

Roy K. Greenberg, MD: A Legacy of Innovation



It is a privilege and honor to organize and present the first Roy Greenberg Session of the 31st Annual Meeting of the German Society of Vascular Surgery and Medicine, which was the inspiration for this supplement. This initiative was the least that we could do to pay tribute to a

great innovator, a master surgeon, and a unique teacher. Dr. Roy K. Greenberg died almost 2 years ago at the age of 49. We do not think that the pain of losing such a great pioneer and friend will go away. His colleagues and friends everywhere in the world carry on his legacy, thriving to refine endovascular therapy and pushing the limits of knowledge. As with many of his friends and colleagues, we did not have a chance to say goodbye. Therefore, let's find comfort in the precious memories we have and reevaluate some of his important messages.

Dr. Greenberg's contributions are legion. With the increasing complexity of endovascular procedures, Roy developed creative solutions in the treatment of aortic pathologies with involvement of fenestrations and aortic branches. Nowadays, aortic aneurysms from the ascending aorta to the external/internal iliac arteries can be successfully repaired from a totally endovascular approach. The journey started in 2001 with the first fenestrated devices and continued to reinforced fenestrations, a helical iliac branch device, helical visceral branch, arch branch device, bifurcated-bifurcated device, and, finally, with the off-the-shelf endograft for juxtarenal abdominal aortic aneurysms, the so-called p-Branch endograft (Cook Medical). He always aimed for a durable solution that would reduce perioperative morbidity and last for the patient's life span.

Keeping this principle in mind, we have invited a group of experienced aortic specialists, all of them good friends or brilliant students of Roy, to provide their personal experience and perspectives on current aortic endovascular techniques and to address the impact of his innovations on advanced endovascular aortic programs worldwide.

Tara M. Mastracci, MD, FRCSC, from The Royal Free London NHS Foundation Trust in London, United Kingdom, begins with the iliac branch device. In her article, Dr. Mastracci shares an overview of the current indications for treatment with this device and highlights the reasons that the iliac side branch is a major advance and a safe solution in the treatment of aortoiliac aneurysm disease.

In the context of advancing medicine, another equally great innovator and pioneer in the field of endovascular aortic aneurysm repair, Timothy A.M. Chuter, MD, from

the University of California, San Francisco, shares his thoughts and experience in regard to the "Achilles heel" of branched technology, renal branch failure.

Next, Gustavo S. Oderich, MD, and Bernardo Mendes, MD, from the Mayo Clinic in Rochester, Minnesota, provide an excellent overview of the anatomical criteria, techniques of implantation, and results achieved with the Zenith t-Branch multibranched stent graft (Cook Medical), the first off-the-shelf endoprosthesis for the treatment of thoracoabdominal aortic aneurysms.

Speaking about off-the-shelf endografts and the legacy of Roy Greenberg, we invited Tim Resch, MD, PhD, from Skane University Hospital in Malmö, Sweden, to give us a current update of his unique experience with Roy's last achievement, the Zenith p-Branch endoprosthesis (Cook Medical), the off-the-shelf endograft for juxtarenal abdominal aortic aneurysms. This article describes the preoperative planning, device selection, and technical considerations involved when using the new endograft.

Nikolaos Tsilimparis, MD, PhD, FEBVS; Krassi Ivancev, MD, PhD; and Tilo Kölbel, MD, PhD, from Hamburg, Germany, describe their current experience with the treatment of aortic arch aneurysms and provide new insights on the future of this technique.

Last but not least, we couldn't overlook the experience of Stéphan Haulon, MD, PhD, with coauthors Adrien Hertault, MD; Jonathan Sobocinski, MD, PhD; and Richard Azzaoui, MD, from the Hôpital Cardiologique—CHRU Lille in Lille, France, who share various strategies, from room setup to good radiological practice, to reduce radiation dose during endovascular aortic procedures.

Whether you currently use one or more of these devices and technologies, are considering starting to treat complex aortic pathologies, or just want to stay up to date on the latest achievements in this field, we hope this supplement will provide a snapshot of the current technology and devices. However, behind all of these innovations, a great pioneer should be acknowledged and never forgotten, Dr. Roy K. Greenberg.

We thank the authors for their contributions, and we hope you will enjoy this supplement and the session. ■

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