

Current Conversations in Venous Care



When facing a challenging clinical scenario, a shift in practice pattern, or a crossroads in our careers, our first move is often to get in touch with someone who is a longtime friend and a trusted colleague. Perhaps they have been there before. Maybe they even wrote the

seminal paper on the topic, made the jump we're considering, or withstood similar adversity. We hope that their expertise can guide our next steps.

More often than we'd like, some of these challenges seem to appear without a close predicate, and our crossroads feels entirely unique, with proposed solutions just out of reach. Living and practicing in 2020, the path ahead is more likely than ever to truly be uncharted.

Still, we reach out. We send the workup, maybe the intravascular ultrasound or the venogram. We send strings of texts or even call despite the hour's usual decorum.

We find ourselves in a time defined by universal uncertainty, but still we seek counsel, and we respond as best we can when ours is sought. Conversation is at the heart of what we do. Meetings with patients and their families, or with colleagues in the halls of our hospitals or between sessions at meetings, are the dialogues that bring life to reams of research. It is with this spirit in mind that we have assembled this issue of *Endovascular Today*.

During the COVID-19 pandemic, venous services face something of a two-front war, with elective venous care on hold for months while the virus's hypercoagulable consequences manifest in unique and, at times, deadly ways. We are concerned for the patients, just as we are concerned for our team members and families, even the viability of our practices. To explore this topic, we've asked Drs. Jeffrey Carr, Sergio Ganesini, Matthieu Josnin, Nicolas Néaume, Dvora Nelson, and Suman Wasan to candidly share their experiences navigating outpatient venous services during the pandemic so far.

Next, I sit down with Geoffrey D. Barnes, MD, for a deep dive into anticoagulation for patients who are either COVID-19–positive or at risk for the virus. Dr. Barnes is the first author of the recently published

guidance from the Anticoagulation Forum on how to handle this moving target.

Classification systems and reporting standards are essential in our communications. Their authors write the languages that fill our everyday conversations and papers. In another one-on-one dialogue, Dr. Teresa Carman interviews Dr. Fedor Lurie, lead author of the recently updated CEAP (clinical, etiology, anatomy, pathophysiology) classification system for chronic venous disease. Dr. Lurie shares insights into the updates, as well as the challenges of revising a widely used system.

No conversation about modern venous therapy is complete without reflection on the appropriateness of the application. The field is growing, with new devices and data emerging at an unprecedented pace. Overuse and misuse can ensue as fields grow, and we have unfortunately seen this in the venous space. Efforts are underway to eliminate misuse, most notably in the form of the American Venous Forum's recently published appropriate use criteria (AUC). We close our venous cover stories with the insights of Drs. Kathleen Oszvath and Elna Masuda, two of the AUC's authors, regarding what constitutes appropriate use and the process of developing the criteria.

Also in this issue, neurointerventional specialists Dorothea Altschul, MD; Richard Klucznik, MD; and James Milburn, MD, discuss stroke care during COVID-19, including concerns that fewer patients are seeking the care they need due to the pandemic.

In our closing interview, Fiona Rohlfes, MD, shares insights gained researching stroke and ensuring safety in thoracic endovascular procedures.

You probably never want to hear the words, "in these challenging times" again, so we'll just say, right now, please take care, and know that you can reach out to a colleague in this field—even if you've never met—to seek or share experiences in hopes of continued growth. ■

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