Cultural reckoning: Confronting systemic racism

BY MALACHI SHEAHAN III, MD

I KNOW IT’S ALL A BIT EXHAUSTING. A pandemic, a recession and now racism. Do we need to deal with this now? If you’ve listened to your Black colleagues in the recent podcasts and town halls, you already know the answer. The least we can do is unburden them of the stress that comes with feeling alone.

Of all the things I’ve learned the past few weeks, one vignette struck me as particularly poignant. On a recent Audible bleeding podcast, Osarumwen Okonbor, a new general surgery graduate, described his plan to drive cross-country to begin his vascular fellowship in Seattle. The other panelists immediately expressed concern. He would take this drive alone as a young Black man? Osa responded that his mother was also worried for his well-being. Black parents have to fear for their children in a way that never would occur to me as a father of white boys. That fear persists even if their children are surgeons. We all need to consider our roles in ending racial inequity in vascular surgery. It’s not enough to say, "I would have more Black trainees/faculty if there were more qualified Black applicants.”

We also need to ask why. Why are there not more applicants? Is it because there are disproportionately fewer Black medical students. But why? As you drill down, your answer either becomes "because there is systemic injustice” — or something very problematic. Among the voices in this issue, you will hear from two young Black men who I attempted to mentor through the recent vascular match. But supporting them was only passive action on my part. These men had come to me. To ensure we train more Black vascular surgeons, we must engage in active recruitment. We can no longer wait for them to come to us.

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13 topic areas
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2020 July Specialist

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SVS vice president, treasurer announced on SVS ONLINE opening day
Outgoing SVS president outlines state of Society diversity?
SVS issues statement abhorring injustice and violence amid unrest in US?
SVS ONLINE: Crawford Forum sets the stage for vascular surgery future?
SVS ONLINE: How remote support systems will transform medical care
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SPECIAL REPORT
Cultural reckoning: Confronting systemic racism

BY MALACHI SHEAHAN III, MD

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Of all the things I’ve learned over the past few weeks, one vantage point struck me as particularly poignant. On a recent Audible listening podcast, Oumarou Oukotto, a new general surgery graduate, described his plight to drive cross-country to begin his vascular fellowship in Seattle. ‘The other

panelists immediately expressed concern. I would take this drive alone as a young black male. I was worried about him being black. Parents have to fear for their children in a way that others would never want to me as a father of white boys. That fear persists even if their children are surgeons. We all need to consider our role in ending racial inequity in vascular surgery. It’s not enough to say, “I would have more black names/facility if there were more qualified black applicants.” We also need to ask why.’

To ensure we train more Black vascular surgeons, we must engage in active recruitment. We can no longer wait for them to come to us

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COMING IN JULY!

Announcing the 5th Edition of the Vascular Educational Self-Assessment Program (VESAP), with:

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2020 June Specialist

Headlines
Double whammy: Pair of Annual Business Meetings slated for 2020
JVS produces collection on COVID-19, vascular care
Coding event set to take place Sept. 25–26
Advocating for our members
VESAP5 to debut this summer?

By Bryan Kay

This year’s E. Stanley Crawford Critical Issues Forum is set to come full circle from its very genesis 32 years ago at the Vascular Annual Meeting (VAM) in Chicago.

Now a linchpin of the Society for Vascular Surgery (SVS) flagship event on its opening day, this year now only will it make an unlikely return to the original Saturday slot it occupied in 1988 but also to the spirit of the fundamental themes outlined by E. Stanley Crawford, MD, then the outgoing SVS president, when he called for the forum’s introduction.

As per tradition, the session is the brainchild of the incoming SVS president.

This year’s rendering of the forum, entitled “Defining and valuing vascular surgery in the coming decade,” covers vascular surgery branding, the value of the specialty to the healthcare system, an SVS Wellness Task Force pulse check, and insight on how U.S. healthcare rankings are compiled by U.S. News & World Report.

President-elect Ronald L. Dalman, MD, saw the founding charge set out by his forbear reverberating down the years.

“The original impetus for the meeting was to affirm the leadership of the SVS in the development of vascular surgical science and help the society to navigate the challenges of the times, separate from the more scientific presentations: The question that was posed by E. Stanley Crawford was, ‘Who would want to go into vascular surgery today with the uncertainties of tomorrow and how can those who are already committed remain dominant?’” the president-elect tells Vascular Connections. “That’s the founding charge.”

VAM 2020, of course, has been replaced by the alternative virtual conference SVS ONLINE owing to the novel coronavirus. As Dalman notes, VAM traditionally was held at the beginning of the week in contrast to more recent times when the conference begins on a Wednesday: “So it being on a Saturday this year, we have come full circle on that.”

That extends to the theme. Dalman considers the varying topics that have constituted the forum over the years. Some have been clinical, while more recently and commonly they have tended toward some of the more macro level challenges to vascular surgery practice.

It’s at this juncture Dalman dots in, picking up the baton left first by Michel S. Makaroun, MD, SVS president from 2016-19, and Kim Hodson, MD, the incumbent president. While the former focused on the perils of a coming shortage in vascular surgeons, Hodson zeroed in on appropriateness in care.

Which brings things neatly back to the baseline set by Crawford three decades ago. In June 1996, Calvin K. Ernst, MD, penned an article in the Journal of Vascular Surgery that recalled the opening years of the Crawford forum’s journey.

GENESIS

“It’s ironic if you read this article, many of those same issues and questions were being addressed more than 30 years ago,” says Dalman. “They’ve evolved, they’ve expanded, they’ve taken on different levels of urgency. But the fundamental questions are still there. I think that’s how we came up with the program for this year’s Crawford Critical Issues Forum.”

The first presentation on the Crawford slate sees an update on the continued on page 2

Resident Research Award-winning paper: Extracellular vesicles enhance DVT via RIPK3

By Bryan Kay

Extracellular vesicles enhance deep vein thrombosis (DVT) via receptor interacting protein kinase 3 (RIPK3), the study that claimed this year’s SVS Foundation Resident Research Award, raised the suggestion of a causal relationship between necroptosis and hypercoagulable states seen in various diseases.

MITRI KHOURLY, MD, a general surgery resident at the University of Texas Southwestern in Dallas, will present the findings during the William J. von Labe Forum—the opening scientific session—on the first day of SVS ONLINE.

Khoury and a team of colleagues had sought to establish how RIPK3 is carried in plasma and whether its presence can enhance thrombus formation. “Receptor interacting protein kinase 3 (RIPK3) is a key mediator of a regulated form of cell death termed necroptosis,” they state. “Recent studies have demonstrated elevated levels of RIPK3 within the plasma of patients with hypercoagulative states. In addition, other mediators of necroptosis have been found to be associated with thrombus formation.”

The fruit of several different projects continued on page 1

Cover Story: Vascular Covered Stent provided AV fistula patients with additional 99 days between interventions in the AV4NEW Study

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Read Vascular Connections, the official newspaper of the
Vascular Annual Meeting.

June 12, 2020
Aspirin combined with rivaroxaban significantly lowers adverse events in PAD patients after revascularization

BY ANGELA O’NEILL

Treatment with aspirin plus rivaroxaban following lower-extremity revascularization in patients with peripheral arterial disease (PAD) leads to a 19% reduction in the risk of major adverse limb and cardiovascular events when compared with aspirin alone.

The VYNILO PAD study was presented at the American College of Cardiology World Congress of Cardiology’s virtual scientific sessions (ACC.20/WCC Virtual)—originally scheduled to take place March 28-30 in Chicago—and simultaneously published in the *New England Journal of Medicine* (NEJM). It found that a twice daily dose of 2.5 mg rivaroxaban plus low dose aspirin is associated with significantly lower incidence of the composite primary efficacy outcome of acute limb ischemia, major vascular amputation, or death from any cause compared with aspirin alone.

See VYNILO PAD - page 4

SVS Town Halls seek to help steer members out of choppy COVID-19 waters

BY BRYAN KAY

The vascular world has gone through a dramatic change. The normal to which vascular surgeons had become accustomed has vanished almost overnight. As the realities of the approaching COVID-19 pandemic have begun to crystallize, the Society for Vascular Surgery (SVS) started to set the stage for what was about to rearrange the specialty for some time to come.

Among the first SVS maneuvers was to set in motion a series of Town Hall events covering the many implications for vascular specialists. The virtual arena quickly became a platform for meaningful dialogue, dealing with the immediate clinical implications for vascular procedures. Becoming a weekly event, the Town Halls have tackled such issues as impact on education and training, and the safe practice of the vascular lab. As the series details, what awaits vascular surgery on the other side of the pandemic is indubitably poised.

See Town Halls - pages 6-7
2020 May Specialist

Headlines
SVS Town Halls seek to help steer members out of choppy COVID-19 waters
SVS remains nimble in face of pandemic, pivots to focus on priorities and needs of membership?
‘Desperate times require desperate measures,’ maiden SVS Town Hall hears
Leadership figures ruminate on redeployment of vascular surgeons during viral surge?
Implementing change: How adjustments in communication approach helped BEST-CLI trial register on radar?
VAM 2020 canceled, summer interactive forums planned?
Preparing for arrival of CMS Quality Payment Program year 4?
VESAP5 debuting by Aug. 1?
SVS journals: Study of interest?
Your SVS: Membership deadline is June 1?
Vascular surgeons urged to avoid admissions not an immediate threat to life and limb

By Brian C.A.T.

Vascular surgeons were issued with a plea to support the health of the U.S. population "by immediately reducing resource expenditure, avoiding all surgical admissions unless immediately life- or limb-threatening and, most importantly, by staying home" from a prominent membership body.

The advisory came in the form of a statement from the Vascular and Endovascular Surgery Society (VESS) on COVID-19, designed to help foster understanding of changes being put in place to allow use of telemedicine so specialists can continue to treat patients and mitigate exposure risk.

The VESS executive committee, the statement assured, "supports the decision of surgical providers to rapidly curtail surgical services in response to the public health threat posed by COVID-19 patients to overwhelm hospital resources in the next weeks."

COVID-19: Focusing minds on need to act as virus tears path across North America

By Benjamin W. Starnes, MD, and Nitin Singh, MD

SEATTLE—We live in unprecedented times. On Jan. 19, patient zero arrived in the United States at Seattle-Tacoma International Airport after returning from a visit to his family in Wuhan, China. He tested positive for COVID-19 on Jan. 20. Fast forward one month, and the heroic efforts of Helen Chu, MD, at the University of Washington, who, despite running against a cease-and-desist order by the federal government, ran COVID-19 tests on 2,500 sputum samples being used for...
Headlines
What has SVS PAC ever done for you?
Quality: Global Vascular Guidelines now available in pocket guide format
VAM adds Career Fair for 2020
Technology drives vascular future
Vascular Trainee Program redesigned for VAM 2020
Evaluation and management coding: Dizzying rounds of changes continue to filter through
Journal watch: Open-source papers on deck
Newly FDA-approved device for central venous occlusions hailed as exciting advance

BY BRYAN KAY

HOUSTON—These are exciting times in the theater of dialysis access, expert in the field Eric Pedersen, MD, noted in the latter part of last year—and that's not always been easy to say because dialysis has had not too much change for many decades.”

That's starting to change, the division chief and program director for vascular surgery at Houston Methodist DeBakey Heart & Vascular Center said.

And so it was that, in the middle of February, one of those latest developments gained Food and Drug Administration (FDA) approval. The new device of technology named the Sherker Inside-Out Access Cather System and developed by private medical technology company Bluegate Vascular Technologies (BVT), was designed to help patients with central venous occlusions.

See Stentor - page 10

‘No evidence’ to suggest spinal cord injury is decreased by prophylactic drainage during EVAR procedures

BY BRYAN KAY

MIAMI—Cerebrospinal fluid (CSF) drainage is a key component in the treatment of spinal cord injury but the evidence that prophylactic drainage decreases each injury during endovascular repair (EVAR) is “at best weak,” Guentaro S. Oderich, MD, told the Critical Issues America annual meeting in Miami, Florida, held Feb. 7-8.

Last year, Oderich et al, of the Mayo Clinic in Rochester, Minnesota, published a study in the Journal of Vascular Surgery that discovered severe complications from placement of cerebrospinal fluid drains (CSD) during four-stage thoracic endovascular aortic repair (TEVAR) and fenestrated branched endovascular repair (F-BRVAR) of paravertebral and thoracoabdominal aortic aneurysms (TAAAs). As that point, Oderich and colleagues found they were occurring at an “alarming rate” in their prospective, nonrandomized study.

In this latest presentation, Oderich sought to answer the question: “Are prophylactic spinal drains necessary?” See Stentor - page 10
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Headlines
How SVS-STS tandem developed TBAD reporting standards
VRIC discussion agenda: Immune cell dysfunction and immunotherapy for vascular disease
V SIG webinar from APDVS coming soon?
Your SVS: Storming into 2020 and horizons beyond?
O Canada: VAM 2020 housing, registration now open?
Leadership: Developing mission, vision and strategy?
SVS PAC donations and Congressional committees of most impact?
Mysteries of market forces and surprise billing?
Purchase tickets today for 2020 VAM ‘Spectacular’ Gala?
CMS publishes 2020 round of coding changes for vascular surgeons

BY FRANCESCO AIELLO, MD, AND MATTHEW SIDEMAN, MD

The Centers for Medicare and Medicaid Services (CMS) has provided some light reading with the publication of the Physician Fee Schedule (PFS), Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems, as well as Quality Reporting Programs final rules for calendar year 2020. The combined updates are captured in thousands of pages, covering a wide variety of changes, updates and comments. We would like to focus our attention on those changes that will impact vascular surgeons.

The PFS lists all clinical services and procedures along with their relative value units (RVUs) for the fiscal year. Those RVUs are converted to dollar amounts using the annual Medicare conversion factor (CF). In

See Coding - page 4

Hotly-contested meta-analysis suggests a higher risk of death or amputation at one year when paclitaxel-coated balloons are used in infrapopliteal arteries

BY SUZE MARSHALL AND JOCELYN HUDSON

A new meta-analysis, just published in the Journal of Vascular and Interventional Radiology (JVIR), suggests significantly reduced amputation-free survival at one year when paclitaxel-coated balloons are applied in arteries below the knee for critical limb-threatening ischemia (CLTI) treatment, but some experts advise cautious interpretation of the results and question whether these data will impact practice. The new systematic review and study-level meta-analysis of eight randomized controlled trials was conducted by Konstantinos Katranos, MD, assistant professor in the School of Medicine, University of Patras, Patras, Greece, and colleagues.

Several physician thought leaders believe that the conclusions are not yet definitive, with multiple peripheral vascular interventionalists cautioning how these data should be interpreted. Most emphasized the challenge of teasing out scientifically meaningful information from a patient cohort that suffered...
2020 February Specialist

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VRIC agenda taking shape, poster sessions to return
New registry to keep track of vascular patients launched
Presenting public policy issues of importance to vascular surgeons: SVS PAC, Congress and you?
Deadline for Seed Grant applications falls March 1
Zero hour: SVS awards nominations come due
‘There is no perfect job’: Benefits of working across VA system outlined by current practitioners
SVS rolls out Leadership Development Program
Wider VAM 2020 schedule unveiled
Welcome to our new members
Bridging the gap to future surgical success: Surgeon-coaches can help colleagues thrive?
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Leadership: Strengths and weaknesses of team members
Advocacy: Coding and Reimbursement Committee experiences lead to greater sense of awareness
Countdown: VESAP4 set to expire in six months
Learn all about coding updates at Jan. 22 webinar?
Vital importance of funding for pair of separate needs?
SVS launches key valuation study?
Registration open for VRIC?
Save the date for 2020 SVS Foundation Gala?
Burned out on burnout? Changing course with peer support?