

The Society for Vascular Medicine and Biology

Volume 2, Number 1

www.svmb.org

May 1999

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Kevin M. Cuff, Executive Director
13 Elm Street
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(978) 526-8330
(978) 526-4018 / FAX
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Message from the President

Dear Colleagues:

During the past decade, we have witnessed great strides in the maturation of American vascular medicine into a specialty increasingly recognized by government, vascular specialists and primary care medicine. This growth is the direct result of the efforts of the SVMB and its devoted members.

The Society for Vascular Medicine and Biology serves as an advocate for the integration of basic principles of vascular biology into the long-term clinical care of our patients. The SVMB has led a vigorous and highly visible effort to promote our mission. Our efforts over the past two years have included:



Alan T. Hirsch, M.D.

- * The "*Peripheral Arterial Disease Primary Care Series*" is the first, and largest, national effort to provide PAD-specific continuing medical education to the internal medicine community and to create a strategic partnership with the Society for General Internal Medicine. In the late Fall of 1999, SVMB members will be offered the complete PAD Primary Care Series audio-conference slide set at a nominal price.
- * The *First Annual "Vascular Centers of Excellence" symposium* was held April 30-May 1, 1999 in collaboration with our colleagues in interventional radiology (The Society for Cardiovascular and Interventional Radiology) and vascular surgery (the Society for Vascular Surgery and the International Society for Cardiovascular Surgery).
- * The *Second "Trans-Atlantic Vascular Medicine Symposium"*, will be held on September 12-14, 1999, in Edinburgh, Scotland, in association with the Angiology Forum of the Royal Society of Medicine and the Swedish Society of Medical Angiology.

(continued on page 5)

"Decade of Determination"

10th Anniversary Meeting of the Society for Vascular Medicine & Biology

June 4 - 5, 1999

Marriott Wardman Park, Washington, DC

In addition, DON'T MISS the satellite symposium on Thursday evening, June 3, 1999:
THE COMPLEX LANDSCAPE OF ATHEROSCLEROSIS: SYSTEMIC AND REGIONAL TARGETS

Chair: Mark A. Creager, M.D., Boston, Massachusetts
Reception and Registration: 6:00 p.m. / Program 6:30 p.m.



Highlights of the SVMB TRUSTEES MEETING

January 9, 1999 / Litchfield Park, Arizona

PRESIDENT'S REPORT

The Otsuka-sponsored PAD Monograph and Audio-conference series is ongoing. The second monograph entitled "*The Mortality of PAD: Systematic Consequences of Artherosclerosis*" has recently been distributed to the membership. The third monograph entitled "*Severe Peripheral Arterial Disease and Critical Limb Ischemia Defined: Rest, Pain, Gangrene, and Amputation*", authored by Drs. Michael Bacharach and Michael Jaffe is in its final production. Otsuka-America Pharmaceuticals has expressed interest in continuing the program with an additional two or four monographs.

The SVMB, in cooperation with the SVS/NA-ISCVS and the SCVIR has developed an educational program entitled "Vascular Centers of Excellence: An Interdisciplinary Approach to Quality Patient Care" to be held on April 30 - May 1, 1999 at the Hyatt Regency at the Chicago O'Hare Airport. It is the goal of the three sponsoring societies to develop integrated vascular centers that combine the expertise of vascular surgery, vascular medicine, and interventional radiology for the treatment of venous diseases. Dr. Hirsch suggested that, in the future, the program include representatives from cardiology, vascular nursing and vascular technology.

Negotiations continued with the European Working Group on Medical Angiology regarding international collaboration.

SECRETARY'S REPORT

Current membership statistics as of December 21, 1998 include 9 Members, 8 Associates, 196 Fellows, and 6 Senior for a total membership of 219. Dr. Regensteiner suggested that further protocols be established on reviewing membership applications. Currently, many are from candidates who have no formal relationship to the Society. The Trustees agreed that no incomplete application should move to the Credentials Committee and those applicants who are unable to provide a letter of recommendation should be asked to attend an Annual Meeting of the Society before their membership application becomes final or to apply for Associate Membership.

TREASURER'S REPORT

Total assets of the Society as of December 31, 1998 are \$202,502, resulting from a beginning cash-on-hand as of January 1, 1998 of \$93,731 and a current operating surplus for the year of \$108,771. The Income Statement reported receipts of \$1,259,048 versus disbursements of \$1,150,278 for a surplus of \$108,770.

The Trustees approved a \$100,000 investment with Solomon - Smith Barney in a balanced (stocks, bonds, cash equivalents) approach investment portfolio.

REPORT OF THE COMMITTEES

WEB PAGE

Many items are currently on the web page including the membership roster, membership applications, and preliminary programs on behalf of the Scientific Program and Education Committees.

SCIENTIFIC PROGRAM COMMITTEE

Dr. Mark A. Creager has been appointed to chair the Abstracts Committee, whose role it is to evaluate the abstracts submitted for the Young Investigators and Hot Topics Awards.

Drs. Judy Regensteiner and Marie Gerhard will be co-moderating a mini-symposium entitled "Vascular Disease in Women". Drs. Bruce Gray and J. Michael Bacharach will co-moderate a mini-symposium entitled "*Endovascular Therapy*".

All authors of abstracts not selected for the Young Investigator and Hot Topic Awards will be offered the opportunity to present a poster during an organized poster session.

EDUCATION COMMITTEE

Final plans are being made to complete the program and confirm all faculty for the 1999 Trans-Atlantic Vascular Symposium and the 1999 Annual Meeting.

PUBLICATIONS/JOURNAL REPORT

Vascular Medicine is now available on Medline and publication of the *Journal* is getting closer to being on-schedule. It was agreed that following one year past due, all delinquent Fellows, Members and Associates will have their subscription to the *Vascular Medicine* suspended.

BY-LAWS COMMITTEE

The Trustees reviewed the proposed bylaws and agreed that the amended By-Laws will be presented to the Membership for final approval during the Annual Business Meeting in June, 1999. **(The complete SVMB bylaws with changes appear on page 3.)**

FUND RAISING COMMITTEE

Dr. William R. Hiatt, Chairman, outlined all potential companies which the SVMB will contact and the requested funds to participate in the upcoming SVMB Annual Meeting and Trans-Atlantic Vascular Medicine Conference.

NEW BUSINESS

FELLOWSHIP TRAINING GUIDELINES

Dr. Alan Hirsch, President, provided a booklet to assist the Trustees in developing the SVMB Vascular Medicine Fellowship Guidelines. These materials included the rationale for the SVMB leadership to develop consensus statements on vascular medicine training and past training guidelines from the American College of Cardiology, Cleveland Clinic Foundation, Stanford University, the University of Minnesota, and the European Fellowship on Medical Guidelines. Dr. Hirsch also solicited input from vascular surgical training references. Following an extensive discussion, agreements were developed outlining structures for approved vascular medicine fellowships which included a list of guidelines for the structure.

SOCIETY FOR VASCULAR MEDICINE AND BIOLOGY BY-LAWS

ARTICLE I - Name

The name of the organization is the Society for Vascular Medicine and Biology (hereinafter called the Society).

ARTICLE II - Purpose

Section I: The purpose of the Society shall be to promote and advance the field of vascular medicine and biology and to maintain the highest standards of practice, research, education, and exchange of scientific information. A regular meeting ~~will~~ shall be held annually. Educational and scientific programs will be sponsored at these meetings to promote the purposes of the Society.

Section II: The Society shall stimulate the formation of fellowship training programs in vascular medicine and research and the teaching of these disciplines in medical schools and house officer training programs. The Society shall participate in programs directed toward continuing education of practicing physicians.

Section III: The Society shall provide advisory advice to and/or consultation consult with educational institutions, government agencies, and other such organizations upon request and as determined by the Executive Committee.

ARTICLE III - Membership

Section I: Membership shall consist of four categories:

1. Fellow: A Fellow of the Society is a founding member or an individual involved in the practice, teaching, or research aspects of vascular medicine. A Fellow must have completed post-doctoral (e.g., M.D. or D.O. or equivalent) training in internal medicine, ~~and/or a doctor's degree in any of the biomedical sciences (Ph.D.) and, cardiovascular disease, vascular surgery or interventional radiology or other related vascular specialties.~~ Alternatively, a Fellow may have attained a doctorate degree in any of the biomedical sciences (e.g., Ph.D. or equivalent). A Fellow must demonstrate an interest and leadership in vascular disease or research. Nominations for fellowship shall be by written recommendation of one or more Fellows. Nominations of Honorary Fellows who have done meritorious work in the field of vascular medicine or biology can also be made at the discretion of the Credentials Committee. A Fellow is entitled to vote and hold elective or appointed office.

2. Member: A Member is an individual who maintains a professional interest in vascular medicine, vascular surgery, or vascular radiology. A Member is not entitled to vote or hold elective or appointed office.

3. Associate: An Associate is an individual in an accredited ~~house officer or cardiovascular postgraduate~~ training program. An Associate member is not entitled to vote or hold elective or appointed office. Such individuals may apply for full Fellow or Member status on completion of their training program.

4. Senior: After attaining the age of sixty-five years, an Active Member or Fellow may, upon request, be named a Senior Member. Active Members or Fellows who cease the practice of vascular medicine and biology, upon application to and approval by the Trustees Executive Committee may be named a Senior Member. Senior Members shall have all of the privileges of Fellows except the right to vote and to hold elective or appointed office. ~~They shall not be required to pay dues.~~

Section II: ~~Membership in any category is maintained only if the member attends one annual meeting every two years or submits an acceptable excuse for absence.~~ Annual dues or assessments must be paid to continue membership by Fellows and Members. Failure to pay dues upon receiving three consecutive notices for payment shall lead to loss of membership. Associates are exempt from dues and assessments. Senior members are exempt from paying dues. They may continue to subscribe to *VASCULAR MEDICINE* at the Fellow subscription rate. The loss of membership must be recommended by the Executive Committee.

Section III: The Secretary shall keep a roll of all Fellows, Members, Associates and Senior Members or Fellows of the Society and their qualifications.

ARTICLE IV - Governance

Section I: The Board of Directors of the Society shall be called the Trustees. Officers of the Society are the President, President-Elect, Secretary, and Treasurer. The Trustees of the Society are the Officers, the Immediate Past President and six elected Trustees - at - Large and the Editor of the Journal as an ex-officio member.

1. The Officers shall constitute the Executive Committee of the Society. The Trustees shall constitute the Board of Directors of the Corporation.

2. The President shall be elected for a term of two years. The duties of the President shall consist of governing all affairs of the Society and appointment of members to various committees with approval of the Trustees.

3. The Past President shall continue to serve and be a voting member of the Trustees for two years following the end of his/her term of office and shall serve as the Chairman of the Nominating Committee.

4. The President-Elect shall be elected for a term of two years. The duties of the President-Elect shall consist of arranging the scientific and educational programs of the Society and acting as Chairman of the Scientific Sessions Committee. He will also assume the responsibilities of the President of the Society in his/her absence.

5. The Secretary shall be elected for a term of two years. The duties of the Secretary consist of maintaining the records of the Society and its membership. He/She shall also be responsible for notifying the membership of meetings of the Society and for recording minutes of the Annual and Trustees meetings.

6. The Treasurer shall be elected for a term of two years. The duties of the Treasurer shall consist of handling the financial affairs of the Society.

7. Trustees-at-Large shall be elected for two-year terms: ~~three and four councilors shall be elected on alternate years following two years of establishment of the Society.~~ The duties of the Trustees shall ~~be to consist of serving on the Executive Committee to assist in overseeing the affairs of the Society.~~ Vacancies for Trustees-at-Large shall be filled at a meeting of the Trustees by a majority vote of the remaining officers until the next annual meeting of the membership.

8. The President and President-Elect shall be elected to no more than one consecutive term. The Secretary, Treasurer and Trustees-at-Large shall be elected to no more than two consecutive terms.

Section II: The Executive Committee shall consist of the President, President-Elect, Immediate Past President, Secretary, and Treasurer and Councilors.

1. The major responsibilities responsibility of the Executive Committee are is to nominate a slate of officers for succeeding elections and to assist the President, President-Elect, Secretary, and Treasurer in such other activities as are necessary for the function of the Society conduct the affairs of the Society in the interim of scheduled Trustees meetings and all powers of the Society shall be vested in the Executive Committee.

2. The Executive Committee will serve as the Nominating Committee whose responsibility it is to nominate a slate of officers for succeeding elections of the Society. The Immediate Past President shall serve as the Chairman of this Nominating Committee.

3. The members of the Executive Committee shall meet at each annual meeting and at other times as called by the President.

4. Any officer or Trustee may be removed from office for repeated failures to attend meetings of the Trustees or for any other cause deemed sufficient by the Trustees by affirmative vote by a majority of its members.

ARTICLE V - Elections

Section I: Nominations for President, President-Elect, Secretary, and Treasurer and Trustees at Large of the Society shall be made by the Executive Committee. Nominations must be approved by the ~~Councilors and final voting shall be by written ballot from the Councilors- Fellows of the Society at the Annual Meeting.~~ Additional nominations may be made from the floor of the Annual Business Meeting by the Fellows.

Section II: ~~Councilors will be elected by the Fellows at the annual meeting. Three and four Councilors shall be elected on alternate years for a two-year term. The President, President-Elect, and Executive Committee shall offer to the annual meeting a slate of nominees for Councilors; additional nominations may be made from the floor by the Fellows.~~

Section II: A quorum shall consist of Fellows present at each annual meeting.

Section III: Voting shall be by voice or written vote at the discretion of the President; election requires a simple majority of those Fellows voting.

Section IV: No Fellow shall vote or act by proxy.

ARTICLE VI - Committees

Section I: Credentials Committee

Five Fellows of the Society shall be appointed by the President to a Credentials Committee with the approval of the Executive Committee. Members of this Committee will serve for four years ~~except two members will be initially appointed for two- and three-year terms respectively.~~ Terms on this Committee will be staggered by election appointment of one new member each year ~~after two years of founding of the Society.~~ This Committee will review the credentials of new applicants to the Society and decide on Fellow, Member or Associate status. The Credentials Committee will present their decisions at the Annual Meeting. Nominations must be approved by a simple majority vote of the Fellows.

Section II: Scientific Sessions Committee

At least two but no more than four Fellows of the Society shall be appointed by the President to an Annual Scientific Sessions Committee. The President-Elect shall serve as the Chairman of this Committee. Members Fellows of this Committee except for the Chairman, will shall serve for three years but appointments shall be staggered to give continuity. The Committee will select the program and the moderators for the Annual Scientific Sessions and conduct other business connected with the program.

Section III: Nominating Committee

The Nominating Committee of the Society shall be made up of the Officers (Executive Committee) of the Society. The Past President shall serve as the Chairman of the Nominating Committee.

Section III: The President of the Society shall appoint such other committees as he deems advisable.

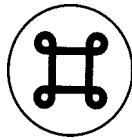
ARTICLE VII - Finances

Section I: The Treasurer shall be empowered to collect the annual dues and to engage in financial transactions necessary for the operation of the Society. The annual dues ~~will~~ shall be determined yearly by the Executive Committee.

Section II: The Treasurer shall report the financial status of the Society and a proposed budget for the ensuing year to the membership at each annual meeting.

TRANSATLANTIC VASCULAR MEDICINE - "Meeting the Millennium"

September 11-13, 1999, Caledonia Hotel, Edinburgh, Scotland



Society for Vascular Medicine & Biology / The Angiology Forum of the Royal Society of Medicine / The Swedish Society of Medical Angiology

WELCOME RECEPTION - THE CHALLENGE OF CHANGE

Chairmen: Jill Belch, Alan Hirsch, Jan Ostergren

Is Vascular Surgery Dead? Lars Norgren
Is Vascular Medicine Alive? Alan Hirsch
International Regulations for Drug Registration - Will They Ever Converge? Raymond Lipicky
Why Do We Have Different Treatments for the Same Disease Process? John Dormandy

RISK FACTORS - MODIFIABLE OR NOT?

Chairmen: Mark Creager, Gordon Lowe

Antiplatelet Therapy: What's On the Horizon in Antiplatelet Therapies David Moliterano
Lipid Lowering In Coronary Disease - Is It Relevant to Disease in the Periphery? Tony Winder
Lipid Therapy and Plaque Stabilization Peter Ganz
Is Alcohol Good/Bad or Both? Bengt Fagrell
The Role of Plasma Homocysteine in Peripheral Arterial Disease and Coronary Artery Disease Killian Robinson

RECENT ADVANCES IN THERAPY - LEG ISCHAEMIA

Chairmen: Michael Jaff, John LaRosa

Emerging Drug Therapies for Claudication William R. Hiatt
State of the Art of Gene Therapy for Peripheral Angiogenesis Daisy Lazarous
Future Role of Endovascular Therapy in Claudication Maria Hunik

CAROTID DISEASE: NEW MANAGEMENT STRATEGIES?

Chairmen: Lars Norgren, Andrew Nicolaides

Asymptomatic Carotid Stenosis: Surgical or Medical Management? Alison Halliday
Carotid Stenting: Current Clinical Trials Jay Yadav
Thrombolysis in Stroke Nells G. Wahlgran

VENOUS THROMBO-EMBOLISM I

Chairmen: David Bergquist, Jeffrey Olin

Role of Thrombolysis in the Treatment of DVT Anthony Comerota
Expanding the Role of Low Molecular Weight Heparins in the Outpatient Management of Venous Thromboembolic Disease David Bergquist
Duration of Treatment for DVT Sam Schulman
Thrombophilias Sam Mechin

TRANSATLANTIC CLINICAL TRIAL GUIDELINES IN PAOD

Chairmen: John Dormandy, William Hiatt

THE GREAT BALLOON DEBATE: WHO WILL SURVIVE?

Chairman: Jill J. F. Belch

VASCULAR JEOPARDY

Chairmen: John Cooke, Peter Gaines

Vascular Cases From Around The World - How Would You Treat?

SVMB Revises its Mission Statement

The SVMB Board of Trustees recently reviewed the organization's mission statement and have developed the following to update and revise the goals and objectives of the Society:

The purpose of the Society shall be to promote and advance the field of vascular medicine and biology and to maintain the highest standards of practice, research, education, and exchange of scientific information. A regular meeting will be held yearly. Educational and scientific programs will be sponsored at these meetings to promote the purposes of the Society. The Society shall stimulate the formation of fellowship training programs in vascular medicine and research and the teaching of these disciplines. The Society shall participate in programs directed toward continuing education of practicing physicians. The Society shall provide advice to and/or consult with educational institutions, government agencies, and other such organizations upon request and as determined by the Executive Committee.

THANK YOU

The SVMB would like to extend its gratitude to the corporate sponsors who have helped to make all of the 1999 educational programming possible:

ABBOTT LABORATORIES
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OTSUKA AMERICA PHARMACEUTICALS
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Ortho McNeil
Sigvaris

PRESIDENT'S MESSAGE

(continued from page one)

- * The *Expanded SVMB Web Page*, championed by Dr. Michael Jaff, allows SVMB members to be linked as a community and is also available to anyone (the general public and medical colleagues) performing a web search for "vascular medicine". The web site serves as a source of current information about national and international meetings, the SVMB newsletter, current opinion, training programs, and more.
- * *Vascular Medicine as an AMA Self-Designated Specialty*: Thanks to the devoted work of Dr. David Naide, we are recognized as a self-designated specialty by the American Medical Association.
- * *Vascular Medicine as an American College of Cardiology Specialties Member*: The importance of Vascular Medicine has led to our invitation as a Society to have a voice in the ad hoc ACC Consortium of cardiovascular specialties. This recognition allows us to communicate more effectively to the ACC leadership our perspective on issues of common concern (e.g., the role of exercise rehabilitation, vascular training standards for cardiologists, etc.).
- * The *First Joint SVMB-SVS/ISCVS course is entitled "Outcomes Assessment in the Treatment of Claudication Meeting."* We are natural allies of our vascular surgical peers and have traditionally elected to hold our Annual Meetings in association with the SVS/ISCVS annual meeting. I am grateful to the Joint Council and to Dr. Martha McDaniel, in particular, for co-sponsoring the first joint critical issues forum on claudication outcomes at the joint annual meeting.
- * We continue to focus on *direct patient education and collaboration with vascular nursing*. I believe very little clinical care, patient education, or interdisciplinary collaboration is successful in the absence of strong vascular nursing so I am particularly proud of our collaboration with the Society for Vascular Nursing (SVN) in the co-creation of the "PAD: Marker of Cardiovascular Risk" brochures.

I believe far too much emphasis has been placed on competitive interdisciplinary issues.... we need to focus our energies on what we can do together to foster ideal standards of care.

The SVMB is devoted to the prevention and diminution of the adverse consequences of arterial, venous, and lymphatic diseases. Yet, no vascular specialty can accomplish this mission in isolation. I believe far too much emphasis has been placed on competitive interdisciplinary issues. Instead, we need to focus our energies on what we can do together to foster ideal standards of care. I could not be more pleased with the commitment and support of the SCVIR, SVS, ISCVS, SVN, SVT, ACC, and our European colleagues to our activities and our efforts to foster this cooperative spirit.

Where does the SVMB go from here? – The Generation Ahead

My friend, Dr. Jeff Olin, is ideally positioned to nurture our current strengths and to lead the SVMB into the next millennium. The SVMB must address its central mission - to promulgate the training of the next generation of vascular medicine specialists and we must expand the number of vascular medicine specialists. During the last two years we have demonstrated the value of this profession to the NIH, the FDA, the International Union of Angiology (IUA), the pharmaceutical industry, American internists, and to our related vascular specialty societies. We must now work diligently to assure that we are a self-sustaining specialty. To accomplish this will require your firm support and cooperation. We must:

1. Create the SVMB Vascular Medicine Postgraduate Fellowship Guidelines and Training Consortium and fund a national post-graduate training endowment;
2. Expand our primary care CME efforts by creation of the "Venous Diseases Primary Care Series", and other primary care-focused educational arenas. This has already been initiated by Dr. Olin and the Education Committee, and;
3. Continue to expand our collaboration with the International Union of Angiology and the European Working Group.

It takes a consortium of determined vascular medicine clinicians, endovascular therapists, hematologists, cardiologists, pulmonologists, rheumatologists, vascular biologists, primary care physicians, and the collaborative support of our peers who are vascular surgeons, interventional radiologists, and vascular nurses, in North America, Europe, and Asia, to create a viable future for vascular medicine. As I near the end of my term as your President, I am gratified that so many new allies accept the prospect that ideal vascular care in the United

States can be amplified by a healthy and growing vascular medicine specialty. My unbounded exuberance for a central role for Vascular Medicine does not permit any complacency. Although we have accomplished much, we still have a long road ahead. I urge you to become an activist on behalf of those individuals in your community who suffer from vascular disorders. Start by joining us at the Tenth Anniversary Annual Meeting of the SVMB on June 4-5, 1999 in Washington, DC. Our first "Decade of Determination" has been successful because of the energy and determination that is shared at this critical gathering.

**MEETING
ANNOUNCEMENT**

**The Fifth Annual Symposium
Evaluation and Management of
Peripheral Vascular and Cerebrovascular Diseases**

September 24-25, 1999, Minneapolis, Minnesota

**For more information, contact: The Office of Continuing
Medical Education, University of Minnesota
Telephone 612-626-7600/ 800-776-8636**

Exercise Rehabilitation for Patients with Intermittent Claudication

Judith G. Regensteiner, Ph.D., Associate Professor of Medicine
University of Colorado Health Sciences Center

Exercise rehabilitation is an efficacious and safe treatment for intermittent claudication due to peripheral arterial disease. It should be a first line recommendation in all patients with intermittent claudication which limits their ability to carry out normal daily activities. In every trial which has used this form of therapy, it has been seen that patients benefit in terms of improving walking ability and community-based functional status.

Ideally, before beginning a program, an assessment of patients takes place during which treadmill performance using a graded treadmill protocol is performed. Ankle-brachial indices are measured to assess disease severity. In addition, validated questionnaires are administered which assess functional status and quality of life. This assessment is repeated after the program's end. The assessment is of critical importance in terms of determining the benefit to the patient of the program, not only as a function of assessing treadmill walking but also community-based functional status.

An exercise rehabilitation program is ideally performed in a supervised setting, such as in a hospital rehabilitation center. Patients typically attend for 3 months (although benefits continue at 6 months). Classes are usually held three times a week and the patient is instructed to exercise at home in addition. Classes are one hour in duration with warm up and cool down periods included in that time frame. Treadmill exercise is considered to be the most efficacious form. Patients are instructed to walk until they experience moderate pain and then to stop and rest. After the pain subsides, patients walk again. The work load is set at the work load that brings on claudication pain and this is determined at the time of the initial treadmill test. Over time, the exercise prescription is increased to allow the training effect to continue.

In every trial which has used this form of therapy, it has been seen that patients benefit in terms of improving walking ability and community-based functional status.

If a patient is willing and able (in terms of financial ability or insurance coverage), the recommendation is that all patients with intermittent claudication as their limiting symptom would receive a supervised program of exercise rehabilitation. In reality, many patients will not exercise and other patients cannot afford it. However, patients should be told that this form of therapy is better than any other available for those with intermittent claudication which limits daily activities (it is obviously not an appropriate treatment for patients with rest pain). In addition, exercise rehabilitation is a very safe treatment. Limited data available suggests that home exercise programs are not highly effective, primarily because it is hard to get any individual to exercise when they are used to being sedentary.

It is very unfortunate that to date, getting reimbursement for exercise rehabilitation is difficult. Patients with cardiac comorbidity may get reimbursed and patients can also be treated by physical therapists. It is an ongoing battle to try to get recognition of this treatment in an era where health care dollars seem to be shrinking.

The role of pharmacologic therapy and for interventional types of therapy such as angioplasty and bypass surgery have not been discussed in this editorial. This is deliberate. Roles for both of these types of therapy are very important but in not discussing them here, I am giving complete emphasis to the one type of treatment which may be the most beneficial for the patients with intermittent claudication. The point is that intermittent claudication is a disease which limits functional ability. How appropriate it is then to treat this symptom with a therapy which specifically improves functional ability or more precisely, the ability to walk.

SVMB to co-sponsor Postgraduate Course on Outcomes Assessment with Surgical Colleagues

The SVMB has agreed to co-sponsor a Postgraduate Course entitled: *“Outcomes Assessment in the Treatment of Claudication: Getting Down to Details*, with the Society for Vascular Surgery and the International Society for Cardiovascular Surgery. Drs. Alan Hirsch and Martha McDaniel will co-moderate this inaugural collaborative effort. The Postgraduate Course is scheduled for Sunday, June 6, 1999 in the Delaware A & B Room of the Marriott Wardman Park in Washington, DC. SVMB members will be assessed a \$100 course registration fee to cover the hotel costs.

SVMB Web Site (www.svmb.org) Looking for Contributors

The Society for Vascular Medicine and Biology Web Site has been up and running for 1 year, and the number of visitors to the site has steadily increased. We are very pleased with the initial response, however, the long term success of a web site depends upon new and important information. Currently the website averages 435 “hits” each day and has processed more than 39,000 HTML requests.

If you have any interest in contributing to the web site, please contact the Web Director at mrjaff@pol.net.

If you are organizing a conference, are interested in writing an editorial concerning a controversial topic in vascular medicine, or have comments or questions, please contact us!

Michael R. Jaff, D.O.

Society for Vascular Medicine and Biology
10th Anniversary Meeting - "A Decade of Determination"

June 4-5, 1999
Marriott Wardman Park, Washington, DC

The 10th Anniversary Meeting of the Society for Vascular Medicine and Biology is designed to serve as premier international forum to foster discussion designed to educate its members through the academic pursuits of the goals and standards of comprehensive care for vascular disease. Participation is encouraged by all members of the vascular medicine, vascular surgery, vascular nursing, interventional radiology and vascular technology communities. The Society believes that the development of national and international consensus on ideal vascular care, development of new vascular pharmacologic agents and devices, and vascular health care policy is best created by such ongoing discussions amongst its colleagues in clinical practice academia.

FRIDAY, JUNE 4TH, 1999

WELCOME & OPENING COMMENTS

Jeffrey W. Olin, D.O.- President-Elect, Program Chair

SVMB PRESIDENTIAL ADDRESS

Alan T. Hirsch, M.D.

10th Anniversary Lecture

Atherosclerosis of the Aorta: Implications for Future Vascular Events

Paul A. Tunick, M.D.

Imaging Quiz: Angios, CT, MR, Ultrasound

Kenneth Ouriel, M.D. , Mark W. Mewissen, M.D.

**Workshop on Non Invasive Imaging: Carotid Ultrasound,
Renal Artery Ultrasound, Peripheral Arterial Ultrasound**

Jeffrey W. Olin, D.O. , Michael R. Jaff, D.O. , Debbie Goines, RVT

SVMB MEMBER BUSINESS LUNCH

Clinical Pathological Conference: Case Presentation

Corey K. Goldman, M.D.

Discussant: Thom Rooke, M.D.

Mini-Symposium: Endovascular Therapy

Moderators: Bruce Gray, D.O., J. Michael Bacharach, M.D., MPH

Abdominal Aortic Aneurysms: Role of Endovascular Stent Grafts

Surgical Discussant : John W. Hallett, M.D.

Endovascular Discussant: Timothy M. Sullivan, M.D.

**Carotid Artery Stenosis: Balloon Angioplasty with Stenting
Compared to Traditional Carotid Endarterectomy.**

Which One is More Difficult for the Patient?

Surgical Discussant: William D. Jordan, Jr., M.D.

Endovascular Discussant: Jay S. Yadav, M.D.

**Thrombus Removal or Extraction: Should the Thrombus be Dissolved or
Mechanically Extracted? Percutaneously or Surgically?**

Surgical Discussant: Anthony J. Comerota, M.D.

Endovascular Discussant: Daniel Clair, M.D.

**Endovascular Therapy for Claudication:
When to Balloon and When to Operate?**

Surgical Discussant: Patrick J. O'Hara, M.D.

Endovascular Discussant: J. Michael Bacharach, M.D., MPH

SATURDAY, JUNE 5TH, 1999

THE SVMB YOUNG INVESTIGATOR'S AWARD PRESENTATIONS:

Mini-Symposium: Vascular Disease in Women

Moderators: Judith Regensteiner, Ph.D. , Marie D. Gerhard, M.D.

Overview: Vascular Disease in Women

Judith Regensteiner, Ph.D.

Epidemiology of Peripheral Arterial Disease in Women

Molly Vogt, Ph.D.

Overview of the HERS Trial

David Bush, M.D.

Hormones and Vascular Reactivity in Women

Marie D. Gerhard, M.D.

Outcomes of Vascular Surgery in Women

Thomas Whitehill, M.D.

Stroke in Women

Lawrence M. Brass, M.D.

LUNCH / OTSUKA VASCULAR JEOPARDY

Sponsored By: Otsuka America Pharmaceuticals

Moderator: John P. Cooke, M.D., Ph.D., Steven Dean, D.O.

SVMB DEBATES

**Outpatient Treatment of Deep Venous Thrombosis with Low Molecular
Weight Heparin is Superior to Treatment with Standard Heparin**

Moderator: Emile R. Mohler, III, M.D.

Pro: Samuel Z. Goldhaber, M.D.

Con: Steven R. Deitcher, M.D.

**Percutaneous Transluminal Angioplasty or Stenting is the Treatment of
Choice for Patients with Superficial Femoral Artery Disease and Claudication**

Moderator: Pavel J. Levy, M.D.

Pro: Steve Ramee, M.D.

Con: William R. Hiatt, M.D.

**LDL Cholesterol Should be Lowered as Much as Possible (Definitely
Below 100 mg/dl) in Patients with Atherosclerosis**

Moderator: Alan T. Hirsch, M.D.

Pro: Donald Hunninghake, M.D.

Con: Frank Sacks, M.D.

VASCULAR HOT TOPICS

Abstracts highlighting cutting edge research in vascular medicine, biology or intriguing clinical observations that may have a significant impact on the management of vascular disease have been peer-reviewed by the abstract committee

Moderator: Mark A. Creager, M.D.

“Vascular Centers of Excellence: An Interdisciplinary Approach to Quality Patient Care” **Joint Symposium A Tremendous Success**

More than 750 vascular health care professionals recently attended the “Vascular Centers of Excellence: An Interdisciplinary Approach to Quality Patient Care” course held April 30 - May 1, 1999 in Chicago. The course, co-sponsored by the SVMB, the Society of Cardiovascular and Interventional Radiology (SCVIR), the Society for Vascular Surgery (SVS), and the International Society for Cardiovascular Surgery (ISCVS), explored the development of the integrated vascular center and the inter-disciplinary cooperation necessary to enhance methods of vascular diagnosis and care.

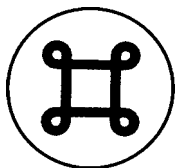
The vascular center has recently emerged as a new and effective model for the delivery of quality patient care, encouraging improved understanding of vascular disease and offering significant opportunities for research and training. The vascular center combines the skills and expertise of multiple specialties, including vascular medicine, vascular surgery, interventional radiology, and cardiology.

Sessions focused on the strategic issues facing the future of vascular care, the role of the vascular laboratory as an interface between the vascular center and the referring physician, training and credentialing issues, and public awareness of vascular disease. In addition, representatives from eight different vascular centers presented a review of their experiences and examined such key questions as: the impetus for the formation of their center and the specialty which became the local “driver”; the critical elements of institutional support and leadership roles; measurable outcomes; and the factors contributing most to the success or failure of the center.

An audience response system was used throughout the course to evaluate each speaker, to obtain immediate feedback on concepts and controversial issues, and to obtain statistical information. The following statistics were obtained during the initial session on Friday morning and are an approximate representation of the various specialties’ participation: Surgeons 24%; Radiologists 35%; vascular medicine specialists 2%; Cardiologists 5%; Vascular Nurses 6%; Vascular Technicians 3%; and Other/Hospital Administrators. etc. 15%.

“We are extremely pleased with the success of the course,” said Dr. Alan Hirsch, SVMB President and a course director. “The course was designed to bring together everyone involved in the treatment of patients with vascular disease to exchange valuable information and experiences and to foster an open and constructive dialogue. We are gratified that so many of those involved in vascular health chose to attend.”

The SVMB, SCVIR, SVS and ISCVS gratefully acknowledge the support of the course through unrestricted educational grants provided by Abbott Laboratories, Boston Scientific/Vascular, Cook Radiology, Cordis Endovascular / a Johnson & Johnson Company, Mallinckrodt Medical; and with additional support from Bard Peripheral Technologies, Medtronic/AneuRx, Nycomed Amersham, Otsuka America Pharmaceuticals, Siemens Medical Systems, Shimadzu Medical Systems, and W.L. Gore & Associates.



SOCIETY FOR VASCULAR MEDICINE AND BIOLOGY
13 ELM STREET
MANCHESTER, MA 01944

