NCVH’s Vision: Saving Limbs, Welcomes All

Twenty years ago, NCVH Chairman Craig Walker, M.D., had a vision for a conference that would be inclusive, raise awareness about peripheral vascular disease (PVD) and critical limb ischemia (CLI) and result in better patient outcomes. Whether it is your first or 15th conference, it’s hard not to be impacted by the mission of NCVH and want to do more for at-risk patients.

“When it comes to the endovascular revolution for PAD – NCVH was at the forefront,” said Sohail Khan, M.D. “All the other endovascular conferences we see now have been the offshoot of what NCVH started 20 years ago. That says a lot about the leadership of Dr. Walker – he’s one of those leaders that brought to fruition that paradigm shift that was questionable then but now is the standard of care. He’s paved the way for guys like me to do what we do in 2019.”

Whether it is through lectures or live cases, ample learning taking place each year.

“Being able to educate those who are developing an interest in PAD is very important,” said Richard Kovach, M.D. “But we also learn from each other. There’s always something new to learn – you never stop learning. NCVH has given PAD the attention it has deserved.”

That vision has led others to join the fight against these deadly diseases.

“Dr. Walker wanted to make a difference in a field that he was always being challenged in,” said Osama Ibrahim, M.D. “Clearly it’s a great vision that happened 20 years ago. And we completely agree with the mission, view and the end result, which is helping PAD and amputation awareness.”

Continued on page 4
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Newly-created Congressional PAD Caucus to Focus on Awareness

Early detection and greater awareness...both are a necessity as healthcare professionals seek to improve patient outcomes in the peripheral space. Recent developments in our nation’s capital may help move things in the right direction, thanks in part to the efforts of NCVH Course Director Osama Ibrahim, M.D.

After meeting Congressman Erik Paulsen at an American College of Cardiology (ACC) event in September, 2017, Dr. Ibrahim invited him to visit his cath lab. During the visit, they discussed amputation prevention, the financial burden of peripheral artery disease (PAD) and the significant morbidity and mortality rates.

Out of this meeting came the Minnesota PAD initiative, followed by the creation of the Paulsen-Payne bipartisan PAD taskforce. Rep. Donald Payne (NJ) was himself a victim of undiagnosed PAD.

“This is a personal struggle for him,” said Dr. Ibrahim.

A letter signed by 32 members of the U.S. House of Representatives was sent to the Department of Health and Human Services and the Veterans Health Administration urging for the adoption of a national strategy to reduce non-traumatic amputations through increased awareness of PAD, increased screenings for at-risk populations, and improved access to multidisciplinary care.

Then last September, Reps. Payne and Paulsen sponsored an event on Capitol Hill to increase awareness of PAD. Together, all of these efforts have led to the establishment of the Congressional PAD Caucus, which was announced earlier this year.

The mission of the Caucus is to educate Congress and communities about PAD while supporting legislative activities to improve PAD research, education, and treatment, with the goal of preventing non-traumatic amputations due to PAD and other related diseases.

“The main idea is to discuss all the concerns that we have with PAD,” said Dr. Ibrahim. “How can we institute pathways to improve early screening and detections? And how can we have these patients seen by vascular specialists early on to prevent bad outcomes. We want to look closer at unnecessary amputations performed without vascular evaluation.”

The Caucus creates a platform for different medical societies to become one unified force and opportunities to develop discussion with lawmakers, industry and the U.S. Preventative Services Task Force.

Perfect Attendance: Dr. Teeslink Looks Back on 20 Years of NCVH

How far has NCVH come in the past 20 years? Just ask Rex Teeslink, M.D. – he has perfect attendance when it comes to NCVH Annual Conferences. And it all started with him receiving a flyer about the meeting.

His interest in peripheral vascular disease (PVD) dates back to the 1960s, when he was a medical student. “I was interested in PVD especially critical limb ischemia (CLI),” he said. “This was the meeting that I went to concentrate on PVD and CLI. I wanted to get involved and meet others in the field.”

Over the years, he’s watched NCVH grow, both in size and scope.

“You have to look at the progressive thinking of Dr. [Craig] Walker and his team,” said Dr. Teeslink. “If a doctor wants to get up-to-date information on PVD in three days, they will get it here. And NCVH is run better than any other conference – it’s just amazing.”

He pointed to the live cases, a hallmark of NCVH conferences from day one.

“The live cases may be the premier part for many of the attendees. They have grown in number and quality, and progress every year.”

Asked about NCVH’s impact, he points to amputation awareness and the multidisciplinary approach.

“There’s been an increase in the number of physicians doing more and more challenging cases,” he said. “There are areas in the United States where amputation rates have decreased. These are pockets where people are dedicated to peripheral vascular work. And the conference has embraced all modalities – there was a time when there were turf battles. These are gone, in part thanks to NCVH.”

He also recalled when Dr. Walker’s patients have spoken at NCVH about how having their leg or legs saved changed their lives. “They had disease progression and had been told multiple times that amputation was the only option,” said Dr. Teeslink.

Another reason NCVH is on Dr. Teeslink’s calendar each year? The camaraderie, as he has developed many professional and personal relationships over the years.

“As he looks ahead to next year’s meeting, “we need to think about where it is going to take us – it is in its infancy.”

And in case you’re wondering about his wardrobe choices of bright colors and madras plaids. It came out of the requirement to wear white during his training.

“I said I wouldn’t wear white again once I was done with my training,” he explained. “So I started wearing colored shirts, but then others started to do the same. So I upped the anty!”

Dr. Craig Walker, NCVH Chairman, center, gathers with Dr. Wayne Zhang, fourth from right, and members of the Chinese delegation attending NCVH.

NCVH Welcomes Chinese Delegation

The NCVH Annual Conference is again playing host to a delegation of vascular surgeons from China, who are both attending sessions and visiting Cardiovascular Institute of the South (CIS) facilities. This exchange builds on relationships and training provided by NCVH faculty, both in the United States and in China.

Richard Kochav, M.D., has been involved in NCVH’s training efforts for the past six years. Along with NCVH Course Chairman Craig Walker, M.D., Piao Nixi, M.D., Eric Appell, M.D., and Wayne Zhang, M.D., Dr. Kochav has presented at NCVH sessions held during CEC and CIT.

They are hungry for learning about new technologies and new techniques, said Dr. Kochav. “We have done a lot to try to educate about the prevalence of PAD and the management of PAD. They don’t have any preventative care, which is something we take for granted.”

Building on that, Dr. Kovach pointed to a number of differences in how PAD is managed and treated in China compared to the United States.

“One is in which anticoagulation is managed during interventional procedures, “We pay close attention to anticoagulation here, but they do not,” he explained. “And their hospitalization lengths tend to be longer.”

The benefits of the multidisciplinary approach and patient education are two training areas of focus for NCVH faculty.

“Everything in China is very compartmentalized,” he explained. “Cardiovascular specialists only do cardiovascular work and vascular surgeons only do peripheral vascular work. Very few do both.”

Dr. Rex Teeslink

Dr. Hari Bogahathina, right, views a device demonstration at the Abbott Vascular booth.
Mission
Continued from page 1

Impact
"Taboos surrounding PAD and CLI is fading and its largely in part of meetings like NCVH that give platforms for innovation, research and best practices that altogether give our patients outcomes opportunities that weren’t previously possible,” said George Adams, M.D., who is attending his 10th NCVH Annual Conference.

Earlier this week, Dr. Walker told the audience “I hate amputations.” So many presenters have echoed the need to consider limb salvage before amputation, monitor ABIs and perform a vascular work-up before scheduling an amputation.

“Through the dissemination of cutting-edge information and hands on training, NCVH has directly impacted countless patients by preventing needless amputations,” said Eric Dippel, M.D.

Healthcare professionals are all too aware of the dismal outlook for patients undergoing an amputation.

“Patients are receiving treatment and not amputations,” said Valerie Harris, R.N. “That simply is life changing. Saving limbs means saving so much more than just a life. It means preserving self-image and quality of life for that individual. It makes this so personal.”

NCVH has become known for its innovative educational offerings. Timely topics such as the DES controversy and trial updates were on this year’s agenda. Over the years, venous disease has been interwoven into sessions throughout the conference.

“A diverse faculty representing these specialties has been chosen to lend their expertise from different training backgrounds and experience,” said Bret N. Wiechmann, M.D., who is attending his seventh NCVH Annual Conference. “I can only imagine the number of physicians attendees over the course of 20 years – it has to be several thousand!”

As a direct result of NCVH, the hope is that the effects of PAD/CLI will be minimized at the local level by these physicians.”

Fadi Saab, M.D., concurred with that sentiment. “NCVH remains relevant and current. Physician feels that there time at NCVH is well spent,” he added.

Multidisciplinary Approach
The inclusive nature of NCVH welcomes all specialties, encouraging team work. Many speakers have stated that one single specialty cannot provide the care that these patients need.

“Other meetings tend to ‘silico’ specialties in such a way that negates PAD and CLI treatment as a true team effort,” said Dr. Adams. “Having many specialties and key roles in the same room not only allows for diverse conversations but helps to demonstrate how each of us have a vital part in guaranteeing our patients success. I love getting to learn and collaborate with my peers... with the occasional fun debate. We are all in this together.”

Reaching those on the frontline, through education such as specialty-specific education during the NCVH Annual Conference and NCVH regions, creates so many channels for the dissemination of information.

“By making sure all specialties are included, you’re expanding the pool of stakeholders. NCVH has become a franchise – the regions expand the mission of awareness and reach primary care providers, nurses and other healthcare team members,” said Larry Diaz-Sandoval. “NCVH as an institution has been able to expand the number of people that become interested and bring that knowledge to the bedside to help patients.”

In the end, it’s the patients who benefit because of NCVH’s inclusive atmosphere.

“NCVH has impacted the medical community by increasing the knowledge and skills of all members of the healthcare team including those involved in diagnostic and interventional cardiovascular catheterization procedures,” said Jeff Davis, RRT.

“The most significant impact NCVH has had for patients is the tremendous reduction of amputations and the great improvement in the quality of patients’ lives.”

CL1 Awareness
Mary Yost first attended NCVH in the early 2000s, and is now a conference co-chairman, as one of the drivers of the ever-growing Business of Peripheral Interventions Stakeholders Forum.

“The key factor for me is that this meeting was originally the only one that specialized in PAD and CLI,” Added Dr. Diaz-Sandoval, “That specialization made it a ‘must attend’ meeting for me for the last 16 years. NCVH is still one of very few meetings specializing in lower limb disease. Over the years, I have gained significant knowledge and insight about all aspects of PAD and CLI. Many of the lectures have spurred me to do additional research.

Not every healthcare provider sees the benefits of limb salvage, and can sometimes have their approached questioned.

“CLI was not even on the map 10 years ago,” said Dr. Adams. “When I first started performing these procedures there was always criticism, always questions regarding the ‘why?’ Being able to be part of a medical community that is strongly advocating for the best interest of patients that have been underserved or given little to no hope has fueled the passion that I have for treating CLI patients every day.”

Leading by Example
Many said the success of NCVH is a testament to Dr. Walker’s dedication to the cause. His relentless efforts have resulted in impacts on amputation rates, better education and awareness efforts – and that doesn’t even take into consideration all those that he’s mentored, who have carried out the mission beyond Louisiana.

“As a true pioneer in the treatment of CLI, Craig continues to inspire many of us with the work that he has done to put PAD and CLI on the map on both a national and global scale,” said Dr. Adams. “It’s continually impressive to see the growth of NCVH and the impact that it provides to our daily practices in our home facilities.”

His role as a mentor for so many can’t be overlooked.

“Dr. Walker is a legendary peripheral operator and mentor to so many of us,” said Dr. Saab. “His patient-centric approach to education of all attendees, fellows and even other faculty is to be emulated. His NCVH platform has reached thousands over the years and I am proud to be one of those who has gained from Dr. Walker’s leadership.”

Added Dr. Díaz-Sandoval, “I think everything starts at the top. Whenev- er you have a conversation with Dr. Walker, the conversation is tied into PAD. He is a walking legend and you try to emulate what he does.

For many, attending NCVH impact the trajectory of their career.

“NCVH spurred my passion for PAD and limb salvage,” said Dr. Khan. “Now I want to help spur that same passion in Salt Lake City.”

Biggest take-away from NCVH?
“A diverse group of professionals always bring a diverse group of opinions. Collaborating with my peers always gives me a new perspective. This is one meeting that has always stayed true to their mission, and continues to push the field forward by allowing industry partners to be a part of the challenges that we face. We are able to recognize challenges that allow for growth. We are all able to be a part in shaping the future of PAD and CLI.”

— George Adams, M.D.

“Probably the biggest personal impact NCVH has had for me is the network of friends and colleagues I have made over the years across the globe who all share the same passion for limb preservation.”

— Eric Dippel, M.D.

“Over the years, I have gained significant knowledge and insight about all aspects of PAD and CLI. Many of the lectures have spurred me to do additional research. I have also made some great friends and met fascinating people.”

— Mary Yost

Favorite NCVH memory?
“This is a funny one. I recall Professor Zeller was scheduled for a live case. Everyone looks forward to the live cases at NCVH, especially with Prof. Zeller. When we go live, everyone is speechless to see Prof. Zeller with the famous New Orleans necklaces around his neck saying that the patient scheduled had to be cancelled. He went on to show one of the most captivating pre-recorded cases of integrative popliteal access and directional atherectomy. We were talking about this for the whole meeting.”

— Fadi Saab, M.D.

“One time I was asked to whip together a lecture in 15 minutes. Now I’m known as the guy to call if you need a lectured prepared very fast.”

— Larry Diaz-Sandoval, M.D.

“Seeing my cath lab, Deborah Heart and Lung Center, broadcast a live case. We are a small community hospital but that didn’t matter. The great work occurring there is what matters.”

— Valerie Harris, R.N.
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PRESENTED BY:

Craig Walker, MD
Clinical Professor of Medicine,
LSU School of Medicine, New Orleans, LA
Clinical Professor of Medicine,
Tulane University School of Medicine, New Orleans, LA
Founder, President and Medical Director,
Cardiovascular Institute of the South, Houma, LA
Clinical Editor, Vascular Disease Management,
Global Vascular Digest

Ankur Lodha, MD
Interventional Cardiologist,
Cardiovascular Institute of the South, Lafayette, LA

DATE & TIME
Friday, May 31, 2019
12:00-12:55 pm

LOCATION
The Roosevelt New Orleans
Waldorf Astoria Ballroom,
Mezzanine Level
130 Roosevelt Way
New Orleans, LA 70112

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Addressing Errant Bleeding through Embolization

Embolization was added to the conference agenda last year, and it returned in with expanded focus on Wednesday.

Robert Lookstein, M.D., focused on using transcatheter embolization coil and plug therapy to address collateral and hepatic artery aneurysms. “Essentially we treat this like an endovascular surgical ligation,” said Dr. Lookstein, who also demonstrated how the various branches feeding an aneurysm would be systematically embolized. He presented several cases, the first relating to a celiac artery aneurysm that required up to 25 coils to embolize. Despite the high number of coils, angiography showed that the coil was still properly perfused through the superior mesenteric artery.

The next case was in a liver transplant patient who had developed a pseudoaneurysm off their hepatic artery graft. “We used stent-assisted coiling in this patient,” said Dr. Lookstein, explaining that a stent was placed across the neck of the aneurysm, which was then filled with detachable coils. The final case he presented involved a young woman with hepatico-megalhy who had developed a large hepatic arteriopetal fistula from a previous rupture of an undiagnosed hepatic artery aneurysm. Dr. Lookstein explained that they had opted not to use coils in this patient, but rather, Amplatzer plugs.

Complications
Complications from various methods of embolization were covered by Bret Wiechmann, M.D. He did state that these were, overall, uncommon. The most likely complication is non-target embolization.

“We embolized something that we did not want to embolize by placing a coil in the wrong spot, or in the right spot but it migrated,” explained Dr. Wiechmann. Particulates can cause complications if injected too forcefully, or in patients with variant anatomy. “The smaller the size,” he said, “the more potential for ischemic complications.”

Liquid embolic materials have a high learning curve and complications are usually related to reflux or flow-related complications. Dr. Wiechmann also commented against using liquid embolics in high flow states due to the risk of entrapping the catheter. “Beware of the last coil,” he also warned, “You always think - just one more coil. But that last coil is always the one that embolizes. The enemy of good is better.”

Genitourinary Vessels
There were also two companion talks on embolization of genitourinary vessels. Timothy Yates, M.D. spoke on uterine artery embolization while Geogy Vatakencherry, M.D. spoke on prostate artery embolization.

Highlighting the Twitter hashtag #stopthechop, Dr. Yates emphasized that a majority of women with painful uterine fibroids are never offered an alternative to a hysterectomy. “We can do better,” he stressed, likening this phe- notyping uterine fibroids to not exploring revascularization. Symptomatic uterine fibroids are responsible for approximately one third of all hysterectomies, which were previously the gold standard for intractable pelvic pain and severe menorrhagia secondary to fibroids.

Dr. Yates noted that uterine artery embolization (UAE) worked best in cases of heavy bleeding, but can also improve pain. When compared to hysterec- tomy, UAE was associated with fewer complications, earlier discharge and shorter sick leave. He stressed that it is still imperative to provide women with more options than total removal of the entire organ on initial consultation.

“With regards to the prostate,” started Dr. Vatakencherry, “cancer kills you, but prostate hyperthrophy can be very bothersome.” He emphasized that treatment should only be initiated if the patient is symptomatic, and did recommend that medical management be first attempted, with either alpha blockers or 5-alpha reductase inhibitors. He presented clinical trial data that showed increased hydration was actually linked to higher complications, and that es- sentially it did not reduce rates of CIN. Dr. Muck then focused on the im- aging modalities of intravenous ultrasound (IVUS) and optical coherence tomography (OCT). “IVUS really highlights distal disease... [which] can’t be appreciated with angiogra- phy,” he said, which then translates into improved patency post-interven- tion. Showcasing results from the SUPERB and UTOPIC trials, he argued that IVUS could identify deep adventitial cuts and wall injury as well as detect complex lesions. “OCT is like IVUS on steroids,” he said, explaining that OCT has better magnification and does not require the vessel to be free of blood. Additionally, OCT reduces radiation exposure and can guide stent positioning.

Surgical approaches for CLI were also discussed, with many of the speakers focusing on addressing le- sions of chronic total occlusion (CTO) throughout the lower limb.

Fadi Saah, M.D., provided a break- down of the CTO classification sys- tem where CTO crossing strategy was determined by plaque morphology. He stated that about 30% of interven- tionalists have access site conversion mid-procedure and believes that us- ing the CTO system can provide for better planning. CTO plaques are di- vided into four types based on their cap morphology being concave or convex where types I and II usually warrant an antegrade approach, type III usually requires a subintimal stra- tegy and type IV is often accessed via retrograde approach.

Other speakers then provided ex- amples for these approaches, such as Jack Casas, M.D., addressing an ante- grade approach in common femoral artery CTOs and Arthur Lee, M.D., discussing when to directly access CTOs in pedal vessels.
Sham Peer Review Destroys Careers

Peer review fraud, also known as sham peer review, can destroy careers and ruin lives. Richard Willner, DPM, Center for Peer Review Justice, will speak about the topic this afternoon (4:44 pm, Crescent City Ballroom).

Dr. Willner defined sham peer review as an adverse action taken in bad taste by a professional review body for some purpose other than for the furtherance of quality health care, and designed to look legitimate.

“Very few people know about sham peer reviews. It’s the quickest way to lose a career, without any evidence,” he explained. “No evidence is needed. Under federal law, the doctor does not have factual due process rights.”

For the past 18 years, Dr. Willner has worked with physicians who have fallen victim to sham peer reviews. He explained the many differences between medical malpractice and sham peer review.

“In medical malpractice, you have the protection of civil law, objectivity and truth, and a judge and jury,” he said. “In sham peer reviews, you have ‘voo-doo law, hear-say and lies are common, and the hospital appoints the committee and chairman.”

As opposed to medical malpractice cases, which have been known to span years, a physician only has 15 to 30 days until you are data-banked – which Dr. Willner said results in the end of a career. “By law there’s no evidence needed to databank,” he added. “Doctors should know the truth. We do fancy procedures, then the hospital does a sham peer review and you’re out of there in 30 days.”

He estimates that the physician wins about 90% of medical malpractice cases, but that rate for sham peer reviews is 0 – 5%. And he only expect to see the problem getting worst, because “it’s the cheapest way to get rid of a doctor.”

Working with an experienced team is the best way, he explained, rather than working with a lawyer.

“Find someone who knows sham peer review and knows the hospital game plan,” he said. “We want to solve the problem within one month.”

NCVH Adds Seattle to Regional Conference Roster

NCVH’s reach continues to grow, and later this year – it will include the Pacific Northwest. NCVH Seattle, one of three new one-day regional conferences scheduled for 2019, will take place on September 14. Wayne Zhang, M.D., will serve as conference chairman along with NCVH Chairman Craig Walker, M.D. Gale L. Tang, M.D. is the course director. This inaugural event will have a focus on peripheral vascular disease, but integrate coronary disease and venous disease as well.

“We will discuss new devices and cutting-edge technology,” said Dr. Zhang. “There isn’t another meeting focused on PVD in this region.”

The agenda will include a range of topics, including drug-eluting technology, atherectomy techniques, crossing CTO’s in the SFA, popliteal, and tibial segments and retrograde pedal access. The goal is to provide attendees with information on the medical management for patients diagnosed with peripheral arterial disease (PAD) and review appropriate indications for advanced peripheral endovascular interventions.

“We want to introduce participants to other physicians in the area with similar interests in treating patients with advanced endovascular techniques,” said Dr. Tang.

Dr. Zhang hopes to draw attendees from throughout the Pacific Northwest region and Canada.

“I’ve been involved with NCVH for a number of years, and am looking forward to continue working with Dr. Walker and bringing the mission of NCVH to Seattle,” said Dr. Zhang.
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