

INTERNATIONAL CONGRESS ON
ENDOVASCULAR INTERVENTIONS

iCON 2014

February 9-13, 2014 | The Arizona Biltmore | Phoenix, AZ



**Sunday,
February 9**

MONDAY'S HIGHLIGHTS

Set Your Alarm

Challenging Case
Presentations
6:30 a.m., Salon V

Exhibits Open

7:45 a.m. – 5:30 p.m.

Registration

6:00 a.m. – 6:00 p.m.

Industry Lunch Symposia

11:45 a.m. – 12:45 p.m.

Save A Leg, Plug a Leak
Salon V

Sponsored by Penumbra

Lunch with the Experts on the
Cardiatis MFM for Treatment
of Aneurysmal Disease

Salon VI

Sponsored by Cardiatis



*Attendees enjoy
the iCON 2014
opening reception on Sunday
evening,
sponsored by
the American
Society of
Cardiovascular
Phlebologists
(ASCVP).*

Physicians in Training Course Kicks off iCON 2014

iCON 2014 opened with the Physicians in Training Course on Sunday. This one-day course covered a range of topics related to both endovascular and interventional procedures. Attendees also received an update on relevant clinical trials.

To conclude the course, the discussion moved to overcoming turf battles. Attendees heard two different perspectives, that of the interventional cardiologist and the vascular surgeon.

Paul A. Jones, MD, an interventional cardiologist at Mercy Hospital and Medical Center, Chicago, IL, labeled industry suppliers as an instigator of turf battles. He cited weakening economics and declining reimbursements as two causes for turf battles – rather than fostering a collaborative environment.

Dr. Jones discussed the pa-

tient-centered care model that was created at Mercy Hospital to “put the patient first. We needed to put all of our resources together.”

The number of patients requiring cardiovascular treatment will continue to grow, which Dr. Jones said will lead to the elimination of turf battles. “There are a lot of patients to take care of, and we will continue to see a huge influx of patients into the system that haven’t been taken care of before,” said Dr. Jones, “As an interventional cardiologist, because the heart is at the center, we will continue to be an active member. Our catheter and guide wire skills will be very important. But we are not an island – we have to partner with surgeons and other experts to take care of our patients.”

Continued on page 5

Inside This Issue

VEIPS	2
iCON Exhibits	3
Varithena™ Presentation ...	4
Live Case Schedule.....	5

Inaugural VEIPS Draws 100+ Attendees

The inaugural Vein Experts International Phlebology Symposium (VEIPS) was presented by The American Society of Cardiovascular Phlebologists (ASCVP), in conjunction with iCON on Sunday, February 9. VEIPS brings venous disease to the forefront. This one-day program provided attendees with a comprehensive overview of venous anatomy, disease etiology and risk factors; reviewed treatment technologies and procedures. Among the specialties represented by the more than 100 attendees were cardiologists, vascular surgeons and interventional radiologist.

Ariel Soffer, MD, VEIPS course director, opened the program by explaining the goals of ASCVP and VEIPS. “We want to create a forum of like-minded clinicians who understand and are passionate about vein disease,” he said. “We’ve seen it all and are making a much bigger impact than we may have thought. There is gratification when you can treat this disease to the end.”

Robert Coronado, MD, kicked off the program by providing the audience with a brief overview of venous



Dr. Ron Bush discusses varicose veins during his presentation on Sunday morning, while Drs. Ariel Soffer, left and Rob Coronado look on.

disease. During his “Common Ultrasound Findings” presentation, Dr. Coronado stressed the need to look for incompetent valve closure. His advice to attendees was to learn the anatomy.

“You really need to study the anatomy,” he said. “Use the probe and look at things – it’s fun.”

Dr. Soffer followed with a presentation on venous disease etiology. “The prevalence and etiology of venous insufficiency is fascinating,” he said. “Venous reflux disease is two times more prevalent than coronary

heart disease. It’s more than a cosmetic problem.” Venous disease causes discomfort and pain, loss of working days, loss of limb, and results deteriorates health-related quality of life.

He reviewed various studies that looked at venous disease etiology, as well as discussed the symptoms of venous disease.

“The most interesting symptom is restless leg syndrome,” he said. “It’s a significant problem. I believe that

Continued on page 4



Above – An attendee poses a question to VEIPS speakers after the morning session. Right – Representatives from Primus Pharmaceuticals speak with VEIPS attendees.



iCON Exhibits Opens Monday

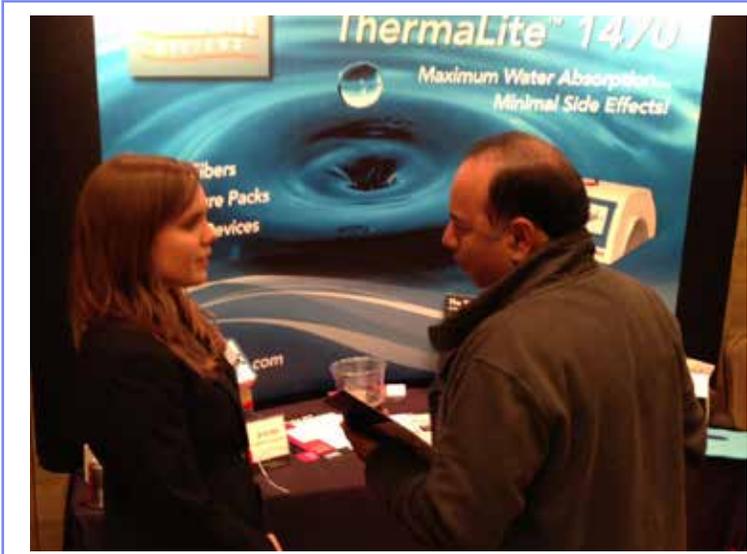
Monday
7:45 a.m. - 5:30 p.m.

Tuesday
7:45 a.m. - 5:30 p.m.

Wednesday
7:45 a.m. - 6:45 p.m.

Thursday
7:45 a.m. - 12:15 p.m.

Abbott Vascular	1
American Society of Cardiovascular Phlebologists.....	33
AngioScore, Inc.	27
Aptus	17
Bard Peripheral Vascular.....	3
Bayer HealthCare	22
Bolton Medical, Inc.	21
Boston Scientific	18
Chicago Endovascular Conference	28
Cook Medical.....	14
Cordis Corporation, a Johnson & Johnson Company.....	10
Covidien.....	26
Edwards Lifesciences.....	23
EKOS Corporation, a BTG International Group Company...	24
Endologix Inc.	5
International Society of Endovascular Specialists.....	31
<i>Journal of Endovascular Therapy (JEVT)</i>	30
Lippincott Williams.....	32
Lombard Medical Technologies Inc.....	13
Medtronic Cardiovascular.....	9
New Cardiovascular Horizons Foundation.....	29
Penumbra Booth.....	6
TriReme Medical, Inc.....	25
TriVascular.....	2
W.L. Gore & Associates.....	15
Ziehm Booth	7



Katie Smith, left, Total Vein Systems, speaks with an attendee in the VEIPS exhibit hall on Sunday afternoon.



INTERNATIONAL SOCIETY OF ENDOVASCULAR SPECIALISTS™

COLLABORATIVE. GLOBAL. RELEVANT.



ISES is Going **GREEN**

Visit isesonline.org to view our new paperless membership portal. Join, renew, download CME certificates, and more with just the click of a button.

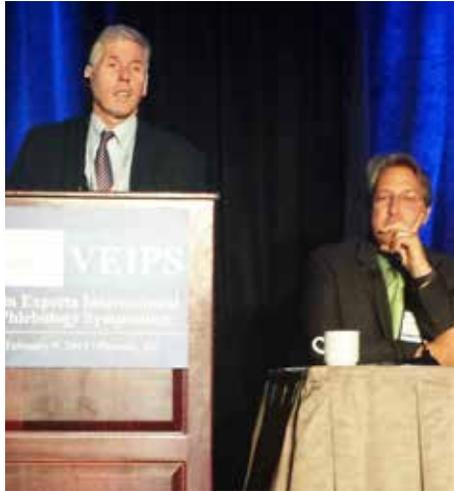
iCON Site of First U.S. Presentation on Varithena™

Attendees in Sunday's VEIPS lunch session were the first in the United States to hear a presentation on Varithena™, a polidocanol injectable foam that received United States Food and Drug Administration (FDA) approval four months ago for the treatment of patients with incompetent veins and visible varicosities of the great saphenous vein (GSV) system.

David Wright, MD, BTG, Inc., provided attendees with information on clinical studies, requirements needed to receive FDA approval, and efficacy results.

"It's what I've been waiting 14 years for," said Dr. Wright of the FDA approval, which BTG received on November 25, 2013.

BTG conducted 12 trials, enrolling 1,300 patients, of Varithena. He reported that 519 patients were randomized and 511 patients were treated in the VANISH-1 and VANISH-2 trials.



Dr. David Wright discusses the recent FDA approval of Varithena.

Dr. Wright explained that the FDA "requires that you demonstrate clinical benefit to patient."

Among the components that he expanded on included patient use of an electronic daily diary, with 95 percent participation, patient self-assessment of appearance of varicose veins and clinician assessment.

"We had to show that the changes we were able to detect weren't just measurable but meant something to the patient," he said. "Patients rated their change at week eight compared to the baseline."

He also reviewed the study endpoints of VANISH-1 and VANISH-2, the inclusion and exclusion criteria for the studies, and presented patient demographic and baseline disease characteristics.

"These results hold very true across CEAP classes," said Dr. Wright. "We also now know that results are better at one year than they were at eight weeks."

Study outcomes, said Dr. Wright, demonstrated that foam sclerotherapy delivered by Varithena produce good improvements in both symptoms and appearance.

Varithena will be available in the United States later this year, with online physician training to be conducted prior to the product launch.

VEIPS

Continued from page 2

because after treatment, restless leg problems seem to improve."

Clinical Etiologic Anatomic Pathophysiological (CEAP) was another topic of Dr. Soffer's presentation.

"The C in CEAP is most important, it's important to start with C when examining patients."

Ronald Bush, MD, FACS, VEIPS course director, provided an overview of varicose veins.

"The underlying cause of all varicosities is simply related to vein diameter," said Dr. Bush. "Any factor that increases the diameter of a vein will lead to cascading events

that will lead to venous disease.

Radio frequency ablation as a treatment method was covered by Steve Elias, MD. He said it is the most durable and most studied method.

"Vein disease is an incurable disease," said Dr. Elias. "We're not treating patient and saying take one pill and you won't get any more varicose veins."

Recognizing the differences between congestive heart failure and venous insufficiency (VI) was also presented by Dr. Soffer.

"The most common diagnosis for hospital admission is congestive heart failure (CHF)," he said. "It's important to make a proper diagnosis, as treatment will be com-

pletely different."

Dr. Soffer explained VI as the incompetence of the veins that occurs because of dilation or enlargement of the veins and dysfunction of their valves. He explained the common causes of venous insufficiency and the conditions that cause valves and veins to work improperly.

"Edema is a very common sign of underlying disease," he said. "It is very important that proper diagnosis be made as the treatment paradigms are very different."

Visit www.ascvp.org to learn more about ASCVP membership. The second VEIPS course will take place on Saturday, May 31, in New Orleans, at the conclusion of the NCVH 2014 Annual Conference.

iCON

Continued from page 1

Christopher Kwolek, MD, Massachusetts General Hospital, provided the vascular surgeon's perspective. He discussed the impact of change on everyone from medical institutions (hospitals, physician organizations, consortiums) to single-practice physician groups and individual physicians.

"Change is here – the emphasis is on the quality, the key is we [healthcare professionals] need to be at the center of this," said Dr. Kwolek.

One observation he shared with the audience—healthcare is becoming more of a team sport.

"If you want to be a leader, want to be someone who makes a difference at your institution: leaders are being chosen based on their ability to collaborate and lead teams."

Dr. Kwolek recognized, though, that working together is not an easy adjustment to make.

"We are taught to compete – it's not in our nature,

it's different to work as a team," he said. "But it's a lot easier when you're not focused on trying to out-compete everyone else."

Among recommendations that Dr. Kwolek offered the audience as ways to continue to learn:

- Attend meetings outside your own specialty/society
- Perform procedures in different locations, i.e. cath lab, operating room, and the interventional radiology suite
- Focus on quality/best outcomes for the patient

"We also need to look at cost effectiveness and the outcomes that matter to patients: are they independent or in a nursing home? Did you save their leg?"

Zvonimir Krajcer, MD, closed by thanking the program's four sponsors: Angioscore, Inc., Covidien, Edwards Lifesciences and Medtronic Cardiovascular.

The iCON 2015 Physicians in Training course will be held on February 8, 2015. Visit www.isonline.org/iCON for more information.



A representative from Edwards Lifesciences conducts a hands-on demonstration at the conclusion of the Physicians in Training course.

Live Case Schedule

8:00 a.m.:

Ivo Petrov, PhD, City Clinic, Sofia, Bulgaria

10:00 a.m.:

Ivo Petrov, PhD, City Clinic, Sofia, Bulgaria

1:00 p.m.:

Craig Walker, MD, Cardiovascular Institute of the South, Houma, LA

1:00 p.m.:

Armando Lobato, MD, Surgery Institute, Sao Paulo, Brazil

**AS
CVP** American Society of
Cardiovascular
Phlebologists

Membership is Available to US
and International Clinicians and Physicians.

JOIN TODAY!

www.ascvp.org

The mission of the American Society of Cardiovascular Phlebologists (ASCVP) is to help transform phlebology and improve vein health. We strive to effectuate our purpose through education, research, quality care, and health policy. The interests of our patients are of primary concern and the Society and its major activities must be led by active members who are passionate about our cause.