SYNCHRONOUS trial 12 months follow-up data
(simultaneous ASV treatment for patients undergoing GSV ablation)

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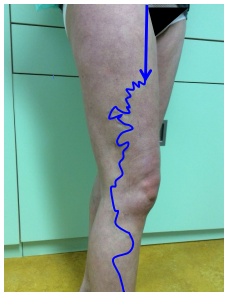
Conflicts of interest TOBIAS HIRSCH

- Consulting: Kreussler, Medtronic,
- Honoraria: Medtronic, Biolitec, Merit, Kreussler
- Sponsoring: Biolitec, Medtronic, Intros, Kreussler,
- Studies: Medtronic, Biolitec
- SYNCHRONOUS



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History:
- RFA on right GSV in 2004
- Recurrent SVT 2024

ANTERIOR SAPHENOUS VEIN GUIDELINES

The anterior saphenous vein. Part 1. A position statement endorsed by the American Vein and Lymphatic Society, the American Venous

The anterior saphenous vein. Part 2. Anatomic considerations in normal and refluxing patients. Endorsed by the American Vein and

The anterior saphenous vein. Part 3. Systematic review of the literature and payor coverage policies. Endorsed by the American

The anterior saphenous vein. Part 4. Clinical and technical considerations in treatment. Endorsed by the American Vein and Lymphatic Society, the American Venous Forum, and the International Union of Phlebology

Edward M. Boyle,[a] Rachel Drgastin,[a] Nicos Labropoulos,[b] Alberto Caggiati,[c] Antonios Gasparis,[b] Suat Doganci,[d] and Mark Meissner,[e] *Bend, OR; Stony Brook, NY; Rome, Italy; Ankara, Turkey; and Seattle, WA*

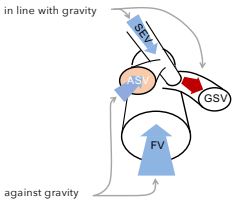
ANTERIOR SAPHENOUS VEIN GUIDELINES

Should the normal ASV be treated when initially treating refluxing GSV?

The impact of synchronous prophylactic treatment of the ASV on the incidence of recurrence in patients undergoing thermal ablation of an incompetent GSV is being studied in a randomized prospective trial (the SYNCHRONOUS-Study) with 1150 patients.[15] Studies such as this will help determine if there is sufficient evidence to recommend such a prophylactive approach to reduce recurrence in the future.

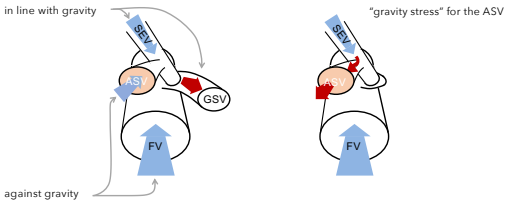
The ASV is a major cause of recurrence

Before ablation

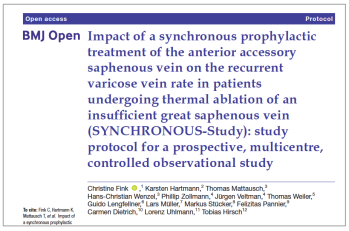


Before ablation

After ablation



Can preventive ASV removal reduce the rate of recurrence?



Open access Protocol

BMJ Open **Impact of a synchronous prophylactic treatment of the anterior accessory saphenous vein on the recurrent varicose vein rate in patients undergoing thermal ablation of an insufficient great saphenous vein (SYNCHRONOUS-Study): study protocol for a prospective, multicentre, controlled observational study**

Christine Fink ,[1] Karsten Hartmann,[2] Thomas Mattausch,[3] Hans-Christian Wenzel,[4] Phillip Zollmann,[4] Jürgen Veltman,[4] Thomas Weiler,[5] Guido Lengfellner,[6] Lars Müller,[7] Markus Stöckler,[8] Felizitas Pannier,[9] Carmen Dietrich,[10] Lorenz Uhlmann,[11] Tobias Hirsch[12]

To cite: Fink C, Hartmann K, Mattausch T, *et al*. Impact of a synchronous prophylactic

The SYNCHRONOUS trial:

"A multicentre, prospective, controlled, clinical study to evaluate the impact of a **synchronous treatment of the anterior accessory saphenous vein for prevention of recurrent varicose veins** in patients undergoing thermal ablation of an insufficient great saphenous vein"

Primary endpoint:

- Impact of synchronously treating the ASV to prevent recurrent varicose veins

Secondary endpoints:

- Complication rate (bruising, hyperpigmentation, paresthesia)
- EHIT/DVT
- AVVQ, VCSS
- Patient satisfaction (NRS)

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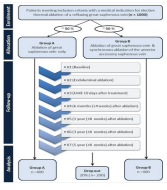

- 1,031 patients
- 150 healthy individuals (estim.)

First-in: 7 Feb 2019
End of roll-in: 30 April 2022

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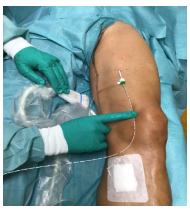
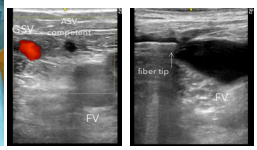


- Flush ablation incompetent GSV
- Ablation AVS ≥ø2mm competent



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Baseline characteristics:

n = 1.031	
Age	50.5 years
Gender	62% female
BMI	27.2
SFJ/ASV at baseline (Groups A + B)	
ASV not present	23%
SFJ: ASV → GSV	42%
SFJ: ASV → FV	5%
SFJ: ASV → SEV → GSV / FV	30%

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Primary endpoints

	GSV + ASV	w/o ASV <2mm	w/o ASV >2mm

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Primary endpoints

	GSV + ASV		w/o ASV <2mm	w/o ASV >2mm
	6M	12 M		
N	456/596	319/596		
No ASV visible	437 (95.8%)	296 (92.8%)		
ASV patent	19 (4.2%)	23 (7.2%)		
• without reflux	18 (3.9%)	20 (6.3%)		
• with reflux	1 (0.2%)	3 (0.9%)		

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Primary endpoints

	GSV + ASV		w/o ASV <2mm		w/o ASV >2mm	
	6M	12 M	6M	12M	6M	12M
N	456/596	319/596	276/337	189/337	221/267	182/267
No ASV visible	437 (95.8%)	296 (92.8%)	114 (41.2%)	81 (42.9%)	4 (1.8%)	2 (1.1%)
ASV patent	19 (4.2%)	23 (7.2%)	162 (58.7%)	108 (57.1%)	217 (98.2%)	180 (98.9%)
• without reflux	18 (3.9%)	20 (6.3%)	68 (24.6%)	56 (29.6%)	137 (62.0%)	114 (63.4%)
• with reflux	1 (0.2%)	3 (0.9%)	9 (3.3%)	9 (4.8%)	18 (8.1%)	25 (13.7%)

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Secondary endpoints: AE – paresthesia, EHIT, DVT

	GSV only	GSV+AASV	*p-value*
week **1**	n=509	n=522	
paresthesia	10 (1.96%)	13 (2.49%)	*0.6747*
EHIT I	1	1	*1*
EHIT II	1	1	*1*
EHIT III	0	2	*0.4996*
DVT	1	1	*1*

	GSV only	GSV+AASV	*p-value*
week **24**	n=366	n=291	
paresthesia	22 (6.01%)	14 (4.81%)	*0.6055*
EHIT I	0	0	*1*
EHIT II	0	0	*1*
EHIT III	1	1	*1*
DVT	0	1	*0.4429*

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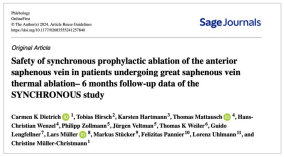

Original Article

Safety of synchronous prophylactic ablation of the anterior saphenous vein in patients undergoing great saphenous vein thermal ablation– 6 months follow-up data of the SYNCHRONOUS study

Original Article

Compression therapy after endovenous laser ablation: Patient compliance and impact on clinical outcome

Conclusion

- After 12 months, 13.7% of untreated ASVs >2mm and 4.8% of ASVs <2mm have reflux, but only 0.9% of ASVs in the GSV+ASV group.
- When a preventive ablation of the ASV is being considered, it can be stated that there is no increased rate of side effects.
- Compression therapy after EVLA leads to significantly fewer symptoms compared to no compression. Therapy duration of up to 14 days was found to be the most effective regime.

Thank you for your attention!

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