

# Evolving Standards, Emerging Debates

We have been fortunate in recent years to witness a wave of new endovascular procedures and associated technologies that have greatly enhanced the level of care we can offer our patients. These advancements have also resulted in radical paradigm shifts in every endovascular specialty. Although many of these changes have been for the best, turf wars continue to escalate over emerging procedures such as carotid artery stenting. At the heart of these battles are disagreements regarding the necessary levels of experience and training required for a physician to be credentialed to perform these procedures. It is imperative at this time that we selflessly examine the ideal settings, technologies, and privileges associated with adopting new treatment options.

As we evolve toward a day when the primary focus will not be who is performing endovascular procedures, but how they can be most skillfully and safely performed, the "holy grail" will be the multidisciplinary Vascular Center of Excellence. In this issue, David E. Allie, MD; Chris J. Hebert, RT, R-CIS; and Craig M. Walker, MD, give a detailed synopsis of the many essential elements in establishing and maintaining a peripheral vascular center of excellence. Clearly, state of the art imaging will form the cornerstone of such a center. Imaging technology continues to improve rapidly, and interventionists will need to stay abreast of the latest imaging options for their expanding population of endovascular candidates. Several of this month's cover stories focus on today's imaging options and the optimal uses of each in AAA, peripheral, and carotid procedures. Wayne Forrest, a freelance editor, has contributed a brief overview of the various modalities available today. Edward Y. Woo, MD, and Ronald M. Fairman, MD, provide us with their experiences in optimal imaging for EVAR procedures.

In an attempt to sufficiently cover the hotly debated topic of carotid imaging and the issues involving training and credentialing that inherently come with it, we have asked representatives from three specialties to contribute articles reflecting their unique perspectives: Rajesh M. Dave,

MD, presents a point of view from a cardiologist, Doug Massop, MD, expresses that of a vascular surgeon, and Keiran P. Murphy, MD, provides a neuroradiologist's perspective. While we understand these articles do not necessarily represent the consensus opinions of the respective specialties, nor will they settle the debate (in fact, they may intensify it), we hope at the very least they illustrate the pertinent issues.



This month, our FDA Insights article covers the recent FDA advisory panel hearing evaluating the Gore TAG device, which could represent another paradigm shift in becoming the first available endovascular option for treating descending thoracic aneurysms. We also present another installment of our Society Update section, in which Bruce H. Gray, DO, reports on the recent progress of the ABVM in its efforts to establish board certification in vascular medicine. Also featured in this month's departments are an article by Mark H.

Wholey, MD, and Michael H. Wholey, MBA, MD, on subclavian and vertebral occlusive disease, and another by Seng H. Ong, MD, and Ramon G. Halum, MD, regarding renal vein access.

Finally, we are fortunate to have the opportunity to bring you an interview with outgoing SIR President Janette Durham, MD, in which she too discusses several of the aforementioned issues. A resounding message in Dr. Durham's words is the absolute need for multispecialty collaboration. There are many indications of a growing trend toward increased cooperation, and it is of utmost importance that members of every specialty seek to embrace collaborative initiatives and training opportunities. Without such efforts, our patients will surely be the casualties of the ongoing turf wars. ■

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Chief Medical Editor