



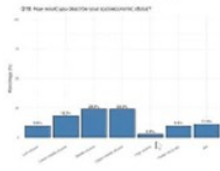
UIP NEWSLETTER

MAY 2025

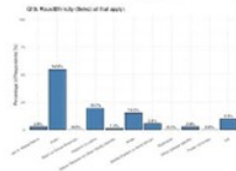


Demographics Surveyed:

Socioeconomic Status:



Racial Demographic:



Historic UIP Medical School Engagement

The front page of this issue is dedicated to the historic engagement of the Med Schools UIP which has just begun.

Students from all around the world are invited to present vein-lymphatic relevant topics, mentored by the most renowned Key Opinion Leaders from all continents.

The presentations are delivered during the 24 of each month, during the UIP open zoom, in honor of March 24, 1959 establishment, treasuring the past, while looking at the future of this World Society, thanks also to the proactive engagement of the new generations.

A special appreciation goes to prof. Caprini for having initiated the first two students, Luke Chi and Ryan McWhorter

IN THIS EDITION

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HISTORIC UIP MEDICAL SCHOOL ENGAGEMENT



Prof. Sergio Giancesini
UIP President 2023-2027

On behalf of all the UIP, I'd like to congratulate the two Med Students candidates who broke the ice while warming our heart and brain. Indeed, they performed like real experts, leaving all of the audience astonished on what can be achieved by young talents, properly trimmed by organizations like the UIP and top experts like prof. Caprini.

The first contribution was dedicated the venous thromboembolism in real world settings, showcasing the importance of an early engagement of healthcare professionals, also as ambassadors of appropriate patient care. We look forward to keeping on dedicating part of the time of the UIP monthly call to the presentations of new generation representatives, co-working with top experts. Therefore, expertise and new engagement, on the 24th of the month, so to honor the UIP historic March 24, 1959 establishment, while looking for the brightest Phlebology and lymphology future.



Prof. Joseph Caprini
UIP Med School Engagement Ambassador

The background for this project is to develop techniques to fully evaluate the risk of blood clots in an individual. We know that fatal pulmonary emboli are increasing despite extensive education designed to create awareness of this problem, and clinical tools designed to identify "at-risk" patients. Implementing evidence-based pathways with anticoagulants is crucial to reducing this fatal complication.

The Caprini Risk Score, consisting of 40 risk factors, effectively assesses the potential for venous thrombosis incorporating the power of each risk factor in the final score. Unfortunately, it is difficult to collect all these data in a timely fashion especially during urgent or emergency situations. The Global Thrombosis Forum under the directorship of Doctor Atul Iadu established a program using high school students to score

themselves and their families and then encourage these individuals to verify the data with their doctors, and enter the resulting risk score into their medical record. In a study of over 2000 patients 26% of the respondents had a family history of thrombosis which was astonishing. This is a very powerful and important risk factor which is often not collected and therefore patients are not properly evaluated for their risk of thrombosis.

This concept is being studied in the current program by two brilliant young students embarking on a medical career. They have developed a novel concept studying how the Caprini Risk Score relates to demographic, socioeconomic factors such as race, income, lifestyle, and medical history. These are incredibly valuable concepts since different populations may have different risk profiles and hence specific preventive programs may be tailored to suit these individuals. The students will describe their progress so far and initially targeting on age has been an objective.

I can envision this program as a stepping stone, using artificial intelligence, to eventually having 70 or 80 risk factors evaluated as continuous variables further refining individual risk assessment.

HISTORIC UIP MEDICAL SCHOOL ENGAGEMENT



"My name is Luke Chi, and I am an incoming medical student at Oakland University William Beaumont School of Medicine. I graduated from the University of California, Irvine in 2024 with a B.S. in Human Biology, earning cum laude honors, Honors in Biological Sciences, and the Excellence in Research distinction. Currently, I serve as a researcher in the Spatial Neuroscience Lab at UC Irvine, where I utilize emerging technologies such as virtual reality to advance clinical diagnostics and interventions for neurological conditions. In parallel, I am a member of the research committee for a local student-run free clinic organization, where I lead public health initiatives centered on health literacy, metabolic illness, and the social determinants of health affecting underserved communities.

I also serve as an Assistant Editor for the Journal of Student-Run Free Clinics, contributing to the dissemination of impactful research that supports and strengthens these vital healthcare institutions. My vision for the future of medicine is one where no one is invisible. I want to help shape a healthcare system that advances in science and technology, and most importantly, evolves in cultural awareness and personalization. Through research, I hope to ensure that medicine recognizes and adapts to every unique community it serves."



Ryan McWhorter is a postbaccalaureate premedical student attending Scripps College, class of 2026. He graduated Magna Cum Laude from the University of California, Los Angeles in June 2024 with a degree in philosophy, originally planning to pursue a career in law. This plan changed when he had to take an extended leave to remove a problematic osteochondroma situated in my brachial plexus. This experience drove him to pursue medicine, where he discovered a deep sense of purpose in both clinical service and biomedical research.

Since this change, he has published two papers in immunology, finished a third immunology paper that is currently under review, and presented his work at multiple regional and national conferences. Simultaneously, he has had the honor of working as a bedside volunteer at Cedars Sinai - Beverly Hills and is currently providing free wound care to the unhoused population across parts of Southern California in affiliation with Wound Walk. These experiences deepened his awareness of the inequalities that shape patient outcomes, particularly in underserved communities.

Such a realization helped him launch his current project: a large-scale community-based study investigating venous thromboembolism risk through the Caprini Risk Score, incorporating social determinants of health as key variables. He was particularly drawn to this project as it connects clinical care with real-world questions about prevention and equity.

HISTORIC UIP MEDICAL SCHOOL ENGAGEMENT

Presentation Summary



Luke Chi
Oakland University
William Beaumont
School of Medicine.

The Caprini Risk Score (CRS), which incorporates 40 clinical and historical factors, is a validated tool commonly used to assess the risk of venous thromboembolism (VTE), particularly in surgical and hospitalized patients. Our study, *Caprini Risk Score Among Varying Communities*, investigates whether incorporating social determinants of health (SDOH) such as race, income, and lifestyle can improve the predictive accuracy and real-world applicability of the CRS.

VTE remains a major public health concern, affecting over 900,000 individuals in the U.S. each year. Notably, nearly 70% of hospital-acquired VTE cases are considered preventable with early identification and intervention. As healthcare shifts toward more personalized approaches, integrating SDOH into existing risk tools like the CRS may enhance their effectiveness across diverse populations.

To explore this, we are conducting a cross-sectional, anonymous survey-based study approved by the IRBs at the University of California, Irvine and Scripps College. With the support of 15 trained undergraduate researchers, we are distributing anonymous surveys across public sites in Southern California. The survey collects data on CRS scores, demographics, and lifestyle factors, allowing us to examine how CRS varies across racial, socioeconomic, and age groups.

One focus of our study is to determine whether a “threshold age” exists or a point at which CRS scores begin to rise more sharply. Identifying this age may drive more focused VTE education and prevention efforts for individuals nearing this high-risk period. While early data show no statistically significant differences among the youngest age groups, there is a modest upward trend in CRS scores among older cohorts, though this may be limited by the current sample size. However, split by ethnicities, among Asian participants, the two youngest age groups exhibit statistically higher CRS scores ($p < .001$), a pattern not observed in Hispanic/Latino, White, or Middle Eastern/North African participants. These findings suggest that the pace of risk accumulation may vary by ethnicity, emphasizing the need for personalized and demographically tailored prevention efforts. In an initial subset of 71 participants, interaction analysis between age and ethnicity revealed a marginal effect ($p = .054$), indicating that age-related changes in CRS may differ across racial groups. If confirmed with a larger sample, this could have important implications for individualized VTE prevention strategies.

These early results support the potential value of integrating SDOH into the CRS to enhance both accuracy and equity. Ongoing data collection and analysis aim to refine the model for broader application. We are deeply grateful to our mentors, advisors, and research team for their invaluable contributions to this project.

BEST CANADIAN HONORING OF PAULINE RAYMOND-MARTIMBEAU



Textbook of Pauline Raymond-Martimbeau, delivered by the Canadian Society of Phlebology executive members, together with Claudette Raymond.

Pauline Raymond-Martimbeau has served as extremely valuable UIP Executive Committee Officer as both vice-president and Chair of the Educational Committee. She pioneered vein-care in Canada and strongly contributed to the great achievements of the Canadian Society of Phlebology. Her teachings remain and they have been perfectly expressed by the current leadership of the Society who delivered a top notch international event under the auspices of the same UIP, last May, in Montreal.

CANADIAN SOCIETY OF PHLEBOLOGY ANNUAL MEETING REPORT

The Canadian Society of Phlebology (CSP) recently held its 49th annual congress in Montreal, Quebec, May 1-3, 2025. After the tragic passing of Dr. Pauline Raymond-Martimbeau late last year, this meeting was dedicated to showcasing the warm relationship between Canada and France in the field of Phlebology. This bond began over 50 years ago and has been growing stronger as the two societies have participated together and helped each other to thrive out of mutual respect and admiration for the similarities and differences that reflect cultural influences and history.

A major component of this meeting was the controversies section, similar to what was first highlighted in France. Shorter, rapid-fire presentations made for lively debate, and rich discussion, as presenters were given opposite sides to support and spotlight difficult subjects, such as prophylactic ablation of the anterior saphenous vein, or whether compression stockings are truly helpful. Veno-active drugs were reviewed as well, and their role in a phlebology practice.

The pre-congress day allowed hands-on neuro-anatomy review using ultrasound on live patients. A more intimate setting was the goal in order to allow more relevant learning for everyone. For participants, the popliteal fossa became a little less intimidating, and confidence was gained in the approach to treating venous disease in this dragon's den, recognizing pertinent anatomy to identify patients who would be more at risk of nerve or arterial injury with the various treatment approaches. Opportunities for more intimate learning like this will be available soon. Participants will be able to enjoy learning in a small group setting, with hands-on experience, and can rub shoulders with the invited experts in our field over dinner in a pleasant setting.

"Lifestyles and Phlebology" was an excellent section of the congress, where everything from diet, exercise, and travel were investigated, and how they relate to our practices. We also reviewed genetics and other health issues, and how they relate to our practice, like type 2 diabetes, cardiac problems, and autoimmune conditions. Artificial Intelligence (AI) and our future with it was discussed. New technologies that could allow AI to facilitate our work as phlebologists were showcased. Thrombosis was reviewed, with a deep dive into cancer and how not all cancers are the same with how they relate to thrombosis risk. The Caprini score was broken down and suggestions were made as to how to modify it to our phlebology practices. The latest in anticoagulation was studied, in particular the Factor XI inhibitors.

In all these activities, we strongly felt the presence and guidance of our dear Pauline Raymond-Martimbeau, who remains in our everyday commitment to the best phlebology practice, as well as to the bridges the Canadian Society of Phlebology is willing to build internationally. In this spirit we look forward to welcoming the world at our next annual meeting and we deeply thank the UIP for its attention towards our Organization.

BEST CANADIAN HONORING OF PAULINE RAYMOND-MARTIMBEAU

UIP is delighted in honoring the president of the **Canadian Society of Phlebology, dr. Janna Bentley**, and all the same Society, for the outstanding performance showcased during the annual meeting that honored decades of excellence of the UIP Officer Pauline Raymond-Martimbeau, while delivering a futuristic meeting, paving the way for the most appropriate vein-lymphatic practice advancement.



Dr. Janna Bentley

BSC (HON), MD, CCFP, RVT and President Elect, Canadian Society of Phlebology

Medical Director, founder & owner of Lakeshore Vein & Aesthetics Clinic

Dr. Janna Bentley received her Bachelor of Science in Honours Physiology from the University of British Columbia in 1997, and then received her Medical Doctorate from the University of Alberta in 2003. From 2003-2005 Dr. Bentley completed her residency training at the University of Alberta in family medicine with a focus on phlebology and a special interest in Dermatology-related issues.

Dr. Bentley joined the Kelowna Vein and Laser Centre in June 2005 and began her career in phlebology. In the fall of 2005 she became a partner at Okanagan Vein & Skin Care Centre, as well as the medical staff at Kelowna General Hospital. In 2009, Dr. Bentley became a board certified diplomate of the American College of Phlebology (ACPh) and in 2011 she was elected as a Fellow of the Canadian Society of Phlebology.

Dr. Bentley is qualified as a medical sonographer, specializing in varicose veins as a Registered Vascular Technologist (RVT).

Bentley has become one of the most experienced physicians in phlebology and cosmetic medicine in the Western Canada.

In January 2017 Dr. Bentley was invited to and presented to a Masters Class in Phlebology at the Sorbonne University in Paris .

In 2017, Dr. Janna Bentley was elected by her physician peers to be the President of the Canadian Society of Phlebology, at the National Congress in Montreal, QC. In 2019 Dr. Bentley became President Elect for 2021. She is now President again (2024-2026)

The most recent congress was a great success in early May 2025 showcasing the cordial relationship between the French society and the Canadian society, wholeheartedly supported by the UIP (International Union of Phlebology).

CVD PATHOPHYSIOLOGY: GENETICS IN A GLOBALIZED WORLD



Dr. Aida Rizk, MD
Montreal
Canadian Society of
Phlebology

It is well recognized that chronic venous disease (CVD) is a multifactorial condition with a strong genetic component. Its mode of transmission has been studied for decades and its pathophysiology still being debated to this day, although the ambulatory venous hypertension theory is the most widely accepted one. One certainty is that CVD is polygenic. Many single nucleotide polymorphisms (SNPs) have been described in relation to certain genes' dysfunction that lead to a change in the expression of ICAM-1 VCAM-1, VEGF, MMPs, TIMP, EFEMP1 and CASZ1 to name a few. For example, ICAM-1 and VACM-1 are implicated in the structure and integrity of the glycocalix allowing it to maintain vascular homeostasis by playing a key role in molecule adhesion and inflammation. Others, such as VEGF, are known to be overexpressed in venous insufficiency in response to an increased vein wall oxygen demand and compression of vasa vasorum. The resulting hypoxia leads to increased nitric oxide release from the endothelial cells which promotes vascular permeability and angiogenesis.

The increased expression of VEGF plays a significant role in CVD pathogenesis as it leads to edema and a decreased vein wall tonus which subsequently contribute to vein dilation, blood

stasis in the lower extremities and promote venous hypertension. Interestingly, VEGF is also known to promote inflammation by stimulating the expression of ICAM-1 and VCAM-1, amongst others.

Hypoxia is also known to alter the ratio of matrix metalloproteases (MMPs) and TIMP (tissue inhibitor of MMP) causing an imbalance within the extracellular matrix. Excess in MMP will have a proteolytic effect on collagen and elastin whereas excess in TIMP will result in connective tissue deposition and fibrosis therefore affecting venous wall architecture and promoting CVD.

The challenge and the appeal of CVD's deep understanding lies in the interaction of its complex genetic's expression and in the several environmental factors that predispose it. Both can actually begin to act at very early stages, long before the macroscopic aspects of ultrasound findings can be detected and clinical manifestations become visible. Identifying subjects genetically at risk of CVD development and progression becomes fundamental, specifically in the healthy subjects exposed to venous hypertension (occupational medicine, life-style, pregnancy, etc).

The current globalized multi-ethnic scenario adds the need of further focus on the similarities and discrepancies in CVD clinical expression in the different populations, for which integration of real world data on the burden of the disease are strongly recommended. A global organization such as the UIP can surely represent a useful hub for coordinating the different continents reports, therefore allowing all the nations' experts to collaborate together for the best patient care around the world.



Under the leadership of **prof. Jinsong Wang** UIP is preparing a brand new educational library, delivering theoretical knowledge and practical technical notes on all aspects of vein-lymphatic care, useful for all levels of expertise. Even more, the material will be translated in different languages and available for extra idioms translations. Last but not least, all the content is going to be adapted also in layman's terms in order to target not only healthcare professionals but also patients.

The library will be presented during the **UIP 2025 Buenos Aires World Congress**.

HONORARY: Guide in Practicing Phlebology & Lymphology (P. Raymond-Martimbeau)

- Vein-lymphatic (VL) disease burden
- VL Anatomy
- VL Pathophysiology
- VL Clinical Assessment
- VL Instrumental Diagnostics
- VL Conservative & Procedural Treatment
- Wound care
- Vascular malformations
- Venous thromboembolism
- Deep venous management
- Pelvic Venous disorders
- Lipedema
- Trustworthy guidelines

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| • Ravul Jindal | |
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| • Erika Mendoza | |

ON THE ROAD TO BUENOS AIRES 2025 & GEORGIA 2027 UIP WORLD CONGRESSES



On the Road to Buenos Aires 2025 and Georgia 2027 A Journey of Continuous Learning

The journey to the UIP World Congresses in Buenos Aires (2025) and Georgia (2027) is not solely about the events themselves; it's about the continuous path of knowledge and collaboration that leads us there. To foster this ongoing scientific exchange and social interaction, a series of webinars has been initiated.

The inaugural webinar, held on April 12, brought together participants from around the globe, emphasizing the importance of interdisciplinary synergy. A highlight was the honorary lecture on pelvic pain differential diagnosis by Professor Gianaroli, a globally renowned gynecologist, underscoring the value of shared expertise in clinical practice.

Building on this momentum, the second webinar took place on May 10, focusing on thrombosis. We were honored to feature Professor Joseph Caprini, an internationally acclaimed expert, whose insights into venous thromboembolism (VTE) risk assessment and management provided attendees with cutting-edge knowledge to enhance patient care.

Looking ahead, our next webinar is scheduled for June 28, delving into the realm of aesthetic phlebology. This session promises to unite leading international experts who will share their perspectives and engage in dynamic discussions as both speakers and discussants.

As an added incentive, participants who contribute the most insightful questions or comments during the webinars will be awarded free registration and faculty inclusion at the upcoming UIP World Congresses in Buenos Aires (2025) and Georgia (2027).

Join us on this enlightening journey as we pave the way to future advancements in phlebology and lymphology



Presentation ABSTRACTS

Categories:

- **Scientific abstracts** Presentations that fulfill the following structure: Introduction, Methods, Results & Conclusions. This category of papers should be unpublished and NOT presented at National and International meetings, submitted by the deadline and without revealing the name of the city, institution submitting the abstract. They are evaluated in a blinded fashion.
- **Free abstracts** These presentations can be: Cases and Case series, Techniques or others (history, terminology, etc) and have a free structure.
- **Electronic poster (E-poster)** These presentations will be presented on a large computer screen. Your E-poster can consist of multiple slides or just one slide. it is suggested to those interested to send the summary and if the poster is accepted, the corresponding ppt.
- **How do I do it?** Submitters are invited to show some significant aspect of the diagnosis and treatment of daily care practices in front of an audience in a face-to-face setting. In addition to submitting the title, they may also prepare a short video of maximum 5 minutes of duration that will be projected in a video gallery.
- **Editorial reviews** A 500 words max comment related to any published paper which the submitter considers worthy to be discussed with the top expert Faculty. The submission is not to be structured in introduction, methods, results and conclusions, but it must be in English and include the reference of the related work (link). Submitters are invited to upload a short video together with the written comment.

TO SUBMIT
<https://uipbuenosaires.com/abstracts/>

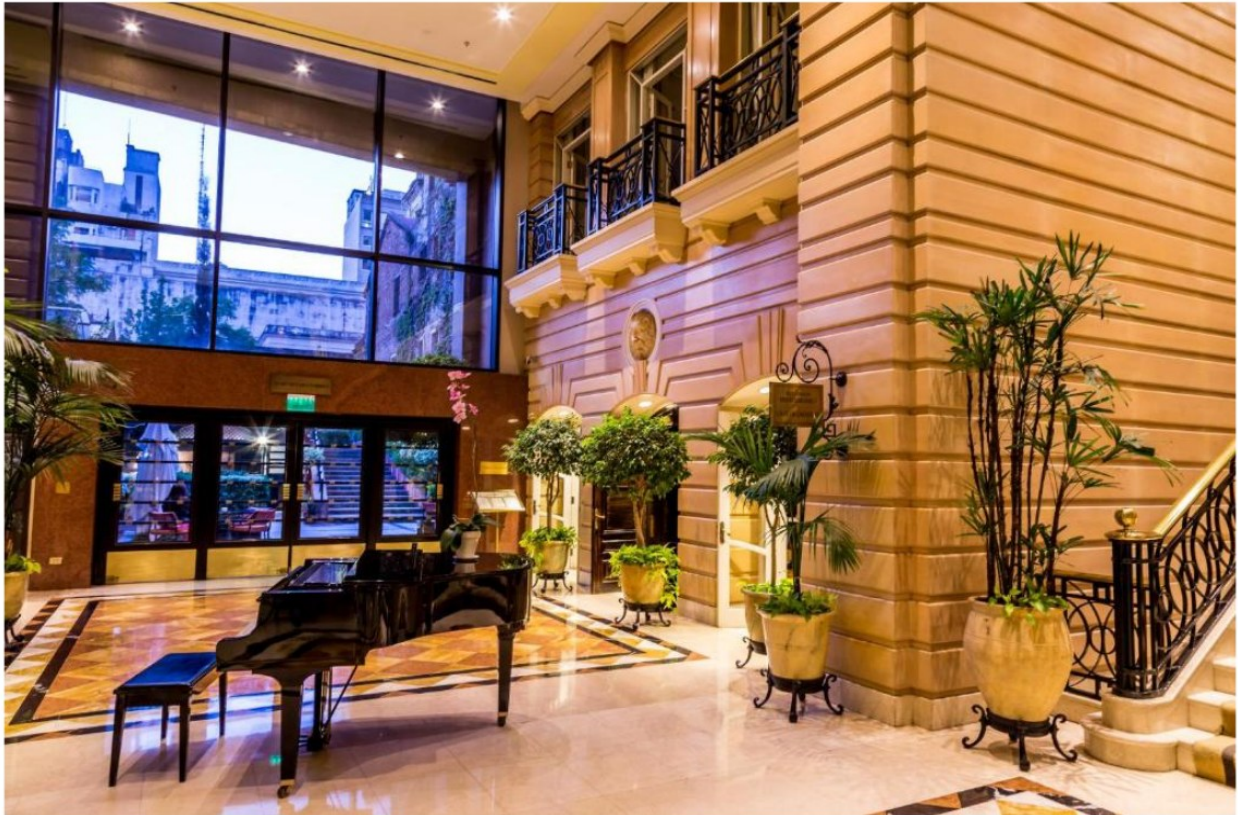
Topics

Superficial venous disease.
Perforating veins.
Telangiectasia and reticular veins.
Deep venous disease.
Pelvic venous disorders.
Venous thromboembolism.
Ulcer and wound care.
Diabetic foot.
Lymphatic disease.
Lipedema and lipodystrophy.
Venous and Lymphatic malformations.
Arterial disease.
Miscellaneous.



VENUE

ACCOMMODATION VENUE



INTERCONTINENTAL HOTEL

Business luxurious hotel in the center of Buenos Aires embodies the classic style of this historical city. With comfortable suites, interior pool and spa. This hotel, is entirely dedicated to the event, therefore offering the highest opportunities of branding, customization and contact among colleagues and industries.



Hotel InterContinental
Hotel Design Suites

ADDRESS

Moreno 809 - CABA
Tacuarí 243 - CABA

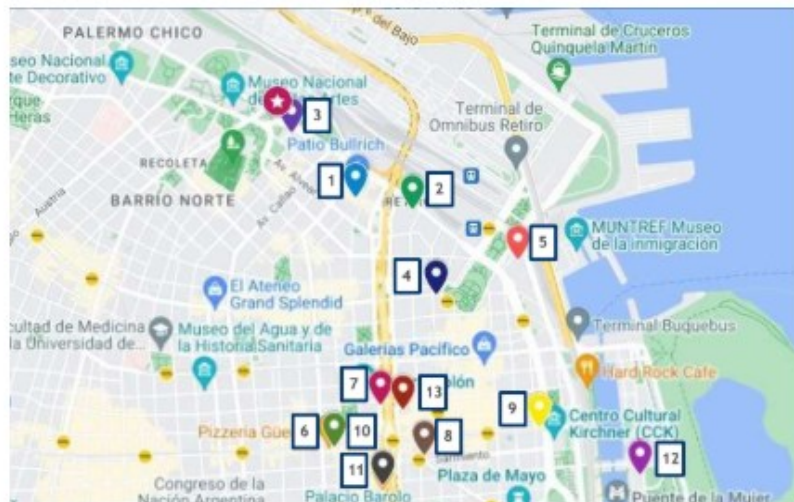
Phlebolympology World Hub:

- Intercontinental
- City
- Two
- Design
- Merit

WHERE TO STAY IN BUENOS AIRES

OTHER OPTIONS

1. Sofitel Buenos Aires Recoleta 5* - 175 Rooms
2. Emperador Hotel Buenos Aires 5* - 265 Rooms
3. Esplendor By Wyndham Buenos Aires Plaza Francia 49 4* - Rooms
4. Hotel NH Collection Buenos Aires Crillon 4* - 96 Rooms
5. Sheraton Buenos Aires Hotel & Convention Center 740 5* - Rooms
6. Hotel NH Buenos Aires 9 de Julio 4* - 175 Rooms
7. Hotel NH Buenos Aires NH Tango 4* - 108 Rooms
8. Hotel NH Buenos Aires Latino 4* - 100 Rooms
9. Hotel NH Collection Buenos Aires Jousten 4* - 84 Rooms
10. Novo Hotel Buenos Aires 4* - 129 Rooms
11. Grand Brizo Buenos Aires 4* - 192 Rooms
12. Hotel Hilton Buenos Aires 5* - 417 Rooms
13. Buenos Aires Marriott 5* - 298 Rooms



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UIP 2025: BUENOS AIRES, ARGENTINA



YOUR WISHES FOR UIP 2025



Planning has begun for the **UIP World Congress in Buenos Aires in 2025.**

Start thinking now about what **YOU** would like to see at the Congress, as we will be releasing our **"Wishing Box"** for your suggestions.



“Silk Vein Road” to UIP World Congress Georgia 2027

The Georgian Association of Angiologists and Vascular Surgeons (GAAVS), under the auspices of the International Union of Phlebology (UIP) and with scientific advisement of the v-WIN foundation launched the "Silk Vein Road" project to foster collaboration among experts from Europe, Asia, and Africa, highlighting Georgia's capacity to host the World Congress.



Inspired by the historical Silk Road, this initiative aimed to promote knowledge sharing in phlebo-lymphology. The International meeting took place from May 16-18, 2024, at the Sheraton Grand Tbilisi Metekhi Palace, featuring both in-person and hybrid formats.

Supported by the government and universities, the event included 40 speakers from 25 countries and attracted 250 attendees, covering key topics like diagnostic techniques and treatment approaches. The program featured 14 sessions and 6 workshops for hands-on training.

Overall, the "Silk Vein Road" was a transformative initiative that enhanced Georgia's profile and laid a solid foundation for GAAVS to host a successful UIP World Congress in 2027.



INTERNATIONAL ANGIOLOGY: ACCESS

International Angiology, the *Official Journal of the International Union of Phlebology*, provides discount online journal access to members of UIP Member Societies.

- Tier 1* societies - €45.00 per member, including taxes for online access
- Tier 2 and 3 societies* - Free access
- Residents (Tier 1, 2 and 3) - Free access

Requests for access come directly from the Member Society for its members. If the member society does not wish to provide access, requests can come from individuals, providing they can provide proof of their membership status.

Accessing the Journal - UIP Member Societies

1. Download: The membership template spreadsheet from the UIP website:

<https://www.uip-phlebology.org/uip-official-journal>

DOWNLOAD

2. Email your completed spreadsheet to
International Angiology
journals.dept@minervamedica.it

Ensure you include the detail of the Member society requesting access.

EMAIL

3. Payment: The society receives an invoice for Journal Access from International Angiology

PAYMENT

4. Once paid, each individual member receives journal access instructions from *International Angiology*

ACCESS!

* UIP Tiers are defined by the UIP Constitution (Schedule 4), <https://www.uip-phlebology.org/constitution>



Acute limb ischemia after occluded femoro-popliteal stents: a comparative analysis between endovascular revascularization vs. open bypass (FOCUS Study)

Giulia BERTAGNA 1 *, Nicola TROISI 1, Mario D'ORIA 2, Mauro GARGIULO 3, 4, Michele ANTONELLO 5, Giovanni PRATESI 6, 7, Stefano MICHELAGNOLI 8, Roberto SILINGARDI 9, Giacomo ISERNIA 10, Gian Franco VERALDI 11, Giovanni TINELLI 12, Rocco GIUDICE 13, Arnaldo IPPOLITI 14, Pierluigi CAPPIELLO 15, Massimiliano MARTELLI 16, Sandro LEPIDI 2, Raffaella BERCHIOLLI 1 on behalf of the OUTSTEPP collaborative study group

[10.23736/S0392-9590.25.05366-0](https://doi.org/10.23736/S0392-9590.25.05366-0)

ABSTRACT

BACKGROUND: The aim of the study was to compare the early and medium-term outcomes of endovascular revascularization versus bypass for the treatment of occluded femoro-popliteal stents in patients with acute limb ischemia (ALI) (insights of the OUT-STEPP multicentric registry).

METHODS: Between January 2016 and December 2021, 317 patients in 14 centers underwent treatment for symptomatic femoro-popliteal In-Stent Occlusion (ISO). Sixty patients with ALI were included into the present study: 42 (70%) underwent endovascular revascularization (Group ENDO), and 18 (30%) underwent open bypass surgery (Group OPEN). Early (30 days) results were assessed and compared between the two groups. Estimated 5-year outcomes were evaluated and compared with the log-rank test

RESULTS: At 30 days no differences were found in terms of Major Adverse Cardiovascular Events (MACEs), acute kidney injury, reintervention(s), major amputation, and all-cause mortality between the two groups. The need for blood transfusions was similar in both groups (Group OPEN 7, 38.9% vs. Group ENDO 13, 30.1%; $P=0.14$). The mean length of hospital stay was higher for patients in Group OPEN (11.3 ± 6.5 vs. 4.4 ± 1.9 days; $P<0.001$). The overall median duration of follow-up was 35 (IQR 13-55.75) months. At 5 years there were no differences between the two groups in terms of survival (69.8% Group OPEN vs. 64.6% Group ENDO; $P=0.76$, log-rank 0.09), overall patency (71.4% Group OPEN vs. 72.8% Group ENDO; $P=0.56$, log-rank 0.34), freedom from reintervention(s) (76% Group OPEN vs. 63.4% Group ENDO; $P=0.32$, log-rank 0.99), and amputation-free survival (88.1% Group OPEN vs. 83.4% Group ENDO; $P=0.76$, log-rank 0.09).

CONCLUSIONS: Endovascular revascularization and bypass seem to provide effective flow restoration in patients with ALI due to femoro-popliteal ISO. Open surgery was associated with longer hospital stay. At 5 years, no significant differences were found between the two groups in terms of overall patency, need for reintervention(s), and amputation-free survival, even though further studies on a larger sample size and potentially prospective will be necessary to validate these preliminary findings.

KEY WORDS: Stents; Peripheral arterial disease; Thrombosis; Multicenter study

Smoking and lower extremity artery disease

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[10.23736/S0392-9590.25.05302-7](https://doi.org/10.23736/S0392-9590.25.05302-7)

ABSTRACT

Cigarette smoking is a major preventable risk factor for lower extremity arterial disease (LEAD) and is strongly associated with a higher risk of disease progression, worse post-procedural outcomes, and increased healthcare utilization. Smoking provokes the development of atherosclerosis through different mechanisms. Endothelial cell dysfunction, oxidative stress, inflammation, and arterial stiffness are among the key factors related to the development of atherosclerosis due to smoking. Smoking cessation among patients with LEAD and the use of smoking cessation methods, including pharmacological treatment, are mandatory. Given that smoking cessation interventions remain underutilized. Therefore, in this narrative review we highlight the importance of incorporating smoking cessation treatments as part of the medical management of LEAD. Regulatory approaches to reduce tobacco use and support smoking cessation have the potential to reduce the burden of LEAD.

KEY WORDS: Smoking; Peripheral arterial disease; Atherosclerosis

Use of microcirculatory parameters to evaluate foam sclerotherapy treatment of superficial chronic venous disease, associated or not with venotonic drug: randomized, double-blind trial

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[10.23736/S0392-9590.25.05223-X](https://doi.org/10.23736/S0392-9590.25.05223-X)

ABSTRACT

BACKGROUND: Chronic venous disease (CVD) is a pathology with unfavorable outcome when treated and/or followed up incorrectly. In addition to macroscopic venous changes, CVD also causes changes in microcirculation. Based on these hypotheses, a non-invasive test to quantify the evolution of microangiopathy may be useful to assess the effects and benefits of treatment.

METHODS: Fifty female patients with varicose veins classified by clinical class C2 or C3 of the CEAP classification were selected and allocated randomly in two groups: foam sclerotherapy (FS) + micronized purified flavonoid fraction (MPFF) or FS + placebo, double-blind. Microcirculation was evaluated using Sidestream Dark Field techniques. The revised VCSS score was performed pre and post FS.

RESULTS: It was found an improvement on VCSS and all microcirculation parameters, in both groups, except on the number of pathological capillaries. When comparing the results between groups, a greater reduction in the diameters of dermal papilla was observed in the MPFF group ($P=0.053$), which, despite not being statistically significant, had an effect size of 0.55 (-0.01-1.10). In addition, capillary bulk and capillary limb also had a higher decrease in the MPFF group.

CONCLUSIONS: FS treatment of the trunk veins reduced distal venous hypertension, improving microcirculation in all patients, helping to control the venous disease. All patients got therapeutic success (total occlusion or partial occlusion with improvement in venous reflux or reduction in venous caliber).

KEY WORDS: Microcirculation; Pharmaceutical preparations; Flavonoids; Sclerotherapy; Varicose veins

INTERNATIONAL ANGIOLOGY ABSTRACTS

Building evidence for diagnosis of lipedema: using a classification and regression tree (CART) algorithm to differentiate lipedema from lymphedema patients

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[10.23736/S0392-9590.25.05207-1](https://doi.org/10.23736/S0392-9590.25.05207-1)

ABSTRACT

BACKGROUND: Discriminating lipedema from lymphedema becomes challenging in the absence of a pathognomonic test. The objective was to find the best manifestations that discriminate between lipedema and lymphedema and to build a diagnosis algorithm.

METHODS: Prospective cohort study of two cohorts of patients, one with lipedema and another with lymphedema. Inclusion criteria for lipedema cohort involved bilateral lower limbs (LL) enlargement and at least three symptoms: pain/tenderness, bruising, familial history, no Stemmer's sign, symmetrical involvement, and non-swollen feet. The lymphedema cohort included female patients with LL lymphedema. A univariate analysis was performed to determine which clinical features were different between both samples. We used a TREE procedure to create a tree-based classification model using the CART (Classification And Regression Tree) algorithm, in order to discriminate lipedema from lymphedema patients.

RESULTS: Currently, 138 lipedema and 111 lymphedema patients were included. After univariate analysis, symmetrical involvement, disproportion between upper and lower parts of the body, spare feet, bruising, spider veins, family history, and pain were significantly more present in lipedema than in lymphedema ($P < 0.0001$). Stemmer's sign, lymphangitis bouts, pitting and fibrosis were more representative of lymphedema ($P < 0.0001$). The most important variables for discrimination were: disproportion (100%), spare feet (92.6%), bruising (92.3%) and symmetrical involvement (90.3%). After CART analysis, only three variables were retained in the final model: bruising, disproportion and spare feet. The model's accuracy was 100% with a probability error of 0.0% (SE: 0.00).

CONCLUSIONS: A simple clinical tree can be used to classify patients between lymphedema and lipedema.

KEY WORDS: Lipedema; Lymphedema; Diagnosis; Regression analysis

Clinical evidence of venoactive drugs in diabetic microvascular complications: a scoping review

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[10.23736/S0392-9590.25.05389-1](https://doi.org/10.23736/S0392-9590.25.05389-1)

ABSTRACT

Diabetic microvascular complications (DmVCs) and chronic venous disease (CVD) share common risk factors and pathophysiological features. However, they are often assessed and managed as separate conditions. The study objective was to map the available clinical evidence of venoactive drugs (VADs), beyond their demonstrated effects on sign and symptoms of CVD, in the management of patients with diabetic retinopathy (DR), diabetic nephropathy (DN) and diabetic peripheral neuropathy (DPN). We conducted a Scoping Review to map the clinical evidence on VADs recommended for treating CVD in the management of DR, DN and DPN to address VADs choices in clinics. PubMed and Cochrane Library databases were searched, studies in any language were included with no restriction on publication date. In total, 393 records were identified. Most included studies (N.=42) assessed clinical outcomes in DR (N.=33), followed by DN (N.=7) and DPN (N.=2). The median (range) publication date of the included studies was 2001 (1970-2022). Most studies were randomized trials (57%), followed by case series (17%), and case-control studies/systematic reviews (both 10%). Calcium dobesilate (CaD), was the most assessed VAD in DR (85%), DN (86%), and DPN (50%). CaD has shown significant improvements in DR and DN based on systematic-review data. Our findings suggest that VADs, in particular CaD, may represent a promising therapeutic option for the treatment of patients with both CVD and DmVC. Medical recommendations for VADs prescription should consider patients' microvascular status, evidence about VADs, as well as the multi-modal treatment approach.

KEY WORDS: Diabetic neuropathies; Diabetic nephropathies; Diabetic retinopathy; Venous insufficiency

UIP BRANDING APPROPRIATE USE OFFICIAL STATEMENT

SUBJECT: International Union of Phlebology (UIP) **logo misuse.** *

By means of the present official letter, as 2023-2027 President and representative of the **International Union of Phlebology (UIP)**, I suggest caution in the **misuse of the UIP Logo**. Indeed, on May 25, UIP received the report of unauthorized posting of its own logo, moreover, altered as per the figure pasted herein.



Such misuse of the UIP logo represents an **illicit**, harming the image of the **81 Scientific Societies** that are grouped together from all continents under the UIP umbrella. Even more, the reference “**let’s make ... great again**” of a specific United States 2016-2024 political party presidential campaign can be easily misinterpreted by an unaware viewer, leading to **erroneously consider it as a UIP stance in the geo-political world scenario**, which is totally against the same UIP vision, mission and regulation. Thanks to the collaboration of many Colleagues, starting from the Executive Committee ones, an intense action has been developed to guarantee **action, transparency, accessibility** as well as **open moral productive criticism**. Therefore, while UIP duties are not including a report of the activities outside its General Council, I’m delighted to take the difficulty of this logo misuse as an opportunity to highlight some of the UIP recent performances, as per the following:

- Committees for **Awareness, Multi-specialty engagement, Advocacy, Academic engagement**.
- Engagement of **new previously uncovered regions** from Africa and the Middle East.
- Institutional contacts with **Clinical Governance**.
- **Intercontinental sessions** bringing Scientific Societies from the antipodes together.
- Multi-specialty synergy with other **large international organizations**.
- Multilingual **UIP video library** for both healthcare professionals and the public.
- Promotion of the **national meetings** inside the Global Channels of the UIP.
- **Transparent voting** during the elections of the Executive Officers and of the World Congress venue.
- **Vein-lymphatic global document**.
- **Webinars** on the road to **UIP 2025 Buenos Aires** and **UIP 2027 Georgia** World Congress.

Many other actions have been taken and they will be reported in details during the **General Council** of the UIP 2025 World Congress. Until then, I remind that **every 24 of the month**, (date in honor of March 24, 1959, UIP foundation day), my mandate established one hour of **open-access zoom** where **everybody can join** to report **needs, visions, projects** and indeed **criticism**, as long as moral, appropriate and productive. With this spirit, I invite everyone to use the dedicated channels UIP created on purpose to make sure whatever properly delivered opinion is receiving **equal credit**, always respectfully agreeing to disagreeing. With this same spirit, we look forward for welcoming everybody at the UIP 2025 Buenos Aires World Congress, whose line “**we all are Buenos Aires**” confirms both the **worldwide representation of the UIP**, as well as the **inclusivity** expressed also by the statement “**UIP starts with U**”.

Hoping **YOU** will all not hesitate to reach out for whatever need,

I remain at your disposal, together with all the Executive Committee,

Prof. Sergio Giancesini, MD PhD, FACS

University of Ferrara (ITALY)

USUHS University (Bethesda, USA)


International Union of Phlebology 2023-2027 president

president@uipmail.org; t. +393498012304

May 27, 2025

**UIP official document, available in the UIP website*

UIP MONTH 24

in honor of March
every  1959
of the month

an **OPEN TO EVERYONE** zoom @
10 am NYC time - **4 pm** Rome time – **9 pm** Bangkok time
to hear **YOUR vision, YOUR ideas, YOUR needs**
and to remember that
UIP starts with «U»



for YOUR topic reservation please write to president@uipmail.org

<https://us02web.zoom.us/j/88913605824?pwd=QklhcDVPd01nQ3YvbTk5WUIMMFNaQT09>

Meeting ID: 889 1360 5824

Passcode: 916415

YOU



YOU

On behalf of all the International Union of Phlebology (UIP), I'd like to bring to all the healthcare professionals and the public attention the **UIP March 24 initiative**.

UIP was founded on March 24, 1959 and in the following 64 years it has been surely succeeding in bringing the vein & lymphatic world together, counting now on 81 Scientific Societies from all continents.

In order to honor **UIP March 24, 1959** birthday, every 24 of the month at 4 pm Rome time, myself and eventually available Executive Committee members will have an open to everyone zoom call where all the vein-lymphatic world and the public are invited to join to present their vision, ideas and eventual needs.

This glimpse of the current Phlebo-Lymphology around the world will provide the opportunity to analyze how the UIP can serve at best its member societies, while advocating for both colleagues and patients independently by their belonging or not to the UIP.

It's the UIP hope that you will like to take part in this initiative, so to develop together "present actions" while looking together at the brightest future.

Pre-submitted topics for discussion will have precedence in the hour dedicated to this initiative: in case, feel free to send yours at president@uipmail.org.



UIP MONTH 24

The zoom call will be recorded so to allow everyone to enjoy the content on demand in case.

Looking forward for demonstrating together that **UIP starts with "U"**, UIP looks forward for **listening to "U"** at this zoom link:

<https://us02web.zoom.us/j/88913605824?pwd=QklhcDVPd01nQ3YvbTk5WUIMMFNaQT09>

Meeting ID: 889 1360 5824 Passcode: 916415

Whatever need, do not hesitate to reach out to me (gnssrg@unife.it ; t. +393498012304)



UIP Executive Committee 2022-2025



Sergio Giancesini, MD PhD
FACS

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UIP 2023-2027 president



EVENTS UNDER UIP AUSPICES

<https://sifcs.it/xxiv-congresso-nazionale>



Società Italiana di Flebologia Clinica e Sperimentale

con il patrocinio di:



XXIV CONGRESSO NAZIONALE SIFCS

30 e 31 maggio 2025



ROMA

Casa dell'Aviatore - viale dell'Università, 20

PRESIDENTE DEL CONGRESSO
Salvatore Venosi

COMITATO SCIENTIFICO

Luciana Bagnato, Giovanna Biasi, Roberto Chiappa, Biancamaria Ligas,
Maurizio Lombardi, Stefano Maria Petrangeli, Alessandro Ricci, Sandro Tucci

EVENTS

One of the main UIP visions is to **promote productive relationships among societies**. With this vision, we report both **events with UIP auspices and events without**, so to inform everyone about possible educational activities. The hope is also to offer a tool useful for the colleagues organizing future meetings, so to avoid overlapping among events.

For more information about events visit: <http://www.uip-phlebology.org/events>

If you would like your event to appear in the UIP Newsletter, contact us at communications@uipmail.org

EVENTS CALENDAR

MAY 2025

XXIV National Congress 2025 of the Italian Society for Clinical and Experimental Phlebology

30-31 MAY 2025

ROME, ITALY

SEPTEMBER 2025

V-ITALy Global Summit

3-6 SEPTEMBER 2025

ROME, ITALY

JUNE 2025

15th Balkan Venous Forum

12-15 JUNE 2025

GOLDEN SANDS, BULGARIA

SEPTEMBER 2025

67th Annual Meeting of the German Society of Phlebology and Lymphology

24 - 27 SEPTEMBER 2025

SALZBURG, GERMANY

JUNE 2025

Veins and Lymphatics in Focus

20-21 JUNE 2025

THE NETHERLANDS

OCTOBER 2025

XXI UIP WORLD CONGRESS

8-11 OCTOBER 2025

BUENOS AIRES, ARGENTINA



UIP

INTERNATIONAL UNION OF PHLEBOLOGY

www.uip-phlebology.org



UIP SOCIETY MEMBERSHIP: BENEFITS

Did you know that as a member of UIP Society you can have access to different benefits?

- ✓ Access to **International Angiology** -
(Free access for medical residents and for Tier 2 and 3 society members)*
- ✓ Access to **UIP Education Modules** (Free access for Tier 2 and 3)*
- ✓ Access to **latest news, UIP Newsletter**
- ✓ Access to **UIP Discussion Forums**

**Tier: refers to the category of membership. If unsure about the classification of your country, please check on our website.*

Accessing the Member Portal

1. Contact your society and ask them to add your name to the members of the UIP website.
2. The society uploads a membership list through their society page (Instructional Videos available online).
3. You will receive an email confirming your username and password.

International Angiology

The Journal of Vascular
Biology, Medicine, Surgery &
Phlebology



Let your society know if you
require International Angiology
access*.

**fees apply for Tier 1 countries*

UIP Education Modules

Accessing the UIP Education
Modules



1. Go to the **Online Education page**.
2. Click "**Enrol Now**".
3. Complete the forms with the information requested.

UIP Discussion Forums

Accessing the UIP Discussion
Forums



1. Log in the UIP website with your username and password.
2. Access the Discussion Forum through the member portal.

UIP ANNOUNCEMENTS

INVITATION FOR NEWSLETTER CONTENT

UIP SPEAKER BOX

The UIP is delighted to offer all its members to report a comment in future editions of the UIP newsletter. Topics can be related to evidence based science, phlebology advancement, problem solving in clinical practice. If you are interested in submitting a comment, send a 300 word summary to:

communications@uipmail.org

SPONSORSHIP OPPORTUNITIES

The UIP welcomes sponsorship for its newsletter from Industry. If you are interested in placing and advertisement or sponsoring the UIP newsletter, please contact us at:

execdirector@uipmail.org

ABOUT US



The UIP Newsletter has been produced and distributed from Australia and Argentina, with the contribution of the members of the UIP.

The UIP Newsletter Editor is Gabriela Sfarcich from Argentina.

Advertising opportunities are available, and contributions and enquiries are welcome!

SOCIAL MEDIA



Keep in touch!

Follow our social media accounts and make sure you will be notified of updates, deadlines and important news!

