

## Practice Standards for Stent Grafting of Abdominal Aneurysms

Japanese Committee for Stentgraft Management (JACSM)

<b>Facilities</b>	
<i>Equipment and personnel</i>	A DSA apparatus must be installed in an operating room or an angiography room. The facility must have a system that facilitates aortic surgery (see Note 1).
<i>Surgical performance</i> (see Note 2)	A minimum of 30 vascular surgeries and/or endovascular treatments, including 10 abdominal aortic aneurysm repairs, must be performed per year.
<i>Cooperation of surgeons</i>	The cooperation of full-time surgeons who have had experience in doing at least 3 ruptured abdominal aortic aneurysm surgeries must be immediately available. (Surgeons: board certified cardiovascular surgeons or surgeons at facilities where board certified cardiovascular surgeons are on staff)
<b>Practicing surgeons</b>	
<i>Training requirements</i>	Must have completed a training program for each type of stent graft to be used.
<i>Basic experience</i>	Must have experience in doing a minimum of 20 endovascular iliac artery repairs (5 as an operator and 15 as a first assistant) . Must have experience as an operator in doing a minimum of 10 aorto-iliac aneurysms (surgery or stent graft).
<i>Operator experience</i>	Must have done successful endografting for each type of stent graft to be used in a minimum of 2 cases as an operator under a supervising surgeon.
<b>Supervising surgeons</b>	
<i>Performance</i>	Must have experience in doing a minimum of 30 stent graftings (incl. handmade stent grafts) as an operator or first assistant surgeon.
<i>Training requirements</i>	Must have completed a training program for each type of stent graft to be used.
<i>Operator experience</i>	Must have experience in doing a minimum of 10 stent graftings with the relevant stent graft. For those who have a certificate as a supervising surgeon in other types of stent grafts, experience in a minimum of 5 cases is required.
<i>Academic qualifications</i>	Must be qualified as one of the following: a physician certified by the Japanese Association of Cardiovascular Intervention and Therapeutics, specialist certified by the Japanese Society of Interventional Radiology, board certified cardiovascular surgeon, or surgeon certified by the Japan Surgical Society at a facility where board certified cardiovascular surgeons are on staff.
<b>Supplemental notes</b>	
<i>Determination of indication</i>	Seek the advice of a supervising surgeon in determining the indication and selecting the device based on imaging for the first 10 cases.
<i>Imaging</i>	Diagnosis must be made based on CT images (slice thickness, 3 mm or less).
<i>Surveillance (see Note 3)</i>	The facility must conduct follow-up surveillance.
<i>Information disclosure</i>	The Stentgraft Management Committee shall analyze the follow-up surveillance data and disclose the results of the analysis when necessary.

Note 1: The system referred to here includes the participation of anesthesiologists, nurses, and clinical engineers.

Note 2: Surgical performance is the measure of whether the institution regularly performs vascular surgery and/or endovascular treatment.

Note 3: The surveillance system refers to cooperative safety and efficacy management.