

VPI: Expanding Initiatives

Endovascular Today interviews James D. Joye, DO, President of VIVA Physicians (VPI), regarding the group's multispecialty collaboration efforts, philanthropy, and annual meeting.



Endovascular Today: In what ways is VPI different from other physician groups and societies?

Dr. Joye: Although VIVA (the meeting) is the cornerstone of our educational thrust, it is only a part of what we need to do. VPI is a group of 10 very dedicated physicians from all disciplines who, on a very regular basis, take time from their work and personal lives to roll up their sleeves to improve the meeting, to promote better education, and to push companies and agencies to participate in the right research. As a not-for-profit entity, we have the ability to put the best interests of vascular and endovascular medicine at the forefront. It allows us to tackle difficult discussions such as conflicts of interest, interdisciplinary turf wars, inadequacies in the existing data, and more optimal ways to foster cutting-edge medical education. Because we have 10 people at the table rather than multiple layers of committees, VPI can operate more nimbly than, for instance, a society. We have been able to interact with the FDA and to collaborate with societies, and we will continue to strive to do so. There is a lot going on behind the scenes besides putting on a meeting, and we hope to grow the friends and family that have been exposed to VIVA. We want to involve more people in research as we move forward and make for a level playing field for all endovascular specialists.

Endovascular Today: How does VPI promote interdisciplinary collaboration?

Dr. Joye: Vascular medicine specialists, interventional radiologists, vascular surgeons, and interventional cardiologists all hold equal positions in the planning and execution of the meeting as well as our other educational endeavors and research efforts. We have become a family of physicians who have not always enjoyed the same level of collaboration within our own institutions but have come to understand the benefits of working together. Part of our daily mission as a working group is to educate—whether in the office, the hospital, or at the podium—that the most optimal patient outcomes arise from interdisciplinary collaboration. There is so much vascular disease out there that requires attention. If we focused more on properly training interventionists,

doing the right thing, and working in concert, this field would become much more advanced.

Endovascular Today: What can you tell us about VPI's philanthropic efforts, including the possibility of peripheral vascular fellowships?

Dr. Joye: We are strongly considering a VIVA fellowship series wherein we would identify stellar candidates who are interested in advancing their educational careers in peripheral vascular medicine. The problem is that the ideal fellowship does not currently exist for the task at hand. Interventional cardiology programs that are dedicated to adequately train fellows in coronary procedures often have little time or resources to also train in peripheral vascular techniques. Vascular surgeons, likewise, are increasingly immersing in endovascular training, but frankly, vascular surgery is at a point in which a lot of the physicians training the fellows are still in the learning curve themselves. With interventional radiology, some of the programs are underfilled or are now more oriented to nonvascular targets so that adequate vascular training is not ideal. We hope to create a multidisciplinary environment wherein an individual who is truly interested in endovascular training will get adequate exposure to the benefits of all three of these clinical disciplines and can ultimately emerge after a year of training with a broad skill set and a better chance for success.

Endovascular Today: Recently, VPI has collaborated with the FDA. How has the group worked with and educated the FDA in areas such as critical limb ischemia, renal embolic protection, etc?

Dr. Joye: We have developed a fruitful and mutual relationship with the FDA over the last couple of years, spearheaded by Michael R. Jaff, DO, and Krishna Rocha-Singh, MD, among others in the group. We have, on our own time and on our own dime, gone to the FDA with various areas of interest and hot topics in endovascular medicine in an attempt to either promote more efficient and more productive research or to assist them in their efforts to better understand the problems that they are asked to judge. To that effect, we have gone to the FDA with a group of

experts from either within VIVA or other organizations to discuss, for instance, certain superficial femoral artery treatments and the current state of the art. Our efforts ultimately led to a publication and an FDA editorial that created the objective performance criteria that will be used for future clinical trials of new superficial femoral artery devices. We have taken similar trips to the FDA on the topics of critical limb ischemia and distal embolic protection in renal artery stenting, helping them to understand, surgically and endovascularly, what the capabilities of each are in clinical practice. This type of interaction has been professionally gratifying and has helped to make progress in the field. We look to continue to grow this relationship.

We have invited the FDA to VIVA this year to address our audience about various concerns that are common to the agency and to practicing physicians. In addition, we are reaching out and becoming more involved with other government agencies, such as CMS, to ultimately create a level and educated playing field on topics of concern with respect to vascular medicine.

Endovascular Today: VPI is spearheading several research efforts and clinical trials. What can you tell us about the VIVA I/XCELL, SALVAGE, and VIVA 3 trials?

Dr. Joye: We feel strongly that we need good data to help guide clinical practice. Largely through the efforts of Dr. Rocha-Singh, we are now committed to three clinical trials, and many others are being considered. I am proud to be the principal investigator of our first VPI-sponsored trial, the VIVA I/XCELL trial, which is evaluating self-expanding below-the-knee stenting in critical limb patients. This trial is supported by a research grant from Abbott Vascular (Santa Clara, CA). We are on the verge of initiating the SALVAGE trial, a rare situation in which two companies have agreed to cooperate on the same clinical trial to help answer a challenging clinical question. Using the ClirPath excimer laser catheter (Spectranetics Corporation, Colorado Springs, CO) and the Viabahn graft (Gore & Associates, Flagstaff, AZ), SALVAGE seeks to determine whether this is a viable treatment option for patients with in-stent restenosis in the superficial femoral artery. Finally, VIVA 3, a feasibility trial that will look at the use of the FiberNet device (Lumen Biomedical, Inc., Plymouth, MN) for renal arterial interventions and protecting the kidneys, will soon be initiated. As we advance our research efforts, we are trying to identify topics that are scientifically interesting and clinically relevant, and we seek to investigate them in an unbiased way so as not to swing science in a direction other than its true path.

Endovascular Today: What can we expect from the VIVA meeting in its fifth year?

Dr. Joye: Every year, the challenge at any meeting is to continue to adapt to the rapidly changing landscape of the medical field and to offer an attractive venue and an important program that people will want to attend. We take a great deal of time, energy, and pride in assembling a good educational opportunity. This year, the changes are partly refinements of our Laptop Learning tool, making the computer interface even more functional and more useful to the attendees. We have upgraded our simulation capabilities. In the past, our simulation pavilion enabled people to test-drive certain procedures; this year, we feature a more metric experience by having the attendees treat a certain vascular system and then measure their performance against faculty members doing the same simulated procedure. This feedback shows them where their skill levels are compared to the so-called experts.

At the onset of this year's meeting, we will deal head-on with the controversies that exist in vascular medicine, many of which are linked to decisions being made by the FDA and CMS, as well existing gaps in clinical data. Also, we are taking our complications session to another level by making the cases much more audience interactive. At a certain point in a given case, we will stop the action, allow the attendees to decide from a series of options, and lead them to the right answer by demonstrating what might happen, positive or negative, if a potentially suboptimal path were selected.

We are also promoting more interdisciplinary collaboration with various societies by co-sponsoring a premeeting series of half-day VIVA Visions Symposia. We have partnered with the ACC and SCAI to host an advanced carotid stenting and acute stroke session, and we are working with the SIR for a session on aortic endografting. We are also working with the SVMB for a program on management of lower-extremity peripheral disease. Because we cannot put everything in the main arena, these three areas of focus are important satellite events.

Endovascular Today: How does VIVA support the Peripheral Artery Disease (PAD) Coalition?

Dr. Joye: We strongly believe in the importance of raising awareness about PAD and are very excited to host the VIVA 5K Fun Run on the Wednesday morning of the VIVA meeting. This event, in its second year, marks the kick-off of a national public awareness campaign, and we are thrilled to be associated with the PAD Coalition. ■

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