- 3. Spend quality time with family.** I am fortunate to have a supportive husband (who also happens to be the best vascular technologist, ok I'm just a little biased) and an amazing 2.5-year-old son with a daughter on the way. I work hard to balance the demands of growing our incredible Center for Vein Disease with spending much needed time with my family. I try to limit how much work I bring home; sometimes it's easier to bring home to work and my son gets to visit, where he is often the hit of the office! (Figure 2).



Figure 2. Dexton Judelson and Dejah Judelson at Center for Vein Disease UMass, December 21.

- 4. Continue to be "Relentless."** In 2021, UMass Memorial Health underwent a rebranding campaign and I was fortunate enough to be selected to participate. Not only was it an incredible honor but it was a little surreal to see my face plastered over central Massachusetts (Figure 3). I've tried hard to take this distinction to heart and work on my commitments to my patients and their health. As I've taken on more challenging venous and pelvic congestion cases, I will continue to grow my knowledge base and skill set, and use the incredible resources and networking of the American Venous Forum to provide the highest level of care to my patients with venous disease and be "Relentless" in their care.



Figure 3. Dejah Judelson on UMass billboard over Route 290, May 21.



Three Things to Keep for 2022

Edgar Guzman, MD

The venous tool kit has expanded significantly over the past few years. Dedicated stents and thrombectomy devices have challenged the use of prior technologies, often adapted from the arterial space. And yet, as interventionalists explore the use of these new resources, it remains unlikely that a single device will emerge as a universal solution within its category. Rather, I believe that the field will evolve toward progressively refined recommendations matching clinical scenarios with specific tools. In that spirit, I believe some legacy technologies will continue to be optimal through 2022 and beyond. Below are three examples.

WALLSTENTS ACROSS THE HIP JOINT IN NON-THROMBOTIC ILIOFEMORAL LESIONS

No dedicated venous stent in the market can match the longevity of the Wallstent, which is now entering its third decade of use. The design is inherently flexible and distributes bending and torsion stresses along the entire structure rather than across a few junction points. This feature has conferred the Wallstent with a very low fracture rate over very prolonged observation periods when deployed across the hip joint.

While its lack of radial force is often cited as a shortcoming, the Wallstent's ability to taper along a vessel of diminishing calibers is very useful in preventing sharp step-offs in the transition between native and stented vessel. Such poor transitions are associated with in-stent stenosis and can be seen when using long dedicated venous stents sized for the common iliac vein extended into the common femoral vein. The tendency of the distal edge of the Wallstent to constrict is largely eliminated by nesting a larger, stiffer stent within its proximal aspect. These properties are illustrated in the image below, combining a Wallstent with an Abre stent.

GIANTURCO Z-STENT TO ADD RADIAL FORCE

The use of Gianturco Z-stents in the reconstruction of the inferior vena cava bifurcation has been extensively described and shown to have excellent long-term outcomes, particularly when avoiding contralateral iliac vein thrombosis as compared to Wallstents across this area. Its use in combination with Wallstents overcomes the low radial force problem of the latter. However, dedicated venous stents such as the Abre stent illustrated above have sufficient radial force for most applications and their large cell size is unlikely to disturb contralateral iliac flow, all this with a much smaller delivery sheath size. For these reasons Z-stent use is likely to diminish over time.



Edgar Guzman, MD
Orlando Health Heart
& Vascular Institute



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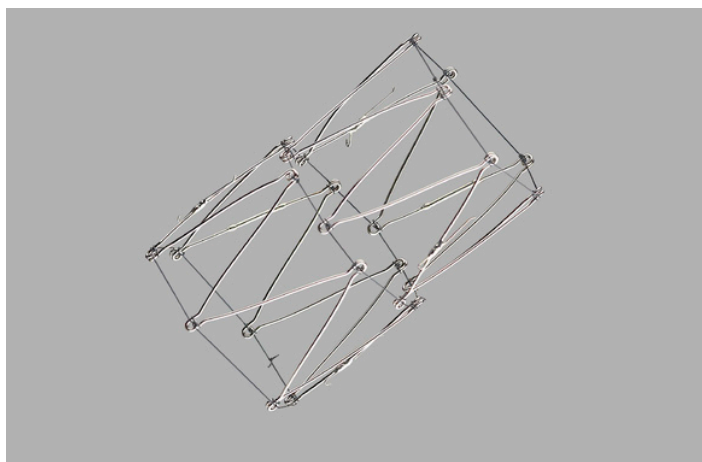
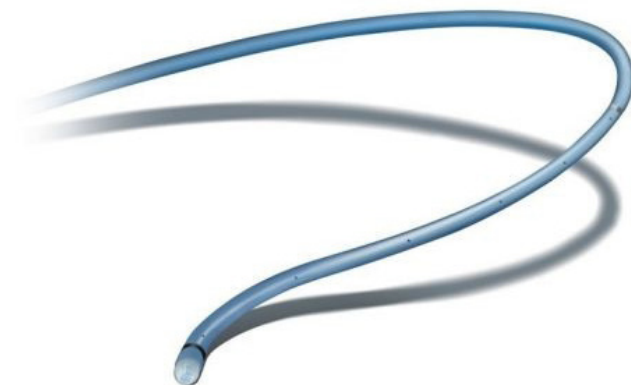
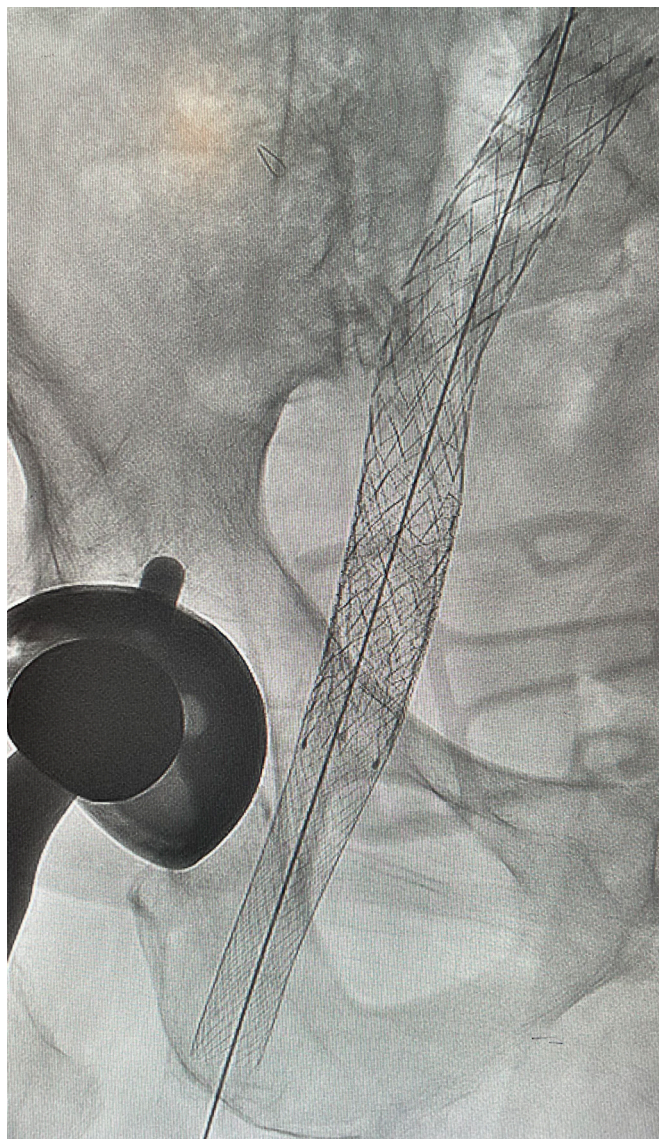
Three Things to Keep for 2022

And yet, I believe the Gianturco Z- stent remains unsurpassed for the purpose of adding radial strength and preventing recoil in severe post thrombotic cases and those with severe extrinsic compression. I recently had the opportunity to treat a patient with retroperitoneal fibrosis in whom overlapping Venovo stents could not achieve sufficient luminal gain. The nesting of 25 mm Gianturco Z-stents overcame the problem nicely. Emphasis should be made on nesting. The primary use of large caliber Z-stents in severely stenotic lesion often meets with extrusion in the midterm, or worse, acute venous ruptures.

CRAGG-MCNAMARA™ THROMBOLYSIS CATHETERS FOR TIBIAL AND POPLITEAL THROMBOLYSIS

One of the pitfalls of thrombolysis from a popliteal approach is that it fails to establish tibial and distal popliteal inflow when these veins are involved. In these cases, it may be advantageous to place a thrombolysis catheter through a tibial vein, most often the posterior tibial due to its straighter course.

For this application, the Cragg-McNamara™ catheter is optimal by virtue of its smaller profile (4 or 5 Fr) when compared to ultrasound-accelerated thrombolysis catheters. The latter are often occlusive within the vein, making more proximal thrombolysis less effective. The simplicity of the infusion system is an added benefit.



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New Year's Venous Resolutions: Addressing Unmet Clinical Needs and Diversity, Equity, and Inclusion in Venous Health

Michael R. Jaff, DO & Alexandra J. Greenberg-Worisek, PhD, MPH

It is hard to imagine any New Year's Resolution that does not focus on the rapid and complete alleviation of suffering from COVID-19, not only from a health and safety perspective, but also from the perspective of improving the quality of professional lives of those on the frontlines of hospitals, clinics, and physician offices. Although the public rhetoric has shifted, the heroes among you deserve the praise and gratitude from all of us in society.

However, if allowed to have a list of resolutions, it is clear that society needs greater focus on the reduction of pain and suffering due to lack of access to high quality care. Boston Scientific has long held a commitment to ensuring patient access to lifesaving treatments and to diversity, equity, and inclusion in clinical trials. In 2022, Boston Scientific resolves to continue this work through our dedication to meeting unmet clinical needs through less invasive therapies and continuing to fight for health equity.

As a company, we are committed to addressing unmet clinical needs, particularly in venous health. In 2022, we will continue to focus on generating high-quality level-1 data to support clinical decision-making for treatment of patients with intermediate high-risk pulmonary embolism through the Higher-Risk Pulmonary Embolism Thrombolysis (HI-PEITHO) study (NCT04790370). HI-PEITHO is the first-ever performed international prospective, multicenter randomized controlled trial comparing an interventional strategy (ultrasound-facilitated catheter-directed therapy [the EkoSonic System] with systemic anticoagulation) to standard-of-care treatment alone (systemic anticoagulation). This patient population is challenging to treat, as there are a variety of treatment options but a lack of level-1 evidence guiding treatment selection. Finding the balance between the standard of care and an advanced therapy requires additional research, which Boston Scientific is committed to pursuing.

For more than a decade within Boston Scientific, the Close the Gap initiative www.fightfortheequity.com has aimed to support clinicians, investigators, and communities in moving toward "a world where all patients understand their medical conditions and have access to therapies to help them live better lives." Close the Gap aims to accomplish this using a multi-pronged approach, including partnering with national patient advocacy and minority organizations, providing educational tools to empower patients to take control of their own health and health care, and supporting investigators in increasing diversity in clinical trials.



Michael R. Jaff, DO
Chief Medical Officer
Vice President, Clinical Affairs,
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Alexandra J.
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Additionally, Boston Scientific launched the ELEGANCE registry in 2021 to better understand how various treatments affect patients who are historically underrepresented in clinical trials, namely female patients and patients of color, by prospectively collecting real-world data on outcomes following endovascular drug-eluting treatments for peripheral artery disease. ELEGANCE is a global, non-randomized, open-label, prospective multi-center, post-market registry aiming to enroll no fewer than 40% women and 40% patients from underrepresented minorities.

Through these collective efforts, the Peripheral Interventions division of Boston Scientific has a clear New Year's Venous Resolution to strive to be the best peripheral company in the world and for the world, particularly in the care of patients with venous diseases.

A randomized trial of ultrasound-facilitated, catheter-directed, low-dose fibrinolysis for acute intermediate-high risk pulmonary embolism: The higher-risk pulmonary embolism thrombolysis study



Multicenter, prospective, randomized controlled trial



Indication: acute intermediate-high-risk pulmonary embolism (PE)



65 international sites (US and EU)

Key Inclusion Criteria

- Objectively confirmed acute PE, based on computed tomography pulmonary angiography (CTA)
- Elevated risk of early death/hemodynamic collapse, indicated by at least two of the following new-onset clinical criteria:
 - Tachycardia with heart rate ≥ 100 beats per minute;
 - SBP ≤ 110 mm Hg over at least 15 minutes;
 - Respiratory rate $> 20 \times \text{min}^{-1}$ or oxygen saturation on pulse oximetry (SpO_2) $< 90\%$ at rest while breathing room air;
- Right-to-left ventricular (RV/LV) diameter ratio ≥ 1.0 on CTA
- Serum troponin I or T levels above the upper limit of normal



Composite Primary Endpoint: PE-related mortality, cardiorespiratory decompensation or collapse or non-fatal symptomatic and objectively confirmed recurrence of PE, within seven days of randomization.



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ADVOCACY UPDATE

Anthem Blue Cross CA Venous Coverage Policy Change

Dear Colleagues:

Our collaborative efforts with AVLS to work with insurers to update their venous coverage policies to reflect current nomenclature and to reflect clinical practice guidelines developed by the AVF/SVS continue to gain ground! The latest win can be seen in the Anthem Blue Cross CA policy:

SUBJECT: TREATMENT OF VARICOSE VEINS (LOWER EXTREMITIES)

DOCUMENT #: SURG.00037

PUBLISH DATE: 12/29/2021

STATUS: Revised

LAST REVIEW DATE: 11/11/2021



Mark Iafrati, MD
Chair, Health Policy
Committee

With No Fanfare They Begin Their Description of Medical Necessity Including:

A. Truncal vein incompetence (that is, reflux with retrograde flow of 0.5 second duration or greater in the GSV, AAGSV, or SSV) based on vein anatomy is confirmed by Doppler or duplex ultrasound evaluation and report; and.....

This Policy Previously Required "Junctional Incompetence."

This simple change will save the frequent denials in patients with a competent SFJ but symptomatic reflux down the remainder of the GSV.

Read the complete policy.

We would like to thank the Medical Directors of Anthem Blue Cross CA for addressing our concern about their prior policy and for their willingness to update this policy which benefits their patients and their providers.

The AVF Health Policy Committee and AVLS Health Advocacy Committee continue to work to identify flawed coverage policies (commercial and governmental) and work toward bringing them in line with best practices.

Mark Iafrati, MD

Chair, Health Policy Committee



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And in Coding News...

At the September 2021 CPT Editorial Panel Meeting, a new modifier was accepted to describe real-time telemedicine services between a patient and a physician or other qualified health care professional rendered via audio-only. This new modifier is effective January 1, 2021.

Modifier 93 – Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System: Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located away at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that is sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction.

The official release information can be found on the AMA website:

<https://www.ama-assn.org/practice-management/cpt/cpt-appendix-audio-only-modifier-93-reporting-medical-services>

Update





MEMBERSHIP

JANUARY NEW AVF MEMBERS

Welcome

Estela Abich *United States*

Vikas Aggarwal *United States*

Shivang Bhakta *United States*

Edward Boyle *United States*

Avianne Bunnell *United States*

Christine Dubberke-Johnson *United States*

Scott Grubman *United States*

Ahmed Habib *United States*

Alyssa Klein *United States*

Matthew Machin *United Kingdom*

Trisha Roy *United States*

Jai Shahani *United States*

Scott Tolan *United States*

Mohammad Usmani *United States*

Arilma Wong Arjona *United States*

COME TO THE NEW AVF CAREER CENTER

The **Career Center** offers a non-dues revenue stream that supports the important work of the **AVF**, and we believe this provides a **one stop shop** for both **job seekers** and **employers**!

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AVF CAREER CENTER



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Offers New Practice
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LINDA LE, MD

Houston Methodist Cardiovascular Surgery Associates

When I was a fellow in vascular surgery I was not exposed to a wide breadth of venous procedures; and if there was an RFA ablation in clinic versus an aortic case, I would have certainly been in the aortic case. There was always this emphasis on scrubbing in on aortic cases as much as possible. Aortic work was conceived as “sexy” and exciting.

Once I graduated and started my journey as vascular faculty, the learning curve was steep when it involved venous disease. Of course I still dealt with arterial disease, but as the only female in my practice at the time, I soon found myself with plenty of chronic venous insufficiency patients in my clinic. Many of them were women who preferred a female physician and actually sought me out through the internet. I soon realized how fulfilling it was to treat these patients. This patient population, especially the ones with venous ulcers, had been dealing with their symptoms for a long time, often with chronic pain that limited their quality of life. They were so grateful for their care, even more so than my arterial patients were.

I found out I was pregnant in the summer of 2019. Early in my third trimester, my lower extremity edema and pain were so significant that I could barely stand to do a 4-5 hour case without having to sit down or elevate my legs. And forget fitting into my shoes at the end of the day! At this point, I truly identified with my vein patients. It dawned on me that there is nothing sexier than helping someone regain their quality of life and live like a normal person.

My involvement in the American Venous Forum started when I was asked to give a talk on pulmonary embolism interventions for the annual meeting. As I was scrolling through the AVF website and perusing the annual meeting schedule, I realized there was so much more to learn about venous disease. Becoming a member and my participation in the committees have allowed me to increase my fundamental knowledge on venous disease and meet colleagues that have similar clinical interests; but most importantly it has made me a better physician for my patients. I still have plenty to learn and am grateful for the AVF and the opportunities the society has given me.



“I still have plenty to learn and am grateful for the AVF and the opportunities the society has given me.”



American Venous Forum
Promoting venous and lymphatic health

ALESSANDRA PUGGIONI, MD, RPVI, DFAVF
Director of Clinical Affairs, Metro Vein Centers
Manhattan, New York

HOW HAS THE AVF IMPACTED YOU?

When I was a surgery resident almost two decades ago, I had the privilege of having my research work accepted for presentation at the AVF annual meeting. Over the years I then participated in numerous AVF projects and initiatives that have undoubtedly shaped my medical career. From the earliest works to my current role as Patient Education Committee Chair and AVFF Director, the AVF has molded me to become a researcher, an educator, and a go-to vein specialist. Getting to meet and personally know this community of prominent members and thought leaders made me understand that no goals and objectives are impossible to attain for those who share a true passion for venous disease.

WHAT HAS YOUR EXPERIENCE BEEN WITH AVF?

The AVF truly recognizes talent and dedication of its members. My research projects have twice been awarded the BSN-Jobst Fellowship by the AVF, which also recognized my work and commitment to venous disease by selecting me as a Distinguished Fellow member. Now that I have been involved with the AVF for almost 20 years, I truly appreciate and enjoy its continuous efforts in promoting cutting - edge research and patient advocacy. This has always been my top medical society because it provides a highly supportive culture conducive to the advancement of venous research, calling for medical integrity and thus fitting with my professional goals.



**“No other vein society has the talent
and great minds of the AVF.”**



ALESSANDRA PUGGIONI, MD, RPVI, DFAVF

Director of Clinical Affairs, Metro Vein Centers, Manhattan, New York

continued



FROM LEFT: Elna Masuda, MD (AVFF President, AVF Past President), Robert Kistner (AVF Founding Member, AVF Past President), Alessandra Puggioni, MD (AVFF Director, AVF Physician Education Committee Chair)

WHAT MAKES THE AVF UNIQUE AND VALUABLE?

No other vein society has the talent and great minds of the AVF. When you attend its meetings, you can interact with--and maybe share the podium with--the true living legends who shaped the history of venous disease treatment and yet they make you feel like one day you could be one of them. Whether you are at the annual meeting or participating in the AVF networking platform (AVF Exchange), these notable members are accessible and ready to answer your questions, provide career advice, or exchange their email address with you.

WHAT WOULD YOU SAY TO OTHERS CONSIDERING JOINING AVF?

As technology has advanced in recent years, medical documentation has become more complicated and time-consuming. Think about how often as physicians we spend way too much time charting and less time interacting with our peers and educating ourselves. We are also constantly inundated with email spam presented as "medical news" which offers limited scientific value and no precious, meaningful human connections. I strongly believe that anyone who has interest in venous disease and would like a continuously enriching experience should join us. AVF is the ultimate venous society as it offers the most unbiased scientific information and is filled with outstanding members to connect with.



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THREE IMPORTANT NEW PRACTICE RESOURCES COMING SOON FROM AVF

VENOUS CLASSIFICATION WORKBOOKS

The AVF is collaborating with AVLS to develop two interactive, digital workbooks to help learners apply the venous classification systems for lower leg (CEAP) and pelvic venous disease (SVP). Both workbooks provide a series of case presentations for which participants will be asked to classify each patient. Learners can license access to each workbook and earn CME credits. Both workbooks are expected to be available this spring. Watch for announcements about ordering information on AVF media.

VENOUS POLICY NAVIGATOR

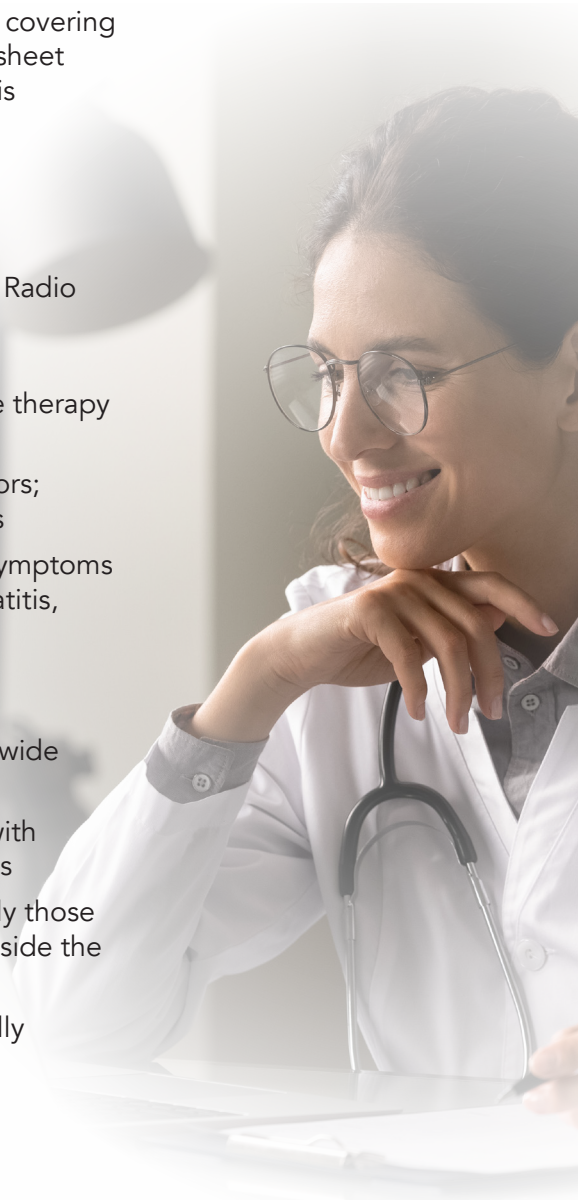
AVF will soon launch a new tool designed to help venous practitioners reduce denials, receive appropriate reimbursement, and increase their authorization efficiency for varicose veins procedures. Practices will be able to purchase an annual license to gain access to information from more than 330 payers, covering the entire United States, who are represented in an easily usable spreadsheet format with clickable links to each payer's online coverage policy, which is updated monthly.

Key functional aspects of *Venous Policy Navigator* include:

- Pre-authorization information
- Coverage criteria and restrictions for: Endovenous Laser Ablation, Radio Frequency Ablation, Varithena, Venaseal, MOCA, Phlebectomy, Sclerotherapy
- Coverage details including: Ultrasound requirements, conservative therapy requirements and duration, documentation for medical necessity
- Vein coverage details include: GSV; SSV; accessory veins; perforators; restrictions on type, size, duration, staging, and repeat procedures
- Indications on which complications, functional impairments, and symptoms of CVI are covered: Skin ulcer, Bleeding, Thrombophlebitis, Dermatitis, Edema, Cellulitis, Pain

Venous Policy Navigator will be ideal for:

- Practices that treat varicose veins, especially those that perform a wide range of procedures
- New practices, practices new to treating varicose veins, or those with billers or pre-authorizers who are inexperienced with venous claims
- Practices who interact with multiple insurance coverages, especially those who see patients with employer-paid insurance coverage from outside the local area
- Practices who see patients from other parts of the country, especially travelers and seasonal residents



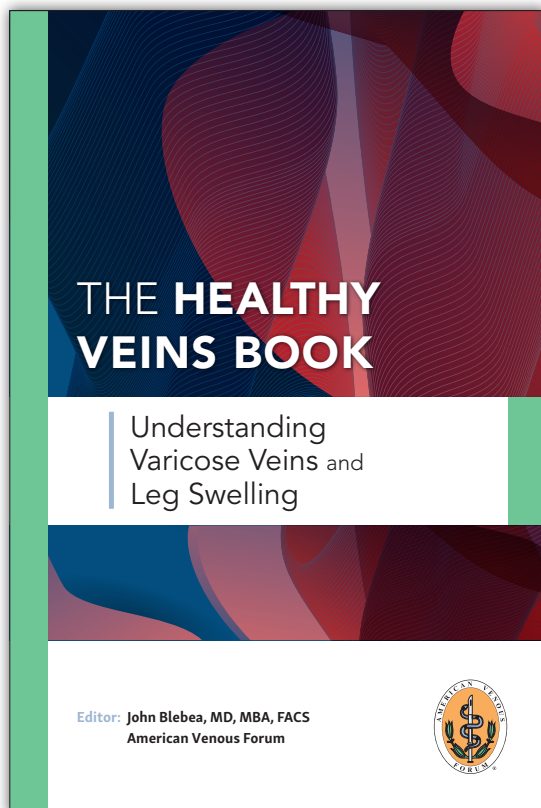
Three Important New Practice Resources Coming Soon from AVF

THE HEALTHY VEINS BOOK COMING SOON FOR YOUR PATIENTS

As the keystone to AVF's resources for patients, AVF will publish *The Healthy Veins Book: Understanding Varicose Veins and Leg Swelling*. This comprehensive volume edited by the past chair of AVF's Patient Education Committee, John Blebea, MD, comprises 40 chapters contributed by leading practitioners covering what your patients want to know about diagnosis and treatment in an easily readable format complete with many helpful illustrations, glossary, and index.

With chapters organized into three main sections—Varicose Veins, Deep Vein Disease—Blood Clots, and Leg Swelling—the book addresses topics patients want to know about in a straightforward, patient-friendly approach with many photos and drawings that demonstrate anatomy, conditions, and treatment. Highlights include questions patients should ask when seeking to learn about their vein disease and its treatment. As Dr Blebea describes, *"AVF's Patient Education Committee wants to ensure you have a reliable, consistent source to help with patient communication. This book will be central to your patient education efforts...."*

Watch AVF's website and other media for more information about how to obtain this important resource. It will be available as a hard-cover book for you to provide to your patients or for them to order as well as in a downloadable digital format.



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COMING SOON

THE NEW, IMPROVED AVF WEBSITE

In February, the American Venous Forum will launch its new web site featuring a clean look, intuitive navigation, updated content, and a wealth of new resources both for practitioners and for patients.

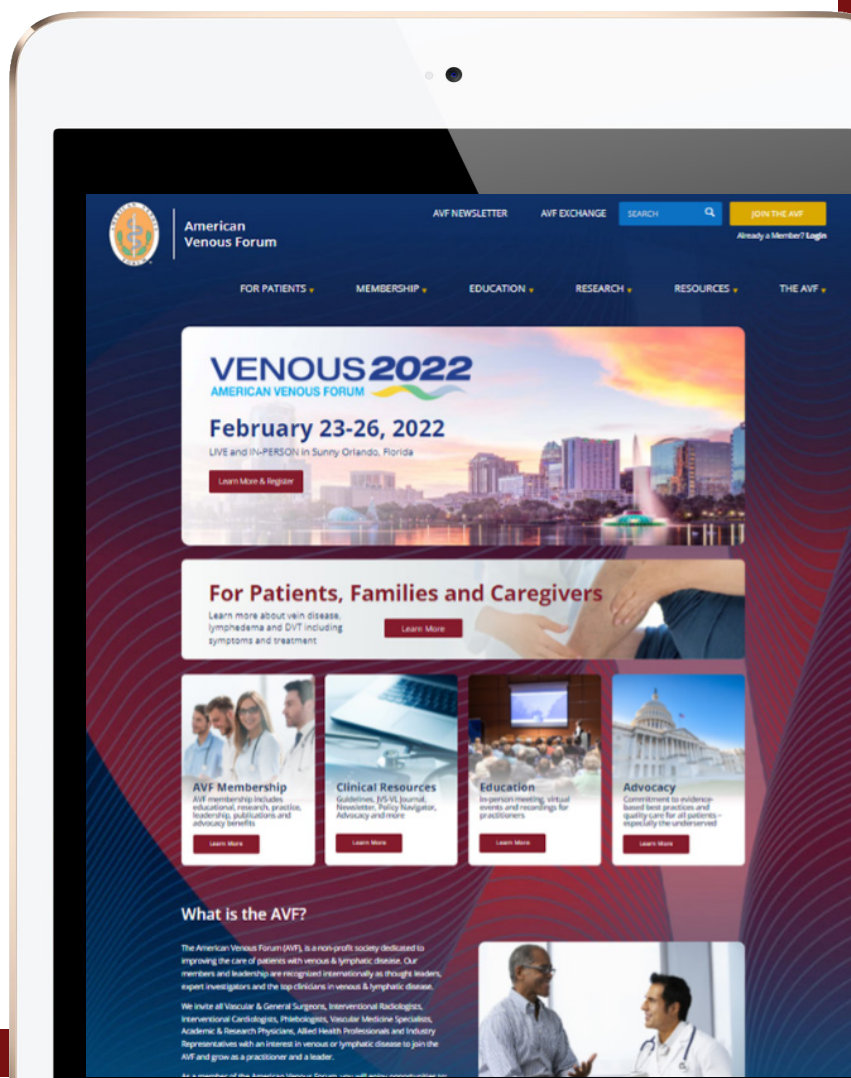
The uncluttered home page is purposely designed with visual elements that dynamically adjust to your computer, tablet, or phone screen. Visitors can read the latest issue of *Vein Specialist* and members can access AVF Exchange or their member profile with just one click.

Large bright graphics, quick links to key content, new “waterfall” drop down menus, and “hub” pages help get visitors to their desired webpage destination in two clicks or fewer.

Patients and their families or caregivers are immediately whisked away from all of this “doctor stuff” to helpful resources and educational information with informative photos. The new “Find-a-Vein Specialist,” hosted by Vitadox,™ will make it easier than ever for patients to find a physician and for members to offer their skills and expertise.

MEMBERS AND VISITORS WILL EXPERIENCE A WEALTH OF NEW RESOURCES AND IMPROVED FUNCTIONALITIES:

- ✓ Venous Online now hosts more than 100 videos sorted by topic ranging from Ablation to Wounds & Ulcers.
- ✓ The Research section will feature the latest venous and lymphatic research as well as multiple research grant opportunities.
- ✓ The Resources page provides links to venous and lymphatic guidelines, updated CEAP tools, the new *Venous Policy Navigator*, and much more.



Science Sessions - Scientific presentations and discussions

Physician-in-training Sessions

Featured Sessions

Social Events, Breaks, Non-CME Sessions

Abstract Sessions - Original research abstract presentations with Q&A

WEDNESDAY, FEBRUARY 23, 2022

8:00 AM - 1:00 PM Recreation: Golf

9:00 AM - 11:00 AM Recreation: Tennis

10:00 AM - 11:00 AM Venous 5K Run

2:00 PM - 3:30 PM AVF Science Session I: Abstracts

2:00 PM **TOP ABSTRACT:** Clinical Implications of Genetic Variations of Venous Stasis Ulceration
Rabih Chaer, MD, MS

2:15 PM Mitigation of SARS-CoV2 Mediated Endothelial Injury via Suppression of the Epigenetic Enzyme KMT2A/MLL1 in Macrophages *Sriganesh Sharma, MD, PhD*

2:30 PM Human Lymphatic Endothelial Glycocalyx-like Structure Electron Microscopy and Immunohistochemistry Identification *Sergio Giancesini, MD, PhD*

3:00 PM Systemic Changes of Gene Expression in Venous Tissue Leading to Varicose Vein Disease Could be Potentially Treated by Targeting PSMA7 and DUSP9 Genes' Activity *Mariya Smetanina, PhD*

3:20 PM Artificial Intelligence in the Research of Origins of Vein Insufficiency *Johann Ragg, MD*

3:30 PM - 4:00 PM BREAK

4:00 PM - 5:30 PM AVF Science Session II: Lessons of COVID-19 Epidemic and the Future of Clinical Research

Moderators: *Fedor Lurie, MD, PhD, Jose Diaz, MD and Suresh Vedantham, MD*

4:00 PM A Difficult Time, Challenging Decisions: History of NIHBL Platform Trials *Andrei Kindzelski, MD*

4:20 PM Interpreting Rapidly Changing Data for Clinical Use *Andrew Lee, MD*

4:40 PM Do We Have New Research Questions? *Peter Henke, MD*

5:00 PM Panel Discussion

THURSDAY, FEBRUARY 24, 2022

7:00 am - 7:45 AM Thrombolex Sponsored Breakfast Symposium (Non-CME)

8:00 AM - 9:00 AM AVF Science Session III: Basic Science and Venous Ulcer

Moderators: *Jose Diaz, MD, Fedor Lurie, MD, PhD, Peter Pappas, MD, and Alun Davies, MD*

8:00 AM Tissue Remodeling in Genesis and Healing of Venous Ulcer: Similarities and Differences
Joseph Raffetto, MD

8:10 AM Tissue Remodeling in Genesis and Healing of Varicose Veins: Similarities and Differences
Sarah Onida, MD

8:20AM The GAPS and Future Directions. Do We Have New Research Questions? *Thomas O'Donnell, MD*

8:30 AM Panel Discussion



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THURSDAY, FEBRUARY 24, 2022

9:00 AM - 10:00 AM **AVF Core Values: Exploring and Addressing Diversity and Disparities in Venous Disease**
Moderators: *Misaki Kiguchi, MD, and Angela A. Kokkosis, MD*

9:00 AM HD Access Outcomes among Varying Populations *Jesse Garcia, MD*

9:08 AM Insurance Coverage Gaps in Venous Disease *Kathleen Ozsvath, MD*

9:16 AM Socioeconomic Considerations in Trial Design/Research *Faisal Aziz, MD*

9:24 AM Q&A

9:36 AM Gender/Racial/Ethnic Disparities in Superficial Venous Disease *Peter Pappas, MD*

9:44 AM Gender/Racial/Ethnic Disparities in Deep Venous Disease *Rajesh Malik, MD*

9:52 AM Panel Discussion

10:00 AM - 10:30 AM **BREAK with Refreshments in Exhibit Hall**

10:30 AM - 12:00 PM **Scientific Session 1: Superficial Venous Disease and Imaging**
Moderators: *Julianne Stoughton, MD, and Nicos Labropoulos, PhD*

10:30 AM Guideline Driven Therapy and Resolution Of Upper Extremity Vein Thrombosis in Hospitalized Pediatric Patients *Megan Penna, MD*

10:40 AM Direct Oral Anticoagulants Are Safe \n Patients Undergoing Radiofrequency and Laser Ablation *Heepeel Chang, MD*

10:50 AM Systematic Review and Cost Analysis of Routine Deep Venous Thrombosis Ultrasound after Thermal or Non-Thermal Endovenous Ablation *Luis Suarez, MD*

11:00 AM Clinical Results and Cost Effectiveness of Radiofrequency and Cyanoacrylate Compared With Traditional Stripping for Treating Varicose Veins *Sandra Vicente, MD, PhD*

11:10 AM Thrombotic Complications after Thermal and Non-Thermal Endovenous Ablation: Outcomes of a Multicenter Real-World Experience *Leigh Ann O'Banion, MD*

11:20 AM **TOP ABSTRACT:** Compression Following Endovenous Treatment of Incompetent Varicose Veins by Sclerotherapy (Confetti) *Amjad Belramman, MBBS, PhD*

11:30 AM QS: Efficacy of Endovascular Laser Ablation for the Management of Venous Leg Ulcers *Andrej Šikovec, MD*

11:37 AM QS: Analysis of a New Ultrasound Classification System Following Ablation of the Great Saphenous Vein *Marianna Pavlyha, MD*

11:44 AM QS: Artificial Intelligence CEAP C0-2 Clinical Class Assessment Compared to Health Professionals and Patients Scoring *Xenia Butova, MD*

12:10 PM - 1:10PM **Boston Scientific Sponsored Lunch Symposium (Non-CME)**

Science Sessions - Scientific presentations and discussions

Physician-in-training Sessions

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Abstract Sessions - Original research abstract presentations with Q&A

THURSDAY, FEBRUARY 24, 2022

1:15 PM – 2:15 PM Scientific Session 2: Chronic Venous Disease

Moderators: *Cassius Ochoa Chaa, MD, and Stephen Black, MD*

- | | |
|---------|---|
| 1:15 PM | Clinical Factors Associated with Acute Iliac Vein Stent Thrombosis <i>Amrit Hingorani, BS</i> |
| 1:25 PM | Symptom Relief and Reintervention After Iliac Vein Stenting: Long Term Outcomes Based on CEAP Classification <i>Mr. Peter Cooke</i> |
| 1:35 PM | Use of Novel Dedicated Venous Stents Associated with Less Extension into the Inferior Vena Cava without Reduced Early Patency Rates <i>Lillian Tran, MD</i> |
| 1:45 PM | TOP ABSTRACT: The VIVO Clinical Study Evaluating the Silver Vena Venous Stent in the Treatment of Symptomatic Iliofemoral Venous Outflow Obstruction: 3-Year Subgroup Outcomes <i>Anthony Comerota, MD</i> |
| 1:55 PM | QS: Initial Experience with Venovo Venous Stents in Thoracic Central Venous Occlusion and Near Occlusion <i>John Matson, MD</i> |
| 2:02 PM | QS: Iliofemoral Venous Stenting in Patients with Central Neuromuscular Disorders <i>Taimur Saleem, MD</i> |

2:15 PM – 3:00 PM EVF/AVF Session: Joint Presentations with the European Venous Forum

Moderators: *Patrick Muck, MD, and Steven Black, MD*

- | | |
|---------|---|
| 2:15 PM | Laser Crossectomy <i>President Imre Bihari, MD, PhD</i> |
| 2:25 PM | Deep Venous Valve Reconstruction <i>President-Elect Oscar Maleti, MD</i> |
| 2:35 PM | Emerging Technologies in the Superficial Venous Space <i>Steve Elias, MD</i> |
| 2:45 PM | Diagnosing and Managing Varicosities of Pelvic Origin <i>Ellen Dillavou, MD</i> |

CS 2:30 PM – 5:30 PM Physician-in-Training Session A: Superficial, Deep Obstructive, Compression, Post-thrombotic, Deep Reflux (Non-CME)

3:00 PM – 3:30 PM BREAK with Refreshments in Exhibit Hall

3:30 PM – 4:30 PM Optimizing Venous Stenting Outcomes

Moderators: *Anil Hingorani, MD, and Kush R. Desai, MD*

- | | |
|---------|--|
| 3:30 PM | C-TRACT <i>Suresh Vedantham, MD</i> |
| 3:40 PM | Choosing the Right Stent for the Right Lesion <i>Stephen Black, MD</i> |
| 3:50 PM | Anatomy, Technique, and Anticoagulation are the Main Drivers of Success <i>William Marston, MD</i> |
| 4:00 PM | Implementation of a Transatlantic CVO Classification System <i>Houman Jalaie, MD</i> |
| 4:10 PM | Landing on a Curve: A Set-up for Stent Erosion <i>Erin Murphy, MD</i> |
| 4:20 PM | Insights on 3rd Generation Venous Stents <i>Cees Wittens, MD</i> |



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THURSDAY, FEBRUARY 24, 2022

4:30 PM – 6:00 PM Villavicencio International Symposium Moderators: *Glenn Jacobowitz, MD and Jorge Ulloa, MD*

4:30 PM EVF Winning Abstract: Quality Of Life Outcomes After Iliac Vein Stenting For Chronic Deep Venous Obstruction: A Tertiary Centre Experience Using The VEINES-QOL/SYM *Rachael Morris*

4:40 PM Best Endovenous Treatment, Including Stenting, Versus Best Non-Endovenous Treatment In Chronic Proximal Deep Venous Disease – The BEST Multi-Centre Randomized Controlled Trial Protocol *Matthew Machin*

4:50 PM Assessment of Anatomical Changes In Advanced Chronic Venous Insufficiency (CVI) Using Artificial Intelligence (AI) and Machine Learning (ML) Techniques *Viswanath Atreyapurapu, MBBS, MS*

5:00 PM Comparing MechanoChemical Ablation to CyanoAcrylate Adhesive for the Truncal Saphenous Veins (MOCCA study) *Amjad Belramman, MBBS*

5:10 PM Three-year Results of the Surgical Implantation of the Bioprosthetic Valve: VenoValve, for Patients with Severe Chronic Venous Insufficiency, C5-C6 disease *Sebastian Cifuentes, MD*

5:20 PM Prediction of Symptomatic Venous Thromboembolism In Covid-19 Patients: A Retrospective Comparison of Caprini, Padua And IMPROVE-DD *Kirill Lobastov, MD, PhD*

5:30 PM The Two Faces of Janus: The Pathophysiology and Management of Phlebolympheidema *Thomas O'Donnell, MD*

6:00 PM – 7:30 PM Poster Session and Welcome Reception (Non-CME)

Join us to explore scientific posters, interact with our exhibitors, and network with Colleagues in the Exhibit Hall!

International Members, please be sure to stop by the International Members' Corner in the Exhibit Hall to network with your fellow travelers



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FRIDAY, FEBRUARY 25, 2022

7:00 AM – 7:45 AM Medtronic Sponsored Breakfast Symposium (Non-CME)

8:00 AM – 9:00 AM **AVF Science Session IV: You say "VEIN" I Say "PAIN" – A Different View on Venous Pelvis Disorders** Moderators: *Fedor Lurie, MD, PhD, Jose Diaz, MD and Kathleen Gibson, MD*

8:00 AM Chronic Pelvic Pain – Evaluation and Outcomes Assessment *Heather Wahl, MD*

8:10 AM Chronic Pelvic Pain – Psychology and Neurophysiology

8:20 AM Chronic Pelvic Pain – Disorders Coexisting with Venous *Georgine Lamvu, MD*

8:30 AM Panel Discussion

9:00 AM – 10:00 AM **Sumner Session: Is There a Need for Subspecialty Board Certification for Venous/Lymphatic Medicine? If so What is the Best Pathway to Achieve It?**
Moderator: *William Marston, MD and Kathleen Gibson, MD*

9:00 AM Introduction *William Marston, MD*

9:05 AM The Case for VLM Subspecialty and Pathways to Achieve It *Zoe Deol, MD*

9:15 AM Focused Practice Designation *Brajesh Lal, MD*

9:25 AM Viewpoint *Neil Khilnani, MD*

9:30 AM Viewpoint *Elna Masuda, MD*

9:35 AM Viewpoint *Mark Meissner, MD*

9:40 AM Viewpoint *Rabih Chaer, MD*

9:45 AM Discussion/Audience Questions

10:00 AM – 10:30 AM **BREAK with Refreshments in Exhibit Hall**

10:30 AM – 11:30 AM **Scientific Session 3: Lymphedema and Wound Care**
Moderators: *Kathleen Ozsvath, MD, and Sarah Onida, MD, PhD*

10:30 AM Establishment of a Multi-Center Wound Registry to Collect Real World Data for Venous Leg Ulcers *Alisha Oropallo, MD*

10:40 AM Often Recommended, but Apparently Seldom Used – The Minor Role of Lymphoscintigraphy in the Current Diagnosis of Lymphedema *Tina Tian, MD*

10:50 AM Morbid Obesity and Lymphedema *Nicos Labropoulos, PhD*

11:00 AM **TOP ABSTRACT:** Dermal Backflow, Detected by Near-Infrared Fluorescence Lymphatic Imaging, Is an Early Prognostic Marker of Breast Cancer-Related Lymphedema *Melissa Aldrich, PhD*

11:10 AM QS: Characteristics of Venous Leg Ulcer Patients at a Tertiary Wound Care Center
Ms. Alyssa Klein

11:17 AM QS: Six Year's Experience Application Of Dermal Matrix For Vascular Wounds *Della Costa, MD*



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FRIDAY, FEBRUARY 25, 2022

11:30 AM – 12:30 PM President's Session: Bringing It All Back Home: Focused On Our Mission

Moderators: *Antonios Gasparis, MD, and Steve Elias, MD*

11:30 AM Introduction *Antonios Gasparis, MD, and Steve Elias, MD*

SCIENCE/RESEARCH

11:35 AM Annual Meeting Science *Efthymios "Makis" Avgerinos, MD and Fedor Lurie, MD, PhD*

11:38 AM AVF/BSC Translational Research Grant *Thomas Wakefield, MD*

11:40 AM AVF/Janssen Research Grant *Fedor Lurie, MD, PhD*

11:42 AM Jury Trial *Brajesh Lal, MD*

11:44 AM AVF Guidelines *Chandu Vemuri, MD*

EDUCATION

11:46 AM Book, Brochure *John Blebea, MD and Alessandra Puggioni, MD*

11:49 AM Webinars & VES *Ellen Dillavou, MD*

11:52 AM Venous Clinical Workbook *Marc Passman, MD and Mark Meissner, MD*

11:55 AM **ADVOCACY** *Mark Iafrati, MD, Daniel Monahan, MD and Kathleen Ozsvath, MD*

MEMBERSHIP

12:00 PM Member Communications: Website, Newsletter, Social Media, AVF Exchange
Andrea Obi, MD, Steve Elias, MD and Misaki Kiguchi, MD

12:03 PM AVF Varicose Veins Policy Navigator *Harold Welch, MD and Ellen Dillavou, MD*

12:06 PM AVF/AVFF Merger *John Forbes, and William Marston, MD*

12:09 PM Introduction of the President *William Marston, MD*

12:19 PM Presidential Address *Antonios Gasparis, MD*

12:29 PM 2023 Annual Meeting Promo *Mikel Sadek, MD and William Marston, MD*

12:40 PM – 1:40 PM Inari Medical Sponsored Lunch Symposium (Non-CME)

1:45 PM – 2:45 PM Scientific Session 4: Venous Thromboembolism

Moderators: *Ellen Dillavou, MD, and Mikel Sadek, MD*

1:45 PM Microengineered Human Vein-Chip Recreates Venous Valve Architecture and its Contribution to COVID-19 induced Thrombosis *Abhishek Jain, PhD*

1:55 PM Natural History of Below-knee Deep Vein Thrombosis in Neurosurgical Patients
Georgios Tzavellas, MD

2:05 PM **TOP ABSTRACT:** Markers of Pulmonary Hypertension in Patients with Submassive Pulmonary Embolism Undergoing Catheter Thrombolysis Compared to Anticoagulation Alone: A Secondary Analysis of the SUNSET sPE Trial *Elizabeth Andraska, MD, MS*

2:15 PM **TOP ABSTRACT:** Improvement Following Restoration of Inflow After Acute Venous Thrombosis: Comprehensive Thrombus Removal Strategies and for Selective Stenting in Acute Symptomatic Iliofemoral Venous Thrombosis *Arjun Jayaraj, MD*



Science Sessions - Scientific presentations and discussions

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Abstract Sessions - Original research abstract presentations with Q&A

FRIDAY, FEBRUARY 25, 2022

2:25 PM QS: Anticoagulation in COVID-19-Positive Patients on vv-ECMO *Mayuri Patel, MD*

2:32 PM QS: Single Session Therapy for Iliofemoral DVT with 12 French Computer Aided Mechanical Aspiration Thrombectomy(12CMAT) Compared to 8 French Continuous Aspiration Thrombectomy (CAT8) *Brent Robertson, MD*

CS 2:30 PM – 4:00 PM **Physician-in-Training Session B: DVT, PE, SVT (Non-CME)**

2:45 PM – 3:30 PM **AVLS | AVF Session: Joint Presentations with the American Vein & Lymphatic Society – Using Data to Support Clinical Practice and Advocacy**
Moderators: *Mark Meissner, MD, and Kathleen Gibson, MD*

2:45 PM Improving Wisely: Data to Drive Appropriate Use *Margaret Mann, MD*

2:54 PM Data and Advocacy: The Impact of Payment Policies on Venous Practices *Stephen Daugherty, MD*

3:03 PM Ambulatory Phlebectomy: Reimbursement and Clinical Challenges *John Blebea, MD, MBA*

3:12 PM Venous Ulcers: Real World Data from the Community *Marlin Schul, MD*

3:21 PM Generating the Data for Treatment of Pelvic Venous Disorders *Neil Khilnani, MD*

3:30 PM – 4:00 PM BREAK with Refreshments in Exhibit Hall

4:00 PM – 5:45 PM Scientific Session 5: Venous Thromboembolism and Imaging
Moderators: *Misaki Kiguchi, MD, and Houman Jalaie, MD*

4:00 PM True Failures of Direct Oral Anticoagulants (DOACs) at a University Medical Center
Kristan Probeck, MS, RN

4:10 PM The Association Between Anticoagulation Duration and the Risk of Venous Thromboembolism in Patients with Lower Limb Superficial Vein Thrombosis: A Systematic Review and Meta-Analysis
Kirill Lobastov, MD, PhD

4:20 PM Withdrawn

4:30 PM Time-course and Risk Factors Associated with Incomplete Thrombus Resolution in Pulmonary Embolism *Rafael Cires-Drouet, MD*

4:40 PM Low Hospital Resource Utilization in Mechanical Thrombectomy for Pulmonary Embolism
Matthew Bunte, MD, MS

4:50 PM **TOP ABSTRACT:** Thrombus Chronicity Sub-Analysis of Mechanical Thrombectomy for Deep Vein Thrombosis in Real- World Patients: Six-Month Outcomes from the CLOUT Registry
David Dexter, MD

5:00 PM QS: Natural History and Surgical Treatment of Venous Aneurysms: A Retrospective Analysis
Daniel Mendes, MD

5:07 PM QS: Geographic Variation in Post-Operative Venous Thromboembolism in the United States
Craig Brown, MD, MS

5:14 PM Optimal Clot Burden Resolution: An Interim Analysis of the PE-Rescue Trial
Anthony Comerota, MD

5:26 PM ABRE 24-Month Study Data *Erin Murphy, MD*



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FRIDAY, FEBRUARY 25, 2022

5:45 PM – 6:30 PM SVS/AVF Session: Venous Potpourri of Clinical Impact

Moderators: *Michael C. Dalsing, MD, and Elna Masuda, MD*

5:45 PM Adjuvant Findings During Lower Extremity Venous Duplex Imaging: Why Bother?
Michael C. Dalsing, MD

5:55 PM Understanding the Appropriateness Criteria for CVD: Some Pesky Grey Areas *Elna Masuda, MD*

6:05 PM A Synopsis: The Hemodynamics of Deep Venous Insufficiency *Seshadri Raju, MD*

6:15 PM Racial Disparities in the Management of Venous Ulceration *Anahita Dua, MD*

7:00 PM – 10:00 PM Gala

Additional Ticket Required

Event Lawn

Food, fun, entertainment, and time to spend with your friends and colleagues!

ANNUAL MEETING AGENDA

FOR MORE
INFORMATION

REGISTER
TODAY!



American Venous Forum
Promoting venous and lymphatic health

Science Sessions - Scientific presentations and discussions

Physician-in-training Sessions

Featured Sessions

Social Events, Breaks, Non-CME Sessions

Abstract Sessions - Original research abstract presentations with Q&A

SATURDAY, FEBRUARY 26, 2022

7:00 AM – 7:30 AM Physician-in-Training Session C: Clinical Trial Design (Non-CME)

7:30 AM – 8:30 AM AVF Annual Business Meeting for AVF Members (Non CME)

CS 8:30 AM – 10:30 AM Physician-in-Training Session D: Sclerotherapy, Lymphedema, Starting a Vein Practice (Non-CME)

8:45 AM – 10:00 AM **AVF Highlights, Top Abstracts & Awards**

Moderators: *Antonios Gasparis, MD and William Marston, MD*

8:45 AM Update on the 2022 SVS/AVF/AVLS Guidelines and Meta-analysis on the Management of Varicose Veins *Peter Gloviczki, MD*

8:52 AM The JURY Trial: An AVF Multicenter Trial to Evaluate Junctional Reflux and Disease Severity - Preliminary Data *Brajesh Lal, MD*

8:59 AM Results of the Venous Patient Out-Reach Survey (vPOS) *Lowell Kabnick, MD*

9:06 AM The AVF-Capri Risk Score Task Force *Joseph Capri, MD*

9:13 AM Updates on VQI *Marc Passman, MD*

9:28 AM VENOUS 2022 Top Posters (on-site/remote) *Mikel Sadek, MD*

9:34 AM 2020 JOBST Winner Presentation *Eri Fukaya, MD*

9:39 AM 2021 JOBST Winner Presentation *Khanh P. Nguyen, MD*

9:44 AM AVF Jobst Clinical Research Grant Announcement

9:46 AM AVF Boston Scientific Translational Research Grant Announcement

9:48 AM Juzo Traveling Fellowship Award Announcement

9:50 AM VENOUS 2022 Top Oral Abstract Announcement *Cassius Ochoa Chaa, MD*

10:00 AM – 10:30 AM **BREAK with Refreshments in Exhibit Hall**

10:30 AM – 11:30 AM **Scientific Session 6: Chronic Venous Disease**

Moderators: *Antonios Gasparis, MD, and Kush R. Desai, MD*

10:30 AM Achieving Optimal Outcomes in the Treatment of Venous Outflow Obstruction: An International Delphi Consensus *Steven Black, MD*

10:40 AM Gender Differences in Iliofemoral Vein Stenting for Chronic Venous Insufficiency *Elyssa Dionne, BA*

10:50 AM Outcomes of Femoral-Popliteal Venous Recanalization in Patients with Severe Post-Thrombotic Syndrome: A Single Center Case Series *Leela Ekambarapu*

11:00 AM Initial US experience with the BlueLeaf® Endovenous Valve Formation System *William Marston, MD*

11:10 AM QS: For Occult Pelvic Masses, Combined Surgery and Stenting Results in Symptomatic Improvement *Sheila Blumberg, MD, MS*

11:17 AM QS: Multisystemic Presentation of Iliac Venous Compression (May-Thurner Syndrome) that Improves or Resolves After Intervention: A Single-Center Experience of 109 Patients and Analysis of Non-Thrombotic Compression Intervention and Outcome *Kurtis Kim, MD*



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11:30 AM – 12:00 PM Contemporary Scientific Advances In Venous and Lymphatic Disease: The Glycocalyx and Beyond Moderator: *William Marston, MD*

12:10 PM – 1:10 PM BD Sponsored Lunch Symposium (Non-CME)

1:15 PM – 2:00 PM SVM/AVF Session on Post-thrombotic Syndrome

Moderator: *Aditya Sharma, MD and Arjun Jayaraj, MD*

1:15 PM The Pathophysiology of Post-thrombotic Syndrome *Andrea Obi, MD*

1:23 PM Antithrombotic Therapy Post Deep Venous Intervention in the Treatment of Post-thrombotic Syndrome: Role for Antiplatelet and Anti-inflammatory Agents
Aditya Sharma, MD

1:31 PM Interventional Approaches to Prevention of Post-thrombotic Syndrome *Patrick Muck, MD*

1:39PM Horizons for Treatment of Post-thrombotic Syndrome (PTS) *Minhaj Khaja*

1:47 PM Panel Discussion

2:00 PM – 3:00 PM Scientific Session 7: Superficial Venous Disease and Imaging

Moderators: Faisal Aziz, MD, and Harold J. Welch, MD

2:00 PM Relationship Between Anatomical Extent of Reflux and 5-year Results of Saphenous Ablation
Fedor Lurie, MD, PhD

2:10 PM Lessons Learned from Asymptomatic Patients with Complete Recanalization After Cyanoacrylate Adhesive Closure Naoki Sakakibara, MD, PhD

2:20 PM Incidence and Characteristics of Deep Venous Reflux in Patients Treated for Superficial Venous Disease with Ablation *Keyuree Satam, BA*

2:30 PM Intraindividual Comparison of 1470 and 1940 NM Endovenous Lasers to Biomatrix Sclerofoam
Chris Ragg, MD

2:40 PM QS: Effectiveness of Cyanoacrylate Closure and Compression Therapy Compared with Compression Therapy Alone in Healing of Venous Leg Ulcer Caused by Superficial Vein Reflux, A Randomized Controlled Trial *Nuttawut Sermsathanasawadi, MD, PhD*

2:47 PM QS: Bilateral Endothermal Heat Induced Thrombosis *Pavel Kibrik, DO*



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3:00 PM – 4:15 PM Aesthetic Vein Session: Spider Veins and Other Cosmetic Treatments

Moderator: *Peggy Bush, APRN and Julianne Stoughton, MD*

3:00 PM	Why (and How) You Should Incorporate Aesthetic Vein Treatment into Your Practice Julianne Stoughton, MD
3:10 PM	Approaching Sclerotherapy Based on Histological Findings & Types of Sclerosants Ronald Bush, MD
3:20 PM	Cosmetic Sclerotherapy Tips and Tricks Terri Harper, RN
3:30 PM	Sclerotherapy Complications and Their Management Sherry Scovell, MD
3:40 PM	Treatment of Hands, Feet, & Facial Veins Jessica Ochs, PA
3:50 PM	Treating Spider Veins Using Multiple Modalities (Percutaneous laser and others) Peggy Bush, APRN
4:00 PM	Q and A / Cases

