Dispatches on the Global **Progress of EVAR**

t has been 17 years since Juan C. Parodi, MD, a true pioneer in endovascular therapy, implanted the first endovascular stent graft to treat an abdominal aortic aneurysm (AAA) in a human

patient. Since then, this minimally invasive alternative to open surgical repair has evolved into a predictable, durable, and effective treatment option for AAA patients. As a result, many physicians and patients have embraced endovascular aneurysm repair (EVAR), and its popularity in many countries around the world has seen remarkable growth, especially in the past several years after the second-generation devices such

as the Zenith and the Excluder became available.

However, the degree to which different countries have adopted the practice of EVAR varies considerably from one place to the next, with significant differences even in nations that share a border. In some countries, there are relatively few barriers to EVAR, and interventionists have for years been free to treat patients using a wide variety of stent grafts. In others, there are (for better or for worse) more strict regulations in place, permitting treating physicians to select from only a handful of devices; however, there are still many countries in which EVAR is not performed at all, due to either regulatory or reimbursement roadblocks.

The reasons leading to EVAR's acceptance in one

country, its restriction in another, and everything in between, are as interesting and unique as the cultures that populate each nation. In order to provide a comprehensive look at EVAR's global pene-

> tration, we have invited a number of experts from around the world to provide analyses of the state of the procedure in their individual countries. Although it would obviously not be possible to represent each of the countries in the world, we are proud to have reports from the United Kingdom, Australia, China, Belgium, Argentina, the Netherlands, Hong Kong, Brazil, Germany, Italy, Korea, Japan, and the US.

We are grateful for the time and effort this renowned group of physicians has devoted to sharing this information with our readers, and we hope it helps to broaden the global endovascular community's understanding of this procedure, which has saved and improved the lives of hundreds of thousands of patients.

On a separate note, we are proud that Professor Kichikawa (Nara, Japan), a pioneer in interventional vascular radiology, has accepted our invitation to join the International Editorial Advisory Board.

of Endovascular Today to our respected mentor, friend, and colleague, Dr. Juan C. Parodi—the father of endovascular aneurysm repair.

