

EVTM Today: Building Knowledge, Structure, and Evidence

Tal M Hörer and David T McGreevy

Department of Cardiothoracic and Vascular Surgery, Faculty of Medicine and Health, Örebro University, Örebro University Hospital, Örebro, Sweden

Endovascular and hybrid resuscitation has, over a relatively short period of time, become an integral component of modern trauma care, vascular emergency management, resuscitation, and acute care surgery. What initially emerged as a collection of technical solutions to specific clinical problems has progressively evolved into a broader, coherent clinical concept, now widely referred to as EndoVascular resuscitation and Trauma Management (EVTM) [1].

Today, EVTM extends well beyond its early applications in traumatic hemorrhage and ruptured aortic aneurysms. It is increasingly applied in the management of aortic dissections, spontaneous and iatrogenic bleeding, complications of complex surgical and endovascular procedures, and selected medical or cardiogenic emergencies [2,3]. In many institutions, EVTM strategies are no longer viewed as experimental or exceptional, but rather as part of routine emergency and resuscitative care pathways.

Parallel to this clinical maturation, EVTM has developed into a truly international and multidisciplinary movement. Dedicated EVTM meetings continue to expand in scope and reach, with the upcoming 10th EVTM Symposium in Japan (EVTM Asia) in 2026 and Pan-American EVTM in Atlanta in 2027 representing important milestones. At the same time, EVTM has gained a stable and growing presence within major international congresses, including those of the European Society for Trauma and Emergency Surgery (ESTES), the European Society for Vascular Surgery (ESVS), the VEITH Symposium, and others. Integrated scientific sessions and invited lectures within these forums reflect a broader recognition that EVTM is no longer a niche

interest, but a core component of modern trauma, vascular, resuscitation, and acute care practice.

In parallel, regular EVTM hands-on workshops have become a central element of this development. Conducted both as independent EVTM initiatives and in close collaboration with other scientific societies, such as the upcoming focused EVTM mini-workshop with ESTES in Stockholm, these activities reflect a growing emphasis on practical training, multidisciplinary interaction, and the real-world implementation of EVTM principles.

With this expansion comes a clear responsibility. Clinical experience, scientific data, and conceptual development must not only be shared at meetings but also systematically published, structured, and critically reviewed within a dedicated scientific framework. This is the central mission of the Journal of EndoVascular resuscitation and Trauma Management (JEVTM). The journal is not intended as a platform for individual devices or isolated techniques, but as a forum for EVTM as a comprehensive clinical organizational concept, encompassing strategies, systems of care, physiology-guided resuscitation, endovascular and hybrid bleeding control, as well as educational, organizational, and implementation aspects [4,5].

The current Online First publications illustrate both the breadth and the clinical relevance of this field. Contributions range from reports on spontaneous subdural and spinal epidural hemorrhage, to spontaneous lumbar artery rupture in anticoagulated patients, complex postoperative pseudoaneurysms, and the role of acute embolization within the EVTM concept. Collectively, these studies demonstrate how EVTM thinking can be applied across specialties, anatomical regions, and clinical scenarios, often in situations where rapid, minimally invasive, and physiologically sound decision-making is critical.

Looking forward, EVTM is entering a phase where the integration and structuring of knowledge become increasingly important. This is exemplified by ongoing initiatives such as the Artificial Intelligence Textbook of Vascular Surgery, which aims to provide a continuously updated, structured, and intelligent knowledge platform for vascular and endovascular medicine. This ambition closely aligns with that of JEVTM, namely, to collect,

Corresponding author:

Tal M Hörer, MD, PhD, Department of Cardiothoracic and Vascular Surgery, Örebro University Hospital, SE-701 85 Örebro, Sweden.

Email: tal.horer@regionorebrolan.se

© 2026 The Author(s)

This is an open access article published under the terms of the Creative Commons Attribution License (CC BY 4.0), which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

organize, and critically evaluate a rapidly expanding and increasingly complex body of knowledge.

For EVTm to continue to develop as a mature, evidence-based discipline, it is essential that clinical series, comparative studies, translational research, and well-documented case material are systematically published and made available to the wider community. We therefore strongly encourage colleagues working in trauma, vascular surgery, acute care surgery, emergency medicine, and intensive care to consider JEVtm as the primary home for their scientific work within this domain.

At the same time, we remain committed to the continuous improvement of the journal itself. This includes rigorous peer review, clearer declarations regarding the use of artificial intelligence in manuscript preparation, and improved transparency concerning conflicts of interest. As part of this quality work, an ERRATA supplement will be published with the next issue, and the Instructions for Authors have been refined and clarified to further strengthen editorial standards.

In this way, EVTm will continue its transition from a collection of innovative solutions to a coherent, structured, and evidence-based clinical framework. JEVtm will remain the forum where this development is documented, critically discussed, and actively shaped.

Ethics Statement

- (1) All the authors mentioned in the manuscript have agreed to authorship, read and approved the manuscript, and given consent for submission and subsequent publication of the manuscript.
- (2) The authors declare that they have read and abided by the JEVtm statement of ethical standards including rules of informed consent and ethical committee approval as stated in the article.

Conflicts of Interest

TH and DM serve as Editors of the JEVtm. They were not involved in any aspect of the peer review or editorial decision-making process related to this submission.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

Author Contributions

Drafting of manuscript: TH and DM.

Declaration of the Use of Generative AI and AI-assisted technologies in the writing process

No generative AI or AI-assisted technologies were used during the writing process of this manuscript.

REFERENCES

- [1] Hörer TM, Pirouzram A, Khan M, et al. Endovascular Resuscitation and Trauma Management (EVTm) – practical aspects and implementation. *Shock*. 2021; 56(1S):37–41.
- [2] Hörer TM, Ierardi AM, Carriero S, Lanza C, Carrafiello G, McGreevy DT. Emergent vessel embolization for major traumatic and non-traumatic hemorrhage: Indications, tools and outcomes. *Semin Vasc Surg*. 2023; 36(2):283–99.
- [3] Hörer T, DuBose J, Reva V, et al. *Top Stent Manual: The Art of Endovascular Hybrid Trauma and Bleeding Management*. 1st ed. Örebro: Örebro University Hospital, c/o KärllThorax kliniken; 2017.
- [4] DuBose J. The Journal of Endovascular Resuscitation and Trauma Management: a timely endeavor. *J Endovasc Resusc Trauma Manag*. 2017;1(1):1–2.
- [5] Rasmussen TE. Journal of Endovascular Resuscitation and Trauma Management (JEVTm). *J Endovasc Resusc Trauma Manag*. 2017;1(1):3.