VASCULAR & ENDOVASCULAR
Controversies Update

CX 2015 Digest
The Charing Cross Symposium 2015 Digest contains a summary of the key topics discussed at the 37th Charing Cross Symposium, held from 28 April to 1 May 2015 at Olympia Grand in London, UK.

This year, the four-day educational programme started another cycle of Controversies, Challenges and Consensus and addressed the main controversial topics in the vascular and endovascular arena, covering peripheral arterial, abdominal aortic, carotid, thoracic aortic, venous and vascular access fields.

Throughout this publication, members of the CX Programme Organising Board provide insights into the take-home messages of the Main Programme and Parallel Sessions in which they participated as a chairperson or moderator.

Discussion lies at the heart of CX and the programme of every Controversies year is designed to encourage the interaction between a world-class faculty and an expert audience. This year, the Main Programme included 17 debates and 44 questions for voting. The results and short commentaries from Roger Greenhalgh have also been included on the following pages.

Additionally, the Charing Cross Symposium 2015 Digest brings key statistics highlighting the record general attendance at this year’s event as well as a breakdown of specialties and countries.

The organisers of the Charing Cross Symposium would like to thank all Faculty members, delegates and industry for their continued support, and look forward to seeing you in London on 26–29 April 2016 for the 38th Charing Cross Symposium.

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What participants say about CX 2015

"The best way to describe Charing Cross is by saying that it empowers attendees. I want to come back!"

"CX offers a brilliant opportunity to see the current state of the latest techniques and where they are going."

"I was updated on recent vascular and endovascular developments that will impact positively on my practice."

"CX offers very interesting debates with the Faculty. There is also always something to learn from the live cases."

"CX gives trainees the opportunity to interact with the best Faculty."

CME feedback

95% of CME respondent delegates rated the overall Charing Cross Symposium as ‘excellent or good’

96% of CME respondent delegates rated the CX Programme as ‘excellent or good’
Peripheral Arterial Controversies

**CX 2015 Digest**

**Supervised exercise, smoking cessation and best medical treatment should precede intervention**

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<tr>
<td>79%</td>
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This year there was a much stronger support for supervised exercise, smoking cessation and best medical treatment before intervention, compared to last year, when 71% of the voters supported this statement.

**Debate: IVUS is worth the cost for peripheral arterial disease**

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The audience found that IVUS still has a case to make.

**The current best definition of success is patency >1 year**

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The CX 2015 audience did not think that the best definition of success is patency for the lower limb.

**Debate: Endovascular beats open surgery for TASC C and D SFA lesions irrespective of lesion location**

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The majority of voters did not accept that DCB technology is likely to be a successful “standalone” treatment for the majority of medium and long length femoral artery lesions?

**Pretreatment of SFA lesions before drug-coated balloon has CX 2015 audience support**

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For the first time CX voters found support for atherectomy, but as a pre-treatment to the use of DCB as described in the DEFINITIVE AR trial, or as a pre-treatment to the use of stents.

**Is drug-eluting balloon technology likely to be a successful “standalone” treatment for the majority of medium and long superficial femoral artery lesions?**

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The majority of voters did not accept that DCB technology is likely to be a standalone treatment for long lesions. It is interesting to speculate on what the audience look back from this discussion. At the time there was much discussion about the careful selection of size of lesion and suitability for DCB but in the right situation the audience found DCB better than plain old balloon angioplasty. The vote possibly included those who currently prefer a stent.

**Will new stent designs for the SFA such as SUPERA and Smart Flex mitigate the need for drug elution in claudicants?**

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The majority of delegates said “No” here. What does this mean? The results of DCB are good but sometimes the lesion is so severe that stents are indicated.

**PTEF femoro-suprarenal bypass should be used only when autologous vein is not available**

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**Debate: Heparin bonding benefits superficial femoral artery PTEF bypass results**

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Peripheral

**CX Live Peripheral Arterial Cases**

For the first time CX offered delegates the opportunity to learn techniques of how to achieve best results in peripheral arterial treatment related to topics discussed on the Main Programme through the new CX Live Peripheral Arterial Cases course, explained that this year’s peripheral live cases were a “bit different” from those seen at other conferences. He noted: “Our goal is not to educate you about complex interventions; our goal is to provide you with context to data from recently publishing or ongoing trials.”

Thomas Zeller (Bad Krozingen, Germany), director of the CX Live Peripheral Arterial Cases course, explained that this year’s peripheral live cases were a “bit different” from those seen at other conferences. He noted: “Our goal is not to educate you about complex interventions; our goal is to provide you with context to data from recently publishing or ongoing trials.”

**The angiosome concept is a waste of time: revascularise the best BTK artery**

Giovanni Torsello (Münster, Germany), who chaired the morning session of the course, said that live cases were “a valuable educational tool” because delegates did not only want to hear about data but also wanted to see “how they can make their strategies and techniques better than before.”

**Peripheral live cases were also presented at the LINC@CX session, which focused on below-the-knee interventions**; Chiara Bianco (Milan, Italy) said that cases that “did not go according to plan” were just as educational as the ones that did because they give delegates the opportunity to see how the operator can rectify an unexpected situation.

Cliff Shearn (Southampton, UK), a course director of the CX illex Collaboration Day, reported that having such teams in place could reduce the rate of amputation by up to 80%. He added that the implementation of a multidisciplinary diabetic foot care team at his hospital (Southampton) was associated with cost savings of £1,695,600. “Improving the care of patients with diabetic foot is not about finding lots of new people or buying lots of new technology. It is about working as a team,” Shearn explained.

Shearn’s fellow course director Michael Edmonds (London, UK) agreed that well-organised, multidisciplinary approaches were key to achieving good outcomes for patients with diabetic foot. He explained that one of the main goals of live was to “encourage interdisciplinary collaboration that spanned the primary and secondary services and to develop and implement the best practice approach to save legs.”

The session included two roundtable discussions, focusing on controversies in the management of peripheral artery disease, looking at the arguments for and against “leaving nothing behind DbC” compared with situations where “leaving something in” was the surface.

**The illex Collaboration Day course has been designed to update attendees on the latest treatment strategies developed to avoid the increasing number of unnecessary lower limb amputations. Through a series of talks and discussions, one message became clear—well-organised multidisciplinary care is essential.** Diabetic foot care teams are essential for ensuring that patients with diabetic foot receive the treatment that they need and, importantly, they are vital for reducing the risk of limb amputation. Cliff Shearn (Southampton, UK), a course director of the CX illex Collaboration Day, reported that having such teams in place could reduce the rate of amputation by up to 80%. He added that the implementation of a multidisciplinary diabetic foot care team at his hospital (Southampton) was associated with cost savings of £1,695,600. “Improving the care of patients with diabetic foot is not about finding lots of new people or buying lots of new technology. It is about working as a team,” Shearn explained.

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Abdominal Aortic Controversies

In 2015, CX offered three days of aortic topics: two days of Main Programme sessions covering Abdominal Aortic Controversies and Thoracic Aortic Controversies, and a third day with the new CX Edited Live Cases.

The abdominal aortic Main Programme began with epidemiology, indications and medical management before turning to abdominal aortic aneurysm rupture. The audience heard from Janet Powell, London, UK, that the highest risk factors for rupture of abdominal aortic aneurysms are female gender, smoking, increasing age and mean arterial pressure, but that there are still few useful indicators of how to manage screen-detected aneurysms to stop them from enlarging.

Evidence was sought on the best way to manage a ruptured aneurysm, and on whether patients are denied intervention as doctors become concerned about operating for fear of having poor mortality figures. Results from the 12-month data of the randomised IMPROVE trial, presented for the first time at CX 2015, showed that an endovascular strategy is cost-effective when compared to open repair in the treatment of ruptured aneurysms. The one-year data from the trial also confirmed that the endovascular strategy conferred no survival benefit over open repair, but showed a trend towards benefitting women. Furthermore, it demonstrated that the endovascular strategy enabled more patients to be discharged from hospital to home, and significantly faster than after open repair. Patients also have an excellent quality of life after EVAR, if they survive the rupture, delegates heard.

The next controversy was how to manage abdominal aortic aneurysms with challenging neck anatomies. Different findings and procedures for the management of the aortic neck of less than 15mm were presented and controversies exposed.

While presenting the morphology findings from the IMPROVE trial, Robert Hinchcliffe, London, UK, drew attention to independent association between neck length and mortality. “Only aortic neck length is significantly associated (versus) with 30-day mortality both for open repair (p<0.001) and overall (p<0.007) — the shorter the neck, the higher the mortality after open repair (and EVAR). With long necks, the 30-day mortality from EVAR and open repair is similar (and this is consistent with the results of the AXA and ECAR trials),” he said.

In traditional Charing Cross fashion, a particularly stirring debate saw a 50:50 split. This appears to be a question in true clinical equipoise!

In the Abdominal Aortic Controversies sessions, the audience took a pragmatic approach to several issues, supporting the need for regular surveillance imaging after EVAR and the need for a range of devices to manage the spectrum of aneurysm morphology. Interestingly, the majority of attendees felt the 12-month results of the IMPROVE trial would encourage more EVAR for ruptured aneurysms. On the question of whether intervention thresholds for abdominal aortic aneurysms should be different in females, there was exactly a 50:50 split. This appears to be a question in true clinical equipoise.

I use only one EVAR device for all infrarenal AAAs: one size fits all

One size does not fit all and the majority use more than one device.

Ultrasound AP measured sac growth is the main predictor of failure

The response suggests that these are indicated. The question does not say when they are indicated but somewhere in the practice there is a place for them in the view of the CX 2015 audience.

Andrew Holden
Auckland University School of Medicine, Auckland, New Zealand

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One of the hot topics of the Charing Cross Symposium 2015 was interventions in the ascending aorta and the arch, and the number of talks in the Thoracic Aortic Main Programme was a mark of the developments in this area. There have been vast technological advances that have enabled the final frontier of the aorta, the diseased ascending aorta and arch, to be treated by completely endovascular means. Considerations for reconstructions and the influence of the proximal landing zone on outcome were discussed. Although early experience with several thoracic branch grafts offered the promise of better results, it was less clear that intervention to thrombose the false lumen would itself alter the prognosis but this was discussed.

In the session “Interventions for the ascending and arch of the aorta” we saw three debates, with world-renowned speakers from around the globe discussing the pros and cons of totally endovascular hybrid and open approaches to aortic intervention at the level of the arch. The votes were close for all the debates. It is clear that there is great enthusiasm for minimally invasive techniques but we do need to see evidence behind the promises.

The last case explored how a prosthetic graft loaded with the antiproteasome silver acetate and triclosan helped to control infection in a patient treated for mycotic aortic aneurysm and Liberi syndrome.

Colin Bicknell
Imperial College, London, UK

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Andrew Holden
Auckland University School of Medicine, Auckland, New Zealand

The thoracic sessions addressed two areas of controversy where consensus was difficult to obtain. The management of uncomplicated acute type B dissection has been an area of focus for a number of years but an evidence base is emerging through the randomized INSTEAD XL and ADSORB trials. Clinical opinion has been slowly moving towards a more increased use of technology to avoid embolisation risk during the treatment of a high-grade symptomatic lesion in the internal carotid artery.

The audience is impressed that the occlusion of the false lumen is a good prognostic factor. It was less clear that intervention to thrombose the false lumen would itself alter the prognosis but this was discussed.

Clinicians have historically struggled to define a threshold for intervention in the thoracic aorta due to a paucity of data and the relative absence of robust guidelines. The available world literature was outlined and debated by Jarred Powell and Vincent Riambau. The need for a more substantial evidence base was highlighted by Powell who was supported by 65% of the audience.

The evidence was discussed in great detail and more evidence is sought by the majority.

Matt Thompson
George’s University Hospitals and St George’s Vascular Institute, London, UK

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The new CX Edited Live Cases session provided delegates with the opportunity to learn how best results can be achieved with different devices and techniques in complex cases. Key controversies from the Main Programme (aortic and carotid) were demonstrated in detail. The format comprised a series of edited cases, each incorporating an introduction to the case – including patient details and indications; a case plan with device selection, sizing, adjunctive strategies and anticipated difficulties; as well as a video of the procedure with pauses to facilitate discussion and audience participation.

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There was strong audience support for intervention in sub-acute uncomplicated type B dissection, reflecting a global trend to more aggressive intervention in these patients. The importance of false lumen thrombosis in patients treated for chronic type B aortic dissection was widely accepted and interesting endovascular techniques to achieve this were discussed. Although early experience with several thoracic branch grafts was presented, adherents were not yet convinced of their benefit over open surgical debranching to maintain patency of the left subclavian artery.

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Do you think that intraoperative hypotension contributes to stroke risk in addition to plaque disruption? 31% No 69% Yes

Debate: Endovascular branched graft beats open surgery for the left subclavian artery

35% Yes 65% No

The result suggests that they do not. But this is not to say that this will not become practice when more experience has been gained. So far, 35%, buy into the concept.

Debate: The heyday of open aortic surgery is over

35% Yes 65% No

Was this result a reflection of the bias of this particular audience? Perhaps not, because higher mortality rates for arch repair by endovascular were quoted as opposed to open repair. The audience took this on board.

Debate: High profile endovascular aortic devices have more benefits than disadvantages

58% Yes 42% No

Debate: Hybrid beats total TEVAR wherever it can be used

48% Yes 52% No

Debate: Endovascular false lumen occlusion beats more extensive surgery

62% Yes 38% No

The audience is impressed that the occlusion of the false lumen is a good prognostic factor. It was less clear that intervention to thrombose the false lumen would itself alter the prognosis but this was discussed.

Clinicians have historically struggled to define a threshold for intervention in the thoracic aorta due to a paucity of data and the relative absence of robust guidelines. The available world literature was outlined and debated by Jarred Powell and Vincent Riambau. The need for a more substantial evidence base was highlighted by Powell who was supported by 65% of the audience.
Carotid Controversies

The Carotid Controversies session opened with a presentation on what actually constitutes “modern day” optimal medical therapy in patients with carotid artery disease by Martin Brown (who, as principal investigator of EC4/2) subsequently received majority support from an audience poll who favoured the design of the ongoing European ASCRS2. Venous specialists have kept the board and the controversy is about which method to select in which situation. The speakers of the Main Programme made updates on the current status and indications of endovascular ablation. In addition, stent grafting and direct thrombectomy in carotid stenosis were discussed before the programme turned to imaging including duplex, venography, IVUS, as well as CT and MR venography. An algorithm of choice was presented and tips and considerations given as to how to image the deep venous system with the patient standing.

This paper was followed by a review of research on antiplatelet resistance and the current status and indications for carotid endarterectomy, stenting or best medical therapy. The second debate (against Ankur Thapar) that the available evidence supported screening for carotid disease in selected asymptomatic patients. The second debate favoured a greater proportion of embolic events. This is an area of vertebrobasilar events were haemodynamic, but the data from this multicentre study (ACSRS2). Over 70 centres (worldwide) have indicated independently, but he hoped that this would be possible in a forthcoming, multi-centre study (ACSRS2). Over 70 centres (worldwide) have indicated independently, but he hoped that this would be possible in a forthcoming, multi-centre study (ACSRS2). Over 70 centres (worldwide) have indicated independently, but he hoped that this would be possible in a forthcoming, multi-centre study (ACSRS2).

Debate: Duplex scanning is mandatory before treatment of asymptomatic carotid stenosis

Stenting below the inguinal ligament is reasonable

IVUS is not essential in the view of 65%. But 35% see the value of IVUS. This is an increase in enthusiasm for IVUS in Europe.

Stenting is the procedure of choice was presented and tips and considerations given such as to the use of local anaesthetic. The newer thermal techniques section showed exciting innovation with two cryoarachylic glues, mechanical/chemical ablation and impressive results using foam sclerotherapy in conjunction with tumescence. In addition, foam sclerotherapy at the same time as phlebectomy (foam phlebectomy) seemed to show advantages and is a clear technique to be watched in the future.

Stephen Black
Guy’s and St Thomas’ NHS Foundation Trust, London, UK

The presentations on endovascular thermal ablation showed that endovenous thermal techniques are the method of choice and in simple phlebectomy, the results from most of the different techniques are more or less equivalent. It is well established that endovenous thermablation works in general. We should now be identifying the limits of the technique and the limits of each technique or device. The non-thermal techniques section showed exciting innovation with two cryoarachylic glues, mechanical/chemical ablation and impressive results using foam sclerotherapy in conjunction with tumescence. In addition, foam sclerotherapy at the same time as phlebectomy (foam phlebectomy) seemed to show advantages and is a clear technique to be watched in the future.

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The CX Venous Workshop

Now in its seventh year, the CX Venous Workshop has continued to attract more delegates, with over 150 attending this year, a new record for the workshop. The course aims to cover all interesting and important aspects of phlebological practice in a unique, flexible format, by providing training stations that allow delegates to practice using venous technologies.

The success of the workshop can be attributed to, at least in part, the fact it is constantly adapting to meet the changing needs of the audience – as course director Ian Franklin explained: “When we first started doing this course, it was an office-based varicose vein course. Now it is far more than that. We have found that quite a lot of the techniques that people were hungry to learn at the beginning are ‘old hat’ now, so each year we offer new things. At present, people are keen to learn deep vein stenting, intravascular ultrasound, non-thermal techniques for treating veins, and other techniques. This year at the workshop, we had some completely new things that people will not have seen before.”

According to Franklin, another factor of the workshop’s success is that it is smaller and more interactive than the sessions in the Main Programme at Ch-E. He noted: “Not all techniques and discussions lend themselves to the plenary environment. By having training stations and a small one-to-one teaching format, the workshop enables people to interact in a much more informal, personal level.”

The course ran for two days, with the first day focusing on varicose vein treatment and superficial venous issues and the second looking at acute deep vein thrombosis interventions, intravascular ultrasound, and deep vein stenting. Simon Ashley (Plymouth, United Kingdom), who was a trainer at one of the stations at the workshop, said: “This is the first time I have been involved as a trainer, but I know that it has been running for a number of years and has become increasingly popular.”

According to Mark Whiteley, University of Surrey, London, UK, and Whiteley Clinic, Guildford, UK, “The CX Venous Workshop extended over two days and many of the stations changed, ensuring that there was a good reason to visit on both days. For those of us interested in phlebology and venous diagnosis and interventions, there was an excellent array of almost everything relevant to modern venous practice. This ranges from basic concepts with GSV and AVUL being represented, to diagnostics – including air plethysmography and venography in addition to duplex ultrasound – and multiple techniques and devices. In recognition of the past, even stripping was represented in amongst the newer endovenous techniques for both superficial and deep vein disease.”

Mark Whiteley
University of Surrey, London, UK, and Whiteley Clinic, Guildford, UK

Not only has the CX Venous Workshop expanded to a two-day event, it now includes a full day devoted to the treatment of deep vein disease, which was very well attended. The workshop allowed delegates easy access to some of the leading experts in the world who were able to share their knowledge and experience. This access is invaluable to all those who are developing their own practices and trying to treat these complex patients.

Mark Whiteley
University of Surrey, London, UK, and Whiteley Clinic, Guildford, UK

During the day there were also sessions that provided opportunities for physician-inventors to receive feedback about how to develop their ideas into marketable products. For example, the networking session “Speed dating with the experts” enabled physician-inventors, engineers and marketing experts to come together to discuss innovation opportunities. There was also the “Dragons’ Den” session in which physician-inventors competed to win a £1,000 prize for the most innovative device. This year, Jeffrey Lawson (Durham, USA) took the prize for his dialysis graft technology. Lawson reported that this device is designed to protect patients when their grafts leak and must be cannulated with a sharp needle. He noted: “You can only cannulate the graft or blood-flowing portion safely or reliably – that is the nature of the innovation.” He added, “the podiums were currently in the FDA for their plans for the first-in-man implant of the device. Stephen Greenhalgh, course director of the CX Innovation Showcase, said the “Dragons” – the panel of judges assessing the innovations – considered this year’s crop of devices the most wide-ranging, innovative group they have seen presented at Charing Cross.

Also, the new “Town Hall” session reviewed the balance between medtech advancement and regulatory procedures, focusing on how the relationships between vascular specialists, the endovascular device industry, and the FDA can be improved. Dittmar Böckler (Heidelberg, Germany) led the presentations at the Siemens stand; Stéphan Haulon (Lille, France) and Adrien Hertault (Lille, France) did the demonstrations at the GE Healthcare stand; Frank Vervaeren (Ghent, Belgium) and Jim Reekers (Amsterdam, the Netherlands) at the Philips stand; Barry Katzen (Miami, USA) and Ceska Riga (London, UK) at the Hansen Medical stand; Wolfgang Kiefer (Hannover, Germany) and Peter Gorder (Antwerp, Belgium) spoke for Ziehm Imaging; and Fabrizio Farina (Rome, Italy) for Volcano.

The workshop allowed delegates to interact in small groups with the experts and talk closely at the imaging systems and tools, providing them with a unique perspective. Speaking on the relevance of the “Ask the Expert” workshops, Haulon said, “There was a lot of interaction and the participants might have raised a hand to ask a question, whereas here they were very enthusiastic about sharing their comments and asking for more details. Therefore, I think it is a very valuable workshop.”

Mark Whiteley
University of Surrey, London, UK, and Whiteley Clinic, Guildford, UK
The CX Abstract Prize winners were announced at the Charing Cross Symposium 2016 (26–29 April, London, UK). Eleven abstract presentations won a Certificate of Merit, also giving their presenters the opportunity to submit topics for next year’s Symposium.

Richard Gibbs and Ian Loftus, co-chairs of the CX Abstract Board, said that the quality of abstracts was very high. Gibbs added that the winner of the Trainee Clinician Abstract Prize, Alan Karkhassaligan (London, UK), presented an “excellent piece of work”. He explained that this registry was an international comparison covering topics such as the management of patients with thoracic and aortic aneurysms, the endovascular treatment of a ruptured or leaking abdominal aortic aneurysm, the use of drug-coated balloon to treat in-stent restenosis. Also, Tulio Navarro (Belo Horizonte, Brazil) presented data from the analysis of primary care records, found that many patients with abdominal aortic aneurysms in England do not receive appropriate cardiovascular risk factor modification therapy. Colin Bicknell, a member of the CX Abstract Board, commented, “From the abstracts presented there can only be two overall winners, and I think on this occasion, the quality of abstracts was very high. I believe we have an excellent group of abstract prize winners for next year’s Symposium.”

Trainee Clinician Abstract Prize – Alan Karkhassaligan (London, UK)

Karkhassaligan and colleagues in their study “Cardiovascular risk prevention in patients with aortic aneurysm in the United Kingdom: clinical lessons from the analysis of primary care records”, found that many patients with abdominal aortic aneurysms in England do not receive appropriate cardiovascular risk factor modification therapy.

CX Abstract Prize winners

Senior Clinician Abstract Prize – Murray Shames (Tampa, United States)

In the paper “Selective management strategies for prostatic EVAR failure: a 12-year experience” Shames and colleagues describe how prostatic EVAR can be successfully salvaged with a selective treatment algorithm with “excellent results.”

Trainee Clinician Abstract Prize – Alan Karkhassaligan (London, UK)

Karkhassaligan and colleagues in their study “Cardiovascular risk prevention in patients with aortic aneurysm in the United Kingdom: clinical lessons from the analysis of primary care records”, found that many patients with abdominal aortic aneurysms in England do not receive appropriate cardiovascular risk factor modification therapy.

CX Abstract Sessions – Certificates of Merit

Senior Clinicians

Mahmoud Malek, Baltimore, United States – “Bypass remains the gold standard option for limb salvage in critical limb ischaemia in the era of endovascular interventions.”

Michael Dahn, Farmington, United States – “Mechanism of post-carotid stenting restenosis.”

Thodor Vassilev, Hamilton, New Zealand – “The end-only bypass with type A repair: futureproofing in complex dissections.”

Pravin Dashar, Guildford, United Kingdom – “The role of intraoperative transvenous duplex ultrasound during pelvic venous embolisation.”

Trainee Clinicians


Yiewfah Fong, Singapore – “Proposed classification of hybrid endovascular and open surgical revascularisation for peripheral arterial disease – Hybrid Intervention for Lower Extremity Revascularisation (HILER).”

Nikolaus Duschek, Vienna, Austria – “The role of apolipoprotein A-I in the over expression of pro-apoptotic signalling pathway in abdominal aortic aneurysm.”


Mohamed Boustani, Liverpool, United Kingdom – “Immunohistochemistry was performed in a randomised controlled trial comparing mechanical ablation to radiofrequency ablation: the multicentre Venefit versus ClariVein for varicose veins (VCCV) trial.”

Christine Hall, London, United Kingdom – “Venin preservation for antenatal haemostatic factors.”

CX Paediatric Vascular Issues

The CX Paediatric Vascular Issues session provided delegates with the opportunity to learn about the modern management of childhood disorders with a special focus on limb ischaemia, arterial pathologies and vascular malformations. In keeping with the theme of this year’s Charing Cross, the session also reviewed the controversies in this area. Course director Malcolm Simms said that there are three areas of controversy when treating children with vascular disorders, which are: “the appropriate management of iatrogenic acute limb ischaemia, the optimal management of peripheral arterial pathologies and vascular malformations, and the tailoring of vascular intervention in children to address issues of growth.”

The co-course director George Hamilton added: “There is increased recognition of postoperative survival in canuloplasty surgeons.”

CX Meets Latin America

For the third year running, Charing Cross held a “CX Meets Latin America” session, the event, which has become a popular fixture at the Symposium, is an opportunity for physicians from Latin America to give their perspective on the management of vascular conditions.

There were papers from Argentina, Brazil, Colombia, and Mexico covering topics such as the management of patients with thoracic and aortic aneurysms, the endovascular treatment of a ruptured or leaking abdominal aortic aneurysm. Also, Tulio Navarro (Belo Horizonte, Brazil) presented data from the analysis of primary care records, found that many patients with abdominal aortic aneurysms in England do not receive appropriate cardiovascular risk factor modification therapy.

CX European Vascular Surgeons in Training

The European Vascular Surgeons in Training granted awards for the three best papers presented during their session held every year during Charing Cross. Marina Dias-Neto (Oporto, Portugal) was awarded third place for her review and meta-analysis of serum inflammatory markers and asymptomatic abdominal aortic aneurysm. Second place was awarded to Aisakakis (Duisburg, Germany) for his paper on the rare Hughes-Stovin syndrome. The winning paper was Athanasios Saratzis (Edinburgh, UK) study on patterns of vascular injuries following falling in training, coming in the UK.

The CX European Vascular Surgeons in Training

The co-course director Hunter Stepan (Poznan, Poland) explained, “This session was important because it allowed these trainees to present their data and receive feedback on their research, which in the future will improve their skills. The trainees’ data will be published, and they will definitely go on to conduct more research in the future.”

CX Abstract and Poster Sessions

CX 2015 Digest

CX 2015 Digest
The two-day CX St George’s Vascular Access Course covered all aspects of vascular access – from the role of early cannulation to using a hybrid graft to create arteriovenous access. It highlighted controversial topics in the epidemiology and economics of vascular access care, with an emphasis on the treatment of chronic kidney disease. Data for the use of early cannulation grafts and other grafts were also discussed, as were the best treatment strategies for vascular access for endovascular procedures. The results of the voting conducted by course director Eric Chemla are printed below.

Epidemiology and economics
In your practice, do you feel that:
- You see more patients year on year: 78%
- Stable numbers: 18%
- Less patients year on year: 3%

Since the tariff incentives were put in place have you noticed:
- A better involvement from management to help improve your results: 36%
- No change at all: 32%
- A very finance driven approach, sometimes: 32%

If you practice is outside the UK, would you like to see the same kind of financial incentives implemented in your own country?
- Yes: 69%
- No: 31%

Early cannulation
Have you adopted early cannulation grafts routinely?
- Yes: 34%
- No: 66%

If yes, have you seen a significant reduction in CVC usage?
- Yes: 44%
- No: 56%

In your experience, do Early cannulation grafts perform as well as the usual ones?
- 53% Yes
- 47% No

Research
When do you consider a stenosis to be significant?
- Less than 50%: 14%
- 50%: 12%
- Above 50%: 70%

When creating accesses, do you prefer:
- Local anaesthetics: 46%
- Regional anaesthetics: 52%
- General anaesthetics: 2%
- Regional and general anaesthetics: 4%

Do you perform rib resection/partial claviclectomy for central venous disease in the costo clavicular area?
- Yes: 17%
- No: 83%

So BVT:
- 1 Stage: 41%
- 2 Stage: 59%

Is there an age limit for access creation consideration?
- Yes: 14%
- No: 86%

Graft session
There are now lots of new grafts available, which one are you/will you be using?
- Hybrid: 70%
- Spiral flow: 15%
- Semi biologic: 15%

When do you operate an aneurysmal AVF?
- It depends on diameter: 0%
- It depends on the skin: 7%
- It depends on cannulation and bleeding: 11%
- All of the above: 82%

After a successful transplant do you reverse the access:
- Immediately: 0%
- After 6 months: 11%
- After a year: 26%

It depends on the access; I leave alone the distal ones and reverse only proximal AVF/grafts: 63% No

Access management
When do you operate an aneurysmal AVF?
- It depends on diameter: 0%
- It depends on the skin: 7%
- It depends on cannulation and bleeding: 11%
- All of the above: 82%

It depends on the access; I leave alone the distal ones and reverse only proximal AVF/grafts: 63% No
2015 Statistics

Charing Cross benefited from participation from 79 countries. While Western Europe contributed the largest number of vascular specialists, the trend towards strong attendance from the rest of the world continued.

In 2015, Charing Cross enjoyed a record number of 4,367 participants at Olympia Grand in London, UK.

Charing Cross represents a truly multidisciplinary approach to the management of vascular disease.

While vascular and endovascular surgeons remain the largest group attending the Symposium, there is significant representation from interventionalists and other cardiovascular specialists, both among the Faculty and the audience.
The Charing Cross Symposium would like to thank all the Pavilion Sponsors and Major Sponsors.

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