

The Ongoing SFA Evaluation



In the last several years, the development and refinement of endovascular options for treating superficial femoral artery (SFA) occlusive disease have flourished.

However, there remains a paucity of good clinical data for many of these devices. Although there is a small trickle of good scientific data emerging for certain devices (stents in particular) with important follow-up periods (1–2 years), the remaining core group of interventional options has remained relegated to anecdotal or single-center data compilations. Eventually, we all hope to see clinical data derived and presented in a common way with common endpoints for similar patients. Until this occurs, we as clinicians will rely on continued small or single-center studies, anecdotal experiences, and expert opinions on the various choices of interventional devices for treatment of the SFA.

In this issue of *Endovascular Today*, we have asked several experts in interventional therapy to weigh in on the various options in treating the lower extremities—specifically the SFA. We hope that through sharing our experiences, we will gain a better idea of the best-case scenarios for using the various devices, where they have a “sweet spot” in therapy and where they may potentially not be as advantageous.

We open our SFA focus with an article by Subhash Banerjee, MD, and Tony S. Das, MD, who take a close look at the challenging anatomy of the SFA, from its anatomical challenges to how to approach it and with which device. Next, Gary M. Ansel, MD, FACC; Charles F. Botti Jr, MD, FACC; and Mitchell J. Silver, DO, FACC, review the symptomatic and anatomical considerations for new technologies in no-stent zones in the SFA region. An SFA Study Update chart augments our SFA focus; this chart provides a comprehensive look at the design of and data from the complete and ongoing SFA studies in the United States.

Adam Zybulewski, MS; John H. Rundback, MD; and Stuart Miller, MD, tell us what not to do when treating lower extremity chronic total occlusions, noting the

importance of careful planning and what should be avoided during the procedure, as well as commenting on several potential pitfalls. Wael F. Al-Husami, MD, FACC; Mohammed W. Akhter, MD; and Lawrence A. Garcia, MD, FACC, FAHA, review the different types of atherectomy that can be used to treat SFA disease, noting that an evidence-based approach to treatment is key. To close our SFA feature, Jos C. van den Berg, MD, PhD, presents a discussion on the use of laser for photoablative recanalization of SFA lesions. Laser debulking may be a useful method to improve SFA stent apposition and radial force.

This month, our Perspectives column features a unique interview with Dr. Robert H. Schell. While directing a new ultrasound machine at himself, he discovered his own AAA. He explains how his subsequent treatment path had an impact on how he sympathized with future patients and what he now believes is key to AAA screening. We close this issue with an interview with Karthikeshwar Kasirajan, MD, who offers thought-provoking commentary on his involvement in several current thoracic trials, as well as his opinions on what future studies should explore.

We hope that the experiences and perspectives our authors have shared will continue to further our collective understanding of the exciting and developing field of SFA intervention. ■

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