

Journal Pre-proof



The Vascular Surgery Covid-19 Collaborative (VASCC)

Nicolas J. Mouawad, MD MPH MBA FSVS FRCS FACS RPVI, Robert F. Cuff, MD FSVS FACS RPVI, Rebecka Hultgren, MD PhD, Jason Chuen, MBBS PGDipSurgAnat FRACS(Vasc) MPH, Edoardo Galeazzi, MD, Max Wohlauer, MD RPVI

PII: S0741-5214(20)31054-5

DOI: <https://doi.org/10.1016/j.jvs.2020.04.463>

Reference: YMVA 11269

To appear in: *Journal of Vascular Surgery*

Received Date: 9 April 2020

Accepted Date: 14 April 2020

Please cite this article as: Mouawad NJ, Cuff RF, Hultgren R, Chuen J, Galeazzi E, Wohlauer M, The Vascular Surgery Covid-19 Collaborative (VASCC), *Journal of Vascular Surgery* (2020), doi: <https://doi.org/10.1016/j.jvs.2020.04.463>.

This is a PDF file of an article that has undergone enhancements after acceptance, such as the addition of a cover page and metadata, and formatting for readability, but it is not yet the definitive version of record. This version will undergo additional copyediting, typesetting and review before it is published in its final form, but we are providing this version to give early visibility of the article. Please note that, during the production process, errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Copyright © 2020 Published by Elsevier Inc. on behalf of the Society for Vascular Surgery.

1 The Vascular Surgery Covid-19 Collaborative (VASCC)

2

3 Nicolas J. Mouawad, MD MPH MBA FSVS FRCS FACS RPVI¹,

4 Robert F Cuff, MD FSVS FACS RPVI², Rebecka Hultgren MD PhD³,

5 Jason Chuen MBBS PGDipSurgAnat FRACS(Vasc) MPH⁴, Edoardo Galeazzi MD⁵,

6 Max Wohlauer MD RPVI⁶

7 ¹*Division of Vascular & Endovascular Surgery, McLaren Bay Region, Bay City, MI, USA*

8 ²*Division of Vascular Surgery, Spectrum Health, Grand Rapids, MI, USA*

9 ³*Department of Vascular Surgery, Karolinska University Hospital and Karolinska*

10 *Institutet, Stockholm, Sweden*

11 ⁴*Department of Vascular Surgery, Austin Health, the University of Melbourne, Victoria,*

12 *Australia*

13 ⁵*Treviso Regional Hospital, Santa Maria dei Battuti, Treviso, Italy*

14 ⁶*Division of Vascular Surgery, the University of Colorado, Aurora, CO*

15

16 Corresponding Author:

17 Nicolas J. Mouawad, MD MPH MBA FSVS FRCS FACS RPVI

18 Division of Vascular & Endovascular Surgery

19 McLaren Bay Region

20 Bay City, MI, USA 48708

21 734.272.1315 (cell)

22 989.891.0908 (fax)

23 nmouawad@gmail.com

1 Dear Editor,

2

3 The unprecedented pandemic spread of the novel coronavirus (SARS-CoV-2; Covid-19)
4 has severely impacted the delivery of health care services in the United States and around the
5 world. As of April 9, 2020, there are more than 1.5 million confirmed cases of Covid-19
6 worldwide and over 16,000 deaths in the United States alone [1,2]. The important public health
7 guidelines of social distancing to help curtail and flatten the curve through mitigation and
8 suppression has resulted in a dramatic reduction of in-person clinic visits, if not halting them
9 completely. Furthermore, in an effort to preserve the very scarce assets of personal protective
10 equipment as well as Intensive Care Unit resources, such as ventilators, medications, and trained
11 personnel, elective vascular surgical cases have decreased significantly.

12 The American College of Surgeons placed recommendations on the management of
13 elective surgical procedures with the use of the Elective Surgery Acuity Scale on March 13, 2020,
14 and specific tiers to triage vascular surgery operations [3, 4]. On March 14, 2020, the Surgeon
15 General urged the widespread halt of hospital elective procedures due to the mounting concerns
16 of the Covid-19 surge. Given these discussions, most vascular surgeons have reduced their
17 practice patterns to emergency vascular surgery and/or very urgent cases.

18 The adage of “time is tissue” remains a paramount concern for the vascular surgery
19 community. On behalf of our patients, we are concerned about the delays of these procedures
20 but clearly understand the public health necessity to restrict the use of valuable equipment and
21 personnel. Despite physical distancing, within several days vascular surgeons organized through
22 social media both locally and internationally to work, understand, and help predict what these
23 unanticipated delays would be on patient outcomes. This led to the inception of the Vascular

1 Surgery Covid-19 Collaborative (VASCC), the combined international effort to help obtain
2 prospective data on the impact of widespread vascular surgical care delays due to a national
3 crisis and pandemic. We currently have over 300 members representing a majority of the states
4 in the United States and over 28 countries worldwide, and we are continuing to grow and amass
5 a data registry in cooperation with the Vascular Low Frequency Disease Consortium (VLFDC).
6 On behalf of the myriad of vascular surgeons involved among multiple practice patterns, we
7 request our vascular surgery community to contribute and assist in this international disaster that
8 affects us all.
9
10 #VASCC

1 References:

- 2 1. National Institutes of Health. Coronavirus disease 19 (COVID-19). Published 2020.
3 Accessed April 6, 2020. <https://www.nih.gov/health-information/coronavirus>
- 4 2. Worldometer. COVID-19 coronavirus pandemic. Published 2020. Accessed April 6,
5 2020. <https://www.worldometers.info/coronavirus/>
- 6 3. American College of Surgeons. COVID-19: Recommendations for Management of
7 Elective Surgical Procedures. Published 2020. Accessed April 6, 2020.
8 <https://www.facs.org/about-acscovid-19/information-for-surgeons/elective-surgery>
- 9 4. American College of Surgeons. COVID-19 Guidelines for Triage of Vascular Surgery
10 Patients. Published 2020. Accessed April 6, 2020. [https://www.facs.org/covid-](https://www.facs.org/covid-19/clinical-guidance/elective-case/vascular-surgery)
11 [19/clinical-guidance/elective-case/vascular-surgery](https://www.facs.org/covid-19/clinical-guidance/elective-case/vascular-surgery)