Thoracic Aortic Care: Repair and Beyond



Advances in thoracic aortic repair have expanded our ability to treat complex disease, but the responsibilities of aortic care extend well beyond the procedure. We must establish how emerging therapies compare, translate evolving evidence into sound treatment decisions, identify patients and families at risk, and help patients remain engaged in lifelong care. This issue of *Endovascular Today* examines these connected challenges, with attention to both clinical outcomes and the concerns that shape patients' lives.

We begin with Adam W. Beck, MD; Nimesh D. Desai, MD; and Gregory Piazza, MD, who explain how the Aortic Arch Academic Research Consortium framework can help distinguish technical achievement from durable patient benefit, improve comparisons across treatment approaches, and guide more meaningful assessment of neurologic outcomes and recovery.

Next, Ali Azizzadeh, MD, and Erica L. Mitchell, MD, offer perspectives on the updated Society for Vascular Surgery guidelines on blunt thoracic aortic injury, examining how injury severity, physiologic stability, and competing traumatic injuries shape decisions about observation versus intervention, procedural timing, and adjunctive management.

Ellen Hostetler and Meredith Ford O'Neal from The John Ritter Foundation for Aortic Health then offer a patient advocacy perspective on turning public recognition of aortic dissection into action through family screening, genetic evaluation, and reliable follow-up of incidental aortic findings.

Turning to care after dissection, Loay S. Kabbani, MD, and Babak Abai, MD, examine how patients' understanding of their disease, psychological distress, financial pressures, and fragmented care contribute to missed surveillance, outlining practical steps that aortic programs can take to keep patients connected.

To close our thoracic aortic feature, Sabin J. Bozso, MD, and F. Ezequiel Parodi, MD, describe how infection status, device fixation, and the extent of aortic involvement inform endovascular salvage versus open conversion, the scope of graft removal, and strategies for perfusion and spinal cord protection.

Beyond our thoracic aortic focus, this issue includes a subfeature on radial access. An Ask the Experts article on strategies to maintain low complication rates in radial access opens with a joint response from Aaron M. Fischman, MD; Justine M. Aziz, MD; and Benjamin D. Gross, MD, followed by separate perspectives from Vera Sharashidze, MD, and William E. Beckerman, MD, on matching equipment to anatomy, minimizing vessel trauma, preserving arterial patency, and preparing alternative access options for increasingly demanding interventions.

Next, Jacob Garteiser; Madhav Sankhyan, MD; Nicholas P. Derrico, MD; and Allison E. Strickland, MD, outline evidence-based strategies for optimizing transradial access in neurointervention, including ways to reduce puncture attempts, prevent spasm and occlusion, navigate challenging arch anatomy, and maintain radial flow during hemostasis.

We close the issue with an interview with Raghu Lakshminarayan, FRCR, who discusses strengthening the interventional radiology workforce and its clinical responsibilities, improving professional representation, and resolving evidence gaps in drug delivery, calcium grading, and intravascular ultrasound guidance for peripheral interventions.

Across this issue, our contributors reinforce that progress depends on how we evaluate new treatments, apply them thoughtfully, and support patients over time. In thoracic aortic care, that commitment begins with recognizing risk and continues through treatment, recovery, and lifelong surveillance. I hope these perspectives encourage us to examine the gaps in our own programs and build systems that help patients benefit fully from the care we can offer. ■

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