

Addressing Unanswered Questions

Each year, we dedicate an issue of *Endovascular Today* to covering topics of interest pertaining to superficial femoral artery (SFA) care. Previously, we have had experts discuss the available technologies for treating the SFA, including device overviews, data presentations, and challenging cases. This year, we have decided to shift the focus from device-driven techniques and technologies to data-driven fundamentals and philosophies. Although we have been using endovascular treatment options in the SFA for several years, there remain more questions than answers. Fortunately, a number of forward-thinking physicians and multispecialty committees have dedicated significant effort toward addressing the many unknowns in SFA care, and we have asked an esteemed group of them to summarize their work in this issue.

Michael R. Jaff, DO, discusses end-point considerations when treating patients with peripheral arterial disease using minimally invasive therapy. When making decisions regarding optimal therapy, he warns that comparison of one treatment to another is only successful if similar patient and lesion cohorts are studied, primary and secondary endpoints are identical and the definitions are clear, and reports include meaningful clinical endpoints, such as quality of life and wound healing.

Next, *Endovascular Today* interviews Lars Norgren, MD, regarding the recently published updated TASC II recommendations. The new TASC classifications of lesions are similar to those set forth in 2000, but have been modified to reflect increased evidence for endovascular treatment of more extensive lesions.

An interview with Krishna Rocha-Singh, MD, of VIVA Physicians, Inc., discusses the future of lower-extremity device trials. He explains their effort to determine performance goals for nitinol stenting, their collaboration with the FDA and industry, and how clinicians can apply these standards to their practices.

Endovascular Today interviews Jennifer Goode of the FDA regarding why there are so few vascular stents approved. She states that the lack of approved vascular stents may be due, in part, to the difference in submission requirements for

nonvascular versus vascular stents. To encourage the evaluation and labeling of stents for vascular use, the FDA has been working with the vascular community to identify appropriate clinical study designs.

Michael Wholey, MD, and coauthors seek to answer questions regarding how to use embolic protection to avoid the deleterious effects from thromboemboli created in interventional procedures. Although it is not economically feasible to use filters in all cases, the authors recommend their use in all mechanical thrombectomy cases, in cases with very limited runoff, and with lesions that appear complex and vulnerable to fragment.

H. Bob Smouse, MD, presents an article on the use of drug-eluting stents in the peripheral vasculature, providing a summary of the barriers, unanswered questions, and potential benefits of this technology.

Outside of our SFA-focused articles, we are also happy to share several technique-

driven case studies. Peter H. Lin, MD, and colleagues present two cases of patients with symptomatic mesenteric venous thrombosis, a highly morbid condition, who were successfully treated with the percutaneous transhepatic approach. Mark W. Moritz, MD, and Michael Ombrellino, MD, offer a case study using an excimer laser for the treatment of popliteal artery aneurysms. In our Coding & Reimbursement column, David Sacks, MD, and Timothy P. Murphy, MD, explain the Society of Interventional Radiology's position on the current CMS coverage of renal interventions.

To cap our issue, we interview Ted E. Feldman, MD, who has agreed to serve as Chief Medical Editor of our new publication, *Cardiac Interventions Today*. Dr. Feldman provides insight into the EVEREST trial, explains why so many of his colleagues are now performing noncardiac interventions, and sheds light on what the future holds for the treatment of mitral regurgitation. We are proud to have Ted as a member of our editorial family, and I wish him success and prosperity as Chief Medical Editor. ■



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