



Vascular Disease  
Foundation

# Keeping In Circulation®

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**Breaking news: VDF receives CDC grant!**  
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## A Second Chance By Christy Bailey

Every day 48-year-old Erin O'Connell Peiffer, of Baltimore, Maryland, takes 19 pills – from blood-thinner drugs to blood pressure medicine and fish oil. At some point in the day, she sees the nine-inch scar on her chest. She says they are reminders about how lucky she is.

In early 2001, Erin had a 99-percent blockage in her coronary or heart artery – a blockage often called the widowmaker. Recovery wasn't easy. Erin was in and out of the hospital 12 times for complications. She was forced to leave her job. Not long after a double bypass surgery to treat the blockage, she saw her doctor for a foot wound that wouldn't heal. She was diagnosed with peripheral arterial disease (PAD), a serious condition that occurs when leg arteries become narrowed or blocked. PAD often precedes or co-exists with heart disease. In Erin's case, doctors found that an artery behind her right knee was completely blocked.

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# A Second Chance

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## Erin beat the odds and survived.

Some aren't so lucky. Heart disease is the leading cause of death in women. Nearly every minute, a woman in the United States dies from heart disease. PAD can be life-threatening as well because it can lead to heart disease or stroke, or can lead to gangrene and amputation of a leg.

"Before this happened to me, my biggest concern was breast cancer – not because I have a family history, but because that's what I'd been hearing about," says Erin.

She didn't know that eight times as many women die from heart attacks each year as die from breast cancer. Nor did she know that having heart disease increased her risk for PAD. She didn't know how serious PAD was, or that she could have lost her foot.

Now Erin makes sure women know what she didn't.

"I got a second chance," she says. "So now I speak for the women who didn't have that chance. I owe it to them."

Erin has shared her story with more women than she can remember. She has talked to small groups of moms and audiences of thousands. She has conducted radio interviews and has appeared in health magazines. She runs a support group. She is a spokesperson for WomenHeart, a national organization dedicated to promoting women's heart health through advocacy, education and patient support. She has also talked to medical professionals.

The content varies from one talk to another, depending on the audience. But Erin's take-home message stays the same: "Take charge of your health."

She urges women to put themselves first. When the kids are sick, women rush to the doctor. But they ignore their own signs and symptoms, because they have to get someone to soccer practice or make dinner. "Women are the queens of excuses," Erin says.

Another thing people can do is know their risks and take steps to manage them. Controllable risk factors for both heart disease and PAD include high cholesterol, high blood pressure, smoking, having diabetes, being overweight and not being physically active.

Erin finds time to exercise every day and eats healthy foods. She takes her medicines and sees her doctor regularly. Her doctor, vascular medicine specialist Elizabeth Ratchford, MD, said, "Erin has done a great job with regular exercise and risk-factor modification and keeps a close eye on her symptoms."

"I'm a better person now," says Erin. "I am happier, more fulfilled, more spiritual. I live more frugally."

But the most important change, according to Erin, is that she now gets a chance to help other women avoid what she went through.

"There's a reason I'm here," she says, "a reason I got a second chance." Erin says she's here for her three kids and to educate other women. But there's more to it than that. Erin O'Connell Peiffer is here to make a difference. And she is doing just that.



Vascular Disease  
Foundation

## Our Mission

To improve health for all by reducing death and disability from vascular diseases.

## Keeping In Circulation®

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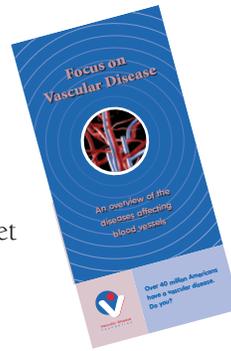
## Medical Editor

Janice Nunnelee, PhD, RN

# In the News

## New Brochure on Vascular Disease

VDF has just printed a new brochure for the public and for health-care providers, "Focus on Vascular Disease." It provides an overview of the types of vascular diseases that occur, including atherosclerosis, aneurysms, venous clots, varicose veins, lymphedema, birth defects, inflammatory disease and others. Contact us to get your free copy at **888-VDF-4INFO (888-833-4463)** or email us at **info@vdf.org**.



## Annual AARP Life@50+

Join us in Las Vegas for the annual AARP Life@50+ convention, October 22–24. We have a booth in the exhibit hall where we will offer information and answer questions. There will also be presentations focused on vascular disease and maintaining vascular health.

## November is Diabetes Awareness Month

Visit the P.A.D. Coalition Web site ([www.PADCoalition.org](http://www.PADCoalition.org)) or the VDF Web site ([www.vdf.org](http://www.vdf.org)) to learn how vascular diseases relate to diabetes.

## Order Your Holiday Gifts at [www.vdf.org/store](http://www.vdf.org/store)

Order holiday gifts through the Web sites of VDF or the P.A.D. Coalition. You can order T-shirts, hats, ties, clocks, bags and stuffed animals with the VDF logo and many items are available with the P.A.D. Coalition or the Stay in Circulation logos. Order at: **[www.vdf.org/store/](http://www.vdf.org/store/)**.



## VDF Annual Appeal

Watch for our Annual Appeal mailing this fall. Please give generously. Your gifts help us continue our programs. If you or someone you know works for the federal government, ask them to contribute to the VDF through the Combined Federal Campaign. All they need to do is to provide our charity number: 11851.

## Ask-the-Doc Live Chats

New online chats will be starting up again this fall and winter. To find out the times and dates, check our Web site often. It will be posted under the "Interactive Learning" button on the left side of our home page at **[www.vdf.org](http://www.vdf.org)**.

## Vascular Disease Foundation Announces 2009 Awards

VDF presented its annual awards at the organization's sixth annual meeting in Washington, DC. The awards were presented by Anton Sidawy, MD, president, "to recognize individuals who have assisted the Foundation in accomplishing its mission and show our appreciation for the extraordinary efforts to support the Foundation's efforts to increase awareness of vascular diseases and enhance patient lives." The awards were given to Alan T. Hirsch, MD for Vision, to Mark A. Creager, MD for Leadership, to Elizabeth G. Nabel, MD for Inspiration and the award for Partnership to Cordis Corporation.



Mike Madden, Cordis Corporation, receives the President's Award for Partnership from VDF president Anton Sidawy, MD.

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# Vasculitis



*Small vessel (capillary) vasculitis.*

## What is vasculitis?

Vasculitis is an inflammation of the wall of a blood vessel, a tube that carries blood. Blood vessels are the arteries, veins and capillaries in the body. Vasculitis can affect a blood vessel of any size. This inflammation may result in narrowing or occlusion (blocking) of the vessel; weakening of the vessel wall which could lead to an aneurysm and/or to hemorrhage or bleeding. When vessel narrowing or occlusion occurs, the organ supplied by that blood vessel suffers from ischemia (lack of oxygen), which can cause damage with a loss of organ function or even patient death if a critical organ is involved.

There are many types of vasculitis. They comprise a group of rare and complex diseases. They are classified as primary when there is no known cause and classified as secondary when a cause can be identified. Examples of secondary vasculitis are those caused by infections, medication toxicity (drug reaction), cancer and other diseases such as lupus and rheumatoid arthritis. Examples of primary vasculitis include Wegener's granulomatosis, Churg-Strauss syndrome, polyarteritis nodosa, Takayasu's arteritis and giant cell arteritis.

## What are the symptoms?

Symptoms vary greatly depending on the organ(s) involved and the extent of the inflammation and/or ischemia. The lungs, skin, kidneys and peripheral nervous system are frequently involved in systemic vasculitis. If the lung is affected, the patient may have shortness of breath, coughing and/or chest pain. Different skin rashes or lesions may be caused by vasculitis affecting the skin. Symptoms from peripheral nerve disease include numbness or complete loss of sensation, pain and abnormal sensations such as burning

or tingling. Virtually any organ system may be involved by different types of vasculitis.

## What are the risk factors for vasculitis?

Studies have looked at genetic factors and have noted an association of certain vasculitides (plural form of vasculitis) with the presence of some genes. However, there are no known specific genes that are linked with a greater risk of developing vasculitis. Infectious agents, medications and certain connective tissue diseases may be associated with vasculitis, but other factors are yet to be identified and proven.

## How is vasculitis diagnosed?

Establishing the diagnosis of vasculitis is not easy as the signs and symptoms may vary greatly. The diagnosis is a result of a combination of symptoms, laboratory tests, biopsy and/or angiography. There is no laboratory test that alone confirms the diagnosis of vasculitis, but certain tests may be helpful.

A biopsy is performed in most cases, as it is considered the gold standard test for vasculitis. However, it is not always feasible. Medium and large vessels are not accessible to biopsy unless the patient undergoes a surgical procedure. The biopsy results may also be affected by several factors including what organ is subject to biopsy, the sampling method used and the operator's skills and experience.

## What is the treatment?

Treatment is not the same for all vasculitides as these diseases have unique clinical manifestations and prognosis. Sometimes vasculitis may be treated with corticosteroid alone whereas in other cases it may require a second immunosuppressive medication (e.g.

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Wegener's granulomatosis). Many factors affect the choice of treatment including the organ-systems involved and the severity and extent of disease. Cyclophosphamide is used in combination with steroids in severe cases, when critical organ function is affected or in life-threatening situations. In less severe cases, a less toxic agent such as methotrexate (MTX) may be used. Some cases require staged therapy with two steps: initial therapy to control the disease and the second step therapy for maintenance to reduce the risk of relapse. Methotrexate or azathioprine are commonly used agents for maintenance treatment. Most patients with vasculitis are treated by rheumatologists but other physicians may also be experienced in treating this problem.



The Peripheral Arterial Disease (P.A.D.) Coalition has launched a petition drive at [www.padcoalition.org](http://www.padcoalition.org) to urge President Obama and Congress to increase access to evidence-based health care for individuals with PAD.

Approximately nine million Americans, including one in five men and one in six women in the Medicare population, have PAD or clogged arteries of the legs. PAD is a red flag that other arteries, including those in the heart and brain, are likely affected – increasing the risk of a heart attack, stroke and even death. It can also cause leg pain when walking and lead to disability, amputation and poor quality of life. Fortunately, heart attacks, strokes and deaths can be reduced and quality of life improved through the use of therapies recommended in national cardiovascular guidelines. However, many

### How can vasculitis be prevented?

Many patients with a history of vasculitis must be monitored closely for relapses. Certain diseases may require monitoring of laboratory tests monthly. Immediate medical evaluation is important if recurrent or new symptoms appear that may indicate a relapse. Most patients with vasculitis require long-term follow-up for monitoring of disease activity, medication toxicity and damage from other diseases associated with vasculitis.

**Resources:** [www.vasculitisfoundation.org](http://www.vasculitisfoundation.org)

**About the Author:** *Alexandra Villa-Forte, MD, MPH is a clinical rheumatologist in the Center for Vasculitis Care and Research, Department of Rheumatic and Immunologic Diseases at the Cleveland Clinic Foundation. Most of her time is devoted to patient care and teaching of residents and rheumatology fellows.*



## Petition Aims to Improve the Care of Patients with PAD

Americans with PAD don't receive this care until it's too late.

PAD is easily diagnosed through the ankle-brachial index (ABI), a non-invasive, cost-effective test that compares the leg blood pressure to arm blood pressure. Medicare currently offers PAD testing for patients with leg symptoms, however, PAD is most often asymptomatic. PAD care guidelines developed by leading vascular groups recommend testing 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.

The P.A.D. Coalition aims to collect at least ten thousand signatures and will deliver the petition to Congressional leadership.

Please sign the petition and have your friends and relatives sign it too. To sign, go to [www.padcoalition.org/petition](http://www.padcoalition.org/petition).

# About...“Statins”

Statins are a group of prescription drugs which lower cholesterol by decreasing the production of cholesterol in the liver. They work by blocking the enzyme in the liver that is responsible for making cholesterol. As a group, they are among the most commonly prescribed drugs today. Studies have shown that they reduce the risk of heart attack in persons with high cholesterol.

Some examples of statins are: atorvastatin (Lipitor<sup>®</sup>), fluvastatin (Lescol<sup>®</sup>), lovastatin (Mevacor<sup>®</sup>), pravastatin (Pravachol<sup>®</sup>), rosuvastatin (Crestor<sup>®</sup>) and simvastatin (Zocor<sup>®</sup>).

Cholesterol contributes to the development of atherosclerosis, the process where plaques form in the arteries. These plaques can reduce the blood flow to critical areas in the body and result in many problems, including peripheral arterial disease (PAD), cerebrovascular disease and heart disease. Blood clots can also form on the plaque and can lead to a stroke or heart attack. It is important to have medications to control cholesterol production.

Statins are used for the treatment or prevention of atherosclerosis in people at risk for atherosclerosis. Risk factors include: high blood pressure, high cholesterol levels, family history, increased age, diabetes and smoking. Most people are placed on statins because their cholesterol levels are high. They may be given to

individuals with heart disease or diabetes even if their cholesterol levels are not that high. Statins lower the “bad” (LDL) cholesterol, lower the triglycerides and may slightly increase the “good” (HDL) cholesterol. In addition, they reduce the size of plaques in the arteries, stabilize the plaques and reduce inflammation. Some new research suggests they may also decrease blood clot formation.

Statins have many side effects. These include: nausea, gas, vomiting, constipation, diarrhea, headache, dizziness, rash and sleep disturbance. Statins may cause liver enzymes to go up so blood tests may be required to check for this. Very rarely they can cause muscle pain and weakness. This generally goes away when the medication is stopped. It is something that should be reported to the patient’s health-care provider right away. There are a few reports of difficulty concentrating or thinking, but these are rare.

Statins do interact with other medications so it is important for your health-care provider to know all of the medications you are on. Some interactions can increase the risks of side effects.

It is important that you take your medication as prescribed and that you tell your health-care provider if you have any problems with any medications. They will help you in your fight against atherosclerosis.

## “In Memory of” and “In Honor of” Envelopes Available

VDF has created a preprinted envelope in response to request from supporters who have contributed “In Memory of” and “In Honor of” a loved one. This can simplify and expedite your desire to memorialize or honor a special person through a donation to VDF. If you would like to receive these special envelopes, call us at **888.VDF.4INFO** or by e-mail at **info@vdf.org**



## Wanted: Nominations for Jacobson Award for Physician Excellence

Nominations for the 2010 Julius H. Jacobson II, MD, Award for Physician Excellence are being accepted. This prestigious annual award recognizes outstanding contributions to physician education, leadership or patient care in vascular disease. New nominees for the 2010 award are now being accepted through **Friday, January 29, 2010**. For complete criteria, please contact VDF at **info@vdf.org** or **888.VDF.4INFO**.

# Frequently Asked Questions

Excerpted from recent VDF's Live "Ask the Doctor" Chats with Drs. King and Gornik, Transcripts of all chats may be found online at [www.vdf.org](http://www.vdf.org).

**Question:** I heard about air pumps that help with circulation? Do they work and would they help peripheral arterial disease? Would they help with ulcer healing or neuropathy?

**Answer:** Air pumps have been used for several years with people with poor circulation. Many people feel they have helped them and doctors do prescribe them. Unfortunately, we do not have any scientific study to prove they work, but they are probably not harmful and it is reasonable to try them. Air pumps have not been proven to help with foot ulcers or neuropathy.

**Question:** If I have diabetes, am I at increased risk for getting blood clots, such as DVTs and PEs?

**Answer:** In some studies diabetes has been associated with an increased risk of deep vein thrombosis. Obesity is also a risk factor for DVT, which may in part explain this association. Maintaining a normal body weight and exercising regularly may help to reduce your cardiovascular risk.

**Question:** I get boils on my skin, arms and calves. Is this from diabetes or vascular disease?

**Answer:** The boils are a small infection in the skin due to a local skin condition. They are preventable and treatable with good skin care and medication. A dermatologist or your primary health-care provider can help you with that.

**Question:** I have had diabetes for many years and my doctor is always on my back about my blood pressure. How is this related to my diabetes?

**Answer:** There is an increased prevalence of hypertension (high blood pressure) in people with diabetes. This may relate to chronic kidney disease in Type 1 diabetics and to being overweight or obese in Type 2 diabetics. What's important to know is that hypertension in people with diabetes has worse consequences than in non-diabetics; this is why doctors tend to be more aggressive in treating hypertension in people who have diabetes.



## VDF HealthCasts: Three New Episodes

The Vascular Disease Foundation is excited about three new audio HealthCasts that can be found on our Web site in the tab on "Interactive Learning." Our guests are the leading scientific and clinical experts in their respective fields. **Here are the latest HealthCast episodes and topics:**

### Episode 31: Endovascular Treatment for Peripheral Arterial Disease

This episode features a discussion about medical and surgical treatments for more severe forms of peripheral arterial disease (PAD) by Dr. Mahmoud B. Malas, Assistant Professor of Medicine at the Johns Hopkins School of Medicine and Chief of Endovascular Surgery at Johns Hopkins Bayview. Dr. Malas is a strong proponent of disease prevention and, whenever possible, he uses the least invasive surgical approach to manage the consequences of vascular disease.

### Episode 32: Endovascular Treatment for Abdominal Aneurysm

This episode covers risk factors for abdominal aneurysm, how to recognize its symptoms and surgical treatments for this life-threatening health condition. The guest speaker is Dr. Mahmoud B. Malas, Assistant Professor of Medicine at

the Johns Hopkins School of Medicine and Chief of Endovascular Surgery at Johns Hopkins Bayview.

### Episode 33: Facts about Cardiovascular Disease in Women

This episode covers the growing problem of cardiovascular disease affecting the heart and peripheral blood vessels in women and special considerations for screening, recognizing symptoms, and treating cardiovascular disease and its risk factors. The guest speaker is Dr. Pamela Ouyang, Professor of Medicine at the Johns Hopkins School of Medicine and Director of the Women's Heart Program at Johns Hopkins Bayview. Dr. Ouyang is a cardiologist and a specialist in preventing and treating cardiovascular disease in women.

For more information about vascular disease or to submit questions or topic suggestions, please visit our Web site: [www.vdf.org/interactive/podcasts/](http://www.vdf.org/interactive/podcasts/).

# The Post-Thrombotic Syndrome



An ankle showing signs of PTS. Image courtesy of Susan R. Kahn, MD.

## What is the post-thrombotic syndrome?

The post-thrombotic syndrome (PTS) is a complication from having had a blood clot known as a deep vein thrombosis (DVT). Many people who have had a DVT of the leg or arm recover completely; others may be left with symptoms and physical signs in the affected limb(s) that are collectively known as the post-thrombotic syndrome. Overall, PTS occurs in 20-40 percent of patients after an episode of lower extremity DVT, making it the most common complication. *PTS can still occur even though appropriate anticoagulant treatment for DVT was given.*

## Why is PTS a problem?

PTS is a frequent side-effect of DVT and, while symptoms can wax and wane over time, it is a chronic, life-long condition. PTS leads to patient suffering and disability and is costly to society. Severe PTS can cause painful venous ulcers or sores that are difficult to treat and tend to recur. They occur in 5-10 percent of patients.

## Why does PTS occur?

When a clot forms in a vein, the valves inside the vein can be damaged by the clot or by the surrounding inflammation. The damaged valves as well as residual clot create an obstacle for blood returning from the leg veins back to the heart, which results in increased venous pressures in the leg.

## What are the symptoms of PTS?

Typical symptoms of PTS include leg pain, aching, heaviness or tiredness, swelling, cramping and itching. The number and type of symptoms may vary from person to person. Symptoms tend to get worse when standing or walking, and tend to improve with rest and leg elevation. Clinical signs of PTS that may be seen on the leg include leg edema (swelling), brownish skin pigmentation, bluish discoloration of the leg/foot/toes, especially when standing, formation of new varicose veins, dry flaky skin (eczema), hardening of the skin and leg ulceration (typically above the ankle bone on the inside of the leg). PTS usually develops within the first six months after DVT, but can occur up to two years after the clot.

## What are the risk factors for developing PTS after DVT?

It is difficult to predict which patients with DVT will go on to develop PTS. Nevertheless, several factors have been identified that appear to increase a person's risk. These include larger and more extensive DVTs (i.e., those occurring higher up in the leg veins), obesity in patients and having another DVT in a leg with a previous DVT. Older age and poorer quality of anticoagulation (medication used to keep the blood from forming clots)<sup>1</sup> for the initial DVT may also be risk factors. Recent studies also indicate that persistence of DVT symptoms and signs at one month after the blood clot are associated with a higher risk of developing PTS.

## Prevention and treatment of PTS

Compression stockings (knee-length, Class II compression of 30 to 40 mmHg) worn daily for two years after DVT have been shown in some studies to reduce the risk of developing PTS. These may be cumbersome to wear for some patients, and research on the benefit of compression stockings for the prevention of PTS is still ongoing. However, the JCAHO and American College of Chest Physicians highly recommend their use.

Preventing recurrence of DVT is also important. This is achieved with appropriate duration of anticoagulation therapy for the initial DVT event and the use of various preventive steps during high-risk periods once the patient stops taking anticoagulants.

Steps that may help patients who already have PTS include leg elevation, use of compression stockings dur-

ing the day to reduce leg edema, analgesics (painkilling medication) for pain management, and various intermittent compressive devices to help reduce the swelling for severe cases of PTS. Leg ulcers require specific care with compressive and topical therapies.

Surgical or balloon dilation procedures on the deep leg vein(s) such as catheter-directed thrombolysis (dissolving of the clot) are not currently recommended as standard of care for the treatment of PTS, although some studies have shown that aggressive treatment of a DVT during the acute stages using these and other techniques may help prevent PTS. It is not yet known whether weight loss or exercise aimed at strengthening the leg muscles have a role to play in treating PTS, but these are usually recommended. Plus, maintaining a normal body weight and exercising regularly (30 minutes per day on most days of the week) are important for overall cardiovascular health.



Compression stockings.  
Image courtesy of Juzo.

As current options to prevent and treat PTS each have limitations, more research is needed on better ways to manage PTS.

<sup>1</sup> (i.e., INRs that are too low in the initial few months of therapy)  
**International Normalization Ratio (INR)** is the standard unit for reporting the clotting time of blood.

#### About the Authors:

**Nathalie Routhier, MD** is Assistant Professor at University of Montreal. She trained as a Fellow in Thrombosis at the Jewish General Hospital in Montreal and completed a Master's Degree in Neuroscience at McGill University. She is working as staff in Internal Medicine specialized in Thrombosis at Sacré-Coeur Hospital in Montreal.



**Susan R. Kahn, MD** is an internist and clinical epidemiologist based at the Jewish General Hospital in Montreal, where she is Director of the Thrombosis Program. She is also Professor with Tenure in the Department of Medicine and Associate Member in the Department of Epidemiology and Biostatistics, McGill University. Dr. Kahn holds a National Research Scholar award from the Fonds de la recherche en santé du Québec, has been awarded numerous peer-reviewed research grants and has published and presented widely in the field of thromboembolism.



Jess R. Young, MD (C) receives award from Anton Sidawy, MD (L) and Julius H. Jacobson II, MD (R).

## 2009 Julius H. Jacobson II, MD, Award for Physician Excellence

**Jess R. Young, MD**, was honored with the prestigious 2009 Julius H. Jacobson II, MD, Award for Physician Excellence at the VDF Annual Awards dinner on September 16, 2009. It was especially wonderful to have Dr. Jacobson present this year's award along with VDF president, Anton Sidawy, MD.

Dr. Young is one of the pioneers of vascular medicine and a premier educator in the field, training an entire generation of vascular medicine fellows. Dr. Young was pivotal in establishing the vascular diagnostic laboratory at the Cleveland Clinic, where he practiced vascular medicine for over 40 years. Perhaps one of the greatest visions by Dr. Young was the establishment of the first multi-specialty vascular intervention programs in the United States in the early 1990s which required developing key working relationships within the departments of Cardiology, Vascular Surgery and Radiology to help advance this new field.

Dr. Young served as primary editor for the first edition of "A Textbook of Peripheral Vascular Disease," which remains one of the finest clinical textbooks of its kind. He has over 100 publications showing his depth of contribution to the field.

Dr. Young was an outstanding educator in the field of vascular medicine. He was voted Cleveland Clinic Teacher of the Year on two separate occasions. Dr. Young influenced an entire generation of vascular medicine fellows, many of whom now direct major vascular medicine programs in the United States, and he has had a major impact on treatment of patients across the country.

# Visiting Your Health-Care Provider



1. Before your appointment, learn as much as you can about your medical condition so you can understand what he/she is talking about during your appointment.
2. Bring a list of your medicines and doses with you each time. Keep it current. List any herbal or dietary supplements you are taking. There can be interactions between prescription drugs and supplements that can be dangerous to your health.
3. Write a list of your questions. Keep to the subject of your appointment. If you have another problem, make another appointment. Do not ask for advice for family members.
4. Write down your current medical conditions – how far you can walk, any problems you are having, etc.
5. Take a pad and pen so you can write down any instructions.
6. If you have questions about an instruction, ask them at that time.
7. Ask if you should continue on all your other medications.
8. If you are given a new prescription, be sure you understand why you are to take it. Ask about possible side effects of any new medications.
9. Ask for any refill prescriptions you may need.
10. Keep current with your preventive health care and know the dates of your last testing or vaccinations. Discuss with your doctor which preventive treatments and tests you might need, such as the flu vaccine, the pneumonia vaccine (Pneumovax), a colonoscopy for colorectal cancer, a mammogram for breast cancer, a Pap smear for cervical cancer, a bone density test for osteoporosis, or a screening for abdominal aortic aneurysm (AAA).
11. Be honest when answering questions – you do yourself only harm if you are not truthful with what you are doing or how you are feeling.

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Remember, the only way the health-care provider knows what is going on is for you to tell him/her. You must provide complete information and it is your job to remember and follow all instructions.

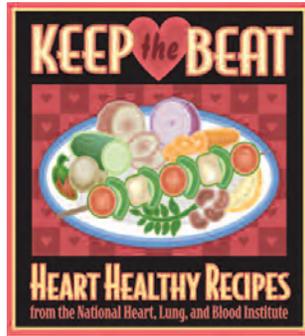
# Cardiovascular Healthy Recipe

VDF is proud to offer heart healthy recipes for you and your loved ones from the “*Keep the Beat: Heart Healthy Recipes*” cookbook from the National Heart, Lung, and Blood Institute (NHLBI). For a \$25 tax deductible donation to VDF you can get your own copy of this yummy cookbook! Contact VDF by e-mail at [info@vdf.org](mailto:info@vdf.org), or by phone at **888.833.4463** to order your copies today. In preparation for the holiday season, here’s a heart-healthy pumpkin pie!

## Crunchy Pumpkin Pie

### For Crust:

- 1 C quick cooking oats
- ¼ C whole wheat flour
- ¼ C ground almonds
- 2 T brown sugar
- ¼ tsp salt
- 3 T vegetable oil
- 1 T water



### For Filling:

- ¼ C brown sugar, packed
- ½ tsp ground cinnamon
- ¼ tsp ground nutmeg
- ¼ tsp salt
- 1 egg, beaten
- 4 tsp vanilla
- 1 C canned pumpkin
- 2/3 C evaporated skim milk

1. Preheat oven to 425° F.

### To Prepare Crust:

2. Mix oats, flour, almonds sugar and salt in small mixing bowl.
3. Blend oil and water in measuring cup with fork or small wire whisk until emulsified.
4. Add oil mixture to dry ingredients and mix well. If needed, add small amount of water to hold mixture together.
5. Press into 9-inch pie pan, and bake for 8 – 10 minutes, or until light brown.
6. Turn down oven to 350° F.

### To Prepare Filling:

7. Mix sugar, cinnamon, nutmeg and salt in bowl.
8. Add egg and vanilla and mix to blend ingredients.
9. Add pumpkin and milk and stir to combine.

### Putting It Together:

10. Pour filling into prepared pie shell.
11. Bake for 45 minutes at 350° F. or until knife inserted near center comes out clean.

**One serving (1/9 pie) provides:** Calories: 169; Total fat: 7 g; Saturated fat: 1 g; Cholesterol: 24 mg; Sodium: 207 mg; Total fiber: 3g; Protein: 5g; Carbohydrates: 22g; Potassium: 223mg.

## Excellence in Care Award for Shanna Chen, OMD, LAC

VDF is pleased to announce that **Shanna Chen, OMD, LAC**, has been awarded the Foundation's Excellence in Care Award. Nominated by Nancy Spillman of Canoga Park, CA for the exceptional care she provided to her, Ms. Spillman stated in her nomination, “Dr. Chen not only dispenses pain relief but the wisdom of nearly a quarter of a century (both in the US and in China) of practicing her profession.” VDF congratulates Dr. Chen for making a difference in the care of patients and for receiving this honor.

*If you know of a health-care provider or medical professional who has shown you or your family special kindness or care who deserves recognition, nominate him or her for VDF's Excellence in Care Award! Tell us who you would like to nominate and why you feel he or she deserves recognition. We will acknowledge these individuals in a future issue of Keeping in Circulation and on the VDF Web site. Just drop us a note with a tax-deductible donation of \$50 or more to VDF Excellence in Care, 1075 S. Yukon Street, Ste 320, Lakewood, CO 80226.*

# P.A.D. Coalition's Sixth Annual Meeting



Miriam Burnett (L) and Gwendolyn Williams (2nd from right) receive National Stay in Circulation Community Service Award from P.A.D. Coalition leadership Marge Lovell and Kirk Geter, DPM.

More than 90 people gathered in Arlington, VA on September 16, 2009, for the P.A.D. Coalition's Sixth Annual Meeting. Meeting presentations and discussions focused on peripheral arterial disease (PAD) issues including patient care, research and policy. Topics included:

**Tracking Tool Addresses Prevalence of PAD:** The National Minority Quality Forum (NMQF), one of the nation's leading voices in the health disparities discussion, launched the PAD Atlas, a database that maps by zip code PAD prevalence down to the street level. Gary Puckrein, PhD, CEO, NMQF previewed the Atlas to the Coalition's meeting attendees. The Atlas will help the Coalition and other groups more effectively target educational and advocacy efforts to communities that need them the most. The Atlas found that the cities with the most diagnosed cases of PAD are Chicago, Brooklyn, Philadelphia, Houston and Los Angeles. To view the Atlas, go to [www.mappad.org](http://www.mappad.org).

**Performance Measures Seek to Improve Quality of Care Provided to Patients with PAD:** Jeff Olin, MD, chair of the American College of Cardiology (ACC)/ American Heart Association (AHA) writing group on PAD performance measures, presented draft measures that providers can utilize when managing the disease. These measures are being developed to help quantify and improve the quality of health care provided to PAD patients. The measures were developed based on the ACC/AHA Guidelines for the Management of PAD and will be published within the next six months.

**Emerging Treatment for PAD:** Dr. William Li, president and medical director of The Angiogenesis Foundation, gave a presentation on angiogenesis, which is the growth of new capillary blood vessels in the body,

and is an important natural process in the body used for healing. Therapeutic angiogenesis is used to replenish the blood supply in areas with poor circulation and/or chronic wounds to speed healing and prevent unnecessary amputations. New research suggests that angiogenesis can be also used to save limbs affected by PAD.

**New Educational Partnership Targets Women:** Lisa Tate, CEO, WomenHeart: The National Coalition for Women with Heart Disease, addressed meeting participants with details about a new partnership to educate women about PAD. WomenHeart's nationwide network of heart-disease survivors – WomenHeart Champions – has been trained to lead group discussions on PAD risk factors, symptoms and treatment at local community support groups and programs. New educational resources including the “Women & PAD: What You Need to Know” brochure and an online interactive quiz “How Much Do You Know About PAD?” have been produced and are being promoted through national media efforts.

At the meeting, the Coalition presented three national awards: two Best PAD Research Awards for papers published in 2008 to honor the work of investigators and acknowledge the creation of new clinical research relevant to the understanding and/or treatment of PAD and the National Stay in Circulation Community Service Award.

**African Methodist Episcopal Church Connectional Health Commission Receives National Stay in Circulation Community Service Award:** The AMEC Connectional Health Commission received the Stay in Circulation Community Service Award for its efforts to educate the African American community about PAD. Since PAD is more common in African Americans than any other racial or ethnic group, the AMEC Connectional Health Commission and P.A.D. Coalition developed a plan to reach AMEC church congregations with information about the disease's risk factors, warning signs and consequences. Over the last year, three trainings have been held to educate church health ministers and other leaders about PAD and available resources. A church kit, which includes copies of a PAD church bulletin insert and special “Stay in Circulation” cardboard fans, was produced and promoted to all AME churches. To date, more than 1,500 kits have been distributed.

*Continued on page 13*

**Best PAD Research Award in Epidemiology/ Preventive Medicine** was presented to **Gerry Fowkes**, professor of Epidemiology, Public Health Sciences Section, Division of Community Health Sciences at the University of Edinburgh, United Kingdom. Fowkes and his fellow researchers that comprise the international Ankle Brachial Index Collaboration were recognized for their work on the research study, “Ankle Brachial Index Combined With Framingham Risk Score to Predict Cardiovascular Events and Mortality: A Meta-analysis,” published in the *Journal of the American Medical Association* (JAMA. 300:197-208, 2008).

**Best PAD Research Award in Vascular Medicine** went to **Mary M. McDermott, MD**, professor, Division of General Internal Medicine, Feinberg School of Medicine, Northwestern University, Chicago, IL. Dr. McDermott and her colleagues were recognized for their work on the research study, “Asymptomatic Peripheral Arterial Disease Is Associated With More Adverse Lower Extremity Characteristics Than Intermittent



*Emile Mohler, MD, gives a presentation at the P.A.D. Coalition Annual Meeting.*

Claudication,” published in *Circulation: Journal of the American Heart Association* (Circulation. 117:2484-2491, 2008).

## Venous Disease Coalition’s Third Annual Meeting

Over 80 registered attendees, including 24 member organizations, participated in the third Annual Meeting of the Venous Disease Coalition (VDC) in Washington, D.C., on September 17, 2009.

### Guest Speakers:

The meeting featured a special keynote speaker, **Dr. Garth Graham, MD, MPH**, the Deputy Assistant Secretary for Minority Health, Director of the Office of Minority Health at the Department of Health and Human Services. The Office of Minority Health develops and coordinates federal health policy that addresses minority health concerns and ensures that federal, state and local health programs take into account the needs of disadvantaged, racial and ethnic populations.

Dr. Graham spoke of the importance of continuing to amplify the Office of the Surgeon General’s Call to Action to Prevent Deep Vein Thrombosis and Pulmonary Embolism, issued at the VDC Annual Meeting in 2008. He brought particular poignancy to his message, when he spoke of his personal story – his sister’s death from pulmonary embolism at a young age.

**Ms. Traci Wilkes Smith, Esq.**, spoke of her personal experience as a survivor of DVT and PE. At a young age,

Ms. Wilkes Smith suffered from pain in her upper leg. After numerous trips to the emergency room and misdiagnoses about her condition, her doctors finally identified that a clot had traveled to her lungs. She is lucky to be alive today, and tells people to “wake up and pay attention to your body.” She also urges everyone to become educated “about the warning signs of blood clots and be an advocate for yourself.”

### Scientific Presentations:

The meeting also featured new science in the field of venous disease. The inaugural 2009 Venous Disease Research Awards, celebrating important and novel research, were presented at the Vascular Disease Foundation’s 2009 Awards Dinner the evening before the annual meeting. During the meeting, the award winners provided an overview of the published research and answered questions from the audience.

Dr. Suresh Vedantham, MD, discussed the status of the ATTRACT Study – investigating whether catheter-directed thrombolysis or immediate clot removal speeds deep vein thrombosis symptom relief, saves vein valves, preserves open veins and prevents clinical post thrombotic syndrome.

*Continued on page 14*

# VDC Third Annual Meeting continued



Graham Garth, MD, gives the keynote address at the Venous Disease Coalition Annual Meeting.

Dr. Thomas Ortel, MD, PhD, provided an overview of the BRIDGE Trial – to compare the efficacy and safety of bridging with or using alternative methods of anticoagulation with placebo in patients who should stop anticoagulation when undergoing surgery or an invasive procedure.

Vascular Disease Foundation leaders participated in the 11th Annual Rocky Mountain Evidence-Based Workshop in Vail, Colorado, in July 2009. Dr. Suman Rathbun, MD, presented the workshop goals and planned outcomes to the meeting attendees using evidence-based medicine to translate science into



Elizabeth Nabel, MD, Director, NHLBI, receives President's Award for Inspiration from VDF president Anton Sidawy, MD.

informed public policy. Using the tools learned at the workshop, the VDC plans to publish a manuscript about the prevalence of venous disease in the United States, and use the information to translate venous public health needs into health practice.

## Awards Presented:

At the meeting, the Coalition presented the Research Awards for papers published in 2008 to honor the work of investigators and acknowledge the creation of new clinical research relevant to the understanding and/or treatment of PAD.

The 2009 Venous Disease Research Award Winners:  
**Basic Science:** *Deep Vein Thrombosis Resolution Is Impaired in Diet-Induced Type 2 Diabetic Mice*, **Fatiha Bouzeghrane, PhD, et al.**

**Clinical Outcomes:** *A Randomized Trial of Rosuvastatin in the Prevention of Venous Thromboembolism*, **Robert J. Glynn, ScD, et al.**

**Quality Improvement and Implementation of Best Practices:** *Optimizing Prevention of Hospital-Acquired (HA) Venous Thromboembolism (VTE): Prospective Validation of a VTE Risk Assessment Model (RAM)*, **Gregory A. Maynard, MD, MS, et al.**



Gregory Maynard, MD, receives Venous Disease Research Award from William Geerts, MD, chair, Venous Disease Coalition Science Committee.

## Centers for Disease Control Grant

The Venous Disease Coalition announced the new grant awarded by the Centers for Disease Control and Prevention (CDC) to promote the health of people with clotting disorders. The five-year cooperative agreement will involve development, implementation and evaluation of a public education program directed to women who suffer from venous thromboembolism. The Coalition will work with member organizations to develop, test and distribute the program.

## Building a Stronger Coalition

Members discussed ways to create a stronger coalition that can have greater impact. A presentation by Deb Snyder and Kara Briseno of the Spirit of Women, shared how they worked with the Coalition to create programs and materials for their 435 health-care facilities to engage over 20,000 physicians and 40,000 nurses and nurse practitioners to improve venous disease care. Spirit of Women is a national program for hospitals and health-care facilities and providers to advance women's vascular and cardiovascular health. The Spirit of Women has been a member of the VDC and Peripheral Arterial Disease Coalition (P.A.D. Coalition) for several years.

# If You Have PAD, Your Help Is Needed!

People with peripheral arterial disease (PAD) are urgently needed to help with two important clinical trials. These trials will help determine what treatments work best. Both of these trials seek to identify people who have “intermittent claudication,” which is usually experienced as thigh or calf muscle pain that occurs with walking and that always goes away with rest.



## 1. The CLEVER Study (Claudication: Exercise Versus Endoluminal Revascularization)

is a clinical trial sponsored by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health. Potential participants must have PAD and experience claudication symptoms. This study is comparing the effectiveness of exercise therapy versus endovascular treatment (stent placement) of aortoiliac disease.

If you live in one of the states or province listed below and want more information, visit

[www.cleverstudy.org](http://www.cleverstudy.org) or call toll-free 1-877-534-0533.

Arkansas	Maine	Nova Scotia
California	Maryland	Ohio
Florida	Michigan	Oregon
Illinois	Minnesota	Pennsylvania
Iowa	New York	Rhode Island
Louisiana	North Carolina	Washington
		West Virginia



2. A new drug called trans sodium crocetin (TSC) is being evaluated as a potential treatment for PAD. The limited availability of oxygen in the muscle associated with PAD frequently leads to intermittent claudication. Insufficient movement of oxygen through the blood to the muscle could be part of the reason for the overall shortage of oxygen in the leg muscles. This study will test the potential benefits and risks of TSC, as this compound is thought to allow more oxygen to move into the muscles to reduce claudication symptoms.

A clinical trial of TSC is being conducted in up to 48 PAD patients at hospitals and clinics in the United States. Participants selected to participate in the study will receive an intravenous injection of either TSC or placebo once daily for five consecutive days. Evaluations to be performed during the trial include exercise treadmill tests, blood samples and safety measurements. Follow-up assessments will occur at 5, 14 and 30 days after the last dose.

Participants must be aged 40 years or older and have a 6-month history of walking limitation or symptoms of

claudication among other qualifications. If you live near the study locations listed below, please see trial number NCT00725881 on [www.clinicaltrials.gov](http://www.clinicaltrials.gov) for contact information.

- Birmingham, Alabama
- Santa Rosa, California
- Stanford, California
- Pensacola, Florida
- Oklahoma City, Oklahoma
- Philadelphia, Pennsylvania
- San Antonio, Texas

Clinical trials are scientific research studies to evaluate new medications or treatments in human volunteers. The purpose of a clinical trial is to find out whether the treatment is safe and effective. In an ongoing effort to provide the most current information about the treatment and prognosis of vascular disease, VDF lists important clinical trials that may lead to advances in the care of, and eventually the cure for, vascular disease.

The Vascular Disease Foundation and any sponsors disclaim, either explicitly or implicitly, that any of the medications, treatments or devices listed here is safe or effective for the purposes under investigation, or that the test article is known to be equivalent or superior to any other drug, biologic or device. Additionally, no claims are made regarding the scientific utility and conduct of clinical trials or research studies listed. VDF provides information about clinical trials as a public service and does not specifically endorse any of the trials listed. Consumers should thoroughly read consent forms and consult with their physicians before enrolling in any trial.

More information about clinical trials may be found at [www.clinicaltrials.gov](http://www.clinicaltrials.gov). New enrollment information for the ATTRACT trial for DVT and the BRIDGE trial will be listed soon on the clinical trial section of the VDF Web site ([www.vdf.org/clinical/](http://www.vdf.org/clinical/)). Visit it often to see other trials that are listed.

**You can help scientists determine better treatments for people with PAD by calling these programs to see if you can help.**

## VDF receives grant worth over \$1,000,000 from Centers from Disease Control and Prevention (CDC)!

VDF and the Venous Disease Coalition have been awarded a grant from the CDC to promote the health of people with clotting disorders. The cooperative agreement will run for the next five years, and will involve development, implementation and evaluation of a public education program directed to women who suffer from venous thromboembolism. Women not only suffer from VTE, but also make more than 75 percent of the health-care decisions in the United States.

During the first year, the program will focus on general awareness of VTE among women, including the increased incidence of VTE in women during pregnancy and postpartum. The VDC will work with CDC and member organizations such as Spirit of Women. The prevalence of VTE in patients undergoing major surgery or suffering trauma will also be an area of focus. The increased risk of VTE in patients with cancer as well as those undergoing cancer therapies will also be featured.



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Your cards can be personalized just as you wish with a greeting, or a department or company name. Addresses can be uploaded from Excel, Palm or Outlook. It's easy and fast.

With your card, you can also include a gift card from stores such as Barnes & Noble, Macy's or Old Navy and from restaurants such as Olive Garden, Chili's and Starbucks. Or, you could add gifts such as popcorn, chocolates or a gift basket.

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