

# Raising the Bar for TBAD Treatment

BY MARK BREEDLOVE

**A**ortic dissection presents physicians with a complex series of challenges due to its unique pathology, variability in timing of presentation, and extent of disease progression and aortic/branch vessel involvement.

At Cook Medical, we acknowledge the clinical evidence showing that dissection presents differently than aneurysm in terms of symptoms and outcomes—it is more dynamic and its progression is less predictable. We believe that dissection requires its own solutions and approaches to management. As such, we have developed a disease-specific endovascular system, designed to help physicians manage the pathology throughout the course of disease progression and enable a durable endovascular repair of type B aortic dissection (TBAD).

Cook Medical is committed to the needs of patients and the physicians who care for them. In the spirit of collaboration, we asked a group of experienced physicians to present articles that highlight some of the most important and innovative developments in the treatment of aortic dissection. We begin with Athanasios Katsargyris, MD; Pablo Marques de Marino, MD; Balazs Botos, MD; and Eric Verhoeven, MD, PhD, who discuss principles for guiding TBAD treatment decisions and the aim of repair in acute, subacute, and chronic phases, as well as complicated and uncomplicated cases in their article, “Considerations for Short- and Long-Term Goals in TBAD Treatment.”

Next, Joseph V. Lombardi, MD, and Qing Zhou, PhD, discuss, “Results from the STABLE Clinical Trials.” In “TEVAR Alone Versus the STABLE Technique for Acute Complicated TBAD,” Jonathan Sobocinski, MD, PhD; Dominique Fabre, MD; Richard Azzaoui, MD; and Stéphan Haulon, MD, PhD, review

data from comparative analyses on these approaches.

We hear again from Joseph V. Lombardi, MD, this time on the “Impact of Proximal Seal Zone in Managing Type B Aortic Dissection.” Darren Klass, MBChB, MD, MRCS, FCRC, FRCPC, then provides insight into advanced imaging methods for diagnosis and treatment in his article, “Imaging for TBAD: Essential and Optimal Techniques.” In “Controversies in Dissection Repair: Addressing Paraplegia,” Keagan Werner-Gibbings, MS, FRACS, and Bijan Modarai, PhD, FRCS, review this devastating complication and the roles of left subclavian artery revascularization, aortic coverage, and cerebrospinal fluid drainage. To round out these expert perspectives, Sukgu Han, MD, MS, and Fernando Fleischman, MD, present “Building a Multidisciplinary Aortic Center” in which they share key components to providing comprehensive care for patients with aortic dissections.

The intent of this *Endovascular Today* supplement is to engage and inform our physician readers and raise the conversation around thoracic endovascular aortic repair to a new level. We acknowledge the progressive nature of aortic disease, and we’re working hard to find solutions that create long-term, durable repairs. Cook Medical will always strive to ensure that we show the necessary rigor and discipline to be the responsible partner that physicians expect. We hope this supplement provides a new perspective and even some take-home points that physicians can use in the fight against aortic disease. ■

Thank you,  
Mark Breedlove  
Vice President, Cook Medical  
Global Vascular Division