



**International Society for the Study of Vascular Anomalies**  
**General Assembly Meeting**  
Wednesday, 11 May 2022

**Agenda**

***Attachment***

- |  |                           |                 |
|--|---------------------------|-----------------|
| <b>I. Welcome &amp; Review of Agenda .....</b>               | <b>T Penington</b>        |                 |
| <b>II. Secretary's Report .....</b>                          | <b>D Adams</b>            |                 |
| a) Review of Active Member Candidates                        |                           | <i>(page 2)</i> |
| <b>III. Treasurer's Report .....</b>                         | <b>JC Lopez-Gutierrez</b> | <i>(page 3)</i> |
| <b>IV. Scientific Committee Report .....</b>                 | <b>D Goldenberg</b>       |                 |
| <b>V. Meetings Committee Report .....</b>                    | <b>L Schultze Kool</b>    |                 |
| <b>VI. Journal of Vascular Anomalies (JoVA) Report .....</b> | <b>G Richter</b>          |                 |
| <b>VII. Classification Update Report .....</b>               | <b>I Frieden</b>          | <i>(page 4)</i> |
| <b>VIII. President's Report .....</b>                        | <b>T Penington</b>        |                 |
| a) Proposed Bylaws Change                                    |                           | <i>(page 8)</i> |
| b) Election of 2022-2024 ISSVA Board of Directors            |                           | <i>(page 9)</i> |
| <b>IX. New Business</b>                                      |                           |                 |
| <b>X. Adjournment</b>  |                           |                 |

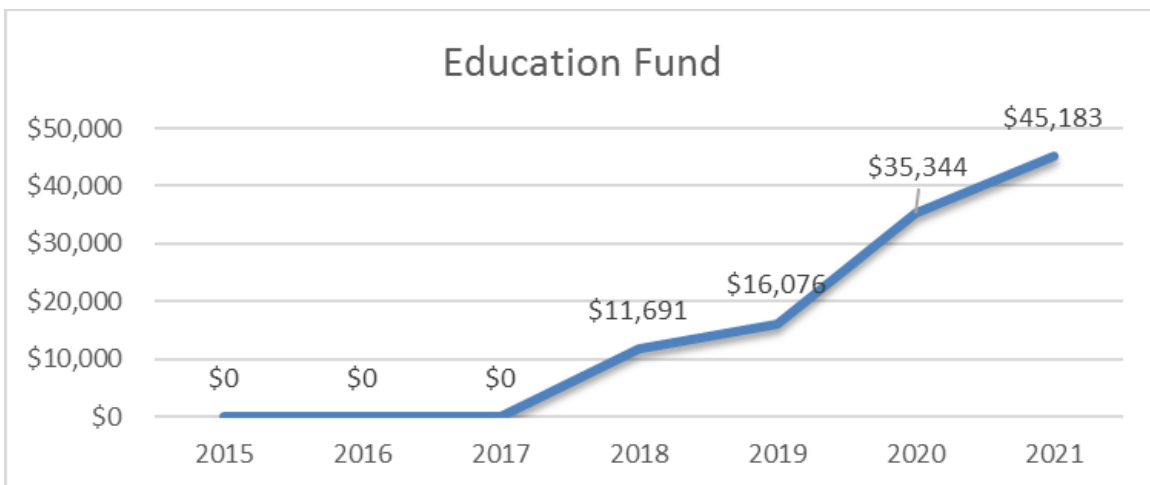
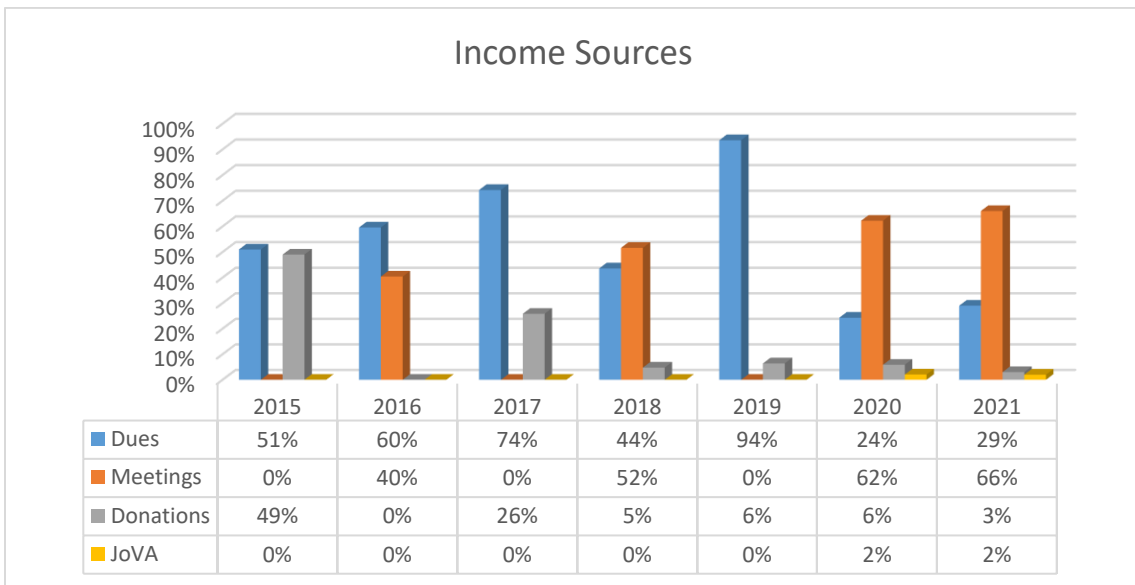
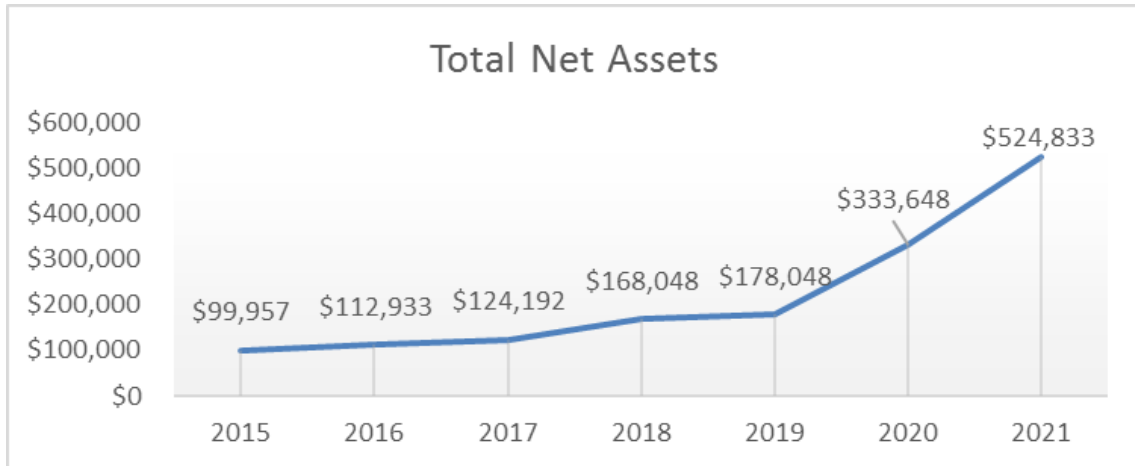
*ISSVA is a multidisciplinary international society of physicians, scientists, and health care providers united by an interest in vascular anomalies. The Society aims to promote the highest standards of care for patients with vascular anomalies by advancing clinical and scientific knowledge concerning causes, diagnosis and treatment, and by education of physicians, health care providers, patients and the community. The Society encourages the free flow of information between its members and interested groups, through workshop meetings and teaching programs, and by the dissemination of a classification scheme and pertinent scientific data.*

## ISSVA Active Member Candidates

Active Applicant Name	Sponsor	Country	Specialty
Susan E. Adams	Orli Wargon	Australia	Paediatric Surgery
Iris Baumgartner, MD	Miika Vikkula	Switzerland	Vascular Medicine
Lionel Bercovitch, MD	Denise Metry	United States	Pediatric Dermatology
Oleksandr Bidakov	Denise Adams	Ukraine	Pediatric surgery
Sun Bin	Zhang Bin	China	Other
Olga Bogomolets, MD, PhD	Denise Adams	Ukraine	Dermatology
Guillaume Canaud	Francine Blei	France	Genetics
Srinivasa Rama Chandra, MD	Denise Adams	United States	Oral & Maxillofacial Surgery
Karen Chen	Tara Rosenberg	United States	Neurointerventional Radiology
Anne M. Comi, MD	Adrienne Hammill	United States	Neurology
Catherine E. Cottrell, PhD	Esteban Fernandez Faith	United States	Genetics
Julien Coulie	Laurence Boon	Belgium	Plastic Surgery
Changxian Dong, MD , PhD	Xiaoxi Lin	China	General Surgery
Yoav Dori, MD, PhD	Denise Adams	United States	Cardiology and Lymphatics
Whitney Eng	Denise Adams	United States	Hematology/Oncology
Xindong Fan, DDS, PhD	Gresham Richter	China	Craniofacial and Maxillary Surgery
Siobhan M. Flanagan, MD	Sheilagh M. Maguiness	United States	Interventional Radiology
Sara Gallant, MD	Ahmad Alomari	United States	Otolaryngology
Paolo Gasparella	Leo Schultze Kool	Austria	Paediatric Surgery
Urban Geisthoff	Lutz Meyer	Germany	Otolaryngology
Mary Glover	Suzanne Pasmans	United Kingdom	Paediatric Dermatology
Xia Gong	Ren Cai	United States	Ultrasound
Jared Green, MD	Sarah L. Chamlin	United States	Diagnostic Radiology
Xiaonan Guo, MD , PhD	Denise Adams	China	Plastic Surgery
Mai-Lan Ho, MD	Anna P. Lillis	United States	Diagnostic Radiology/Neuroradiology
Chunyu Jiang	Ren Cai	China	Interventional Radiology
Adam Johnson	Gresham Richter	United States	Otolaryngology
Friedrich G. Kapp	Jochen Roessler	Germany	Pediatric Hematology and Oncology
Steven J. Kasten, MD	Joseph Gemmete	United States	Plastic Surgery
Dae Yeon Kim	Denise Adams	Korea	Pediatric Surgeon
Roy Mark Kimble	Anthony Penington	Australia	Paediatric Surgery
Anna Yasmine Kirkorian, MD	Nancy Bauman	United States	Dermatology
Jessica A. Lee, MD	Dean Anselmo	United States	Plastic Surgery
Hongzhao Lei	Bin Zhang	China	General Surgery
Miao Miao Li	Stavros Tombris	China	Plastic and Cosmetic Surgery
Christopher Malone, MD	Eric Monroe	United States	Interventional Radiology
Bayan S. Matarneh	Esteban Fernandez Faith, MD	United States	Basic Science
Michio Ozeki	Keigo Osuga, MD, PhD	Japan	Hematology/Oncology
Amir Pezeshkmehr, MD	Gresham Richter, MD	United States	Interventional Radiology
Satyamaanasa Polubothu, MD, PhD	Denise Adams	United Kingdom	Dermatology
Yamin Rao	Ren Cai	China	Pathology
Maksim Shapiro	Francine Blei	United States	Interventional Radiology
Archana Shenoy	Anna Lillis	United States	Pathology
Gayle M. Smink, MD	Andrea Zaenglein	United States	Pediatric Hematology and Oncology
Richard J. Smith	Gresham Richter	United States	Otolaryngology
Lixin Su	Wayne F. Yakes	China	Craniofacial surgery
Yi Sun	Ren Cai	China	Plastic Surgery
Paloma E. Triana Junco	Juan Carlos López Gutiérrez	Spain	Plastic Surgery
Helena Vidaurri de La Cruz, MD	Xóchitl Adriana Ávalos-Huizar, MD	Mexico	Pediatric Dermatology
Deming Wang	Ren Cai	China	Maxillofacial Surgery
Jingbing Wang, MD, PhD	Ren Cai	China	Interventional Radiology
Zhenfeng Wang	Ren Cai	China	Craniofacial Surgery, Maxillary Surgery
Mingzhe Wen, MD	Ren Cai	China	Neurosurgery
Li-Chuen Wong	Deshan Sebaratnam	Australia	Dermatology
Xitao Yang, MD, PhD	Ren Cai	China	Neurosurgery
Jia Wei Zheng, MD, PhD	Laurence Boon	China	Head and Neck Oncology
Rodrick C. Zvavanjanja, MD	Matthew R. Greives, MD	United States	Interventional Radiology

## Treasurer's Report

Accurate as of: 31 December 2021; all amounts are in US Dollars



## Classification Update Report

We invite you to attend the Classification meeting and discussion at the ISSVA World Congress 2022, which will take place in-person at the following time and location:

**Tuesday, 10 May 2022**  
**8:00 – 10:00 am**  
**Westin Bayshore Hotel; Salon F**  
**Vancouver, Canada**

### **Introduction:**

We would like the updated ISSVA classification to include working definitions and diagnostic criteria for the major diagnoses that we see. Ultimately this work will include disorders other than those that are high/fast flow and low/slow flow, but for now we are dividing our Classification Taskforce into two groups:

### **High flow/Fast flow lesion working group**

Dov Goldenberg (co-chair)

Gulraiz Chaudry (co-chair)

Gresham Richter

Alex Berenstein

Gerald Legiehn

Miikka Vikkula

Thuy Phung

Chris Dowd

The idea is to focus on defining **clinical phenotypes**. **When known we will also include genomics, but the focus for now is clinical:**

- Age of onset (typical and range)
- Clinical description of presentation
  - Mass
  - Pain or other symptoms
  - Skin changes
  - Other common complications
- Histopathology
- Radiologic Features
- Complications/Natural history over time
- Criteria for diagnosis

This does not need to discuss management – this is a diagnostic classification.

## **Comments for High flow/Fast flow lesion working group**

Aim: To provide working definitions and diagnostic criteria for AVM and AVF

Produce guidelines for diagnosis (not management)

Algorithm/flow charts would be welcome

Secondary aim: to generate material for a diagnostic ‘atlas’ of typical images (clinical, radiological, pathological) for use in diagnosis.

- This group will need to decide whether to consider only extracranial high-flow lesions for now or whether to classify intracranial lesions as well. If doing the latter is too complicated/controversial, or deemed off target for ISSVA, we would suggest sticking with extra-cranial for now. (Extracranial versus Intracranial) – for now stick with Extracranial mainly – maybe a preliminary schema for AVM – ask Alex for input
- Pathologic findings: We would like the group to weigh in on whether a diagnosis of AVM can be made based on histopathology alone or imaging alone?
- Imaging – what are the diagnostic imaging criteria needed to make diagnosis (given that many AVMs are not biopsied).
- Can any sub-types of AVM be reliably identified (in the absence of genetic testing)?
  - Is sub-classification into cell-rich and predominantly vessel AVMs warranted and if so what are criteria for diagnosis.
- Are there morphological or pathological differences between sporadic AVM and AVM in CM-AVM syndrome, Cowden’s, HHT, NF or other condition?
- What role should genetic testing have in the diagnosis of AVM? How should DNA be sourced?
- Is the term ‘Parkes Weber’ still useful, and if so can we define diagnostic criteria?
- What criteria should be used to differentiate AVM from Intramuscular Fast-flow vascular anomaly (formerly Intramuscular capillary type haemangioma) since they have been shown to have MAP2K1 mutations?
- How much flow can there be in a CM of CM-AVM before it is considered an AVM?
- Address the concept of a “nidus” in AVMs – is it a useful concept and does it have limitations given current understanding e.g. if somatic mutation causing AVM involves entire extremity based on timing of the mutation is there really a “nidus”

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## **Low flow/slow flow working group.**

Maria Garzon (Co-Chair)

Juan-Carlos Lopez Gutierrez (Co-Chair)

Mark Mamlouk

Isabel Colmenero

Juliana Bonilla-Velez

Denise Adams

Paula North

Fran Blei

Ilona Frieden

Tony Penington

Doug Marchuk

Aim: To provide working definitions and diagnostic criteria for VM, LM, Mixed low-flow (CLVM and VLM)

Secondary aim: to generate material for a diagnostic 'atlas' of typical images (clinical, radiological, pathological) for use in diagnosis.

The idea is to focus on defining **clinical phenotypes**. **When known we will also include genomics, but the focus for now is clinical:**

- Age of onset (typical and range)
- Clinical description of presentation
  - Mass
  - Pain or other symptoms
  - Skin changes
  - Other common complications
- Histopathology
- Radiologic Features
- Complications/Natural history over time
- Criteria for diagnosis

This does not need to discuss management – this is a diagnostic classification.

Some points which may be addressed:

- What combinations of clinical, imaging and pathology are required for diagnosis of each lesion?
- What is the role of immunohistochemistry (if any) in differentiating between these lesions, and what happens where it conflicts with imaging and clinical features? (eg. a lesion which is clinically and on imaging a VM is found to have D240 positive vessels on histology. Is this lesion then a VLM?)
- Laboratory abnormalities – which ones are helpful in diagnosis
- Is 'capillary malformation' an appropriate term for the skin component of CVLM, given that the term has a precise meaning for a distinct entity elsewhere in the classification? Could CVLM and VLM just be considered 'mixed low-flow vascular malformations'?
- Do lesions in specific anatomic locations (intramuscular, intraosseous, brain etc.) require specific names or just qualifiers? When terminology seems problematic e.g 'lymphangioma circumscriptum' would suggest a glossary of synonyms. In case of 'lymphangioma circumscriptum' probably would decide that best terminology would be 'superficial lymphatic malformation' of the skin and that 'lymphangioma circumscriptum' is a synonym

- Update VM subsets (probably can use the article by Soblet et al. J Invest Dermatol 2017;137:207-16) to better define these. Note that the ISSVA classification currently differentiates between ‘common VM’ and ‘familial VM (VMCM)’, but doesn’t have a home for multi VM with negative FH or BRBNS
  - How is ‘overgrowth’ defined? Must it involve more than one tissue type? Does increased adipose tissue, for instance, in association with a vascular malformation constitute ‘overgrowth’? Or must bone or muscle be involved to constitute overgrowth?
  - Can we/ should we define diagnostic criteria for Klippel-Trenaunay, CLAPO and FAVA? Are the diagnostic criteria for CLOVES as originally defined still appropriate? Is ‘PROS’ a useful diagnostic term, and if so, where does it belong in the classification?
  - Should there be a distinction between “phlebectatic” VMs and those which are more “cavernous” in the classification.
  - Is the term ‘Servelle Martorell syndrome’ still useful, and if so can we define diagnostic criteria?
  - We know that occasionally there are areas of AV shunting within a low-flow malformation. Does this change the diagnosis or do we try to look at bigger picture.
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Presentation for both groups on

“High-flow” versus “fast-flow”

Should we rename the binary definitions:

“Hemangiomas and other proliferative vascular lesions”

“Vascular malformations/hamartomas”

## Proposed Bylaws Change

### Proposed Change:

**Change:** Change the number of at-large board members from “up to 3” to “up to 5”, which would increase the size of the board from a maximum of 11 to a maximum of 13

**Rationale:** Vascular anomalies are treated by a wide range of specialists; to guarantee that various specialties are represented on the board of directors, an expansion of the board size will allow for greater representation and diversity

**Notes:** If this item is approved, the board of directors has recommends that four (4) members-at-large serve on the board for the 2022-2024 term. For future terms, the board would re-evaluate needs and determine the number of at-large members to serve, however the number would be no more than is outlined in the Bylaws.

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### ARTICLE IV

#### BOARD OF DIRECTORS AND OFFICERS

**Section 2. Number and Qualifications.** The Board of the Corporation shall consist of the officers, the Chair of the Scientific Committee, the Editor-in-Chief of ISSVA’s official journal and up to ~~3~~ 5 additional at-large members. Prior to each election, the Board will determine the number of at-large members. The officers shall include the President, President-Elect, Past-President, Vice-President, Secretary, and Treasurer.



## Board-Proposed 2022-2024 Board of Directors Candidate Slate

### ISSVA Board of Directors 2022-2024 Term

<b>President:</b>	Francine Blei, Hematology/Oncology (United States)
<b>President-elect:</b>	*Leo Schultze Kool, Radiology (Netherlands)
<b>Past President:</b>	Tony Penington, Surgery (Australia)
<b>Vice President:</b>	*Juan-Carlos Lopez-Gutierrez, Surgery (Spain)
<b>Secretary:</b>	Denise Adams, Hematology/Oncology (United States) (2020-2024)
<b>Treasurer:</b>	*Maria Garzon, Dermatology (United States)
<b>Scientific Committee Chair:</b>	Dov Goldenberg, Surgery (Brazil) (2020-2024)
<b>Editor-in-Chief:</b>	Gresham Richter, Surgery (United States) (2020-2025)
<b>Member-at-Large:</b>	*Annouk Bisdorff-Bresson, Radiology (France)
<b>Member-at-Large:</b>	*Miikka Vikkula, Genetics (Belgium)
<b>Member-at-Large:</b>	*Michel Wassef, Pathology (France)
<b>**Member-at-Large:</b>	*Eulalia Baselga, Dermatology (Spain)

#### **\*Notes:**

- Those with an “\*” are up for election; those without an “\*” are continuing their term (example: Secretary term runs from 2020-2024) or the individual automatically moves into the role outlined above (example: President-Elect position moves to “President” position automatically)
- The fourth “Member-at-Large” position must be approved by the General Assembly through a change in the Bylaws (see above); this position will only be voted upon if the General Assembly first approves the Bylaws change to allow four (4) Members-at-Large
- If any ISSVA member wishes to nominate an individual to run for the 2022-2024 board election, the individual’s name must be forwarded to ISSVA Secretary, Dr. Denise Adams, or the ISSVA Secretariat at [info@issva.org](mailto:info@issva.org), by Wednesday, 27 April 2022.