



LEARN Faculty Spotlight

Mark L. Lessne, MD

*Vascular & Interventional Specialists of Charlotte Radiology
Charlotte, NC*

Dr. Mark L. Lessne was interviewed by Dr. Bret Wiechmann, LEARN Program Planning Committee member.

Dr. Wiechmann: Mark, Welcome to the LEARN faculty! Tell me a little about your practice and your specific areas of interest in peripheral arterial disease (PAD).

Dr. Lessne: It's an absolute pleasure being involved with LEARN. I am currently in a large private group in Charlotte, NC with both diagnostic and vascular interventional radiologists. There is no university in Charlotte, so we are the *de facto* academic center. We have 14 VIRs, of which about 6 of us have a focus on PAD. I have clinics at 3 different sites and while I see a mix of vascular disease, there is a focus on limb salvage in patients with critical limb ischemia.

Dr. Wiechmann: Give me your perspective on practice building activities regarding PAD referrals. Are you a "lunch & LEARN" guy (no pun intended), "referral dinner" guy? What works for you and your practice?

Dr. Lessne: A mentor of mine once described me as having the most "shotgun" approach to practice building he's ever seen: I try everything and see what sticks. I have given grand rounds to internists, podiatrists, endocrinologists; spoken at regional wound care and podiatry meetings; routinely meet with referring doctors during the day and after work; publish educational articles in other specialists' journals; host educational seminars for the public. For me, educating providers (and patients) about vascular disease prevention and management is as much a part of the work as obtaining referrals: well-informed physicians and patients translate to lives and limbs saved!

Dr. Wiechmann: Tell me what you know about LEARN, and what you look forward to most about being part of this year's faculty?

Dr. Lessne: I attended LEARN my 1st year out of practice. I had pretty good vascular training as a fellow, but joined a large academic practice where no one else was doing PAD work, so I was on my own to improve my skills. I thought the LEARN course was incredibly practical and motivational and definitely helped me "up my game". The future of IR is incredibly bright, but is contingent upon energetic, motivated, and patient-focused physicians to lead: I look forward to invigorating new IRs (or experienced IRs who want more training) to join the fight against PAD and CLI!



LEARN Faculty Spotlight

*Kumar Madassery, MD
Rush University Medical Center
Chicago, IL*

Dr. Kumar Madassery was interviewed by Dr. Bret Wiechmann, LEARN Program Planning Committee member.

Dr. Wiechmann: Welcome, Kumar Madassery to the LEARN faculty! Tell me about your training and your current PAD practice?

Dr. Madassery: Thanks, and this is going to be a fantastic opportunity for us all, and I couldn't be more thrilled to participate in the meeting! I've been privileged to learn from, grow with and for some years now work alongside some great mentors, namely Bulent Arslan and Cenk Turba. I focus mostly on CLI patients, many of whom have had minimal or insufficient revascularizations and are facing potential major amputations. By focusing on educating my referring colleagues and trainees, community physicians and patients, and through multidisciplinary meeting participation, I have been able to expand the scope of what we can offer patients. All of my amazing partners and I cover wound care clinic as well, which really drives home the full circle approach to CLI patients, especially with some that may have mixed arterial and venous causative factors.

Dr. Wiechmann: In your opinion, what are the biggest breakthrough technologies and/or promising technologies in the peripheral world?

Dr. Madassery: The biggest breakthrough technologies for some time had been the emergence of several drug coated technologies, which most felt helped improve outcomes in our patients, however as we know is been fraught with controversy as of late. There is great promise in the lithoplasty balloons, which can help us tackle the ever-challenging heavy calcifications that many of our patients have, which prevents optimal revascularization. The upcoming tibial-indicated self-expanding drug coated stents soon to be available have potential to help us improve patency as well. Part of the future will be improved monitoring and predictive technology, which will also include AI incorporation, which can give us better feedback and data to understand endpoints, healing potentials and future planning. Other technologies will also focus on the below the knee and below the ankle space, which we have a limited armamentarium of presently.

Dr. Wiechmann: You are a one-man tour-de-force on social media! Tell us how you use #SoMe (see what I did there?!) and the impact social media has had on your practice?

Dr. Madassery: Social Media has been an interesting beast in the medical community. It has both the power to expand our presence, reach, and voice in the global community. It however can be a place of frequent misunderstandings. We have all tried to figure out how to maximize the value of outlets such as Twitter, LinkedIn, and Instagram. As many have seen, patient outreach may not be the most positive result, but by continually spreading the message of what all #Irad's can do for patients, we hope patients and their advocates also take increasing notice. Interestingly, particularly with Twitter, we have created virtual specialty based, and multispecialty-based consults, discussions, and friendships. This has created opportunities for rapid virtual forum-based exchange of ideas regarding procedural techniques and patient management, as well as collaborating together on project ideas. The community we have been able to establish is growing, and many of us benefit from the sheer ability to reach out to scores of fellow physicians that we may have never interacted with.



LEARN Faculty Spotlight

*Erika J. Ugianskis, MD
Indiana University Health Arnett Hospital
Lafayette, IN*

Dr. Erika J. Ugianskis was interviewed by Dr. Bret Wiechmann, LEARN Program Planning Committee member.

Dr. Wiechmann: We are excited to welcome new faculty to this year's LEARN meeting in Nashville, TN! Tell me a little bit about your practice and your interest in peripheral arterial disease treatment.

Dr. Ugianskis: Thank you Bret. I've been in a hospital-based IR practice my entire career, having completed my IR fellowship in 2000. I am the Medical Director of IR at the Indiana University Health Arnett Hospital in Lafayette, IN. We are a practice of 4 IRs and 1 PA employed by the local health system, and serve a predominantly rural region in central Indiana. Our practice is comprehensive and progressive. We have served as the frontline in the endovascular management of PAD in our area for many years. With the availability of atherectomy devices and DCBs, as well as the use of pedal access, we have become the primary service managing CLI.

Dr. Wiechmann: What are the biggest challenges you see in managing PAD/CLI patients?

Dr. Ugianskis: We are successfully treating far more femoropopliteal and infrapopliteal disease now than we were say a decade ago given the extraordinary innovation we have seen with endovascular devices. Thus, I don't think that the challenges lie so much with what we can do, but more so with patient lifestyle choices. Patients themselves often create the biggest challenges to management of their PAD/CLI with their continued tobacco abuse, poor diabetic management and/or lack of compliance with wound care instructions.

Dr. Wiechmann: What do you feel is the best way to educate future vascular specialists in current PAD and CLI treatments? How does LEARN fit into this plan?

Dr. Ugianskis: Forums like LEARN allow IRs to immerse themselves in a particular service line. With regard to LEARN, the meeting gives IRs the opportunity to learn about the multitude of available endovascular devices and techniques, and to have collegial discussions with fellow IRs as to specific tips and tricks on how to use them and thereby expand their respective practices to treat PAD/CLI.



LEARN Faculty Spotlight

*Timothy E. Yates, MD
Mount Sinai Medical Center
Miami, FL*

Dr. Timothy E. Yates was interviewed by Dr. Bret Wiechmann, LEARN Program Planning Committee member.

Dr. Wiechmann: Tim Yates, MD, welcome to the LEARN team! We are thrilled to have new, engaged faculty like yourself for the "Return of LEARN." Tell me what you know about LEARN and the importance of PAD education.

Dr. Yates: It is really an honor to be a part of this faculty with outstanding operators. I first "learned of LEARN" through two of my mentors Bob Beasley and Jim Benenati. Also my partner Brandon Olivieri, total stud IR, went as a resident and was blown away.

Dr. Wiechmann: Give me some details of your practice and how your group has developed your PAD referrals.

Dr. Yates: I joined Bob Beasley 4 years ago at Mount Sinai Medical Center, where he had an extremely busy endovascular service, one of the main reasons I went back. Since I have been there, I have helped flesh out our CLI practice with dedicated surgeons and podiatrists, to promote better limb salvage rates. I've also been a part of national organizations through SIR and the CLI Global #CLIfighters, giving me and other colleagues support and training to improve our practices. I'm going to soon be leaving to an outpatient practice with Warren Swee, so I look forward to starting new efforts from the ground up.

Dr. Wiechmann: Is there a particular aspect of PAD that interests you, and why?

Dr. Yates: Limb salvage, all the way. This is not for the weak of heart, and your numbers will suffer because many of these patients will have the "worst of the worst" disease. So getting all "soft balls" can't be your goal with this substrate. We push the limits of technique and devices everyday with these patients and there is something so technically satisfying about bringing some of them out of Civil war era of amputation (where appropriate).

Dr. Wiechmann: What do you look forward to most about participating in LEARN?

Dr. Yates: I've been included in a team of all star IR's dedicated to keeping our skills and practice at the forefront of PAD medicine. We only improve by surrounding ourselves with a Mastermind group of people better than us. I hope we can inspire attendees to push limits with us as we move forward