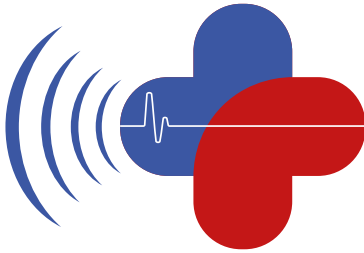


Advancing non-invasive vascular diagnostic services by
promoting training and research in Vascular Science.



CSVS

THE COLLEGE AND SOCIETY
FOR CLINICAL VASCULAR SCIENCE
Great Britain and Ireland

SUMMER
2025



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Welcome to the CSVS Summer Newsletter!

I'd like to begin by thanking everyone who has contributed to the newsletter in the past—your submissions of bitesize articles, interesting cases, and reflections on study days, conferences, or STP electives have been incredibly valuable.

To keep our new segment, **Editor's Case of the Month**, going strong—and to recognize the effort that goes into these contributions—we're excited to announce a new incentive: the winning interesting case or case study article will receive a **£50 Amazon gift card**.

So please continue sending in any case studies, reviews, or experiences you'd like to share with the society. I'm looking forward to reading your contributions.

Thank you!

Jeny Anton

CSVs Newsletter Editor
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President's Message



Welcome to the Summer newsletter. The executive committee have been very busy working for our society in the background and I hope that the following report captures most of the relevant topics.

In April, our society was invited to a Healthcare Science Roundtable meeting with the Chief Scientific Officer (Professor Dame Sue Hill) to discuss the NHS 10-year plan. The three main topics were 'Hospital to community, Analogue to Digital and Sickness to prevention'. The difficulties in achieving these changes were discussed by the Presidents of the professional bodies. Such issues as underinvestment, disconnected services, outdated technology, insufficient resources, staff shortages, fragmented systems hindering effective coordination were discussed amongst other issues. The attendees were asked to put forward suggestions on how healthcare science can drive a preventative approach, what challenges we need to overcome and what we can do to shift from acute care delivery to prevention. I was armed with constructive comments from our executive committee and all the suggestions on the day were recorded and will be used to produce a response that will be sent to the Change NHS team. The document will be in circulation sometime during the summer.

This is the 2nd year that we have been involved in supporting the CX Symposium. It was yet another successful event with plenty of delegates attending our hands on session. A big thank you to our conference team (Klaus Bond, Nazia Saeed and William Galloway) for delivering this event. I would also like to take this opportunity to thank the team manning the workstations on the day. There should be a short article further on in this newsletter.

The CSVS team are also supporting the Venous Forum meeting at the Royal Society for Medicine on the 12th of June with talks on various topics. The full programme is now available online and we look forward to seeing some of our members at this event.

The data for the NHS Stock take 2024 is now available and being finalized. We had an improved number of responses, and the data looks to be more robust. We are hoping to try and share the information with the wider membership, if possible, to highlight inequities in services across the UK.

The CSVS ASM is being held in Hull this year (26th to 28th November) with plans afoot to deliver an exciting programme of invited speakers and proffered papers. This ASM is a most valuable opportunity to learn and to network with your colleagues. Please look out for updates on our social media platforms and save the date.

The CSVS will also be supporting the BMUS ASM in Harrogate (9th to 11th December). I personally enjoy this event due to the opportunity to network with the wider ultrasound professional groups and listen to talks on topics outside of our vascular specialty. Always a treat and a fitting end to the year's academic programme.

The above is only a snapshot of what goes on in the background. The CSVS also have representation on the Circulation Foundation board, the Vascular Society Open Council, the AHCS, CASE, Venous Forum and many other professional organisations. All of the above is achieved in our Executive Committee's personal time and I would like to thank every member of the committee and their support teams who work tirelessly to keep our Society moving forward at this difficult time.

Enjoy the newsletter and please look out for further updates on our website

Dr Kamran Modaresi BSc (Hons), PhD, AVS, FCVS

President - The College and Society for Clinical Vascular Science



Bitesize Research:

DEEP VENOUS STENTING

Written by Siobhan Trochowski, Jackie Walton Vascular Laboratory, Oxford University Hospitals NHS FT, Oxford, OX3 9DU

INTRODUCTION

In 1995, Berger et al. were one of the first teams to successfully carry out iliac vein stenting for treatment of iliofemoral deep vein thrombosis. The first dedicated deep venous stents became available around 2012, and since then endovascular stenting has been increasingly used to treat patients with deep venous obstruction, with research showing it can be safe and effective. This article aims to summarise recent research into deep venous stenting and the potential impact on practise.

PAPER 1

Razavi MK et al. (2019) VIRTUS Investigators. Pivotal Study of Endovenous Stent Placement for Symptomatic Iliofemoral Venous Obstruction. Circ Cardiovasc Interv. doi:10.1161/CIRCINTERVENTIONS.119.008268

SUMMARY

Prospective, international, single-arm pivotal study of endovenous stent placement in patients with symptomatic iliofemoral venous obstruction. Inclusion criteria selected for patients with $\geq 50\%$ obstruction on venography, CEAP ≥ 3 and moderate leg pain.

PROS

At the time of publication, this was the largest prospective multicentre study to date. Due to the international participation, the results were generalisable to the real-world population. Data was collected for five years post publication.

CONS

No control group was used, which may have created bias, and means we are unable to

draw comparisons to other treatment methods such as conservative management.

IMPACT ON PRACTICE

Use of dedicated venous stents to treat symptomatic iliofemoral venous obstructions can be safe and effective, with reductions in clinical symptoms and improvements in quality of life through 12 month follow up.

PAPER 2

Hügel U et al. (2023) Criteria to predict midterm outcome after stenting of chronic iliac vein obstructions (PROMISE trial) J Vasc Surg Venous Lymphat Disord. doi: 10.1016/j.jvsv.2022.05.018.

SUMMARY

Retrospective analysis of 108 patients to identify factors associated with loss of patency to facilitate patient selection for endovenous stenting.

PROS

Moderate sample size. Patients were followed up for 41 \pm 26 months, allowing for data collection.

CONS

Single-centre, retrospective analysis may limit accuracy of data. A multi-centre trial would be useful to further assess findings. Possible selection bias as only 51% of eligible patients were included in analysis. Only pre-interventional characteristics were assessed. Post-interventional characteristics could have provided even more information.

IMPACT ON PRACTICE

Endovascular stenting is an effective and safe method for treatment of chronic venous outflow obstructions. Selecting patients with inadequate venous inflow, measured by PSV in the FV and CFV, may be associated with higher risk of stent occlusion. Risk of stent occlusion and clinical deterioration must be weighed against potential benefits.

PAPER 3

Razavi M et al. (2025) The VIVID trial 12-month outcomes of the venous stent for the iliofemoral vein using the Duo venous stent system. J Vasc Surg Venous Lymphat Disord. doi: 10.1016/j.jvsv.2024.101995.

SUMMARY

International, prospective, multicentre single-arm study to investigate the safety and efficacy of the Duo Venous Stent System for the treatment of patients with non-malignant iliofemoral venous obstructive disease. Patients with symptomatic non-thrombotic, post-thrombotic or acute deep venous thrombotic iliofemoral venous outflow obstruction were assessed. Patient reported outcomes were measured with the Venous Clinical Severity, Villalta, and quality of life scores.

PROS

International multicentre study ensures results are reproducible. The effect of COVID-19 on hypercoagulability was considered and the study protocol was modified to prevent skewing of results by excluding patients that had experienced severe acute respiratory syndrome coronavirus.

CONS

Single arm study design with non-randomised patient selection. Patients have currently only been followed up for 12 months, however, follow up is planned for 36 months. Small sample size for acute deep venous thrombotic group.

IMPACT ON PRACTICE

disease, the Duo Venous Stent System is safe and effective. Patients presenting with all the above groups showed meaningful clinical and quality of life improvements after treatment.

PAPER 4

Abramowitz SD et al. (2025) Rationale and design of the DEFIANCE study: A randomized controlled trial of mechanical thrombectomy versus anticoagulation alone for iliofemoral deep vein thrombosis. Am Heart J. doi: 10.1016/j.ahj.2024.10.016

SUMMARY

An actively recruiting, prospective, multicentre randomised controlled trial of an interventional strategy using the Clot-Triever System to achieve and maintain vessel patency in patients with symptomatic unilateral iliofemoral DVT versus conservative medical therapy of using anticoagulants alone. The study aims to recruit 300 patients over 60 centres. Patients will have duplex ultrasound assessment, and severity of post-thrombotic syndrome will be evaluated using the Villalta scale.

PROS

Clear and detailed inclusion/exclusion criteria. Study requires vascular scientists to carry out ultrasound assessment, and it's nice to be involved!

CONS

No anticoagulation regimen is specified in the trial protocol, which gives physicians more flexibility but could also introduce variability into the study.

IMPACT ON PRACTICE

This will be the first randomised control trial to compare an interventional, mechanical thrombectomy treatment with anticoagulation alone for DVT. This will help to guide future treatment of these patients and provide further information on post thrombotic syndrome related morbidity.

OTHER REFERENCES

Berger, Alan et al. (1995) Iliac compression syndrome treated with stent placement.

Journal of Vascular Surgery. doi: [10.1016/S0741-5214\(95\)70295-4](https://doi.org/10.1016/S0741-5214(95)70295-4) ♦



CSVs led workshop at The Charing Cross Symposium, ExCel Arena, London, 24th April 2025

Following suit from last year, the CSVs was pleased to be invited by the international Charing Cross Symposium at the Excel Arena in London to run the vascular ultrasound workshop. These featured live demonstrations by experienced Clinical Vascular Scientists from the UK. The multiple stations allowed the opportunity for surgeons, junior doctors and trainees to observe and understand the physics and haemodynamic of Duplex ultrasound.



After the setup of the equipment with Clinical Application Specialists GE and Phillips, the room was prepared for a busy day of learning and engagement. This year the multiple drop-in workshops included carotid artery Duplex, arterial bypass grafts, lower limb veins and EVAR imaging. As always, the dedicated volunteers were essential in making the workshop run smoothly. We were fortunate to have a familiar

face return from last year, who generously offered his support once again after having such a positive experience the previous year.

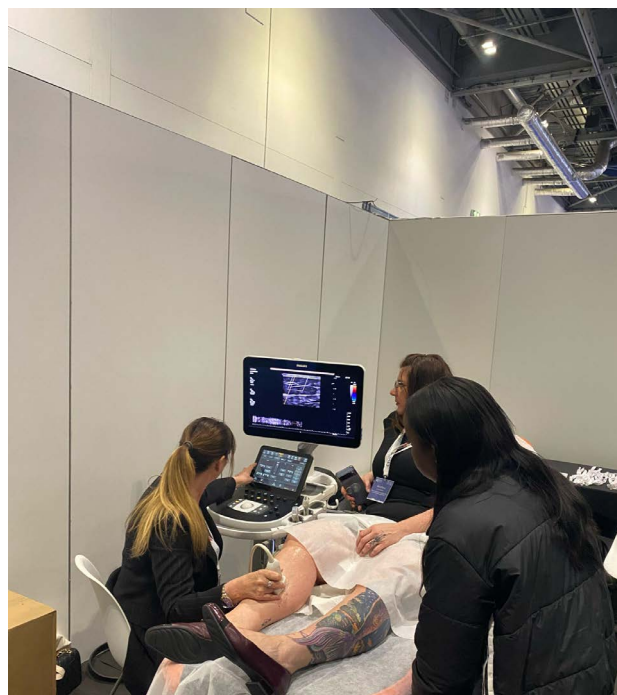
The morning session saw strongest attendance across the stations, with Isaac Colliver's station among the highlights. Isaac's thorough yet easy-to-follow demonstrations on carotid Duplex captivated a steady stream of attendees, and it was clear he was in his element throughout the sessions! As the day progressed, Jeny Anton (Lead Microvascular and Senior Vascular Scientist at The Royal Free Hospital) took charge of the carotid station, leading several live demonstrations for both trainees and surgeons. Meanwhile, Dr. Kamran Modaresi (President of CSVs and Lead Clinical Vascular Scientist at London North West University Hospital) conducted the lower limb bypass graft workshop. Vikki Galgerud (Senior Clinical Vascular Scientist at Tomorrow Cardiovascular) and Tanyah Ewen (Chief Clinical Vascular Scientist at North West Anglia NHS Foundation Trust) led live demonstrations on lower limb veins and it was great to see attendees engaging with hands-on scanning under the guidance of experienced and engaging scientists.

Trainee Perspective: Henna Bashir shares her experience at the CSVS Vascular Ultrasound Workshop

Amongst many attendees, Henna Bashir, a Trainee Clinical Vascular Scientist at NWPB took the opportunity to participate in all the workshops set out and shared her experience.

"I had the opportunity to attend this year's workshop and participated in all the stations. One of the highlights for me was the carotid duplex session led by Isaac Colliver (Clinical Vascular Scientist at University Hospital Coventry and Warwickshire and Chair of the CSVS Research Committee). With Isaac's guidance, I scanned a patient volunteer with bilateral carotid disease. Before we began scanning, Isaac provided a comprehensive demonstration of the GE ultrasound machine, explaining the controls and underlying physics, including features I wasn't previously familiar with. His detailed and engaging approach made the session easy to follow and helpful.

I also attended a renal artery scanning session with Tanyah and Vikki, which was particularly valuable as it was my first time performing this type of scan. They guided me through identifying the kidneys and emphasised the importance of probe manipulation to achieve the correct angle, something that can be quite challenging in abdominal imaging. Their guidance made the experience enjoyable.



Overall, attending the CSVS-led workshop was a unique opportunity to learn from a range of experienced vascular scientists, each bringing their own expertise to the table. I'm already looking forward to attending the CX Symposium next year."

Henna's reflections reiterated the value of hands-on learning and mentorship aiding the development of clinical vascular scientists in the making.

Later in the day, I visited an AI technology booth featuring ThinkSono. I spoke with Ahmed Talib, Clinical Consultant at ThinkSono, who shared his enthusiasm about the debut of their DVT point-of-care hand-held AI device at the CX Symposium. This technology is designed to enhance vascular diagnostics and significantly reduce wait times by enabling early detection of DVT at home, in the community, and in hospital settings. It aims to allow healthcare professionals, such as nurses and doctors to carry out assessments without delay, helping to address the NHS's ongoing DVT crisis. Ahmed also highlighted promising clinical trials already underway at several major UK hospitals, including King's College Hospital, Oxford University Hospital, and Sheffield Teaching Hospitals, as well as actively seeking further partnerships across the UK. It was a wonderful to meet Ahmed at ThinkSono and I am pleased to be invited to join the team later this month at The House of Commons, UK Parliament at the 'HealthTech' event held where the innovative AI technology will be showcased.





It was a great pleasure meeting Lesley from the Circulation Foundation where we discussed creative ways to raise awareness of vascular disease. I look forward to contributing to this important initiative in collaboration with my team at Northwick Park Hospital.

Overall, I enjoyed being a part of the CSVS-led ultrasound and it was great to attend some of the lectures in the afternoon session and to be able to network with fellow vascular scientists throughout the day. The Vascular ultrasound workshop would not have been possible without the collective efforts of the CSVS members present on the day; Vikki Galgerud, Jeny

Anton, Isaac Colliver, Tanyah Ewen, Dr Steven Rogers (Consultant Vascular Scientist and CSVS President Elect), Connor Hiscocks, and Dr Kamran Modaresi, who remained attentive throughout the day. A special thanks to Conference Secretary Klaus Bond (Oxford University Hospital) and Shadow Conference Secretary Dr Nazia Saeed (London North West University Hospital) in organising the workshop. Lastly, the attendance of the patient volunteers was crucial for which the CSVS is grateful. 🍀

Husnayya Al-Haddad

Clinical Vascular Scientist

London North West University Hospital Trust

AVS Accreditation

Huge congratulations to these members for successfully passing their AVS Exams

- Harriet Robinson
- Sophie Simpson



CSVS Fundamental Study Day 2025

This is a reminder that the CSVS is hosting an in-person Fundamentals Study day on 3rd June 2025.

This is a one day in-person course delivered as a series of lectures delivered by experienced vascular scientists. This study day aims to provide an introduction to vascular ultrasound scans and an overview of surrounding theory, giving you a foundation of knowledge from which you can continue your learning. Therefore this course is primarily aimed at individuals in the early stages of their training who are working towards AVS. However it is also useful as a theory refresher day regardless of your stage of career.

Location: Imagine room, The Studio, 7 Cannon St, Birmingham B2 5EP

Programme		
9:30	Registration	
10:00	Basic Physics	Matthew Bartlett
10:45	Haemodynamics with Q&A	Matthew Bartlett
11:30	Refreshment Break	
11:45	AAA And EVAR	Julia Warne
12:30	Lunch	
13:15	Arterial Disease and Scanning Skills	Nick Kennedy
14:15	Carotid and Q&A	Gabriel Santos
15:00	Refreshment Break	
15:15	Venous Disease and Scanning Skills	Hannah Williamson
16:00	ABPI & Toe Pressure	Xian Shen
16:30	Close	

Cost:	
Member	£90
Non Member	£115

For more information and to register your attendance, please visit our website or [click here](#).

If you have any enquires please contact emma.tucker@svtgbi.org.uk or studydays@svtgi.org.uk



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