AN INTERVIEW WITH…

Stéphan Haulon, MD, PhD

Prof. Haulon discusses upcoming projects and educational opportunities of the European Society for Vascular Surgery, technology for reducing radiation exposure, and challenges in aortic endografting.

Editor's note: This interview was conducted in February 2020, prior to the global outbreak of COVID-19.

As the 2019 to 2020 President of the European Society for Vascular Surgery (ESVS), what have been the most important issues and/or initiatives for the society to address?

Our annual meeting is growing fast, with more than 1,800 attendees. In addition to the scientific program that includes abstracts and sessions on selected topics, the annual meeting includes the ESVS Academy. In 2019, the Academy had more than 900 seats at 58 workshops over 2 days and organized 85 conveners. Planning our next annual meeting in Kraków, Poland, has been one of my main focuses because I am the chairman of the program committee.

In addition to the annual meeting, we have started several new educational and scientific events throughout the year. For example, we have a spring meeting that focuses on translational research, as well as webinars on guidelines and up-to-date topics. Our most recent webinar was in April and focused on the VOYAGER PAD results. In January, our second 2-day Mastercl@ss hosted live open, endovascular, and hybrid peripheral occlusive disease procedures performed by "top knives." Viewers logged in online to follow the procedures from 30 countries, and all the videos are now available on our website for ESVS members.

Can you tell us about the ESVS Clinical Guidelines app? What disease states does it cover, and how can it assist clinicians in daily practice?

The clinical practice guidelines cover abdominal and aortoiliac aneurysms, descending thoracic aorta, carotid and vertebral arteries, vascular access, chronic venous disease, mesenteric arteries and veins, and chronic limb-threatening ischemia. The app is very user-friendly and is set up to answer any questions you may have on those topics during your everyday practice. Also, recommendations can be accessed very quickly and quoted during conferences or in a patient's file.

What were some highlights from the 2019 ESVS annual meeting?

The sessions on new guidelines and the latest clinical trials were fully packed and raised many stimulating discussions. Out of the 839 abstracts submitted, 526 were selected, including 245 that entered the fast-track abstract sessions. This allows young members to present their clinical or basic research during very interactive sessions. The ESVS Academy and the fast-track sessions have been developed to provide the best education and presentation opportunities to our younger colleagues, most of whom are members of the European Vascular Surgeons in Training. We hope that many vascular specialists from Poland and the surrounding countries will join us in Kraków this year to benefit from our education-focused program.

In 2019, the European Association for Cardio-Thoracic Surgery (EACTS)/ESVS published recommendations for treating thoracic aortic pathologies involving the arch,[1] and just recently, the Society for Vascular Surgery/ Society of Thoracic Surgeons reporting standards for type B aortic dissections were released.[2] What major area of thoracic aortic disease treatment should be addressed next by society-led initiatives such as these?

We have plans to update our thoracic aorta guidelines because this is such a rapidly evolving field. Some chapters will be cowritten with EACTS members. We need to renew our recommendations to keep up with the constant treatment paradigm changes in thoracic aortic disease. It is important to promote multidisciplinary treatment of these pathologies at high-volume centers, combining medical, radiologic, open surgery, and endovascular therapy expertise.

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What new technologies are in the pipeline that may reduce radiation exposure during complex endovascular aneurysm repair/thoracic endovascular aortic repair?

Along with adherence to the ALARA (as low as reasonably achievable) principle and use of fusion guidance (neither of which are widely implemented in routine practice yet), new technologies are being developed to reduce radiation exposure. They include electromagnetic guidance, Fiber Optic RealShape technology (Philips), ultrasound guidance, and more. Our next ESVS guidelines will be on radiation, which will be presented for the first time at our annual meeting in Kraków.

What is the biggest challenge to overcome in aortic endografting right now?

The next frontier is the aortic root! Will Endo-Bentall procedures be routinely performed before I retire? I'm not sure, but I'm working on it. Before that, endovascular repair of acute type A dissection will undoubtedly become a therapeutic option in a subset of patients.

If you could go back in time to experience another era of history, when would you choose?

I would like to go "back to the future"! I wonder how artificial intelligence, functional imaging, robotics, genetics, and immunotherapy will change patient care in the near future. I was very fortunate to be a vascular surgeon during the pioneering times of endovascular surgery, with new treatment paradigms, devices, and imaging modalities changing our practice every other year—but there is much more to come. I envy our young colleagues; they will be part of a true revolution in patient care. ■

1. Czerny M, Schmidli J, Adler S, et al. Current options and recommendations for the treatment of thoracic aortic pathologies involving the aortic arch: an expert consensus document of the European Association for Cardio-Thoracic Surgery (EACTS) and the European Society for Vascular Surgery (ESVS). Eur J Cardiothorac Surg. 2019;55:133–162.
2. Lombardi JV, Hughes GC, Appoo JJ, et al. Society for Vascular Surgery (SVS) and Society of Thoracic Surgeons (STS) reporting standards for type B aortic dissections. J Vasc Surg. 2020;71:723–747.

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