

Endovascular TODAY

September 2010

RAISING AWARENESS

The Vascular Disease Foundation,
the P.A.D Coalition, and the
Venous Disease Coalition work to
educate patients and physicians
about vascular disease.



Vascular Disease
Foundation

PROGRESS TOWARD AWARENESS

September is Peripheral Arterial Disease (PAD) Awareness Month, a time to communicate the seriousness of the disease as well as share new tools to help patients with vascular disease live better. Fall is also a season of renewal and a prime time to reflect on what we have accomplished this year and make plans for the coming year.

With this in mind, we are most pleased to launch the September supplement to *Endovascular Today*. In this special edition, we will preview new clinical practice tools from the Vascular Disease Foundation (VDF) and its P.A.D. Coalition and Venous Disease Coalition, showcasing our organization's activities. These are excellent resources for patients, but they also save clinicians' time, which can then be focused on patient management and treatment. We thank Cook Medical (Bloomington, IN) for sponsoring this supplement and helping us share our important work with vascular specialists worldwide.

Now in its 12th year, the VDF is proud to continue its mission to "reduce death and disability for all from vascular disease." Established in 2004, our P.A.D. Coalition is now an alliance of more than 80 leading medical organizations, government agencies, and corporations united to improve the health and care of people with PAD. Our Venous Disease Coalition (VDC) is a collaborative network of more than 40 professional and public organizations united by one mission—to increase public and health professional awareness of venous disease.

Examples of some of our newest initiatives aimed at helping to educate patients and save clinicians' time include the following:

- Our popular newsletter, *Keeping in Circulation*®, the essential resource for patients living with vascular disease, has been revamped and released in a new magazine format.
- In partnership with the Centers for Disease Control and Prevention, we are launching "This is Serious," a national campaign to drive awareness and action around the prevention of deep vein thrombosis (DVT) and pulmonary embolism (PE) in women.
- We developed the VTE Toolkit, a resource to help clinicians educate other providers and patients who have or are at risk for venous thromboembolism (VTE).

- We released an online, multimedia workbook on PAD to help patients better manage their disease.

- We developed the PAD Exercise Training Toolkit to enable cardiac rehabilitation and other health care professionals to work within their communities to improve access to supervised exercise programs for people with intermittent claudication.

- In June, we issued a new radio campaign that illustrates PAD as a serious disease with devastating consequences. To date, these ads have been aired more than 38,000 times on 324 nationwide radio stations.

- We were successful in securing the inclusion of a provision in health care reform legislation that we believe will lead to improved Medicare coverage for ankle-brachial index testing for PAD.

More information on each of these items is included throughout this supplement.

As we look ahead, the VDF plans to:

- Create and launch a nationwide vascular awareness and education campaign that will command attention for vascular diseases, position our organization as the leading source for patient information, provide a patient voice in advocacy efforts, and direct resources to the critical issue of health professional awareness and outreach.
- Work toward building an organizational infrastructure that will facilitate future growth.
- Identify and implement awareness, education, advocacy, and other science-based strategies to improve the care of patients with critical limb ischemia.
- Continue our 5-year collaboration with the Centers for Disease Control and Prevention to improve the health of women who have or are at risk for VTE.

As we move forward, I ask that all vascular specialists embrace the VDF and its Coalitions and determine how you can best help the VDF as we continue fighting vascular disease and improving vascular health. Throughout this supplement, we will provide tips and ideas on how you can become involved.

We hope you find the information and resources in this issue valuable, and we thank you for your efforts to improve your patients' vascular health. □

Anton Sidawy, MD, MPH

President, Vascular Disease Foundation

Providing New Tools and Resources to Improve the Care of Patients With Vascular Diseases

HEATHER L. GORNIK, MD

Secretary and Chair of Communications Committee, Vascular Disease Foundation

Medical Director, Non-Invasive Vascular Laboratory and Staff Physician, Cleveland Clinic, Cleveland, Ohio



When the Vascular Disease Foundation (VDF) was created in 1998, few sources of patient information on the risk factors, symptoms, and treatment of vascular disease existed. The Internet was in its infancy and patients got their information from health care providers, friends, or the local library.

Testing for vascular diseases such as peripheral arterial disease (PAD) was often not conducted, even for symptomatic patients. A 1999 survey of primary care providers found that 57% reported seeing six or more patients with intermittent claudication and diminished pedal pulse each month, yet none specifically suggested obtaining an ankle-brachial index (ABI) for these patients.¹

A search today for the term *peripheral arterial disease* on Yahoo.com, bing.com, and MSN.com all yield over 4 million results, which include sources such as nonprofit health organizations, hospitals, medical online publishers, newspapers, and blogs, as well as companies with a principal business of selling medical devices, medications, vitamins, and supplements. It is truly overwhelming for the person want-

ing accurate, credible information.

The VDF was founded with a desire to fill this enormous void of information for the public about vascular diseases. From the beginning, VDF provided information that was evidence-based and trustworthy. A multidisciplinary scientific medical advisory board reviews all information before it is published online or in a brochure or magazine article. The VDF now has information on 21 vascular diseases and conditions on its Web site (www.vdf.org) and provides educational information through brochures, audio HealthCasts, flyers, and a free public magazine, *Keeping in Circulation*®. The VDF hosts a monthly interactive "Ask the Vascular Expert" live chat, which gives patients the opportunity to pose questions to nationally recognized vascular disease experts. Awareness campaigns conducted by The VDF's P.A.D. Coalition and Venous Disease Coalition have reached millions with information on the risk factors, warning signs, and consequences of common vascular diseases. Resources are also available to help clinicians educate their colleagues and their patients. Visit our Web sites for access to slide libraries, reproducible patient handouts, and more: www.vdf.org, www.padcoalition.org, www.venousdiseasecoalition.org, and www.thisisserious.org.

The following is a review of some of the VDF's resources.

LAUNCHING A NATIONAL VASCULAR EFFORT: ONE STEP AT A TIME

Sheryl Benjamin*Executive Director, Vascular Disease Foundation*

In 1998, the term *peripheral arterial disease* (PAD) was not on most providers' radars, let alone the public's. Information was scarce, and patients were often told that there was not much that could be done for their claudication. A pioneer in small Doppler ultrasound systems, Dennis Newman, brought together a small cadre of physicians and lay people willing to further an idea: create an organization that would increase awareness and educate the public on vascular diseases so that complications such as amputation and death could be avoided. As Dennis had a cousin who suffered an amputation and subsequent death as a result of PAD and its complications, he had a strong, personal devotion to the cause.

That group, including William R. Hiatt, Alan T. Hirsch, Mark R. Nehler, Judith G. Regensteiner, and Robert B. Rutherford, launched the Vascular Disease Foundation (VDF) as a 501(c)(3) nonprofit organization with a mission to create and disseminate educational information about vascular diseases. They wisely decided to focus on one disease first—PAD—and then expand as resources would permit. The VDF created a Web site (www.vdf.org) and informational brochures and launched the *Keeping in Circulation*[®] newsletter as initial public programs. The VDF also recruited key vascular professional societies to help. Together, the group successfully convinced the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health to allocate funding towards a national PAD awareness campaign. A coalition of 15 organizations formed to achieve

consensus for development and dissemination of accurate, unified messages to promote PAD awareness and improved PAD care to all Americans at risk.¹ A study was commissioned in 2006, which found that three out of four Americans are not familiar with PAD.² The NHLBI agreed to fund a 3-year national public awareness campaign in partnership with the P.A.D. Coalition. The national campaign "Stay in Circulation: Take Steps to Learn about P.A.D.," was launched in 2007.

Today, with the help of the P.A.D. Coalition's 80 member organizations serving over 1 million health care professionals, the term *PAD* is being spread through church congregations, senior centers, and women's groups; seen in magazines, buses, trains, and airports; and heard on nationwide radio stations. Resources for patients include handouts on all aspects of disease management, walking logs, videos, and interactive learning tools. PAD clinical practice tools such as wall charts and quick reference guides help put national PAD care guidelines into practice.

Next year, the P.A.D. Coalition will commission a 5-year follow-up study to see if together we have impacted PAD awareness and can claim some success for the millions that have the disease and are at increased risk for heart attack and stroke. It will be success we all can share.

1. Hirsch, AT, et al. Mandate for creation of a national peripheral arterial disease public awareness program: an opportunity to improve cardiovascular health. *J Vasc Surg.* 2004;39:479.

2. Hirsch AT, Murphy TP, Lovell MB, Twillman G, Treat-Jacobson D, Harwood EM, Mohler ER, Creager MA, Hobson RW, Robertson R, Howard WJ, Criqui MH for the Peripheral Arterial Disease Coalition. Gaps in public knowledge of peripheral arterial disease: The first national PAD public awareness survey. *Circulation.* 2007;116:2086-2094.

VDF WEB SITE

As the initial point of entry to many resources for patients and providers, the VDF Web site includes patient information on a wide spectrum of vascular disorders ranging from venous thrombosis to PAD to thoracic and abdominal aneurysms and less common disorders such as vasculitis, fibromuscular dysplasia, and congenital vascular malformations. The Web site also provides links to a series of regularly updated interactive and social media resources. Visit www.vdf.org for more information.

KEEPING IN CIRCULATION—THE ESSENTIAL SOURCE FOR PATIENTS WITH VASCULAR DISEASE

The VDF has converted its *Keeping in Circulation* newsletter into a full-color magazine format. Targeted to patients with vascular disease, this free quarterly magazine is filled with the latest information and tips for managing and coping with vascular diseases. In addition to personal stories of

men and women facing and managing vascular disease, the magazine features entertaining departments such as quizzes and favorite recipes. Subscribers also receive information on new VDF programs and resources. *Keeping in Circulation* is mailed to patients and their families, medical professionals, and friends of the VDF. Encourage your patients to visit www.vdf.org/keeping-in-circulation to register for a free subscription or sign up and get a free copy for your waiting room. The magazine can also be read online at www.keepingincirculation.org.

PAD EXERCISE TRAINING TOOLKIT

The VDF and the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) recently launched the "Peripheral Arterial Disease Exercise Training Toolkit: A Guide for Health Care Professionals." This valuable new resource can help health professionals develop supervised exercise programs for patients with intermittent claudication. Clinical practice guidelines for

adults with PAD stress the importance of supervised exercise to improve functional capacity, decrease symptoms, and achieve cardiovascular benefits. The toolkit includes information for exercise and rehabilitation professionals to implement appropriate and safe supervised exercise programs as well as practical tools such as sample brochures, marketing, and staff education materials. Explore the toolkit at www.vdf.org/rehab-toolkit/index.php.

THE INTERACTIVE WORKBOOK ON PAD

To help patients with PAD live better with their disease, the P.A.D. Coalition has launched the Interactive Workbook on PAD. This new tool works like an online booklet, with turning pages, narrated text, videos, graphics, printable handouts, and quizzes. It covers PAD risk factors, symptoms and diagnosis, and the key components of disease management to improve cardiovascular health and walking ability. The workbook also reviews what to expect if you require surgery or other special procedures for PAD. The workbook is free and can be accessed online at www.mypadguide.org.

To accompany the new online interactive workbook, the Coalition has produced a printed version called *Peripheral Artery Disease: A Self-Care Workbook*. This illustrated 32-page guide walks patients through diagnosis, treatment, testing, special procedures, and other aspects of prevention and care. While supplies last, hospitals, health plans, and clinicians can order free, bulk copies of a printed version of the workbook at www.vitalitycommunications.com/padbook/.

VENOUS THROMBOEMBOLISM TOOLKIT

The Venous Thromboembolism (VTE) Toolkit is a summary for clinicians of some of the key concepts in VTE and anticoagulant management. It has been designed to be a practical overview for health professionals who care for patients who are at risk for VTE, and its content has been carefully selected to reflect current, evidence-based knowledge in the area of VTE. Each chapter can be downloaded in PDF or PowerPoint format. Slides can be used in professional education presentations, and the PDFs can be used as presentation handouts. Slides from each chapter can be mixed and matched to suit an audience's needs. Explore the VTE Toolkit at www.venousdiseasecoalition.org/vte-toolkit/.

NEW RESOURCES FOR PAD SCREENING PROGRAMS

Planning and hosting a PAD screening event can provide opportunities for increasing awareness of PAD and raising a practice or hospital's profile in the community. Conducting a screening event can involve juggling many elements, from identifying and securing a location, to promoting your event and even managing details such as

whether or not to provide refreshments. The P.A.D. Coalition has recently released new resources to help with planning and executing a PAD screening event. Screening guidelines, planning tips, promotional materials, and more can be found at www.padcoalition.org/screenings/screening-resources.php.

THE PAD EDUCATION NETWORK

The PAD Education Network is a membership program for medical practices, multispecialty clinics, hospitals, and health plans committed to the care of patients with peripheral arterial disease. Members receive PAD clinical practice tools, resources to build referral networks, video programs for PAD patient education, and tools to recognize one's participation in the Coalition. Learn more at www.padcoalition.org/join-edunet/.

100 QUESTIONS AND ANSWERS ABOUT PAD

100 Questions and Answers About Peripheral Artery Disease provides clear, authoritative answers to common questions raised by patients and their families as they navigate the world of PAD. Renowned experts Drs. Alan Hirsch and Emile Mohler III, have written an accessible and informative book for patients who want to understand their illness more clearly. Featuring information about common symptoms, the diagnosis process, treatment options, and risk factors for related conditions such as atherosclerosis and claudication, this text is an invaluable resource for anyone coping with the physical and emotional aspects of PAD. To order, visit the VDF's online store at www.vdf.org/estore.

ADDITIONAL PATIENT RESOURCES

The VDF has a variety of additional educational online resources available for your patients.

Vein and Artery Map

To assist patients in understanding the "highway" that is the vascular system, the VDF has created an interactive map so patients may navigate the blood vessels that carry the blood. This is a great learning tool to use with your patients and can be found online at www.vdf.org/interactive/vein-artery-map.php.

HealthCasts

For the past 2 years, VDF scientific advisory board members Drs. David Meyerson and Kerry Stewart have produced over 37 audio podcasts. Each episode is 20 minutes in length and interviews some of the foremost vascular surgery and medicine experts on a variety of topics suited for patients. Archives for all of VDF's HealthCasts can be found online at www.vdf.org/interactive/podcasts.

Ask the Expert Live Chats

VDF also offers live online chats each month with a vascular professional to answer questions on a variety of topics relating to vascular disease. Each chat is 60 minutes in length, and transcripts for over 17 chats are archived on the VDF's Web site. Login information for future chats and transcripts can be found at www.vdf.org/interactive/ask.php.

Online Support Group

In 2010, the VDF launched an online support group for patients in conjunction with the Inspire Network. This online community offers patients a safe and friendly community where they can share their experience or questions relating to vascular disease. Direct your patients to www.vdf.org/interactive/support.php.

YouTube Channel

The VDF's YouTube Channel features a variety of patient and professional resources including "How Blood Clots Form," a video on the ABI exam, and the Surgeon General's Call to Action to Prevent DVT and PE.

WEB RESOURCES

www.vdf.org

www.padcoalition.org

www.venousdiseasecoalition.org

www.thisisserious.org

www.aboutpad.org

Your source for patient handouts, community awareness resources, clinical practice tools and slides for health professional education.

Visit the VDF's YouTube Channel at www.youtube.com/vasculardiseasefdn. 

1. Becker GJ, Kovacs ME, Katzen BT, et al. Awareness, diagnosis and management of peripheral arterial disease (PAD) and deep vein thrombosis among primary care physicians. *Circulation*. 1999;(suppl):I-673.

2010 Vascular Disease Foundation Awards

The Vascular Disease Foundation's (VDF's) strategic goals include advocacy for research in vascular disease and providing evidence-based information to health care providers. Through its annual awards program, the VDF is able to make progress toward these goals and is proud to recognize vascular disease research and excellence in care efforts for patients. Thirteen individuals or programs are recognized at the VDF Annual Awards Dinner for excellence in peripheral arterial disease (PAD) research, in venous disease research, and through extraordinary volunteer and leadership efforts. Nominations for the different awards are open to all, and selection is conducted by multidisciplinary committees. The VDF hopes that its awards convey the significant achievement each recipient deserves for the outstanding work and research conducted. For full details of the awards and criteria, visit www.vdf.org.

The 2010 Best PAD Research Awards**Category: Vascular Medicine**

- Diane Treat-Jacobson, PhD, RN
- Treat-Jacobson D, Bronas UG, Leon AS. Efficacy of arm-ergometry versus treadmill exercise training to improve walking distance in patients with claudication. *Vascular Medicine*. 2009;14:203-213.

Category: Epidemiology & Prevention

- Professor of Medicine Curt Diehm
- Diehm C, Allenberg JR, Pittrow D, et al. Mortality and vascular morbidity in older adults with asymptomatic versus symptomatic peripheral artery disease. *Circulation*. 2009;120:2053-2061.

Category: Vascular Interventions

- Joseph Feinglass, PhD
- Feinglass J, Sohn MW, Rodriguez H, et al. Perioperative outcomes and amputation-free survival after lower extremity bypass surgery in California hospitals, 1996-1999, with follow-up through 2004. *J Vasc Surg.* 2009;50:776-783.

The 2010 Venous Disease Coalition Research Awards (for publications between July 2009–June 2010)**Category: Basic Science**

- Peter J. Pappas, MD
- Pappas PJ, Lal BK, Ohara N, et al. Regulation of matrix contraction in chronic venous disease. *Eur J Vasc Endovasc Surg.* 2009;38:518-529.

Category: Research Related to Quality Improvement and Implementation of Best Practices

- Alpesh N. Amin, MD
- Amin AN, Stemkowski S, Lin J, Yang G. Inpatient thromboprophylaxis use in U.S. hospitals: adherence to the seventh American College of Chest Physician's recommendations for at-risk medical and surgical patients. *J Hosp Med.* 2009;4:E15-21.

Category: Clinical Outcomes Research

- Russell D. Hull, MBBS, MSc
- Hull RD, Pineo GF, Brant R, et al. Home therapy of venous thrombosis with long-term LMWH versus usual care: patient satisfaction and post-thrombotic syndrome. *Am J Med.* 2009;122:762-769.e3.

Stay in Circulation Community Service Awards

The Stay in Circulation Community Service Awards recognize collaborative programs focused on increasing awareness about peripheral arterial disease (PAD) to high-risk populations, patients, and/or the health care community.

National Award: WomenHeart: The National Coalition for Women With Heart Disease

WomenHeart: The National Coalition for Women with Heart Disease is receiving the Stay in Circulation Community Service Award for its efforts to educate high-risk women about PAD through a multifaceted partnership to reach women at the community level.

Local Award: Parrish Medical Center, Titusville, Florida

Parrish Medical Center is receiving the Stay in Circulation Community Service Award for its efforts to build a local PAD network. This multidisciplinary collaborative has coordinated approximately 100 PAD awareness presentations since 2005 to hospital staff, local clinicians, city employees, and a variety of other audiences. Community access to free, year-round PAD screenings

provides a tool to identify patients at risk for cardiovascular disease and PAD.

Vascular Disease Foundation President's Awards

The President's Awards aim to recognize individuals who have made a difference in the lives of those living with vascular disease or have assisted the foundation in accomplishing its mission in various categories.

President's Award for Inspiration

Dr. Garth N. Graham, Deputy Assistant Secretary for Minority Health in the Office of Minority Health at the Department of Health and Human Services.

President's Award for Leadership

Marge Lovell, RN, Chair, P.A.D. Coalition and Clinical Trials Nurse London Health Sciences Centre, London, Ontario.

President's Award for Partnership

Division of Blood Disorders/Centers for Disease Control and Prevention (CDC) National Center on Birth Defects and Developmental Disabilities.

President's Award for Vision

Michael H. Criqui, MD, MPH, Professor and Chief Division of Preventive Medicine, University of California, San Diego.

ADVANCED, PRECISION TRACKING TOOL ADDRESSES PREVALENCE OF PAD

In partnership with the P.A.D. Coalition, the National Minority Quality Forum, one of the nation's leading voices in the health disparities discussion, has launched the PAD Atlas, a database that maps by zip code peripheral arterial disease (PAD) prevalence down to the street level.

Researchers, patient advocacy groups, legislators, and allied health professionals can use the PAD Atlas to identify prevalence of PAD at the national, state, and local levels to direct educational resources where they are needed most.

"The launch of the PAD Atlas is of great significance, especially to the racial and ethnic minority community. Being able to identify PAD prevalence among constituents is extremely useful to reduce preventable illness and will help raise awareness of and address health disparities in these underserved populations," said Rep. Donna M. Christensen (D-VI). To access the PAD Atlas, visit www.mappad.org/mappad/.

Julius H. Jacobson II, MD, Award for Physician Excellence

The Julius H. Jacobson II, MD, Award for Physician Excellence is a prestigious annual award that recognizes outstanding contributions to physician education, leadership, or patient care in vascular disease. The recipient is one who has made significant contributions that have advanced the science or clinical practice for the prevention and treatment of vascular disease or who has made exceptional contributions to vascular education programs,

either to health professionals or patients and must be a person of recognized personal and professional integrity. This award is endowed through a donation from Julius H. Jacobson II, MD.

2010 Honoree

Jack L. Cronenwett, MD

Professor of Surgery at Dartmouth-Hitchcock Medical Center □



Your Perspectives

We asked several VDF and Coalition leadership volunteers to offer some perspectives on the VDF and its programs. Here is what they had to say.



MICHAEL CRIQUI, MD

*Professor of Family and Preventive Medicine
UCSD School of Medicine
La Jolla, CA*

"The VDF and its Coalitions have highlighted the importance of diseases of the peripheral arteries and veins, which is leading to better care of patients who have these conditions."

physicians and other health care professionals involved in vascular disease. I encourage all interested health care professionals to check out the VDF Web site to find out how you can get involved in the VDF."

"Getting PAD patients engaged in the patient education network has been the single greatest benefit for my practice."



MARJORIE KING, MD

*Helen Hayes Hospital
West Haverstraw, NY*

"Public awareness campaigns from the VDF and its Coalitions have raised awareness about peripheral arterial and venous disease in our communities, prompting patients to ask questions about their symptoms and risk factors, which help us physicians discuss prevention and evaluation issues more easily."



ALAN HIRSCH, MD

*Professor of Epidemiology and Community Health
(Medicine and Radiology)
University of Minnesota School of Public Health
Minneapolis, MN*

"The Vascular Disease Foundation and its Coalitions have elevated the level of interdisciplinary professional discourse, improved the provision of unbiased educational materials, and provided an 'emotional home' for support of patients with vascular diseases."



J. FRITZ ANGLE, MD

*Director of the Division of Vascular and
Interventional Radiology
University of Virginia Health System
Charlottesville, VA*

"The VDF can do so much to promote PAD and venous disease awareness, but it needs the support and efforts of



M. ASHRAF MANSOUR, MD

*Professor of Surgery
Michigan State University
Grand Rapids, MI*

"The VDF is a resource for the public to learn more about vascular disease, including PAD and venous disease. The VDF messages and information are free of bias and do not promote any specific medical subspecialty or group."



THOMAS L. ORTEL, MD, PhD
*Professor of Medicine & Pathology
 Hemostasis & Thrombosis Center
 Duke University Health System*

"The Venous Disease Coalition's partnership with the Centers for Disease Control and Prevention has enabled it to work with the Spirit of Women hospital network to create and develop resources that will lead to better understanding by women of the risks, signs, and symptoms of venous thromboembolism and will be a great public awareness service. The Coalition has demonstrated continuous dedication to reaching patients and helping them."



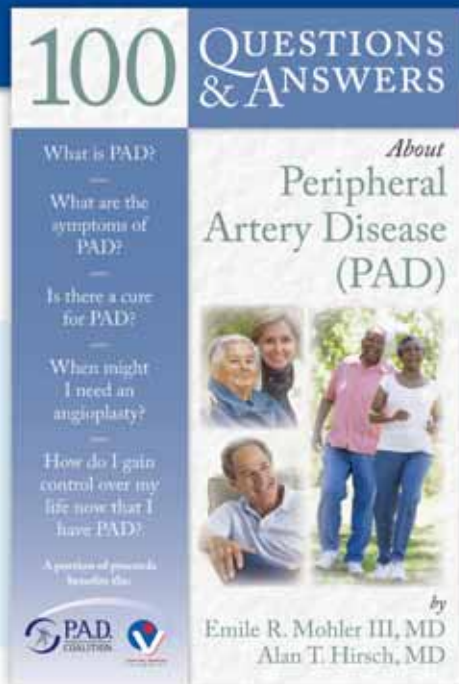
MARILYN MANCO-JOHNSON, MD
*University of Colorado Denver
 Hemophilia & Thrombosis Center*

"The VDC has improved the care of patients by assembling a committed Steering Committee of experts in vascular disease that has developed educational presentations highlighting key points for medical care providers and formulated key issues for consumers."



LAWRENCE "RUSTY" HOFMANN, MD
*Chief, Interventional Radiology
 Associate Professor of Radiology
 Stanford University Medical Center*

"VDF and the Coalitions create programs and opportunities to get involved and work with experts from every specialty with similar interests in advancing the care of patients with vascular disease." □



EMPOWER YOUR PATIENTS!

100 Questions & Answers About Peripheral Artery Disease (PAD)

ISBN-13: 978-0-7637-5866-0 • Paperback • 108 Pages • © 2010

"This book should be available to all of our patients, families, and those concerned about PAD. **100 Questions & Answers About Peripheral Arterial Disease** is very readable and provides a comprehensive educational resource. Drs. Mohler and Hirsch should be congratulated on another work well done!"

—**Robert S. Dieter, MD, RVT** and **Aravinda Nanjundappa, MD, RVT**
 Vascular Disease Management, April 2010

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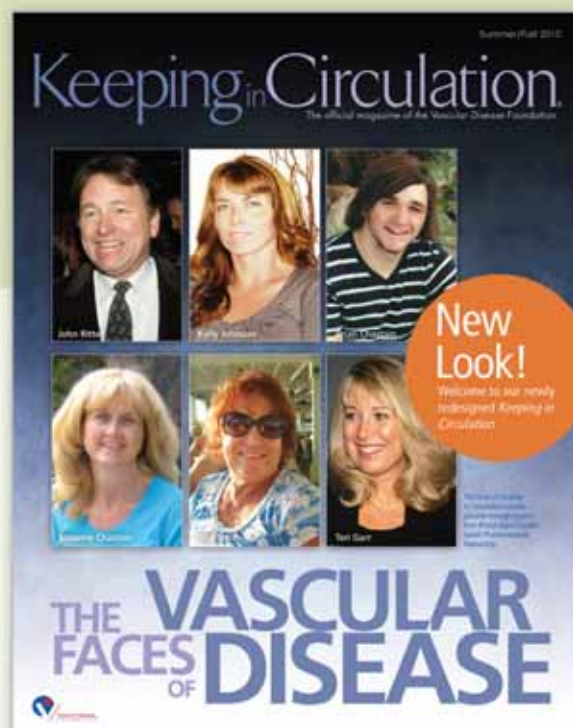
FRESH NEW LOOK!

Welcome
to the redesigned
Keeping in Circulation
debuting in
September 2010

The official magazine of the Vascular Disease Foundation features:

- Personal stories of men and women facing and managing vascular disease
- Engaging photography and design
- The latest news, treatments, and medical developments
- Fun departments, such as quizzes and favorite recipes

Keeping in Circulation is mailed to medical professionals, patients, and friends of the Vascular Disease Foundation.



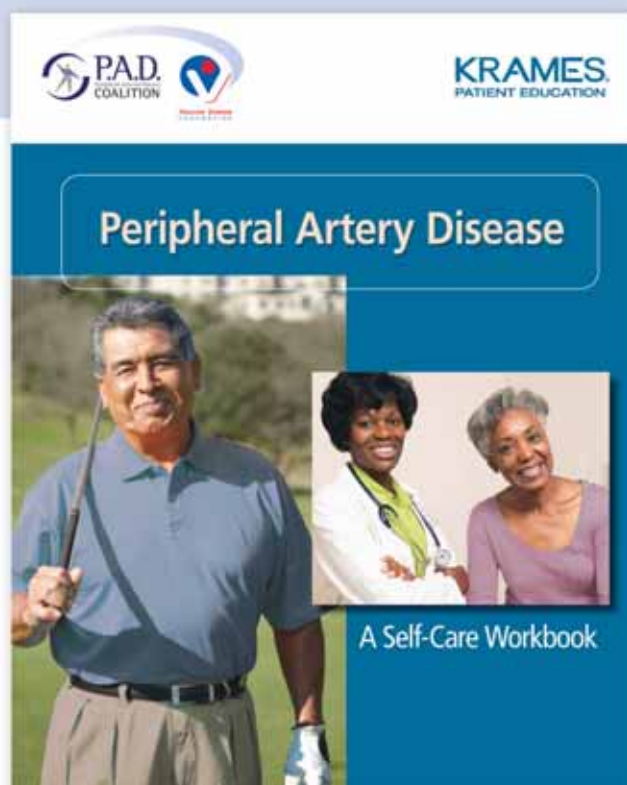
Register for a free subscription at www.vdf.org/keeping-in-circulation

Peripheral Artery Disease: A Self-Care Workbook

Now available
for Clinicians, Hospitals
and Health Plans
from the P.A.D. Coalition

This illustrated, 32-page guide walks patients through testing, diagnosis, treatment, special procedures, and other aspects of prevention and care.

Order free bulk copies at
www.vitalitycommunications.com/padbook



Advocacy in Action

JOSHUA BECKMAN, MD

Chair, P.A.D. Coalition Advocacy Committee

Assistant Professor of Medicine, Harvard Medical School

Director, Cardiovascular Fellowship Program

Brigham and Women's Hospital

Boston, Massachusetts



Despite the broad evidence base describing the burden of peripheral arterial disease (PAD) and supporting the identification and management of PAD patients for the reduction of cardiovascular events and death, Medicare reimbursement guidelines severely limit individuals with PAD from achieving a time-

ly diagnosis. The P.A.D. Coalition continues to work to improve access to evidence-based diagnostic and treatment strategies and, in particular, securing Medicare coverage for PAD screening in patients at the highest risk for having the disease.

Approximately 20% of the Medicare population has PAD, and many of these patients are undiagnosed. Under current Medicare reimbursement guidelines, the ankle-brachial index (ABI) is reimbursable only in the presence of very late PAD symptoms, such as leg pain, leg ulcers, atheroemboli, or follow-up of a vascular surgery or catheter-based revascularization procedure. Unfortunately, most patients with undiagnosed PAD are asymptomatic or have atypical symptoms. There currently is no reimbursement provided for the ABI to identify PAD among high-risk asymptomatic patients, such as those with diabetes and/or the elderly. Yet, it is well established that all patients with PAD, regardless of the presence of symptoms, are at the highest risk of cardiovascular events, and this risk is comparable to or greater than that documented for individuals with coronary heart disease (CHD).

We know that cardiovascular events can be reduced and quality of life improved through the use of evidence-based PAD diagnostic and treatment guidelines. In 2005, the American College of Cardiology and the American

Heart Association (ACC/AHA) released the ACC/AHA Practice Guidelines for the Management of Patients With Peripheral Arterial Disease.¹ The Guidelines were developed in partnership with the Society for Vascular Surgery, Society for Cardiovascular Angiography and Interventions, Society for Vascular Medicine, and Society of Interventional Radiology. These Guidelines were also endorsed by the American Association of Cardiovascular and Pulmonary Rehabilitation, Society for Vascular Nursing, TransAtlantic Inter-Society Consensus, Vascular Disease Foundation, and the National Heart, Lung, and Blood Institute.

These guidelines provide a series of class I recommendations that support the use of the ABI as an accurate, simple, and cost-effective diagnostic test that should be performed in individuals at highest risk for having the disease, including adults over age 50 with a history of diabetes or smoking and all adults over 70 years of age. Once diagnosed, evidence-based therapies known to reduce cardiovascular risk may be offered.

We believe that these intersocietal, evidence-based guidelines can help elevate the standard of care for patients with noncoronary atherosclerosis in this country. Yet, we must ensure that Medicare reimbursement guidelines facilitate the use of these national guidelines.

Here is a summary of what we have been doing.

PAD SCREENING AND THE UNITED STATES PREVENTIVE SERVICES TASK FORCE

Currently, in order for any screening test to be reimbursed by Medicare, it must receive an "A" or "B" rating from the United States Preventive Services Task Force (USPSTF). The USPSTF has issued two ratings regarding PAD screening. In 2005, the Task Force gave a "D" (not

recommended) rating to routine screening for PAD in the general population. It stated that the prevalence of PAD in the general population was low, and there was insufficient evidence that treatment of PAD at this asymptomatic stage, beyond standard cardiovascular risk factor management, improves health outcomes.

In a 2009 statement on the use of nontraditional risk factors to identify patients at risk for CHD, the Task Force concluded that the evidence is insufficient (an “I” rating) to recommend using the ABI to screen asymptomatic men and women with no history of CHD to prevent CHD events.

Over the past few years, the P.A.D. Coalition has met and corresponded with the USPSTF to state our case and provide our interpretation of the current evidence base. We have emphasized the need for greater accountability and congressional oversight of the Task Force.

We were successful in securing the inclusion of a provision in health care reform that we believe will one day lead to improved Medicare coverage for ABI screening. Sponsored by Senators Kay Hagan (D-NC) and Richard Burr (R-NC), the provision required the USPSTF to consider the views of medical specialty organizations when assessing the benefits of preventive health services, particularly when a test receives an “I” rating.

The amendment calls for greater transparency and involvement in the USPSTF’s work and decision-making process.

In an effort to be more transparent and encourage public involvement, the Agency for Healthcare Research and Quality recently released a call for nominations for clinical preventive health topics to be considered for USPSTF review. The P.A.D. Coalition responded by submitting a request that ABI screening for lower extremity atherosclerosis be considered as a primary prevention topic for review. The response included our rationale as well as a review of relevant studies.

The Coalition is now working with Members of Congress to generate support for the review of ABI screening. A delegation of P.A.D. Coalition members will meet with key Congressional leaders this month to garner more support.

PAD RESOLUTION INTRODUCED IN US HOUSE OF REPRESENTATIVES

In June, Minnesota Congressman Erik Paulsen (MN-03) introduced historic legislation to help elevate PAD on the nation’s public health agenda. The resolution serves as a “Call to Action” that encourages government agencies, health care organizations, professional societies, health systems, and clinicians to take actions to improve the diagnosis and treatment of PAD.

Increasing the number of Medicare beneficiaries tested

for PAD is one of the issues highlighted in the resolution. The PAD Resolution offers specific recommendations to the Centers for Medicare and Medicaid Services, the United States Centers for Disease Control and Prevention, National Institutes of Health, Agency for Healthcare Research and Quality, and the Food and Drug Administration.

To be enacted, a majority of representatives must cosponsor the PAD Resolution. We urge you to ask your Representative to support this critical resolution today.

PETITION AIMS TO IMPROVE THE CARE OF PATIENTS WITH PAD

Last fall, the P.A.D. Coalition launched a petition drive at padcoalition.org to urge President Obama and Congress to increase access to evidence-based health care for individuals with PAD. The P.A.D. Coalition aims to collect at least 10,000 signatures and will deliver the petition to Congressional leadership. To sign the petition, go to www.padcoalition.org/petition.

Please help us advocate for better care for patients with vascular disease. To stay informed on advocacy developments and receive future “action alerts,” sign up for the P.A.D. Coalition’s e-news at www.padcoalition.org. □

1. Hirsch AT, Haskal ZJ, Hertzler NR, Bakal CW, Creager MA, Halperin JL, Hiratzka LF, Murphy WR, Olin JW, Puschett JB, Rosenfield KA, Sacks D, Stanley JC, Taylor LM Jr, White CJ, White J, White RA, Antman EM, Smith SC Jr, Adams CD, Anderson JL, Faxon DP, Fuster V, Gibbons RJ, Hunt SA, Jacobs AK, Nishimura R, Ornato JP, Page RL, Riegel B, for the American Association for Vascular Surgery; Society for Vascular Surgery; Society for Cardiovascular Angiography and Interventions; Society for Vascular Medicine and Biology; Society of Interventional Radiology; ACC/AHA Task Force on Practice Guidelines Writing Committee to Develop Guidelines for the Management of Patients With Peripheral Arterial Disease; American Association of Cardiovascular and Pulmonary Rehabilitation; National Heart, Lung, and Blood Institute; Society for Vascular Nursing; TransAtlantic Inter-Society Consensus; Vascular Disease Foundation. ACC/AHA 2005 Practice Guidelines for the management of patients with peripheral arterial disease (lower extremity, renal, mesenteric, and abdominal aortic): a collaborative report from the American Association for Vascular Surgery/Society for Vascular Surgery, Society for Cardiovascular Angiography and Interventions, Society for Vascular Medicine and Biology, Society of Interventional Radiology, and the ACC/AHA Task Force on Practice Guidelines (Writing Committee to Develop Guidelines for the Management of Patients With Peripheral Arterial Disease); endorsed by the American Association of Cardiovascular and Pulmonary Rehabilitation; National Heart, Lung, and Blood Institute; Society for Vascular Nursing; TransAtlantic Inter-Society Consensus; and Vascular Disease Foundation. *Circulation*. 2006;113:e463-e654.

TAKE ACTION TODAY

Help support the P.A.D. Coalition’s advocacy agenda:

- Urge your congressional representative to cosponsor the PAD Resolution (H. Res. 1438). Visit www.pad-coalition.org/advocacy for details and instructions.
- Sign the Stop PAD Petition: Help us ensure access to evidence-based health care for individuals with and at risk for PAD by signing our petition at www.padcoalition.org/petition.
- Sign up for the P.A.D. Coalition’s e-news at www.pad-coalition.org to receive future “action alerts.”

A Woman's Risk

A CDC grant will help create public awareness about DVT. Here is a sample of an article from *Keeping in Circulation*® with this goal in mind.

BY GINNY GAYLOR

You know the symptoms of a heart attack. You probably know the signs of a stroke. But do you know what deep vein thrombosis (DVT) is? The Centers for Disease Control and Prevention (CDC) aims to fix that. The CDC has given the Vascular Disease Foundation (VDF) a \$1 million grant to develop a public awareness program about blood clots over the next 5 years.

WHAT IS DVT?

It is a clot that primarily forms in the deep veins of the legs and may break off and go to the lung arteries. Clots can also occur in an arm or in the pelvis, but 90% or more come from a leg. Called a *pulmonary embolism* (PE) if the clot travels to the lung, DVT affects just as many people every year as heart attacks and strokes.

Risk factors include hospital stays for surgery or medical illness, any extended bed rest, paralysis, and cancer. Obesity, smoking and long-haul travel (such as a long airplane flight) increase a person's risk of developing DVT. Also, if you have a family member with a history of DVT, you should take extra precaution.

Symptoms and Prevention

How do you know if you have DVT? Symptoms include swelling, pain, tenderness, and redness in one leg. It is rare to have DVT occur in both legs. If the clot travels to a lung, the symptoms are very similar to a heart attack—sudden shortness of breath and chest pain. If the clot makes it to the lung, the person might

DVT


DVT (deep vein thrombosis) is a blood clot that forms in a vein deep in the body. Most occur in the lower leg or thigh and can break loose and cause a serious problem in the lung, called a *pulmonary embolism*.

also cough up blood. PE can cause sudden collapse and death.

Preventing DVT can be fairly simple. If you know your family has a history of DVT, you should let your health care provider know prior to any surgery. They can then prescribe blood thinners to stop a clot from developing. There are also mechanical measures that can be taken in the hospital to stimulate the blood in the calves. On your own, you can wear compression socks to help keep the calf muscle stimulated. During a long plane or car ride, be sure to get up and walk around.

Educating Women About DVT

The CDC grant creates a program to educate the public about DVT that is directed specifically to women. Dr. Suman Rathbun, Director of Vascular Medicine at the University of Oklahoma and one of the main investigators for the grant, explains that women were chosen as the target for two reasons. First, because they make the majority of health care decisions for their families, and second, because they have unique risk factors due to



THIS IS SERIOUS
Learn More About Women + DVT/PE

WHAT IS DVT?

Deep vein thrombosis (DVT) occurs when an abnormal blood clot forms in a large vein. These clots usually develop in the lower leg, thigh, or pelvis, but can also occur in other veins in the body. DVT is generally preventable and treatable, but is under-diagnosed.

WHAT ARE THE RISK FACTORS?

We've checked our risk factors, **what are yours?** Talk to your healthcare provider to learn how to protect yourself. The more risk factors you have, the greater your chances are of developing a blood clot.

Nina	Sara	Mary	Me	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hospitalization for a medical illness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent major surgery or trauma
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal history of a clotting disorder or previous DVT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer and cancer treatments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Increasing age
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pregnancy and the first 6 weeks after delivery
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hormone replacement therapy or birth control products
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family history of DVT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended bed rest
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Obesity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoking
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prolonged sitting when traveling (longer than 6 to 8 hours)

DVT SYMPTOMS AND SIGNS:

The most common symptoms of DVT are:

- Recent swelling of the limb
- Unexplained pain or tenderness
- Redness of the skin
- Skin that may be warm to the touch

Some people with DVT may have no symptoms at all.

DVT AND PULMONARY EMBOLISM (PE):

DVT can cause a life-threatening complication, called pulmonary embolism (PE). This occurs when part or all of a DVT breaks free from its original site in a vein and travels through the blood stream into the lungs. A blood clot in the lungs is serious and can cause death.

Symptoms of possible PE include:

- Coughing up blood
- Recent or sudden shortness of breath
- Sudden collapse
- Chest pain or discomfort, which worsens with a deep breath or coughing

If you have any of these symptoms, it is an emergency and you should seek medical help immediately.

WHAT CAN BE DONE TO PREVENT DVT AND PE:

In general:

- Exercise regularly
 - Maintain a healthy weight
 - Don't smoke
- When sitting for long periods of time, or when traveling for more than six hours:
 - Exercise your legs frequently while you're sitting
 - Get up and walk around every 2 to 3 hours
 - Wear loose-fitting clothes
 - Drink plenty of water, and limit alcohol and caffeine

Before and during hospitalization:

- Before any surgery, talk to your healthcare provider about prevention of blood clots
- Tell your healthcare provider if you have any risk factors for DVT
- Ask questions
- If you have been confined to bed, move around as soon as possible
- After surgery or hospitalization for a medical illness, a small dose of anticoagulant medication is often given to prevent DVT and PE

For more information on DVT and PE including risk factors, symptoms, signs, prevention, and treatment, [visit thisisserious.org](http://thisisserious.org)

hormonal changes from birth control methods, childbirth, and menopause.

"Women and men have an equal risk for DVT," says Dr. Rathbun. "But women have unique risk factors because of hormones and because they make 70% to 80% of the health care decisions for their families. Targeting women is important."

According to Dr. Rathbun, about 600,000 people in the United States are affected by DVT and PE every year. It is estimated that about 100,000 people die as a result of this kind of blood clot.

"There have been lots of studies coming out saying that DVT is important and the public doesn't know anything about it," says Dr. Rathbun. "We need to educate the public. DVT and PE kill more people every year than AIDS, breast cancer, and traffic accidents combined. The nice thing is, unlike cancer or AIDS, we can more easily prevent the majority of DVT occurrences, save lives, and save health care resources."

Creating Public Awareness

There are two parts to the grant's education program. The first is to recognize the risk factors for DVT because effective prevention is available. The second part is ensuring that the public knows the signs and symptoms of DVT.

Working with Dr. Tom Ortel at Duke University and the VDF staff, Dr. Rathbun and the team have created numerous ways to get this education out. "I am used to scientific grants. This is a public awareness grant, so we have employed people with expertise in public awareness," says Dr. Rathbun. The team has partnered with Spirit of Women® during the grant's first year. Spirit of Women is a private group that works with more than 75 hospitals to provide health care education for women.

Through the grant, Dr. Rathbun hopes that the public will not only understand how common DVT is, but also learn the signs and risks. By educating the public, especially women, the study will provide them the knowledge they need to be their own advocate. "This is a public health crisis. That is why the CDC is putting resources into this," she said. □

Visit www.thisisserious.org.

Working together, we can overcome vascular disease.

Cook Medical is striving to improve outcomes for patients with vascular disease—by developing technologies, training physicians, sponsoring clinical trials and more.

We salute the Vascular Disease Foundation's mission to raise patient and health professional awareness.

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ENDOVASCULAR
AORTIC REPAIR

LEG THERAPIES

PULMONARY EMBOLISM
PREVENTION



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