

LETTERS

Should a Multidisciplinary Aortic Team Be Considered Standard in Cardiovascular Medicine?



We read with interest the timely and excellent paper by Batchelor et al¹ on the role of multidisciplinary teams in cardiovascular medicine. We believe there is a significant oversight by the authorship in not including the role of a multidisciplinary team in patients with complex aortic disease. The need for consensus amongst aortic experts has been previously noted and recent American College of Cardiology/American Heart Association guidelines have supported the concept of an 'aortic team' as a Class 1/2a recommendation.^{2,3} We urge that the editors and experts in the cardiovascular community recognize the importance of such a team through more detailed recommendations similar to those in this manuscript. It would be of critical benefit to patients and providers managing aortic pathology.

At our institution, patients with complex aortic pathology are reviewed in a multidisciplinary setting. For example, patients discussed include those with aortic root or ascending pathology in whom decision-making is complex due to medical history, concomitant disease, intermediate size, or concern for hereditary component. Patients with arch or descending pathology would also be uniformly discussed prior to an elective surgery as the options for intervention on these patients are frequently complex given the open, endovascular, and hybrid strategies available. Emergent aortic pathology with complex decision-making will be urgently discussed among providers. The multidisciplinary team consists of aortic surgeons (with cardiothoracic and vascular background),

cardiologists with expertise in hereditary aortic disease, anesthesiologists and intensivists headed by a medical and surgical director. The multidisciplinary team is also responsible for cascade testing in genetically affected families, standardization of protocols for management of these patients, quality, outcomes, review of morbidities, and review of relevant literature. The team is housed within an aortic program under the umbrella of the heart and vascular service line and is supported by relevant administrative personnel. We would advocate for a similar structure to be considered standard in the management of these patients.

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The authors attest they are in compliance with human studies committees and animal welfare regulations of the authors' institutions and Food and Drug Administration guidelines, including patient consent where appropriate. For more information, visit the [Author Center](#).

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