Herbert Dardik, vascular luminary and lower-extremity bypass pioneer, dies at 84

BY BRYAN KAY

THE VASCULAR SURGERY world has lost one of its leading lights. Herbert Dardik, MD, a giant of the specialty renowned for his innovative work on the bifurcated vein graft and as a champion of emerging vascular surgeons, has died. He was 84.

For almost 50 years, Dardik was an omnipresent figure at Englewood Hospital and Medical Center in Englewood, New Jersey, where he rose to become the institution’s chief of vascular surgery and, in 2016, its chief executive of vascular surgery and general surgery. In 1978, he founded the hospital’s first vascular surgery fellowship program, much later chipping in to help revamp it. Retiring from clinical practice in 2017, Dardik remained a familiar presence at the hospital until a year ago. He died of natural causes. He is survived by his wife of more than 60 years, Janet, and children, Alan (also a vascular surgeon), Michael and Sharon.

SPECIAL REPORT

Vascular surgeons from across world report on early response to pandemic

BY BRYAN KAY

The seismic impact of the novel coronavirus on vascular surgery across the globe continues to be absorbed. Practice changed, and the specialty pivoted to meet the challenges posed head on.

Last month, Vascular Specialist explored the Society for Vascular Surgery response and the different ways surgical practices in U.S. hotspot had been hit. In this month’s issue, we point a wide lens on the vascular landscape, producing an in-depth special report that chronicles the early experiences of vascular surgeons in key countries across the globe and cities dotted around North America. A team led by Matthew Smith, MD, Laura Marie Debell, MD, and Erica Leigh Mitchell, MD, introduce these global perspectives about how they and their colleagues in far-flung locations tackled the pandemic as it arrived on their doorsteps. This is vascular surgeons in the thick of the crisis— in their own words.
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 vory genesis 32 years ago at the Vascular Annual Meeting (VAM) in Chicago. Now a mainstay of the Society for Vascular Surgery (SVS) flagship event on its opening day, this year not 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 insights on how US healthcare rankings are compiled by U.S. News & World Report.

President-elect Ronald L. Dalman, MD, saw the founding charge set 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 Michael S. Makaroun, MD, SVS president from 2015–19, and Kim Hodgson, MD, the incumbent president. While the former focused on the perils of a coming shortage in vascular surgeons, Hodgson zeroed in on appropriateness in care.

Which brings things neatly back to the baseline set by Crawford three decades ago. In June 1996, Calvin H. 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

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Vascular Annual Meeting.

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4 Pandemic response
SVS leaders respond to pandemic: Remains nimble, pivots to member priorities

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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 VOYAGER 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, and See VOYAGER 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 re-arrange 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 distinctly poised.

See Town Halls - pages 6–7

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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 DRIAN KAY

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 by specialists to treat patients and mitigate exposure risk.

The VEISS 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 NITEN 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

As this issue went to press, the SVS leadership was reviewing the full picture of events related to the coronavirus and the 2020 Vascular Annual Meeting, assessing information daily and anticipating making a decision by March 31. Thus, the information in the "News from SVS" pages could be outdated by the time readers receive this issue of Vascular Specialist. All SVS members should stay tuned to the SVS website, vascular.org, and the Pulse electronic newsletter (vascular.org/Pulse) for more information as this changing situation unfolds.
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 Pester, 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 Shercox Inside-Out Access Catheter System and developed by private medical technology company Bluegrass Vascular Technologies (BVT), was designed to help patients with central venous occlusions.

See Story — 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 such injury during endovascular repair (EVAR) is “at best weak,” Gustavo 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 seven complications from placement of cerebrospinal fluid drains (CSFD) during first-stage thoracic endovascular aortic repair (TEVAR) and branched endovascular repair (F-TEVAR) of paravascular and thoracic endovascular aortic aneurysms (TAAA). 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 Change — page 4
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How SVS-STS tandem developed TBAD reporting standards
VRIC discussion agenda: Immune cell dysfunction and immunotherapy for vascular disease
VSIG 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?
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Bridging gap to future success: Finding value in helping vascular peers

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 published 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. These 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 Katoulas, 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 sufferedSee Meta-analysis - page 6

56% FEWER INTERVENTIONS MORE OF WHAT MATTERS

Medtronic

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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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Headlines
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?