



Vascular Disease  
Foundation  
10 YEARS • 1998-2008

# Keeping In Circulation

FALL 2008 • VOL. 8 No. 4

THE OFFICIAL PUBLICATION OF THE VASCULAR DISEASE FOUNDATION

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## Surgeon General Announces Historic Call to Action at Venous Disease Coalition's Second Annual Meeting

Members of the Venous Disease Coalition (VDC) and the Office of the Surgeon General came together to urge immediate action to fight deadly blood clots known as deep vein thrombosis (DVT) at the VDC's second annual meeting in Washington, D.C., on September 15th.

Acting Surgeon General Rear Admiral Steven K. Galson, MD, MPH, laid out recommendations for the prevention of these two common, yet deadly major public-health threats: deep vein thrombosis (DVT) and pulmonary embolism (PE).

"Together DVT and PE may be responsible for more than 100,000 deaths each year, but there is reason to believe that the true incidence rate could be significantly higher, as several studies suggest that these diseases are often undiagnosed," said Dr. Galson. "One thing is undeniably clear—DVT and PE are major national public-health problems that have dramatic, negative impact on the lives of hundreds of thousands Americans each year."

*Continued on Page 2*

## Surgeon General Announces Historic Call to Action



DVT is the formation of a blood clot in a deep vein, usually in the leg, that can be fatal when the clot breaks free and travels through the heart and into the lungs, causing a complication called PE. Major risk factors for DVT include recent major surgery, cancer and its treatment, major trauma or injuries to the leg, previous DVT or PE, hospitalization with an acute illness, pregnancy, use of birth control or hormone-replacement therapy, family history of DVT or PE, and obesity.

After Dr. Galson's presentation, Elizabeth G. Nable, MD, Director of the National Heart, Lung, and Blood Institute, spoke about the need for increased awareness for DVT/PE. Carolyn M. Clancy, MD, Director of the Agency for Healthcare Research and Quality (AHRQ), announced the publication of "Your Guide to Preventing and Treating Blood Clots," and Hani Atrash, MD, Director, CDC Division of Blood Disorders, gave a presentation on why the CDC is concerned about DVT and PE.

Le Keisha Ruffin presented the patient perspective as a DVT/PE survivor. Le Keisha's story as a new mother who suffered a DVT that turned into a PE was featured in VDF's spring newsletter (see issue Vol. 8, No. 2, "A Mother's Journey with DVT").

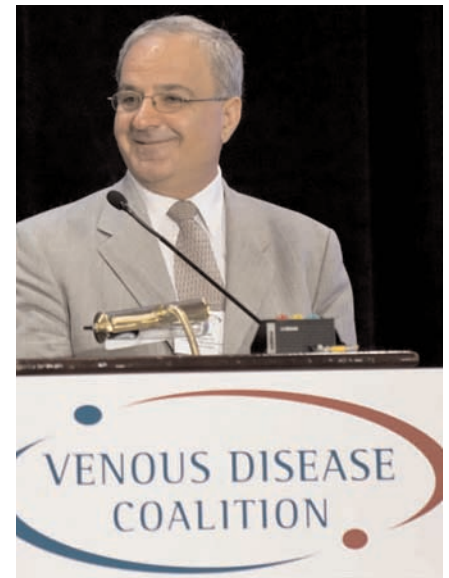
In addition to the "The Surgeon General's Call to Action for the Prevention of Deep Vein Thrombosis and Pulmonary Embolism," the VDC conducted its second annual meeting where more than 100 top doctors and members of governmental health agencies and major health-care professional organizations were in attendance. The VDC outlined plans in response to the Surgeon General's Call to Action that will create a national public awareness campaign.

A series of panel discussions was presented on a number of critical issues regarding DVT and PE, such as "The changing care paradigm for DVT"; DVT risk—a problem of genes or the environment?; "Why women should care about DVT"; "The new ACCP Guidelines," and others.

"This is a historical and important event," said Samuel Z. Goldhaber, MD, Chair of the VDC and Professor of Medicine at Harvard Medical School. "The Surgeon General's Call to Action will have as much impact on preventing and treating this devastating illness as the Surgeon General's report in the 1960s alerted the public to the dangers of cigarette smoking. Educating the American public about DVT will raise awareness, which will in turn save many lives. We are grateful to Rear Admiral Galson for championing this new government initiative and placing DVT as a top priority on America's health agenda."

The Venous Disease Coalition (VDC) is an alliance of more than 30 leading health-professional societies and patient-advocacy groups that have united around a common goal: to improve the survival rates and quality of life for individuals with, or at risk for, venous disease. The VDC is supported by unrestricted educational grants from AngioDynamics Inc., BioMedix, BSN Jobst, Cook Medical, Covidien, Eisai, Inc., Juzo, Sanofi-aventis, and Vein Clinics of America. It is a program of the Vascular Disease Foundation. For more information, visit [www.VenousDiseaseCoalition.org](http://www.VenousDiseaseCoalition.org).

To obtain copies of the Surgeon General's Call to Action, please visit the Office of the Surgeon General's Web site at



*Dr. Hani K. Atrash, MD, MPH, Director, Division of Blood Disorders, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention giving a presentation at the Venous Disease Coalition meeting on "Why is CDC Concerned About Venous Thromboembolism."*



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## Our Mission

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

## Keeping In Circulation

is published by the Vascular Disease Foundation. To receive a free subscription or additional copies contact the VDF at 1075 South Yukon St., Ste. 320 Lakewood, CO 80226

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[www.surgeongeneral.gov](http://www.surgeongeneral.gov) or contact the National Heart, Lung, and Blood Institute's Health Information Center at 301.592.8573. For copies of the AHRQ guide to treating and preventing blood clots, please contact 301.427.1364 or visit them online at [www.ahrq.gov](http://www.ahrq.gov).



Pictured left to right: Dr. Thomas Ortel, VDC Patient Spokesperson Le Keisha Ruffin, Acting Surgeon General RADM Steven K. Galson, and Dr. Samuel Z. Goldhaber. Doctors Ortel and Goldhaber were the scientific co-authors for the Surgeon General's Call to Action to Prevent Deep Vein Thrombosis and Pulmonary Embolism.



Dr. Mark Creager, President of VDF's Board of Directors and Elizabeth G. Nabel, MD Director, National Heart, Lung, and Blood Institute at the 2nd Annual Venous Disease Coalition meeting.

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*"Together DVT and PE may be responsible for more than 100,000 deaths each year, but there is reason to believe that the true incidence rate could be significantly higher, as several studies suggest that these diseases are often undiagnosed,"*

**—Surgeon General Rear Admiral Steven K. Galson, MD, MPH**

# Team Work Saves a Leg

Bernice Smith of Maywood, Illinois, had lost her right leg due to complications from her diabetes, and now her left leg was in danger of amputation. Fifty-nine-year old Bernice has been living with diabetes since she was 26 years old and she was diagnosed with peripheral arterial disease (PAD) almost ten years ago.

It was her podiatrist, Dr. Ronald Sage, who first noticed that she had ischemia and non-healing ulcers in her left toes. Dr. Sage encouraged her to seek a vascular consultation. She was referred to cardiologist Dr. Robert Dieter, who felt there was a chance that her left leg could be saved.

“All patients with diabetes and PAD should see a podiatrist if they have any kind of foot abnormality,” said Dr. Sage. “If they have a non-healing ulcer, as in Bernice’s case, then they should go to the doctor immediately.”

Diabetes is among the main risk factors for PAD, which can cause ischemia, gangrene, and, in severe cases, amputation. In the United States each year, diabetics undergo over 80,000 amputations. About half of those cases are partial foot amputations and half are amputations of the leg, either above or below the knee.

In Bernice’s case, her right leg had become gangrenous and was amputated below the knee. When her left leg started to give her trouble, she sought out Dr. Sage.

“It was about two or three years ago that I started to have trouble with my legs,” said Bernice. “It all started with a heart valve problem and got worse from there. I received a kidney transplant in 2003 and in 2006 I lost my right leg. I’m just so grateful to Drs. Sage and Dieter for helping to save my left leg.”

Bernice had a procedure called balloon angioplasty in the major artery in her left thigh. This technique is very similar to the one performed by cardiologists to open narrow or clogged heart arteries. The procedure consists of inserting a catheter (*a thin tube*) inside a narrowed artery, and inflating a tiny balloon which is located the very tip of the catheter. Once Bernice’s thigh artery was open, a stent (*wire mesh tube*) was inserted to keep

the artery as wide open as possible. The procedure restored blood flow to Bernice’s leg, which had started to turn gangrenous because it wasn’t getting enough blood.



*Fifty-nine-year old Bernice Smith of Maywood, Illinois, and cardiologist Dr. Robert Dieter. Dr. Dieter was able to save Bernice’s leg using a procedure called a balloon angioplasty.*

Bernice had many of the risk factors for cardiovascular disease. She has a family history of cardiovascular disease, smoked for over 40 years, and had had diabetes for over ten years. The artery in her left thigh had an extensive blockage that Dr. Dieter was able to open with the balloon angioplasty procedure, with which he achieves a success rate of 80-90% in similar patients.

“I met Bernice about a year ago when she needed coronary bypass surgery,” said Dr. Dieter. “It was during a follow-up after her surgery that we noticed her left leg was ulcerated. If we hadn’t been able to restore blood flow to her left leg, she would have had it amputated as well. In this case we were lucky.”

Smoking is a big risk factor for PAD. It has been shown to accelerate the progression of both PAD and diabetes. In Bernice’s case, it was Dr. Dieter who persuaded her to stop smoking after 40 years.

“He told me in so many words that if I don’t give up smoking I was going to die. That was all it took for me to stop on the spot,” said Bernice. “I handed him my pack of cigarettes right then and haven’t smoked since.”

Diabetes is among the main risk factors for PAD, which is similar to coronary artery disease: Fat deposits clog the arteries outside the heart or brain, restricting blood flow to arms, legs, intestines, or kidneys. Because PAD often affects the leg arteries, early symptoms include pain in the legs while walking. In the most severe cases, PAD can cause critical limb ischemia (*severe obstruction of the arteries which seriously decreases blood flow to the extremities*), which can result in gangrene, amputation, or death.

While they were able to save Bernice’s leg, they did need to amputate several of her toes due to gangrene, which had caused permanent tissue damage.

Bernice recovered quickly and was up and walking within a few weeks. In addition to the prosthesis she uses for her right leg, she now has prosthetic toes which enable her to walk with a walker or cane. She uses a wheelchair only if she needs to go more than a block.

“I walk every chance I get, I don’t like being in a chair all the time,” said Bernice. “After the procedure, I could feel the blood flow. It felt like it was a normal leg again.”

# Peripheral Arterial Disease (PAD)

Peripheral Arterial Disease, also known as PAD, is a common vascular disease caused by a gradual buildup of fatty deposits where the arteries become hardened and narrowed. This condition is referred to as atherosclerosis, commonly known as poor circulation or hardening of the arteries. The atherosclerotic process injures cells lining the blood vessels (*endothelial cells*) and causes a build-up of fat, white blood cells, and muscle cells, known as plaque, in the vessel wall. This condition can occur in any artery in the body.

PAD gradually restricts blood flow to the legs and feet, which can cause muscle aches/pain and fatigue when walking. This pain is caused by the lack of oxygen getting to the muscles in your legs. PAD may lead to disability and decreased quality of life and, if severe, amputation. PAD is often a “silent” condition, producing no symptoms. As a result, PAD is under-diagnosed and under-treated. People who do experience symptoms, such as pain or cramping in the legs, often do not report them, believing they are a natural part of aging or due to another cause.

Guidelines and data emphasize the importance of standards of care and the need to identify and treat PAD. In fact, PAD needs to be treated as aggressively as if you have had a previous heart attack or stroke as it represents the same atherosclerotic process. **If you have PAD, you are four to five times more likely to have a heart attack or stroke.**

The standards of care or best treatment for PAD depend on a number of factors, including your overall health and the seriousness of the disease. In some cases, lifestyle changes are enough to halt the progression of PAD and manage the disease. Lifestyle changes include exercise, stopping smoking, and dietary changes. Sometimes, medications or procedures that open up the narrowed blood vessels are required to treat PAD. The most commonly prescribed medications include: an antiplatelet agent to make the blood less sticky and flow better, cholesterol-lowering medication, and maybe a blood-pressure lowering medication. If the person has diabetes, glucose levels need to be managed. Blood pressure, cholesterol levels, and blood glucose levels all need to be kept within normal values to meet the standards of care.

Initial management should consist of modifying the vascular risk factors and aggressive medical treatment in the expectation that this will extend life, reduce the risk of progression of PAD, and improve the patient's functional status. Only after the best medical treatment has been instituted and given sufficient time to take effect should endovascular or surgical intervention be considered by your physician.

The best medical treatment is beneficial even in patients who eventually need invasive treatment, as the safety, immediate success, and durability of intervention is greatly improved in patients who adhere to the best medical treatment. Talk to your doctor to find out if you have PAD and then follow up on treatment to **Save your legs—Save your life!!**

## What Is an ABI?

Getting the diagnosis is the first step. The diagnosis is made by measuring the ankle-brachial index (ABI) in conjunction with a medical history and a physical examination. **The ABI is a noninvasive blood pressure measurement of the ratio of ankle systolic pressure to brachial (arm) systolic pressure, which quantifies the degree of arterial insufficiency.** Your health-care provider or doctor may perform the ABI in the office or send you to a vascular lab.

The ABI should be checked if you are having reproducible pain in the calf, hips, or buttocks that comes on with walking and is relieved by rest. The ABI should also be checked if you are:

1. < 50 years old with diabetes and one of the following risk factors: smoker, high blood pressure, high cholesterol level, or high homocysteine, have known heart disease, have had a stroke/TIA or renal artery disease;
2. Age 50-69 with diabetes and a history of smoking; and
3. If you are > 70 years old. The ABI should be rechecked if leg symptoms get worse or walking distance decreases. If it is normal, it should be rechecked in approximately five years.

Talk to your health-care provider as to whether you may be a candidate to have your ABI checked.

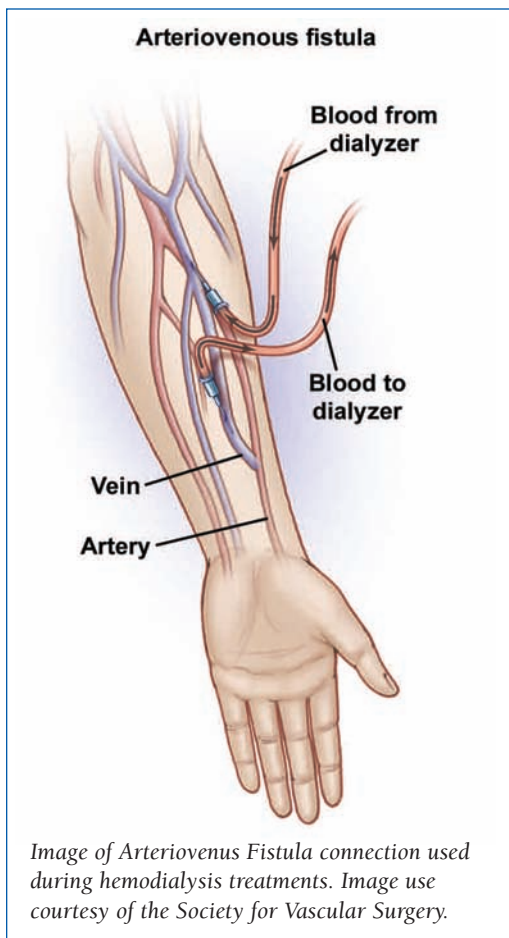
To receive VDF's free educational pamphlets on PAD, *Focus on Walking* and *Focus on the ABI*, please contact our office at 866.PAD.INFO (866.723.4636) or by e-mail at [info@vdf.org](mailto:info@vdf.org).



About the Author: *Marge B. Lovell, RN, CCRC, CVN* is a Clinical Trials nurse in the Division of Vascular Surgery at London Health Sciences Centre and Chair, P.A.D. Coalition.



# Kidney Failure and the Arteriovenous Fistula Connection



The kidneys are an important part of the body; their main job is to cleanse the blood. When the kidneys fail, an alternative means of regulating and cleansing the blood becomes necessary. The average person has two kidneys located toward the back and just above the waist. When working properly, the kidneys extract waste products from the blood and excess fluid from thousands of pints of blood each day. The kidneys also balance chemicals such as phosphorous and calcium in the blood so that our bodies remain healthy. The blood waste products made up of excess fluid and chemicals are then filtered out by the kidneys to become urine eventually. In addition to those functions, the kidneys help regulate blood pressure and signal the body when to make red blood cells.

If one kidney fails, the other kidney can continue to work and do the job of both. If both kidneys fail, the blood can no longer be filtered, and waste, fluid, and chemicals then build up, and become out of balance within the body. The work of filtering the blood then must be done by a treatment called hemodialysis, which serves to remove the blood from the body in order to clean it.

During hemodialysis treatments, blood is removed from the patient's body through a needle and is run through a tube into a filter that is attached to a dialysis machine, which balances wastes, fluids, and chemicals. After the blood is cleansed by dialysis, it is returned to the patient's body through another tube attached to a second needle.

To remove the blood from the patient's vessels, a surgeon must create an "access" in the arm that can be used for repeated blood cleansing three times a week. The access is created by connecting a vein and an artery together, called an **arteriovenous fistula (AVF)**. The AVF may not be used for dialysis treatment until six weeks or longer, during which time the vein grows tough and thick enough to withstand penetration with the dialysis needle.

If a person's blood vessels are too fragile or too small to create an AVF, the surgeon may create an arteriovenous graft (AVG), which is made from

synthetic tubing used to connect the artery with the vein. Blood flow from the artery goes through the graft and then to the dialysis machine. Blood is returned to the body through the vein, similar to the AVF. This type of dialysis graft may be used under certain circumstances within two weeks of surgery.

The dialysis nurse will disinfect the skin prior to inserting the needles into a fistula or graft for the treatments. The needles are taped in place and are connected to the dialysis machine for the three-to-four-hour treatments. The needles are removed after each treatment session. Pressure will be held over the site until the bleeding stops. The spot will heal where the needle entered the fistula or graft. At the next dialysis treatment, the nurse will insert the needle into a different spot, at least half an inch away from the previous puncture. The dialysis staff will inspect the skin and access for signs of excessive bleeding, bruising of the tissues, infection, swelling, clotting, or lack of blood flow. These complications can be warning signs that a doctor's examination may be needed in order to save the dialysis access for future dialysis treatments.

The access is considered the lifeline for the dialysis patient. If dialysis is needed urgently or immediately, the surgeon will place a temporary catheter directly into a large vein in the neck to be used for treatments. The catheter has a greater risk of infection than a permanent access in the arm. Because the temporary catheter is not a long-term solution, an access in the arm will be placed as soon as possible.

If an AVF/graft is inserted, tight sleeves, watches, or bracelets should never be worn over the graft or fistula. Patients should never carry purses or shopping bags, sleep on the access, or have blood pressures measured in the arm with the access. They need to protect the access from any type of activity that could reduce the blood flow through it. The access should never be used for other treatments such as the introduction of intravenous fluids or to take blood samples.

*Continued on Page 7*

# VDF HealthCasts Continue

The Vascular Disease Foundation is proud to continue its audio HealthCasts that cover all aspects of vascular disease. Our guests are the leading scientific and clinical experts in their respective fields.

HealthCasts are hosted by Dr. David Meyerson and produced by Dr. Kerry Stewart. Dr. Meyerson is a cardiologist at Johns Hopkins and a scientific advisor to VDF. Dr. Stewart is a Professor of Medicine at Johns Hopkins and a former member of the VDF Board of Directors.

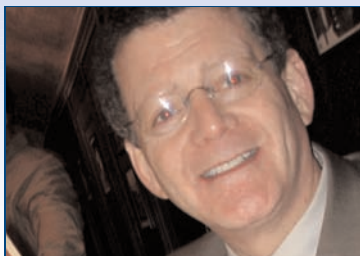
Here are the latest HealthCasts episodes and topics:

**Episode 25: Thrombophilia.** *Dr. John R. Bartholomew, Section Head for Vascular Medicine in the Department of*

*Vascular Medicine at the Cleveland Clinic, a leading expert on thrombophilia, discusses what thrombophilia is, who is at risk, and who should be tested.*

**Episode 26: Focus on Blood Clots.** *Drs. Meyerson and Stewart discuss what you need to know about the causes, symptoms, and treatment of blood clots.*

HealthCasts may be found on VDF's Web site at [www.vdf.org/resources](http://www.vdf.org/resources), iTunes, Feedburner, Yahoo, and other sites. Listening instructions and a complete description of each episode may be found on VDF's Web site. Our continued thanks go to Drs. Meyerson and Stewart for volunteering their time and energy to the creation and production of these informative HealthCasts.



HealthCast Hosts Dr. David Meyerson (left) and Dr. Kerry Stewart (right)

Listen to HealthCasts at  
[www.vdf.org](http://www.vdf.org)



## Kidney Failure continued from Page 6

An uncommon but serious problem can be coldness, tingling, numbness, aching, weakness, or bluish discoloration of the hand, indicating that not enough blood flow is getting to the hand. The dialysis access may be “stealing” blood flow from the hand. If that occurs, a surgeon will need to perform a minor operation to restore more blood flow to the hand. The dialysis treatments can then continue using the fistula or graft.

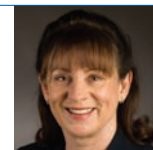
Patients should follow the doctor's recommendations for diet and fluid restrictions between dialysis treatments. A dietician will teach patients what they need to know about eating less protein, restricting salt intake, and drinking a safe amount of fluid. This will make treatments easier and help patients feel better. Most patients take vitamin and mineral supplements. It is also important to take all medications as prescribed by your doctor.

Doctors, nurses, pharmacists, social workers, and dietitians will all form a partnership with patients on dialysis treatments. They can help reduce the side effects of nausea, dizziness, low blood pressure, cramps, or headaches during treatments. Changes in the dialysis time, sodium, or fluids can be made for each patient's special needs. Staff will make the treatments as comfortable as possible, and lab tests are taken monthly to ensure that patients are receiving the proper amount of dialysis.

The patients may have to make changes in their daily life which involve work, family, friends, and activities. Some patients choose to have their treatments at home rather than in a dialysis center or hospital. A dialysis-care partner can be trained to assist the patient at home, which must be equipped with enough space for the equipment, water, and adequate electricity to operate the dialysis machine. Members of the health-care team will partner with the patient to help make decisions about those daily changes in lifestyle.

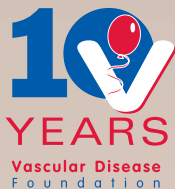
Patients will need dialysis treatments for the rest of their life unless they are able to receive a kidney transplant. A kidney transplant is not for everyone, and most recipients of a kidney must undergo temporary dialysis. Dialysis remains the lifeline to keep a person well and help him or her maintain an active lifestyle. There are many resources for additional information; The Kidney Foundation [www.kidney.org](http://www.kidney.org); American Association of Kidney Patients [www.aakp.org](http://www.aakp.org); or American Kidney Fund [www.akfinc.org](http://www.akfinc.org).

**About the Author:** *Victoria L. Gilpin, FNP-BC is a nurse practitioner at University Hospital and Clinics, Patient Services/Vascular Surgery Division, Columbia, MO.*



# VDF's Tenth Anniversary Gala Recap

*Gala Celebration*



On Sunday, September 14, VDF celebrated its Tenth Anniversary with a fundraising Gala held in Washington, D.C. The event began with a reception of cocktails and hors d'oeuvres. National Public Radio's

(NPR) Scott Simon started the festivities by introducing Dr. Mark Creager, President of the VDF Board of Directors, who honored and presented VDF Leadership Awards to past presidents: Doctors Alan T. Hirsch; Peter Gloviczki; and Alain T. Drooz.

VDF founder and former Chairman of the Board, Dennis Newman, was awarded the VDF Vision Award for founding VDF ten years ago after a family member developed PAD. During his tenure, VDF has touched over 14 million lives.

The pre-dinner finale came when the **2008 Julius H. Jacobson, II, MD Award for Physician Excellence** was presented to William R. Hiatt, MD. Dr. Hiatt's esteem in the field of vascular medicine is highlighted by numerous leadership and prestigious positions and an impressive record of clinical research. His research has focused on the epidemiology, pathophysiology, and treatment of PAD.

He is a national and international leader as a clinical trialist, investigating novel therapies for claudication and critical leg ischemia, and he has written over 140 peer-reviewed publications.

After a delicious dinner, Mr. Simon presented two additional awards to community leaders: Anthony Hooper, President, U.S. Pharmaceuticals, Bristol-Myers Squibb, received the President's Award for Partnership; and Melanie Bloom, received the President's Award for Inspiration, for their community outreach to those affected by vascular disease.

The evening closed with a delightful magic show from former VDF President, Peter Gloviczki, not only a renowned vascular surgeon, but also an award-winning magician.

VDF would like to thank all those attendees and sponsors for their support of this exciting event! Special thanks go to NPR's Scott Simon for donating his time as M/C and to Dr. Gloviczki for a wonderful magic show!

Our sincere thanks to the Diamond Gala Sponsors: **Bristol-Myers Squibb** and **Eisai**; Emerald Sponsors: **BSN Jobst** and **Sanofi-aventis**; Ruby Sponsors: **Vein Clinics of America** and our table sponsors: **American Venous Forum**, **AnGes, Inc.**, **Society for Vascular Surgery**, **Sigma-Tau**, **Society for Clinical Vascular Surgery**, and **The Intersocietal Commission for the Accreditation of Vascular Laboratories**. We are also grateful to other organizations and individuals who donated to the event to help us raise funds for future programs.



*Pictured above, Dr. Peter Gloviczki performing magic at VDF's 10th Anniversary Gala. Dr. Gloviczki is a former past president of VDF and received the President's Award for Leadership. In addition to being a vascular surgeon, he is also an award winning magician.*



NPR's Scott Simon, VDF Founder Dennis Newman, and VDF Board of Director's President Dr. Mark Creager. Dennis Newman was awarded the President's Award for Vision for founding VDF 10 years ago after a family member became sick with PAD.



Anthony Hooper, President, U.S. Pharmaceuticals, Bristol-Myers Squibb, accepting VDF's President's 2008 Partnership Award.



Pictured left to right: Dr. Samuel Goldhaber, VDF Board of Director's member and VDC Chairman, and Eileen Sussman, Venous Thromboembolism Research Group chatting with Melanie Bloom, recipient of the VDF President's Award for Inspiration.



Recipients of the President's Award for Leadership, VDF past president's doctors Alan Hirsh and Peter Gloviczki pictured left to right with Monika Gloviczki, MD.



Doctors Thomas Ortel, Jeffery Weitz and Suresh Vedantham of the Venous Disease Coalition at the VDF Gala.



VDF past board of director's president Dr. Alain Drooz (left) with current VDF president Dr. Mark Creager, as Alain accepts the VDF President's Award for Leadership.



Gala Guests.

Pictured left to right: Laurie Ostroff-Landau from Eisai Inc. (VDF Gala Sponsor and VDC Sponsor) and Noelle Fankhauser from PR firm RX Moxaic.



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



*Kirk Geter, DPM, incoming Secretary of the P.A.D. Coalition and communications committee chairman presents a committee update to the participants of the P.A.D. Coalition 5th annual meeting in Washington D.C.*

More than 80 people gathered in Washington, D.C., on September 7-8, 2008, for the P.A.D. Coalition's Fifth Annual Meeting. The Coalition is now comprised of 75 organizations that collectively represent more than 1,022,000 health-care professionals and 500,000 consumers.

Some meeting highlights included a keynote address from outgoing P.A.D. Coalition chair, Dr. Alan T. Hirsh, who stressed the need for continued PAD education and awareness.

The Coalition also reviewed several new partnerships to increase PAD awareness at the community level, including:

**African Methodist Episcopal Church Partnership:** To inform African Americans about PAD, the Coalition has formed a partnership with the African Methodist Episcopal Church (AMEC), which is the nation's largest African American congregation. Thanks to corporate funding, the Coalition was able to print and distribute large quantities of resources to AMEC churches this September.

**P.A.D. Coalition and CVS Caremark Join Forces to Educate Americans about Peripheral Arterial Disease:** CVS Caremark, the nation's largest provider of prescriptions, is working with the Coalition to educate consumers this fall.

**National Library of Medicine's Medline Plus**

**Magazine Promotes PAD and the P.A.D. Coalition:** The September 2008 issue of *NIH MedlinePlus* magazine, published by the Friends of the National Library of Medicine (FNLM) and the National Institutes of Health (NIH), includes a special section on PAD to help the American public understand this serious health issue.

**National Council on Aging Partnership:** To reach older adults with information about PAD, the Coalition has joined forces with the National Council on Aging to distribute PAD information and conduct educational sessions at senior centers this fall.

**New DVD from the American College of Physicians and the P.A.D. Coalition:** A new resource for waiting rooms and community programs is now available! Produced by the American College of Physicians in collaboration with the Coalition, this patient-oriented DVD reviews key components of PAD treatment and shows how PAD affects one's everyday life. Free copies are available for health-care providers through [www.padcoalition.org](http://www.padcoalition.org).

The Coalition also presented the 2008 Best PAD Research Awards to honor the work of investigators and acknowledge the creation of new clinical research relevant to the understanding and/or treatment of PAD.

**The Best P.A.D. Research Award in Vascular Medicine** was presented to John P. Cooke, MD, PhD, Professor of Medicine, Division of Cardiovascular Medicine, at Stanford University in Stanford, California. Dr. Cooke and his colleagues were recognized for their work on the research study that identified biomarkers that would aid clinicians in diagnosing unrecognized PAD.

**Best P.A.D. Research Award in Epidemiology/Preventive Medicine** went to Danielle Laurin, PhD, associate professor at the Laval University Geriatrics Research Unit in Quebec City, Quebec, Canada. Dr. Laurin and her colleagues were recognized for their work on the research study, "Ankle-to-Brachial Index and Dementia: The Honolulu-Asia Aging Study," which identified the association between a low ankle-to-brachial index (ABI) measure with Alzheimer's disease, vascular dementia, and other forms of dementia.

Steven Marso, MD, received the **Best PAD Research Award in Vascular Interventions**. Dr. Marso is a Clinical Scholar at the Mid-America Heart Institute at Saint Luke's Hospital in Kansas City, Missouri. He and his colleagues were recognized for their work on the research study, "Quantifying Improvements in Symptoms, Functioning,

and Quality of Life after Peripheral Endovascular Revascularization,” which measured the extent to which peripheral endovascular revascularization improved the quality of life for patients with PAD one year after the procedure.

In addition to the Best Research awards, The Coalition also awarded its **Community Service Awards** to recognize collaborative programs focused on increasing awareness about PAD to high-risk populations, patients, and/or the health-care community. This year's national award was presented to the American College of Cardiology for its extensive efforts to educate health-care



Susan Michael, RN and Joyce Malaskovitz, PhD, RN (both from Diabetes Treatment Center at Desert Springs Hospital, Las Vegas, NV) and Marge Lovell, RN (Chair, P.A.D. Coalition) as Susan and Joyce receive the P.A.D. Coalition's Annual Stay in Circulation Community Service Award.

professionals and to advance the quality of care for people with PAD.

The local Community Service Award was presented to Desert Springs Hospital's Diabetes Treatment Center for its innovative and comprehensive approach to PAD outreach and education through its Leg Circulation Center. Launched in 2007, the Leg Circulation Center has reached over 1.5 million consumers, patients, and health-care providers locally and nationally.

The Coalition recognized Alan Hirsch, MD, the outgoing chair of the Coalition, who has led the Coalition for the past four years. Dr. Hirsch's strategic vision and commitment to excellence have enabled the Coalition to increase the scope of its activities and outreach. The current Vice Chair, Marge Lovell, RN advanced to the Chair position. Ms. Lovell's dedication to improving the lives of all people with PAD is unmatched. In addition to these changes, two new members were elected to the Coalition's Steering Committee: Kirk Geter, DPM (incoming Secretary), and Donna Mendes, MD (incoming Chair, Education Committee).

The P.A.D. Coalition is supported by the following national sponsors: **the Bristol-Myers Squibb/Sanofi Pharmaceuticals Partnership; Cordis Endovascular, a division of Cordis Corporation; Abbott Vascular; AnGes, Inc.; AstraZeneca; Bard Peripheral Vascular; Baxter Healthcare; BioMedix; Cook, Inc; W.L. Gore and Associates; Medtronic; Novo Nordisk; Omron; Summit Doppler; and Vermillion.**

For more information on the P.A.D. Coalition, visit [www.padcoalition.org](http://www.padcoalition.org).

## Dr. William R. Hiatt Wins 2008 Julius H. Jacobson II, MD Award for Physician Excellence

William R. Hiatt, MD, is the recipient of the prestigious 2008 Jacobson Award. Dr. Hiatt is the Novartis Foundation Professor for Cardiovascular Research and Chief of the Section of Vascular Medicine in the Department of Medicine, University of Colorado Denver, and President of the Colorado Prevention Center, a university-affiliated cardiovascular and clinical trials research organization.

Dr. Hiatt's esteem in the field of Vascular Disease is highlighted by numerous leadership and prestigious positions and an impressive record of clinical research. He is vice chair of the American Heart Association Atherosclerotic Peripheral Vascular Disease Interdisciplinary Working Group and a past-president of the Society for Vascular Medicine and Biology. Dr. Hiatt chaired the FDA Cardiovascular and Renal Advisory Committee (2003-08). He is an associate editor for the journal, *Vascular Medicine*, the Cochrane Review Group on "Peripheral Vascular Disease," and a guest editor for *Circulation* and the *Journal of the American College of Cardiology*. His research has focused on the epidemiology, pathophysiology and treatment of peripheral artery disease. Dr. Hiatt is a national and international leader as a clinical trialist, investigating novel therapies for claudication and critical leg ischemia and he has over 140 peer-reviewed publications.

The Julius H. Jacobson II, M.D. Award for Physician Excellence is a prestigious annual award that recognizes outstanding contributions to physician education, leadership, or patient care in vascular disease. This award is endowed through a generous donation from Julius H. Jacobson II, M.D.



# About... Hypertension



**H**ypertension is high blood pressure. Blood pressure is the force of blood as it pushes against the artery walls, which comes from the pressure the heart puts on the blood as it pushes it throughout the body. Hypertension is dangerous because it increases the work of the heart and may cause the development of heart failure. It is estimated that one third of the world's population has hypertension and that one quarter of the U.S. population has prehypertension and another quarter has actual hypertension.

No one knows exactly what causes hypertension. However, there are several things which contribute to the development of high blood pressure. These may include: smoking, obesity, heredity, sedentary lifestyle, too much sodium (salt) in the diet, too much alcohol, age, ethnicity (African Americans are more likely to have hypertension), kidney disease, adrenal and thyroid problems.

Hypertension often causes no symptoms. That is why it is known as the “silent killer.” One third of people with hypertension don't know they have it. You should check your blood pressure periodically to see what the reading is. If your blood pressure is extremely high, it may cause chest pain, vision problems, severe headaches, shortness of breath, and irregular heartbeat.

Normal blood pressure is below 120/80. Prehypertension is 120-139/80-89. This condition should be followed very carefully by your health-care provider. Stage 1 hypertension is 140-159/90-99 and stage 2 is greater than 160/100. Hypertension is treated by making changes in lifestyle such as smoking cessation, decreased alcohol intake, weight loss, and exercise, under the direction of your health-care provider. Further treatment may include the DASH diet ([www.nhlbi.nih.gov/health/public/heart/hbp/dash/new\\_dash.pdf](http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/new_dash.pdf)) and drug therapy. If hypertension is not treated, it can lead to stroke, heart failure, heart attack, kidney failure, and vision problems. You should follow the advice of your health-care provider and seek to maintain a normal blood pressure under his/her guidance.

## Feeding the Homeless in Denver CO

After VDF cancelled the Focus on Vascular Disease conference scheduled to be held in August in Denver, the Four Points Hotel generously worked with VDF to offset its commitment to the hotel by providing 150 boxed lunches for the Denver Rescue Mission to feed the homeless in Denver, CO.

*Photo: Volunteers from the Denver Rescue Mission accept a generous donation from the Vascular Disease Foundation's Executive Director, Sheryl Benjamin (pictured far right).*



# Frequently Asked Questions

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

**Question:** I'm currently undergoing cancer treatment and would like to know if I need to be worried about DVT while taking chemo. Also, what is it about cancer that causes DVT?

**Answer:** Patients with cancer are certainly at higher risk for DVT. You should definitely receive DVT-prevention measures (mainly blood-thinner injections and/or compression devices) while you are in the hospital. If you are at home and walk at least several times a day, most physicians would not take special measures to prevent DVT. Even if the cancer is being treated by chemo, the risk of clots is higher. Cancer cells pro-

duce proteins that increase clotting.

**Question:** I have pain in my left leg and have had mild chest pain as well. Could these be connected? My tests have shown that I have very little plaque in only one artery. Both of my parents had heart disease, and my mother was diabetic.

**Answer:** There is definitely a link between heart troubles and artery troubles in the legs. Patients with peripheral arterial disease (PAD) are at increased risk for blockages due to atherosclerosis in the coronary (heart arteries). It sounds as if

you have many risk factors for vascular disease. You should discuss these symptoms with your doctor. He/she may recommend an ABI test to diagnose arterial disease in your legs (PAD).

**Question:** Do pneumatic pumps help or do any good for arterial diseases?

**Answer:** Pneumatic compression pumps (also called "arterial flow pumps"), have shown benefit for certain patients with PAD, such as those with severe critical limb ischemia and no other treatment options. Some other patients may also benefit. You should discuss this with a vascular specialist.

## IN THE NEWS

### Diabetes Awareness Month

November is diabetes awareness month! Make sure you manage your diabetes to help avoid vascular disease complications. For more information, visit [diabetes.org](http://diabetes.org).

### NEW! VDF Annual Report

VDF's Annual Report is here! To get your free copy of VDF's 2007 Annual Report, please contact us by phone at **888.VDF.4INFO (888.833.4463)** or by e-mail at [info@vdf.org](mailto:info@vdf.org)



### In Memory of and In Honor of Envelopes Available Make It a Holiday Tribute!

VDF has created a preprinted envelope in response to requests 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 contact us by e-mail at [info@vdf.org](mailto:info@vdf.org).

# Clinical Research Trials



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 clinical trials that may lead to advances in the care of, and eventually the cure for, vascular disease.

In addition to informing the public about advances in research, VDF hopes to contribute to those advances by assisting investigators and providing information to potential enrollees. 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.

Here is a trial currently looking for volunteers:

## Clinical Research Study for Critical Limb Ischemia

**Study name:** Injection of Autologous CD34-Positive Cells for Improved Symptomatic Relief and Ischemic Wound Healing in Subjects with Moderate-or High-Risk Critical Limb Ischemia (ACT34-CLI).

If you are interested, you must:

- o Be 21 - 80 years of age
- o Have leg pain at rest and/or non-healing or slow-to-heal wounds on your leg or foot
- o Have been diagnosed with blockages of the blood vessels in your leg(s)

Qualified participants will receive study-related medical evaluations and the investigational therapy at no charge. Reasonable transportation costs may be covered for those accepted into the study.

For more information and a list of recruitment locations please visit our Web site:

<http://www.vdf.org/clinical/sponsoredtrials.php>

*The Vascular Disease Foundation and any sponsors disclaim, either explicitly or implicitly, that any one 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.*

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## Excellence in Care Make It a Holiday Tribute to That Someone Special!

If you know of a health-care provider or medical professional who has shown you or your family special kindness or care that you feel deserves recognition, nominate him or her for VDF's Excellence in Care Award! Tell us whom you'd like to nominate and why you feel he or she deserves recognition. We'll acknowledge the individual in a future issue of *Keeping in Circulation* and on VDF's Web site, plus he or she will receive a special certificate of acknowledgement. What a wonderful holiday gift! 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. If you send in your recognition by December 10th, we'll make sure your honoree receives his or her special certificate by December 25th!

# Thank You to Our Recent Donors!

*VDF would like to thank all those who donated in support of our mission.*

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## **Wanted: Nominations for Jacobson Award for Physician Excellence**

Nominations for the 2009 Julius H. Jacobson II, MD Award for Physician Excellence are now being accepted. This prestigious annual award recognizes outstanding contributions to physician education, leadership, or patient care in vascular disease.

Nominees for the 2009 award are being accepted through Friday, December 31, 2008. For complete criteria, please contact

VDF at [info@vdf.org](mailto:info@vdf.org) or **888.VDF.4INFO**.



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# Keeping in circulation™

the official newsletter of the Vascular Disease Foundation

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Newsletter designed by Concepts Unlimited

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## Annual Appeal Help Us Continue to Grow!

This fall VDF will be sending out our Annual Appeal. Last year you helped us grow by leaps and bounds! Over three million people from the United States and Canada saw our materials, and that number continues to grow.

Your support helps us provide free, trusted educational information to the families and patients with vascular disease. When our mailing arrives this fall, won't you please consider supporting our mission? Don't want to wait for our mailing? Visit us online and make a secure tax-deductible donation today at **www.vdf.org**.

We appreciate your support more than you know! **Thank you!**

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