

**SIR Foundation / CAIRR Special Research Session:  
Research Consensus Panel for Venous Disease  
Development of a Research Agenda for Venous Interventions  
October 23, 2004  
Meeting Agenda**

**7:00 – 7:15 Introduction & Meeting Goals**

**Dr. Rundback  
Dr. Vedantham**

To define a prioritized research agenda for venous interventions, including topics amenable to basic science/technology research, pilot clinical research, and multicenter cooperative clinical trials. This process will involve several steps:

**PANEL DISCUSSION:** Key aspects of the already-existing knowledge base for each research domain will be summarized by a panel member. A moderated Discussion will be held to address the following questions for each domain:

1. What are the most important clinical questions that could realistically be answered now through pivotal multi-institutional clinical trials or registries?
2. What are the most promising future directions that merit exploration in pilot clinical studies or basic science research projects?
3. What critical alliances must be developed to advance the prioritized research, and how can the SIR Foundation/CAIRR best support these initiatives?

**PRIORITIZATION:** Based upon the Discussion, a summary list of potential research studies in each subject area (Venous Thromboembolism and Venous Reflux) will be created. The panelists will rank the research projects in order of priority. The results will be compiled into a final rank list.

**PROTOCOL DEVELOPMENT:** The top-ranked research priority from each main subject area will be examined by the panel. A basic framework research protocol designed to address this question will be developed, with a strong focus on determining how best to study the outcomes that are clinically meaningful. The intent will be to solicit governmental funding for a major, pivotal study.

**7:15 – 7:35 Introductory Presentation**

**Pathways to Chronic Venous Disease**  
Pathophysiology of CVD (role of reflux & obstruction)  
Standard of Care for Preventing and Treating CVD  
Measurement of Venous Outcomes

**Dr. Meissner**

**7:35 – 8:05 Venous Thromboembolism Presentations**

**7:35 – 7:45**

**VTE Outcomes – Medical & Surgical Therapies**

**Dr. Comerota**

Standard of Care Therapy for DVT/PE

- Anticoagulant Therapy & Compression
- Surgical Venous Thrombectomy for DVT
- Pulmonary Thrombectomy for PE

Standards of Evidence for VTE Therapies

**7:45 – 7:55**

**VTE – Aggressive Pharmacologic Strategies**

**Dr. Hunter**

Known Outcomes: Systemic Thrombolytic Therapy for VTE

Catheter-Directed Pharmacologic Thrombolysis for DVT

Adjunctive Techniques and Concomitant Medical Therapy

New/Future Pharmacologic Agents

**7:55 – 8:05**

**VTE – Mechanical Strategies**

**Dr. Vedantham**

Mechanical/Pharmacomechanical Thrombolysis for DVT

Pharmacomechanical Thrombolysis for PE

New/Future Mechanical Strategies

**8:05 – 8:20**

**Coffee Break**

**8:20 – 10:30**

**VTE Research Priority Discussion**

**10:30 – 10:45**

**Voting on VTE Research Priorities**

**10:45 – 11:00**

**Coffee Break (votes tallied)**

**11:00 – 12:00**

**Protocol Development for Pivotal VTE Study**

**12:00 – 1:00**

**LUNCH BREAK**

**1:00 – 1:15**

**Welcome to Newcomers**

**1 :15 – 1 :35 Venous Reflux Presentations**

**1 :15 – 1 :25**

**Venous Reflux Outcomes – Surgical Therapy**

**Dr. Gloviczki**

Standard of Care for Treating Venous Reflux

- Surgical stripping & high ligation
- Ambulatory Phlebectomy
- SEPS/Perforator Surgery

Standards of Evidence for Venous Reflux Therapies

**1:25 – 1:35**

**Endovenous Treatment of Venous Reflux**

**Dr. Khilnani**

Endovenous laser and RF ablation

Ultrasound-guided and non-guided sclerotherapy

Artificial venous valves

**1:35 – 1:50**

**Coffee Break**

**1:50 – 4:00**

**Venous Reflux Research Priority Discussion**

**4:00 – 4:15**

**Voting on Venous Reflux Research Priorities**

**4:15 – 4:30**

**Coffee Break (votes tallied)**

**4:30 – 5:30**

**Protocol Development for Pivotal Venous Reflux Study**

**5:30**

**Meeting Conclusion**