

# JEVTM: Standing on the Shoulders of Giants

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The concept of endovascular trauma management (EVTM) has evolved for over half a century, beginning with simple devices used for intraluminal hemorrhage control and reaching the modern-day development of aortic stent grafts used for emergent endovascular aneurysm repair (EVAR) for ruptured abdominal aortic aneurysms [1–4]. Additionally, lower profile and more compliant endovascular devices have advanced the management of blunt aortic injury from open repair to widespread thoracic endovascular aortic repair (TEVAR). Large multicenter trials have reported such persuasive survival benefits for these conditions that informing patients of the evidence has nearly extinguished many open surgical treatment options [5–7]. By 2001, for the first time since the Vietnam War, vascular surgeons were being deployed to conflicts to manage wartime vascular injuries, this time with substantial endovascular skills and training. The partnering with trauma surgeons, while positioned far forward in the battle area, has created a fertile ground for using hybrid approaches in managing severely injured patients with sophisticated endovascular techniques. For example, the success of selective transfemoral supra-celiac aortic balloon occlusion reported a decade ago by vascular surgeons [8] has given birth to resuscitative endovascular balloon occlusion of the aorta (REBOA) for trauma. As a result, the translational research on non-compressible torso hemorrhage has created widespread enthusiasm for endovascular strategies [9–11]. Innovation has resulted in the modification of older “predicate” devices

to produce lower profile, wireless, fluoroscopic-free systems, designed for trauma patients, which are currently in use on battlefields around the world [12].

The historical lessons from the past now allow us to stand on the “shoulders of giants” as we harness worldwide enthusiasm and a growing international academic collaboration for preparing those at the bedside to care for the sick and injured around the world. The continued exchange of endovascular applications that originated with programs such as Endovascular Skills for Trauma and Resuscitative Surgery (ESTARS) [13] and Basic Endovascular Skills for Trauma (BEST) is self-evident with the ongoing high caliber of submissions to the *Journal of Endovascular Resuscitation and Trauma Management* (JEVTM). The multispecialty editorial board has compiled numerous issues of outstanding peer-reviewed articles that feature the latest concepts and expert opinion on hemorrhage control, novel devices, REBOA, embolization, training, and hybrid imaging to improve survival. As the JEVTM moves toward PubMed index approval, the next issue is no exception as the reviewers and writers assemble informative hot topics in simulation training, endovascular management of post-partum hemorrhage, considerations in pediatric patients and crucial damage control concepts. The cover illustration serves as a tribute to the hosting city of Denver, Colorado for the next Pan-American EVTVM meeting in November 2019. Abstracts from the Denver meeting that promote the latest endovascular advances, represent the diverse international composition, and stimulate global discussion on various provocative topics are selected to engage the readers.

The crosshairs of EVTVM will now focus on formalizing a global multidisciplinary membership of professionals that can take the society to the next level of organization. Nominations of officers, establishing formal committees, and encouraging ideas for new directions from the membership are the future directions that will undoubtedly build the team. I encourage those with scientific and innovative endovascular academic pursuits

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to get involved: to attend the EVTm workshops and meetings, serve on committees, and prepare manuscripts for submission to the journal. To quote an African proverb, “If you want to go fast, go alone. If you want to go far, go together.” We hope to see you all together at the Pan American EVTm meeting in November. Let’s go far!

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