

Noninterventional and Medical PAD Management



For this issue of Endovascular Today, we have shifted the focus from device- and technique-related articles to bring you fresh perspectives on some of the latest advances in medical management and noninterventional therapies. New pharmaceutical options are emerging, and research into the genetic makeup of vascular disease is progressing at a rapid pace. Michael R. Jaff, DO, has joined me as a Guest Chief Medical Editor for this unique edition of Endovascular Today, and we are grateful for the contributions of this month's authors, both to this issue and to the field of vascular therapy.

John R. Laird, Jr, MD, Chief Medical Editor



Intervention for All: Confessions of a Vascular Medicine “Geek”

Throughout my career, I have been privileged to work with some of the finest interventional physicians in the world—true pioneers who have dedicated their careers to pushing the “therapeutic envelope” in an effort to improve the care of patients with complex peripheral vascular disease. I have also been witness to some of the most incredible advances in medicine during my tenure as a vascular medicine physician.

One comment that has followed me throughout my career has been the friendly, playful statement along the lines of, “Dr. Jaff, you are just a vascular medicine geek. You don’t perform interventional procedures, and you don’t perform surgery. What is it exactly that you do, anyway?” I have been told how nice it must be not to have to work in the intervention suite or operating room. I have allowed these sentiments to continue unchallenged, until now. This issue of *Endovascular Today* exposes the true philosophy that all vascular medicine geeks subscribe to: “Intervention for all patients!”

This may seem somewhat shocking to you. After all, by definition, vascular medicine geeks are noninvasive and noninterventional. In fact, we have been accused of performing ultrasound-guided thrombin injection and venous varicosity intervention “just so we can feel like interventionists.” Truth be told, vascular medicine physicians represent true vascular interventionists. We perform intervention every day on every patient we see with atherosclerotic vascular disease. In fact, I would challenge all of you “superhero” interventionists out

there that some of our interventions are routinely more effective than the endovascular procedures you perform. Relatively few studies exist comparing best medical therapy to device-driven or surgical procedures. As we continue to evaluate the benefits of endovascular approaches, we must also focus on understanding the role that medical management plays.

This issue of *Endovascular Today* highlights the promise of these effective interventions. When considering the management of patients with intermittent claudication due to atherosclerosis, maximal medical therapy is likely to be the most important intervention, and Alan T. Hirsch, MD, et al provide us with a detailed analysis of medications aimed at managing this disorder.

Whether or not a device-related approach will be administered, an important management strategy in any patient with atherosclerosis is antihypertensive therapy, and James A.M. Smith, DO, provides a current review of modern pharmacotherapy for patients with PAD. There is tremendous interest in antithrombotic therapy, and with the recent data demonstrating the efficacy of prasugrel, we will have many antiplatelet agents available to us. Bruce H. Gray, DO, compares the relative efficacy of prasugrel with other antiplatelet agents.

Finally, the future is not all bleak for us medical interventionists. Brian H. Annex, MD, will lend clarity to the confusing field of therapeutic angiogenesis. Looking into the future, Douglas W. Losordo, MD, will explain the burgeoning study of cell therapy, a controversial and exciting field.

We thank these experts for contributing to this important issue of *Endovascular Today*. All of our patients deserve comprehensive intervention for vascular disease, and I remain a card-carrying interventionist ... and a proud vascular medicine “geek.” ■

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