

Society for Clinical Vascular Surgery

NEWSLETTER

Fall, 2006

2006 - 2007 COUNCIL

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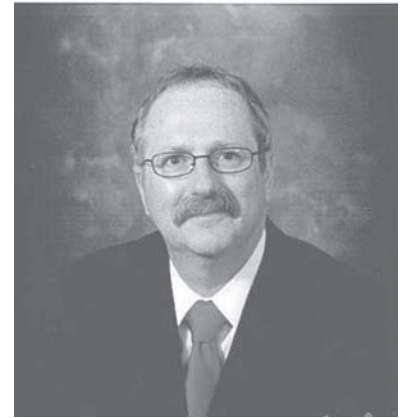
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President's Message

O. William Brown, M.D.

Plans for the 35th Annual Meeting are well underway. The meeting will be held from March 21-24, 2007 in Orlando, Florida. In planning for the meeting, SCVS attempts to address the needs of all practicing vascular surgeons whether they practice in a community setting or are members of a university faculty. Over the past years the needs of the two groups have continued to merge to the point that, with few exceptions, they are almost identical. Accordingly, the SCVS has attempted to expand its program to include topics which are of interest to all vascular surgeons, leading to the development of special programs including the young vascular surgeons group, women in vascular surgery, and post graduate courses that focus upon the problems and issues of the daily practice of vascular surgery.



Our field continues to mature. As a result, special topics including "turf wars" and the development of endovascular skills will also be discussed at this year's meeting. Medical malpractice remains a significant concern for most vascular surgeons, and the SCVS is aggressively working on ways to eliminate "questionable" expert testimony. Vascular surgeons in the United States have come to appreciate the special contributions that our colleagues from around the world have made to the field and the SCVS will again host an international symposium under the direction of Dr. Michel Makaroun. Dr. Tom Bower will organize our unique poster competition which will culminate in the award ceremony.

The SCVS has established the Young Vascular Surgeons Group under the leadership, this year, of Dr. Audra Duncan, to address these concerns and to encourage the active participation of young vascular surgeons in the workings of the Society. Members wishing to participate in the development of these programs should contact the Society offices.

Sessions geared towards community vascular surgeons have been created in an attempt to address the specific problems encountered by vascular surgeons practicing in small to mid-sized community hospitals. The role of the vascular laboratory for community based vascular surgeons and Dialysis Access/Angio Centers are two of the topics that will be discussed.

(continued on page 3)

Society for Clinical Vascular Surgery
35th Annual Symposium

MARCH 21-24, 2007

Walt Disney Swan
Orlando, Florida

Preliminary Highlights of the 35th ANNUAL SYMPOSIUM ON VASCULAR SURGERY
of the *Society for Clinical Vascular Surgery*
March 21-24, 2007 / Walt Disney Swan, Orlando, Florida

HIGHLIGHTS OF THE SCIENTIFIC PROGRAM.....

POSTGRADUATE COURSES

**STRATEGIES TO IMPROVE CARE
OF THE VASCULAR PATIENT**

- Update on Prevention of Perioperative Myocardial Infarction** *Anil Hingorani, M.D.*
- Improving Clinical Outcomes by Normalizing Diabetic Control** *Marc A. Passman, M.D.*
- The Benefits of High Dose Perioperative Oxygen Therapy** *Robert B. McLafferty, M.D.*
- Minimizing Renal Insufficiency From Vascular Procedures** *Brian Rubin, M.D.*
- New Techniques in Wound Care: Where's the Data?** *William Marston, M.D.*
- Who Really Benefits From What Combination of Anticoagulation?** *Michael Dalsing, M.D.*

IMAGING IN VASCULAR DISEASE

- Magnetic Resonance Arteriography Made Applicable to Your Practice** *Peter Lawrence, M.D.*
- Computed Tomography and the Value of 3-Dimensional Reconstruction** *Alan Lumsden, M.D.*
- The Ins and Outs of IVUS** *Rodney White, M.D.*
- The Latest in Portability and Power of Duplex Ultrasound** *Enrico Ascher, M.D.*
- Angiography: New Tools, Tips, and Technology** *Kim J. Hodgson, M.D.*

INTERNATIONAL PANEL

TOPICS

- ♦ **EVAR for Ruptured Aortic Aneurysms: Single Center Experience of 100 cases**
- ♦ **Carotid Plaque Characteristics and Outcomes**
- ♦ **Fenestrated and Branched Endografts and Where are We Going in Imaging and Treatment of Difficult Aneurysms**

Chair: **Michel S. Makaroun, MD**
Professor and Chief, Division of Vascular Surgery,
Pittsburgh University Hospital, Pittsburgh, PA

Faculty: **Martin Malina, MD, PhD**
Chairman, Swedish Society for Vascular Surgery
Associate Professor, Dept. of Vascular Surgery, Malmo
University Hospital, Malmo, Sweden

Georgio M. Biasi, MD
Professor of Vascular Surgery, University of Milan-
Bicocca, Chief, Unit of Vascular Surgery, San Gerardo/
Bassini Teaching Hospitals, Milan, Italy

Eric L.G. Verhoeven, MD, PhD
Associate Professor, University Medical Center
Groningen, Consultant Vascular Surgeon, University
Medical Center, Groningen, Groningen, The Netherlands

DISTINGUISHED VISITING PROFESSOR
Jonathan B. Towne, M.D.
Medical College of Wisconsin

Hotel Reservations Now Available!
Visit the website at
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for online instructions.

COMING SOON: Program Abstracts and Meeting Registration

**SIG (SPECIAL INTEREST GROUP)
BREAKFAST SESSIONS**

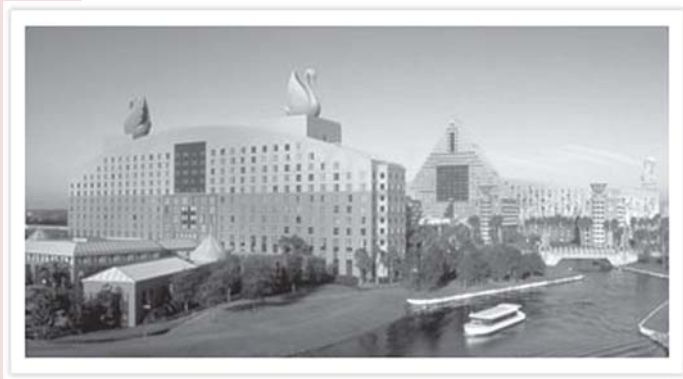
- Lifestyles** *JoAnn Lohr, M.D.*
- Community Vascular Surgeons** *Alan Dietzek, M.D.*
- CVS: Challenging Cases** *Alan Dietzek, M.D.*
- Wound Care Management** *Paula Muto, M.D.*
- Young Vascular Surgeons** *Audra Duncan, M.D.*

ABOUT THE HOTEL.....

In the heart of the Walt Disney World Resort, the award-winning Walt Disney World Swan and Dolphin is the gateway to Florida's theme parks and attractions. The resort is located in between Epcot and Disney-MGM Studios and nearby Disney's Animal Kingdom Theme Park and Magic Kingdom Park.

Guests enjoy complimentary scheduled transportation around the Walt Disney World Resort. Take a leisurely cruise on Disney's Friendship Launch to Epcot and Disney-MGM Studios or take a Disney shuttle bus to all other areas within Walt Disney World Resort.

The property recently underwent a \$75 million room renovation. The 2265 guestrooms were transformed to luxurious sophistication by world renowned architect, Michael Graves. In addition to the unforgettable Heavenly Bed, every room features custom-designed carpeting, draperies and designer wall coverings. And new restaurants including Todd English's bluezoo., The Fountain, and Picabu, a curious gallery of evocative art and America's favorite foods offering self-service dining 24 hours a day.



The Mandara Spa at the Walt Disney World Swan and Dolphin blends the lovely resort architecture with its signature Balinese style to provide a fresh and original setting where guests may indulge in world class pampering and beauty services. From the moment the guest arrives all of the six senses of hearing, sight, sound, taste, touch and perception are aroused creating expectations of a memorable spa experience. The spa visit becomes an adventure both sensory and physical as guests explore the Tea Gardens' unique "Asian Bale" and the Meditation Garden's signature "Meru Temple". The two beautiful gardens provide exotic retreats before guests begin the spa ritual.

WALT DISNEY WORLD GOLF

Did you know that the Walt Disney World® Resort has more golf courses than theme parks? Five championship courses plus a nine-hole walking course. Ninety-nine breathtaking holes in all. As a guest of the Walt Disney World Swan and Dolphin, you have access to courses where Tiger Woods, Jack Nicklaus, David Duval, Payne Stewart, Mark O'Meara and Raymond Floyd have won PGA TOUR Events. The courses have been designed by the best - Tom Fazio, Pete Dye and Joe Lee and all 5 championship courses certified by Audubon International as Cooperative Wildlife Sanctuaries

Lake Buena Vista is an enticing course that puts all your skills to the test. Designed by Joe Lee in a classic country club style, this course plays through pine forests and the residential areas of the resort. This course also features an island green on the 7th hole that is both a treat and a challenge to play. **The SCVS Golf Tournament will be at the Lake Buena Vista Course.**

Designed by Joe Lee, Disney's **Magnolia Golf Course** is the longest of the Disney courses. With 1500 magnolia trees accent the setting and includes elevated tees, rolling fairways and more than a fair share of water hazards and bunkers.

Palm Golf Course lures golfers with its grace and beauty and then puts them to the test. Designed by Joe Lee, this course is rated as "one of America's Top 75 Resort Courses". And if that isn't enough, the 18th hole is ranked the fourth-toughest on the PGA tour.

Imagine a remote course set within a tropical wilderness and you have **Osprey Ridge Golf Course**. Designed by Tom Fazio, this pleasant yet challenging course features rolling fairways, elevated tees and greens, nine water holes and over 70 bunkers. The course was also recognized by Golf Digest's "Places to Play" as one of Florida's best courses.

Designed by Pete Dye, Disney's **Eagle Pines Golf Course** places high demands on the golfers with its irregularly-shaped fairways, extensive use of sand, abundance of water hazards and pine straw instead of grass rough. You'll find it a refreshing departure from typical courses.



President's Message *(continued from page one)*

Dr. JoAnn Lohr will moderate a session on lifestyle management issues, which will examine the problem of developing a career and raising a family at the same time. In addition, maximizing productivity while at work and special issues concerning women in vascular surgery will also be discussed. Other issues to be addressed include work styles across generational and gender lines.

This year, the Postgraduate courses will focus upon "Imaging in Vascular Disease" as well new modalities in the "Strategies to Improve Care of the Vascular Patient." A specific session will address the issue of radiation safety for the vascular surgeon. A special review course concerning the key issues of the vascular laboratory will also be presented.

This year's meeting is shaping up to be one of our most exciting and informative meetings. While the program is extensive, we have left time for our members and guests to enjoy Orlando. This will be a wonderful opportunity for vascular surgeons, young and "not so young", to learn what's new in vascular surgery and enjoy some time with their family and friends. I look forward to seeing you in Orlando in March.

Best regards,

O. William Brown, MD, JD

WELCOME NEW MEMBERS

ACTIVE MEMBERS

Kwame S. Amankwah, M.D., *Syracuse, New York*
Daniel G. Clair, M.D., *Cleveland, Ohio*
Matthew J. Eagleton, M.D., *Cleveland, Ohio*
Manju Kalra, MBBS, *Rochester, Minnesota*
Marc Mitchell, M.D., *Jackson, Mississippi*
John Moawad, M.D., *Cleveland, Ohio*
Mark D. Morasch, M.D., *Chicago, Illinois*
Patrick E. Muck, M.D., *Cincinnati, Ohio*
George D. Oreopoulos, M.D., *Toronto ON, Canada*
Mihai Rosca, M.D., *Roslyn, New York*
Marc L. Schermerhorn, M.D., *Boston, Massachusetts*
Shoab Shafique, M.D., *Indianapolis Indiana*
Aamir M. Zakaria, M.D., *Springfield, Illinois*

UPGRADE TO ACTIVE FROM CANDIDATE

Nancy S. Clark, M.D., *Baltimore, Maryland*
Maria Elena Fodera, M.D., *Staten Island, New York*
Daniel M. Ihnat, M.D., *Tucson, Arizona*
Lisa R. Nowak, M.D., *Denver, Colorado*
Jeffrey T Prem, M.D., *Canton, Ohio*
Thomas A. Schneider, II, M.D., *St. Charles, Missouri*
Andrew H. Schulick, M.D., *Kensington, Maryland*

CANDIDATE MEMBERSHIP

Behdad Aryavand, M.D., *Englewood, New Jersey*
Christopher T. Bunch, M.D., *Iowa City, Iowa*
David J. Caparrelli, M.D., *Baltimore, Maryland*
Delton L. Farquharson, M.D., *Kansas City, Kansas*
Charles J. Fox, M.D., *Washington, DC*
Syed M. Hussain, M.D., *Springfield, Illinois*
David M. Lawrence, M.D., *Danville, Pennsylvania*
Imran T. Mohiuddin, M.D., *Houston, Texas*
Brian D. Park, M.D., *Farmington, Connecticut*
Jacek J. Paszkowiak, M.D., *Sayre, Pennsylvania*
Alessandra Puggioni, M.D., *Rochester, Minnesota*
Zachary C. Schmittling, M.D., *Chatham, Illinois*
Stephen F. Stanziale, M.D., *Pittsburgh, Pennsylvania*
Charles E. Stonerock, M.D., *Indianapolis, Indiana*
Majid Tayyarah, M.D., *Fontana, California*
Felix G. Vladimir, M.D., *Boston, Massachusetts*
Matthew G. Whitten, M.D., *Salt Lake City, Utah*
Wei Zhou, M.D., *Houston, Texas*

Membership information is available on the SCVS website (www.scvs.vascularweb.org) and by contacting the SCVS Administrative Office, (978) 927-8330.

2006-2007 COMMITTEES

Constitution & Bylaws Committee

M. Ashraf Mansour, M.D., Chair
Audra A. Duncan, M.D.
Alan Dardik, M.D., Ph.D.

Medical Legal Issues Committee

Jeffrey R. Rubin, M.D., Chair
Krishna M. Jain, M.D.
Larry A. Scher, M.D.

Membership Committee

John Blebea, M.D., Chair
Donna M. Mendes, M.D.
Jeffrey P. Carpenter, M.D.

Nominating Committee

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Keith Calligaro, M.D.
Kim J. Hodgson, M.D.
Peter F. Lawrence, M.D.
Anton N. Sidawy, M.D.

Postgraduate Education Committee

Alan B. Lumsden, M.D., Chair
Robert B. McLafferty, M.D.

Program Committee

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Richard F. Neville, M.D.
Charles J. Shanley, M.D.

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Michel S. Makaroun, M.D.
George H. Meier, III, M.D.
Samuel R. Money, M.D.

Student / Resident Award Committee

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Samuel R. Money, M.D.
William J. Quinones-Baldrich, M.D.
Anton N. Sidawy, M.D.

Ad hoc Community Vascular Surgeons Committee

Alan M. Dietzek, M.D.
Paul Guy Bove, M.D.

Ad hoc Young Vascular Surgeons Committee

Audra A. Duncan, M.D., Chair
Mark G. Davies, M.D.
Jeffrey M. Rhodes, M.D.

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Enrico Ascher, M.D.

ACS Advisory Council for Vascular Surgery

John J. Ricotta, M.D., Consultant

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J. Dennis Baker, M.D.
M. Ashraf Mansour, M.D.

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Society for Clinical Vascular Surgery 34th Annual Symposium

March 8 – 11, 2006 • Four Seasons Hotel, Las Vegas, NV

More than 300 physicians and guests attended the 33rd Annual Symposium held from March 8-11, 2006 at the Four Seasons Hotel in Las Vegas, Nevada. Traditionally, one of the most exciting forums for the exchange of ideas and experiences in vascular surgery, this year's meeting attracted participants from all over the world.

The Program Committee, chaired by Dr. Rob McLafferty assembled an outstanding variety of state-of-the-art papers and incorporated breakfast sessions, breakout workshops, how-to videos, hands-on workshops, poster presentations, symposia, and postgraduate courses to enhance the educational experience. This year's program included 34 full-length oral presentations, 22 mini oral presentations, 2 video presentations, and 48 poster presentations.

Additional Highlights included:

- ♦ **Distinguished Guest Lecturer, Jack L. Cronenwett, MD**, presented an update on *“Vascular Surgery Training: An International Revolution”*
- ♦ **Presidential Address by Anton Sidawy, MD**, focused on *“Pay 4 Performance: The Next Reimbursement Revolution.”*
- ♦ The **2006 Peter B. Samuels Award Recipient** was **Donald T. Baril**, from the Mount Sinai School of Medicine, for his work entitled, *“An Eight Year Experience with Type II Endoleaks: Natural History Suggests Selective Intervention is a Safe Approach.”*
- ♦ The **Allastair Karmody Poster Presentation Award** was given to **Christopher D. Scibelli, M.D.** for his poster, *“Subintimal Angioplasty for Lower Extremity Claudication.”*
- ♦ Postgraduate Courses – *“Carotid Stenting: Challenging Cases & Technical Tips”*, moderated by Keith Calligaro; and *“Venous Office Practice: Why it is Replacing Arterial Surgery!”*

SCVS gratefully acknowledges the following companies for their support of the 34th Annual Meeting:

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SOCIETY FOR CLINICAL VASCULAR SURGERY

You can view the SCVS Newsletter, gather up-to-date annual meeting information, download membership information and applications, read about Society activities, and pay your membership dues on-line at:

www.scvs.vascularweb.org

TECHNOLOGY CORNER

Save the Renes

Charles Klieman, M.D.

As vascular surgeons we have evolved from utilizing our ability to grasp and cut with sharp instruments to being able to insert small straight objects into pulsating structures. We have become a higher life form. Some might argue the opposite. However, like it or not, we have become one with the infrastructure of endovascular procedures. Balloons, stents, catheters, imaging and contrast are now a part of our vernacular. No longer do we walk out of the operating room just with bloody boots and specs of dried blood on our glasses. We now walk out with lead and goggles that protect us from harmful x-rays. Our gloves are sticky with contrast. ...a capricious agent that does so much good by pointing us in the right direction and allowing us to see the vascular anatomy. It is similar to a GPS. It gives us a roadmap of our route. However contrast can do damage to those most sensitive and vital organs, the kidneys.

Before we ever attempt to open a blocked vessel or insert a stent graft, a creatinine is measured to grossly determine renal function. Anyone with an elevated creatinine over 1.5 has to be pretreated or the procedure is not done. Often patients with creatinine over 2.0 are not offered the option of an endovascular procedure, and proceed straight to the sharp instrument method.

Contrast induced nephropathy is a serious problem and new techniques and technologies are being investigated to ameliorate this complication and make endovascular surgery safer. Twenty five million GT procedures are done each year in the US using contrast. Millions of interventional procedures are done worldwide using contrast. Nearly 20 million people in the US have some form of chronic renal insufficiency. Thirty percent are over the age of 60. Hospital resources have increased demand, hospital stays are longer and hospital mortalities are greater in patients with chronic renal insufficiency (CIN). The overall incidence of CIN is 2-5% of patients receiving contrast agents. This is a problem clearly in need of a solution.

The current state of technology offers various limited options. They include pre- treating patients with volume expansion,

minimizing contrast volume, using low- osmolality or iso osmolality contrast agents, giving sodium bicarbonate and/or N-acetylcystine antioxidant and using gadolinium as a less toxic contrast agent. These strategies decrease the probability of the renal failure, but don't eliminate the problem entirely. In some patients these strategies don't work at all.

Technologies to decrease contrast agent toxicity are being researched by drug companies, biotechnology startups and medical device companies. Each of them is offering solutions that are on the horizon to ameliorate renal toxicity. Success in developing such products will provide the endovascular surgeon with agents that are no longer deadly to the filtration system.

In the medical device industry a number of products have been developed that actually extract the contrast from the blood after it has been injected. One system developed Dr. Reza Movahed at UGI and now at the University of Arizona in Tucson, places a catheter system in the coronary sinus. When contrast is injected into a coronary artery, within two heart beats the contrast is in the venous system of the heart and out the coronary sinus. With synchronization, the blood containing the contrast is extracted from the coronary sinus. Approximately 80 percent of the contrast is removed. If necessary, the blood can be spun done and returned to the patient minus the contrast. This relatively simple catheter system provides a major benefit to patients at risk of CIN or with CIN. It's utility in peripheral vascular procedures is under investigation.

Another product to decrease renal toxicity from contrast is the *Benephit* Targeted Renal Therapy system from FlowMedica. This system allows cannulation of both renal arteries with one catheter system to allow simultaneous infusion of drugs into the renal arteries during coronary or peripheral angiograms or interventional procedures. Drugs such as Fenoldopam can be infused directly into the renal artery to minimize the possibility of CIN. Studies are underway to prove its efficacy. This clever system now provides a safe adjunct to intervention so that contrast agents will do minimize damage to the kidneys.

Ultimately, contrast agents need to be developed that are not renal toxic. With the explosion in imaging and intervention, such agents are needed ASAP. Until then, we must be diligent in protecting the kidneys and provide our patients with the safest methods of protection available. Whenever we see a vascular problem, surgical or not, we must think Save the Renes.

Contrast induced nephropathy is a serious problem and new techniques and technologies are being investigated to ameliorate this complication and make endovascular surgery safer.



Injection of contrast medium.

Highlights of the SCVS ANNUAL BUSINESS MEETING

March 10, 2006 / Las Vegas, Nevada

President's Report

Dr. Sidawy expressed his thanks to the Council and other members of the Society who contributed a great deal of time and energy to this year's Annual Meeting: Rob McLafferty and the Program Committee, Keith Calligaro and those who served as faculty for the postgraduate courses, the SIG chairs including JoAnn Lohr, Anil Hingorani, Paula Muto and Alan Dietzek. He also commended George Meier for the excellent work with the treasury. The Society's fiscal health is on a strong upward trend. George's leadership in the fundraising efforts was a significant factor.

Report of the Secretary

SCVS has 649 Active members, 24 Honorary members, 1 Inactive member, 249 Senior members and 14 Candidate members for a total membership of 937. The addition of 21 Active and 18 Candidate members will bring the total to 976.

The following members passed away during the past year:

Charles A. Johnson, Sarasota FL
Harry A. Kaupp, Amherst, NH
Robert L. McKnight, Fresno, CA
Heopito L. Robles, Tucson, AZ

Dr. Lumsden reported that over the past year the Council has focused on refreshing the annual meeting to better serve practicing vascular surgeons and includes:

More author presentations:

- ♦ 34 full-length oral presentations (up from 30)
- ♦ 22 mini oral presentations
- ♦ 2 video presentations of submitted abstracts
- ♦ 48 poster presentations

Expand the role of residents/fellows:

- ♦ Match Gore fellows as discussants for abstract presentations
- ♦ Include vascular program directors as scientific session moderators
- ♦ Work with Gore to grow the Gore Fellows Program—a record 85 fellows were in attendance this year.

Offer focused breakout sessions on key topics of interest:

- ♦ 6 breakfast SIGs (special interest group sessions) were held, topics selected by the program committee.
- ♦ 2 luncheon symposia hosted by Bard and Biotronik
- ♦ 8 hands-on stations are offering skills training

The 2006 Annual Meeting set an advance registration record of 303 professionals and with an additional 41 onsite registrations, the Society set a record attendance of 344.

In addition to its work on the Annual Meeting, the Society also joined the PAD Coalition as a cosigner and adopted the PAD Coalition By-Laws.

Report of the Treasurer

Dr. George Meier reported that as of January 31, 2006, SCVS has \$275,474 in cash, which includes \$210,500 in unrestricted educational grants to support the 2006 Annual Meeting.

The Society has begun to fund a reserve account with an initial commitment of \$25,000 with a four-year goal of \$250,000. The Council expects to vote an additional funding of at least \$25K at the next Council meeting scheduled for June 1st, the amount to be finalized once the costs of this meeting have been tallied.

Report of the Recorder

Dr. Samuel Money summarized manuscript submissions to the JVS from authors who presented at the 2005 SCVS Annual Symposium as follows:

Of the 30 full-length presentations on the program, 20 have been submitted to the JVS. Of those 20, 2 papers were combined into 1 manuscript which was accepted along with 11 others for a total of 12 acceptances of the regular oral presentations. Three poster authors submitted their work, 2 of which were accepted.

Authors who are presenting at this meeting have already been advised of the requirements: Authors of full-length presentations are required to submit. Authors of mini, video and poster presentations are strongly encouraged to present.

The lists of authors who failed to submit work but presented at either the 2005 or 2006 Annual Meeting will be conveyed to the 2007 Program Committee. Failure to submit previous work will be a contributing factor in selecting work for presentation at the 2007 Annual Meeting.

Program Committee

The Program Committee received a record 221 abstracts this year; 40 more than last year. The committee reviewed and scored the abstracts online and selected 34 abstracts for full-length presentations, 22 for mini presentations, 2 for video presentations and 48 for poster presentations.

Reports of Representatives

ACS Advisory Council for Vascular Surgery

Dr. John Ricotta informed the membership that NSQIP satisfies pay for performance documentation and requirements for quality outcomes reporting, and is a very cost efficient system for hospitals. ACS is encouraging surgeons to work with their hospitals to implement this program. ACS is actively involved in developing pay for performance guidelines that are relevant to surgeons, and they are likely to be more process-based than the current outcomes data. A joint committee of the SVS and ACS Advisory Council is being discussed to formulate the guidelines. When the Primary Certificate is approved, a minimum of 2 years of vascular training will be required. Programs that currently have 1 clinical year will have a 3-year window to convert to a 2-year format.

Society for Vascular Surgery

Dr. Peter Lawrence reported that the SVS is focusing on its role as an umbrella society giving voice to all constituents in the vascular surgery community. The SVS efforts compliment the SCVS by focusing on government reimbursement guidelines, pay for performance and other policy-oriented issues of concern to all vascular surgeons.

Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL)

Dr. Dennis Baker reported there is an increased interest in screening and that the ICAVL is currently focused on creating a category of testing, defining standards for screenings and accreditation for screening only labs.

Peter B. Samuels, M.D. In Memoriam

Dr. Peter Bernard Samuels, one of the founders of the Society for Clinical Vascular Surgery, died on June 5, 2006 at age 83.

In the late 1960s, a number of California surgeons specializing in vascular surgery became interested in forming a local organization to provide an opportunity for sharing clinical experience and to hold educational meetings. In 1969, the Society for Clinical Vascular Surgery was formed by Peter Samuels, with the assistance of Seymour Greenstone, Wiley Barker, Max Gaspar, Robert Ozeran, Herbert Roedling, Andrew Scharff and Roscoe Webb. Dr. Samuels assumed the Presidency and Dr. Greenstone became Secretary-Treasurer. The mission of the organization was to address the needs of the vascular surgeon in clinical practice.

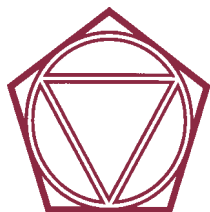
The Society for Clinical Vascular Surgery has flourished over the past quarter of a century. From a humble origin in Southern California, to a recognized annual postgraduate symposium in concert with UCLA to its current status as a national society comprised of both academic and community surgeons.. The vitality of American vascular surgery is easily seen in the quality of the clinical practice of its membership and their contributions to the art and science of our specialty.

Dr. Samuels served as SCVS President from 1976-1979. In 1979, the Society recognized his contributions by establishing the Peter B. Samuels Resident Prize Essay Award, given to the best student paper accepted for full oral presentation at the annual meeting. This competition is open to medical students, residents and fellows in a surgical or vascular surgical program. The 2007 Peter B. Samuels Award will be presented during the Annual Banquet on Friday, March 23, 2007.

Dr. Samuels is survived by his wife Brenda Levitt, three children-Naomi Clare, Natalie Wheeler and Dr. Shaun Samuels, as well as three grandchildren.

On the 25th Anniversary of the SCVS in 1997, the previous presidents of the organization were asked for their reflections. Dr. Samuels provided the following:

Yearly vascular surgical meetings were held on the East Coast which the West coast surgeons were not always able to attend, leaving a gap for us in the interchange of information that occurs at a meeting of colleagues. In 1969, a group of well-trained vascular surgeons shared a desire to organize vascular surgical meetings in Los Angeles. The Freeway system made it feasible to accommodate surgeons from Santa Barbara to Long Beach to Orange County. The SCVS was formed by Drs. Wiley Barker, Seymour Greenstone, Herbert Roedling, Andrew Scharff, Max Gaspar, Robert Ozeran, Roscoe Webb and myself. I was President and Dr. Seymour Greenstone was Secretary-Treasurer. It was decided to hold monthly meetings. The meetings, first held in the San Fernando Valley area, were an immediate success. Among the speakers were Drs. Jack Wylie of San Francisco, M.J. McCaughan of Tennessee, Thomas Fogarty of Palo Alto, Professor Sean Moore of Hamilton, Ontario, Canada, Capt. George Hart of Long Beach Naval Hospital and W.J. Kolff, the Dutch developer of dialysis from Brigham Young.



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