



AVForum

Spring 2007 Issue

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From the President

Mark H. Meissner, MD

It has been 20 years since the founding of the American Venous Forum, a period of time that has witnessed not only the growth and maturation of the Forum, but an increasing interest in venous disease among the medical community. Our 19th annual meeting in February was our most successful to date, with a very strong program and a total of 506 attendees (*including industry*). The program exemplified the greatest attributes of the American Venous Forum – a strong commitment to clinical and basic science research in venous disease as well as a firmly evidence-based approach to education and clinical care.



As the Forum completes its second decade of existence, we have responded to the increased interest in and awareness of venous disease with a number of initiatives. Many of these are described in greater detail elsewhere in the newsletter. Perhaps most importantly, Rob McLafferty is representing the AVF in establishing a multidisciplinary Venous Disease Coalition with interested groups representing the entire spectrum of acute and chronic venous disease. The National Venous Screening program is entering its third year under the guidance of Marc Passman, with strong industrial support from Juzo and Sanofi-Aventis.

From a scientific perspective, the Outcomes Committee is completing its project aimed towards standardizing non-invasive venous testing, while the Research committee is moving forward with several initiatives from the Pacific Vascular Symposium.

(From the President—Continued on Page 4)

Editor's Corner

Michael Vasquez, MD



Why does *Outcome Assessment* dominate the landscape of vascular surgery? Is it for the institutional guard to issue edicts from on high to the plebs? Could it be a method of control by Big Brother? Is it a hazard for private physicians to evade? Maybe "A man who has committed a mistake and doesn't correct it, is committing another mistake" (Confucius).

In his Presidential Address on Comparing Outcomes in 1996 Dr. Rutherford tells us regarding reporting standards "...it is timely to consider extending their application beyond the use for which they were intended, the uniform reporting of results in scientific journals, to a more systematic approach to comparing results, not only those of clinical investigations but those of practicing vascular surgeons, as well. The results of therapy for vascular diseases have little meaning if presented in isolation, *no matter how uniform and valid the criteria used for reporting them.*" He proposed a version of what later became in part the Venous Clinical Severity Score (VCSS). (Editor—Continued on Page 6)

19TH ANNUAL MEETING HIGHLIGHTS

FEBRUARY 14-17, 2007

RANCHO BERNARADO INN, SAN DIEGO, CA

2007 Award Winners

BSN Jobst Research Award

Danny Vo, MD - Mayo Clinic, Rochester, MN

Effect of Recombinant Activated Protein C on an Animal Model of Deep Venous Thrombosis

The following award winners, presented the abstracts, but **all authors** of the work are to be congratulated!

Servier Traveling Fellowship

Brian Knipp, M.D.—University of Michigan, Ann Arbor, MI

Factors Predictive of Outcome Following Interventional Treatment of Iliac Vein Compression Syndrome

Reagan Quan, M.D.— Walter Reed Army Medical Center, Washington, DC

Vein Repair is Not Associated with an Increased Risk of Venous Thromboembolic Events: A Review of Over One Hundred Traumatic Military Venous Injuries

Sigvaris Traveling Fellowships

Alisha Oropallo, MD, - Boston Medical Center, Boston, MA

Clinical Improvement after Endovenous Radiofrequency Obliteration of the Greater Saphenous Vein in Patients with Concomitant Deep Venous Insufficiency

M.K. Barsoumi, MD – Mayo Clinic – Rochester, MN

Coil Occlusion and Alcohol Ablation of Varicose Saphenous Veins: A Novel Application of an Old Technique

Prandath Lall, MD – Mayo Clinic – Rochester, MN

Arteriovenous Fistula Following Endovenous Laser Ablation of the Saphenous Vein and Spontaneous Venous Thrombosis: Attempt at Neovascularization

Eugene Palchik, MD, University of Rochester, Rochester, NY

Success of Catheter-Directed Thrombolysis in Symptomatic Patients with Superior Vena Cava Thrombosis due to Malignant or Inflammatory Disease

Best Poster Awards

Kostas Delis, MD—Mayo Clinic, Rochester, MN

Hemodynamic and Clinical Impact of the Lateral Embryonic Vein in Limbs with Klippel-Trenaunay Syndrome

Angel Sanchez, M.D.—Hospital Ruber Internacional, Madrid, Spain

Abdomino Pelvic Venous Assessment with Duplex Ultrasound (Transvaginal and Transparietal)

Paulo Zamboni, MD—University of Ferrara, Ferrara, Italy

Impaired Cerebral Venous Hemodynamics in Multiple Sclerosis Patients

19th Annual Meeting PHOTO GALLERY



The Past President Rappers
Frank Padberg, Tom Wakefield,
Mike Dalsing & Bo Eklof



D. Eugene Strandness Memorial Lecturer
Michael Dalsing & Bob Kistner



Best Poster Award Winners
Paulo Zamboni, Frank Padberg & Kostas Delis



Servier Travelling Fellowships
Brian Knipp, Frank Padberg & Reagan Quan



THE FORUM FINALE

New this year, the Forum Finale was a welcome addition to the final night of the conference. Starting off with the music of Bomani and Tropical Steel Drums and entertainment from African Stilt Dancers, attendees enjoyed a lavish buffet amongst a safari clad ballroom. A good time was had by all.

Be sure to make plans to stay for next year's Forum Finale, Saturday, February 23, 2008 in Charleston, SC



National Venous Screening Update

Expansion of the National Venous Screening Program – A Call to Action

This year's National Venous Screening Program, organized and administrated by American Venous Forum continues with the mission of increasing public awareness of acute and chronic venous diseases through education, identification, and empowerment. Now entering its third year, the National Venous Screening is poised for wide national expansion in line with the anticipated United States Surgeon General's call to action to prevent venous thrombosis and death due to pulmonary embolism.

Results from the pilot program were published in the *Journal of Vascular Surgery* this past year (Volume 45, Issue 1, pages 142-148, January 2007). Seventeen institutions screened 476 people in November, 2005 identifying 77% of participants with high or very high risk for deep venous thrombosis if placed into a high risk situation, 53% with clinical evidence of venous insufficiency (CEAP 2-6) and 40% with duplex ultrasound identified venous reflux in at least one leg vein segment.

Based on this initial experience, the second year of the National Venous Screening Program in November, 2006, represented expansion to 139 sites with screening of 3,000 to 4,000 people in over 40 states. Program expansion included an update of the screening tool to include an abbreviated quality of life questionnaire and patient release to allow for later follow-up of participants. The results of this larger experience will be presented at the upcoming Society for Vascular Surgery, Annual Meeting, June 7-10, 2007. We hope to monitor a significant proportion of the screened population for subsequent development and progressive worsening of chronic venous disease, further educational information on venous diseases sought by the individual, and how participant's interaction with their primary care physicians occurs in relation to findings at screening.

Looking ahead to the upcoming year, sign up for centers will begin this spring with an extended targeted screening timeframes to span from November 1, 2007 to March 31, 2008, culminating in Deep Venous Thrombosis Awareness month, March, 2008. The extended time period will allow more flexibility for participating sites to perform screening, with the goal of 50 state representation and increased participation by the public. Additional pilot efforts at increasing physician awareness with educational material and sponsored venous educational symposium will also be incorporated into this year's screening.

The American Venous Forum extends its gratitude to the generous sponsorship of Juzo and Sanofi Aventis. Additional funding efforts are in progress and will be directed by a professional marketing firm.

For more information about the American Venous Forum, National Venous Screening Program or are interested in participating in next year's screening, go to <http://www.venous-info.org/> or contact Michele Lentz at mlentzava@cablespeed.com.

Marc A. Passman, M.D. and Robert B. McLafferty, M.D.
Co-Chairmen, National Venous Screening Committee, American Venous Forum



(From the President—Continued from Page 1)

Finally, Steve Elias recently organized the second annual Fellow's Course in Venous Disease, which was very well received by those in attendance. A second course is being planned for Chicago later in the year.

As evidenced by the post-graduate course at this year's annual meeting, there is also an increasing need to translate scientific and technical advancements into evidence-based practice guidelines. The development of validated, objective outcome measures is critical to this process and Dr. Michael Vasquez reviews the available instruments as guest editor of the newsletter. This also calls attention to the need for an updated venous clinical severity score (VCSS), a revision of which is currently being undertaken by the Outcomes Committee.

The Forum will continue to respond to the needs of the venous community as it moves into its third decade. While taking advantage of our traditional strengths, we must continue to advance our current state of scientific knowledge while providing solid education to those with both a passing and passionate interest in venous disease. Moving into the future, we should perhaps consider our goals as a pyramid, with our traditional strength of strong clinical and basic science research providing the base for strong evidence driven education as the next level and excellent clinical care of patients with all aspects of venous disease at the apex. There are many opportunities for our members to participate in projects ranging from the screening program to a number of research initiatives. I would encourage all members to become actively involved at this exciting time of our organization's history.

Stay in Circulation Campaign

The AVF is working with Stay in Circulation, the first national public awareness program to help American learn about P.A.D., including how to reduce their risk.

The Stay in Circulation campaign is sponsored by the National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health, U.S. Department of Health and Human Services, in cooperation with the P.A.D. Coalition, an alliance of national organizations and professional societies united to raise awareness of P.A.D.

The campaign offers a wide variety of resources to help individuals and local communities take steps to learn about P.A.D. The following resources can be downloaded from the campaign Web page, www.aboutpad.org:

Educational materials in English and Spanish for individuals to learn about P.A.D. and how to reduce their risk including:

- Fact sheets about P.A.D.
- Posters and print public service announcements
- Radio public service announcements
- An educational DVD (available in VHS format upon request) featuring real people's stories about living with P.A.D.

The Community Action Tool Kit—a collection of resources to help organizations and partners plan their own Stay in Circulation activities in local communities. A marketing flyer describing all of the available campaign materials.

NHLBI is working in cooperation with the P.A.D. Coalition, a group of more than 40 national organizations and professional societies to develop and launch the Stay in Circulation campaign. The P.A.D. Coalition seeks to improve the prevention, early detection, treatment, and rehabilitation of people with, or at risk for, P.A.D. It provides expert guidance and insights about the scientific and analytical underpinnings of the campaign, as well as the development of campaign messages, materials, and tactics and works with NHLBI to implement campaign activities.

For more information about Stay in Circulation, visit www.aboutpad.org.

www.aboutpad.org

SECOND ANNUAL VASCULAR FELLOWS COURSE IN VENOUS DISEASE REPORT

Thirty Two Vascular Fellows, Six Faculty, Two Guests, Seven Industry Sponsors; No jackets and No ties. It worked once and on May 6th, 7th and 8th, 2007 it worked again; The Second Annual Vascular Fellows Course in Venous Disease.

The concept from the beginning was to expose current vascular fellows to the modern ideas and management of venous disease. Most fellowship training programs do not have a dedicated curriculum or experience related to venous disease. In an attempt to fill this void the Fellows Course in Venous Disease was inaugurated September 2006 with five industry sponsors defraying all costs for the fellows attendance. Course Director was Steve Elias with much help from co-chairs Bill Marston and Tom O'Donnell. September 2006 faculty also included; Thomas Wakefield, Mike Dalsing, Roman Nowygrod and Herbert Dardik amongst others. Enrollment was limited to 30-fellows (with a waiting list of 12) to ensure a lot of faculty/fellow interaction. The course was hosted by the Center for Vein Disease at Englewood Hospital and Medical Center, NJ. Aside from lectures; video cases and live vascular lab cases were included. The course was well received and fellows enjoyed the small intimate setting.

The second course this May followed the same theme of informality and intimacy. The curriculum was changed to incorporate some of the fellow's suggestions from the first course and changes within the venous world. Chemical/Mechanical Thrombolysis and Iliac Stenting are examples. The fellows wanted more open discussion and "how to" cases. We increased that experience as well. Once again 32 fellows attended with six faculty; Steve Elias, Bill Marston, Tom O'Donnell, Marc Passman, Marc Meissner and Ruth Bush.

Feedback from the course evaluations were positive and all fellows stated that they would highly recommend the course for future fellows. The intent remains the same; to provide a quality experience and conveying information that is timely and useful. The Fellows Course will continue to evolve and involve members of the American Venous Forum.

It is not a course created or administrated by the AVF but rather one endorsed by the AVF and the APDVS. These endorsements and input are crucial so that fellows will get a cohesive and comprehensive idea about the overall management of venous disease. We hope to excite and foster the fellow's interest so that they realize the importance of venous disease in their overall practice. The ultimate goal is to get them interested so that they give quality care to patients and join the American Venous Forum as active contributing members (they were all given candidate member applications at the course).

We are tentatively planning a course in Chicago with local course director Vic Sottiuari in December. For 2008, we are looking for other host institutions. If anyone is interested, please contact me personally.

Submitted by Steve Elias, MD



(Editor– Continued from Page 1)

Despite being found valid and reliable in its most erudite description to date (A1 - which I strongly recommend a full re-read), it has passed into relative obscurity relegated as useful for only C4-C6 patients (A2). Nevertheless, we recognize that patients with even minor symptoms do improve after superficial vein ablation, albeit not as dramatically as the severely diseased. Other studies are now finding applicability of VCSS in the less severely afflicted (A3-5).

Perhaps as CEAP has been revised, a **rev-VCSS** would gain popularity, amending that gnawingly discordant “Compressive Therapy” component dilemma. In article A4 below an inherent comparison of Short Form 36, the Aberdeen Varicose Veins Questionnaire and VCSS is made. I believe they are all valid comparison tools. However, I more strongly believe that the international venous community needs to arrive at a consensus as to which tool it should and will use. Erratic reporting with differing measures around the world is as useful as ... well, you know. VCSS is the progeny of the familiar clinical CEAP. It seems to me the most natural outcome assessment tool to use. In our article A5 below for SV treatment of C2-C6 disease (yes C2 - nearly 10%) we have separated the VCSS components. We found the VCSS and each of its components to be useful, significant, and easily applicable for the assessment of outcomes after RFA in limbs with symptomatic venous insufficiency.

For those of us who are willing to subject ourselves to public scrutiny; for those of us who are driven to find something better for patients; for those of us who are willing to change by what we find - we need to follow and compare our outcomes, or acquiesce simply to the status quo. “It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change.” (Charles Darwin)

ABSTRACTS OF INTEREST

PERFORMANCE CHARACTERISTICS OF THE VENOUS CLINICAL SEVERITY SCORE. Meissner MH, Natiello C, Nicholls SC. ; *Journal of Vascular Surgery* 220;36:889-95

Modified Abstract - Objective: To facilitate study of the natural history and management of venous disease, a 10-component venous clinical severity (VCS) score has been proposed as an objective measure of disease severity. The purpose of this study was to evaluate the validity and reliability of this instrument. Methods: VCS component scores (0 to 3) for pain, varicose veins, edema, pigmentation, inflammation, induration, stocking use, and ulcer size, duration, and number were measured in consecutive patients with chronic venous disease. Differences between observers (n = 3) and on serial evaluation by the same observer were determined.

Results: One hundred twenty-eight limbs in 64 patients were evaluated. Mean VCS score increased from CEAP class 0 (1.7 ± 1.8) to class 6 (14.7 ± 3.0; R = .84; P < .0001). Scores in 68 limbs evaluated twice by the same observer differed by a mean of only 0.8 (P = .15), with a reliability coefficient of 0.6. Mean scores of 8.0 (± 5.1), 7.2 (± 5.1), and 8.0 (± 5.4) were obtained in 63 limbs evaluated by all three investigators (P = .02). Only the component scores for pain, inflammation, and pigmentation showed significant (P < .05) interobserver variability. Interobserver agreement on the absence of disease or presence of severe disease as defined by scores of 3 or less or 8 or more was good (κ = 0.59 and 0.65, respectively).

Conclusion: The VCS score is a critically needed tool for evaluating changes in venous disease over time. The score is reliable and shows good correlation with CEAP clinical classification.

EVALUATION OF THE NEW SEVERITY SCORING IN CHRONIC VENOUS DISEASE OF THE LOWER LIMBS: AN OBSERVATIONAL SURVEY CONDUCTED BY FRENCH ANGIOLOGISTS. Perrin M, Dedieu F, Jessent V, Blanc MP. ; *Phlebologie*. 2003; 56:127–139.

Summary - This is an observational study on 1900 patients by 398 French angiologists given an opinion questionnaire. The aim of the study was to evaluate the interest and usefulness of the three components of the Venous Severity Score. The survey was designed to target patients in Clinical C4-6, but a certain number of patients recruited presented with C1-3. Therefore two groups were formed based on the CEAP clinical classification. The VCSS was found to be easy to rate. However, the angiologists stated a low intention of using the scoring parameters. They felt it more appropriate for use in severe CVD. They further demonstrate this in a later study entitled “**Clinical presentation and venous severity scoring of patients with extended deep axial venous reflux.**” (Gillet, Perrin, Allaert *JVS* 2006 ; 44 :584-94)

ENDOVENOUS SAPHENOUS ABLATION CORRECTS THE HEMODYNAMIC ABNORMALITY IN PATIENTS WITH CEAP CLINICAL CLASS 3-6 CVI DUE TO SUPERFICIAL REFLUX. Marston, WA, Owens LV, Davies S, Mendes RR., Farber MA, Keagy BA, ; *Vascular & Endovascular Surgery*. 40(2):125-30, 2006 Mar-Apr.

Modified Abstract - This investigation was designed to determine whether minimally invasive radiofrequency or laser ablation of the saphenous vein corrects the hemodynamic impact and clinical symptoms of chronic venous insufficiency (CVI) in CEAP clinical class 3-6 patients with superficial venous reflux. Patients with CEAP clinical class 3-6 CVI were evaluated with duplex ultrasound and air plethysmography (APG) to determine anatomic and hemodynamic venous abnormalities. Patients with an abnormal (>2 mL/second) venous filling index (VFI) and superficial venous reflux were included in this study. Saphenous ablation was performed utilizing radiofrequency (RF) or endovenous laser treatment (EVLT). Patients were reexamined within 3 months of ablation with duplex to determine anatomic success of the procedure, and with repeat APG to determine the degree of hemodynamic improvement. Venous clinical severity scores (VCSS) were determined before and after saphenous ablation. Eighty-nine limbs in 80 patients were treated with radiofrequency ablation (RFA) (n = 58), or EVLT (n = 31). The average age of patients was 55 years and 66% were women. There were no significant differences in preoperative characteristics between the groups treated with RFA or EVLT. Postoperatively, 86% of limbs demonstrated near total closure of the saphenous vein to within 5 cm of the saphenofemoral junction.... The VFI improved significantly after ablation in both the RF and EVLT groups.... Minimally invasive saphenous ablation, using either RFA or EVLT, corrects or significantly improved the hemodynamic abnormality and clinical symptoms associated with superficial venous reflux in more than 90% of cases. These techniques are useful for treatment of patients with more severe clinical classes of superficial CVI.

A NONRANDOMISED CONTROLLED TRIAL OF ENDOVENOUS LASER THERAPY AND SURGERY IN THE TREATMENT OF VARICOSE VEINS. Mekako AI, Hatfield J, Bryce J, Lee D, McCollum PT, Chetter I. Academic Vascular Surgery Unit, Hull Royal Infirmary, Hull, UK. *Annals of Vascular Surgery*. 20(4):451-7, 2006 Jul.

Modified Abstract - Endovenous laser therapy (EVLT) is a minimally invasive treatment for varicose veins. This study compares early quality-of-life (QoL) outcomes following EVLT and surgery. Two nonrandomized groups were studied: an EVLT group with 70 patients, median age 49 years, and a surgery group with 62 patients, median age 49 years. Patients were assessed prior to and at 1, 6, and 12 weeks following the procedure using the Short Form 36 (SF-36), the Aberdeen Varicose Veins Questionnaire (AVVQ), and the Venous Clinical Severity Score (VCSS). Follow-up at 1, 6, and 12 weeks was 100%, 77%, and 70% following EVLT and 100%, 85%, and 47% following surgery. SF-36 scores were significantly better in the EVLT group at 1 week (Physical Functioning, Role Physical, Bodily Pain, Vitality, and Social Functioning domains) and at 6 weeks (Physical Functioning and Role Physical). At 12 weeks, no significant differences were evident between the groups. AVVQ scores were significantly better in the EVLT group at 6 and 12 weeks. VCSS scores were significantly improved in both groups at 12 weeks. EVLT and surgery provide similar QoL improvements in patients with varicose veins. EVLT, however, removes the QoL limitations experienced by patients in the early postoperative period.

THE UTILITY OF THE VENOUS CLINICAL SEVERITY SCORE IN 682 LIMBS TREATED BY RADIOFREQUENCY SAPHENOUS VEIN ABLATION. Vasquez MA, Wang J, Mahathanaruk M, Buczkowski G, Sprehe E, Dosluoglu HH, *Journal of Vascular Surgery* 2007;45:1008-15

Objectives: This prospective study was designed to apply the venous clinical severity score to limbs before and after endovenous saphenous vein radiofrequency ablation and to identify risk factors associated with treatment failure. **Methods:** Nearly 500 patients underwent 682 saphenous vein RFA procedures. Preoperative VCS scores were documented. Follow-up clinical and duplex examinations were performed at 4 days, 4 weeks, and 4 months after saphenous vein radiofrequency ablation and at ≥6 months thereafter. Scoring was repeated at follow-up visits. **Results:** The mean age of the patients was 53, and 68% were women. Pretreatment CEAP clinical C2 class comprised nearly 10% and C3/C4 comprised 80% of limbs. Preoperative, 4-day, 4-week, and 4-month venous clinical severity scores were, respectively, 8, 5.2, 4.1, and 3.3. SV RFA significantly reduced pain related to lower extremity venous disease from 95.7% to 15.2% (P < .0001) and edema from 92.4% to 17.0% (P < .0001). Before treatment, venous stasis ulcers were present in 52 limbs and healed at a rate of 86%. Complications were minor and self limited. Age, female sex, and tumescent volume >250 mL were associated with higher rates of occlusion. The overall occlusion rate was 87.1%. **Conclusions:** As determined by the VCSS, treatment of SV reflux with endovenous RFA results in the clinical improvement of symptoms and aids in the healing of venous ulcers. Age, female sex, and tumescent volume are associated with high success rates of occlusion. Large varices diminished significantly over the first 3-4 months and nearly half of all limbs did not require adjunctive procedures. We found the VCSS to be an excellent stand-alone tool for assessing outcomes after saphenous vein radiofrequency ablation.

SAVE THE DATES



ELECTRONIC CALL FOR ABSTRACTS
Submission Deadline: September 7, 2007

MEETING HIGHLIGHTS

Postgraduate Course: "Outcomes:
Measuring Venous Disease"
Workshops: Vein Ablation, Sclerotherapy,
Wound Care... more
"How-To" Sessions
"Ask-the-Experts" Sessions
...Much more...

CHARLESTON PLACE
Charleston, SC

American Venous Forum
20TH ANNUAL MEETING
FEBRUARY 20-23, 2008

RECRUIT A COLLEAGUE!

The American Venous Forum is accepting applications for membership from qualified physicians and medical professionals with an interest in venous disease. In addition to **Active Membership** that requires nomination and letters of recommendation, the AVF has two other categories of membership designed with the clinician or trainee without significant research responsibilities in mind:

- **Associate:** Clinician with an interest in venous disease.
- **Candidate:** Trainee with an interest in venous disease.

Please forward a name and e-mail address to the AVF national office at venous-info@administrare.com with the name of a colleague who would find membership in the AVF an important step in their continuing commitment to the diagnosis and treatment of venous and lymphatic diseases and disorders!

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