New Cardiovascular Horizons

MAY 26 - 29, 2020
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November 1, 2019

Dear Industry Partner:

Thank you in advance for considering support of the 21st Annual New Cardiovascular Horizons (NCVH) Conference scheduled May 26-29, 2020, in New Orleans, LA.

NCVH attracts multispecialty physicians and allied health professionals who strive to learn the newest technologies and medical therapies to improve patient outcomes for cardiovascular, peripheral and venous interventions.

One of the most important goals of the conference is an inclusive and welcoming environment for all specialties including interventional cardiologists, surgeons and interventional radiologists.

An equally important aspect of our education is complementary tracks for podiatrists, family physicians, nurses and cath lab technologists. This format allows the entire healthcare team to learn and network together.

Included in this document is an executive summary, conference description, target audience, objectives and needs assessment.

NCVH is an accredited program and will be conducted in accordance with ACCME guidelines for commercial support. We also take great pride in following all PhRMA and AdvaMed guidelines to ensure a balanced and unbiased educational agenda.

Your support of this valuable medical education program is appreciated.

Sincerely,

Craig M. Walker MD

Craig M. Walker, MD
Founder, Chairman
New Cardiovascular Horizons
craig.walker@ncvh.org

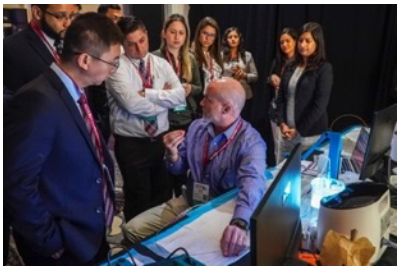
** Indicates NCVH Regional and/or International Meeting Chairman*
\+ Indicates NCVH Annual Conference Session Chairman

EXECUTIVE SUMMARY: ABOUT NEW CARDIOVASCULAR HORIZONS

The NCVH Annual Conference is the highlight educational program of New Cardiovascular Horizons, a 501(c)(3) nonprofit organization. The educational leadership team includes more than 40 co-chairmen who contribute in various areas of content development and almost 200 faculty members from the leading institutions around the world.

NCVH takes great pride in following all nonprofit, ACCME, PhRMA and AdvaMed guidelines to ensure education is delivered in an unbiased format.

Now in its 21st year, the NCVH Annual Conference continues to expand in both attendance and focus to include multidisciplinary sessions for interventional specialists, general practitioners, podiatrists, cath lab professionals, nurses, administrators and allied health professionals.



In addition to the annual conference, NCVH includes one of the largest peripheral fellows course in the U.S. This program draws over 120 interventional and surgery fellows from leading institutions. Course Directors create a scientific platform to bring together young leaders to learn new treatments for patients with peripheral vascular disease by providing didactic lectures combined with hands-on training and practical workshops.

International relationships in Asia continue to grow with five NCVH sessions at nationally recognized meetings to include the Great Wall International Congress of Cardiology, China Interventional Therapeutics, China Endovascular Course, Endovascology Conference, and Japan Endovascular Treatment Conference. Combined attendance for these four meetings reach 30,000+ participants.

NCVH will also present 16 one-day regional meetings during 2020 in a variety of cities throughout the United States. Regional conference objectives are developed to reach family physicians, general practice physicians, podiatrists and allied health professionals to help drive the desired message of new interventional technologies and pharmacotherapies available for optimal care for patients with cardiovascular, peripheral vascular and venous disease.

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ABOUT NCVH ANNUAL CONFERENCE

Founded in 1999, New Cardiovascular Horizons (NCVH) Annual Conference is a comprehensive cardiovascular and peripheral intervention meeting with a special emphasis on peripheral artery disease (PAD), PAD as a predictor of coronary artery disease (CAD), critical limb ischemia (CLI), advanced wound care and limb preservation.

NCVH is the largest and longest running conference to focus on the endovascular approach to complete cardiovascular care and amputation prevention techniques. It was the **first** conference, from its inception, to include multispecialty educational tracks for all providers involved in head-to-toe vascular care.

In addition, NCVH was the **first** to launch in-depth education in the area of CLI by producing the inaugural "CLI Summit" in 2005. Now in its sixteenth year, the CLI Summit continues to be the largest gathering of practitioners who strive to learn the latest technologies and techniques from masters in the field of limb preservation.

The goal of NCVH is to bring together key disciplines to focus on a team approach to total cardiovascular care in patients with PAD and CLI. This multidisciplinary approach creates an environment for clinical collaboration to address the continuum of care for the patient.

Presentations are infused with live broadcasts displaying real-time interventional procedures transmitted from locations around the world. This technology enriches the learning experience by allowing attendees to explore and discuss strategies as they are being executed. NCVH highlights the most recent advancements in the field of revascularization, providing actionable clinical insights in the areas of cutting-edge endovascular technique, technology and education to support optimal outcomes for patients with PAD and CLI.

Each year, on average, the conference assembles 1,600 attendees, features 20+ live interventional cases, 500+ scientific lectures and almost 200 internationally recognized preeminent faculty.

The statistics on vascular disease presented by speakers during NCVH 2020 will be staggering – numbers do not lie and case images are not pretty. The economic impact of PAD continues to rise. It is no secret PAD and CLI can both be deadly – NCVH wants to educate healthcare providers about proper screening methods, recognizing risk factors to identify high-risk patients and all options available to avoid amputation. Course organizers credit the NCVH mission for positively impacting patient care, treatment outcomes and community awareness – and want to keep this progress moving forward.

The program highlights the benefits of the multidisciplinary approach to patient care, which includes endovascular specialists, primary care physicians, nurses, podiatrists, surgeons, wound care specialists and cath lab technologists. PAD and CLI are complex diseases that require the collaborative efforts of a multispecialty team for successful patient outcomes

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ABOUT NCVH ANNUAL CONFERENCE, CONT.

Participants represent various healthcare fields that need to come together to raise awareness among patients about PAD symptoms, the importance of follow-up care and the dangers of not seeking treatment.

The educational content delivered by almost 200 faculty members will be presented in different formats, on different stages and to different audiences over the course of the three-day conference.

Learning methods will include:

- Didactic lectures
- Live case presentations
- Case studies
- Hands-on workshops
- Innovation labs
- Specialty-specific sessions for podiatrists, family physicians, nurses, cath lab technologists and administrators

Regardless of the presentation format, the underlying message will be the same – working together, healthcare professionals can educate patients and their communities about limb preservation and cardiovascular disease.

2020 Live Case Operators

Tom Davis, MD
Detroit, MI

Yazan Khatib, MD
Jacksonville, FL

Richard Kovach, MD
Browns Mills, NJ

Marco Manzi, MD

Mariano Palena, MD
Abano Terme, Italy

Carlos Mena, MD
New Haven, CT

Christopher Metzger, MD
Kingsport, TN

Jihad Mustapha, MD
Wyoming, MI

Thomas Zeller, MD
Bad Krozingen, Germany

By expanding on screening processes and diagnostic tools, speakers will encourage practitioners to look beyond amputation as a treatment option. The program will not only call attention to post-amputation complications, both physical and mental, but also include a detailed analysis of the economic impact and prevalence of PAD in the U.S.

Risk factors tied to cardiovascular disease, including obesity, diabetes, inadequate wound care, smoking and demographics, will also be identified and discussed.

TARGET AUDIENCE

Cardiologists, Interventional Cardiologists, Vascular Medicine Specialists, Cardiothoracic/Vascular/General Surgeons, Interventional Radiologists, Osteopaths, Family Physicians, Internists, Endocrinologists, Podiatrists, Residents and Fellows, Diabetes and Wound Care Specialists, Advanced Practice Nurses, Physician Assistants, Registered Nurses, Radiology and Cath Lab Technologists, Physical Therapists and Healthcare Administrators

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CONFERENCE OBJECTIVES

Upon completion of this program, the participant should be able to:

- Discuss the indications, risks and complications of interventional therapies in the treatment of cardiovascular disease, peripheral artery disease and critical limb ischemia.
- Increase knowledge of contemporary approaches in peripheral vascular management (including carotid, renal and mesenteric, SFA, below the knee, venous disease and aortic) based on recent clinical trials and evidenced based data.
- Propose appropriate applications of new endovascular technologies for patients with vascular disease.
- Describe appropriate pharmacologic management in the care of patients with cardiovascular disease, peripheral artery disease and critical limb ischemia.
- Discuss various testing modalities and comprehensive spectrum of care in patients with foot ulcers and threatened limbs.
- Explain proper use and interpretation of diagnostic tools and apply appropriate screening techniques for peripheral artery disease.
- Recognize the role and responsibility of the multidisciplinary members of a comprehensive PAD clinical team.

2020 EDUCATIONAL SESSIONS WILL INCLUDE:

- Understanding the Business of Peripheral Interventions (May 26, 2020)
- Fellows Course: Complex Strategies for Peripheral Interventions (May 26, 2020)
- Global Summit on Advanced Aortoiliac and Femoral Interventions for Peripheral Artery Disease
- Similarities in the Treatment of Critical Limb Ischemia and Coronary Chronic Total Occlusions
- 15th Annual Critical Limb Ischemia Summit
- Advanced Carotid Interventions
- Insights, Techniques and Treatment of Complex Deep Venous Disease
- New Technology and Late Breaking Trials
- Vascular Disease Diagnosis and Treatment for Podiatric Medicine Specialists
- Advanced Wound Healing Techniques
- Cardiovascular Update for the Primary Care Provider
- Peripheral Artery Disease Update for the Primary Care Provider
- Healthcare Professionals Forum
- Cath Lab Technologists RCIS Review Course and Advanced Endovascular Techniques
- CO2 Angiography Society Annual Conference
- NCVH Vein Forum: A Multidisciplinary Approach to Optimizing Venous Circulation

Gender and Racial Disparities Session

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FACULTY SELECTION PROCESS

NCVH faculty members are well-known leaders in the fight against cardiovascular disease, PAD and CLI. To remain on the cutting-edge in an ever-changing industry, NCVH will reach out to medical professionals who are device inventors, regarded as pioneers in their field and those participating in clinical trials to present at NCVH.

Faculty selection is based on the following professional criteria:

- Topic Expertise
- Teaching and/or Public Speaking Experience
- Research Experience
- Clinical Experience
- PhD or MD Degree
- University Faculty Appointment
- Published Text
- Published Articles in Peer-Reviewed Journals
- Proficiency with PowerPoint Presentation/Equipment
- Ability to Transfer Files/Documents Electronically
- Published Articles in Consumer Magazines
- Media Experience or Talk Show Guest
- Awards for Teaching, Research or Public Speaking

An appropriate number of faculty members are selected for an activity based on the topics to be covered and the length of the activity.

Following their acceptance and resolution of any conflicts of interest by NCVH, a teleconference will be convened to gain initial faculty input for program content, agree to a content outline and the key data which should be included in the program.

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ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Academy for Continued Healthcare Learning and New Cardiovascular Horizons. Academy for Continued Healthcare Learning is accredited by the ACCME to provide continuing medical education for physicians.

Accreditation will include:

- CME – Physicians
- CNE – Nurse
- CPME – Podiatrists
- ASRT – Cath Lab Technologists
- CE – Allied Health Professionals

DISCLOSURE OF CONFLICTS OF INTEREST

New Cardiovascular Horizons requires instructors, planners, managers and other individuals and their spouse/life partner who are in a position to control the content of this activity to disclose any real or apparent conflict of interest they may have as related to the content of this activity. All identified conflicts of interest are thoroughly vetted by New Cardiovascular Horizons for fair balance, scientific objectivity of studies mentioned in the materials or used as the basis for content and appropriateness of patient care recommendations.

DISCLOSURE OF UNLABELED USE

This educational activity may contain discussion of published and/or investigational uses of agents that are not indicated by the FDA. New Cardiovascular Horizons does not recommend the use of any agent outside of the labeled indications.

DISCLAIMER

Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management. Any procedures, medications or other courses of diagnosis or treatment discussed in this activity should not be used by clinicians without evaluation of patient conditions and possible contraindications on dangers in use, review of any applicable manufacturer's product information and comparison with recommendations of other authorities.

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ACTIVITY FORMAT

The NCVH Annual Conference assembles a "who's who" of industry leaders and experts to provide numerous educational opportunities for attendees. The agenda includes 500 scientific lectures delivered by almost 200 faculty members, transmission of 20+ live interventional cases and hands-on training opportunities.

Live case presentations offer a unique learning opportunity for attendees to view treatment approaches, listen to debate among panelists and have the opportunity to pose their own questions to expert faculty.

Topics from which the program will be built include diagnosis, intervention, treatment and management of cardiovascular disease, PAD and CLI, limb preservation, advanced wound care, carotid artery disease, aortic aneurysm therapy, renal and mesenteric disease, emerging technologies, pharmacotherapy and venous reconstruction.

Pre-Conference activities include:

- NCVH Fellows Course: Complex Strategies for Peripheral Interventions on Tuesday, May 26, 2020
- Understanding the Business of Peripheral Interventions on Tuesday, May 26, 2020

NCVH 2020 is also proud to host the 5th Annual Conference of the CO_2 Angiography Society.

ATTENDEE EXPERIENCE

The NCVH Annual Conference brings together a diverse group of healthcare professionals for an opportunity to hear the latest developments in patient care and connect with peers and course faculty at both formal and informal events throughout the conference. Customer service is of utmost importance to the NCVH staff. Southern hospitality is showcased from the moment an attendee registers until the final closing remarks.

Educational opportunities during the conference will include:

- Didactic lectures from industry leaders selected for appeal to the conference's multidisciplinary audience
- Live case broadcasts with discussion between panelists, case operators and audience members
- Industry-sponsored meal sessions on hot topics related to treatment of CV disease, PAD and CLI

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- Specialty-specific sessions for family care physicians, wound care specialists, hospital administrators, podiatrists, nurses and cath lab specialists

Along with educational opportunities, NCVH also offers attendees a variety of networking opportunities:

- Interaction with more than 80 companies represented in the NCVH Exhibit Hall
- Meeting attendees and interaction over breakfast, lunch and refreshment breaks
- Networking with NCVH faculty members and industry thought leaders in between CME/CE sessions
- Special Welcome Gala

EDUCATIONAL GAP AND NEEDS ASSESSMENT

For content planning of NCVH 2020, assessment of educational gaps in current management of cardiovascular and peripheral artery disease/CLI was conducted to understand educational needs and identify specific gaps. Through interviews with experts, survey of targeted audience, review of past evaluations, current literature, research findings, statistical data and epidemiologic data, educational gaps were identified and learning goals were proposed as follows: Peripheral artery disease (PAD) is a disease of silent progression with potentially devastating consequences that is reaching epidemic proportions. In the United States alone, approximately 18 million people suffer from PAD and in the next 20 years this number is projected to reach 24 million. [Yost 2010] Peripheral artery disease encompasses a wide range of non-coronary arterial syndromes caused by compromised structural and functional alterations in the arteries that supply the visceral organs, brain, and limbs.

IDENTIFIED GAP	DESIRED RESULTS
General awareness and proper screening tools for the diagnosis of PAD and CLI are underutilized among frontline/primary health care providers, leading to late/missed diagnosis.	Foster increased awareness of PAD and CLI among health care providers. Recognized importance of comprehensive cardiovascular screening including enhanced utilization of ankle brachial index (ABI) assessment in patients at risk for PAD.
Practitioners may have a poor understanding of medical therapies in the treatment of cardiovascular disease including PAD/CLI.	Improve appropriate utilization of pharmacological therapies in the treatment of cardiovascular disease and PAD/CLI patients.
General practitioners/non-interventionists may not be familiar with surgical and endovascular revascularization options, leading to immediate referral for surgical amputation.	Facilitate confidence in decision-making/selection of appropriate minimally invasive referral options; increase referral of CLI patients to appropriate interventionists to decrease rates of unnecessary or avoidable amputation.
Ambiguity over the roles and responsibilities of the various practitioners involved in the treatment of PAD/CLI may lead to poor patient care.	Improve the PAD/CLI patients' long term outcomes through organized, coordinated care.
Endovascular PAD/CLI treatment is a rapidly evolving field creating a challenge for clinicians to stay current on therapeutic options.	Enhance understanding of modern endovascular PAD/CLI treatments and techniques.

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Though many pathophysiological processes may contribute to the compromised vasculature, atherosclerosis remains the most common cause of the damaging effects on the aorta and branch arteries feeding the periphery. Because the vasculature is a network, not limited to body regions or organ systems, understanding the pathology of vascular disease must expand from the site of initial diagnosis; so that when there is coronary disease, the periphery is to be considered and vice versa. In fact, due to the increased risk for stroke, myocardial infarction, and mortality, PAD is considered a coronary heart disease (CHD) risk equivalent.[NCEP 2002; Hirsch 2006] While great emphasis is placed on proper screening techniques and intervention for coronary and cerebrovascular disease, peripheral artery disease often becomes compartmentalized and goes undiagnosed - resulting in increased morbidity and mortality from ischemic events, disease progression and complications from amputation.

ADDRESSING THE WHOLE PATIENT

Early detection, diagnosis and proper referral at the level of primary care is essential in the fight against PAD. Awareness of the PAD guidelines, utilization of classification systems like Fontaine's Scale or Rutherford's Categories, familiarity of appropriate algorithms and use of proper screening tools such as physical exam and the ABI can increase the likelihood of timely intervention for improved patient outcomes. Ankle-brachial index measurement is a simple, noninvasive diagnostic test for PAD that can be performed in most primary care clinical settings. The American College of Cardiology (ACC)/American Heart Association (AHA) guidelines describe ABI measurement as "the most cost-effective tool for lower extremity PAD detection."[Hirsch 2006] Guidelines recommend measuring ABI in patients with suspected PAD (based on intermittent claudication (IC) or nonhealing wounds), in patients age 50 years and older who have a history of smoking or diabetes, and in all patients age 70 years and older.[Hirsch 2006; Norgren 2007] Yet, in a national survey of adults aged 50 years and older wherein 49% were current or past smokers, 18% had diabetes, and 37% were 70 years of age or older, only 18% reported ever being screened for PAD via ABI.[Hirsch 2007] Training general practitioners and practice assistants in the use of ABI measurement is crucial as it has been shown to improve the appropriate referral of patients with PAD to vascular specialists.[Willigendael 2005]

Comprehensive cardiovascular screening, even among the asymptomatic, is critical as a diminished pedal pulse or carotid bruit may be the only sign of advanced atherosclerotic disease. The PARTNERS study provided ABI screenings on 6979 patients aged 70 years or older or aged 50 through 69 years with history of cigarette smoking or diabetes [Hirsch et al, 2001]. Results showed that PAD was detected in 29% of the participants. Among the patients with PAD, classic claudication was uncommon (11%), with the majority of those detected either wholly asymptomatic or presenting with non-specific symptoms. Of the 29% found to have PAD, 56% of those individuals also had concomitant coronary artery disease. A diagnosis of PAD may go overlooked in up to 90% of patients if intermittent claudication, and not an ABI, is the sole criterion used for diagnosis.[Roger 2011]

The 2006 ACC/AHA PAD Guidelines revealed that up to one-third of patients with PAD will die within 5 years, with 75% of the deaths due to cardiovascular causes. The REACH Registry mirrored the critical correlation shared in atherosclerotic disease when it concluded that in an overall stable population with established arterial disease approximately 1 in 5 patients with PAD may experience cardiovascular death, myocardial infarction, stroke, or hospitalization within 1 year. [Steg et al, 2007]

The role of the primary care practitioner is vital to the success of the cardiovascular and PAD patient by providing the early, accurate diagnosis needed to provide proven systemic risk reduction interventions including smoking cessation, hypertension, lipid, and diabetic control, antiplatelet options, exercise and nutrition recommendations. Though control of these modifiable risk factors are integral to general cardiovascular health

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and PAD management, these factors are often not adequately addressed because treatment recommendations are often poorly understood among health professionals.

Unfortunately, and possibly as a result of the poor understanding of PAD medical therapy treatments, modifiable risk parameters often fail to meet guideline recommendations in this population. Data from the National Health and Nutrition Examination Survey (NHANES) indicate that patients with diabetes and lower extremity disease are less likely to achieve goals for glycosylated hemoglobin (HbA_{1c}) or high-density lipoprotein cholesterol (HDL-C) than diabetics without lower extremity disease.[Dorsey 2009] The REACH registry reported similar findings; control of risk factors, including blood pressure, glycemia, total cholesterol, and smoking cessation, was significantly less common among patients with PAD compared with those who had coronary artery disease (CAD) or cardiovascular disease without concomitant PAD.[Cacoub 2009]
It is recommended that patients with CLI receive an antiplatelet therapy regimen to reduce cardiovascular risk.[Hirsch 2006; Norgren 2007] However, data from a vascular surgery clinic revealed that only 69% of patients with symptomatic, objectively-proven PAD were receiving an antiplatelet agent at the time of referral.[Bianchi 2007] In addition, after evaluation by a vascular surgeon, antihypertensive therapy was modified in 29% of patients and lipid therapy was modified or initiated in 39% of patients to achieve guideline-recommended blood pressure and lipid targets.

EXPANDING KNOWLEDGE OF REVASCULARIZATION OPTIONS

In addition to increasing knowledge in the area of medical therapies for cardiovascular disease and peripheral vascular health, initiatives are needed to increase non-interventionists' awareness of patient and procedural considerations for revascularization to improve outcomes of those affected by CLI. Revascularization is considered the optimal treatment option for patients with CLI.[Norgren2007] Improved patient outcomes and amputation prevention can be achieved through aggressive management of wound care and appropriate revascularization techniques.[Lawall 2009; Feiring 2010; Uccioli 2010] While both bypass and endovascular therapies are utilized for treatment of CLI, not all cases are amenable to these options. Surgical options include autogenous or synthetic bypass, endarterectomy, or an intra-operative hybrid procedure. Endovascular techniques include balloon angioplasty, cryoplasty, stents, stent-grafts, and plaque debulking procedures (eg, atherectomy, remote endarterectomy). Recent advances in tools and techniques are making endovascular intervention a more plausible treatment option, even in more technically challenging cases and lesions.[Gray 2008; Dake 2010; Laird 2010] However, despite the evolution of endovascular procedures, a substantial proportion of patients will require lower extremity bypass or a hybrid procedure to treat CLI.[Gargiulo 2011] Determination of the individualized therapeutic approach depends on many disease and patient-related factors, including occlusion characteristics, surgical risk, and life expectancy.

The BASIL trial is the only randomized, controlled study comparing outcomes after open surgical bypass or endovascular therapy for the treatment of severe limb ischemia.[Adam 2005] In the BASIL trial, no difference in amputation-free survival was observed between patients treated with surgical versus endovascular revascularization after 6 months. Overall survival was significantly greater in the surgical bypass group for those patients who lived more than 2 years after the initial procedure.[Bradbury 2010] During the first year after the procedure, hospital costs were higher following surgery versus angioplasty; however, long-term follow-up revealed the cost differences between treatment groups were not significant.[Adam 2005; Bradbury 2010] Investigators concluded that the decision between surgical and endovascular revascularization should take into account life expectancy, with a less than 2-year lifespan favoring endovascular therapy and a more than 2-year lifespan

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favoring surgical bypass, particularly in patients with a vein available to use as a conduit.[Bradbury 2010] A survey of vascular surgeons and interventional radiologists conducted by BASIL trial investigators found highly divergent beliefs regarding the appropriateness of bypass surgery or balloon angioplasty in the management of CLI.[Bradbury 2010] NCVH strives to give the non-interventionist an in-depth education on revascularization techniques so that appropriate referral follows a strong knowledge of interventional options.

AN ORGANIZED, MULTIDISCIPLINARY APPROACH

The goals of treatment for CLI are to relieve ischemic pain, heal ischemic ulcers, prevent limb loss, improve patient function and quality of life, and prolong survival.[Norgren 2007] To meet these goals, a multidisciplinary approach is advocated, involving various therapeutic interventions and the collaborative efforts of multiple healthcare providers. Although the ACC/AHA guidelines for the management of PAD state "the responsibility for the detection of lower extremity PAD should be with the primary care provider,"[Hirsch 2006] there are many points of entry for the CLI patient in the healthcare system. PAD/CLI is unique in that it involves many specialties, all who serve an integral part in care, and coordination of the roles and responsibilities presents an interesting challenge. Regardless of their specialty, it is important that the referring physician know when to make the appropriate referral and communicate salient features of the clinical presentation, such as claudication distance, rest pain, and signs of critical ischemia, as well as convey the degree of urgency so that the case can be appropriately prioritized by the vascular specialist.[Patel 2008; Mustapha 2012]

For the general CLI population, emerging data indicate that use of a multidisciplinary approach involving various physician specialties decreases amputation rates and improves limb salvage.[Hinkes 2009; Sanders 2010; Mustapha 2012] With the involvement of so many specialties, the question of which medical specialty is most appropriate to treat patients with PAD continues to be debated.[Sacks 2003] Though podiatrists and primary care providers do not perform surgical or endovascular procedures, they play an integral role in the diagnosis, education, and long-term management of patients with CLI. Where lower-limb revascularization was once primarily performed by the radiologist, these procedures are more frequently being executed by cardiologists and vascular surgeons.[Goodney 2009] Consequently, patients who are candidates for revascularization may fall under the care of a vascular surgeon, an interventional cardiologist, or an interventional radiologist.

A multidisciplinary approach is advocated for the management of CLI to address ischemia, control pain, reduce cardiovascular risk, manage comorbidities, and treat nonhealing wounds.[Norgren 2007] Open and organized communication in the coordination of care, regardless of the specialties involved, must be achieved to provide the best therapeutic options for the patient. Understandably, due to the numerous specialties involved and the degree and/or lack of overlap of those specialties, this remains an area of great challenge in the clinical setting. Healthcare providers across the specialty spectrum are integral to the identification and management of patients with PAD and CLI. NCVH aims to decrease the chaos that surrounds the PAD patient during diagnosis and treatment by clearly defining the roles and responsibilities of the multiple partners required for optimal outcomes.

STAYING CURRENT IN AN EVER-EVOLVING FIELD

As PAD/CLI treatment is in a constant state of evolution, contemporary and advanced education is required to stay abreast on current therapeutic options. Remarkable technological advances in the past decade have shifted

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revascularization strategies from traditional open surgical approaches toward lower morbidity percutaneous endovascular treatments. However, as the BASIL survey revealed, highly divergent beliefs remain regarding the appropriateness of bypass surgery or balloon angioplasty in the management of CLI.[Bradbury 2010] As mentioned before, there is a plethora of endovascular treatment options for PAD, including balloon angioplasty, ablation, cutting balloons, stents, and atherectomy. Staying current on all of these therapeutic options presents a great challenge, but a challenge that must be met if patients are to receive superior care and achieve optimal outcomes. Healthcare professionals need educational programming that fosters awareness of the shifting paradigms based on current advances in the field of PAD. NCVH serves to meet this need by providing the most current, innovative education on all aspects of treatment in the fight for life and limb, allowing attendees the confidence in clinical decision-making in order to provide superior care.

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