

VEIN SPECIALIST NEWSLETTER

SCIENCE

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MESSAGE FROM THE PRESIDENT

Back to the Future SCIENTIFICALLY

Antonio Gasparis, MD • AVF President



The AVF was originally founded as an organization focused on science. The aim was to help fill gaps that existed in both knowledge and treatment of venous disease so that patients all over the world could benefit. Over the years, the AVF has made significant contributions to the field including:

- The development of clinical practice guidelines and disease scoring methodologies that help practitioners provide appropriate care for patients.
- The funding of basic science and clinical research for young investigators.
- The publication of the latest venous research in one of the world's leading vascular surgery journals.

It is my strong belief that our original vision is the correct one and that we need to redirect our efforts to scientifically lead the venous field. Doing this will take commitment. Commitment of our AVF leaders now and in the future. Commitment of time and effort from our committees and our administration. Commitment of AVF financial resources. How do we do this? A few thoughts:

1. The AVF should be the clearinghouse for venous research by developing the infrastructure for investigator-led or industry-led research projects. We need to show that we can efficiently support large randomized clinical trials and other research initiatives.
2. The AVF should regularly publish data with high level of evidence and validity.
3. Collaboration and cooperation with other venous societies and governmental agencies (e.g., NIH, NHLBI, CDC, etc.) to coordinate research projects.

4. The AVF needs to gain the trust of the scientific vein community.
5. The AVF needs to ensure that our flagship event, our Annual Meeting, contains the latest venous research and that new knowledge is disseminated to the global community as efficiently as possible.

Thus far during my year as AVF President, we have begun this important journey back to the future - scientifically. Led by our Research Council Chair, Faisal Aziz, we convened a planning retreat of the Research Committee chaired by Windsor Ting and the Guidelines Committee Chair, Chandu Vemuri, to develop a roadmap for future AVF research. With the support of Boston Scientific, we are investing in an important research project to study junctional reflux. This effort is intended to prove AVF's capability to conduct research projects. Our Annual Meeting, VENOUS 2022, will be dedicated to Science. The

Program Committee led by Makis Avgerinos is developing a world class event that will take place in Orlando, Florida from February 23-26, 2022.

This issue of Vein Specialist is dedicated to Science. The articles presented in this issue help underscore AVF's unique position as the scientific leader in the field. They remind us that to be relevant we must be a modern, inclusive, and collaborative organization that partners with researchers and industry for the good of scientific research. I would like to thank the many authors who have taken time to

contribute to this special issue and are helping us stay true to our original vision and purpose.



VENOUS 2022
AMERICAN VENOUS FORUM



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A New AVF Research Initiative

Patient-centric data equals better patient care. Science drives decisions. The AVF has been given a research grant by Boston Scientific to study patients with superficial axial disease without junctional reflux and an otherwise incompetent superficial axial vein. The focus of the study will be to evaluate the impact on quality of life in this population as compared to patients with junctional reflux. Many patients are denied ablation coverage by insurance carriers if they don't have documented junctional reflux even though they are symptomatic. The study will gather data from this patient population so that insurers can then be approached to change coverage policies. The study PIs are Drs. Chandu Vemuri and Peter Pappas. Further information how our members can participate will be announced in the near future.

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How the Pandemic Improved the State of Science

Andrea Obi, MD and Thomas Wakefield, MD

In a turbulent year, peer review, scientific method, scientists and even science itself have been placed under intense speculation by the general public and politicized to a degree not imagined in our generation. As Carl Sagan wittily noted: "We live in a society exquisitely dependent on science and technology, in which hardly anyone knows anything about science and technology." Scientists around the globe faced a multitude of challenges. Their own laboratory research was often temporarily halted in the setting of pandemic restrictions; effort was focused on studying a novel virus and it often was difficult to obtain research permissions, obtain samples and funding; and time was short to make real progress. However, out of this massive amount of entropy, scientists rallied and real, positive changes occurred in the scientific community.

BANDING TOGETHER OF THE SCIENTIFIC COMMUNITY

Scientists follow predictable patterns of professional interaction. Research is performed in the laboratory, written in abstract form, and presented at national or international meetings, followed by publication. The entire process generally occurs on the time frame of months to years. In the COVID era, not only were national meetings put on hold, the timeline for research and sharing information had simply become too long when faced with the incredible loss of life induced by SARs-CoV2. An immediate change instituted by the scientific community at large was to move information sharing online and improve transparency. In March 2020, several international meetings involving scientists around the world were arranged in record time (days to weeks), offered complete transparency of findings and free exchange of ideas across the globe. In May 2021, the NIH hosted a Covid-19 associated coagulopathy workshop; an interactive virtual meeting where unpublished cutting-edge data were presented, discussed at length and new ideas/approaches recorded. These types of exchanges are a positive reinterpretation of the previous status quo and may represent a permanent change in the scientific community.



Andrea Obi, MD



Thomas Wakefield, MD



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How the Pandemic Improved the State of Science

IMPROVED TURNAROUND ON FUNDING AND PEER REVIEW

Obtaining traditional grant funding is a multi-year process. Generally, it takes a year or more to gather preliminary data, write a proposal, obtain institutional approvals, and submit to the sponsor. Often the sponsor reviews, requests revisions, and there is often a lag time between approval and funding. Similarly, peer review of journal articles with important scientific findings can often take weeks to months to perform additional experiments and allow reviewers and authors adequate time to craft responses. The Covid-19 pandemic necessitated shattering of these traditional timelines. Funders and journals completely revamped processes for peer review and turnaround. Admittedly, there were bumps along the way as the 'need for speed' even beyond newly streamlined processes resulted in a massive amount of pre-print publications and hastily reviewed papers even in prestigious journals. However, the overall impact has been a much needed overhaul and improved pace of funding and publishing important scientific findings.

MAXIMIZATION OF THE DRUG DEVELOPMENT PIPELINE AND FDA REVIEW PROCESS

Perhaps nothing has received as much attention in the lay press as therapeutic agents in the treatment and prevention of Covid-19. From the great hydroxychloroquine debate to the most rapid vaccine development and emergency use approval in human history, the effect of Covid-19 has been intense and tumultuous. In the process of attempting to decrease preventable deaths, scientists worked together to identify the best areas to launch phase III clinical trials to maximize enrollment and the FDA stripped out unnecessary delays in the approval process, without compromising key safety metrics. Ultimately, it appears that science has triumphed (at least in the short term). The Covid-19 'stress test' has proven to be just that: a stress on the scientific community, our systems and psyche from which we have emerged better, stronger and faster.

AVF and Venous Research: A Match for the Ages

Thomas Wakefield, MD, Peter Henke, MD, Fedor Lurie, MD, PhD

Research in venous disease spans the gamut from issues in thromboembolism to chronic venous insufficiency. There are a number of unmet needs and questions related to venous thromboembolism that only further research can answer. Some examples include:

- Understanding mechanistic differences between thrombosis and hemostasis, the role of innate immunity in VTE, and developing robust models of DVT/PE in larger animals such as swine (in the category of **Basic Science and Translational Science**)
- Developing imaging tools to characterize embolic potential and thrombus chronicity, use of these tools to target VTE treatment strategies based on thrombus characteristics, and identifying new biomarkers to detect both first time and recurrent VTE (in the category of **Human Level Research**)
- Identifying the causes of “breakthrough” VTE despite adequate VTE prophylaxis, and studying the role of adjunctive therapies to prevent post-thrombotic syndrome or pulmonary hypertension after VTE (in the category of **Patient Level Research**)¹

These unmet needs require funding. Oftentimes, new research investigators have great ideas about how to tackle one or more of these problems, but they do not have the initial funding to begin to investigate them. This is where an organization like the American Venous Forum, with its history of supporting cutting-edge research, can make a huge difference in the ability of new investigators to obtain preliminary data which then will allow for a robust grant application to the National Institutes of Health, American Heart Association, Veterans Administration, etc. In the past, the American Venous Forum had such a mechanism, the Jobst Grant. This grant has started the academic career of many basic and translational science investigators who are members of our organization. However, now that the emphasis for the Jobst Grant is becoming more clinically focused, we have lost a very important mechanism for kick-starting the academic career of our young scientists, who will go on and make important discoveries in the basic and translational science venous space during their careers. Let us give examples of how AVF funding has been important in facilitating the research career of recent outstanding venous scientists.



Thomas Wakefield, MD



Peter Henke, MD



Fedor Lurie MD, PhD



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AVF and Venous Research: A Match for the Ages

Andrea Obi, MD is an Assistant Professor at the University of Michigan. Andrea is studying, among many topics, the epigenetics of the innate immune response to DVT and the role of monocytes in thrombogenesis and thrombus resolution. She is also exploring the role of the fibrinolytic system and the plasminogen-plasmin axis in vein wall fibrosis after DVT. Andrea obtained a grant from AVF in 2019 and with this funding along with funding from other agencies such as the Vascular Cures Foundation, the University of Michigan Frankel Cardiovascular Center and the Section of Vascular Surgery, she obtained a prestigious K-award from NIH. The funding from the AVF was very important to her data generation that resulted in the K-award. Andrea's work from the K-award will eventually generate an NIH R01 application, and she will most assuredly make discoveries that will change the way we take care of VTE.

Prior to Andrea, Yogendra Kanthi, MD won the Jobst award. His research supported by the Jobst grant led to obtaining NIH level funding and ultimately he was bestowed the Lasker Clinical Scholarship at the NIH. His pathway into this prestigious in-residence program at the NIH is the direct result of his AVF grant.

Another example is Maxim Shaydakov MD, who obtained the AVF grant to study gene expression of human deep veins. This project was one of the first to use tissue samples from human deep vein. Since this has never been done before, it was considered as a "high risk" project by the NIH, and other funding agencies. The AVF grant has helped to complete the project resulting in promising data related to thrombus initiation – another gap in our understanding of venous thrombosis. The results were just recently published in the JVS-VLD. The grant made possible for Maxim to spend a year at the University of Michigan and he became proficient in vascular biology techniques – a valuable asset for his academic career. Consequently, he served as the chair of the AVF research committee.

Thus, it is critical for our patients that the AVF be able to be the leader and conduit for funding research in the basic and translational space. We are looking for new partners to help fund the research studies of our talented young scientists, going forward.

¹Cushman M, Barnes GD, Creager MA, et al. Venous thromboembolism research priorities: A scientific statement from the American Heart Association and the International Society on Thrombosis and Haemostasis. Res Pract Thromb Haemost. 2020;4(5):714-721.

Building a Venous Research Community – Whose Fight Is It?

Suresh Vedantham, MD

The facts of the case are uncontroversial. Severe post-thrombotic syndrome (PTS) is a terrible condition that causes pain, reduced limb function, and impaired quality of life (QOL) in patients with previous deep vein thrombosis. Iliac vein obstruction is a major contributor to disease severity in many cases of PTS. In the hands of skilled AVF member physicians, both legacy and new venous stents can restore iliofemoral venous flow¹. However, stents often become narrow or occluded in the PTS population, and there exists no large randomized controlled trial (RCT) with which to understand the size and durability of their benefits. Due to operator issues and maybe also mechanical defects, some stents may be prone to mal-deployment, fracture, migration, or other complications². AVF experts have publicly called out the over-utilization of stents for weak indications by some providers. But the problem of under-utilization may be even greater: of the tens of thousands of patients living with PTS, only a tiny fraction are referred to vascular specialists for well-informed PTS care and for evaluation and treatment of venous obstruction. We know where the patients are – in the care of our esteemed medical colleagues – but we simply do not possess the key pre-requisite in effectively communicating with them to influence referral patterns: data from a pivotal RCT.

Many of us may feel reassured that this is all being taken care of. After all, the National Heart Lung and Blood Institute (NHLBI) of the National Institutes of Health (NIH) is funding the C-TRACT (Chronic Venous Thrombosis: Relief with Adjunctive Catheter-Directed Therapy) Trial, a multicenter RCT that is evaluating the ability of iliac vein stent placement to reduce PTS severity and improve QOL in patients with moderate-or-severe PTS³. We're proud that the AVF has provided a resounding leadership endorsement of this study. We enjoy the time we spend in debating the merits of different stent devices and in discussing interesting venous stenting cases with our colleagues. We're happy to see the C-TRACT Trial publicized.

Which brings us to the rub: is this sufficient? What type of “venous research community” is the AVF today, and what does it aspire to be in the future? Does well-intended (and much appreciated by the writer) communal cheerleading constitute the upper limit of our impact? Or, do we envision ourselves as **an action-impact community** that actively drives the success of important venous care initiatives?

An action-impact community requires individuals who take action to achieve impact. So, let's make this more personal: How many PTS patients have you referred to a C-TRACT study site? Why so few? Have you downloaded the study referral app? Why not (takes 30 seconds)? How often do you remind your colleagues (hematologists, endovascular physician partners and trainees,



Suresh Vedantham, MD



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Building a Venous Research Community – Whose Fight Is It?

others) to get the word out about the importance of getting patients into C-TRACT? ***Do you consider this your fight, or someone else's?***

The future of venous stenting and the quality of PTS care will depend on the energy its members apply to make the AVF an action-impact venous research community. As of June 1, 2021, the C-TRACT Trial had enrolled 105 patients out of the targeted accrual of 374 patients – we are lagging, despite the fact that thousands of patients get stented every year. This is thousands of missed opportunities to enroll what is really a modest-sized study. This study now requires just 2-3 in-person patient visits. Patients benefit from close monitoring, free compression garments (donated by MediUSA), and independent safety oversight.

So, please type “C-TRACT” into your cellphone’s app store, download the study’s HIPAA-compliant Referral App, and routinely refer your patients to the study (which takes about 15 seconds). Please visit <https://bloodclotstudy.wustl.edu/c-tract/health-provider-referral/> for more information.

A fully engaged AVF community could transform the prospects of this study and build a compelling foundation to complete additional national studies of interest to venous patients and providers. It is my sincere hope and belief that we will all step up and view this as “our fight” for the best care of PTS patients.



Acknowledgements

The C-TRACT Clinical Trial is supported by NHLBI grants UH3-HL138325 (clinical coordinating center, Dr. Suresh Vedantham at Washington University in St. Louis) and U24-HL137835 (data coordinating center, Dr. Sameer Parpia at McMaster University). The content in this article is solely the responsibility of the author, and not the NHLBI or NIH. The author wishes to thank the study's Steering Committee and other leaders: Drs. David Cohen, Anthony J. Comerota, Samuel Z. Goldhaber, Michael R. Jaff, Jim Julian, Susan R. Kahn, Clive Kearon (deceased), Andrei Kindzelski, Elizabeth Magnuson, Elaine Majerus, Dan Marcus, William Marston, Sameer Parpia, Mahmood K. Razavi, Akhilesh K. Sista, Suman Wasan, and Ido Weinberg.

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AVF Guidelines Committee: Working to Provide Safe, Reliable Information to Support our Members' Practices

Chandu Vemuri, MD

As we emerge from the COVID pandemic, we are excited to work to provide guidelines to address our members needs for honest, accurate best practices information to treat patients and maintain appropriate reimbursement. The committee's focus is on projects highlighting the value of treating axial reflux in patients without junctional reflux, standards for the management of upper extremity DVT, information on contemporary treatment options for varicose veins and to open discussions on the utility of diagnostic vascular lab studies post ablation of superficial veins in patients with a low risk of venous thromboembolism. To complete these projects during this coming year we are creating a structured approach to guidelines writing with plans for industry support, continuous collaboration with the AVF research committee and project teams. We will also work with writers, data management services, data analysis services and project management services. With a laser focus, an energized team and a new model for accomplishing this work we are hopeful for the coming year.



Chandu Vemuri, MD

AVF Guidelines Committee

Create Guidelines that Support the Practice and Reimbursement of Evidence Based, Safe Venous Care

Focus on Members' Needs

Collaborate with Industry, AVF Members and the Research Committee

Create a Structured, Efficient, Sustainable Strategy for Guidelines Creation

AVF GUIDELINES COMMITTEE MEMBERS

Chandu Vemuri

Rafael Malgor

John Rectenwald

Mikel Sadek

Linda Le

Kush Desai

Leo Sullivan

Jose Diaz

Eleftherios Xenos

Ashraf Mansour



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AVF - Inaugural Virtual Research Retreat

Faisal Aziz, MD

The research mission of the AVF distinguishes it uniquely from other societies with interest in the venous and lymphatic diseases. The inaugural virtual American Venous Forum research retreat was held on April 10, 2021. It was attended by the AVF Leadership, research committee and the guidelines committee members. The session was chaired by Antonios, Gasparis MD, AVF President and moderated by Faisal Aziz MD, AVF Research Councilor. The participants agreed that starting a new, industry sponsored prospective study on the topic of junctional venous reflux disease is the need of the hour.

Peter Pappas, MD will be the senior principal investigator (PI) and Chandu Vemuri, MD will be the junior PI for this project. AVF will reach out to industry to seek financial support. It was also decided that the Windsor Ting, MD and Andrea Obi, MD from research committee will be tasked to write research proposals for submission to the Venous Research Advisory Committee for the Vascular Quality Initiative, so that VQI data can be obtained for outcomes based research on the venous disease. Research committee was also tasked to streamline the process of Jobst grant applications for the upcoming year. It was decided that the AVF will initiate a new research mentoring program for the surgical trainees and young faculty members. Jose Diaz, MD and Andrea Obi, MD will spear-head this effort. John Forbes, AVF Executive Director, was tasked to reach out to previous Jobst grant winners to re-engage them with ongoing AVF research efforts. It was also decided that for AVF 2022 annual meeting day of science, we will request representatives from NIH to attend the meeting and update the forum about wound care models. Chandu Vemuri, MD and Rafael Malgor, MD from the guideline committee will work on streamlining the guidelines committee's efforts with those of other societies, so that the AVF will have adequate representation in the formulation of national venous guidelines.

Overall, there was enthusiasm among the attendees to start the new year with a clear agenda in regard to research efforts of the venous forum. It was unanimously agreed that we should regularly hold these meetings, and it was decided to regroup in three months.



Faisal Aziz, MD

RETREAT ATTENDEES

Antonios Gasparis, MD	Peter Pappas, MD	Windsor Ting, MD	Steven Elias, MD
Harold Welch, MD	Nicos Labropoulos, MD	Chandu Vemuri, MD	Faisal Aziz, MD
Brajesh Lal, MD	Jose Diaz, MD	Andrea Obi, MD	John Forbes, MBA
Elna Masuda, MD	Maxim Shadakov, MD	Peter Henke, MD	
Thomas Wakefield, MD	Rafael Malgor, MD	Fedor Lurie, MD	



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2022 AVF | JOBST Clinical Research Grant

NOW ACCEPTING SUBMISSIONS

Jeff Mendola

The AVF Foundation is now accepting submissions for the 2022 AVF-JOBST Clinical Research Grant which will provide a \$85,000 grant over two years for original, clinical research in venous diseases, lymphatic diseases, or lipedema with an emphasis on:

- Prevention of disease and its progression
- Diagnosis of disease
- The science of management of the above conditions, especially with compression therapy

THIS OPPORTUNITY IS OPEN TO:

- Residents and fellows in a training program located in the United States
- Physicians who have completed their training within the past ten (10) years, have not previously received this award and are currently based in the United States

Either the applicant or their mentor must be an AVF Member at the time of submission. The awardee is expected to join the AVF and maintain their membership for the duration of the grant period.

Full details on eligibility, the application process and funding can be found at www.VeinForum.org.



Jeff Mendola
Director of Mission Advancement



The American Venous Forum (AVF) and the American Venous Forum Foundation (AVFF) seek to advance knowledge, excellence, and innovation in venous and lymphatic health through education, research, and public advocacy.

In 1995, the AVF, in collaboration with JOBST, initiated the JOBST Research Grant in Venous and Lymphatic Diseases. For more than 26 years, the research developed by grant recipients has helped advance the understanding and treatment of venous and lymphatic diseases.



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Science in The Art of Venous and Lymphatic Interventions

Peter F. Lawrence, MD and Peter Gloviczki, MD

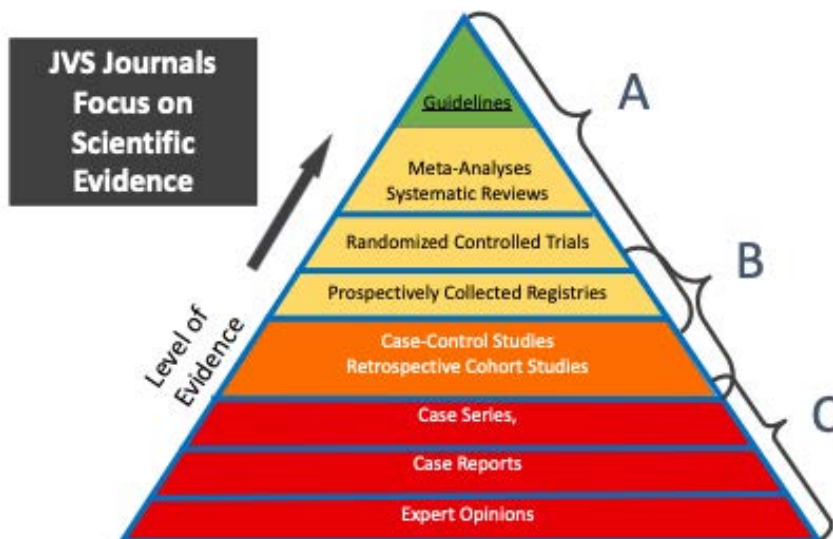
The July issue of the Journal of Vascular Surgery: Venous and Lymphatic Disorders (JVS-VL) focuses on science in the art of venous and lymphatic interventions. Although science has been our main interest in each issue of JVS-VL, as we focus on clinical practice guidelines, multi-institutional prospective trials and systematic reviews, the art of our profession has never been forgotten as we also frequently publish appropriate use criteria, case reports, retrospective single institutional research as well as education and practice management papers. We try to keep in mind that each category of paper is of interest to a group of venous and lymphatic specialists who regularly read the journal. But we are also aware that the ranking of journals is based on the number of references to its papers, and that some publication categories receive a significantly greater number of references than others. Our goal remains to provide information regarding both the science underpinning our understanding of venous disease as well as articles about treatment and outcomes. We use the "pyramid of paper quality" to guide our decisions on the ratio of papers in the JVS-VL; this approach has allowed our journal to rise in its impact factor every year achieving 3.137 in 2019.



Peter F. Lawrence, MD



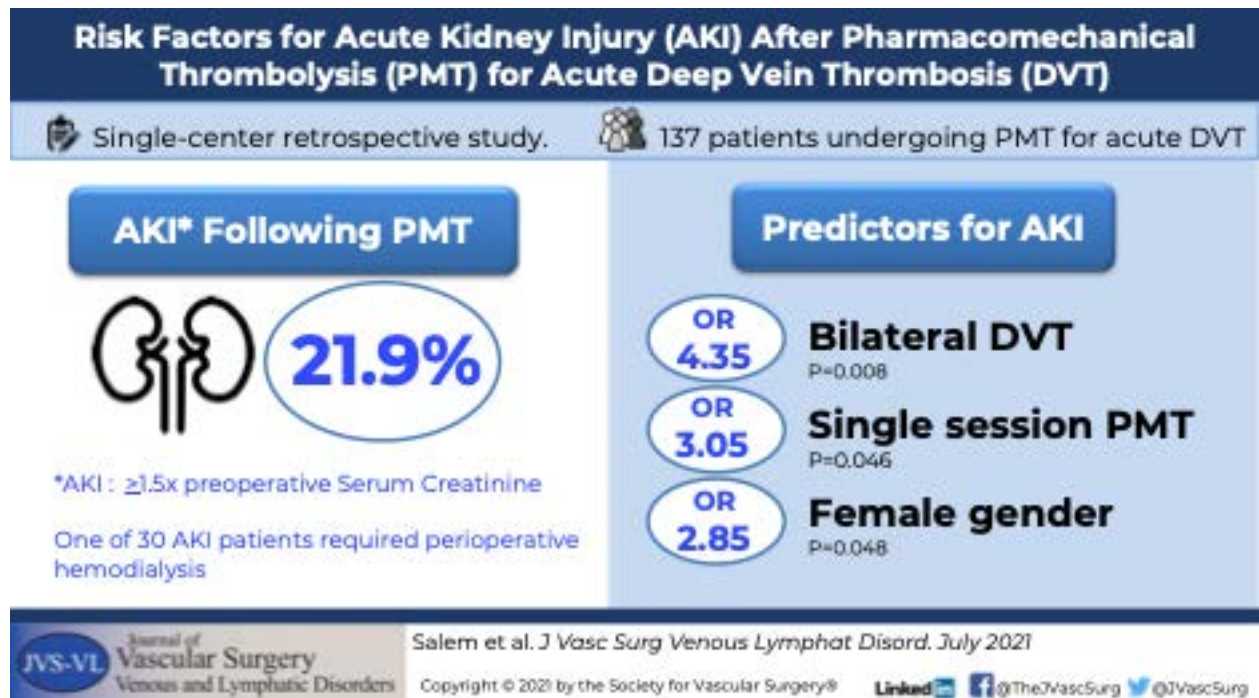
Peter Gloviczki, MD



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Science In The Art of Venous and Lymphatic Interventions

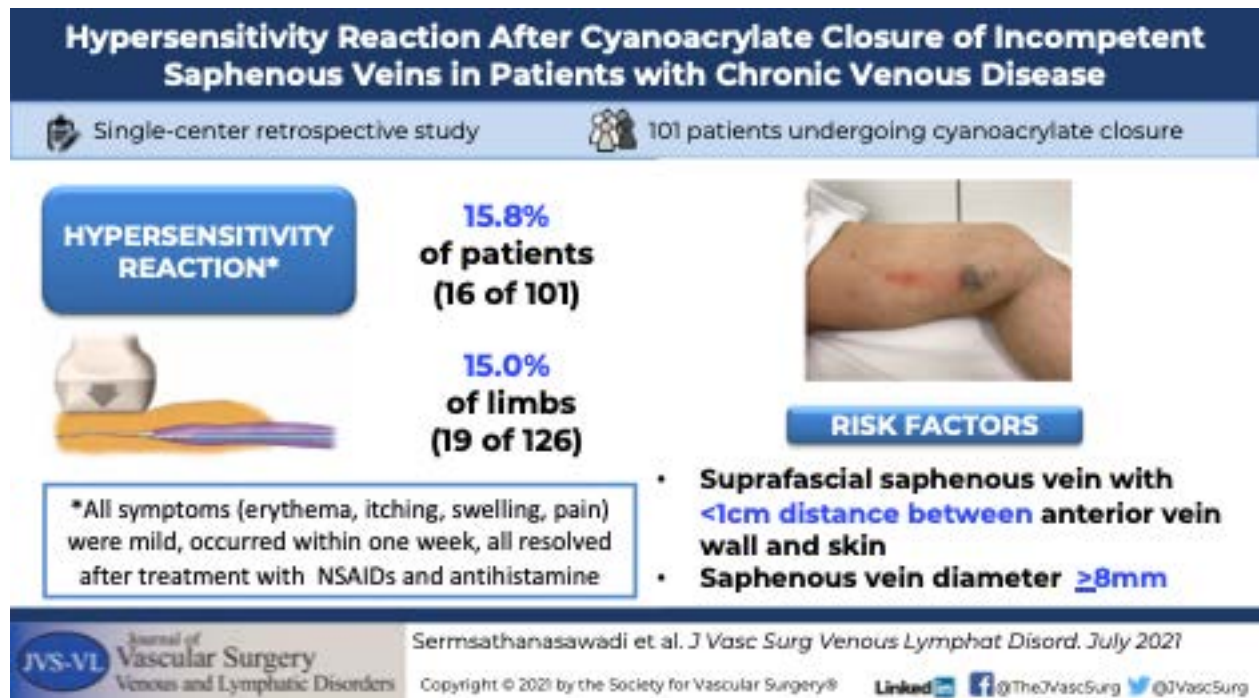
The July issue of the JVS-VL is filled with a breadth of scientific papers. The Editor's choice and CME article for this month is entitled Risk Factors for Acute Kidney Injury after Pharmacomechanical Thrombolysis for Acute Deep Venous Thrombosis, by Salem and colleagues from the University of Pittsburgh.



They found a 22% incidence of acute kidney injury in patients who underwent pharmaco-mechanical thrombolysis for the treatment of acute DVT. Bilateral DVT, single-session thrombolysis, and female gender were significant predictors of acute kidney injury. The authors suggest thrombolysis in females and in those with bilateral disease should be treated with slow lytic drips.

Science In The Art of Venous and Lymphatic Interventions

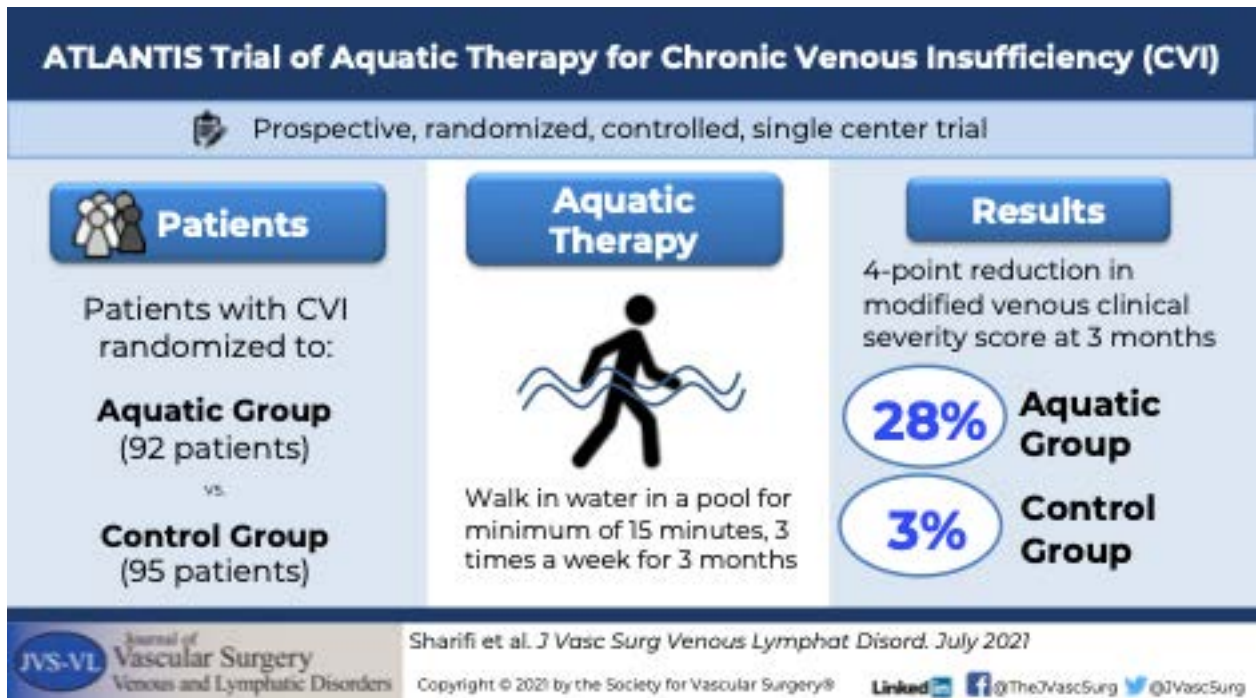
Another article, by Sermsathanasawadid, Hypersensitivity Reaction After Cyanoacrylate Closure of Incompetent Saphenous Veins in Patients with Chronic Venous Disease, is a single center retrospective study of cyanoacrylate closure of the saphenous vein.



Sixteen per cent of patients had a type IV delayed cell mediated hypersensitivity reaction, with erythema, itching, swelling, or pain that occurred within a week and resolved with NSAIDs and antihistamines. Suprafascial saphenous vein with <1cm distance below the skin and a saphenous vein diameter >8mm were the most frequent risk factors.

Science In The Art of Venous and Lymphatic Interventions

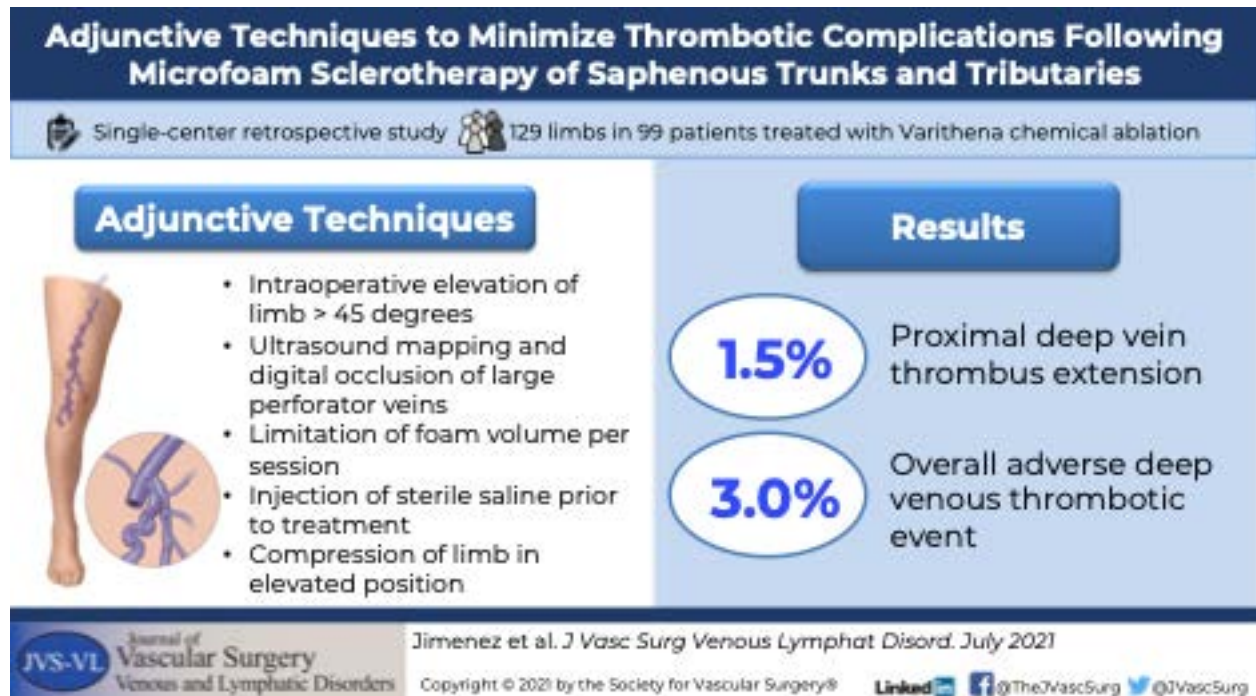
Another interesting article, The randomized, controlled ATLANTIS trial of aquatic therapy for chronic venous insufficiency by Sharifi reported on ninety-two patients with chronic venous insufficiency who were randomized to the aquatic therapy or control.



Aquatic therapy involved walking in a pool for >15 minutes, 3 times a week for 3 months. After 3 months there was a significant reduction in the Venous Clinical Severity Score in 30% of patients who underwent aquatic therapy vs. 3% in the control group.

Science In The Art of Venous and Lymphatic Interventions

The final highlighted article in the July issue, by Jimenez, Adjunctive techniques to minimize thrombotic complications following microfoam sclerotherapy of the saphenous trunks and tributaries reported on 100 patients treated with Varithena microfoam sclerotherapy.



Adjunctive techniques to minimize thrombotic complications included intraoperative elevation of limb > 45 degrees during treatment, injection of 10 ml of sterile saline into the vein prior to treatment, digital occlusion of large perforator veins, limitation of foam volume to 15 mL total and 5 mL per injection site, and compression dressings placed on the limb in an elevated position. Thrombotic complications were limited to transient proximal deep vein thrombus extension in 1.5% with these adjunctive techniques.

We believe that these papers and the many other excellent papers in the July issue of the JVS-VL fulfill the AVF mission of advancing the science related to our understanding of acute and chronic venous diseases.

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Investing in Research and Science

Ulka Sachdev, MD

Chronic venous insufficiency (CVI) affects millions of people globally, with a spectrum of disease varying from relatively benign varicose veins to limb-threatening wounds. Despite the massive impact on human health and quality of life, federally supported research into the etiology and trajectory of chronic venous disease is under-represented. The effect on the literature is real. Despite consuming 2% of healthcare budgets in Western countries, relatively little is published on chronic venous disease relative to the number of people affected by it. For example, a PubMed search using the terms chronic venous disease in June 2021 yields approximately 20,000 references, while peripheral vascular disease and coronary artery disease boast close to 85,000 and 180,000 references, respectively. The Research Committee of the American Venous Forum (AVF) is focused on closing this gap, promoting research that targets the etiology, management and prognosis of common venous and lymphatic disorders.

One of the main avenues by which this research is supported nationally is through mechanisms refereed by the AVF. Since the mid 1990s, the AVF-Jobst research grant has supported early-stage investigators who propose novel clinical, basic and translational research projects aimed at mitigating the effects of long-standing venous disease. While sponsoring projects that have significant potential to help patients suffering from venous and lymphatic diseases, the funding mechanism also helps to foster the careers of young professionals specializing in the field. For many years, the AVF-Jobst research grant has funded projects oriented towards bench and translational research. This year, the mechanism aims to support more clinically oriented endeavors. The funding is substantial, covering direct costs in the sum of \$85,000/two years, and the return on investment is significant.



Ulka Sachdev, MD



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Investing in Research and Science



In addition to adjudicating funding opportunities such as the AVF-Jobst research grant as well as others, the research committee of the AVF engages in longitudinal studies which help to close existing knowledge gaps in venous and lymphatic disease. Taking advantage of clinical and outcome databases such as the vascular quality initiative (VQI), the committee is able to leverage national data repositories to help guide practice in meaningful ways. These projects have the potential to focus on a number of different areas including optimization of compression therapy, improvements in access to care using telemedicine, novel therapeutics for venous reflux, optimizing patient selection and the timing of endovenous therapies and preventing significant limb complications.

Despite the foundation and industry sponsored efforts to fund venous and lymphatic oriented projects, federal funding in this area of research still remains relatively low. The reasons are likely multifactorial and may include the misconception that venous disease is benign with few untoward complications. The AVF and similar organizations are therefore tasked with promoting the importance of research in chronic vein and lymphatic disorders and publicizing the need for investment. One way to do this would be to engage vigorously in team science which involves different institutions and disciplines. This approach is not only favored by agencies such as the National Institutes of Health but is also a practical way to create significant impact. By leveraging the skills and expertise of the AVF membership, we can optimize the collaborate effort to promote the needs of our patients.

What Do Patients Really Want?

Not What We Think They Want: The AVF vPOS Initiative

Jeff Mendola, AVF Director of Mission Advancement

Three years ago, Dr. Lowell Kabnick (the AVF Foundation President at the time) and myself began meeting with our corporate partners to identify some common ground between our priorities and theirs. We discovered a recurring theme of the importance of patient education. But, as we dug a little deeper, we recognized that just sending out the “same old” messaging might not hit the mark. We needed to better understand what patients were looking for – especially those who hadn’t yet seen a venous specialist. Alas, the Venous Patient Outreach Survey (vPOS) was born.

A committee, chaired by Dr. Kabnick and Eric Heil from BTG was created to tackle this project. They were joined by Dr. Elna Masuda, Dr. Raghu Kolluri, Dr. Daniel Monahan, Dr. Ed Mackay, Dr. Paul Haser, Dr. Michael Vasquez, Brad Moseley from Medtronic, Cat Jennings from Boston Scientific, Scott Centea from AngioDynamics, Tyler Palmer from JOBST, Emily Pour from SIGVARIS, and Darren Wennen from Tactile Medical.

The goal of the vPOS was to answer some key questions so that the AVF could design appropriate patient education messaging and materials that would resonate and spur prospective patients to seek out a venous specialist.

- What information are patients looking for? Awareness? Self-diagnosis? Treatment options?
- Where are they looking for this information? Internet searches? Social media? Friends and family? Primary care physician?
- What conversational words, terms and phrases are they using during these searches?
- What transpired physically/mentally/emotionally that helped transition them from someone whose legs “bothered” them to someone who recognized that they may have a venous condition that can or should be treated?
- Once they recognized that they have a venous condition, what factors either encouraged or discouraged them from seeking treatment? What prompted them to take that next step?
- If they saw a venous specialist, did they end up receiving treatment and what factored into this decision.
- Are there potential “venous myths” that the AVF should address?



Jeff Mendola,
AVF Director of
Mission Advancement



American Venous Forum
Promoting venous and lymphatic health

What Do Patients Really Want? Not What We Think They Want: The AVF vPOS Initiative

The group recognized that there could be benefits to exploring the process that patients took when choosing a health care provider and a treatment option, but decided to focus on the aspects of the patient journey from awareness to the point where they sought care and treatment. With that in mind, they split into two works groups led by Dr. Vasquez and Dr. Kolluri.

Dr. Vasquez's group developed questions around where patients sought education about symptoms, which symptoms became significant enough to compel them to take action and what information they used to self-diagnose. Dr. Kolluri's group focused on what patients do after they have self-diagnosed, the path they take to explore treatment options and the decision to take the next step toward a visit with a healthcare professional and potential treatment.

Like the rest of the world, the onset of COVID interrupted this project as well. But, in late 2020 and early 2021, the committee was able to re-focus, finish its work, and develop a set of survey questions. These questions were fashioned into a Survey Monkey in both English and Spanish. The survey begins with some basic demographic questions before offering lists of symptoms and images of a range of venous disease states. Respondents who indicate that they've experienced these symptoms continue through the survey until they reach the question about treatment. Patients then fork into separate branches that explore why they received treatment or why they did not. The survey does not delve into treatments received nor patient outcomes or satisfaction.

The vPOS was launched in the Spring of 2021 at www.LegSurvey.org with a goal of at least 2,000 responses over the following 12 months. Initial dissemination took place via messaging to AVF members, social media posts and Google AdWords. There are several easy ways that you can participate and help promote vPOS participation:

1. Ask your colleagues, friends and family members to take the survey at www.LegSurvey.org.
2. Ask your past and current patients, whether they were treated or not, to take the survey at www.LegSurvey.org. Please contact Jeff Mendola, Jeff@VeinForum.org for messaging/images you can use in an email or a version that you can print out and hand to your patients.
3. Post a link to the survey on your practice website.

Dr. Lowell Kabnick and Eric Heil continue to lead this important research project and eagerly look forward to examining the returns and compiling the results and conclusions into a formal paper that can be published next year. After only one month, we're seeing some interesting responses and look forward to completing this project so that we can all increase the effectiveness of our patient education efforts and help more patients receive the quality venous care that they deserve.



ANNOUNCEMENT!

The American Venous Forum Announces RFP for AVF-Janssen Fellowship



The American Venous Forum (AVF) is dedicated to the diagnosis, treatment and prevention of venous disease, including the incidence of venous thromboembolism (VTE) leading to fatal pulmonary emboli (PE) - the leading preventable cause of death in hospitalized patients.

One key to prevention is performing a thorough risk assessment. The Caprini Risk Score (CRS), developed by AVF Past President Joseph A. Caprini MD, incorporates 40 risk factors and has been tested in more than 5,000,000 patients worldwide in both medical and surgical populations. <https://venousdisease.com/dvt-risk-assessment-tool-options/>

A multidisciplinary CRS-AVF committee of more than 30 members from around the world is currently working on improvements to the current Caprini score. A key component of this initiative is to devise ways to collect data using a variety of methods, including machine learning tools that have been shown to not only facilitate data collection but also to serve as good predictive models based on proper input.

All applications are due by July 31, 2021. For more details and the application, please [click here](#).



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SAVE THE DATE

FEBRUARY 23-26, 2022
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ABSTRACT SUBMISSIONS



NOW
OPEN

AVF 2022 Annual Meeting

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

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

ALL presenters MUST be paid registrants and must complete all necessary forms and disclosures in order to present.

GUIDELINES

- All work submitted to the AVF Annual Meeting must be original and not previously published or presented. All work at the time of presentation at the Annual Meeting must also be original. All authors must attest that the presentations given at the meeting have never been presented or published before the date of presentation at the AVF Annual Meeting. Those found to be in violation of this policy will be prohibited from presenting at the AVF Annual Meeting for the next two years.
- Titles need to be submitted in Title Case (Not ALL CAPS, and not Sentence case).
- Abstract length is 425 words or less, excluding title and authors.
- Each table and/or graph will count as 25 words in the total word count. (Limit two images per abstract). If you do upload a table or graph it is mandatory that it has a title and the table or graph is referenced in the abstract components section.
- All uploads (tables/graphs) must be sited within the abstract text.
- All uploads must be in jpeg or png format.
- Three presentation types will be offered, you will need to select one: Oral Presentation Quick Shot Presentation or Poster Presentation. Your presentation will be given every consideration; however, the final determination will be made by the Program Committee.

The following submission categories will be offered, you will need to select the one that best fits your abstract: Basic Science, Chronic Vein Obstruction/Compression, Diagnostic Testing and Imaging, Lymphedema, Pelvic Venous Disease, Superficial Vein Disease, Vascular Medicine, Venous Thromboembolism/IVC Filters, Wound Care

- Abstracts must be submitted with 4 components: Background, Methods, Results, Conclusion.
- No reference should be made in the abstract to the names or institutions of the authors.
- Disclosures for ALL authors/co-authors is required within the submission form as well as their institutions, city, state, country, etc.
- All accepted Oral Presentations will be published in the Journal of Vascular Surgery.
- Announcements of accepted and rejected abstracts will be made in late September/early October.
- Complete instructions for presentations will be provided with your notification of acceptance.



SUBMISSION DEADLINE: Friday, August 13th at 5:00 PM ET

AVF Member *Community*



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**!

ROBUST. ENGAGING.

AVF CAREER CENTER

Call for Authors *Vein Specialist*

The editorial board of *Vein Specialist* is looking for authors for the July issue. The Complications Issue will feature anonymous submissions from you about mistakes you have made. What did you learn from it? What were the outcomes?

SOME GUIDANCE ON ARTICLES:

- Catchy title to create interest
- Up to 500 words
- Use images, photos, tables to break up text
- Written for a newsletter, not a scientific journal

ALL SUBMISSIONS will be held in confidence and should be sent to laura@veritasamc.com by June 30, 2021.

Welcome to the Community! *New AVF Members*

Wanchai Chinchalongporn *Thailand*
Alejandro Gonzalez Ochoa *Mexico*
Carlos Hinojosa *Mexico*
Camilo Martinez *US*

Kathryn Niederer *US*
Nuttawut Sermsathanasawadi *Thailand*
Sai Divya Yadavalli *India*



VEIN SPECIALIST PUBLICATION



American Venous Forum

Promoting venous and lymphatic health

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Contact us 847-752-5355 or info@avfmail.org



VEIN SPECIALIST WELCOMES YOUR THOUGHTS AND COMMENTS

Please send all comments to info@avfmail.org



ADVERTISING IN VEIN SPECIALIST

Each issue of **VEIN SPECIALIST** has a reach of more than **6,000** via email and social media. For information about advertising in **VEIN SPECIALIST** please contact Jeff Mendola at Jeff@VeinForum.org.

**Disclaimer: The information featured in this newsletter selected by AVF, which offers educational materials, are 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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