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Keeping In Circulation

the official newsletter of the Vascular Disease Foundation

our mission

To reduce death and disability from vascular diseases and improve vascular health for all Americans.

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Clot Trapping

Deep vein thrombosis (DVT) occurs when a blood clot, or thrombus, develops in the deep veins of the legs or pelvic area or, on rare occasion, in the arms. DVT involves the veins deep beneath the surface of the skin, rather than the subsurface veins that are often visible. The deep veins do much of the work of sending blood back to the heart from the limbs. Situations such as trauma, cancer, hospitalization or prolonged bed rest, recent pregnancy, use of birth control pills, or a family or personal history of a previous DVT are risk factors for DVT. With prompt diagnosis and treatment, the majority of DVTs are not life-threatening. Most DVTs form in the leg veins and may cause symptoms such as pain, aching, swelling, or warmth of the affected leg. If you experience these symptoms, consult a health professional immediately. DVTs are typically diagnosed by a test called a duplex ultrasound, a quick and painless test that uses ultrasound to look for clots in the veins. Most blood clots can be easily treated by anticoagulant medications. However, if a blood clot enlarges and breaks free, it may travel to the heart and to the blood vessels of the lungs, a condition called a pulmonary embolus (PE). PE occurs in about 500,000 Americans each year and is potentially fatal. In order to reduce the risk of PE, most patients with DVT are placed on an anticoagulant medication.

Anticoagulants, or blood thinners such as Coumadin[®], heparin, or newer heparin derivatives, are effective at helping the body clear the DVT and prevent a PE. They are typically given for several months or even years after a DVT, depending on the patient's risk factors. However, blood thinners are not for everyone. Some people may experience bleeding on these medications or they cannot take blood thinners because of other injuries or medical conditions. Or patients may be facing a surgical procedure during which they cannot be on blood thinners. For these patients, a filter may be placed within the inferior vena cava (IVC), which is the main vein in the abdomen. Blood from the legs passes through the IVC to return to the heart and lungs. IVC filters are small wire baskets that trap clots that move up the vein before they can reach the lungs and cause a PE. The filters are very effective at trapping and holding the clots in the IVC until the patient's body can break down the clot.

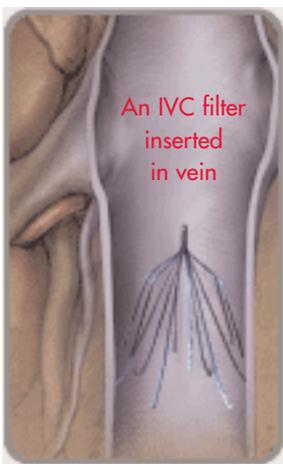
Filters have been in use for many years and are very effective in patients who cannot receive blood thinners. They typically are placed through a tiny tube or catheter that is inserted into the femoral vein in the groin (upper thigh over the hip bone) or in the jugular vein at the base of the neck. The catheter is inserted through a tiny nick in the skin while the patient is under local anesthetic or intravenous sedation. The catheter is then guided by an x-ray TV camera to the IVC. Images of the IVC are then taken while a medication called contrast material is injected through the catheter to make a detailed map of the IVC. The patient would typically have a short

CLOT TRAPPING cont. from page 1



feeling of warmth during the injection. The filter is then collapsed into the tiny catheter and delivered into the vein, where it opens up and attaches to the wall of the IVC. The catheter is then removed and light pressure and a band-aid are applied to the skin site. The whole procedure takes about 30 minutes.

Typically, IVC filters are left in place permanently. Many patients need the ongoing protection of the filters. However, there is a small risk over time for the filter to either malfunction or become clogged with clots. Also, some patients may benefit from having the filter removed if there is minimal risk of developing another DVT or PE. There are several filters available today that are “removable.” These can be left in place permanently or removed within a few weeks of placement if no longer needed. For example, a filter may be removed from



someone who regains his or her mobility and no longer is at high risk for DVT, or after surgery when the patient has recovered and no longer needs blood thinners. There are certain reasons why a filter cannot be taken out within the time frame of removal. These reasons include patients who cannot take blood thinners, patients who are still at a high risk for developing DVT or PE and cannot have blood thinners, and patients who have significant amounts of blood clots trapped within their removable filter.

Removing a filter is similar to inserting a filter. Again, access into a vein in the neck or groin is obtained. A catheter is again moved into the vein under x-ray guidance. A special device attaches to the filter and is used to collapse it back into the catheter and remove it from the vein. A band-aid is applied to the nick in the skin, typically with some light pressure. Again, this is usually a short procedure performed under local or intravenous sedation.

IVC filters are useful devices to protect against damage from clots or a life-threatening PE. Should you need a filter, consult your physician regarding the type of filter that may be most appropriate for you.



About the Author: *Meghal R. Antani, MD, is an interventional radiologist at Washington Hospital Center. His special area of interest is in the main vein leading back to the heart. Dr. Antani also serves on the Vascular Disease Foundation's Editorial Review Board for Keeping in Circulation.*

Images courtesy of Bard Peripheral Vascular

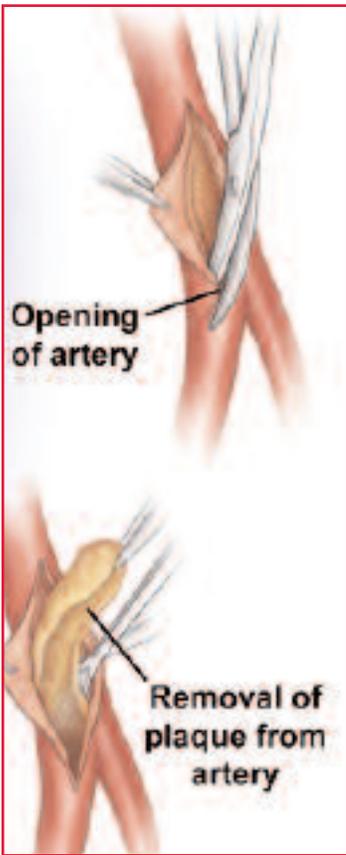
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Your donation helps VDF provide information on vascular disease which the public can trust. Thank you for your support.

Surgical Therapy in PAD

Surgical therapy has been used to treat patients with peripheral arterial disease (PAD) for many decades. With this long experience, vascular surgeons have learned a tremendous amount about the likelihood of success for individual operations, the durability of these procedures, and which patients are most likely to benefit from surgery. In addition, the risks of the procedures and the consequences of failure are also fairly well understood. It is important to understand that surgery does not cure the patient of PAD. Surgery merely provides more blood flow to the leg involved, but the PAD remains. Operations for PAD can be divided into two groups: endarterectomy and bypass grafting.

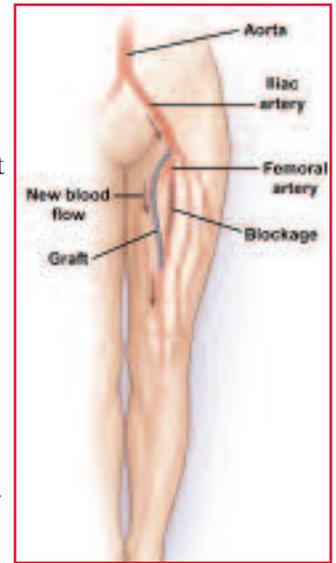


Endarterectomy works best for narrow areas or complete blockages in the body that are in the pelvis (iliac arteries) or groin (femoral arteries) and are short in length. The surgeon actually opens the artery along its length and uses tools to peel away the diseased area of the artery. The surgeon will then close the artery with a patch to make the operated artery wider and less likely to narrow from scarring in the months following the surgery. This procedure is now almost always limited to use in the groin area, because angioplasty and stenting are preferred treatments for the pelvic area. Since the surgeon must

open the artery along its length, the incision is often fairly large. This technique does not work very well for smaller arteries farther down the leg and is not often used in those areas.

Bypass grafting is routing blood from above an obstruction in the artery to below an obstruction, and is frequently used to treat PAD and its more severe form, critical limb ischemia. Bypasses are called by the combined names of the artery above the blockage and the artery below the blockage. Examples are aortobifemoral (blood routed from the aorta to both femoral arteries), femoropopliteal (blood routed from a femoral to a popliteal

artery), and femorotibial (blood routed from a femoral to a tibial artery). Since bypass grafting is a rerouting of the blood flow, a tube (graft or conduit) is required to carry the blood. The most durable conduit depends on where the bypass graft is located. For bypasses in the pelvis, artificial material works best because these are large arteries and there are no large veins to use. For bypasses down the leg, artificial conduit is adequate as long as the bypass graft does not have to cross the knee. However, bypasses below the knee work best with the patient's own vein, preferably the saphenous vein (the same vein from the inner leg that heart surgeons use to bypass the heart blood vessels).



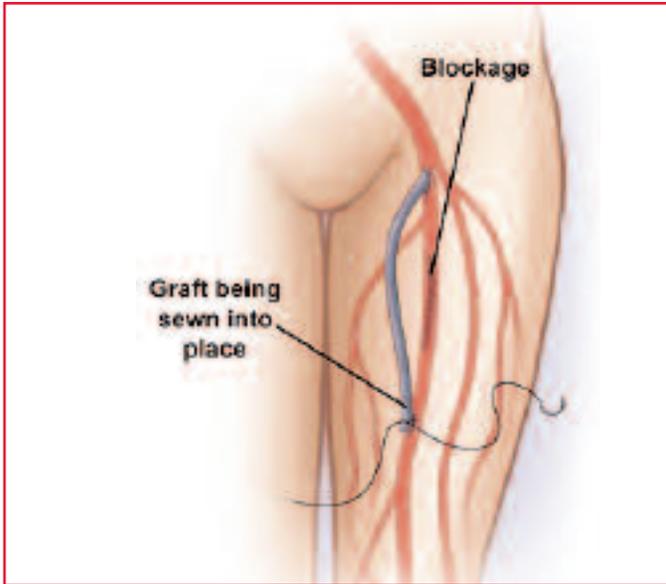
Several things about bypass surgery need to be kept in mind:

1. Placing a bypass permanently changes the artery structure of the leg. That often means that if the bypass clots off, the patient may have worse symptoms than before it was placed. This could include symptoms so bad that without another bypass, the patient may require an amputation.
2. All bypasses have an expected patency (time of continued function as the bypass remains open) that at best is measured at 5 to 15 years. The best results are for bypasses in the pelvis. In general, the farther down the leg a surgeon has to go to bypass the obstructions, the shorter the patency of the bypass.
3. Bypasses are big operations in older patients with PAD. That means that they have some risks in addition to clotting off and not functioning. These risks include death from various causes, most often heart attack (which usually occurs in the days following the operation). In general, the risk of death is one in twenty; younger patients have lower risk and older patients may have greater risk.
4. Leg complications are more common, including infections and breakdown of incisions. The vast majority of

Surgical Therapy in PAD cont. from page 3

these will eventually heal, but it may take weeks and months. Many patients will have swelling of the operated leg, which can be severe. The swelling often gets better with time, but mild permanent swelling is common.

The most important thing for patients to understand is that leg bypass surgery is not like other types of surgery.



The surgeon and the patient will develop a lifelong relationship. That is because the bypasses have a much better chance of working long-term if the patient continues to see the surgeon from time to time in clinic. The bypass must be monitored with physical examination and ultrasound to make sure it is not narrowing in areas. The narrowing can occur without any symptoms. If the surgeon is able to detect this narrowing, it can usually be repaired with either balloon techniques or a small surgery. If it is allowed to progress and the bypass fails completely, then the patient may lose the leg or require a large operation. Patients can help enhance the success of their surgery by following their doctors' orders, taking all medications, and ceasing tobacco use.



About the Author: *Mark R. Nehler, MD, is a vascular surgeon at the University of Colorado Health Sciences Center and the director of the surgery training program. In addition, he was an original member of the Board of Directors of the Vascular Disease Foundation.*

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Terry's Story

I have a vena cava filter. I am 28 years old and that is pretty rare, I have heard. I don't know anyone my age with this problem. When I was 23, I developed clots in my legs. When I was 24, it happened again, but this time they traveled to my lungs. I was lucky to get good care from vascular specialists. There was no obvious cause as I weigh 120 pounds, had no trauma or pregnancy, and had not been on bed rest. Doctors tested my blood to see if there were abnormal clotting components and found I indeed had a clotting disorder and would need to take some measures to prevent more clots. I was planning to get pregnant soon and start a family. Coumadin® cannot be taken when you are pregnant. Another option was to have heparin shots, but I did not want to take heparin shots during my whole pregnancy and besides, the clots had happened without warning. My doctors told me all of the risks with vena cava filters and with taking Coumadin my entire life. After much discussion, I decided the filter was the best plan for me, especially since I plan to have several children. I visit my doctor regularly and I have had no problems with the filter.



Terry is a nurse who does not want her last name published. She realizes that her situation is unusual, but wants people to know there are many reasons why a doctor or patient may elect to insert a filter.

CLINICAL TRIALS RESEARCH REVIEWS

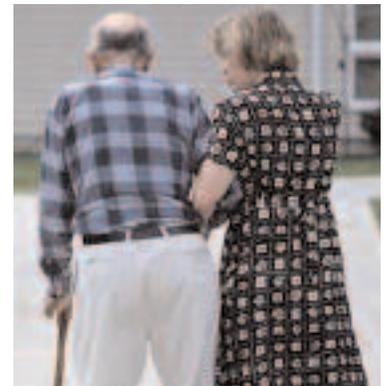
This section of *Keeping In Circulation* is published periodically to provide information about scientifically useful studies to individuals with PAD and other vascular diseases, as well as to their families, and those at risk. All studies listed will answer an important vascular scientific question and be approved by an Institutional Review Board (IRB). By listing these studies, VDF is not endorsing the studies, the study center, the study sponsor, or the treatments. Information about clinical trials can be found on the VDF Web site at www.vdf.org (click on "Clinical Trials") or in the summer 2004 issue (Volume 4 Number 2) of *Keeping in Circulation*.

ActivBiotics Study on Leg Pain

Antibiotic Research Study

ActivBiotics is sponsoring a global, multi-center study (PROVIDENCE-1) on the use of an investigational antibiotic in treating intermittent claudication (pain with walking) as the primary symptom of peripheral vascular disease. The PROVIDENCE-1 study is designed with input from world leaders in peripheral arterial disease investigation in order to evaluate the use and benefit of this treatment. For more information and current site locations, please visit

<http://www.clinicaltrials.gov/ct/show/NCT00251849?order=18>.



Genzyme Corporation Study on Painful Walking

***Do you have poor circulation in your legs
causing pain when walking?***

Novel Gene Transfer Research Study Underway for Leg Pain

If you are 40-80 years old and suffer from blocked leg arteries causing pain brought on by walking (intermittent claudication), you may be eligible to participate in a new research study. The study is underway in the United States and in Europe to assess the safety and effectiveness of an experimental new gene transfer drug being investigated for the potential to treat intermittent claudication. The research study, sponsored by Genzyme Corporation, will determine if the investigational gene transfer drug can increase the growth of new blood vessels and improve blood flow in the legs. Three different doses of the gene transfer drug will be compared to placebo (solution not containing gene transfer substance). For more information and/or to determine your eligibility, visit www.WALKStudy.com

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A Nurse Quits



According to the U.S. Department of Health and Human Services, over 400,000 deaths per year are related to tobacco use. Medical costs and lost productivity related to this addictive habit reach approximately \$90 billion per year. Figure 1 on page 8 represents

a chart from the Centers for Disease Control and Prevention depicting the impact of cigarettes, which causes more deaths than AIDS, alcohol, or accident-related deaths.

As a nurse, I work in a tertiary care center with peripheral vascular disease patients who have tobacco addiction as one of their primary risk factors. Tobacco affects the dynamics of the blood vessels in a tobacco user's body. I provide education to these patients on a daily basis about breaking this habit.

The issue affected my personal life in 2001 with the death of my father. He died after four months of experiencing two heart attacks and surgery for blockages in his peripheral vessels. He smoked for many years, and then switched to oral tobacco, thinking that it was better than the type that is smoked.

It affected me individually. I was a smoker. Now, I am tobacco-free and have been for eight years. Realizing the effects it had on my body and my children's health gave me the initiative to give it up for good.

It is not easy to quit. The average tobacco user attempts to quit seven or eight times before achieving success. What tobacco users do not realize is that quitting now will save their life or limbs in the long run. Tobacco acts like an out-of-control driver in the person's body, speeding through the blood vessels, causing build-up of traffic, crashing into vessels and injuring them. When the traffic comes to a stop due to the major pile-up, life and/or limb may already be lost. To avoid such a "wreck" in a smoker's body, the individual must implement a thoughtful plan.

The key to success is to **PLAN**. There is nothing in life that runs well without a thoughtful plan. Here is the six-step process that I discuss with my PAD patients.

Step 1 – Become Aware. Success starts with understanding why you smoke and why you want to quit. The tobacco user has to quit for himself or herself and not for someone else. Write down the reasons you want to quit, copy them, and post them at work and home and carry the list in your pocket.

Step 2 – Monitor your habit. Before quitting, keep a "smoke log." Record the time, place, your mood, the people you are with, and number of cigarettes smoked or amount used. This helps to identify the "triggers" or whatever makes you crave the nicotine.

Step 3 – Set a quit method and date. Set your quit date within two weeks of your decision to quit. Take time to talk with your health care provider during this step. Discuss with him or her the various ways to quit smoking, including the option of using nicotine replacement therapy (NRT). There are five types of NRT presently available: nicotine patch, gum, inhaler or nasal spray, lozenges, and medications such as Wellbutrin® or Zyban®. Many stop smoking "cold turkey" by throwing the tobacco away. Others reduce or gradually taper the amount they use each day. You have an increased chance of success by combining a stop method, such as cold turkey or tapering, with a formal or informal support system (see Step 4), plus nicotine replacement therapy (NRT).

Step 4 – Form your support network. In this step, the tobacco user finds a support person or group. The group atmosphere provides encouragement among others who understand the feelings of withdrawal. The group also gives members an opportunity to share what works and what doesn't.

It is crucial to learn techniques to deal with the withdrawal symptoms that will occur in the first two weeks. (See box on the next page.) The day before the actual quit date, you should thoroughly clean your house, car, and any other place that will remind you of your habit.

Step 5 – Quitting. Learn from your physician and support group how to deal with symptoms such as headache, sore throat, dizziness, or the inability to concentrate. The withdrawal symptoms may be very strong up to fourteen days after quitting. In addition, the tobacco user must understand that the urge may never go away, particularly in times of stress or tension.

A Nurse Quits cont. from page 6

Step 6 – Staying “quit.” This can be the most difficult step. The most important thing is that you should not feel like a failure if you happen to slip – accept your mistake and get back on track! Review your reasons for quitting. If tobacco was purchased, get rid of it. When a craving is experienced, remember the four Ds:

- 1) **DO** something else.
- 2) **DRINK** plenty of water.
- 3) **DELAY** the urge.
- 4) **DEEP** breathe.

Keep these in mind during your entire quitting process. Keeping in touch with your health care provider during the entire process is helpful.

Even for those who have tried to quit eight times, my advice is to never stop trying. One of these times, you will hit the lottery jackpot and stay quit. Isn't your life worth that much?

A question that I am always asked is, “Can you really get your patients to stop?” The answer is, not a lot of them, but if I affect the life of just one of my patients by getting him or her to stop long-term, then I have helped that person forever. I encourage those of you who smoke to stop and those who know people who smoke to pass this article along to them. Good luck!



About the Author: Carolyn Horne, MSN, RN, is a Vascular Clinical Nurse Specialist at University Health Systems of Eastern Carolina.

More techniques to deal with withdrawal:

- Get a thorough cleaning from the dentist.
- Change your daily routine.
- Brush your teeth immediately when you first get up.
- If you are used to smoking after eating, go for a walk right after a meal.
- Keep ice chips and chewing gum handy to deal with dry throat.
- Try showers and baths to help you relax.
- Drink plenty of water and have low-fat snacks on hand.

Stop Smoking Resources:

For a list of smoking cessation Web sites, visit our "Links" page at www.vdf.org.

American Lung Association
www.lungusa.org
1-800-LUNGUSA

American Cancer Society
www.cancer.org
1-800-ACS-2345

American Heart Association
www.heart.org
1-800-AHA-USA-1

Nicotine Anonymous National Office
www.nicotine-anonymous.org
415-740-0328

National Cancer Institute
www.cancer.gov

Centers for Disease Control and Prevention
www.cdc.gov



Smoking and Peripheral Arterial Disease

Reprinted from *Keeping In Circulation*, Vol. 1, No. 2

Did you know that smoking is the single most important cause of peripheral arterial disease (PAD)? The risk for developing PAD is as much as three times higher for smokers as that for non-smokers. Tobacco use of any kind (low nicotine cigarettes, cigars, pipes, chewing tobacco) escalates PAD. Even half a pack of cigarettes per day can increase the risk by 30–50 percent!

There are two major medical reasons for this impact. First, the nicotine causes the blood vessels to narrow, leaving less room for blood flow and more risk in blood clot formation. Second, the smoke inhaled reduces the amount of oxygen in the blood, increasing chances of a blood clot.

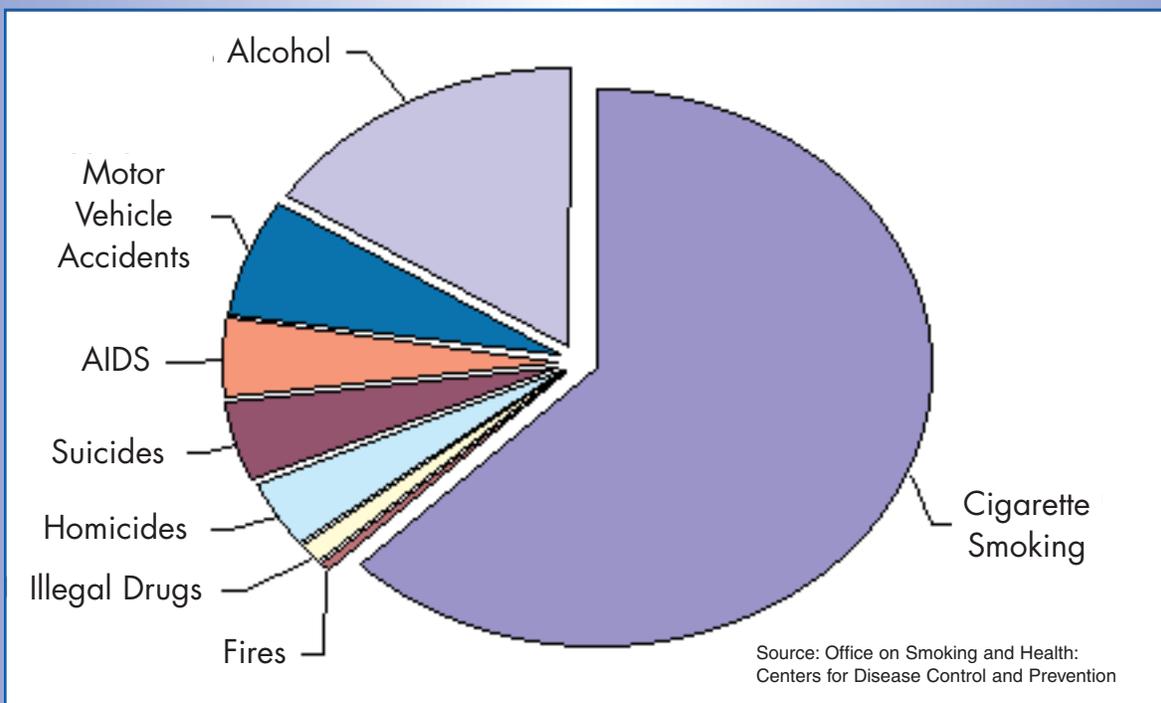
Also, there are over 3,000 chemicals found in tobacco smoke. Some of the chemicals are nicotine, ammonia (used in cleaning fluids), arsenic (used in poisons), carbon monoxide (car exhaust), formaldehyde (embalming fluid), and hydrogen cyanide (used in rat poison).

Patients diagnosed with PAD who continue to smoke are jeopardizing their recovery efforts. PAD patients face as much as a 5 to 15 percent higher risk of death by heart attack and stroke if they continue to smoke.

Fortunately, smoking cessation has its rewards and significantly helps in treatment recommendations. Surgical treatment to remove built-up plaque will be much more successful in the non-smoker. Walking programs to treat intermittent claudication are also more successful in the non-smoker, and the risk for developing coronary artery disease also rapidly decreases once a smoker quits.

If you have been diagnosed with PAD and still smoke, we strongly urge you to speak with your physician about the best stopping method for you.

Cigarettes kill more Americans than AIDS, alcohol, car accidents, murders, suicides, drugs, and fires combined





Excellence in Care Award

Yousef M. Mohammad, MD, MSC

Dr. Mohammad was nominated for VDF's *Excellence in Care Award* by Mr. and Mrs. A. N. Hardy of Grove City, Ohio, for the exceptional care he provided to their daughter, Tiffany, who suffered a stroke in August 2004. In their nomination letter, Mr. and Mrs. Hardy wrote of Dr. Mohammad's relentless effort "to find the cause of Tiffany's stroke."

Only 26 years old when she suffered her stroke, Tiffany was given a 50 percent chance of survival. Dr. Mohammad brought together a team of physicians to help with Tiffany's care. During the days and weeks that followed her stroke, Dr. Mohammad continued to coordinate the efforts of the specialists and to monitor Tiffany's treatments, tests, and condition – from the surgical intensive-care unit to the short-term-care facility to the rehabilitation facility. Tiffany continues to make progress every day, and Mr. and Mrs. Hardy credit Dr. Mohammad for saving their daughter's life.

Dr. Mohammad is an Assistant Professor of Neurology, section of Stroke and Cerebrovascular Diseases, and director of the Stroke Fellowship

Program at the Ohio State University Medical Center. He was awarded his MS and MD degrees from the American University of Beirut Faculty of Medicine in 1986 and 1989. Dr. Mohammad's research interests are in the area of cerebrovascular disease, including the clinical areas of acute treatment of stroke and stroke prevention.



To nominate a health care professional for VDF's Excellence in Care Award, simply send us a note or e-mail with your tax-deductible donation stating whom you are honoring and why this person deserves the recognition. Checks or credit card charges of any amount are accepted. Be sure to identify the honoree's name, address, and phone number so we can let the award recipient know of this honor. Include your name and address so we can thank you as well. Find out more by contacting the Vascular Disease Foundation toll-free at 1-888-VDF-4INFO. Excellence in Care Award recipients are featured on VDF's Web site at www.vdf.org; click on "Donate" and then "Excellence in Care."

February is Heart Month. Participate in your local activities and help improve your vascular health. Go to www.vdf.org for links for further information.

March is DVT Awareness Month. Go to www.vdf.org for information about deep vein thrombosis (DVT) and what you should know about symptoms and prevention.

New Year's Resolution. Stop smoking this year! The best thing you can do for your arteries... and your family. Read how on pages 6 and 7.

For a FREE subscription to *Keeping in Circulation*, call **888-VDF-4INFO** toll free or write to the:
Vascular Disease Foundation • 1075 South Yukon Street • Suite 320 • Lakewood, CO 80226

If your company would be interested in sponsoring an upcoming issue of *Keeping in Circulation*, contact info@vdf.org.



More Online Information About Vascular Disease at www.vdf.org

PAD COALITION ANNUAL MEETING

It was an exciting first annual meeting for the PAD Coalition! Thirty-eight organizations met to organize a plan so that millions of Americans will know about peripheral arterial disease (PAD), will learn what it is, and will seek diagnosis and treatment. The Coalition hopes that its efforts will lead to longer and healthier lives for millions of Americans through a major national campaign to increase awareness about PAD. This first meeting was held in Alexandria, Virginia, on October 11, 2005. Member organizations discussed strategies and plans for the professional and public awareness campaign as well as other upcoming activities. The highlight of the meeting was reviewing concepts and strategies for the campaign that are being developed by the National Heart, Lung, and Blood Institute (NHLBI). The NHLBI will provide approximately two million dollars to develop and launch this national PAD awareness campaign, which is scheduled for national release in the fall of 2006.



Pictured are Jerry Goldstone, MD, Sheryl Benjamin, William Flinn, MD, and Alan Hirsch, MD.

The PAD Coalition Web site can be found by visiting www.padcoalition.org. The Web site will continue to be developed and plans are in the works to include a clearinghouse of PAD educational



Pictured left to right are some members of the original Steering Committee: Sheryl Benjamin, Michael Jaff, DO, Dennis Milne, Alan Hirsch, MD, Emile Mohler, MD, Mark Creager, MD, Timothy Murphy, MD, Marge Lovell, RN, Kathy Balderson, Gwen Twillman.

At the meeting, officers and steering committee members were elected. Congratulations to the new leaders: Alan T. Hirsch, MD – chairman; Marge Lovell, RN, CCRC, CVN, BEd – vice-chairman; Joseph Caporusso, DPM – secretary; Michael R. Jaff, DO – treasurer. The new steering committee members include Peter Gloviczki, MD, Emile Mohler, MD, Timothy Murphy, MD, Gregory O. von Mering, MD, and Harvey Wiener, DO. Additionally, Gwen Twillman was announced as the Coalition's first executive director.

After conducting a successful membership drive in August, the Coalition has grown from the 15 founding member organizations to a total of 42 member organizations, with more to come. The enthusiasm of the member organizations makes the PAD Coalition a truly collaborative effort that will bring greater awareness of PAD to both the general public and the health care community.

materials, a risk assessment tool, and more. Stay tuned to VDF and *Keeping in Circulation* as the campaign unfolds and the member organizations create and disseminate additional PAD information.



Leading the initiative for the PAD awareness campaign: Alan Hirsch, MD, co-chair of the PAD Coalition, and representing NHLBI are Gregory Morosco, PhD, and Susan Shero, RN.

NATIONAL CORPORATE ADVISORY BOARD MEETS IN CHICAGO

The annual meeting of VDF's National Corporate Advisory Board was held in Chicago on November 3, 2005. The National Corporate Advisory Board is made up of respected business leaders from across the country. The Advisory Board members assist VDF in fulfilling its mission of reducing death and disability from vascular diseases through discussion of vascular health initiatives and strategies for increasing awareness about the devastating effects of vascular disease.

National Corporate Advisory Board members include **Bard Peripheral Vascular, Bristol-Myers Squibb/Sanofi-Synthelabo, CV Therapeutics, Cordis Endovascular, Diomed, Inc., Harrah's Entertainment, and W.L. Gore.**



VDF BOARD OF DIRECTORS MEET



On November 4, the VDF Board of Directors held its bi-annual meeting. Agenda items included a review of the organization's bylaws and strategic plan as well as budgets and plans for 2006. VDF is fortunate to have a Board of Directors that includes vascular specialists from a variety of disciplines, all of whom volunteer their expertise and time to help VDF. Our Directors' leadership, their dedication to VDF's mission, and their considerable expertise keep the organization strong, growing, and successful. The Directors will meet again in May.

The Board of Directors

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Alain Drooz, MD, *President*
Mark A. Creager, MD, *President-Elect*
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We have tried to recognize all those who volunteered in 2005. However, if we omitted a name, we sincerely apologize. Please let us know so we can correct this oversight. For information on how you can volunteer please contact Sheryl Benjamin, Executive Director, Vascular Disease Foundation, 1075 S. Yukon St., Ste. 320, Lakewood, CO 80226, or send e-mail to info@vdf.org, or call us at 303-989-0500 or toll-free at 1-888-VDF-4INFO.

ANTICIPATION!



A new year is always full of anticipation and hope for a better and healthier life. We all wish each other a Happy New Year and hope for joy and peace in 2006. But for many Americans, the new year always raises a number of important questions. What will this coming year be like? Will it be better than the last?

Those of us at the Vascular Disease Foundation are full of excitement and anticipation. After five years of preparation, our PAD Coalition and the National Heart, Lung, and Blood Institute, one of the National Institutes of Health, will launch a PAD Awareness Campaign. We have a lot to do to fulfill this mission before the launch next fall 2006. It is so exciting to prepare information and messages that will make such a difference to millions of Americans. Many of the more than 8 million Americans affected by PAD do not know they have this disease. What a difference we can make in their lives and what satisfaction we will feel if they are diagnosed and treated! Those receiving *Keeping In Circulation* already know about PAD. We encourage those individuals with this

disease to exercise, take appropriate medications, eat nutritionally, and stop smoking.

This issue of *Keeping in Circulation* has information on surgical options for treating PAD and on smoking and how to stop. Ceasing tobacco use is one of the most important things a person can do to reduce the affects and risk of PAD. There is other highly useful information in this issue and every issue of *Keeping in Circulation*. We hope you anticipate this newsletter each quarter. We anticipate continuing to provide you with trustworthy information on all vascular diseases throughout the year. We anticipate and appreciate your e-mails and the letters you write in order to share your comments, questions, and personal stories. Above all, we wish you a happy and healthy New Year.

Sheryl Benjamin
Executive Director

IN THE NEWS

VDF Endorses PAD Guidelines

VDF proudly endorses and enthusiastically supports the recently released **ACC/AHA Guidelines for the Management of Patients with Peripheral Arterial Disease (Lower Extremity, Renal, Mesenteric, and Abdominal Aortic)**. The Guidelines, a long-awaited collaborative effort of many vascular specialties which was spearheaded by the American College of Cardiology and the American Heart Association, were released on December 9, 2005. With more than 12 million people affected by PAD (and related diseases) this document will dramatically impact the diagnosis of this common, yet under-treated disease. The guidelines will help health care providers more easily recognize, diagnose, and treat PAD and its associated health risks, such as critical limb ischemia, renal arterial diseases, and abdominal aneurysms. A Web cast was held in conjunction with the release of the Guidelines. You can listen to a panel of experts in a discussion of the **New Peripheral Arterial Disease Guidelines: Management of Patients with Lower-Extremity PAD**. VDF's former president, Dr. Alan Hirsch, along with Dr. Elliott Antman, lead Guidelines writing committee members, including Drs. Mark Creager, David Sacks, John White, and Ken Rosenfield, in a discussion on risk factor awareness, diagnostic fundamentals, and treatment recommendations for this disease. If you would like to view the Web cast, visit www.PADcoalition.org and click on the link.

SAAAVE Act

The U.S. Senate passed coverage for abdominal aortic aneurysm (AAA) screening in early November! Thanks to all who wrote to their senators, we are well on the way to getting national Medicare coverage for a one-time screening for AAA, a preventable condition that claims the lives of about 15,000 Americans each year. The elements of the SAAAVE Act were incorporated into an amendment to the reconciliation bill. The House of Representatives is considering the provisions of the SAAAVE Act as *Keeping In Circulation* goes to press. If passed, the Medicare coverage will begin in 2007.

The National Screening Program in Venous Disease

During November and December, the American Venous Forum, in partnership with the American Vascular Association, conducted the first-ever National Screening Program in Venous Disease. After months in development, 30 sites, hospitals, or stand-alone medical clinics participated. Approximately 600 patients will complete the screening process that consists of DVT risk assessment, screening duplex for valvular reflux, and leg inspection for chronic venous insufficiency by the end of 2005. "Report cards" were given to each person to share with his or her doctor. The preliminary findings indicate that over one-half of the patients screened required follow-up with their primary care physicians. In 2006, the American Venous Forum anticipates that the screening program will grow to over 50 sites. The first community program is being planned in Miami in February. The American Venous Forum is proud of its support of and partnership with the VDF. For further information about venous disease, compression therapy, and/or screening programs in your area, please visit www.venous-info.com.

Frequently Asked Questions

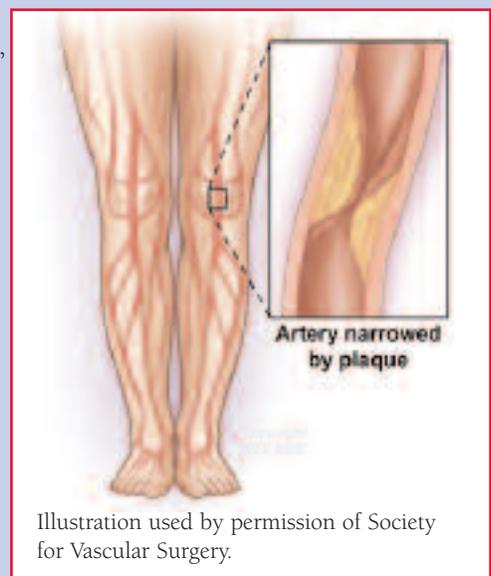
- Q.** My mother has two ulcers on her feet. Both of her legs from her knees to her ankles have turned brown and are very sensitive. Just touching them causes her pain. She's 85 and doesn't want to see any more doctors. Could this discoloration be caused by poor circulation?
- A.** Yes, the discoloration can be a symptom of poor circulation as is the fact that she has ulcers. She really needs to see a vascular specialist who can assess both surgical and non-surgical options that will help improve blood flow to the ankles, heal the ulcers, and help with the pain. Time is important here. Her condition will not get better, but instead will likely get worse, possibly requiring amputation in order for her to stay alive. The sooner she receives treatment, the better.
- Q.** I think I might have peripheral arterial disease (PAD), except that I have a red rash on my legs. Is that also a symptom?
- A.** Rashes are not associated with PAD. It is more likely that you have an allergy or some other condition causing the rash. It is common for more than one disease to occur at the same time. If you think you have PAD, you should contact your doctor to have a diagnosis. If left without treatment, PAD can significantly impact your health. Remember, one out of three individuals with PAD will die within five years. So, don't delay. Visit your doctor soon.

Anatomy of . . . Plaque

Plaque is a catch-all word that includes a combination of cholesterol build-up, white blood cells, calcium, proteins, inflammatory cells, fatty substances, cell waste products, fibrin, and other substances. Over time, these substances build up on the arterial walls, causing the artery to narrow and harden and making it hard for blood to flow as it should. This occurs in some ways similar to how calcium and other deposits can build up on pipes in your house. Eventually water drains slowly and causes problems.

We all have some combination of these substances, but some people are more prone to plaque build-up than others. There are several thoughts as to the causes of plaque build-up. Some experts believe plaque gathers in areas of the artery that have become damaged. The damage can be caused by the use of tobacco products, diabetes, high cholesterol levels, high triglyceride levels, high blood pressure, and stress. If an artery has scar tissue, then the damaged area acts as a sort of "catch" for the plaque that travels through the blood stream. After a while, the plaque that is caught on the scar tissue builds up and then blockage occurs.

Remember the old saying, "An ounce of prevention is worth a pound of cure"? This is true for plaque build-up. While we can't entirely eliminate the build-up of plaque, through lifestyle changes we can help to lower the amount and rate of the build-up. First and foremost, if you smoke or use tobacco products, STOP! Also, exercise regularly and eat a diet that is low in fat. Finally, work with your doctor to keep your blood pressure and cholesterol at healthy levels and your diabetes under control.





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