SVS, AVF Weigh in on Chronic Venous Disease Treatments at MEDCAC Panel

CHICAGO, Illinois - Vascular surgeons and vein specialists made their case for newer lower extremity chronic venous disease treatments at a recent MEDCAC panel.

The Medicare Evidence Development & Coverage Advisory Committee’s reports offer professional advice on treatments to the Centers for Medicare & Medicaid Services. Following a day of presentations, the MEDCAC panel voted on their level of confidence in the efficacy of various treatments for patients presenting with varying symptoms.

The panel questioned treatments for adult patients with and without symptoms and with and without signs of illness for various conditions. In most cases, the team of presenting vascular surgeons and vein specialists felt the scenarios deserved somewhat higher scores than they received. (See all scores) The scores reflect the panelists’ opinion that more research is needed, especially in the Medicare population.

While the panel’s confidence scores were lower than presenters would have expected, “Overall we are optimistic,” said Dr. Peter Gloviczki, a vascular surgeon, past president of both the Society for Vascular Surgery (SVS) and the American Venous Forum (AVF) and one of six presenters from the coalition of the SVS and AVF.

Another presenter, past president of the AVF Dr. Michael Dalsing, a vascular surgeon, said the panel reviewed randomized controlled trial data that does not necessarily reflect real world patient experiences. “We stressed the reality of care,” he said. “The meta-analysis presented, and the panel discussion, had the luxury of dealing mainly with data that do not often reflect the patients we see in our practice with multiple risk factors.”

Dr. Lowell Kabnick, president of the AVF, added, “Not all medical treatment decisions require randomized controlled trials. Properly designed studies can answer many of the same questions.”

The meeting was part of a two-year MEDCAC analysis of lower extremity vascular disease. In 2015 the panel reviewed peripheral arterial disease. In recent decades the cost for treatment of all variations of LECVD have increased from $150 million to $1 billion per year, according to the Agency for Healthcare Research & Quality.

Lower extremity chronic venous disease (LECVD) is associated with quality-of-life altering physical stigmata, including telangiectasias and varicose veins. Venous obstruction, venous insufficiency and post-thrombotic syndrome patients may have edema and lose ambulatory function. Recurring skin ulcers affect some patients.

Medicare is concerned with health gains, reduction in mortality and avoiding repeat interventions and their
complications. That may be related to treatment improvements, Dr. Gloviczki said. LECVD conditions used to require painful, open surgery under general anesthetic, followed by several days’ stay in the hospital. Now it can be done effectively in the physician’s office with local anesthesia.

“Many research trials are pending,” noted Dr. Kabnick. “We have entered into a new period where advanced technological intervention may be superior to the standard therapy. Many of these treatments have been decided by appropriate varicose vein trials; however, randomized controlled trials are ongoing to investigate preferable treatment for DVT (phlebitis-clots) and venous obstruction.”

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