It is my favorite time of year again, as nature springs to life after a long dormant winter season. Trees and flowers are blooming, grass is greening, rising temperatures and longer days lift our spirits as we go about our routines. We are reminded that the summer is only a few short months away.

As I think back on last summer, I can’t help but recollect the sandstorm of activity that surrounded the NEJM article on EVH outcomes. This publication presented a post hoc analysis of the data from the PREVENT IV study. It essentially claimed that EVH as we know it could lead to early graft closure, major adverse cardiac events, and increased mortality for our patients. Could it be that the very PAs who worked to pioneer this technique for the betterment of our patients, were actually causing harm along the way?

The APACVS responded swiftly to address these concerns. We started by posting a statement on our website calling for further analysis. Wanting our members to feel confident in discussing this data with their surgeons and cardiology colleagues, the BOD voted to provide members with talking points that analyzed the details of the study. These talking points were posted on our discussion forum Heartcall. Members were notified that this resource was available to them, and a lengthy and valuable forum discussion ensued.

Our CME committee also quickly went to work. The decision was made to refocus our January 2010 CME meeting on the state of the art in EVH. The goal was to make sure that our members had the opportunity to hear from experts in the field who had studied and published on EVH. This led to the replacement of our Saturday afternoon workshops with an amazing panel discussion moderated by John Lee PA-C.

The EVH Panel of Experts “The Great EVH Debate” featured Michael Mack MD (an author on the NEJM article), Al Chin MD (inventor of the Vasoview device), Robert Poston MD (who has extensively studied intra-luminal thrombus formation), Zev Davis MD, Todd Steinwagner PA-C, and Anthony Furnary MD. Over a four hour period, and with standing room only, the panel presented their data, debated many excellent points, and provided valuable insight on EVH. A lively question and answer period inspired further debate amongst the distinguished panelists. In addition to this landmark discussion, there were many other excellent talks on conduit harvesting and preparation that led up to this culminating event.

While the meeting was attended by over 220 on site attendees, the APACVS Board anticipated that there would be a need to further disseminate this timely information to its members. Thus for the first time, the entire didactic meeting was professionally archived and is now available to our members via a Virtual Meeting Registration Webcast. Those of you who missed this meeting can now view it on-line exactly as it was presented and even ask questions to the presenters. Please see our website or call our office for details.

While the NEJM study was flawed and its validity can be debated, it is only one of several recent articles that have been published with a negative spin on EVH. Taken collectively, this literature should serve as a wake-up call to all of us who practice conduit harvesting. We must continuously analyze how we practice and strive to improve our methods.

Optimal conduit quality is the new and appropriate focus. Called to attention are not just the details of EVH care and technique, but anticoagulation, vein distension pressures, injected solutions, harvest planning with ultrasound, conduit preparation, and learning curves. APACVS members will remain at the forefront of developing best practice standards for all of these factors.

In the coming months, there may be more data to absorb and learn from. With this new season, comes new opportunity to study and develop what we do, for the betterment of our patients.