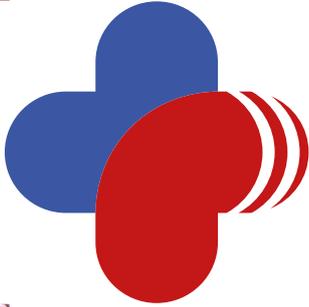




Advancing non-invasive vascular diagnostic services by promoting training and research in Vascular Science.



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

SPRING
2024



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SVT Presidents Welcome

A warm welcome to the Spring 2024 newsletter.

First of all, I would like to thank our past president Emma Waldegrave for her leadership over the past two years and wish her success for the future. I also wanted to take a moment to thank our Executive Committee and sub-committee members, all of whom are an absolute asset to our society. In short, thank you all for your contribution to the Society's success.

I would like to thank our outgoing newsletter editor Daniella Bond-Collins for her work in disseminating information to the membership. Daniella has now officially handed the baton to Jeny Anton and we wish Jeny the best of luck in her new post.

We are pleased to inform you all that the working name for our society has now changed to 'College and Society for Clinical Vascular Science of Great Britain and Ireland'. The process involved calling for an Extraordinary General Meeting (EGM) followed by an online ballot and subsequent discussion and confirmation of the results via email and at the ASM in Dublin. The amended logo is now finalised and will be shared on our social media platforms once the paperwork has been finalised.

In conjunction with the name change and other developments in the background, our web-site team are in the process of setting up a new website for our society. The new website will address some existing functionality issues with an upgraded delivery platform software. We are all looking forward to this development.

The data collection for Physiological Sciences by NHS England is now finalised. A total of 59% of trusts either submitted their data or advised of no service on site. Thank you to all the Heads of Service for engaging with this process. A reporting dashboard is being produced with a formal publication sometime later in the year which will give us a snapshot of services and inequalities across different regions. This should help in developing a planning strategy with NHS England and our Physiological Sciences leads.

Our Education Committee team are in the process of migrating our online exams to a new supplier. We envisage the new system should be operational sometime in June. May we ask the membership to be patient during this period of change. I would also like to take this opportunity to thank our outgoing exam team at Inteleos for supporting our society in moving from paper based to online systems and aiding the Item Development Workshops.

We have been asked by the Vascular Society to be involved in writing the updated Provision of Vascular Services (POVS 2024). This document is being prepared by our Professional Standards and Education Committee with input from other senior members of the Executive Committee. We are glad that the Vascular Society is engaged with all affiliated societies to ensure that our voice is heard. The POVS 2024 will be out sometime in September 2024.

Further to a successful Annual Scientific Meeting in Dublin, our Society has been asked to run a session at the Charing Cross Symposium on the 24th of April. Our Conference team have arranged for an exciting morning of talks on EVARs and Carotids followed by a hands on session in the afternoon. We look forward to seeing you at this event.

Once again, may I thank everyone on the various committees for the work you do. As a team we have achieved remarkable milestones and surpassed expectations. I hope you will take a few minutes today to reflect on your success and celebrate the contributions you have made to the society as a whole. Whatever the future may hold, I hope we can continue to work together as a cohesive team, delivering exceptional teaching and training events and contributing to the success of our Society.

Yours sincerely,

K. Modaresi
President of the SVT

Vascular Scientist's are ideally placed to promote Smoking Cessation within their practice – the take home message from my elective

Written by Jake Elvin, 3rd year STP // University Hospitals Bristol and Weston

Recently, I was lucky enough to be hosted by Bristol City Council's Public Health Department for my elective as part of the Scientist Training Programme. Vascular Public Health and Epidemiology is a particular interest of mine, and I was excited to get stuck in. After explaining what a Vascular Scientist does many times a day – not a criticism, as even our hospital colleagues do not know! – it was great to see so much enthusiasm for how we could get involved. In turn, I really enjoyed highlighting the important role we have as Vascular Scientists and the wider Healthcare Science network in general, an often overlooked, but essential group of clinical professionals.

This led me to realise how Vascular Scientists are in a unique position. We often spend extended periods of time with an individual patient and see first-hand the adverse effects of smoking. Our patients are often from disadvantaged backgrounds, and as I found out from my elective, these are the communities that require the most public health intervention but are often the most insular to this support.

This is where Very Brief Advice (VBA) comes in. This is a widely used model across healthcare and public health systems. And it is very simple. It aims for healthcare (or any public facing professional) to have a quick chat with individuals about their health, and signpost to some services that may help. That is all. Many of us already do this, but if you are anything like me, I was not particularly confident and hoped advising the patient to seek smoking cessation support from their GP would suffice. There are, however, local community smoking cessation programmes. Patients can self-refer, or healthcare professionals can refer on the patient's behalf. I recommend all departments



should identify what local services are available and reach out for some flyers or information on referral pathways. I hope, this can empower us to have these conversations with patients, and to particularly reach those from disadvantaged backgrounds. If you do not feel confident having these chats, NHS England has some online training available. In addition, some trusts have in-house training, so do look locally for any opportunities.

Looking towards the future, I hope we can embed smoking cessation into our practice. The SVT guidelines already recommend asking about risk factors, and a quick chat with those patients who do smoke about available services can be very powerful. VBA's could be easily embedded into the ABPI protocols and AAA / Peripheral aneurysm surveillance programmes, where reduction or complete smoking cessation will have the greatest clinical benefit. Overall, I believe we have a duty to support patients to make healthier lifestyle choices, and a quick chat backed up with some information on local services, could be a very powerful and very inexpensive intervention for our patients. ✚



Bitesize Research: Venous Disease

Dr Osian Llwyd, Oxford University Hospitals

This bite size research article will highlight four different venous disease studies that have occurred in the past 50 years. Since the advent of medical ultrasound in the 1950s, studies have explored how ultrasound can be used to identify and characterise venous disease. To start with there is a summary and a link to the first feasibility study that describes using augmentation of flow to identify venous reflux and venous occlusion¹. This is followed by a study that systematically reviewed and consolidated the accuracy of using B-mode and colour Doppler ultrasound to identify DVT² and a population-based study that highlights the clinical impact of patients diagnosed with DVT and the severity of the underlying disease³. To finish, there is a summary of one of the more recent randomised clinical trials to treat patients with lower limb ulcers, which highlights the importance of an early intervention in those with superficial venous reflux⁴.

With risk factors for chronic venous disease growing (particularly age and BMI), so will its prevalence⁵. The John Lind venous top ten priorities has highlighted that the main issues of concern for the future includes the provision of specialised assessment and treatment for all patients (<https://www.jla.nihr.ac.uk/priority-setting-partnerships/vascular-conditions/venous-top-10-priorities.htm>). It also describes other key areas for future research to focus on, including identifying why venous disease progresses in some cohorts and not others; how to prevent DVT, varicose veins, symptoms and tissue damage; and most notably how can better awareness and education be improved. To tackle the future burden of venous disease, vascular scientists will need to take a seat at the head of this table.

References

1. Sigel, B. A BRIEF HISTORY OF DOPPLER ULTRASOUND IN THE DIAGNOSIS OF PERIPHERAL VASCULAR DISEASE. (1998).
2. Goodacre, S., Sampson, F., Thomas, S., van Beek, E. & Sutton, A. Systematic review and meta-analysis of the diagnostic accuracy of ultrasonography for deep vein thrombosis. *BMC Med Imaging* 5, 6 (2005).
3. Søgaard, K. K., Schmidt, M., Pedersen, L., Horváth–Puhó, E. & Sørensen, H. T. 30-Year Mortality After Venous Thromboembolism. *Circulation* 130, 829–836 (2014).
4. Gohel, M. S. et al. A Randomized Trial of Early Endovenous Ablation in Venous Ulceration. *New England Journal of Medicine* 378, 2105–2114 (2018).
5. Davies, A. H. The Seriousness of Chronic Venous Disease: A Review of Real-World Evidence. *Adv Ther* 36, (2019).

Sigel et al. Augmentation Flow Sounds in the Ultrasonic Detection of Venous Abnormalities - A Preliminary Report Investigative Radiology 2(4):p 256-258, July 1967.

SUMMARY

A feasibility study that first reported the use of augmenting the flow of venous blood to assess the competency of deep venous system in the lower limbs. In the supine position, CFV, PoPV and PT veins were assessed for spontaneous flow (“S” sound resembling a windstorm), continuously or intermittently in phase with respiration. Whereas compression of

the thigh, calf or foot lasting few seconds created “A” sounds that was distinct, loud and brief. Abnormal “S” sounds were described as either high pitch and continuous not modulated with respiration, diminished sounds compared to contralateral side, or no sound. Four types of “A” sounds were categorised, and their significance proposed, including vein occlusion or incompetent veins depending if “A” sounds were absent or present in relation to compression site being distal or proximal to probe location.

PROS

Also compared the results to some venographic findings and showed

how a functional assessment could help identify abnormalities.

CONS

Only 17 out of 65 patients had venograms. Limited description on the definition of “A” sound with its duration etc.

IMPACT AND OTHER SIMILAR STUDIES

Identified a simple but effective way of testing the functional capacity of veins.

Yao J, Gourmos C, Hobbs J: Detection of proximal vein thrombosis by Doppler ultrasound flow. *Lancet* 1972, 1:1-4.

Goodacre et al. **Systematic review and meta-analysis of the diagnostic accuracy of ultrasonography for deep vein thrombosis.** *BMC Med Imaging.* 2005 Oct 3;5:6.

SUMMARY

Main aim was to estimate the sensitivity and specificity of using ultrasound for DVT by summarising the numerous studies that had been conducted over the years. A meta-analysis showed that the sensitivity for detecting proximal DVT (in the thigh) was 94-97% depending if Duplex or Triplex methods were used. The analysis also showed that whilst compression ultrasound showed greatest specificity to rule out DVT, colour-doppler had the optimal sensitivity to detect a DVT.

PROS

Reviewed studies from 1966 to 2004, with a large number of studies and cohorts (100 in total!) included in the final meta-analysis (10,323 patients in total).

CONS

Heterogeneity of the studies including, patient characteristics, training and different levels of experience of operators, use of different time points in assessment made reviewing the effects of study design on the results difficult and a 'weakness in the meta-analysis'. The benefit of repeat US assessment could not be determined.

IMPACT AND OTHER STUDIES

Consolidated the use of ultrasound as a diagnostic tool for DVT.

Kraaijpoel et al. (2020) Diagnostic accuracy of three ultrasonography

strategies for deep vein thrombosis of the lower extremity: A systematic review and meta-analysis. *PLoS ONE* 15(2): e0228788.

Sogaard et al. **30-Year Mortality After Venous Thromboembolism.** *Circulation.* 2014 Sep 2;130(10):829-36.

SUMMARY

A nationwide population-based study where patients with venous thromboembolism (VTE) were compared to a large population-based cohort. Without treatment for DVT and PE there is a significant risk of death: in the first 30 days, it can be as high as 3% for DVT and 31% for PE; over a 30-year period mortality rate ratio was 1.55 for DVT and 2.77 for PE.

PROS

Size of database and level of completeness (follow-up/patient records etc). Low selection bias due to nature of the study, adjusted for risk factors (cancer, trauma, surgery, pregnancy before VTE) and covariates such as sex and age.

CONS

Cause of death was dependent on subjective judgement, can only be generalised to Danish/Western societies.

IMPACT AND OTHER STUDIES

Highlights long term mortality following VTE and severity of the disease.

Robertson et al. Incidence and risk factors for venous reflux in the general population: Edinburgh Vein Study. *Eur J Vasc Endovasc Surg.*2014;48(2):208-14

EVRA Trial Investigators. **A Randomized Trial of Early Endovenous Ablation in Venous Ulceration.** *N Engl J Med.* 2018 May 31;378(22):2105-2114

SUMMARY

A RCT where patients with venous leg ulcers were either randomised to compression therapy and undergo early endovenous ablation of superficial venous reflux within 2 weeks or to receive compression therapy alone, with consideration of endovenous ablation deferred until after the ulcer was healed or until 6 months after if ulcer was unhealed. Ulcers healed faster with early endovenous ablation of superficial venous reflux.

PROS

Multicentre RCT study with 450 patients that investigated the urgency and timing of the intervention.

CONS

Patients had ulcers less than six months old and patients were compliant with compression therapy, which didn't emulate real world situation.

IMPACT AND OTHER TRIALS

Supports early treatment of varicose veins/superficial venous reflux for patients with venous leg ulcer.

Compression therapy (ESCHAR) - *BMJ.* 2007 Jul 14;335(7610):83.

Treatments for varicose veins - *N Engl J Med.* 2014 Sep 25;371(13):1218-27.



SVT Research Series:

7. Research Funding Opportunities

Working in a healthcare setting can provide the experience and knowledge needed to explore and develop research ideas that will improve patient care and treatment. Asking and exploring simple questions on how to do things differently can be the beginning of a research idea.

Once you have a topic in mind, seed-corn funding is a good way to gather a small amount of money to get your research off the ground. These schemes will provide funds to cover the cost of equipment, consumables or travel costs and subsistence for essential field research. Local Research and Development departments usually have small amounts of money to fund small feasibility studies, or you can apply for the SVT grant that is provided every year. Smaller scale research studies can often be the pre-cursor to larger scale fellowships and larger national studies that are usually more personal awards. More information can be found on these awards in episode 4 and 5 of the research webinar series: [Research Webinar Series - Recordings | The Society for Vascular Technology \(svtgbi.org.uk\)](#).

A brief description of some of the awards available within the UK are provided below.

SVT

The SVT offers a writing grant and a research grant. The writing grant will be a maximum of £500 which will allow departments to backfill staff for a temporary period, or otherwise free members from clinical duties, enabling them to have the 'space' to formulate and write a research grant application. The SVT research grant will enable Vascular Scientists to conduct small-scale studies such as pilot or feasibility studies, with the hope that larger grants will be applied for at a later date. There is a total of £10,000 available per year, with a maximum of £4,000 per award. The grant window is currently open and is due to close end of May 2024: [Research | The Society for Vascular Technology \(svtgbi.org.uk\)](#). Ben Warner-Michel is a previous grant award holder and has summarised below the key bits of information that is needed to complete an application,

The application process is relatively straightforward and involves collating all the necessary study information into the Grant application form and sending to the SVTGBI during the Grant application window. There is also a £250 grant for travel and/or education which can be applied for.

The application form is self-explanatory and simple to complete, and requires the following information:

- Applicant and co-applicant details (title, name, project role, institution, current position, relevant qualifications)
- Grant applied for (Research / Innovation Award and/or Travel / Education Grant)
- Study details (project title, scientific and lay abstracts, key words, previous funding applications)
- Methods and materials (intended study participants, sample types, ethics approval, total patient number, trial type, total NHS costs, MHRA approval, use of animals)
- Summary of costs (to be submitted as a separate spreadsheet)
- Full description of project (to be submitted as a separate document – project aims, study background and preliminary data, experimental design and study protocol, collaborators, project timeline, relevant references, justification of funding request)
- External reviewers (if desired)

There is an application checklist available with the application form, use this to ensure that everything is included with the submission!

Once the application has been received, it will be reviewed by the SVTGBI Research Committee following the application deadline, and grant winners will be announced within 3 months period.

Ben Warner-Michel
Kingston Hospital NHS Foundation Trust

NIHR

The NIHR offers £1 billion each year to research projects <https://www.nihr.ac.uk/explore-nihr/funding-programmes/>. Proposals must be within the remit of one of the participating NIHR research programmes and topic areas, and the primary outcomes must be health related, this includes:

- Efficacy and Mechanism Evaluation
- Evidence Synthesis
- Research for Patient Benefit
- Health Technology Assessment
- Public Health Research

The Research for patient benefit (RfPB) funding opportunities fund research on a wide range of areas within health services and social care. Support both qualitative and quantitative research with a clear trajectory to patient/service user benefit. 1250 awards have been given to date totalling £270 million, with three funding opportunities per year.

There are regular Funding Opportunities within these topic areas that open and close on specific dates. For instance, the 24/4 NIHR James Lind Alliance Priority Setting Partnership Rolling Call (HTA Programme) is a funding opportunity which addresses the research priorities identified by the James Lind Alliance Priority Setting Partnership. It closes on 1st of May 2024, but there will be similar awards and opportunities to apply for in the future. <https://www.nihr.ac.uk/researchers/funding-opportunities/>

The NIHR Academy programmes

The NIHR also offers health and care researchers personal awards in academic training, career development and research capacity development. Different schemes are designed to help researchers at different stages of their careers. Applicants must have the support of the English health provider and an English university. A Doctoral clinical and practitioner academic fellowship (DCAF) is open to all clinical professionals (excluding doctors and dentists).

Need help funding your research or tips on making your application? Follow this link for some useful information! <https://www.nihr.ac.uk/researchers/i-need-help-funding-my-research/>

Stroke Association

The Stroke Association offer postgraduate fellowships and clinical academic postgraduate fellowships which are aimed at the stroke research leaders of the future. The postgraduate fellowship is for candidates who do not have a clinical background and will give them the opportunity to obtain a MPhil

or PhD. Postgraduate fellowships are intended to provide the necessary skills and training for the development of an independent career in stroke research. The clinical academic postgraduate fellowship is for candidates working within a clinical setting and aim to bridge the gap between research and practise. This fellowship aims to provide the skills and training required to support an independent career in stroke research whilst maintaining clinical practise. Further details on the remit of the awards and the eligibility requirements can be found at [Postgraduate Fellowship and Clinical-Academic Postgraduate Fellowships 2023-24 | Stroke Association](#).

BMUS

The BMUS Research and Innovation Grant offers funding up to a maximum of £10,000 per annum to embrace any initiative that furthers the aims of BMUS. Grants are to fund ultrasound based education, studies or research projects which align with the following:

- To guide ultrasound practitioners in maintaining high standards of professional clinical ultrasound practice
- For the advancement of scientific and clinical medical ultrasound research and technology
- For leadership in medical ultrasound education and training, including provision of advice and information to the public. Must be a BMUS member for at least 1 year.

[BMUS Research & Innovation Grant | BMUS](#)

UK Research and Innovation / MRC

The UKRI is the national funding agency that supports science and research in the UK. The council for health research is the Medical Research Council (MRC) that focuses on improving health of people in the UK and the world. The MRC funds research at the forefront of science to prevent illness, develop therapies and improve human health. There are a range of grants, calls, studentships, and fellowships. More information can be found at: [Medical Research Council \(MRC\) – UKRI](#).

There are many more national (e.g. The Health and Care Research Wales, [Homepage | Health Care Research Wales \(healthandcareresearchwales.org\)](#)) and local funding opportunities. Get in touch with your local R&D department who will be able to advise you on the most appropriate funding body for your study. Good luck. 🍀

Written by: Emily Morgan (University Hospital of Wales, Cardiff)
Edited by: Osian Llwyd (Oxford University Hospitals, Oxford)



My elective experience in Canada



Georgina Harmer (Y3 Trainee Clinical Vascular Scientist, Imperial College Healthcare NHS Trust)

In August 2023 I had the opportunity to undertake my elective in two hospitals in Canada; one at the Peter Lougheed Centre in Calgary, Alberta and one at Vancouver General Hospital in Vancouver, British Columbia. It was a fantastic opportunity

to gain a wider understanding of vascular science in a healthcare setting different to my usual training environment. I shadowed a number of vascular clinicians during elective surgeries, outpatient vascular and podiatry clinics, private varicose vein treatment clinics, and ward rounds. I also shadowed vascular sonographers in the Mayfair Diagnostics vascular lab. As well as being a great networking opportunity, I learnt a lot which I will utilise in my own practice as a vascular scientist back here in the UK.

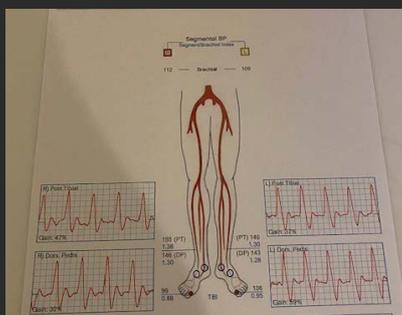


It was interesting to learn that vascular sonographers do not interpret and write up Doppler scan results in Canada. Instead, a large number of images are saved for the radiologists who then interpret and write the reports. It made me appreciate the scientific training and responsibility we have as vascular scientists



working in the UK – I enjoy being able to interpret and write up our own reports and value the trust doctors have in our ability to do this.

Spending time in a different vascular lab also gave me ideas on how we could improve our vascular service delivery in the UK to make it more time-efficient and to provide better care to our patients. For example,



the use of digital report forms with auto-populated fields made for far quicker reporting and omitted the challenges of illegible handwriting. This allowed more time for scanning patients and potentially fewer errors in the report forms, however did provide

less detail than we currently give in our department here. Using Language Line on an iPad was an efficient and patient-friendly translation service to help take a patient history and explain the vascular scan to patients who spoke limited English. Finally, having a laboratory technician to prepare each patient for their scan, and clean the rooms and equipment after each scan meant there was more time for scanning. It also

allowed the vascular scientists and sonographers a short break between patients to go to the bathroom or make a cup of tea - something that is often challenging to do during a busy workday in the UK, but fundamental for staff wellbeing!

One of the most interesting things I learnt was that carotid body tumours are more prevalent in people living at high altitudes, such as in Ecuador and Mexico. This is thought to be because carotid bodies are involved in the baroreceptor system. Cases of carotid body tumours at high altitude also differ to those at low altitude – there is a higher female predominance and lower rate bilaterally with higher altitude, fun fact!



As well as spending time in the vascular departments I was fortunate enough to be able to go on a road-trip from Calgary to Vancouver through the Rocky Mountains. This involved visiting many beautiful lakes and glaciers (Lake Louise was a highlight!), lots of hiking (including seeing lots of black bears in the wild!), and even watching young children ride sheep at a traditional rodeo!

The whole trip was an incredible experience which I am grateful to be able to have done as part of the Scientist Training Programme. I highly recommend anyone who has the opportunity to do something similar! 🍀

AVS Accreditation

Huge congratulations to these members for successfully passing their AVS Exams

- Stephanie Wright
- Anna Rengel
- Geogina Parsons
- Syeda Rima Begum
- Alexander Webb
- William Owen
- Rajib Das
- Nina Murray
- Ellie Braxland





Summary of Annual Scientific Meeting 2023 in Dublin, Ireland

Céad Míle Fáilte!

I had the pleasure of attending this year's Annual Scientific Meeting (ASM) 2023 in Ireland's vibrant city Dublin, renowned for its association with Guinness. The Dublin Convention Centre provided an exquisite backdrop seamlessly complimenting the occasion.

Day One

The opening day commenced with a warm welcome from Emma Waldegrave (President of SVT GB and Ireland, 2021-2023) setting the tone for the conference's itinerary.

Anticipation ran high this year especially because I was eager to dive into the study sessions. While the EVAR practical session faced cancellation, Professor Ciaran McDonnell's lecture on endoleak imaging proved to be an exceptional introductory lecture capturing everyone's attention. Louise Brown (Senior Clinical Vascular Scientist) followed suit with a comprehensive visual presentation on common complications post EVAR, emphasising the efficacy of contrast-enhanced ultrasound in detecting endoleaks. This insight offered a valuable alternative perspective highlighting the potential limitations of solely relying on duplex ultrasound.

During the practical workshops set for the morning, I found Professor Daniel Staub's demonstration on utilising Phillips 3D-ultrasound equipment to analyse carotid plaque outstanding. Though not widely available in vascular labs, its potential for facilitating grading and morphology assessment was evident as Professor Staub cited this modality to be highly sensitive in detection of plaque particularly amongst younger patients.

To further add to 3D-ultrasound theme, and as an enthusiast of Artificial Intelligence (AI), Dominic Howard (Consultant Vascular Surgeon) and Dr Steven Roger's (Vice President of SVT) discussions on AI in carotid disease captured my attention. Dr. Rogers contended that, unlike 2D ultrasound, AI possesses the capability to autonomously evaluate carotid disease, covering both morphology and volume. He proposed the amalgamation of AI with 3D tomographic ultrasound for population-based screening, emphasising its potential cost-effectiveness and reduced reliance on highly skilled staff. Dr Rogers explained that this approach can help physicians in pinpointing individuals at a heightened risk of Major Adverse Cardiovascular Events by enabling early detection within the asymptomatic population. The ever-evolving role of AI in the healthcare industry

continues to be a source of fascination for me.

It was useful to see less frequently encountered types of duplex scans being discussed, expanding my knowledge base. Ben Freedman (Vascular Laboratory Manager) delivered an excellent comprehensive theoretical lecture on pedal artery scanning, setting the stage for Aiya Magid (Clinical Vascular Scientist) to impressively conduct her debut scan with a volunteer during the practical workshop later that morning.

In the diabetic foot segment, I enjoyed the presentations conducted by Dr Wing May Kong (Consultant Physician and Endocrinology) and Jodie Buckingham (Consultant Podiatrist). They elucidated the challenges inherent in this field and underscored the importance of adopting a multidisciplinary approach. The emphasis on a well-balanced blend of high-tech and low-tech strategies for superior patient care was particularly noteworthy.

Day Two

Each year, 'The Great Debate' is a highlight for me and this time it revolved around 'Should Vascular Scientists adopt Advanced/Extended Practice?' featuring Professor Francesco Torella (Consultant

ant Vascular Surgeon), and Steven Wallace (Vascular Laboratory Manager) advocating 'For,' countered by Maciej Juszczak (Consultant Vascular Surgeon) and Katy Bloom (Senior Vascular Scientist) standing 'Against.' The debate maintained a blend of light-heartedness and wit while staying firmly rooted in the discussion. Initially, I was uncertain about the scope of 'extended practices' only to realise later that it referred to interventional procedures. Both sides presented compelling arguments leaving me in a state of indecision. Nevertheless, my personal inclination leaned towards the 'For' perspective, receiving a majority vote by the audience. I believe that embracing extended practices, for those inclined, injects excitement into the profession, potentially enhances staff retention, and fosters longer and more fulfilling careers.

The second day additionally unfolded with a diverse array of exceptional abstract presentations by trainees and vascular scientists—a segment I anticipate each year. This year's Prize Winner Alexandra Croucher (Trainee Vascular Scientist, Kings College NHS Trust) presented an exemplary discussion on optimising ultrasound services for renal artery patients. Her research, revealing a low incidence of stenosis, proposed

criteria aimed at streamlining services while enhancing efficiency in vascular labs. It was also wonderful to see Katja Norse being awarded the Ann Donald Award Vascular Scientist of the year for her outstanding achievements at Independent Vascular Solutions.

Emma Waldegrave's term as President was defined by a series of remarkable accomplishments, notably the introduction of face-to-face advanced skill study day workshops, piloting on-demand video learning content and initiating research webinar series. On this day a historic moment was sealed with the official announcement of renaming of the society after 30 years, transitioning from The Society for Vascular Technology of Great Britain and Ireland to The College and Society of Clinical Vascular Science. Emma's announcement of this monumental change made during her final address as President marked a significant milestone for the society. Witnessing Emma gracefully pass the baton to Dr Kamran Modaresi, the newly appointed President, marked the dawn of a new chapter, with Dr Steven Rogers gaining the role of Vice President.

To close the evening the Gala dinner was magnificent affair set at the stunning Guinness Storehouse. However, it was unfortu-

nately interrupted by local riots that hindered some from joining the celebrations. Nevertheless, it stands as a lasting memory for attendees providing a valuable opportunity to network, relax, and relish the ambiance of this historic and elaborate location despite the disruption.

In retrospect I thoroughly enjoyed the experience of attending my first international conference. Leading on from previous years the ASM in Dublin also proved to be a resounding success, offering engaging and educational content for scientists at all career stages with my personal highlights including the practical workshops and 'the big debate'. However, the limited representation of research on BAME communities underscored the need for greater inclusivity and a comprehensive perspective in future research endeavours.

With eager anticipation, I look forward to the next ASM in Brighton 2024, hopeful for continued growth, diversity, and enriching experiences. 🌟

Husnayya Al-haddad
*Clinical Vascular Scientist
Lewisham and Greenwich
NHS Trust*

Charing Cross Symposium 2024



We look forward to seeing you at the Charing Cross Symposium 23rd-25th April 2024.

This year all SVT members were eligible to receive a £100 discount towards any early bird registrations up until 25th February.

Furthermore, all SVT trainees are also being offered free registration if proof of train-ing/job status is sent to registration@bibamedical.com.

