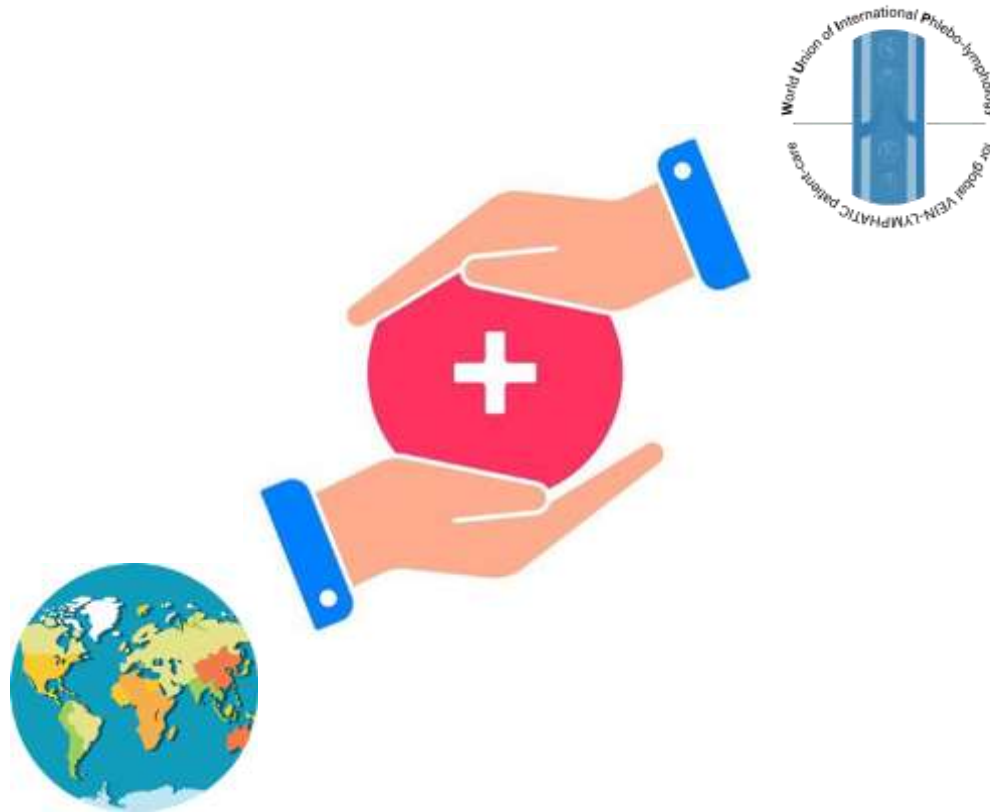




WUIP NEWSLETTER

APRIL 2026



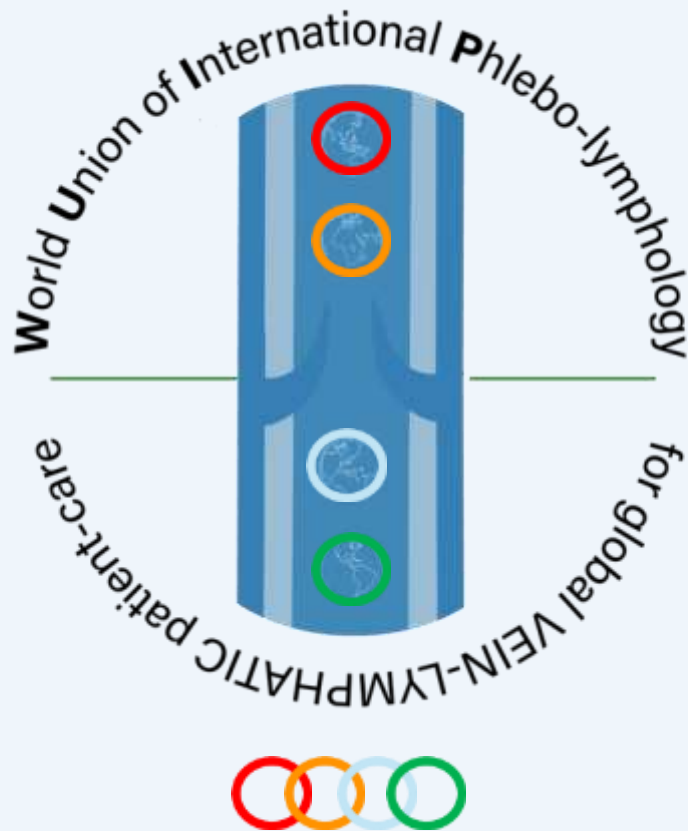
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Global vein & lymphatic practice demonstrate how Phlebology and Lymphology are carried out across various medical specialties, often in collaboration with allied healthcare fields. This multidisciplinary approach ensures the most appropriate holistic care for the patient as a whole.

In recognition of this, the **World Union of International Phlebology** has designated 2026 as the Year of the **MULTI-SPECIALTY** Focus. Initiatives related to this theme will be of particular interest to the organization. If you are interested, feel free to contact us at president@uipmail.org

WUIP CONTINENTAL SUPPORT PROGRAM



If interested in joining write to:
president@uipmail.org

As per the project agenda, on March 24 - 2026, honoring March 24 – 1959 UIP foundation date, the letters for identifying the initials of the countries of the different Continents initiating the WUIP Continental Support Program were identified by live online generation using a randomization software. The extraction provided the following outcome:

«**F**» for **AFRICA-ASIA-OCEANIA**

«**R**» for **CENTRAL-SOUTH AMERICA**

«**O**» for **EUROPE**

«**U**» for **NORTH AMERICA**

Starting from 2026, the related Nations congresses will enjoy the WUIP special support benefits. The nations who have not applied yet can still join the program, being cued after all the countries that already joined the initiative.

VEIN WEEK 2026



From **April 6 to 12, 2026**, the Vein Week global awareness project once again confirmed its massive engagement across all continents. The initiative, developed by the venous-lymphatic World International Network (v-WIN) successfully completed its 6th edition, highlighting the importance of coordinated global synergy in strengthening the role of Phlebology and Lymphology among healthcare professionals and within the public sphere. Vein Week is intentionally held each year during the week of **April 7**, in alignment with **World Health Day**, to emphasize that there is no true global health without proper venous and lymphatic care. Each day of the week is dedicated to a specific audience or theme, including healthcare professionals, patients, media, multi—specialty collaboration, humanitarian initiatives and social and sport activities. Participation is open to everyone at no cost through the dedicated digital platform (www.vwinfoundation.com/vw) which provides geolocated and time – specific information on both online and in-person initiatives, ranging from small local events to large international activities.

WUIP MEMBER SOCIETIES: PAST, PRESENT AND FUTURE

Korean Society of Phlebology

by Wooshik Kim MD

The **Korean Society for Phlebology** was founded on March 31, 2001, with Professor Byung-Boong Lee as its inaugural chairman. Since its establishment, the Korean Society for Phlebology (KSP) has continuously evolved as a leading multidisciplinary academic organization dedicated to venous disease in South Korea. Its members have included specialists from vascular surgery, thoracic and cardiovascular surgery, general surgery, radiology, dermatology, plastic surgery and other related fields. This multidisciplinary spirit has been one of the Society's greatest strengths and has allowed it to play a central role in the development of phlebology in Korea.

Over the past two decades, the KSP has steadily expanded its academic and international activities. In 2005, the Society began meaningful academic exchange with the Japanese Society of Phlebology, and in 2009 it joined the Union Internationale de Phlébologie and the Asian Venous Forum. Another important milestone was the successful hosting of the UIP Chapter Meeting in Seoul in 2015, under the leadership of Professor Dong-Ik Kim. This meeting brought together physicians and researchers from many countries and demonstrated Korea's growing contribution to the international venous community.

At present, the Society continues to respond to the rapidly changing landscape of venous treatment in Korea. As the number of patients diagnosed and treated for varicose veins has increased in recent years, the need for accurate diagnosis, appropriate indications, and standardized treatment principles has become increasingly important. In this context, the Korean Society for Phlebology has emphasized ethical practice, evidence-based decision-making, proper duplex ultrasound evaluation, and appropriate documentation. The Society believes that adherence to appropriate indications is not only a clinical responsibility but also an ethical duty. Establishing and promoting standardized diagnostic and treatment criteria remains one of its most important missions.



WUIP MEMBER SOCIETIES: PAST, PRESENT AND FUTURE

Korean Society of Phlebology

On April 12, 2026, the 50th conference of the Korean Society for Phlebology was held in Busan. This meeting was especially meaningful as it marked a major milestone in the Society's history. To commemorate this occasion, we were deeply honored to welcome Professor Sergio Giancesini, President of the WUIP, and Professor Makoto Mo, President of the Japanese Society of Phlebology. During the meeting, we had in-depth discussions on the future direction of the Korean Society for Phlebology, the role of international academic societies, and opportunities for further collaboration among Korea, Japan, and the global phlebology community.

Looking to the future, the KSP aims to continue strengthening its close and collaborative relationships with the WUIP, the Japanese Society of Phlebology, and other international partners. Through scientific exchange, mutual respect, and close collaboration, we hope to contribute not only to the advancement of phlebology in Korea but also to the broader progress of this field throughout Asia and the world. The past has given us a strong foundation, the present reminds us of our responsibilities, and the future calls us to move forward together.



Wooshik Kim MD

Scientific Committee Chair
Korean Society for Phlebology

HONOR BOX:

PROF. DR. DONG-IK KIM

A Pioneer in Phlebology and Anti-Aging Research



Dr. Dong-ik Kim is currently a Distinguished Professor at Sungkyunkwan University School of Medicine in Korea.

A renowned Vascular Surgeon, Dr. Kim graduated from Hanyang University, Seoul, Korea, in 1984. He completed his residency in the Department of General Surgery at Hanyang University Hospital in 1992 and pursued a Vascular Fellowship at Osaka University, Japan (1992-1994) as a clinical and research Fellow. In 1995, he earned his Ph.D. from Hanyang University.

In 1994, as a founding member of Samsung Medical Center (Seoul, Korea), he established the Division of Vascular Surgery and served as its Chief. He continued as a professor at Sungkyunkwan University School of Medicine until 2025.

Dr. Kim has made monumental contributions to the advancement of phlebology in Korea. A founding member of the Korean Society for Phlebology in 2002, he later served as its President. His leadership extended internationally as Congress President of the 2015 Seoul UIP, widely regarded as one of the most outstanding UIP Congresses in history, and Vice President of UIP (2018-2022). His influence spans multiple fields : President of the Korean Society for Vascular Surgery, Korean Society for Stem Cell Research, Korean Society for Diabetic Foot, Congress President of Diabetic Limb Salvage in Asia, President of the Asian Venous Forum, and more. He founded and served as the inaugural Editor-in-Chief of the *International Journal of Stem Cells*.

Dr. Kim is a member of the American College of Surgeons, International College of Angiology, European Society for Vascular Surgery, International Union of Angiology, and Asian Society for Vascular Surgery. He is a Fellow of the American College of Surgeons (FACS) and International College of Angiology (FICA).

With over 190 international publications, 100 domestic articles, and 8 medical books as Chief Editor, his scholarly impact is profound.

Currently a Fellow of the National Academy of Medicine of Korea and Chair of its Ethics Committee, he also Chairs the Korean Government's Advanced Regenerative Medicine Review Committee.

Since 2022, the Korean Government has selected one top anti-aging researcher through intense competition, awarding substantial funding. Dr. Kim was honored as the inaugural recipient, securing \$13 million USD. As Principal Investigator, he leads this landmark project as Distinguished Professor at Sungkyunkwan University School of Medicine, fully dedicated to anti-aging research.

Dr. Kim's legacy bridges clinical excellence in vascular surgery and pioneering anti-aging science, inspiring the global phlebology community.

HONOR BOX:

PROF. DR. DONG-IK KIM

Longevity and Phlebology: Unveiling the Hidden Connection

Chronic venous insufficiency (CVI), affecting 25-40% of adults over 50 worldwide, has long been viewed as a localized vascular issue. However, emerging evidence reveals its profound role in accelerating systemic biological aging. Multiple studies converge on venous dysfunction as a critical, underrecognized driver of inflammaging, endothelial senescence, and reduced healthspan.

The systemic inflammation cascade—"inflammaging"—further links phlebology to longevity. CVI activates NF- κ B signaling, elevating circulating TNF- α and IL-6 by up to several fold, seeding chronic low-grade inflammation that mirrors age-related immunosenescence. Leg vein stasis emerges as a venous origin of systemic aging.

Roberto Campagna reported that venous hypertension triggers endothelial SIRT1 downregulation, promoting p53/p21-mediated senescence. CVI patients exhibit more than 2 fold higher SA- β -gal positive endothelial cells, while resveratrol analogs extend endothelial lifespan by < 25% in vitro. This establishes venous endothelium as a primary aging sentinel.

Microcirculatory impairment provides additional evidence. Advanced CVI correlates with retinal microvascular rarefaction and cognitive decline, challenging brain-centric aging paradigms.

Munehiro Kitada reported NAD⁺ precursors improve venous endothelial function by 42% versus placebo, while early venous intervention preserves healthspan markers. Integrating phlebology with senolytics and mitochondrial support offers a novel longevity bundle.

Telomere biology reinforces the hidden connection between longevity and phlebology. Many reports showed chronic venous hypertension shortens leukocyte telomeres significantly.

In conclusion, venous health is not merely a local concern but a systemic longevity determinant. Phlebologists stand at the forefront of preventive geroscience, where leg vein optimization extends whole-body healthspan. "The road to longevity begins in the veins." Integrating phlebology into longevity medicine represents the next paradigm shift.

Dong-ik Kim, MD, PhD, FACS.

Distinguished Professor, Sungkyunkwan University School of Medicine, Seoul, Korea
Principal Investigator, Korean National Alchemist Project 'Reverse Aging'

SPEAKER'S CORNER

FLEBOPANAM 2026

When American Experience Becomes Global Knowledge

It is a true privilege to have this space in the Speaker's Corner to share a reflection that, more than a summary, is the celebration of a landmark. **FLEBOPANAM 2026** was not simply another edition of our Pan-American Congress; it was the palpable confirmation that phlebology in the Americas has reached a level of scientific and institutional maturity that allows us to engage as equals with the international community.

Seeing specialists from more than 18 countries gathered and listening to over **60 speakers** made it clear that this congress reflected deep consolidation. We designed a scientific program that prioritized real clinical discussion over passive presentation. Through case analyses and dynamic debates, we created an environment where therapeutic decisions were contrasted across different realities. Within this framework, the sessions held alongside the **WUIP** and the presence of its Executive Committee members provided not only invaluable support but also a direct bridge between our regional experience and the global vision of the specialty.

I have always maintained that phlebology truly advances when diverse clinical realities meet and transform into shared knowledge. This same spirit transcended the lecture halls. The atmosphere of camaraderie facilitated a genuine exchange, where experience flowed without barriers. This human component, far from being an accessory, is the solid foundation that sustains our growth.



[WATCH VIDEO](#)

SPEAKER 'S CORNER

FLEBOPANAM 2026

When American Experience Becomes Global Knowledge

FLEBOPANAM 2026 has reaffirmed its role as the premier platform for Latin American professionals, strengthening our academic networks. In this exceptional context of unity, I had the honor of introducing myself as the President of the new Board of Directors of the Pan American Society of Phlebology and Lymphology for the 2026–2028 term. We assume this immense responsibility with a very clear vision: to strengthen our regional integration and consolidate the role of the Americas as a vibrant and active player in global science.

FLEBOPANAM has ceased to be just a meeting point. Today, it is the space where our region recognizes itself, organizes, and projects its voice to the world. That is our true progress: building together a scientific community capable of sharing, contrasting, and evolving without borders.

Juan Agustin Chunga Prieto, MD

President

*Panamerican Society of Phlebology
and Lymphology*



**Drs. Sergio Giancesini, Chantal Agüero and
Chunga Prieto**



Veins & Lymphatics: a family affair



Kathleen Helen Lisson is a lymphedema therapist and board certified in therapeutic massage and bodywork. She is a co-author of the Standard of Care for Lipedema in the United States consensus guideline.

Gender Medicine and Lymphatic Disease

Both sex and gender influence how diseases of the lymphatic system affect the lives of our patients.

Gender and Primary Lymphedema

Primary lymphedema (genetic impairment in the lymphatic system) is sex-linked. There are three times as many women with primary lymphedema as men, but lymphedema in men "reflects a stronger genetic predisposition and a higher risk of hereditary transmission" (Morfoisse et al., 2021).

Researchers found that men with non-cancer-related lymphedema felt vulnerability and saw lymphedema as a constant reminder of change. They utilized routine as a source of control and masculine affirmation. Some men avoided help to preserve their dignity. Many chose to adopt an identity, choosing silence, the role of advocate or taking action to become an 'expert patient' versus just a patient (Cooper et al., 2025).

Gender and Secondary Lymphedema

We see more secondary lymphedema (lymphatic system is damaged by cancer treatment / trauma) in women due to the frequency of breast cancer (Morfoisse et al., 2021). Breast cancer-related lymphedema is most often seen in the breast, chest wall and the arm, but lymphedema may also form in the legs of women who are taking the pharmaceutical Tamoxifen after breast cancer (Fontaine et al., 2020).

Gender and Filarial Lymphedema

Females are less likely to have lymphatic filariasis, a parasitic worm infection spread by mosquitoes. This may be due to the fact that "males of several mammary species have a higher prevalence of parasitic infections" (Morfoisse et al., 2021).

Gender has an impact on the lived experience of lymphatic filariasis:

Women often experience more profound amounts of social stigma and marriage refusal
Women are more prone to feeling ashamed and isolated compared to male patients
Men are denied opportunities to earn their living and can become social outcasts
(Shamema & Kumar, 2025).

EVENTS UNDER WUIP AUSPICES

50 ANNUAL CONGRESS OF THE CANADIAN SOCIETY OF PHLEBOLOGY



The Canadian Society of Phlebology is looking forward to welcoming everyone to our landmark 50th Anniversary Conference. This year’s program celebrates the evolution of venous care, diving deep into the latest advances in disease management while emphasizing new technologies and future innovations. It stands as a reflection of five decades of academic excellence and clinical progress.

The program begins with an intensive day designed to enhance your skills and interpretation of the complex venous anatomy. This masterclass will focus on decoding pelvic vein imaging and reflux pathways—offering practical insights that clinicians can immediately apply. The focus will then shift to real-world clinical applications through sessions curated to refine your expertise—from advanced sclerotherapy techniques to the most sophisticated treatment modalities available today.

A highlight of the meeting is, without doubt, the outstanding lineup of speakers. The CSP conference consistently attracts leading Canadian and international experts—pioneers in their respective fields who are also inspiring educators. The intimate and warm atmosphere of our gathering fosters unparalleled intellectual exchange. During coffee breaks and informal sessions, you will have the opportunity to engage directly with thought leaders and industry innovators. Our exhibit hall, more akin to a creative sandbox than a commercial space, sets the stage for meaningful conversations and mind-growing collaborations.

Finally, the distinctive atmosphere of the CSP meetings remains unequivocal. Set in the vibrant city of Montréal, this event offers a collegial, welcoming environment where networking feels natural and rewarding. Whether you are a seasoned phlebologist or entering the field, you will find an inspiring space where curiosity thrives and collaboration blossoms.

In short, the 2026 CSP Meeting is not just about keeping pace with progress—it’s about feeling inspired, connected, and genuinely excited for the future of venous care. This year, we are especially proud to honor the extraordinary contributions of Dr. Pauline Raymond-Martimbeau, a truly inspiring figure in the world of phlebology.

EVENTS UNDER WUIP AUSPICES

SRI LANKAN SOCIETY FOR VASCULAR SURGERY ANNUAL CONGRESS



The poster features a dark blue background with a stylized city skyline. At the top center is the SLSVS logo. Below it, the text reads "SRI LANKAN SOCIETY FOR VASCULAR SURGERY PRESENTS". The main title "SLSVS_26" is prominently displayed in white. To the right, "Vein Day" is written in a large, colorful, cursive font, with "Various Veins Deep Dive" and "PRE-CONGRESS WORKSHOP" written below it. The date "21ST MAY" is shown in a white box labeled "DAY 1". The venue is listed as "NATIONAL EPILEPSY CENTRE (NEC) AUDITORIUM, 8TH FLOOR NATIONAL HOSPITAL OF SRI LANKA".

The XVI Congress of the Balkan Venous Forum

The 19th Romanian Congress of Phlebology



October 14-17, 2026 all roads lead to **ROMANIA!**

Timisoara - culture capital



A world map with a dark blue background. A red pin is placed over Romania, with a Romanian flag on a pole. Dotted lines with airplane icons show flight paths from various parts of the world to Romania. At the bottom left, there is a logo for "Under the auspices of: WIN Foundation of BMS". At the bottom center, the text reads "We learn... from each other!".



EVENTS

One of the main WUIP visions is to **promote productive relationships among societies**. With this vision, we report both **events with WUIP 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 2026

50TH ANNUAL CONGRESS OF THE CANADIAN SOCIETY OF PHLEBOLOGY

15 - 17 MAY 2026
MONTREAL, CANADA

MAY 2026

SRI LANKAN SOCIETY FOR VASCULAR SURGERY ANNUAL CONGRESS

21-23 MAY 2026
COLOMBO, SRI LANKA

JUNE 2026

EUROPEAN VENOUS FORUM

25 - 27 JUNE 2026
VERSAILLES, FRANCE

OCTOBER 2026

16TH BALKAN VENOUS FORUM 2026

8 - 10 OCTOBER, 2026
TIMISOARA, ROMANIA

NOVEMBER 2026

19TH SAINT-PETERSBURG VENOUS FORUM

25 - 27 NOVEMBER, 2026
SAINT-PETERSBURG, RUSSIA

DECEMBER 2026

LE.G.ATHERING WORLD CONGRESS

17-19 DECEMBER, 2026
NAIROBI, KENYA



WUIP

WORLD UNION OF
INTERNATIONAL
PHLEBOLYMPHOLOGY

www.uip-phlebology.org

INTERNATIONAL ANGIOLOGY: ACCESS

International Angiology, the *Official Journal of the World Union of International Phlebology*, provides discount online journal access to members of WUIP 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 - WUIP Member Societies

1. Download: The membership template spreadsheet from the WUIP 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!

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





Mid-term outcomes after endovascular treatment for critical limb-threatening ischemia in patients not available for vein bypass surgery

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[10.23736/S0392-9590.26.05521-5](https://doi.org/10.23736/S0392-9590.26.05521-5)

ABSTRACT

BACKGROUND: Evaluate mid-term outcomes, including amputations and mortality, in patients with critical limb-threatening ischemia (CLTI) deemed unsuitable for vein bypass surgery undergoing endovascular treatment in the femoropopliteal segment.

METHODS: A retrospective analysis was conducted including all patients undergoing endovascular treatment for CLTI at a university hospital between 2013-2017. Kaplan-Meier (KM) analyses estimated survival probabilities, and major amputation rates were compared between genders and diabetic versus non-diabetic patients.

RESULTS: One hundred thirty-four patients and 142 limbs were included. 49% of lesions classified as TASC-II D. Technical success was achieved in 95% of limbs. Median follow-up was 24 months (IQR: 13-36 months). 31% had died by study conclusion. KM-estimated freedom from all-cause mortality was 67% (95% CI: 59-77%) at 48 months. The major amputation rate was 25% (N.=35 limbs). KM-estimated freedom from major amputation was 64% (95% CI: 48-85%) at 46 months. There was no significant difference in major amputation-free survival between genders: females 76% (95% CI 63-91%) vs males 70% (95% CI 60-82%) at 36 months. The rate of major amputations was higher in patients with diabetes (19/55, 35% vs. 16/87, 18%, $P=0.048$), however, KM-estimates showed no statistically significant difference over time, $P=0.570$.

CONCLUSIONS: In this CLTI cohort unsuitable for vein bypass surgery, 25% underwent major amputation and 31% died following endovascular treatment during a median follow-up of 24 months. Larger comparative studies, including conservative treatment, are needed to define optimal management for complex femoropopliteal lesions.

KEY WORDS: Angioplasty; Chronic limb-threatening ischemia; Amputation, surgical





Intimal and medial arterial calcification in peripheral arterial disease a systematic review and meta-analysis of imaging and histological evidence

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[10.23736/S0392-9590.25.05517-8](https://doi.org/10.23736/S0392-9590.25.05517-8)

ABSTRACT

INTRODUCTION: Vascular calcification (VC) comprises intimal arterial calcification (IAC) and medial arterial calcification (MAC). To date, limited data exist on the prevalence of these calcification types in infrainguinal peripheral arterial disease (PAD).

EVIDENCE ACQUISITION: We conducted a systematic review according to PRISMA 2020 guidelines for studies investigating the prevalence of IAC and MAC in PAD.

EVIDENCE SYNTHESIS: Three CT-based and six histological studies, encompassing 545 patients and 1161 arteries, were included. The pooled prevalence of VC was 96.99% (95% CI: 84.21-99.49) for CT, and 85.75% (95% CI: 74.65-92.48) for histological studies. CT-based assessment displayed IAC predominance over MAC in the femoropopliteal region, OR 6.63 (95% CI: 4.02-10.94), an outcome replicated by histological studies upon sensitivity analysis, OR 4.86 (95% CI: 1.49-15.91). Conversely, pooling of histological studies identified MAC dominance over IAC in the infra-popliteal arteries, OR 0.10 (95% CI: 0.03-0.30). Meta-regression displayed positive associations between male sex and infra-popliteal IAC, type II diabetes mellitus and femoropopliteal IAC, and chronic limb threatening ischemia (CLTI) and infra-popliteal MAC. The pooled prevalence of bone was 14.62% (95% CI: 8.25-24.58), significantly associated with CLTI, chronic kidney disease, and female sex.

CONCLUSIONS: PAD is characterized by a high prevalence of VC, predominantly IAC in the femoropopliteal arteries and MAC within the infra-popliteal region. The association of IAC, MAC and bone formation with distinct patient characteristics further underscores the clinical relevance and biological complexity of VC. Interpretation of these results should, however, be tempered by the absence of segment-matched CT-histology validation.

KEY WORDS: Vascular calcification; Peripheral arterial disease; Chronic limb-threatening ischemia





The associations between lower extremity peripheral arterial disease and immune-inflammatory biomarkers

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[10.23736/S0392-9590.26.05490-8](https://doi.org/10.23736/S0392-9590.26.05490-8)

ABSTRACT

BACKGROUND: Inflammation is recognized as a critical component in the pathogenesis of lower extremity peripheral arterial disease (PAD); however, the association between novel immune-inflammatory biomarkers - neutrophil-to-lymphocyte ratio (NLR), platelet-to-lymphocyte ratio (PLR), monocyte-to-lymphocyte ratio (MLR), Systemic Immune-Inflammation Index (SII), Systemic Inflammatory Response Index (SIRI), and Aggregate Index of Systemic Inflammation (AISI) - and PAD risk in the general population remains unexplored. This study examines the associations between PAD and NLR, PLR, MLR, SII, SIRI, and AISI.

METHODS: This study was a cross-sectional observational study based on the National Health and Nutrition Examination Survey (NHANES) from 1999 to 2004. PAD was diagnosed using an Ankle-Brachial Index (ABI) ≤ 0.9 . Finally, 6314 participants aged ≥ 40 years with complete information about ABI, blood cell counts, and other covariates were analyzed. Logistic regression analysis was used to examine the associations between inflammatory biomarkers and PAD. The predictive ability of inflammatory biomarkers for PAD was compared using receiver operating characteristic (ROC) curves. Subsequent mediation analysis examined the indirect effects of immune-inflammatory biomarkers on PAD via estimated glomerular filtration rate (eGFR). Finally, we performed propensity score matching (PSM) between PAD and non-PAD participants to verify the robustness of results.

RESULTS: In 6314 US adults aged ≥ 40 years, 548 were diagnosed with PAD. Significant associations were observed between PAD and NLR (odds ratio [OR]: 1.02; 95% confidence interval [CI]: 1.01-1.04), MLR (OR: 1.02; 95% CI: 1.00-1.04), SII (OR: 1.02; 95% CI: 1.00-1.03), SIRI (OR: 1.03; 95% CI: 1.01-1.04), and AISI (OR: 1.02; 95% CI: 1.01-1.03), according to logistic regression. PSM further validated the robustness of primary results. Mediation analysis revealed eGFR mediated portions of the relationship between PAD and NLR, MLR and SIRI (4.69%, 7.11% and 3.69% respectively). Additionally, ROC showed that SIRI exhibited a greater identification of PAD compared with other immune-inflammatory biomarkers.


CONCLUSIONS: NLR, MLR, SII, SIRI, and AISI demonstrated independent associations with PAD risk, with SIRI showing a stronger association with PAD.

KEY WORDS: Peripheral arterial disease; Biomarkers; Mediation analysis; Propensity score





Decision to delivery: do vascular MDT discussions achieve their intended clinical targets?

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[10.23736/S0392-9590.26.05525-2](https://doi.org/10.23736/S0392-9590.26.05525-2)

ABSTRACT

BACKGROUND: Compliance between Multidisciplinary Team (MDT) decisions and the final management plan was audited before and after the introduction of electronic documentation. This study also analyzed the underlying causes and outcomes of any discrepancies.

METHODS: A retrospective audit (Cycle 1) of 278 vascular MDT cases, followed by a re-audit (Cycle 2) covering 443 cases, was conducted across 24 MDT meetings between August 2021 and January 2022. Clinical management was compared with the recorded MDT decisions. Discrepancies were categorized by root cause, and associated outcomes - including mortality, limb loss, and treatment delays - were analyzed.

RESULTS: Cycle 1: 39 out of 278 MDT decisions deviated from the agreed plans (14%). The main causes were pre/intraoperative surgical plan changes (33.3%) and patient unfitness (20.5%), resulting in a 33.3% three-month mortality rate and major limb amputations. Cycle 2: Implementation improved, with 48 out of 443 decisions (10.8%) deviated from the actual plans. System delays were the leading cause (31.25%), followed by clinical reassessment changes and patient unfitness equally at (20.8%). The three-month mortality rate and amputation incidence fell to 29%.

CONCLUSIONS: Electronic documentation improved MDT compliance by 3.2% and reduced amputation/ 3-month mortality outcomes by 6.9%. System delays and patient unfitness continue to hinder full adherence. The rise of discrepancies in outpatients care points to unresolved divergence issues. Further refinement of documentation and reduction of system delays are essential for improving outcomes.

KEY WORDS: Blood vessels; Clinical audit; Mortality



WUIPROJECT - MONTH 24

in honor of March
every



1959
of the month

an **OPEN TO EVERYONE** zoom @
10 am NYC time - **4 pm** Rome time – **10 pm** Bangkok time
to hear **YOUR vision, YOUR ideas, YOUR needs**
and to remember that

WUIP starts with double «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 World Union of International Phlebology (WUIP) 'd like to bring to all the healthcare professionals and the public attention the UIP March 24 initiative.

WUIP 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 WUIP 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 WUIP.

It's the WUIP 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.

WUIPROJECT - MONTH 24

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

WUIP looks forward to listening to you 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)

Sergio Giancesini, MD PhD FACS
WUIP 2023-2027 President



WUIP SOCIETY MEMBERSHIP: BENEFITS

Did you know that as a member of WUIP 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 **WUIP Education Modules** (Free access for Tier 2 and 3)*
- Access to **latest news, WUIP Newsletter**
- Access to **WUIP 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*

WUIP Education Modules

Accessing the WUIP Education
Modules



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

WUIP Discussion Forums

Accessing the WUIP Discussion
Forums



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

WUIP ANNOUNCEMENTS

INVITATION FOR NEWSLETTER CONTENT WUIP SPEAKER BOX

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

communications@uipmail.org

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The WUIP 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

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