Enrico Ascher, MD

The current president of the ISVS discusses the society's goals, his research interests, and improving results for the academic surgical community.

What are the current goals of the International Society for Vascular Surgery (ISVS)?

The ISVS was founded by leaders in vascular surgery who recognized the need for vascular surgeons worldwide to have a strong voice when it comes to recognition of vascular surgery as an independent specialty from general and cardiac surgery.

We are working on establishing relationships with the leadership of all the national societies throughout the globe and will support them as they petition their governmental bodies to recognize vascular surgery as a mature, independent specialty. ISVS respects and recognizes every national organization in the United States and abroad. They are all important with unique objectives. The ISVS is very much interested in working collaboratively with specialists other than vascular surgeons and who perform endovascular procedures including, but not limited to, interventional radiology and interventional cardiology.

The ISVS is a scientific society that includes representative members from academic institutions, teaching medical centers, and individual clinical practices. All members will have an opportunity to interact and share their contributions to vascular surgery during our very first congress, which will take place March 9 to 12, 2012, in Miami, Florida. Original research from all over the world will be presented in conjunction with invited lectures by recognized experts. We are confident that this event will be the first of many successful programs that will definitively establish the ISVS as the most important international society for vascular surgery. We are thankful for the efforts of Dr. Tony Comerota and Professor Giorgio Biasi for their commitment to this exciting academic program.

Moreover, the ISVS offers online continuing medical education programs led by Drs. Christos Liapis (Greece) and Jean Paul de-Vries (the Netherlands). Members continue to compete in the various poster abstract sessions held at the VEITH Symposium, the International Vascular and Endovascular Course, the Asian Society of Vascular Surgery meeting, and the Pan-American Congress on Vascular and Endovascular Surgery.

How have the society's goals and identity evolved since its inception?

The ISVS was officially created in 2003 and is the brainchild of Dr. Frank J. Veith, an internationally recognized leader in vascular surgery. Its first president, Sir Peter R.F. Bell, MD, was instrumental in getting the society up and running with the support of many well-renowned leaders including Professor Biasi and the late Dr. Robert Hobson. In those early years, the ISVS Executive Council met to explore the best ways to serve its members. One of those goals was the restructuring of our journal *Vascular* to make it available to our members in print and have access to it electronically. Today, *Vascular* continues to receive hundreds of manuscripts from around the globe thanks to its managing editor Dr. Veith and several distinguished coeditors. With its new owner, the Royal Society of Medicine Press, *Vascular* will have a much stronger presence at congresses and other vascular surgery–related events.

The ISVS has assisted other vascular national societies by sending supporting letters to their parent organizations to help vascular surgery become recognized as an independent specialty. In addition, many young vascular surgeons have been placed in "mini-fellowships" offered by major institutions in the United States and Europe to advance their endovascular skills. Also, outreach efforts have been initiated to increase the collaboration of the ISVS with regional and national societies with the intent to strengthen vascular surgery and improve communication among the various societies across the world.

What can you tell us about the society's fellowship program? How has fellowship training in vascular surgery evolved, and what are the current objectives?

An important goal of the ISVS is to enlist recognized teaching institutions to accept ISVS members into their

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endovascular fellowship training program. This is crucial for establishing excellent vascular centers in developing continents. The list of established institutions includes the San Gerardo Teaching Hospital, University of Milan, Italy; Hospital Clinic of Barcelona in Spain; Cleveland Clinic in Ohio; and the St. Blasius Hospital in Dendermonde, Belgium. New centers are now being evaluated by the ISVS executive committee.

How would you advise young vascular surgeons regarding the importance of working in a multidisciplinary, collaborative manner while maintaining the unique identity of their specialty?

A multidisciplinary approach does not necessarily mean having a vascular surgeon, a cardiologist, and a radiologist in the same endovascular suite deciding who should perform the endovascular intervention on a specific patient. It is more reasonable to share the work and allow all physicians who have demonstrated competency in performing the proposed procedure to be part of the team. No specialty in the United States will be able to stop another from professing good, safe medicine. Of course, individual skills and commitment to patients and their families will play a more important role in the ultimate clinical success of every interventionist. Vascular surgeons are in an advantageous position because they focus 100% of their time and effort on the diagnosis and management of vascular diseases. Additionally, they are best positioned to tailor the optimal method of treatment to the individual patient because they can offer all types of therapy: medical, surgical, and endovascular. Nevertheless, this opinion may not apply to all circumstances, and well-performed endovascular therapy has been delivered by highly qualified nonsurgical interventionists.

In which areas of research are you currently involved?

During the last few years, our focus has shifted from developing surgical techniques to extend the limits of salvage in hopelessly ischemic limbs to making every effort to diminish the magnitude of open and endovascular techniques while attempting to reach near-zero complications. For example, we currently promote the liberal use of duplex scanning as an alternative to fluoroscopy and injection of contrast material for infrainguinal arterial interventions, maintenance and maturation of arteriovenous fistulas for hemodialysis, and in many other situations. I like to say that if you can visualize the lesion with duplex scanning, then you can treat it. Balloon angioplasties and stenting can be safely and effectively performed under duplex guidance alone, thus averting the use of nephrotoxic agents and minimizing or eliminating the hazards associated with radiation exposure. This becomes very important as our practice shifts to the endovascular arena. Additionally, we are as committed for open procedures. Mini-incision carotid endarterectomy is one such example in which we are able to perform a complete endarterectomy through a 1-inch skin incision in the majority of cases. This causes less discomfort to the patient and better aesthetic results.

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As someone with enduring involvement in the academic surgical community, how do you feel recent developments have affected the field of vascular surgery? What developments would you like to see in the future?

Vascular surgery is not different from any other surgical specialty in terms of embracing minimally invasive methodologies. The newer endovascular armamentarium is clearly more refined and can better meet the challenges of tortuous, obliterated, or heavily calcified arteries. New, smaller-profile endografts for the repair of abdominal aortic aneurysms appear to be more adaptable to short, angulated aortic necks. Low-profile, high-pressure balloons, as well as more flexible, fracture-resistant stents, have improved the chances of a successful outcome. Drug-eluting balloons and stents for the treatment of infrainguinal arterial disease may prevent the formation of neointimal hyperplasia in lower limbs, thereby increasing patency of these reconstructions. What is very much needed are studies of comparative effectiveness to see whether these newer, less-invasive procedures are equally durable and cost effective compared to open techniques.

I believe that proper patient selection is very important if we are serious about improving overall results. The interventionist should tailor the treatment according to the individual patient and not rely solely on the distribution of the disease or the particular skills of the treating physician. Much work needs to be done in this area. ■

For additional information about the International Society for Vascular Surgery, visit www.isvs.com.