

Around the SFA World

With the increasing prevalence of international vascular congresses and information sharing in the digital age, it is easier than ever to collaborate with and learn from our fellow specialists practicing in nearly every corner of the world. One thing we have noticed during panels featuring diverse faculties at such congresses is that some of the most interesting discussions regarding therapeutic decision making often come down to factors such as national and private health care systems, regional device availability and reimbursement, cultural trends, and patient demography, rather than more data-driven physician preferences.

In the spirit of discussions such as these, we decided to do something a little different in this edition of *Endovascular Today*. We have invited a diverse, international panel of experts in superficial femoral artery (SFA) therapy to present the current landscape for SFA care in their respective countries. Each panelist was asked to respond to a questionnaire focusing on technologies available, regulatory and reimbursement factors, and their own personal algorithms when treating various SFA lesion types.

How are some of the foremost experts in Shanghai crossing chronic total occlusions? How does reimbursement affect treatment decisions in Austria? How many drug-eluting technologies are available in Colombia? These are the kinds of questions we sought to address in a sampling of countries around the world. Exchanging ideas and sharing experiences around the world can enrich our understanding and provide new insights into our own personal strategies and philosophies.

In total, this edition features perspectives representing 22 countries. We are honored to have worked with such a distinguished international panel. We also recognize that with nearly 200 countries in the world, the majority of voices are not currently represented, a regrettable

but unavoidable consequence of any such endeavor. Due to the impossibility of representing every country (and, further, the regional disparities within many countries), we instead sought to assemble a representative panel that showed the interesting ways in which trends and decisions vary.

In addition, Dr. Deloose interviews Martin Werner, MD, on his decision making when it comes to managing long TASC C/D lesions.

Endovascular Today would like to consider this the start of a discussion that continues beyond the limits of a single printed edition. If your country is not represented in this edition and you would like to share your perspective, we invite you to contact our editors at evteditorial@bmctoday.com, and we will work with you to see it happen.

As always, it is our goal at *Endovascular Today* to highlight the most current trends and advancements in the field, and we hope this edition

serves as a launching point toward increased engagement with countries not represented often enough in our pages. We look forward to hearing from you with ideas as to how best to accomplish this. ■

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