Evaluating EVAR

early 20 years ago, Juan C. Parodi, MD, introduced a minimally invasive option for the treatment of abdominal aortic aneurysms. Endovascular repair (EVAR) has since experienced praise and criticism, recession and progress, but this alternative to open repair is now a reliable and effective treatment option in many patients. Last year, we looked at the around-theworld impact of EVAR. This year, *Endovascular Today* examines how EVAR will continue to grow within

your practice and throughout the world.

Our cover feature begins with an article by Robert M. Zwolak, MD, and K. Craig Kent, MD, who contend that public awareness is one of the most important aspects of increasing abdominal aortic aneurysm screening, which will result in more lives saved. CMS reimbursement initiates and grassroots community efforts by physicians are also key.

Next, Felix J.V. Schlösser, MD; Hamid R. Mojibian, MD; Alan Dardik, MD, PhD; Hence J.M. Verhagen, MD, PhD; and Bart E. Muhs, MD, PhD, explain how the use of dynamic imaging will support the development of the next generation of EVAR devices.

Benjamin W. Starnes, MD, FACS, provides his insight on establishing a program for the endovascular management of ruptured aortic aneurysms. Dr. Starnes uses his own center as an example and provides a useful flow chart depicting the pathway for patients presenting with ruptured abdominal aortic aneurysms and a floor plan of the rupture room setup.

Endovascular Today then interviews Professor

Roger M. Greenhalgh, MD, FRCS, who discusses the worldwide impact of the EVAR trials, calling for similar studies in another part of the world. He asserts that transatlantic collaboration and the right advancements in technology and its practice will aid the progression of EVAR.

We close our cover feature with a look into the future of EVAR devices by Mark A. Farber, MD. He cites some of the current boundaries of device innovation, reviews various treatment concerns, but

assures us that with continuing collaboration among the medical community and industry, there is certainty for long-term durability and increased treatment options.

We are proud to share our annual closure update, authored by Zoltan G. Turi, MD. We have also included two comprehensive device charts showing all of the available devices on the US market.

Eduardo Hernandez, MD, FACC, and Zvonimir Krajcer, MD, FACC, bring us a challenging carotid artery

stenting case. This case is an excellent example of how the use of an aspiration catheter may reduce periprocedural neurologic events after stenting. Next, Mark T. Baesl, MD, and Stuart Singer, MD, present a case in which stent-supported coil embolization was used to treat a difficult splenic artery aneurysm.

This month, we interview Marc Bosiers, MD, who discusses some of the new technologies for SFA treatment, ways to revive carotid stenting in Europe and in the US, and his work as principal investigator in the DESTINY trial.

I hope that you enjoy our authors' discussions of EVAR and that you will find the commentary to be an asset to your everyday practice. ■

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Barry T. Katzen, MD, Chief Medical Editor