

Endovascular Training and Accreditation

This issue of *Endovascular Today* begins to address, in a public forum, the issues of training and the three principal disciplines involved with endovascular therapy, namely: interventional cardiology, interventional radiology, and vascular surgery. Much of this discussion is being driven by the rapid acceptance of endovascular therapy as an integral part of the armamentarium in overall vascular therapy, something that represents a significant change from a brief decade ago, when many more skeptics existed. In this month's feature section, many distinguished experts talk about the issues involved in training within these different specialties, made unique by the total and separate foundation each of these disciplines bring to our clinical practice. Although an ideal solution might be an integration of multiple specialties toward a unified vascular therapy discipline, that does not seem to be emerging at this time. As a result, medicine in general probably cannot ensure that patients will receive excellence and equal therapy, regardless of who was taking care of them in any given hospital.

The recent interest in training is being driven by emerging new procedures, in particular that of carotid angioplasty and stenting. While still considered investigational in the US, it is likely that in the next 6 months at least one device (AngioGuard Embolic Protection Device/Precise Stent, Cordis Corporation, a Johnson & Johnson company, Miami, FL) will be approved for clinical application. Although indications may be limited, there seems to be general consensus that carotid stenting with embolic protection will become an integral part of endovascular practice in the next 5 years. This has resulted in perhaps the most contentious discus-

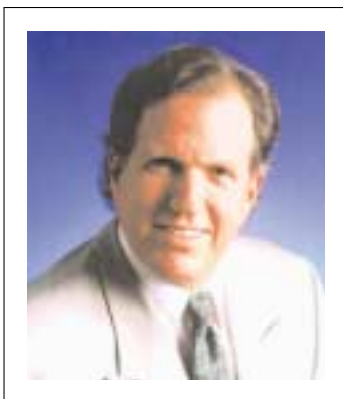
sion of training and credentialing guidelines to date, with extremely diverse opinions regarding fundamental training required to accomplish proficiency and in turn deliver safety and efficacy from a clinical point of view. We've asked a unique group to participate in a roundtable discussion that includes the various disciplines elucidating some of the problems and providing insight into possible solutions.

This month's issue has an outstanding group of regular contributions, including practical aspects of practice savings plans, insight on multidetector CTA from a cardiovascular surgeon, practical aspects of completing subintimal recanalization utilizing the Outback device (LuMend, Inc., Redwood City, CA), as well as additional case presentations.

Finally, the issue of simulation or virtual reality training for contemporary and future endovascular therapists begins to be addressed. In some of my own comments in this issue, many of the potential advantages of simulation therapy are brought to light, as well as some of the immediate pitfalls. A

number of convergent factors will contribute to the importance of simulated training in the future. These include a shrinking number of diagnostic angiographic procedures available to trainees due to the growth of noninvasive imaging techniques, the development of new technologies and new procedures in new territories such as carotid stenting, and the need to measure operator performance competency as part of the qualifying exams that currently exist.

All in all, this issue of *Endovascular Today* continues a tradition of providing you with timely information on "hot topics" of interest to all interventionalists. We all hope that you will find this month's content to be of value to you and your practice today, as well as in the future. ■



A handwritten signature in black ink that reads "Barry T. Katzen MD". The signature is fluid and cursive, with a small flourish at the end.

Barry T. Katzen, MD
Chief Medical Editor