Frank J. Veith, MD

A pioneer in vascular surgery and medical education reflects on changes in the open-endovascular tide and what makes a great meeting, as well as a preview of VEITHsymposium 2015.

The VEITHsymposium turns 42 this year. What can you tell us about the first iteration of the now long-standing international vascular congress? What are some memories that stay with you from that experience?

The meeting started out as a very small 2-day event with approximately 100 attendees and 15 speakers. It was held in a small room in the old Roosevelt Hotel in midtown Manhattan. It has gradually grown to its present size with around 5,000 attendees and 700 speakers presenting on over 1,000 topics.

Three elements have contributed to its growth and popularity. One is the increasing complexity and breadth of vascular surgery and multispecialty vascular disease treatment. The second is the important participation of our industry partners, whose products greatly contribute to better patient care, particularly with endovascular treatments. And third is the evolution of shorter talks, which hold the audience's attention and enable us to get more world leaders from many specialties and with differing views as part of the meeting's faculty.

In addition to hosting VEITHsymposium each November in New York, you're a frequent podium speaker and often a front-row audience member at congresses around the world. In your opinion, what makes a great meeting?

Great talks on new and exciting topics and innovative treatments, coupled with differing viewpoints on controversial subjects, make for a great meeting. Again, the ability to have many short talks by different experts allows for the expression of varied views and complete coverage of all that is new and interesting in the vascular field. If a vascular surgeon or specialist attends our meeting and uses the accompanying web-based version of the meeting, he or she will have an excellent overview of the state of the art in vascular disease natural history and treatment as of the end of November 2015.

Which sessions are you most looking forward to at VEITHsymposium 2015? What are you doing for the first time?

They are all interesting and attractive to me. That is why they are on the program.

Advances in parallel grafts and how they compare with branched and fenestrated grafts is a very hot area. So are the sessions on advances in the treatment of lower extremity ischemia with emerging information on new technologies and techniques for treating especially distal disease in the ankle and foot regions. The sessions on evolving carotid treatment, improvements in carotid artery stenting, aortic dissections, the multilayer flow-modulating stent, and new medical treatments also promise to provide great interest and excitement. There will be an abundance of new and useful information at the expanded venous sessions and those devoted to stroke, arteriovenous access, and arteriovenous malformations. Again, to record, absorb, and process all this new information, the web-based library will be an essential adjunct for attendees and nonattendees.

How has the meeting evolved from primarily a vascular surgery program with open surgical content to its current focus ranging across vascular surgery and interventional procedures? Was there resistance at certain points, particularly in the period bridging open to endovascular procedures for the first time?

The meeting has evolved as advances in treatment have evolved. We were fortunate to recognize the importance of endovascular treatments early on and incorporated them in our meeting from the outset—even before their value was widely appreciated. We also always recognized the contributions of other specialties and specialists outside the United States to advances in the field and invited innovative leaders from these sources to be key faculty members. If there was resistance, we managed to overcome it in the interest of improving knowledge, providing new information, and improving patient care widely—the main purposes of the meeting.

At which point in your career did you first see the potential for endovascular therapies to play a truly paradigm-shifting role in vascular care?

I recognized this from the beginning because I was fortunate enough to attend interventional radiology and interventional cardiology meetings, and I saw that these techniques worked and decreased morbidity. So, we embraced percutaneous transluminal angioplasty and stents beginning in the late 1970s. Only in 1992 did I realize that vascular surgeons would have to learn to perform these techniques, which, at that time, I predicted would replace most open vascular operations. However, even I did not realize the extent to which that transformation was destined to take place.

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Although you were an early pioneer in endovascular repair, you've remained a champion of the vascular surgery specialty, striving for its independence from the American Board of Surgery and working to establish deep, connected international roots. How do you predict the specialty will change over the next decade?

Surgery is defined in the dictionary as the "treatment of disease … by manipulative means." By that definition, endovascular treatments are surgical.

Vascular surgery clearly deserves to be a separate, independent specialty by virtue of its evolution, complexity, and the many skills required. We did work to that end in the United States and were only partially successful. However, in almost all Western countries, that transformation of vascular surgery to separate specialty status has occurred and has benefitted both vascular surgeons and the patients for whom they care. However, in many United States institutions, vascular surgery is still a component of another specialty and is hampered by limited access to resources within those institutions, thereby restricting its potential.

To what degree are you concerned about the erosion of open surgery skills due to a de-emphasis in modern fellowships? What do you believe is a possible solution to enable pioneering work in endovascular and open repair in the same practices?

It is a concern because of the decreased open experience many trainees are getting in the present endovascular-first environment. The probable solution will be the development of specialized centers in which open procedures are emphasized in patients who require them. Patient referral to these centers will be incentivized in some way, and individuals who wish to train in open techniques will be able to get such advanced training at these centers. ■

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