

# VEIN SPECIALIST NEWSLETTER

## FACES OF VENOUS 2021

AMERICAN VENOUS FORUM

IT'S A WRAP: VENOUS2021



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Promoting venous and lymphatic health

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It's a  
WRAP!

# VENOUS 2021

## AMERICAN VENOUS FORUM

Well, I hope you enjoyed VENOUS2021! If you were not able to watch it live, you still have time to view it on-demand (with CME), until May 20 or without CME until August 20, 2021.

As the first virtual Annual Meeting, it was quite a success, thanks to the tireless efforts of so many, led by Kathleen Ozsvath, Program Committee Chair, and the commitment of the Program Committee. After hoping for an in-person meeting, planning for a hybrid meeting, and finally committing to a full virtual meeting, tremendous time and effort were spent to pull it off. Thanks to our Executive Director, John Forbes, our Associate Executive Director, Laura Richards, our Director of Mission Advancement, Jeff Mendola, Accreditation and Programs Director, Debbie Roller, and the rest of the Veritas team behind the scenes, including the staff at Giro Studio in Cambridge, MA. I believe the meeting exceeded all expectations. The quality of the Scientific Sessions, our named sessions and our reciprocal sessions with our sister societies, was equal to any in-person meeting. Even the virtual Gala was fun for all who attended, with a big thanks to Mikel Sadek, Ruth Bush, and Kathy Ozsvath.

As I stated in the opening remarks, paraphrasing W.C. Fields, on the whole, I'd rather have been in San Antonio, seeing everyone in person. But we made the best of it, gained useful experience, and presented an excellent meeting. If you have not already, sign up and view the meeting, the knowledge you gain is worth the cost of admission. See you next year in Orlando.



Harold J. Welch, MD  
AVF Past President  
AVFF President



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# Congratulations!

## Top Abstract and Top Poster

– Kathleen Ozsvath, MD

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The American Venous Forum Annual Meeting took place virtually March 17-20. This meeting is known for academic excellence and the commitment to the highest quality research. Scientists and specialists from all over the world submitted their work. There were 34 countries represented. More than 80 abstracts were read and scored by the members of the program committee. 44 abstracts were selected for oral presentation and 17 abstracts were selected for poster presentations. The abstracts will be published in the Journal of Vascular Surgery-Venous and Lymphatic Disease.

The program committee members, together with AVF President Dr. Harold Welch, congratulate Dr. Adam Gwozdz as winner of the best abstract presentation; Investigating the Role of Platelets in Venous in-stent Stenosis in patients with Post Thrombotic Syndrome. This abstract was presented during the International Session. Dr. Gwozdz is a Doctoral Research Fellow in Vascular Surgery at Kings College, UK. The goal of the study was to define the histological characteristics of in-stent stenosis, and to look at the platelet phenotype and function. Dr. Gwozdz and colleagues found that venous stenting does NOT activate platelets, but that there is greater pre-stent platelet activation. He concluded that measuring pre-stent sGPVI (soluble Glycoprotein VI) may help risk stratify patients. Watch Dr. Gwozdz' presentation here.

The top poster winner was Dr. Linda Cardoso, a medical student working under the mentorship of Dr. Jorge Ulloa at Universidad de los Andes, Fundacion Santa Fe, Bogota, Columbia. In an excellent presentation, she describes her work during the Top Abstracts and Late Breaking Trials session. In the abstract entitled Tranexamic Acid in the Treatment of post-Sclerotherapy Hyperpigmentation, the doctors conducted a systematic review of studies published over the last 40 years. They concluded that tranexamic acid is helpful in treating patients who have melasma post sclerotherapy due to the anti-angiogenic and anti-melanocytic properties.



Kathleen Ozsvath, MD  
2021 Annual Program  
Committee Chair



**Dr. Linda Cardoso**

Ulloa at Universidad de los Andes,  
Fundacion Santa Fe, Bogota, Columbia

### TOP POSTER

*Tranexamic Acid in the Treatment of  
post-Sclerotherapy Hyperpigmentation*



**Dr. Adam Gwozdz,**  
Kings College, UK

### BEST ABSTRACT

*Investigating the Role of Platelets in  
Venous in-stent Stenosis in patients  
with Post Thrombotic Syndrome*

Congratulations

# Scientific Session 1

## COVID-19 and Venous Disease

– Anil Hingorani, MD

VENOUS 2021 kicked off with a session dedicated to our world this past year – COVID-19. Five abstracts were chosen to present. Dr. Geno Merli from Jefferson University closed the session as the invited speaker. Below are brief summaries of each talk.

You can still [register](#) to view all VENOUS2021 content until August 20, 2021. CME is available until May 20, 2021.

### ***“Can We Adapt a System-wide Warfarin Monitoring Program and Maintain Safety?” Kiolus Sourial.***

As part of our pandemic response in the wake of COVID-19, we have instituted new policies using a multifaceted approach to limit in-office visits for international normalized ratio (INR) monitoring at anticoagulation monitoring service (AMS) of University Hospitals Cleveland Medical Center for patient and provider safety. The revised protocols resulted in a shift towards home testing and a parallel reduction in reported bleeding. The presentation is clinically relevant and the points made are useful.

### ***“Sulodexide in the treatment of early stages of COVID-19” Alejandro Gonzalez-Ochoa.***

This randomized controlled trial looks at the use of Sulodexide in the early stages of 243 patients with COVID-19 from Mexico. The results demonstrated fewer hospitalizations and less supplemental oxygen use at 21 days follow up with no change in mortality. Further presentation details can also be found in their publication. <https://pubmed.ncbi.nlm.nih.gov/33677827/>

### ***“Higher Incidence of Deep Venous Thrombosis and Pulmonary Emboli Among Coronavirus Disease 2019 (COVID-19) Positive Patients: A Multi-Site Healthcare System Experience” Camila Franco Mesa.***

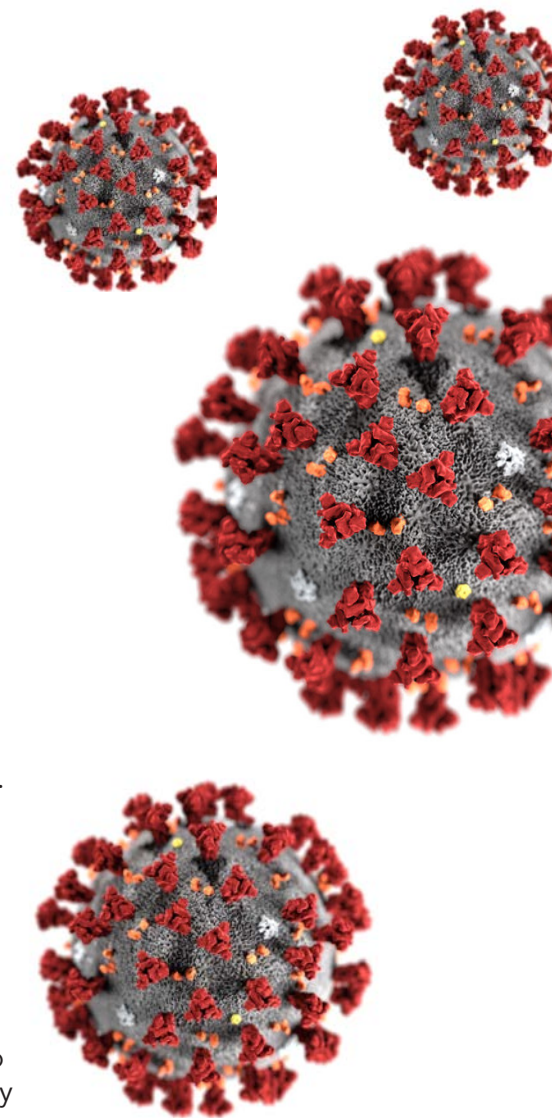
The group from the Mayo clinic examined their experience with VTE in hospitalized COVID-19 patients. There is a significantly higher incidence of DVT/PE in COVID-19 positive hospitalized patients compared with those patients hospitalized pre- pandemic. Patients affected by DVT/PE are also at a higher risk for requiring ICU care and prolonged ICU days and hospitalizations.

### ***“COVID-19 and the Vascular Lab: Decreasing Exposure Risk” Steve Elias.***

This talk addresses a protocol to limit the risk of exposure of the vascular lab and the use of PPE during the early phase of the COVID-19 pandemic. Careful review of the indications was able to better utilize the vascular lab resources. This talk is relevant, timely and useful.



Anil Hingorani, MD





*"COVID-19 Patient Presenting with Symptomatic Iliocaval Thrombus: A Case Report" Clinton Timmerman.*

This case report is of an ilio caval thrombosis in a 60-year-old with COVID-19. The patient underwent thrombectomy with the Penumbra device and the Angiojet with iliac vein stenting. This case report highlights the use of endovascular techniques for iliofemoral DVT even with COVID-19.

*"Thrombosis in the COVID-19 Population: Acute and Extended Risk" Geno Merli*

This presentation examines the data focusing on coagulation in COVID-19. The review of data of post discharge VTE is especially important. The presentation is focused on clinically relevant data and recommendations for prophylaxis.



The poster features a background image of a bridge over water at night. A large red diagonal line crosses the image. The logo 'evf' is in the top left. Text on the right includes 'In collaboration with the Hungarian Venous Forum', 'Virtual' in large red letters, '21st' in large white letters, and 'Annual Meeting of the European Venous Forum 24-26 June 2021'.



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Promoting venous and lymphatic health

# The 2021 AVF Virtual Day of Innovation & Science Education and Scientific Writing in Venous and Lymphatic Disease

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For the sixth consecutive year, the Day of Innovation and Science took place during the AVF 33rd Annual Meeting, on Wednesday March 17th and was moderated by Drs. Kathleen Ozsvath, Ellen Dillavou, Elna Matsuda, Ulka Sachdev and Maxim Shaydakov (Research Committee chair) together with Drs. Jose Diaz and Fedor Lurie. This highly informative, educational, all-inclusive forum was designed to identify current research priorities in venous and lymphatic diseases while also provided an educational component.

The meeting started with **Basic Science Abstracts**. The AVF program committee selected four outstanding cutting-edge basic science presentations with international representation by Drs. Evgeny Shaydakov (Russia), Maria Smetanina (Russia), Chris Ragg (Germany) and Andrea Obi (USA).

The second session addressed **Lessons Learned from the Pandemic**. Dr. Ruth Bush addressed the future of telemedicine, which may become the new normal after the pandemic. Dr. Caprini highlighted the VTE issues during pandemic, and Dr. Rockson described still untouched subject of the involvement of the lymphatic system in COVID-19.

**Latest innovation and Venous Research Priorities** were discussed during the third session. The research priorities were identified from the Industry (Dr. Thomas Tu, and Sara Sherman) and non-industry (Dr. Steve Elias) perspectives. Venous Research Priorities on translational research, established by ISTH, AHA and endorsed by AVF were presented by Dr. Geoffrey Barnes.

The scientific communication on venous and lymphatic diseases: This educational session conducted by JVS Editors Drs. Alan Dardik, Ulka Sachdev, and Dr. Ulf Hedin described how to write a manuscript, how to be a great reviewer.

The last module- **Clinical trial, designing & analyzing** provided in-depth information for those who would like to conduct a clinical trial. Building hypothesis and unbiased experimental design was presented by Dr. Suresh Vedantham, determining sample size for a study by Dr. Sameer Parpia, the value of industry in clinical trials by Dr. Mark Garcia and understanding the review process addressed by the NHLBI leader Dr. Andrei Kindzelski.

The AVF Day of Innovation and Science is an open forum where all stakeholders in the field of venous and lymphatic medicine and surgery share their knowledge, experience and challenges. By defining research priorities, we are building and extending the community of basic scientist, clinical researchers and innovators who continuously are filling the gaps in our knowledge, developing new and improving existing solutions, and advance the care for patients with venous and lymphatic disorders.

**We are looking forward to seeing you at the  
next AVF Day of Innovation and Science!**



Jose Diaz, MD



Fedor Lurie, MD



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# Top Abstracts and Late Breaking Trials

– Edgar Guzman MD, FACS

This session reflected the rapidly expanding field of venous thrombus removal and iliofemoral venous stenting. Data continues to accrue showing technical success and favorable follow up outcomes for multiple thrombectomy devices and vein-specific stents.

Dr. Suresh Vedantham provided an update on the C-TRACT trial, which intends to explore the benefits of endovenous intervention for iliofemoral obstructive post thrombotic syndrome. Results will help support the ongoing evolution and dissemination of these interventions, both from clinical and administrative perspectives. Currently recruitment is at 25% and referral of patients to the trial is encouraged.

The spectrum of thrombus removal was covered. The Revene Catheter is a newcomer to the field in the US. This device is a clever low-profile combination of a coring/thrombus capture basket which feeds an Archimedes screw that ultimately removes the thrombotic material. Early experience with this device for acute DVT shows very high technical success and clinical improvement out to 12 months.

Growing experience with the use of the Inari ClotTrieve® system now includes data for venous thrombosis more than six weeks after diagnosis. Veins treated spanned the iliofemoral segment as well as the femoral vein. The vast majority of patients showed clinical improvement as measured by the Villalta score, with the greatest change seen in the most severe cases. The Inari FlowTrieve® system continues to show a high rate of technical success and acute hemodynamic improvement for high-risk pulmonary embolism both acutely and at 30 days. However, how this compares in the long term to anticoagulation alone has yet to be addressed by a randomized trial.

The discussion regarding dedicated venous stents covered data for the Cook Zilver® Vena™, the Medtronic Abre™ and the Boston Scientific Vici Venous Stent®. The outcomes for these three devices are largely comparable, with the exception of a 3.3% fracture rate reported for the Vici Venous Stent®, mostly when extended into the common femoral vein. This did not seem to result in clinically divergent outcomes.

To date, there is no absolute superiority of one stent vs. another and the optimal combination of flexibility vs. radial strength has yet to be determined. Further complicating matters is that stent design needs most likely vary depending on underlying pathology as well as venous segment. I believe the future will see the emergence of various “stent-systems” optimized for both variables.

The success of iliofemoral venous reconstructions is largely dependent on inflow. Dr. Anthony Comerota shared his ongoing use and development of femoral endophlebectomy in the era of dedicated venous stents. In a nutshell, this procedure continues to be beneficial when the distal femoral vein and bifurcation cannot be cleared by other means.



Edgar Guzman MD, FACS



# 2021 AVF International Session Presentations

– Haraldur Bjarnason, MD

There were eight presentations in the International Session: Sharing Excellence in Global Venous Science. The session took place on Tuesday March 18th. Following is an abbreviation from each presentation.



Haraldur Bjarnason, MD



## ROMAN TAURAGINSKII

The change of venous wall tension during prolonged abbreviation of physiologic hydrostatic pressure – a pilot ex-vivo study.

The authors tested 38 venous segments in vitro, (group #1) 20 intact venous segments from healthy patients without history of varicose disease, (group #2) 8 intact (healthy) venous segments from patients with history of varicose disease and finally (group #3) 10 venous samples which were either incompetent great saphenous vein samples or samples from varicose tributaries. 100 cm H<sub>2</sub>O (73.6 mmHg) hydrostatic pressure model was used to evaluate change in venous wall tension and strain over 24 hours. Circumferential strain and stress was calculated at 1, 2, 3, 5, 8 and 24 hours. No changes were noted in the intact veins, group #1 and #2, but the samples from remodeling veins (group #3) demonstrated both increase in stress and strain. The authors drew the following conclusion “Hydrostatic pressure (of) physiological magnitude is insufficient to induce biomechanical stress in intact veins of either healthy subjects or varicose veins patients healthy venous specimens”. Remodeling veins (diseased veins) on the other hand demonstrate increased circumferential stress and wall strain.



## ADAM GWOZDZ

Investigating a role for platelets in venous in-stent stenosis in patients with post-thrombotic syndrome.



The authors hypothesized that platelet activation contributes to venous in-stent thrombosis. They set out to define histological characteristics of in-stent thrombosis, platelet phenotype, platelet function and identify specific platelet therapeutic target. They found that even though in-stent thrombosis is rich in platelets, collagen and inflammatory cell infiltrates, venous stenting does not activate platelets or alter platelet function. Patients which developed in-stent stenosis had greater level of pre-stent platelet activation, greater loss of platelet surface GPVI (a physiologic receptor for collagen) and reduced reactivity to GPVI activation. The authors speculate that pre-stent sGPVI measurement may help determine which patient need closer surveillance.





## RACHAEL MORRIS

A comparison of open vs. closed cell dedicated venous stents for treatment of chronic iliofemoral venous outflow obstruction.



The authors set out to compare outcomes in patients treated with either an open or closed cell stent for chronic iliofemoral venous obstruction. 101 patients had open cell and 108 patients had closed cell stents placed. The authors found excellent patency for both designs and no difference in patency or symptoms at 12 months. Stents placed below the inguinal ligament fared worse in terms of rate of re-intervention but equal between the two groups. Patience was only affected by quality of inflow.



## JORGE ULLOA

Serious Complications of Sclerotherapy

The authors discussed cases of very severe complications of venous foam sclerotherapy.



The first case was a case of Takotsubo Syndrome following sclerotherapy for venous insufficiency. Takotsubo Syndrome is benign acute coronary syndrome which has been associated with venous sclerotherapy before and is extremely rare. Development of this syndrome cannot be predicted.

The second case was a paradoxical embolism, a TIA, in a patient which later was found to have a small PFO. The authors cited an incidence of cerebrovascular incidence in the range of 0.09% to 2% following foam sclerotherapy. They mentioned that PFO can be found in most patients which develop symptoms following foam sclerotherapy and the fact that 30 % of the population has a PFO. They pointed out that surveillance for PFO is not recommended prior to foam sclerotherapy.

The final case was a patient which presented with massive pulmonary emboli 7 hours following EVLA and foam sclerotherapy for C3 disease. Workup (after the fact) for hypercoagulability was negative and the authors emphasized that VTE is extremely rare following sclerotherapy and we do not know how to predict who develops VTE following sclerotherapy.



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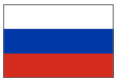


### ALEKSANDRA JAWORUCKA-KACZOROWSKA

Kaczorowska: Endovenous laser ablation with concomitant sclerotherapy as a comprehensive approach to treatment of superficial venous incompetence.



The authors evaluated the safety and efficacy of simultaneous EVLA and foam sclerotherapy as opposed to staged (separate) treatments. This was a 24 months prospective observational study (F/U at 1 week, 1, 6, 12 and 24 months) which included 576 patients. At 24 months 99.6% had fully occluded treated truncal veins. Additional sclerotherapy sessions were needed in 5.6% of patients during the 24 months of follow up (mostly C5 and C6 disease). VCSS score improved significantly from 6.40 pre to 1.81 at 24 months. High level of satisfaction was also reported. No major complications were observed. The authors concluded that one stage procedure is safe and effective. There was significant clinical improvement and high posttreatment patient satisfaction.



### KIRILL LOBASTOV

Caprini score in venous surgery (CAPSICS): the first results from the ongoing registry study.



The aim here was to validate the Caprini score in patients undergoing varicose veins procedures and to see if the scoring system could be used to identify patients which could benefit from prophylactic anticoagulation. This was a prospective study including patients with  $\geq C2$  disease. Follow up duplex for VTE was performed at 2 – 4 weeks after the procedure. 700 patients were included most undergoing GSV EVLA. 12.4% of patients did get prophylactic anticoagulation. 5.4% developed VTE and only 0.4% were symptomatic, no PE. There was weak but significant correlation between VTE and Caprini score ( $P < 0.032$ ). The authors were not able “to identify a cut-off for the Caprini score which would predict postprocedural VTE”. They speculated that “anticoagulation for adequate duration may be indicated in patients with higher Caprini score”.



### CHRIS RAGG

Hyaluronan Gels in the Treatment of Valve Lesions, vein dilations and insufficiencies.



The authors presented preliminary results with infiltration (tumescence) of hyaluronan gel around incompetent valvular segments of superficial veins for valvuloplasty. The authors conducted a pilot study of 62 cases of concentric valvuloplasty using this method. All were competent and 8 weeks F/U and 49 out of 62 at 12 months F/U. A second pilot included eccentric valvuloplasty (congenital) and



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entity which presents a technical challenge. Out of 17 treated cases 13 were hemodynamically successful at 3 months and at 1 year 9 of 13 followed were still competent. The authors also used this method for focal venoplasty or flow modification irrespective of valves and demonstrated lasting effect. Finally they did use the method for “diameter adjustments” to create laminar flow also with lasting effect. The also compared tumescent with saline alone compared to hyaluronan and found expectedly significant lasting difference from the hyaluronan. This work is in development and the authors expect this treatment to be complementary to other venous procedures preserving, the venous structures.



### MARIA SMETANINA

Quantitative and structural characteristics of mitochondrial DNA in varicose veins.



The assumption is made that smooth muscle cells in the tunica media have enough mitochondria to provide the natural contractility of the normal venous wall. In the varicose vein it is presumed that there are fewer mitochondria in the smooth muscle cells making them less contractile. The authors set out to quantify the number of and evaluate structural characteristics of mitochondrial DNA in varicose veins. 120 samples were taken from 60 patients, one from healthy vein and another one from varicose vein from the same person. The authors found that total mitochondrial DNA was decreased in varicose veins as is mitochondrial DNA integrity compromised in varicose veins compared to the healthy segment.



### ANNA POUNCEY

EVF prize winner: Cost utility analysis of modalities of treatment for iliofemoral deep venous thrombosis in the United Kingdom.



The authors set out to conduct a cost effectiveness analysis on treatment of acute iliofemoral DVT using NHS data. Early clot removal compared to standard of care anticoagulation treatment has higher initial cost. They found that over time the initial cost difference was offset caused by higher number of patients with postthrombotic syndrome in the anticoagulation arm. The authors concluded that early thrombus removal may be cost effective compared to anticoagulation alone. The authors pointed out that we need more robust data on the effect of early thrombus removal and better understanding of the true cost of postthrombotic syndrome and the lifetime cost of DVT and venous wounds.



# SCIENTIFIC SESSION 4

## Deep Venous Disease II

– Alessandra Puggioni, MD

**SCIENTIFIC SESSION 4** Deep Venous Disease II was very well attended, with 177 participants. This session was co-moderated by me and Patrick Muck, MD, chief of Vascular Surgery at Good Samaritan Hospital in Cincinnati, OH.

Allison Mackenzie presented and discussed with Julianne Stoughton “Deciphering the Enigma of Renal Vein Compression.” Of 28 patients that received an intervention, the majority (68%) underwent gonadal vein embolization alone, 21% underwent RV transposition, and 11% RV stenting. Most patients reported partial resolution of symptoms. They concluded that many patients can be treated with gonadal vein embolization only rather than transposition or stenting.

Peter Pappas reported on “Pregnancy after iliac stenting for pelvic venous insufficiency.” Of 15 patients who delivered at an average of 31 months after stenting, 10 received prophylactic Lovenox during pregnancy. Reintervention rate was 27%, only 1 (7%) secondary to pregnancy. Dr. Pappas argued that thromboprophylaxis after iliac vein stenting is possibly unwarranted.

Julio Ramos presented “Technical Considerations of Iliocaval Venous Anomalies During Venous Stenting.” 845 patients received either preoperative CT or MR venography, and then venography and IVUS. Results showed a 15% incidence of venous anomalies, including high IVC confluence (56%), right internal iliac vein draining into the proximal left CIV (23%), and double IVC (9%), mainly diagnosed by venogram. IVUS was helpful to identify compressions, otherwise it poorly delineated anomalies.

Kathleen Iles and William Marston discussed “Early thrombosis after iliac stenting is related to disease severity and type of anticoagulation” reporting on 106 cases with CFV, iliac and caval occlusions. 95% received anticoagulation and 52% antiplatelets. Early re-occlusion occurred in 25% at 3 months and primary patency was 59% at 3 years. Severe obstructions and hypercoagulability were risk factors, but LMWH lowered the risk.

Evan Neville and Patrick Muck reported on a “Novel Therapy for Recanalization of Chronic Iliocaval Venous Occlusion Using Radiofrequency.” 10 patients who failed previous recanalization were treated with the Baylis RF wire. FV access was used in most cases (70%), and stenting performed in 70%. 80% of patients had an IVC filter in place. Successful recanalization was achieved in 60% of cases and no clinically significant perforations or severe blood loss occurred.



Alessandra Puggioni, MD  
Medical Director,  
Yourveins of Arizona  
Scottsdale, AZ

Brent Robertson presented “Initial Experiences with Venovo Dedicated Venous Stent” on 40 patients. Post-thrombotic veins were present in 45% and the preferred access was the popliteal vein (63%). Patients with non-thrombotic lesions were started on Dual Anti-Platelet Therapy. Average preintervention CEAP was 4.4 and post-intervention decreased to 2.9. 55% improved their rVCSS by 2 points and 6-month patency was 100%.

If you haven't registered for VENOUS2021 and would like to watch this and other sessions on-demand, [click here](#) for more information.



# AN AVF VIRTUAL GALA! REMEMBER THE ALAMO

– Jeff Mendola, CFRE

On the evening of Friday, March 19, almost 50 VENOUS2021 attendees joined together for our virtual gala – “Remember the Alamo.” In keeping with the theme, we saw a wide variety of western hats, sombreros and western wear.

Following a warm welcome from AVF President Hal Welch, we dove right into “Cookin’ with Kathleen -n- Ruth.” Kathleen Ozsvath walked us through a batch of her famous margaritas and then Ruth Bush whipped up some amazing guacamole and salsa. What we would have given for a live tasting!

Everyone was encouraged to grab their own favorite beverage and relax for a little entertainment. First up was Bill Marston on guitar accompanied by a friend on banjo. This talented surgeon/musician had us toe tappin’ right along with him. Next up was the “Amazing Gloviczki.” Peter Gloviczki never fails to mystify and entertain with his magic – and this was no exception. He told us of the magic shop he visited in Japan where the proprietor sold him a piece of magic rope. He got what he paid for – that was definitely a magic rope. Finally, Jeff Mendola shared some of the voices in his head including Kermit the Frog, Elvis, and Ernie from Sesame Street singing the “Rubber Duckie” song.



Jeff Mendola, CFRE  
AVF Director of  
Mission Advancement

Joseph Caprini, MD



Then it was time for some awards. Dr. Welch presented Dr. Joseph Caprini with the Founder’s Award – a prestigious honor for a lifetime of service to the AVF and venous disease. He also announced our newest Distinguished Fellows: Drs. Daniel Monahan, Kathleen Ozsvath, Lori Pounds, Julianne Stoughton, Windsor Ting and Andre M. van Rij. Dr. Ozsvath presented the Best Poster Award to Dr. Linda Cardoso, a medical student working under the mentorship of Dr. Jorge Ulloa. Dr. Lowell Kabnick presented the award for Best International Abstract Presentation – Under 40 to Dr. Adam Gwozdz from the UK.



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Cassius Iyad Ochoa Chaar, MD



2021 marked the return of the AVF-Juzo Traveling Fellowship. Dr. Welch shared a few thoughts about winning the Traveling Fellowship back in 2000 and its profound impact on his venous career. Philip Sporidis, Vice President of Sales & Marketing for Juzo talked about their commitment to venous patients and announced that the winner of the 2021 AVF-Juzo Traveling Fellowship was Dr. Cassius Iyad Ochoa Chaar from the Yale School of Medicine.

Khanh Nguyen, MD



Incoming Research Council Chair Dr. Faisal Aziz spoke about the importance of the AVF-JOBST Research Grant which has been supporting venous and lymphatic research since 1995. He introduced Michael Feenan, North American Leader for Essity Health and Medical Solutions, who emphasized their dedication to research and the AVF before announcing the recipient of the 2021 AVF-JOBST Research Grant, Dr. Khanh Nguyen at Oregon Health and Sciences University.

Switching gears, Dr. Mikel Sadek led the group in a Zoom game that had everyone laughing. Unofficially, the group favored dogs over cats, wine over margaritas and soccer over hockey.

The evening wrapped up with an invitation from President-Elect Dr. Tony Gasparis and incoming Program Chair Dr. Makis Avgerinos to join us next February in Orlando for VENOUS2022. Makis acknowledged the Greek heritage of the new AVF leadership with a creative and humorous slide show - Opa!

## Arterial and Venous Thrombectomy



RAPID. SAFE. EFFECTIVE.

The JETi Peripheral Thrombectomy System is intended to: remove/aspirate fluid and break-up soft emboli and thrombus from the peripheral vasculature and subselectively infuse/deliver diagnostics or therapeutics with or without vessel occlusion Caution: Federal (USA) law restricts this device to sale by or on the order of a physician.



# Villavicencio Symposium

– William Marston, MD

At the 2021 AVF annual meeting, the Villavicencio Symposium was dedicated to identification and consideration of venous conditions that currently lack effective therapies. Participants were challenged to consider patient problems for which we lack good therapies and where we need new devices, pharmaceuticals or other information to improve care for patients in these areas. Then they considered potential treatment advances in development that might achieve the promise of improving care of venous and lymphatic conditions in upcoming years.

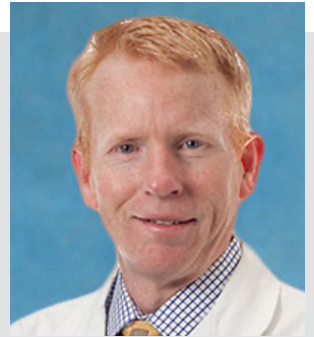
The session, titled “Horizons of venous disease management: What critical therapies do we need to take patient care to the next level?” was moderated by Bill Marston and included three pre-recorded sessions:

Superficial Venous Disease panelists were Steve Elias, Kellie Brown and Thomas O’Donnell.

Pelvic venous reflux and obstruction panelists included Tony Gasparis, Ron Winokur, Gloria Salazar and Kush Desai.

Lower extremity deep venous reflux and obstruction discussion included Bill Marston, Tony Comerota and Erin Murphy.

The discussions were broad based, provocative and highlighted therapies in development that may make a major impact on our care of venous disease in the future. We invite you to view these round table discussions and the accompanying Q/A session available on the VENOUS2021 platform. If you didn’t register for the annual meeting you still can. [Click Here](#) for more information.



William Marston, MD  
AVF President-Elect



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# New AVF President, Tony Gasparis, MD

## How Did He Get Here?

– John Forbes, MBA

Born in the Bronx, NY, Tony lived there for eight years until his family moved to Greece. He lived with his grandparents on the island of Andros for a year before moving to Athens with his parents. Tony's recollection of life in Greece during this formative period brings a smile to his face, a childlike, innocent, how good it was smile. This time was characterized by carefree living, especially during vacations and summers on the island. According to Tony, life was simple in these early days and highlighted by incredible friendships. We hope very similar to his AVF days now. There was complete freedom roaming the village while he enjoyed fishing, farming, and hiking, a true Greek outdoorsman. When he was 15, his family returned to the United States. Living on Long Island, he finished high school at WT Clarke in Westbury.

Tony graduated from New York University with a Bachelor of Arts majoring in what else but Classical Civilization of Greece and Rome. It must have been a very tough major for him sort of like Picasso majoring in Art. For a challenge, he minored in Biology and French. During the weekends and breaks, he would work at his dad's coffee shop in the Bronx, flipping eggs and pancakes. Although he didn't enjoy being dragged out of bed at 4:00 am, he cherishes the time he spent with his dad at work, and it certainly prepared him for his career in surgery. "Dad was my role model. He was an incredible father. Kind, simple, loving, and hardworking. Someone always to look up to and want to be like."



John Forbes, MBA  
AVF Executive Director



Heading to upstate NY, he received his medical degree at SUNY at Syracuse Medical School and then completed his General Surgery residency at the same academic institution. Spending nine years in the cold, snowy north certainly was a different experience than the isles of Greece. His fellowship training in Vascular Surgery was completed at SUNY Stony Brook where he still is today as Tenured

Professor of Surgery. Tony was introduced to the AVF and the vein world during his fellowship, when his mentor, Dr. John Ricotta, encouraged him to apply for the Sigvaris/AVF Travelling Fellowship. Receiving the Fellowship "gave me the opportunity to visit venous legends under the guidance Nicos Labropoulos. I owe my career to the AVF."



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Professionally, Tony has had a remarkable career. He is a member of many professional and scientific societies, serves as a journal reviewer for Phlebology, and has been a reviewer for the Journal of Vascular Surgery. He has received numerous academic honors and awards and has published widely with more than 80 publications, 8 book chapters, over 30 abstract presentations, and 150+ invited lectureships. Each year he provides voluntary community services by performing hundreds of venous screenings. Many of our members have similar professional accomplishments. Some of them though, like Tony, use their experience and leadership to advance our organization in impactful ways.

Tony Gasparis MD



For over two decades, the AVF has benefited from Tony's leadership and vision. He has chaired or been a member of several AVF committees (Annual Meeting, Website, Health Policy) and served on both the AVF and AVFF Boards as a Director. He also started the Vein Forum Annual Meeting which transitioned into the AVF's Early Career program. These AVF

experiences have had a significant influence on Tony's vision for the AVF. "Science" is a staid and stilted word which at times is casually used. Tony has stated that his goal as President is to re-focus AVF goals on the pursuit of "science" that will lead to meaningful, practical solutions for our members and patients. When asked how he will lead the AVF his response was, "I am an open book – what I think, I say. What I say, I do. I am 1,000% committed to the AVF and to helping it succeed. I am available any day, any time."

When not working, his main life interest is being with his family and especially traveling. He is surrounded by an all-female cast Dora, his wife, and three daughters Nicoletta, Andrianna, and Margarita. So, how did he get here? The same way most of us do, time and commitment. Being Greek and having lived in the US and Greece, he has incorporated the terroir of both worlds: hard work and the enjoyment of life.



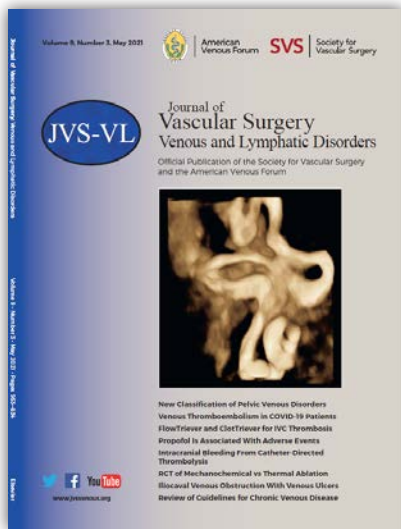
**Yiasou to all.  
And yiasou to the AVF.**



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# The Editor's Choice Articles of the May Issue of JVS-VL

– Peter Gloviczki, MD and Peter F. Lawrence, MD



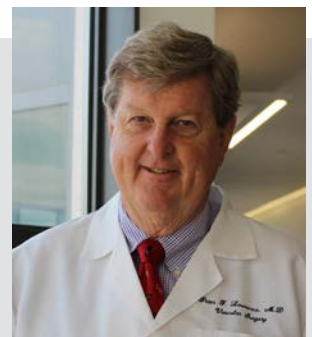
The May issue of the Journal of Vascular Surgery: Venous and Lymphatic Disorders (JVS-VL), the official publication of the American Venous Forum and the Society for Vascular Surgery is packed with excellent articles on contemporary management of venous and lymphatic diseases. The journal features two Editorials, one discussing the unifying concepts of pelvic venous disorders and chronic pelvic pain syndrome, while the other reviews scientific evidence and high methodologic quality, two essential requirements of

trustworthy clinical practice guidelines. Enjoy reading both of them.

This issue has two important Editor's Choice articles. The first is a long-awaited multispecialty document, The Symptoms-Varices-Pathophysiology classification of pelvic venous disorders: A report of the American Vein & Lymphatic Society International Working Group on Pelvic Venous Disorders.(1) This new classification was adopted by the American College of Obstetricians and Gynecologists, the American Vein & Lymphatic Society, the American Venous Forum, the Canadian Society of Phlebology, the Cardiovascular and Interventional Radiology Society of Europe, the European Venous Forum, the International Pelvic Pain Society, the International Union of Phlebology, the Korean Society of Interventional Radiology, the Society of Interventional Radiology, and the Society for Vascular Surgery. This instrument includes three domains: Symptoms (S), Varices (V), and Pathophysiology (P), with the pathophysiology domain encompassing the Anatomic (A), Hemodynamic (H), and Etiologic (E) features of the patient's disease. (Figure) This new classification is an important step in improving clinical decision making, developing disease-specific outcome measures and identifying homogenous patient populations for clinical trials on pelvic venous disorders.



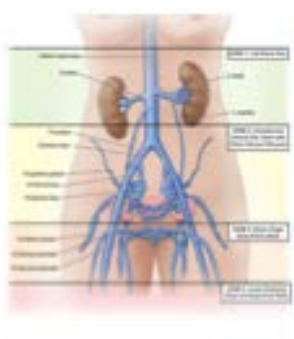
Peter Gloviczki, MD



Peter F. Lawrence, MD



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| The Symptoms-Varices-Pathophysiology (SVP) Classification of Pelvic Venous Disorders                                                                   |                                                                            |                                                                                                                             |                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| A Report of the American Vein & Lymphatic Society International Working Group on Pelvic Venous Disorders                                               |                                                                            |                                                                                                                             |                                                                                                                                                   |
|                                                                       | (S)<br>SYMPTOMS                                                            | (V)<br>VARICES                                                                                                              | (P)<br>PATHOPHYSIOLOGY                                                                                                                            |
|                                                                                                                                                        | S <sub>0</sub> No symptoms                                                 | V <sub>0</sub> No abdominal, pelvic, or pelvic origin extra-pelvic varices                                                  | <b>Anatomy</b><br>IVC<br>Left renal vein<br>Gonadal vein<br>Common iliac vein<br>External iliac vein<br>Internal iliac vein<br>Pelvic escape vein |
|                                                                                                                                                        | S <sub>1</sub> Renal symptoms of venous origin                             | V <sub>1</sub> Renal hilar varices                                                                                          |                                                                                                                                                   |
|                                                                                                                                                        | S <sub>2</sub> Chronic pelvic pain of venous origin                        | V <sub>2</sub> Pelvic varices                                                                                               |                                                                                                                                                   |
|                                                                                                                                                        | S <sub>3</sub> Extra-pelvic symptoms of venous origin                      | V <sub>3</sub> Pelvic origin extra-pelvic varices                                                                           |                                                                                                                                                   |
|                                                                                                                                                        | a Localized symptoms associated with veins of the external genitalia       | a Genital varices (vulvar varices and varicocele)                                                                           | <b>Hemo dynamics</b><br>Obstruction (O)<br>Reflux (R)                                                                                             |
|                                                                                                                                                        | b Localized symptoms associated with pelvic origin non-saphenous leg veins | b Pelvic origin lower extremity varicose veins arising from pelvic escape points, extending into the thigh.                 |                                                                                                                                                   |
|                                                                                                                                                        | c Venous claudication                                                      |                                                                                                                             | <b>Etiology</b><br>Thrombotic (T)<br>Non-thrombotic (NT)<br>Congenital (C)                                                                        |
|                                                                                                                                                        |                                                                            |                                                                                                                             |                                                                                                                                                   |
|                                                                                                                                                        |                                                                            |                                                                                                                             |                                                                                                                                                   |
|                                                                                                                                                        |                                                                            |                                                                                                                             |                                                                                                                                                   |
|  <b>Journal of Vascular Surgery</b><br>Venous and Lymphatic Disorders |                                                                            | Meissner et al. <i>J Vasc Surg Venous Lymphat Disord.</i> May 2021<br>Copyright © 2021 by the Society for Vascular Surgery® |                                                                                                                                                   |

The second Editor's Choice article, "A Retrospective Comparison of Thrombectomy Followed by Stenting and Thrombectomy Alone for the Treatment of Deep Vein Thrombosis with May-Thurner Syndrome" was written by Chen Huang and co-authors from Nantong, Nanchang and Jiangsu, China. (2) The paper reports on 372 patients with DVT secondary to May-Thurner syndrome; 221 underwent thrombectomy with stenting, and 151 had thrombectomy alone. Stenting, in addition to thrombolysis, resulted in a secondary patency of 92.1% at 36 months, with improved Villalta, edema and chronic venous insufficiency scores.

JVS-VL has been reporting on the pandemic from its beginning, and the May issue is no exception. Several papers deal with COVID-19 and venous thromboembolism, while other topics include new technology for treatment of inferior vena cava thrombosis and the danger of using propofol during catheter directed interventions to treat pulmonary embolism.

The CME article in May is a multicenter study, written by Vladimir Lakhter and colleagues. It is entitled "Predictors of Intracranial Hemorrhage in Patients Treated with Catheter Directed Thrombolysis for Deep Vein Thrombosis". (3) The authors found that among 138,049 patients with proximal lower extremity or inferior vena cava deep vein thrombosis, treatment with anticoagulation alone resulted in intracranial hemorrhage (ICH) in 0.2%, compared to 0.7% for those undergoing catheters directed thrombolysis. (CDT). Predictors of ICH in CDT were a history of stroke, chronic kidney disease, age > 74, and male sex.

Readers will also be interested in new information on superficial lower extremity venous disease. Sari Vahaaho and colleagues from Helsinki, Finland present the three-year results of a randomized controlled trial comparing mechanochemical and thermal ablation of the great saphenous vein. At 3 years, the occlusion rates for MOCA were inferior to thermal ablation and it seemed that veins with larger preoperative diameters



had a tendency to recanalize after MOCA.(4) In a separate publication, Karathanos and colleagues reported on a “Prospective comparative study of different endovenous thermal ablation systems for treatment of great saphenous vein reflux” In 153 patients, the great saphenous vein (GSV) occlusion rate at 1 year was 93% following radiofrequency ablation (RFA), 93% after endovenous laser treatment with a 1470-nm dual radial fiber and 95% after treatment with 1470-nm jacket-tip fiber. The clinical and quality of life benefits were also similar for all three systems at 1 year, although the 1470-nm radial fiber showed better outcomes in terms of early postoperative Venous Clinical Severity Score, pain, and physical chronic venous insufficiency quality of life questionnaire scores. (5)

We sincerely hope you enjoy reading the May issue of our journal and that you find more than one article that will help you to improve your practice and the care of your patients. We also would like to thank our readers and contributors for supporting JVS-VL, the premier international journal for evaluation and management of venous and lymphatic disease.

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5. Karathanos C, Spanos K, Batzalexis K, Nana P, Kouvelos G, Rousas N, et al. Prospective comparative study of different endovenous thermal ablation systems for treatment of great saphenous vein reflux. *(J Vasc Surg Venous Lymphat Disord* 2021;9:660-668)



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# AVF Member Community

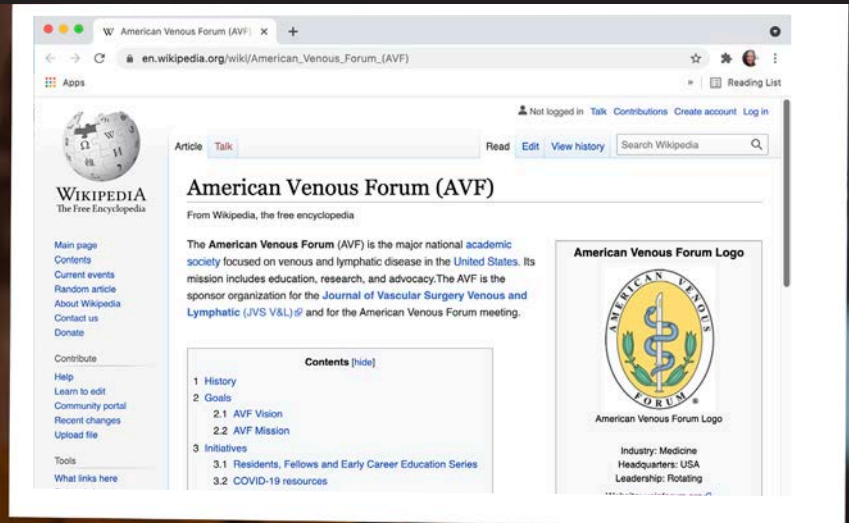
Get to know Dr. Efthymios "Makis" Avgerinos a bit better as he is interviewed by Dr. Misaki Kiguchi. Dr. Avgerinos is the chair for the Annual Program Committee for VENOUS2022 and Dr. Kiguchi is a committee member. Dr. Avgerinos has a long list of accomplishments, and will discuss his interests in pulmonary embolism, acute DVT and chronic vein disease.

Dr. Misaki Kiguchi, MD is a vascular surgeon with the MedStar Heart and Vascular Institute in Maryland.



Enjoy listening to this podcast peppered with great lessons.

## AVF NOW HAS A WIKIPEDIA PAGE



## Welcome to the Community! New AVF Members

**Miguel Amore** Argentina

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**Megan March** Florida US

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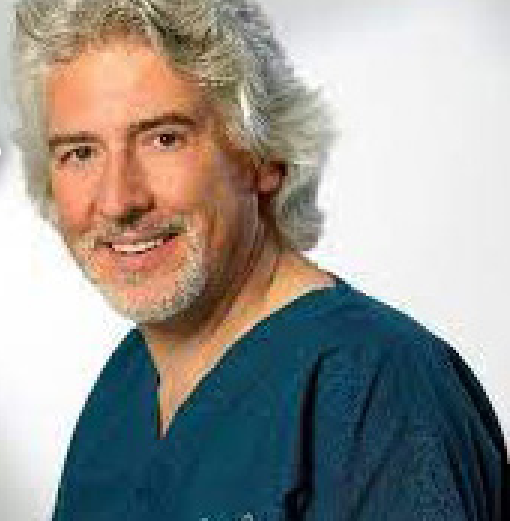
**Premal Trivedi** Colorado US



# In Memoriam

## DR. LOUIS ANTOINE GRONDIN

FEBRUARY 16, 1952 - FEBRUARY 27, 2021



The Canadian Society of Phlebology is in mourning as Dr. Louis Grondin, a great charismatic man and a phlebological legend, has left us. Louis passed away after battling a serious illness on February 27, 2021. He has been practicing phlebology in Calgary, Alberta, Canada for many years. He was a brilliant man with international fame, and we will miss him dearly. Louis was influential for the members of the Canadian Society of Phlebology with his knowledge and encouragement, and he contributed to the development of phlebology in Western Canada since the 1980's.

Everywhere Louis went, there was light. While being very respectful of his colleagues, there was not a discussion or debate where Louis' presence left us indifferent. His positivity and convictions always gave us the desire to surpass ourselves. From a phlebological point of view, we could entrust him at our meetings with any subject. While the content of his presentations was essential to our meetings, his way of presenting was always particular, clear and lively. He knew how to attract the attention of his colleagues and maintain it for hours without losing his enthusiasm. Remember the time when Louis would get on the chairs to deliver his knowledge? Only Louis could do this!

He served as president of the Canadian Society for many years and was always an active force on the executive committee of the Society. Internationally, Louis was sought out as an educator, advisor and board member of the International Union of Phlebology. He was an Emeritus member of the Australian College of Phlebology.

See what Dr. Douglas Hill, a past president of the Canadian Society of Phlebology has to say about Louis: "Personally, he was my first teacher, my mentor and became a life-long friend. I worked as an associate in his phlebology practice for the first five years of my medical career and benefited tremendously from his instruction, his vision and his innovation. I am honored to have known him and worked with him. Very early on, he recognized the

necessity of duplex ultrasound for proper diagnosis and safe treatment of venous incompetence. In those early years, he developed the catheter technique of ultrasound guided sclerotherapy and trained many doctors in western Canada, the USA and around the world. Louis was one of the first to begin using foam sclerotherapy and to transition from using air foam to CO2. These are only a few examples of his many scientific contributions."

Louis had a crazy appetite for life and for expanding his knowledge. He often said he wanted to be an eternal student. His favorite phrase, from Albert Einstein, was "There are only two ways to live a life. One is as if nothing is a miracle. The other is as if everything is a miracle." In the latest period of his life, he obtained a master's in business administration (MBA), studied dermatology at Cardiff University and in the last few years pursued filmography studies at the Los Angeles Film School.

In October 2017, when Louis received a sentence of only 14 months to live, he instead saw it as a gift of several months to live. He lived his life to the fullest and understood, as the Quebec singer-songwriter Felix Leclerc sang, that life is like a river, it comes from somewhere and goes somewhere. Born somewhere, we go through different cycles of water and waterfalls and finally we emerge in calm water after death for a more beautiful form of life.

He was a unique man, a warm man, a faithful friend, a mentor, a musician, a filmmaker, a husband, a father, a stepfather, a grandfather and an exceptional physician. We will never forget you dear Louis and we thank you for your legacy,

The Canadian Society of Phlebology and all of Louis' friends offer their deepest condolences to his wife Zorica and all his children, grandchildren and loved ones.



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