CSVS 46th Annual Meeting on Vascular Surgery

St. John's, NL | September 13-14, 2024

NOTABLE DATES

- **Deadline for submission**: **April 3, 2024**
- **Deadline for author disclosures**: **April 3, 2024**
  (this MUST be completed at the time of submission, or your submission will not be considered complete)
- **Notifications will be sent out**: by the week of **May 13, 2024**

CONDITIONS

- Submissions will be blindly reviewed by members of the Program Committee.
- Acceptance notifications will be sent to the submitter the week of May 13, 2024, including further instructions regarding oral/poster presentations.
- Submitters are responsible for communicating with presenter and all co-authors.
- If your abstract is accepted, the presenting author must attend the 46th Annual Meeting on Vascular Surgery from September 13-14, 2024 in St. John's, NL. Alternative presenters should be arranged to ensure that each abstract is presented.

REGISTRATION & FEES

Registration will open in the summer of 2024, check back for updates.

ELIGIBILITY

- Podium presenters will make a **7 to 10 minute presentation (time to be confirmed) on his/her abstract at the 2024 Annual Meeting and there will be a panel question session once all talks for that session are finished.** Guidelines for podium/poster presentations will be communicated with the acceptance notice.

- Please advise the CSVS office if you do not receive a receipt of abstract within 3 business days following your submission.

- Notification of acceptance will be made in May and the presentation schedule will be finalized and communicated by July.

- Accepted abstracts will be published in the PDF version of the CSVS 2024 meeting program as well as in the October issue of the *Journal of Vascular Surgery (podium sessions only).*

Submission Guidelines

1. Abstracts should be no more than 300 words (title, author(s) & affiliation(s) not included) and submitted electronically via the online portal. The abstract should be typed using a Calibri 11 point and submitted in a Word document.

2. Authors: First name and surname, underline the name of the presenting author. A comma should separate author names. Where authors are from a number of different institutions, the appropriate institution number from the affiliation list should be given as a superscript number immediately after each author's name, e.g.: John Smith[1], Susan B Jones[2], Bill Fisher[3]

3. Affiliations: Affiliations should include department, institute, city and province. Where there are multiple affiliations, each should be listed as a separate paragraph. Each institute should appear in the order used against the author names (see above paragraph) and show the appropriate superscript number, e.g.:
   [1]Department, University, City, Province
   [2]University, City, Province
   [3]Company, City, Province

4. All abstract submissions ***must*** be accompanied by a **disclosure form** that has been signed by **all credited authors**. The form is available online.

5. Abstracts are to be submitted in English. Abstracts must present a clear, concise summary of the work. Do not include introductions, historical data, literature reviews, bibliographies or mention corporate support. Organize the body of the abstract to include:
   a) the objective (preferably one sentence)
   b) the methods used
   c) the results obtained and conclusion

6. **All figures must be cited in the abstract and include a title.** *Figure example: Mortality rates are higher in males (Fig. 1).* **All tables must be cited in the abstract, include a title and all columns and/or rows must be labelled.** *Table example: Mortality rates are higher for females (Table 1).* ***maximum of 2 tables and/or 2 figures per abstract please.***

7. Please note that the presenting author is invited to indicate his or her preference for podium or poster presentation. However, **the final decision is that of the reviewer and programme committee**. Abstracts will be rated according to content, clarity of presentation as well as pertinence of the learning objectives for the target audience.

8. Abstracts submitted to/presented at an international meeting can be submitted to the CSVS Annual Meeting on Vascular Surgery, but abstracts that have been presented at another Canadian national meeting or published prior to April 3, 2024 are not eligible.

DEADLINE FOR SUBMISSION OF ABSTRACTS IS APRIL 3, 2024

Abstract Text Format

Impact of Provider Characteristics on Use of Endovenous Ablation Procedures in Medicare Beneficiaries

John T. Baber Jr,[1] Art Sedrakyan,[1] Peter Connolly,[1] Jialin Mao,[1] Andrew J. Meltzer[2]. [1]New York Presbyterian Hospital, New York, NY; [2]Weill Cornell Medical College, New York, NY

Objectives: To assess the association between provider characteristics and intensity of endovenous therapy (EVT) use in the Medicare population.

Methods: The Medicare Provider Utilization and Payment Data Public Utilization Files (2012-2014) were queried to construct a database of providers performing EVT for treatment of lower extremity venous reflux. For all providers performing EVT on more than 10 patients annually, practice patterns were assessed by calculating a use index: the number of EVT procedures per patient per year. To measure geographic variation in EVT use at the provider level, the median number of EVT performed annually per provider per year was calculated. Multivariate regression analysis was used to identify provider characteristics (including specialty, site of service, and geography) associated with high intensity use of EVT (a use index >75th percentile).

Results: There were 6599 providers who performed more than 10 EVT per year in Medicare beneficiaries, accounting for 405,232 services. The intensity of EVT use by providers was assessed by the calculated use index: the average number of EVT performed per patient per year (range, 1-4). Vascular surgeons had the lowest use index among all provider specialties (1.32; Fig 2). By [illegible] the likelihood of a provider's use index being greater than 1.8 (top 25%) was associated with provider training in a field other than surgery, cardiology, or radiology (odds ratio, 3.35; 95% confidence interval, 2.74-4.09), services performed in an outpatient setting (odds ratio, 2.62; 95% confidence interval, 1.97-3.47), and providers who perform high annual volume of EVT (odds ratio, 8.68; 95% confidence interval, 7.59-9.91). A high annual volume provider was defined as one whose EVT volume was at or greater than the 75th percentile nationally.

Conclusions: There is great variation in intensity of vein ablation procedures performed on Medicare beneficiaries that cannot readily be explained by clinical factors alone. The likelihood that a provider will

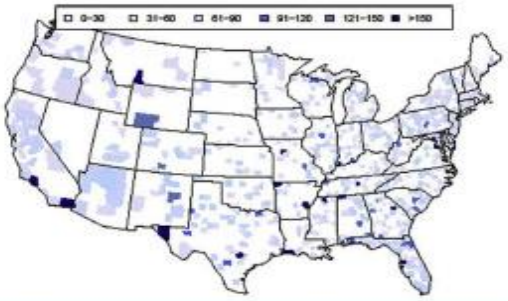

Fig 1. Intensity map demonstrating variation in median annual endovenous therapy (EVT) services per provider by county.

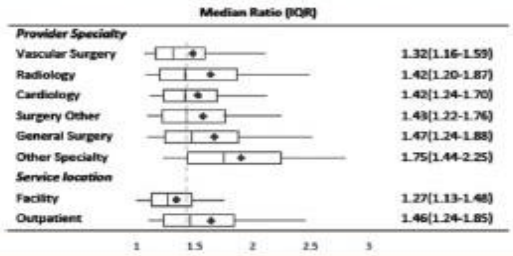

Fig 2. Median use index (number of endovenous therapies [EVTs] performed per patient, per year) segmented by provider specialty and setting in which EVT was performed.

perform multiple EVT on a patient within a given calendar year is predictable based on the provider's geographic location, site of service (facility vs hospital), specialty, and annual EVT volume. Of particular concern is the high intensity of EVT use by providers with specialty certification not typically associated with the management of venous disease.

Presentation title

Authors with institution information

Text with the following headings:
- Objectives
- Methods
- Results
- Conclusions

In-text figure or table reference

Figure with title

- Abstract Title

Abstract titles should be submitted in Subject case (ie, “Titles for Abstracts Should Be Set Like This”) and not in Title case (ie, “Titles for abstracts should not be set like this”).

- Author Byline

All authors must be listed in the order they will be published. Each author must have clear institution information.

- Figures

Figures + Tables must not exceed two for each abstract. Figures must be the original, unpublished property of the authors, or permission must be included if the author is using the figure from another source. In Word, each figure must span 3 inches and all text and graphics must be easily legible at this size. Sketches must be done by a professional artist. Sketches that are not neat and professional will not be published. Figures must NOT contain patient information and empty space surrounding the figure must be cropped out. Figures must be separate from each other so they can be arranged properly in the Journal. Figures must be referenced in the abstract and each figure must include a title.

For example:

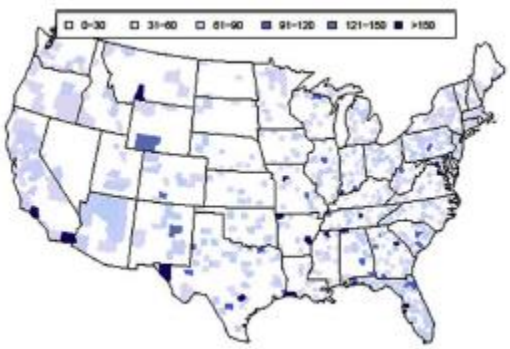

Figure 1. Intenstity map demonstrating variation in median annual endovenous therapy (EVT) services per provider by county

- Tables

Tables + Figures must not exceed two for each abstract. Tables must be the original, unpublished property of the authors, or permission must be included if the author is using the table from another source. Tables must be editable in the Word document. Tables may not contain information that could identify patients. Tables must use 12-point Calibri font and must NOT span more than one page in the Word Document. Tables must be cited in the abstract, include a title, and all columns and/or rows must be labeled.

Example:

Table I. Demographic Data following reconstruction.

Data Heading 1	Data Heading 2
547	603