

Record Attendance at NCVH Fellows Course

Becomes one of largest fellows courses in the United States, drawing 130 attendees

Craig Walker, MD, NCVH chairman, welcomed a record 130 Fellows to NCVH's 8th Annual Fellows Course, Complex Strategies for Peripheral Interventions, on Tuesday, May 29.

"Can I tell you how excited I am?" he asked. "You're the ones who will shape the future of what we do. You are the future of PAD."

Dr. Walker spoke about how NCVH's education initiatives are working to reduce the trend to "cut off the leg first, think second" when treating PAD patients. "That's still the case in some places, but it's changing. Amputation rates are falling – our message is starting to resonate that we can improve patient care."

He also pointed to advances in technology that are improving treatment outcomes, noting that "lesions we couldn't have even dreamed of crossing are now commonplace."

Must Look for PAD

Dr. Walker said one of the biggest obstacles for treating PAD and PVD is that many patients are asymptomatic, and therefore



Dr. Craig Walker, NCVH chairman, discusses wire technology during the Fellows Course.

go undiagnosed. Diminished foot pulses may be the only signs of advanced disease.

"We're missing an opportunity to start preventive care that can stop them from dying from a heart



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**9th Annual NCVH
Fellows Course
May 28, 2019**

Information: Call (337) 993-7920
or email fellows@ncvh.org

Thank you to



for sponsoring the NCVH Fellows Course Highlights Newsletter

UNDERLYING THROMBOTIC RISK PERSISTS

In **stable** CAD/PAD patients, major cardiovascular events **doubled** over two years despite guidelines-based therapy¹

To learn more about Underlying Thrombotic Risk, register for a virtual program by visiting ThrombosisAdvisorUS.com/Meetings



Explore more by visiting www.ThrombosisAdvisorUS.com

CAD = coronary artery disease; PAD = peripheral artery disease.

Reference: 1. Alberts MJ, Bhatt DL, Mas J-L, et al; REduction of Atherothrombosis for Continued Health Registry Investigators. Three-year follow-up and event rates in the international REduction of Atherothrombosis for Continued Health Registry. *Eur Heart J.* 2009;30(19):2318-2326.

Why are You Attending the NCVH 2018 Fellows Course?

"I have seen first-hand the devastating effects that vascular disease can have on patients and their families. I am attending the NCVH Fellows Course to improve my skills and knowledge to better care for patients."

Matthew Czar Taon, MD
Los Angeles, CA

"NCVH is one of the leading international meetings in cardiovascular surgery. It will propose new concepts and discuss the latest technology. I want to obtain more information and gain more experience."

Binshan Zha, MD
Anhui, China

"As an incoming interventional cardiology fellow I am interested in peripheral vascular disease and I was looking for an opportunity to get a little bit of a head start in an important aspect of the field. General fellowship allowed for good exposure to the outpatient management of PAD but our time in the cath lab was appropriately focused on coronary basics. I saw this course as an opportunity to enhance my knowledge of the medical/noninvasive management of PAD while also gaining important insights into the technical aspects of peripheral interventions."

Joseph J. Ingrassia, MD
Hartford, CT

"The NCVH Fellows Course is a fantastic opportunity to meet and network with other like-minded, up and coming healthcare providers, who are interested in devoting a significant portion of their careers to the care of patients with peripheral vascular disease. It's a good venue to obtain hands-on training, meet stellar clinicians and ask questions in a laid back and comfortable setting."

Pedro Calderon, MD
Royal Oak, MI

"I'm attending the NCVH fellows course and conference because I want to make sure that I have the knowledge I need to be able to provide quality, evidence-based care to my patients as I begin practicing on my own this year. When I became a doctor and, specifically, an interventional radiologist, I committed to be a life-long learner. Part of my job is staying on top of the newest developments in my constantly evolving field. Attending meetings and courses is one way I hope to fulfill that responsibility."

Michael H. Secrist, MD
Orange, CA

"The NCVH fellows course is arguably the most comprehensive course for any trainee looking to enter the peripheral arena. Peripheral vascular disease is a big interest of mine, and it is a disease process I want to master early. Fortunately, this course is an amazing way to make that possible."

Kartik Kansagra, MD
Los Angeles, CA

"I am attending the NCVH 2018 Fellows Course to equip myself with skills necessary for complete cardiovascular care by learning from leaders in the field."

Ramprakash Devadoss, MD
Worcester, MA

"I am attending the Fellowship course as in my final year of my training with a European background, I would like to have a taste of the differences in trends and concepts across the Atlantic."

Mohammed Elkassaby, MD
Galway, Ireland

"I liked the idea of a multidisciplinary course taught at the fellow level that focused on peripheral vascular disease."

Jerome Larson, MD
Milwaukee, WI



Dr. Carlos Mena, co-chairman, conducts a demonstration at one of the workshop stations.

New Topics Added to Agenda as Course Expands Reach

As NCVH's Fellows Course grows in size, so does the scope of material covered during the day-long program. In addition to new topics, attendees rotated through nine hands-on stations, learning from faculty about procedure techniques and working with devices.

Carlos Mena, MD, co-chairman of the Fellows Course along with Robert Beasley, MD, and Craig Walker, MD, attributed the record attendance this year in part to NCVH's focus on building one of the country's strongest fellow programs.

"Fellows are the future," said Dr. Mena. "Investing in them and preparing them to deal with the challenges ahead is key for the adequate management of patients with PAD."

While some of the core competencies remain the same, with multiple presentations on wire technology and device selection, embolization is a new topic integrated into the course agenda.

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What are your top take-aways from the NCVH Fellows Course?

1. Fluoroscopy can underestimate the severity of lesions. Intravascular ultrasound (IVUS) can often provide more accurate measurements for diagnosis and therapeutic treatment strategies.
2. Extravascular ultrasound can truly empower the interventionist during procedures. We watched a live satellite broadcast of chronic total occlusion (CTO) crossing using extravascular vascular ultrasound with subsequent drug coated balloon angioplasty. Extravascular ultrasound was also used to visualize and ensure good apposition of the drug coated balloon to the vessel wall.
3. Combining CO₂ angiography, dilute iodinated contrast, and/or IVUS can allow patients to receive endovascular care with no or limited renal injury.

Matthew Czar Taon, MD PGY3
Kaiser Permanente
Los Angeles Medical Center Radiology



Dr. Robert Beasley, co-chairman, offers his insight at the Cook Medical hands-on workshop station.

Fellows

Continued from page 1

attack or stroke, or preventing progression to ischemia," he said. "This is a massive healthcare problem, and one that we can leave a mark on."

Dr. Walker implored the attendees to look for PAD, because otherwise they won't find it. But he also warned that it's not just about the lower extremities. "You must treat the whole patient," he said, using the example of how an interventional procedure relieved a patient's impotence, among other things – and that's what resonated the most with this individual.

"I ask you, as young physicians, to keep an open mind," Dr. Walker said. "Don't accept any truism as absolute."

"Amputation rates are falling – our message is starting to resonate that we can improve patient care."

What are your top take-aways from the NCVH Fellows Course?

1. CTOP classification and how it helps treatment (antegrade vs retrograde) planning
2. When presented with case, consider all treatment options (open and surgical)—and why you as an interventionalist should do the case. "Do the case not because you can, but because you should" – Dr. Carlos Mena
3. Practicing ultrasound guided access, whether in a solid/gel model, cadaver, or patient is key! I learned something different from each setting, whether it was probe pressure, mastering needle trajectory, or mastering ambidexterity. Each setting is a learning opportunity.

Omosalewa Adenikinju, MD
Mount Sinai Medical Center

Sponsor's Message: Janssen's Commitment to Treating Cardiovascular Disease

Our vision is to improve the lives of the millions of people with [cardiovascular disease and diabetes](#), and to work tirelessly to eliminate these diseases. Every year 19 million people around the world die from cardiovascular and metabolic diseases. This tremendous global burden compels us to develop new therapies that will change the face of these diseases and, ultimately, eliminate them. We focus on finding and developing truly transformational therapies that target underlying disease pathways, important pathways, and novel mechanisms of action. We have a very successful track record demonstrated by the development and recent successful launches of our products for the treatment of patients suffering from thrombosis and type 2 diabetes. And we continue to seek and

develop the next generation of transformational cardiovascular and metabolic therapies.

Focusing on the Most Devastating Diseases of Our Lifetime

We want to drive down the rates of cardiovascular and metabolic diseases with our science, innovation, and solutions. We are already transforming the treatment of type 2 diabetes and thrombosis with our products. And while these important products continue to change the way doctors are treating diabetes and thrombosis, we are also focused on finding the next wave of transformational treatments for cardiovascular and metabolic diseases that will prevent, intercept, and cure devastating diseases.

View presentations and videos at www.ncvh.org/fellows

Hands-On Workshops: Real-World Practice Opportunities

Fellows rotated through nine interactive stations, each having faculty proctors to share their personal experiences with the devices on display.



Interactive learning stations were provided by:

- BD Peripheral Intervention*
- Boston Scientific*
- Cardiovascular Institute of the South*
- Cook Medical*
- Gore & Associates*
- Medtronic*
- Penumbra, Inc*
- Philips*
- Siemens Healthineers*
- Terumo Interventional Systems*

Dr. Khan: From Fellow to Regional Chairman

Sohail Khan, MD, first attended NCVH as a cardiovascular fellow. He came to New Orleans with little knowledge of PAD or CLI. He now points to limb salvage as one of his passions, and will serve as co-chairman of the inaugural NCVH Salt Lake City regional conference, scheduled for next February.

He wants to bring NCVH's educational offerings to Salt Lake City because it is one of the country's fastest growing cities, with a rising population of older Americans and greater incidence of diabetes.

"By preventing amputation, we can improve quality of life and lessen healthcare costs."

"The PAD market is underserved in Utah, with the number of amputations performed each year growing," said Dr. Khan. "We need to bring NCVH's multidisciplinary approach to Utah, so that we can brainstorm, educate and learn from each other."

He feels that the mindsets of the healthcare community need to change. The conference program will focus on PAD awareness and the importance of limb salvage programs, along with discussion of venous disease and structural heart disease.

"The endovascular revolution has not happened in Salt Lake City," he said. "We can change the paradigms in the community."

The primary focus of the Salt Lake City regional will be awareness and emphasize the teamwork aspect of PAD patient care.

"We need to show how amputation impacts lives and puts a huge financial burden on our healthcare system," said Dr. Khan. "By preventing amputation, we can improve quality of life and lessen healthcare costs."

Leg pain from PAD can be debilitating. Dr. Khan's efforts to improve their quality of life are not lost on his patients.

"I have noticed that my limb patients are more appreciative than my heart patients," he said.

What are your top take-aways from the NCVH Fellows Course?

1. PAD is too often underdiagnosed and undertreated.
2. Pedal arch reconstruction is critically important to healing foot wounds.
3. There is a whole world of devices and techniques out there that are important to learn and know if you want to join the fight against critical limb ischemia!
4. Intravascular imaging is important in all vessels we are doing interventions on, not just the coronaries!
5. Calcium may be the enemy but there are many ways to fight it.

Joseph J. Ingrassia, MD
Hartford Hospital



View presentations and videos at www.ncvh.org/fellows

Fellows: Institutions Represented

Ain Shams University
Albany Medical Center
Aswan Heart Centre
Beaumont Hospital
Bridgeport Hospital
Carilion Clinic
Cátedra Cirugía Vascular, UdelaR
Cleveland Clinic
Corpus Christi Medical Center
Creighton University
El Bosque University
First Hospital of China Medical University
Galway University Hospital
Kaiser Permanente - Los Angeles Medical Center
Larkin Community Hospital
Loyola University Medical Center
LSU Health Sciences Center New Orleans
LSU New Orleans
Lviv National University of Medicine
Magnolia Regional Health Center
Maimonides Medical Center
Massachusetts General Hospital
McGill University - MUHC
Medical College of Wisconsin
Mount Sinai Health System
Mount Sinai Hospital
Mount Sinai Medical Center
Newark Beth Israel
Northwestern Memorial Hospital
NYU Winthrop Hospital
Rush University Medical Center
Rutgers University
Saint Vincent Hospital
St Joseph Mercy Oakland
St. John Hospital Detroit
SUNY Downstate Medical Center
Texas Heart Institute

Texas Tech University Health Sciences Center
The Heart Hospital of Baylor
TPMG
Tulane Heart and Vascular Institute
Tulane University
UCSF
UMass Memorial Medical Center
UNC Hospitals
Universidad del Valle
Universidad El Bosque - Hospital Kennedy
Universidad Surcolombia
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University of Louisville
University of Maryland
University of Nebraska Medical Center
University of Oklahoma
University of Southern California/LAC+USC
Medical Center
University of Tennessee
University of Toledo
University of Virginia
USC
UT Southwestern
UTHSCSA
Virginia Tech Carilion Clinic
Wayne State University-Detroit Medical Center
West China Hospital
West Virginia University Hospital
Westchester Medical Center/Memorial Sloan
Kettering Cancer Center
Yale New Haven
Yale University School of Medicine

Meet the Titans of Peripheral Interventions

NCVH wrapped up the NCVH Fellows Course with "Meet the Titans of Peripheral Interventions" on Tuesday, May 29, a networking event designed to connect Fellows with leaders in healthcare innovation.



What are your top take-aways from the NCVH Fellows Course?

1. Incredible venue with the hotel and I was very impressed with the industry presence
2. Great one on one opportunities to talk to very knowledgeable and respected titans of PVD
3. Coming in to this meeting as an IR (instead of IC), I learned a lot of valuable information that I can apply to my own practice setting

Jerome Larson, MD
Medical College of Wisconsin



Faculty members included Dr. Richard Kovach, above, and Dr. Geogy Vatakencherry, below.



Topics

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"We wanted to make the NCVH Fellows Course more accessible to all the fellows in all the specialties and disciplines around the country that will eventually perform procedures related to PVD and treat patients with CLI," said Dr. Beasley.

One of the reasons for adding new topics this year was to educate more specialties about these dangerous and deadly diseases. The majority of attendees at past Fellows courses have represented the field of interventional cardiology. Adding new topics such as embolization creates opportunities for greater outreach among interventional radiology and vascular surgery fellows.

This year's course did accomplish that goal, with vascular surgery, interventional cardiology and interventional radiology fellows each comprising one-third of the course's attendance.

Offer Greater Exposure

In some of their fellowship programs, "they get very limited exposure to PAD and techniques, and treatment and devices," said Dr. Beasley. "We provide a strong overall representation, with a heavy emphasis on PAD and CLI."

Presentations during the program covered both basic and advanced embolization techniques, as well as aneurysm repair—another new topic. Venous disease, while not new to the agenda, was also covered in greater depth.

"Venous disease has been overlooked, but it is so prevalent in the United States. We're not seeing how severe it is," Dr. Beasley said. "New procedures and techniques are being developed to treat venous occlusion, varicose veins, severe venous ulcers through endovascular procedures."

Feedback from past attendees has showed that the NCVH Fellows Course is having an impact on patient care.

"We open their eyes," said Dr. Walker. "Fellows have said that they were completely enlightened as to what could happen, and said they've often never seen many of the procedures that are performed during our live case presentations."



Fellows Course

Complex Strategies for Peripheral Interventions

Chairmen

Robert E. Beasley, MD | Carlos I. Mena, MD | Craig M. Walker, MD

Join Us Next Year

2019

May 28

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