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The Society for Vascular Surgery (SVS) and Society of Thoracic Surgeons (STS) teamed up to release new reporting standards in order to ensure patients with type B aortic dissections (TBADs) receive appropriate treatment and care.

The care of patients with type B dissections has evolved over time and now includes medical, surgical and endovascular therapies, often in a multidisciplinary environment, and performed by several specialties, including vascular surgery, cardiothoracic surgery, interventional radiology as well as cardiology.

However, TBAD treatment has been confused by differences in nomenclature and terminology. This combined effort provides a unified consensus on reporting, nomenclature and classification of TBAD and was led by Joseph V. Lombardi, MD, on the SVS side and Chad Hughes, MD, on the part of STS.

The SVS/STS Reporting Standards introduce a new classification system with several new and easy-to-use features created by combining previous classification systems with the well-known anatomic zones of the aorta.

“The new classification system provides an easy way to be descriptive of patients’ anatomy using language that is relevant to the way we currently treat patients,” explained Lombardi as the standards were first announced.

Another important area described is the need for a clear and consistent definition of chronicity of aortic dissections.

The new standards also provide definitions of “uncomplicated” and “complicated” dissections, and includes a new “high-risk” category of dissections that is defined by the presence of specific ominous clinical and radiographic features when a patient presents with a TBAD.

The standards also provide strict definitions of the common clinical complications of dissections and how they should be described and reported.

The document has been more than a year in the making, calling upon an extensive writing team of experts drawn from across both of the organizations.

“The multidisciplinary input from both vascular and cardiothoracic surgeons is unique and has resulted in a document that will define proper reporting for this complex topic,” said Hughes.

“Uniform reporting will allow standardized comparisons across series between different institutions worldwide with the

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goal being data that will best inform outcomes and guide best practices going forward.

“The purpose of this document is to provide structure to the reporting of TBAD, with particular attention to those attributes of TBAD which, based on the best available evidence to date, would appear to impact outcomes.”

The new guideline can be accessed at [vsweb.org/TBADreporting](https://vsweb.org/TBADreporting) .

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