SVS
SOCIETY FOR VASCULAR SURGERY
633 North St. Clair Street, 24th Floor
Chicago, IL 60611

The Vascular Surgeon

A publication of the Society for Vascular Surgery

Volume 8, Number 3
August 2004

Contents

President's Message 1
New Board Officers 2
Bylaws Change 2
APDVS Update. 4
Dues Increase 5
Fistula First 5
Lifeline Registry Data 6
Lifeline/AVA Foundation Merger 6
AAA Screening Bill 7
New SVS Members 8
AVRO Update 10
Coding Course 11
Marco Polo Scholarship 11
AVA Screening Program Results 12
Vascular 2004 Highlights 14
Lifeline Awards 17
Calendar 19
SVS Staff Contacts 19

Society for Vascular Surgery
633 North St. Clair Street, 24th Floor
Chicago, IL 60611
800-258-7188 / Fax 312-202-5007
www.vascularweb.org

Rebecca Maron, CAE, Executive Director
Patricia Burton, Director of Operations

SVS
SOCIETY FOR VASCULAR SURGERY

From the President.....

Gregorio A. Sicard, M.D.

Dear SVS Member:

We have now completed our first full year since the merger of SVS and the American Association for Vascular Surgery. I am pleased to report that it has been a productive year, marked by significant progress on several important fronts.

Our efforts to attract the best and the brightest young physicians to the field of vascular surgery took a giant step forward with the American Board of Surgery's unanimous resolution to move toward the creation of a primary certificate in vascular surgery. The proposal is now in the hands of the American Board of Medical Specialties. Approval by the ABMS will pave the way for creation of new training paradigms that eliminate roadblocks to vascular surgery specialization and reflect the educational needs of aspiring vascular surgeons. As a long-term strategy, SVS continues to seek the establishment of an independent, ABMS-approved Vascular Surgery Board.

Meanwhile, the Association of Program Directors in Vascular Surgery is already hard at work preparing the curriculum and program requirements in time for the ABMS approval of the primary certificate, which is anticipated as soon as March 2005. This is an enormous task and one for which APDVS deserves our sincere gratitude.

Educational initiatives are moving forward in other arenas as well. SVS has published new guidelines for the endorsement of programs to train graduates of vascular fellowship programs in endovascular therapies. These guidelines are the workproduct of the Endovascular Committee, under the leadership of Dr. Kim Hodgson. The Committee's other initiatives include courses on carotid angiography and stenting, slated for implementation in 2005. These courses will become the newest additions to SVS' ever-expanding array of CME programs.

Thanks to the leadership of Dr. Bob Zwolak and the Clinical Practice Council, our first coding course last spring was a resounding success, attended by more than 100 surgeons and

(continued on page 3)

The Vascular Surgeon

SVS Welcomes 2004-2005 Officers

This year's new officers were announced at the SVS Annual Business Meeting in Anaheim, CA. Dr. Jack Cronenwett, M.D., Co-chair of the Nominating Committee along with Dr. Thomas Riles, announced that as a result of the merger between the SVS and the AAVS in June 2003, a transition plan was developed to ensure continuity of previously elected officers for both organizations in the newly merged SVS. The transition plan preempted the traditional election process this year only. Dr. Cronenwett introduced the following officers for 2004-05: Dr. Gregorio Sicard, President; Dr. Enrico Ascher, President-Elect; Dr. Craig Kent, Vice President; Dr. Rodney White, Secretary; Dr. Peter Gloviczki, Treasurer; and Dr. Kenneth Ouriel, Recorder, who will fulfill a complete 3-year term.

Gregorio Sicard, M.D.
President

Enrico Ascher, M.D.
President-Elect

Craig Kent, M.D.
Vice President

Rodney White, M.D.
Secretary

Peter Gloviczki, M.D.
Treasurer

Kenneth Ouriel, M.D.
Recorder

Bylaws Vote Establishes Professional Conduct Committee

At the June 4 business meeting, members voted to change the SVS Bylaws to establish a Professional Conduct Committee, as recommended by the SVS Board of Directors in April. The Committee will be charged with investigating charges of unprofessional conduct brought by members against other members and recommending disciplinary actions to the Board of Directors, when appropriate. The Board may choose to censure, suspend for a definite period or withdraw SVS membership in cases where charges are supported by a majority vote of Board members who are present and voting.

Fraudulent expert witness testimony was the primary impetus for the development of this program but the Committee will also facilitate investigation of other unprofessional conduct complaints, including false advertising, unscrupulous business practices, substance abuse or failure to retain qualifications.

Guidance about what constitutes unprofessional conduct is provided in the Society's Code of Ethics, which was approved by the Board of Directors at the June 4 Business Meeting. The revised Bylaws stipulate that SVS members must abide by the Code of Ethics as well as the rules and regulations set forth in the Bylaws themselves.

The Professional Conduct Committee will comprise three to five active members who will serve three-year terms with eligibility for reappointment. Committee members will be appointed by the SVS President with approval by the Board of Directors.

The Professional Conduct Program, which is based on a successful model created by the American Association of Neurological Surgeons, is expected to be operational by late 2004.

The newly adopted Code of Ethics and the full text of the Bylaws changes may be found online at http://svs.vascular-web.org. In the online version of the Bylaws, the changes appear in boldface in Article III, Section 7, Article VIII, Section 5, and Article XI, Section 2.

From the President.....

(continued from page 1)

their staff members. A second seminar is planned for October in Boston. These courses provide the tools practitioners need to decipher the intricacies of CPT coding and help ensure appropriate reimbursement.

On the advocacy front, SVS is proud to be the founding member of the National Aneurysm Alliance, a group dedicated to reducing mortality from ruptured abdominal aortic aneurysms (AAA) through a combination of education and screening programs. Dr. Bob Zwolak was in our nation's capital in June along with other Alliance members to announce the introduction of legislation that would provide Medicare coverage for ultrasound screening for abdominal aortic aneurysms. Passage of this bill, which enjoys bipartisan support, will go a long way toward saving many of the 15,000 American lives that are needlessly lost to this highly treatable condition each year.

In April, the Lifeline Foundation sponsored the annual Research Initiatives Meeting, *Translational Vascular Research: From Bench to Bedside to Boardroom* in Bethesda, MD. The Foundation continues to explore the frontiers of vascular research while simultaneously providing support for the young surgeons who will advance that research. Through innovative public-private partnerships, the Foundation's K08 and K23 awards support the career development of tomorrow's outstanding clinician research scientists.

The American Vascular Association (AVA) is expanding its groundbreaking national screening program to detect all major vascular problems, including AAA, carotid artery disease and peripheral arterial disease. To date in 2004, more than 8000 individuals aged 55 and older have received free screenings at 132 centers in 40 states, and hundreds of those screened were referred for needed follow-up care. The AVA Screening Program, under the leadership of Dr. Bill Flinn, has already more than doubled the number of screenings provided this year as compared with 2003.

In May, the Boards of the Lifeline Foundation and the American Vascular Association (AVA) voted to merge, creating a new foundation that will be known as The American Vascular Association: A Foundation of the Society for Vascular Surgery. The new Foundation will hold a Strategic Planning Retreat this fall, where they will focus on taking the educational, scientific and charitable functions of the Society to the next level.

More information about these and other SVS initiatives may be found in articles throughout this issue of The Vascular Surgeon. I hope you will take the time to familiarize yourselves with the full range of Society activities in this newsletter as well as on our website, www.vascularweb.org. Online, you will find additional information about the activities of the regional vascular societies. We continue our efforts to serve as an educational resource to these regional groups.

In conclusion, I want to express my appreciation to Rebecca Maron and her team for their outstanding management support this year. The fusion of the two societies has brought us to another level in the leadership and public recognition of the specialty of vascular surgery. At this pivotal point in the evolution of the field, we have been involved in the management of vascular disease for more than 50 years. We move forward with the knowledge that we are standing on the shoulders of giants. Our challenge now is to build on the accomplishments of those who have gone before us. Toward that end, we welcome comments and suggestions from you, our valued members, and we pledge to redouble our efforts on behalf of individuals who suffer from vascular disease as well as those who treat them.

Gregorio A. Sicard, M.D.
President

The Vascular Surgeon

APDVS Moves Forward with Recruitment Initiative, Primary Certificate and Vascular Lab Course

Recruitment plan. The Association of Program Directors in Vascular Surgery (APDVS) is working to develop a comprehensive plan to recruit more medical students and surgical residents to the field of vascular surgery. Spurred by the high number of positions in vascular surgery residency programs that went unfilled in 2004, the new initiative has three components, according to Dr. James Seeger, APDVS president:

- **Research.** APDVS' Issues Committee, under the leadership of Dr. Tony Sidawy, will analyze the 2004 match results based on information to be provided by the Electronic Residency Application Service (ERAS). This analysis will enable the committee to better understand the demographics of the applicant pool. The Issues Committee has been involved in researching the attitudes of medical students, general surgery senior residents, and Fellows toward vascular surgery specialization. Recently, the scope of the research effort has been expanded to include junior surgical residents as well.

- **Best practices.** The Issues Committee plans to contact all APDVS members and ask them to share mentorship ideas as well as recruitment strategies and tactics that may be useful to other vascular surgery training programs. This information will be compiled and posted online for the benefit of the membership. Dr. Elliot Chaikoff will lead this effort.

- **National recruitment campaign.** Ideas under consideration include developing a brochure for medical students that highlights careers in vascular surgery, launching a recruitment effort targeted to prospective women applicants, and expanding a program that enables medical students and possibly junior general surgical residents to gain exposure to vascular surgery through attendance at SVS and APDVS meetings. Dr. Julie Freischlag, chair of the SVS Education Council, will collaborate with the Issues Committee on this campaign.

Primary certificate in vascular surgery. The Vascular Surgery Board (VSB) of the American Board of Surgery (ABS) has charged APDVS with developing the program requirements for an ABS primary certificate in vascular surgery. A primary certificate will allow vascular surgery trainees to take the ASB exams and be certified in vascular surgery without first being certified in general surgery. It will enable the creation of a 3 + 3 training pathway—three years of general surgery followed by three years of vascular surgery.

To prepare the curriculum and program requirements in time for the hoped for approval of the primary certificate application in March 2005--the earliest possible date for approval by the ABMS--a committee will meet in Chicago on July 28 and 29. The draft curriculum and program requirements developed at the July meeting will be presented at the APDVS Executive Council meeting in October in New Orleans. The committee will meet again in November in New York to finalize the proposal for presentation to the ABS during the retreat in January 2005 and to the Residency Review Committee for Surgery (RRC-S) of the Accreditation Council for Graduate Medical Education (ACGME) shortly thereafter.

Noninvasive laboratory training course. In recognition of the growing importance of the vascular laboratory in the practice of vascular surgery, the SVS Vascular Lab Committee is developing a noninvasive laboratory training course that will provide uniform exposure to the vascular laboratory for all Fellows. The curriculum has been structured around requirements of major accreditation bodies and covers both duplex and physiologic testing. The course will include three components: a series of didactic lectures, a series of case presentations, and a 40-hour rotation in a vascular laboratory working with lab technologists. The purpose of the lab rotation is to give trainees a sense of the challenges associated with performing tests rather than to acquire proficiency in laboratory testing.

To date, the program has received $10,000 in support from Aventis with another $5,000 promised from W.L. Gore & Associates, Inc. The committee continues to seek other corporate funding. In April, APDVS pledged to guarantee backup funding of up to $500 per program.

It is hoped that the entire course will be complete and ready to roll out by late fall, according to Dr. Greg Moneta, Oregon Health & Science University, who has led the effort. Other Committee members include Dr. Denny Baker, UCLA Medical Center; Dr. Dennis Bandyk, University of South Florida; Dr. Brenda Zierler, University of Washington; Dr. Gene Zierler, University of Washington; and Dr. Bob Zwolak, Dartmouth-Hitchcock Medical Center.

(continued on page 10)

Volume 8, Number 3
August 2004

SVS Membership Votes to Accept Modest Member Dues Increase

At the June 4 business meeting, the SVS membership voted to approve an annual dues increase of $50, as recommended by the Board of Directors in April. The new dues structure includes the following fees and categories:

- Active Members $350
- Corresponding Members $350
- Candidate Members $50
- Senior Members $150

The application fee for Active and Corresponding Membership remains at $100. There is no application fee for Candidate Membership.

The dues increase will help fund many new programs and services that are already underway:

- A Professional Conduct Program that will enable SVS members to address the problem of fraudulent expert witnesses testifying against vascular surgeons.
- Advocacy efforts in support of a Medicare ultrasound screening benefit for the detection of abdominal aortic aneurysms (AAA).
- An outreach program to primary care physicians to position vascular surgeons as their "partner in vascular health."
- New educational offerings.
- Continued enhancements and expansion of the VascularWeb.
- Increased communications to members.

Before approving the increase, the Board reviewed a report comparing SVS dues with those of 13 other medical societies with comparable membership benefits. Eleven of the 13 societies studied had dues that are higher than the new SVS dues, ranging from $390 to $1,270 annually

The new dues will be reflected in the 2005 membership invoices, which will be mailed in October.

SVS Endorses Fistula First

On June 30, SVS endorsed the Centers for Medicare & Medicaid Services (CMS)' National Vascular Access Improvement Initiative, also known as Fistula First. The initiative was launched in April 2004 to improve vascular access for hemodialysis patients, specifically to help ensure that patients receive arterial venous (AV) fistulas where indicated and feasible. CMS, the ESRD Networks, the Institute for Healthcare Improvement and the renal community are collaborating on this initiative.

Most vascular access-related morbidity and mortality and costs are associated with the use of grafts and catheters. Recent trends show a decrease in access patency, an increase in morbidity/mortality and an increase in the cost of care for dialysis patients that may be largely attributable to the low prevalence of functional AV fistulas for maintenance hemodialysis. More than 20 percent of hemodialysis patient days are related to vascular access dysfunction; however, patients with AV fistulas have a significantly lower risk of hospitalization and surgery than patients with AV grafts.

FISTULAFIRST
National Vascular Access Improvement Initiative

Fistula First has developed a "change package" comprising 11 changes in practice across the ESRD treatment continuum that have shown results in practice and are supported by the medical literature. The ESRD Networks are now working with providers to implement these recommendations, which include the following:

- Routine CQI review of vascular access.
- Timely referral by primary care physician to nephrologist.
- Early referral to surgeon for "AV fistula only" evaluation and timely placement.
- Surgeon selection based on best outcomes, willingness, and ability to provide access services.
- Utilization of full range of appropriate surgical procedures to AV fistula evaluation and placement.
- Secondary AV fistula placement in patients with AV grafts.
- AV fistula placement in patients with catheters where indicated.
- Cannulation training for AV fistulas.
- Monitoring and maintenance to ensure adequate access function.
- Education for caregivers and patients.
- Outcomes feedback to guide practice.

By its endorsement of Fistula First, SVS encourages its members to support and participate in the Fistula First projects. For more information, visit the Fistula First website, which resides on the Institute for Healthcare Improvement site: http://www.ihi.org/IHI/Topics/ESRD/VascularAccess. Click on the link, "Where should I begin if I am a surgeon?" That link describes specific actions surgeons can take to begin to increase AV fistula use in dialysis patients.

The Vascular Surgeon

Lifeline Registry Data Presented at SVS Annual Conference

Flora Sandra Siami, MPH

The Lifeline Registry of Endovascular Aneurysm Repair (EVAR) is a unique collaboration between clinicians, professional societies, industry, and U.S. governmental agencies (Food and Drug Administration, Centers for Medicare & Medicaid Services) to evaluate long-term device performance and patient outcomes and thereby contribute to improvements in the care of patients with abdominal aortic aneurysms. The Registry currently contains information on 2,904 endovascular graft (EG) patients and 334 surgical control (SC) patients.

The SVS Annual Conference in Anaheim, CA this June marked the first presentation of data from the Lifeline Registry. Results of primary outcome measures at six years were presented.

The 334 surgical control (SC) and 2,633 EG patients were obtained from manufacturer investigational device exemption (IDE) controlled clinical trials leading to FDA approval of the EG device. The remaining 271 EG patients were commercial implants. EG patients were older and had more cardiac comorbidities than SC patients but there was no difference in the primary endpoints of all-cause mortality, abdominal aortic aneurysm (AAA) death or aneurysm rupture between EG and SC up to 3 years. Kaplan-Meier analysis at six years revealed freedom from rupture in 99% and freedom from AAA death in 98% of EG patients. Results of EVAR are favorable even in elderly, higher-risk populations who are not appropriate candidates for surgery. Women have a higher risk of rupture and surgical conversion than men, but no difference in AAA death rate. It was concluded that EG can be a safe, effective and durable treatment of infrarenal abdominal aortic aneurysms. Appropriate patient selection and follow-up are necessary to optimize results.

Results of EVAR are favorable even in elderly, higher-risk populations who are not appropriate candidates for surgery. Women have a higher risk of rupture and surgical conversion than men, but no difference in AAA death rate. It was concluded that EG can be a safe, effective and durable treatment of infrarenal abdominal aortic aneurysms.

The Lifeline Registry provides cost-efficient prospective data on aortic endograft devices, given the limited nature of the Phase II and III clinical trials (concurrent, not randomized controls and short follow-up). Long-term follow-up will address long-term device performance and safety, relate patient survival to patient risk profiles and patient care factors, and assess the impact of perseverating endoleaks. These data will thus generate information to improve device design, patient selection and patient management.

The Lifeline Registry was established in 1998, before any endovascular grafts were approved for commercial distribution (Premarket Approval from the FDA) with the express intent of instituting a standard protocol applicable to multiple patient populations. By pooling data from all EG manufacturers, the Registry's objectives are to (1) evaluate and report on the long-term survival of EG patients with varying risk profiles, (2) monitor long-term EG device performance for safety, and (3) analyze factors in graft design or patient management strategies that identify potential improvements in devices or clinical care.

The Registry was established by the Lifeline Foundation, which recently merged with the American Vascular Association. Financial support for the Foundation is provided by Boston Scientific Corporation, Cook Incorporated, Edwards Lifesciences LLC, Endologix Incorporated, W.L. Gore & Associates, Guidant Corporation, Medtronic AVE, and TriVascular. The Registry database is managed and analyzed by the New England Research Institutes, Inc.

Flora Sandra Siami is Research Scientist - Project Director, Institute for Clinical Trials & Registries, New England Research Institutes, Inc.

Lifeline Foundation and American Vascular Association Merger

In May 2004, the Boards of the Lifeline Foundation and the American Vascular Association voted to merge. The new foundation will be called The American Vascular Association: A Foundation of the Society for Vascular Surgery and will continue to carry out the educational, scientific and charitable functions of the Society. Because the merger brings together two diverse sets of programs, priorities and leaders a Strategic Planning Retreat will be held this fall. At the retreat the new AVA leadership will commit to a unified mission and vision with focused goals for the future in order to take the Foundation to the next level of success.

Volume 8, Number 3
August 2004

National Aneurysm Alliance Supports Proposed Legislation to Cover AAA Screening

On June 23, a bipartisan group of legislators introduced legislation to enact a change in Medicare that will cover ultrasound screening for abdominal aortic aneurysm (AAA). Senators Christopher Dodd (D-CT) and Jim Bunning (R-KY) and Representatives Jim Greenwood (R-PA, 8th) and Gene Green (D-TX, 29th) joined National Aneurysm Alliance Chair and SVS Practice Council Chair Dr. Robert Zwolak to announce the legislation at a press conference in the Capitol. Survivors from across the country were also present to help focus attention on the impact of AAA, which kills approximately 15,000 Americans each year.

The legislation introduced in June is known as the Screening Abdominal Aortic Aneurysms Very Efficiently (SAAAVE) Act of 2004 [S. 2553/H.R. 4626]. It would provide coverage for a one-time ultrasound screening to identify AAA under Medicare Part B. A screening by a qualified technologist would be covered for any Medicare beneficiary who has a family history of AAA, manifests risk factors for cardiovascular disease (such as smoking or hypertension) or evidences atherosclerosis. The legislation would also provide for a national education campaign to promote awareness among healthcare practitioners and the public about the importance of early detection and treatment.

Ultrasound screening. Ultrasound examination of the aorta costs less than $100. Lack of reimbursement is often cited as the reason ultrasound screening is not utilized or recommended to patients. AAA is curable in 95 percent of affected individuals when it is detected before rupture occurs.

A recent economic analysis of AAA screening cost-effectiveness determined that the cost per quality-adjusted life year saved for screening men over age 60 was very favorable—that is, equivalent to or less than—other well-accepted screening tests currently covered under Medicare. Patients who undergo ultrasound screening are half as likely as those who do not to die of AAAs over a four-year period, according to the British Multicentre Aneurysm Screening Study, which involved nearly 60,000 men aged 65 to 74.

Although there are no official prevalence figures, it is estimated that between 5-7 percent of adults over the age of 60 have an AAA—or nearly 2.7 million Americans, based on 2000 Census data.

About the Alliance. SVS is the founding member of the National Aneurysm Alliance. Other members include a group of medical professional organizations, patient advocates, individuals and medical technology manufacturers dedicated to reducing the number of Americans who die in the prime of their lives from ruptured AAA, through a combination of medical and screening programs.

The Alliance encourages all stakeholders to contact their Senators and Representatives and urge them to support the SAAAVE Act of 2004. To learn more, visit the Alliance website at www.screenAAA.org.

Welcome New Members

SVS welcomes the following new members, who were approved for membership at the SVS Annual Business Meeting in Anaheim, California, on June 4, 2004.

Active

Ahmed M. Abou-Zamzam, M.D.
Loma Linda, California
Azeez P. Adeuntan, M.D.
Athens, Georgia
George M. Ajalat, M.D.
Covina, California
Janet L. Albright, M.D.
Reno, NV
Ahsan T. Ali, M.D.
Little Rock, Arkansas
Jose I. Almeida, M.D.
Miami, Florida
Niren Angle, M.D.
San Diego, California
Alan J. Annenberg, M.D.
Cincinnati, Ohio
Martin R. Back, M.D.
Tampa, Florida
Elliott M. Badder, M.D.
Baltimore, Maryland
Louis Balkany, M.D.
Toledo, Ohio
Siamak Barkhordarian, M.D.
Providence, Rhode Island
Ronald A. Bays, M.D.
Saginaw, Michigan
Christian Bianchi, M.D.
Loma Linda, California
Gregory N. Browne, M.D.
St. Johns, NL Canada
Douglas H. Bryan, M.D.
Dayton, Ohio
Anatoly J. Bulkin, M.D.
Escondido, California
Ruth L. Bush, M.D.
Houston, Texas
Silverio Cabellon, M.D.
Washington, D.C.
Joseph A. Caprini, M.D.
Evanston, Illinois
Neal S. Cayne, M.D.
New York, New York
David W. Chang, M.D.
San Jose, California
Jeanette K. Chang, M.D.
Medford, Massachusetts
Vasana Cheanvechai, M.D.
Baltimore, Maryland
Jerry C. Chen, M.D.
Vancouver, BC Canada
David K. Chew, M.D.
West Roxbury, Massachusetts
Andy C. Chiou, M.D.
Lackland AFB, Texas
Paul L. Cisek, M.D.
Santa Barbara, California
Paul Citrin, M.D.
Zephyrhills, Florida
George T. Clark III, M.D.
Raleigh, North Carolina
Joseph A. Coatti, M.D.
Middletown, Connecticut
Robert F. Cuff, M.D.
Grand Rapids, Michigan
John A. Curci, M.D.
St. Louis, Missouri
Jason R. Delatore, M.D.
Youngstown, Ohio
Richard J. Demasi, M.D.
Norfolk, Virginia
James G. Drougas, M.D.
Roanoke, Virginia
Michael A. Drummond, M.D.
Birmingham, Alabama
John M. Duncan, M.D.
Houston, Texas
Matthew J. Eagleton, M.D.
Ann Arbor, Michigan
William L. Eddleman, M.D.
Shreveport, Louisiana
Richard D. Edrington, M.D.
Raleigh, North Carolina
Charles M. Eichler, M.D.
San Francisco, California
Robert E. Engles, M.D.
Montgomery, Alabama
David A. Epstein, M.D.
Richmond, Virginia
Luke S. Erdoes, M.D.
Chattanooga, Tennessee
Victor Z. Erzurum, M.D.
Cleveland, Ohio
Antoine M. Ferneini, M.D.
Hamden, Connecticut
Frank L. Fiaschetti, M.D.
Ketchum, Idaho
James E. Fogartie, M.D.
Raleigh, North Carolina
David M. Fortenberry, M.D.
Kalispell, Montana
Randall W. Franz, M.D.
Canton, Ohio
Warren E. Gall, M.D.
Dubuque, Iowa
Daniel R. Gorin, M.D.
Hyannis, Massachusetts
Navyash Gupta, M.D.
Pittsburgh, Pennsylvania
Raul J. Guzman, M.D.
Nashville, Tennessee
Kevin D. Halow, M.D.
Travis AFB, California
Vivienne J. Halpern, M.D.
New Hyde Park, New York
Kirk A. Hance, M.D.
Kansas City, Kansas
Alfred D. Harding, M.D.
Jacksonville, Florida
Nancy L. Harthun, M.D.
Charlottesville, Virginia
Robert E. Hawkins, M.D.
Portland, Maine
Mauricio J. Heilbron, M.D.
Long Beach, California
Jeffrey A. Hertz, M.D.
Bay Harbor Springs, Florida
Mark K. Hirko, M.D.
Youngstown, Ohio
David G. Hoffman, M.D.
Waco, Texas
Warren F. Hoffman, M.D.
Torrance, California
Paul W. Humphrey, M.D.
Columbia, Missouri
Hubert A. Johnson, M.D.
Lynn, Massachusetts
Lowell S. Kabnick, M.D.
Morristown, New Jersey

George P. Kacoyanis, M.D.
Beverly, Massachusetts
Fernando E. Kafie, M.D.
Pensacola, Florida
William J. Kaiser, M.D.
Tifton, Georgia
Karthikeshwar Kasirajan, M.D.
Atlanta, Georgia
Melina R. Kibbe, M.D.
Chicago, Illinois
Charles H. Klieman, M.D.
Whittier, California
Charles D. Knight, M.D.
Shreveport, Louisiana
Jeffrey W. Kronson, M.D.
Whittier, California
Wallace K. Kurihara, M.D.
Grand Forks, North Dakota
Brajesh K. Lal, M.D.
Newark, New Jersey
Gregg S. Landis, M.D.
New York, New York
Brian C. Lange, M.D.
Seattle, Washington
Judith M. Laub, M.D.
Los Angeles, California
Jeffrey H. Lawson, M.D.
Durham, North Carolina
Michael R. Lepore, M.D.
Sarasota, Florida
Keith A. Levine, M.D.
Lawrenceville, Georgia
Jonathan A. Levison, M.D.
Belleville, New Jersey
Mark M. Levy, M.D.
Richmond, Virginia
Matthew L. Lukens, M.D.
Columbus, Ohio
Sean P. Lyden, M.D.
Cleveland, Ohio
Demetrios N. Macris, M.D.
San Antonio, Texas
Thomas Maldonado, M.D.
New York, New York
Mark P. Mantell, M.D.
Philadelphia, Pennsylvania
Michael J. Marcinczyk, M.D.
Norfolk, Virginia
Ben U. Marsan, M.D.
Trumbull, Connecticut
Matthew T. Menard, M.D.
Boston, Massachusetts
Scott J. Millikan, M.D.
Billings, Montana
Ross Milner, M.D.
Atlanta, Georgia
Mark S. Minkes, M.D.
Pico Rivera, California
Ayyampalayam R. Mohan, M.D.
Pomona, California
Dan L. Morehouse, M.D.
Marshfield, Wisconsin
Nicholas J. Morrissey, M.D.
New York, New York
John R. Mullins, M.D.
Springfield, Missouri
Sasan Najibi, M.D.
Encino, California
Munier M.. Nazzal, M.D.
Toledo, Ohio
Kyu J. Oh, M.D.
Anaheim, California
Robert C. Oram, M.D.
Somersworth, New Hampshire
Timothy C. Oskin, M.D.
Easton, Pennsylvania
Kathleen J. Ozsvath, M.D.
Albany, New York
Arthur E. Palamara, M.D.
Hollywood, Florida
Anthony D. Panasci, M.D.
Valencia, California
Marc A. Passman, M.D.
Nashville, Tennessee
Rade M. Pejic, M.D.
Michigan City, Indiana
Alan C. Peterson, M.D.
Fort Wayne, Indiana
Daniel L. Picard, M.D.
Baltimore, Maryland
George W. Plonk, M.D.
Winston-Salem, North Carolina
Peter Pons, M.D.
Buffalo, New York
Lori C. Pounds, M.D.
Galveston, Texas
Cary W. Pulliam, M.D.
Franklin, Tennessee
Omid Rahmani, M.D.
Lake Success, New York
Ramanathan Raju, M.D.
Brooklyn, New York
Amy B. Reed, M.D.
Cincinnati, Ohio
Thomas Reifsnyder, M.D.
Pittsburgh, Pennsylvania
Martha M. Reigel, M.D.
Columbus, Ohio
Sang W. Rhee, M.D.
Springfield, Massachusetts
Barry B. Rubin, M.D.
Toronto, ON Canada
Fred W. Rushton. Jr., M.D.
Jackson, Mississippi
Eva M. Rzucidlo, M.D.
Lebanon, New Hampshire
Sibu P. Saha, M.D.
Lexington, Kentucky
Anthony Salvian, M.D.
Vancouver, BC Canada
Truman M. Sasaki, M.D.
Washington, D.C.
Frederick A. Schild, M.D.
Miami, Florida
Jolyon D. Schilling, M.D.
Tucson, Arizona
Darren B. Schneider, M.D.
San Francisco, California
Charles J. Shanley, M.D.
Royal Oak, Michigan
Pathanjali PV. Sharma, M.D.
Reading, Pennsylvania
Palma M. Shaw, M.D.
Boston, Massachusetts
Paula K. Shireman, M.D.
San Antonio, Texas
David P. Showalter, M.D.
Sarasota, Florida
Matthew J. Sideman, M.D.
Tulsa, Oklahoma
Michael J. Singh, M.D.
Worcester, Massachusetts
Todd P. Smith, M.D.
Little Rock, Arkansas
Jamie R. Soriano, M.D.
Irvington, New Jersey
Michael Southworth, M.D.
Somersworth, New Hampshire
Lawrence R. Sowka, M.D.
Lakeland, Florida
Jean E. Starr, M.D.
Columbus, Ohio
Gordon K. Stokes, M.D.
Norfolk, Virginia
Frank D. Stoneburner, M.D.
Richmond, Virginia

(continued on page 10)

Welcome New Members

(continued from page 9)

William D. Suval, M.D.
Apple Valley, California
Swee Lian Tan, M.D.
Derry, New Hampshire
Victoria J. Teodorescu, M.D.
New York, New York
Theodore H. Teruya, M.D.
Loma Linda, California
Gustavo A. Torres, M.D.
Burbank, California
Jeffrey D. Trachtenberg, M.D.
Decatur, Illinois
Jung-Tsung Tsai, M.D.
Elizabeth, New Jersey
Edith Tzeng, M.D.
Pittsburgh, Pennsylvania
John C. Vanderwoude, M.D.
Sioux Falls, South Dakota
Gilford S. Vincent, M.D.
Columbus, Ohio
James J. Walsh, M.D.
Naperville, Illinois
John B. Weiss, M.D.
Springdale, Arkansas
Mell B. Welborn, M.D.
Dallas, Texas
Eric D. Wellons, M.D.
Atlanta, Georgia
John W. Wiest, M.D.
Portland, Oregon
Weldon K. Williamson, M.D.
Portland, Oregon
Catherine M. Wittgen, M.D.
St. Louis, Missouri
Jonathan D. Woody, M.D.
Pittsburgh, Pennsylvania
Claude R. Workman, M.D.
El Paso, Texas
Charles W. Wyble, M.D.
Naperville, Illinois
Osvaldo J. Yano, M.D.
San Francisco, California
G. Neil Yates, M.D.
Elizabethtown, Kentucky
Elie J. Zayyat, M.D.
Hamilton, Ohio

Honorary

Kevin Burnand, M.D.
London, UK

Corresponding

Mohankumar Adiseshiah, M.D.
London, UK
Jean Pierre Becquemin, M.D.
Creteil, France
Germano Melissano, M.D.
Milano, Italy
Tadahiro Sasajima, M.D.
Asahikawa, Japan
Hiroshi Shigematsu, M.D.
Tokyo, Japan

AVRO Clinical Research Program is Up and Running

Nearly 90 vascular clinical research centers have enrolled in the American Vascular Research Organization (AVRO) national consortium in the past year, representing both academic institutions and private practices. AVRO held its annual meeting on June 4.

Marlene McGregory, BSN, CCRP, has been recruited to staff the program. Ms. McGregory is a certified clinical research coordinator with eight years of experience in private practice, academic, and industry clinical research. She will assist in developing AVRO's webpage, expanding its database, communicating with institutional members' research coordinators, and acting as a liaison with industry. Along with AVRO's national director, Dr. John Blebea, she will be based at Temple University in Philadelphia. Ms. Gregory may be reached at mcgregmf@tuhs.temple.edu.

AVRO was created to facilitate the collaboration between vascular surgeons and partners in industry, foundations and other research organizations for the purpose of conducting multicenter clinical trials. More information about AVRO and a list of members may be found at http://www.vascularweb.org/VascularWeb_Contribution_Pages/Research/AVRO/AVRO_INDEX.html

APDVS Moves Forward with Recruitment Initiative, Primary Certificate and Vascular Lab Course

(continued from page 4)

Exam results. The Vascular Surgery Certifying Examination was administered on May 17-18, 2004 in Irving (Dallas), TX to 121 candidates, similar to last year's total. There were 98 first-time takers and 23 reexaminees. Overall, 13% were females and 15% were international medical graduates (IMG). A total of 106 candidates were certified in vascular surgery; 15 candidates failed the examination. The failure rate was 12.4%, slightly lower than the failure rate for the past three years.

2005 Annual Meeting. Save the dates for the APDVS 2005 Annual Meeting, scheduled for April 1-2 at the Renaissance Hotel in Washington, DC.

SVS Offers First Vascular Coding Course; Second Seminar Planned for October

More than 100 people attended the Society's first vascular coding course, which was held on May 7 in Chicago. Many vascular surgeons attended the course as well as professional coders and office staff. Course faculty were Robert M. Zwolak, MD, PhD, a vascular surgeon and professor of surgery at Dartmouth Medical School with extensive surgical case coding experience, and Mary LeGrand, RN, MA of Zupko and Associates, an expert in coding and reimbursement issues.

Don't miss the opportunity to attend the Society's next course offering this fall in Boston.

Managing Coding and Reimbursement Challenges in Vascular Surgery

October 23, 2004
Marriott Boston Long Wharf Hotel
Boston, MA

Who Should Attend?

This course is designed for vascular surgeons and their office staff to include practice managers, nurse practitioners, nurses, surgery schedulers, coders, billing and any other office staff members who seek to improve and expand their knowledge of accurate coding and reimbursement for vascular surgery. Team attendance is encouraged.

Program Overview

This program will cover such important topics as the Medicare Correct Coding Initiative (CCI), interventional procedures, the global surgical package definition, evaluation and management (E&M) coding, use of E&M and surgical modifiers, how to dictate operative notes, component coding, surgical case scenarios and more. Dr. Zwolak and Ms. LeGrand will serve as faculty.

CME Credit

The Society for Vascular Surgery (SVS) is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education (CME) for physicians. The SVS designates this educational activity for a maximum of 6.5 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he or she actually spent in the educational activity.

AAPC CEU Credit

This program has been approved by the American Academy of Professional Coders (AAPC) for 7.0 continuing education hours. Granting of this approval in no way constitutes endorsement by AAPC of the program content or the program sponsor.

Hotel Information

Marriott Boston Long Wharf Hotel
296 State Street
Boston, MA 02109
Hotel Phone: 617-227-0800
*Reservations: 800-228-9290
Room Rate: $199 single/double
Reservation Deadline: October 1, 2004

The hotel is located within walking distance of historic Faneuil Hall and Boston's North End.

Registration Fees

Member (or member's staff) $400
Nonmember $500

Space is limited. For more information and a registration form, call 800-258-7188 or visit our web site at: http://www.vascularweb.org/VascularWeb_Contribution_Pages/Practice_issues/Coding/Coding_Seminars.html

Marco Polo Scholarship Applications Due by October 29

The Marco Polo Scholarship is an international scholarship program sponsored by SVS and the European Society for Vascular Surgery to support the exchange of vascular surgery trainees between the U.S. and Europe.

SVS is now accepting applications from vascular surgeons planning to travel next summer in 2005. Vascular surgeons in training may apply if they are within two years of completing their vascular surgery training or within one year following completion of their training.

The **application deadline is October 29, 2004**. For more information, please contact Melissa Kabadian, Education Program Manager, at 312-202-5602 or mkabadian@vascularsociety.org.

The Vascular Surgeon

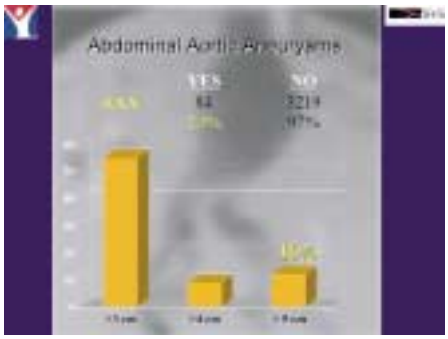
AVA Screening Program Reveals Prevalence of Undiagnosed Vascular Disease

William R. Flinn, M.D. and Michele Lentz

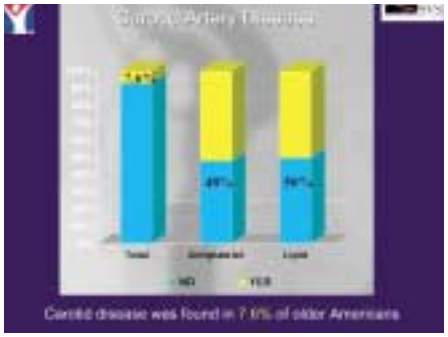
The 2004 American Vascular Association National Screening Program was performed this May at more than 132 centers in 40 states throughout the country. More than 8000 Americans aged 55 and older were screened for carotid artery disease (CAD), abdominal aortic aneurysm (AAA), and peripheral arterial disease (PAD). The AVA Screening Program has established itself as the largest, most comprehensive population-based screening for vascular disease. Now in its third year, this program provides valuable information about the prevalence of vascular disease and current levels of treatment.

Screening Program results. Preliminary findings based on an analysis of the first 5000 people screened are described in this article. Final results for the entire cohort of 8,000 will be available this fall.

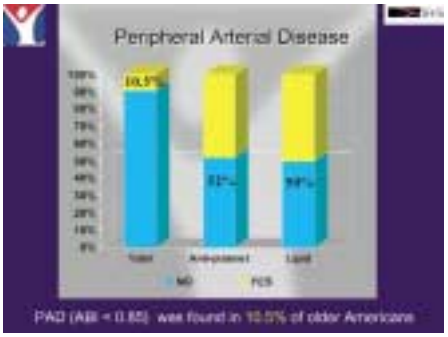
- **Abdominal aortic aneurysms were detected in 2.5% of people screened.** This compares with 2.8% of the participants in last year's screening program. Most of the aneurysms detected were small (3-5 cm) but 16% were over 5 cm in diameter. Thirty percent of the individuals with aneurysms also had hypertension at the time of the screening—increasing the risk of rupture—and 30% of these reported that they were not taking medication to control their blood pressure. In contrast, only 22% of those who were negative for AAA were hypertensive at screening.



- **Internal carotid artery (ICA) stenosis of more than 50% was found in 7.6% of people screened, as compared with 7.4% in 2003.** Carotid disease was more prevalent in men (8% vs. 5.8%) but this ratio of 1.4:1, which was similar to last year's findings, was considerably less than would have been predicted. Nearly half of individuals with carotid artery disease reported that they were not taking antiplatelet medications that might reduce the risk of stroke, and fully half said that they were not receiving lipid-lowering treatments. These findings regarding the low utilization of preventative medication replicated last year's data.



- **Peripheral arterial disease was found in 10.5% of people screened, as compared with slightly less than 10% in 2003.** PAD is defined for these purposes as an ankle-brachial index of less than 0.85. PAD was more prevalent in men than women (12% versus 9.6%) but the ratio of men to women with PAD was only 1.25:1 ($p = 0.001$), far below historic assumptions about the gender prevalence of atherosclerosis—and even lower than last year's screening program ratio of 1.4:1. More than half of the people found to have PAD reported that they were not receiving anti-platelet medications, and half said that they were not receiving lipid-lowering treatments. Furthermore, women with PAD were significantly less likely than men to be receiving lipid-lowering or anti-platelet medications (43% versus 54% and 42% versus 57%, respectively).



The screenings also revealed hypertension (systolic blood pressure over 160 mmHg) in 22% of participants. Women comprised 63% of the people found to have hypertension. Thirty percent of those with hypertension reported that they were not being treated with antihypertensive medications. People found to have vascular disease were more likely to have hypertension at the time of screening.

The AVA National Screening Program continues to demonstrate that there is a significant amount of undiagnosed noncardiac vascular disease in a broad segment of the population. More women

are affected by vascular disease than has been historically reported—and there is evidence that women may be undertreated. Overall, 30% to 50% of patients with vascular disease are not receiving treatments that might be significantly beneficial.

AVA strategies. The AVA continues to seek ways to increase public awareness of and public education about vascular disease. Key strategies include the following:

- Increased outreach to regional vascular societies and other related professional organizations.
- Outreach to selected major nonsurgical professional organizations.
- Support of evolving legislative activities.
- Expansion and improvement of VascularWeb.
- Integration of AVA activities with those of the Education Council and the Practice Council of SVS.

Activities and tactics developed by AVA to implement these strategies include the following:

- The AVA presented screening program results, distributed patient education materials and offered a formal display at the annual meetings of various vascular professional associations. These activities resulted in the enrollment of nearly 100 centers for the 2004 National Screening Program.
- Outreach to nonsurgical professional organizations included exhibit booths at the annual meetings of the American Heart Association and American Stroke Association, as well as a poster presentation at the ASA meeting.
- In the legislative arena, the AVA coordinated and conducted a demonstration screening for legislative aides in the House and Senate office buildings. AVA supports the efforts of the National Aneurysm Alliance.
- An AVA interview with the *Washington Post* resulted in more than 1000 calls to the AVA's central office. In response, a multi-institutional screening was organized prior to the national program in May.
- An editorial piece has been developed for inclusion in major print media healthcare supplements.
- A regional network of vascular care experts is being developed in key markets to provide expert media relations in high profile cases.
- A satellite-based promotional videotape is in the works.
- Patient information will be developed and posted on VascularWeb.

The AVA's primary mission is one of public education and its activities will help fulfill the goals and objectives of the SVS Education Council. Data on the prevalence of major vascular disease and treatment intensity will guide the development of strategies to enhance primary care physician awareness of vascular disease and vascular specialists, a major objective of the SVS Practice Council. This information will also support legislative strategies.

Public education and physician education about vascular disease are synergistic. As public awareness of vascular disease increases, so will understanding of the role of vascular surgeons. As primary care physicians and public policymakers learn of the potential for reducing morbidity and mortality with screening and early detection, there will be increased political momentum to support screening programs and perhaps to create national education programs for vascular disease.

William R. Flinn, M.D. is Chair, AVA Task Force on Public Education. Michele Lentz is Senior Administrator for AVA.

Washington D.C. AAA screening.

The Vascular Surgeon

Vascular Annual Meeting 2004 Highlights

VASCULAR ANNUAL MEETING 2004

More than 1600 specialists in vascular disease attended the Vascular Annual Meeting 2004, which took place from June 3-6 at the Anaheim Convention Center in Anaheim, CA. Meeting partners this year included the Society for Vascular Ultrasound (SVU), the Peripheral Vascular Surgery Society (PVSS) and the Society for Vascular Medicine and Biology (SVMB).

Breakfast sessions were a popular addition to the 2004 conference. These included *The Thoracic Aorta is the Next Frontier in Endovascular Therapy*, moderated by Dr. Frank J. Criado, *Pharmacotherapy for Vascular Surgeons,* featuring Dr. Samuel R. Money, and *Live Cases: Carotid Stenting,* moderated by Dr. Kenneth Ouriel. Debate sessions were another new feature. *Do Endovascular Surgeons Need Specific Additional CAS Training?* was moderated by Dr. Peter Schneider. Dr. Richard Green facilitated a debate entitled *Is Stenting Appropriate for High Grade Asymptomatic Lesions?* Other debates included *Aortic Aneurysm Treatment: Open Surgery is the Procedure of Choice,* moderated by Dr. R. Clement Darling and *Renal Stenting: Is It Indicated in Asymptomatic Patients?,* with Dr. James C. Stanley moderating.

SVS Annual Business Meeting

The SVS conducted its Annual Business Meeting during a luncheon on Friday, June 4. The agenda included reports from Patrick Clagett, M.D., Secretary; Joseph Mills, M.D., Treasurer; Enrico Ascher, M.D., Vice-President; and Ken Ouriel, M.D., Recorder. The following were also covered at the meeting: Washington Update, ABS-Vascular Surgery Board, American Board of Vascular Surgery, and the American Vascular Association. Action taken included the approval of 175 new members, a dues increase, and a bylaws change to accommodate the society's new Professional Conduct Program.

Treasurer's Report

Dr. Mills, SVS Treasurer, presented the financial report of the society along with the rationale for the proposed dues increase for Active and Corresponding members and the establishment of dues for Senior and Candidate members. The financial report included sources and uses of income, trends in total assets, and transition costs to an independently managed society. Dr. Mills also presented information on the first year and upcoming year of financial transition.

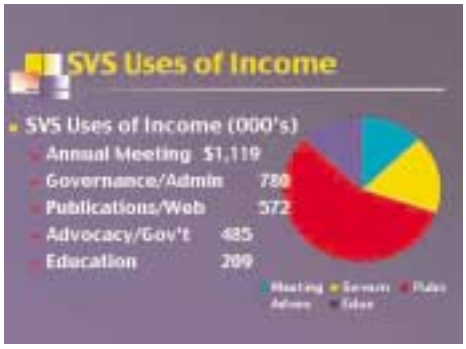
Secretary's Report

Dr. Clagett, SVS Secretary, reported the following:

- **SVS received 179 applications for membership this year.**
- **Current membership counts by category are as follows:**
  - **— Active Regular – 1094**
  - **— Candidate – 254**
  - **— Corresponding – 30**
  - **— Honorary – 16**
  - **— Senior - 783**
- **Sixteen applicants for Candidate Membership were approved in 2004.**
- **Renewal rate for this year's dues billing was 91%**

Dr. Clagett also reported the necrology for 2003-2004 and asked that a moment of silence be observed in memory of those who passed away.

Dr. Josephy L. Mills, SVS Treasurer



Recorder's Report

SVS Recorder and Program Committee Chair Ken Ouriel, M.D. presented the report of the Program Committee. Statistics on meeting registration were provided along with information on the exhibit and sponsorship revenue. Onsite registration in Anaheim boosted the attendance of professionals to almost 1000 attendees for SVS alone. 2004 Vascular Annual Meeting partners included SVU, with more than 325 attendees registered, PVSS, with more than 100 and SVMB, with approximately 150. There were 133 companies participating in the exhibit this year with a total of 301 booths. Sponsorship revenue exceeded previous years with more than $600,000 generated to help offset meeting expenses. New additions to this year's program were the debate sessions and the live case breakfast session on Saturday morning.

SVS Thanks Corporate Sponsors

SVS would like to thank the following companies for their generous support of SVS at this year's Vascular Annual Meeting:

Abbott Laboratories
Boston Scientific
Cook, Inc.
Cordis Endovascular
C.R. Bard
Genentech, Inc.
Medtronic
Medical Simulation Corporation
Otsuka America Pharmaceutical, Inc.
Pfizer, Inc.
W.L. Gore and Associates

Stanley Crawford Lecture

The subject of the E. Stanley Crawford Critical Issues Forum was *Medical Liability Crisis: Strategies for Reform.* The panel was moderated by Dr. Gregorio A. Sicard. Panelists included Dr. Daniel J. McGraw, Dr. Hans Moosa, Dr. Bhagwan Satiani and Dr. Stewart B. Dunkser. Local and national strategies for tort reform and the impact of escalating malpractice premium insurance rates in different areas of the country were discussed.

SVS Members Gala Dinner

The SVS Members Gala dinner on Friday, June 4, was attended by more than 300 SVS members and their guests. Dr. Richard Green, President, SVS and Dr. Robert Hobson II, Chair of the American Vascular Association (AVA) made the introductory remarks for the event. Dr. William Flinn, Director, Clinical Screening Program for the AVA presented the results of the AVA Screening Program.

The dinner also featured Tom Burton, *Wall Street Journal* staff reporter, who won a 2004 Explanatory Reporting Pulitzer Prize for a series of articles co-authored with Kevin Helliker that highlighted the need for aneurysm screening. Mr. Burton spoke on the importance of news coverage on health care issues such as vascular disease as well as on how his career has evolved toward coverage of these important topics.

Fellows Business Meeting Luncheon

The first annual Fellows Business Meeting was conducted at a luncheon on June 3, at which time five new Distinguished Fellows were approved.

Dr. Gregorio A. Sicard, SVS President-elect presents the 2004 Crawford Lecture

Vascular Annual Meeting 2004 trade show attracts attendees

(continued on page 16)

Vascular Annual Meeting 2004 Highlights

(continued from page 15)

The Society congratulates the following members, who were approved for **Distinguished Fellowship** on June 3, 2004:

Peter L. Faries, M.D.
New York, New York

B.B. Lee, M.D.,
Seoul, South Korea

Mohammed Moursi, M.D.
Little Rock, Arkansas

Keith Ozaki, M.D.
Gainesville, Florida

Gilbert R. Upchurch, M.D.
Ann Arbor, Michigan

Dr. Craig Kent, Fellows Council Chair, described the role of the Distinguished Fellows within SVS as providing leadership on issues related to academics and research. He noted that the Fellows Council seeks to initiate Society programs to address issues such as loss of domain, the need for new skill sets, replenishing the ranks of vascular surgeons and staying on the cutting edge with research.

Dr. Johnston, Fellows Council member and the next Vice Chair of the Council, provided an overview of the criteria used for choosing new Distinguished Fellows. These criteria include sustained contributions in publications and research, service to the vascular community, creative professional activities and broad recognition of the individual's excellence.

There are currently 706 SVS Distinguished Fellows.

SVS Distinguished Fellows Business Meeting Luncheon

Dr. Anton Sidawy, Vice Chair, Fellows Council presents a special gavel to Dr. Craig Kent, Chair, Fellows Council in recognition of his leadership.

Dr. Kenneth Ouriel, SVS Recorder and Program Committee Chair

Dr. William R. Flinn, AVA

SVS Annual Business Meeting Luncheon

Tom Burton, staff reporter, Wall Street Journal

Dr. Richard M. Green delivers his Presidential Address

2004 Vascular Annual Meeting Plenary Sessions were well attended

Lifeline Foundation Awards Announced at SVS Annual Conference

The Lifeline Foundation Award winners were announced at the SVS Annual Meeting in Anaheim, CA, on June 3, 2004.

The William J. von Liebig (K08) Award

Scott A. Berceli, M.D., Ph.D.
Assistant Professor of Surgery
University of Florida College of Medicine
Gainesville, Florida
Project Title: *Mechanisms of shear-regulated vein graft remodeling*

Darren B. Schneider, M.D.
Assistant Professor of Surgery & Radiology
University of California San Francisco
San Francisco, California
Project Title: *Role of progenitor cells in hindlimb revascularization*

E.J. Wylie Traveling Fellowship

David C. Cassada, M.D.
Assistant Professor of Surgery
University of Tennessee Medical Center at Knoxville
Knoxville, Tennessee
Area of interest: *Thoracic outlet syndrome*

Resident Research Prize

Zachary K. Baldwin, M.D.
Research Fellow-Section of Vascular Surgery
University of Chicago
Chicago, Illinois
Title of presentation: *Modulation of vascular remodeling induced by a brief intraluminal exposure to the recombinant R7020 strain of Herpes simplex-1*

Jean A. Goggins, Ph.D., The William J. von Liebig Foundation, Dr. Darren B. Schneider, 2004 winner of The William J. von Liebig Award, Dr. James S.T. Yao, President, Lifeline Foundation (left to right)

Dr. David Cassada, 2004 winner of the E.J. Wylie Traveling Fellowship and Dr. James S.T. Yao, President, Lifeline Foundation (left to right)

Dr. Robert W. Thompson, Chair, Lifeline Research & Education Committee presents the 2004 Lifeline Resident Research Prize to Dr. Zachary K. Baldwin (left to right)

In Memoriam

SVS has learned with regret of the deaths of the following members since June 2003.

Dr. Harold M. Albert
Metairie, Louisiana
Dr. Stewart Armstrong
Wellesley Hills, Massachusetts
Dr. Francis N. Cooke
Coral Gables, Florida
Dr. John Cranley Jr.
Cincinnati, Ohio
Dr. John Hemmer
Cincinnati, Ohio
Dr. Samuel Kaplan
Los Angeles, California
Dr. Harry A. Kaupp
Amherst, New Hampshire
Dr. John W. Kirklin
Birmingham, Alabama
Dr. Raymond Krause
Cincinnati, Ohio
Dr. Frank H. Leeds
San Francisco, California
Dr. Demetre M. Nicoloff
Minneapolis, Minnesota
Dr. Walter H. Riester
Wakefield, Massachusetts
Dr. Worthington G. Schenk Jr.
Buffalo, New York
Dr. Alton E. Shader
Glendale, California
Dr. James M. Shannon
Marblehead, Massachusetts
Dr. Bernard W. Thompson
Little Rock, Arkansas
Dr. Richard L. Varco
Bellingham, Washington

Lifeline Foundation Awards Announced at SVS Annual Conference

(continued from page 15)

Excellence in Vascular Surgical Research $5000 Award, supported by Lifeline Foundation and the von Liebig Foundation (each provides one-half support). The award was presented on January 15 at the 28th Annual Meeting of the Southern Association for Vascular Surgery in Puerto Rico.

James Laredo, M.D., Ph.D.
Loyola University Medical Center
Maywood, Illinois
Title: *Silyl-heparin bonding improved the patency and in vivo thrombore-sistance of carbon-coated polytetrafluoroethylene vascular grafts*

2004 Student Research Fellowship Award winners

Helen Yuh-Fang Chiu
Hanover, New Hampshire
Sponsor: Richard J. Powell, M.D.
Project Title: *Endothelial cell regulation of vascular smooth muscle cell differentiation via IGF-I*

Derek R. Espino
Gainesville, Florida
Sponsor: C. Keith Ozaki, M.D.
Project Title: *Bypass graft neointimal hyperplasia*

Matthew M. Graham
Mesa, Arizona
Sponsor: Colleen Brophy, M.D.
Project Title: *Thin filament regulation of smooth muscle relaxation*

Steven E. Gryn
Toronto, Ontario, Canada
Sponsor: Thomas Lindsay, M.D.
Project Title: *The role of the mannose-binding lectin pathway in complement activation and organ injury after ruptured aortic aneurysm*

Kevin K. Hannawa
Bloomfield Hills, Michigan
Sponsor: Gilbert R. Upchurch, Jr., M.D.
Project Title: *The role of L-selectin in neutrophil recruitment during experimental aortic aneurysm formation*

David L. Lam
Ottawa, Ontario, Canada
Sponsor: Michael S. Conte, M.D.
Project Title: *Role of cytochrome P450-derived eicosanoids in vein graft hyperplasia*

Jamal A. Nabhani
San Diego, California
Sponsor: Arnost Fronek, M.D., Ph.D.
Project Title: *Endothelial activity, peripheral arterial disease, and skin ulceration*

Charles G. Pearce
Ypsilanti, Michigan
Sponsor: Peter K. Henke, M.D.
Project Title: *A gender differentiated regulation of MnSOD in the rodent aneurysm model: A source for possible prevention and treatment*

Julia D. Peshke
Perrysburg, Ohio
Sponsor: Anthony Comerota, M.D.
Project Title: *Intermittent pneumatic compression as adjunct in the treatment of acute deep vein thrombosis*

Lifeline Foundation Sponsors Research Initiatives Meeting

The Lifeline Foundation sponsored the annual Research Initiatives Meeting entitled "Translational Vascular Research: From Bench to Bedside to Boardroom" on April-1-2, 2004, in Bethesda, MD. Sessions included current research in atherosclerosis and abdominal aortic aneurysms and presentations on funding the research enterprise. Abstracts from the meeting are available on www.vascularweb.org. The next Research Initiatives Meeting is scheduled for April 7–8, 2005, in Washington, DC.

VASCULAR ANNUAL MEETING 2005 CHICAGO, IL

Call for Abstracts
Vascular 2005 Annual Meeting
June 16-19, 2005
Hyatt Regency Chicago
Deadline: Monday, January 17, 2005

All abstracts for the Vascular 2005 Annual Meeting must be submitted electronically via the official abstract submission website: www.vascularweb.org. The site will be available beginning Monday, October 18, 2004.

Please note that paper abstract submissions will not be accepted.

CALENDAR

October 1, 2004
Application Deadline
24th Annual William J. von Liebig Foundation/ Lifeline Award for Excellence in Vascular Surgical Research for Residents
$5000 Award

October 23, 2004
Vascular Coding Course
Marriott Boston Long Wharf Hotel
Boston, MA

October 29, 2004
Application Deadline
Marco Polo Scholarship

January 17, 2005
Abstract Deadline
Vascular 2005 Annual Meeting

April 1-2, 2005
APDVS Meeting
Renaissance Hotel
Washington, D.C.

April 7-8, 2005
Research Initiatives Conference
Renaissance Hotel
Washington, D.C.

June 16-19, 2005
Vascular 2005 Annual Meeting
Hyatt Regency Chicago
Chicago, IL

June 1-4, 2006
Vascular 2006 Annual Meeting
Philadelphia Convention Center
Philadelphia, PA

SVS Staff

Lauren Cameron
Project Coordinator
Phone: 312-202-5600
Email: lcameron@vascularsociety.org
Contact for:
General Society Questions
Board of Directors; Committee Rosters

Tracey Rheinghans
Project Coordinator
Phone: 312-202-5604
Email: trheinghans@vascularsociety.org
Contact for:
Membership Application
General Membership Questions
Change of Address
Labels

Melissa Kabadian
Education Program Manager
Phone: 312-202-5602
Email: Mkabadian@vascularsociety.org
Contact for:
Abstract information
EV-PEEC
Marco Polo Scholarship
CME Programs
Vascular Annual Meeting – Education Programming
Research Initiatives – Education Programming

Lisa Alicea
Convention and Meetings Manager
Phone: 312-202-5607
Email: Lalicia@vascularsociety.org
Contact for:
Vascular Annual Meeting – Meeting Logistics
Research Initiatives – Meeting Logistics
Logistics for all other SVS Education and Governance meetings
Meeting Registration
Hotel Information

Lea LeFerber
Exhibit Manager
Corcoran Expositions, Inc.
100 W. Monroe, Suite 1001
Chicago, IL 60603
Phone: 312-541-0567
Fax: 312-541-0573
Email: lea@corcexpo.com
Contact for:
Exhibit Sales
Floor Plan
Exhibit Contracts
Exhibit Logistics

Patricia Burton
Director of Operations
Phone: 312-202-5603
Email: Pburton@vascularsociety.org
Contact for:
Distinguished Fellows/Fellows Council
Education Council
ACCME
Vascular Annual Meeting Sponsorship
APDVS

Sarah Murphy
Lifeline Programs Manager
Phone: 312-202-5605
Email: Smurphy@vascularsociety.org
Contact for:
Lifeline Awards Programs
Lifeline AAA Registry

Michele Lentz
AVA Screening Program Manager
1720 Crain Highway, Suite 201
Glen Burnie, MD 21061
Phone: 877-AVA-2010
Email: mlentzAVA@cablespeed.com
Contact for:
AVA Screening Program

Rebecca Maron, CAE
Executive Director for SVS and AVA
Phone: 312-202-5601
Email: Rmaron@vascularsociety.org
Contact for:
SVS Governance
AVA Governance
Clinical Practice Council
Research Council
PAC
Advocacy and Policy