During the last years of the outgoing 20th century Eric Topol and I were discussing the plight of patients with multiple ischemic organ manifestations of polyvascular disease often attended by shortcomings of fragmented treatments. Typically, the lead manifestation triggered topsy-turvy management scenarios involving consultations of multiple cardiac-, vascular- or other organ experts proposing and conducting a variety of regimens each pursuing a single line of subspecialty-based reasoning; repetitive diagnostics, delays due to lack of coordination and often also sadly questionable outcomes were common. We thought there must be better ways; and that’s how the concept of PanVascular Medicine approach of interdisciplinary teams with complementary expertise came about.

Enthusiastic as we were we spoke to colleagues about PanVas. Meeting largely with nodding approvals we felt encouraged to put it into writing and started to submit our written proposal to the pertinent medical Journals. To our surprise none of the Journals has ever accepted something we have written and proposed about PanVas, the reasons varied: too early, too late, too immature, too complex, etc. Finally, we shelved the papers and decided to write a textbook instead; PanVascular Medicine; Springer, Berlin, Heidelberg, New York, came out 2002 and met with reasonable interest. Yet, again to our surprise some of the protagonists understood our interdisciplinary approach to mean rather a threat to their respective disciplines and sounded a call for defense of their traditional turfs. In short, in their interpretation the PanVascular concept has become a hostage of special interests and agendas, in some corners even contested battlefields. For other protagonists PanVascular interdisciplinary concept has become an interesting academic exercise to be talked about but God forbid to be practiced on the own hardly won premises. Minority of genuine protagonists actually discovered the charms of the PanVas interdisciplinary approach and set out the transfer into practice. Typically, it was in smaller hospitals urgently pressed for success and revenues. There are no statistics about the experiences of the latter group; from what we heard some did well at the time, some failed.

It was time for us to realize that vertical dreams might not necessarily always fly; medicine is highly competitive field with hard rules to follow. Of course, we knew that than already; what we did not quite appreciated was the fact that changes and innovations also have their gestation period; the more radical they may be the longer that period; where infinity also may become a possibility.

With the more recent developments such as the rediscovered Team approach in cardiology and cardiothoracic surgery, designs and development of hybrid theaters and increasing appeal of personalized medicine the PanVascular Medicine approach implementing the ideas of complementarity, transparency, quality assurance and also not the least competitiveness has now become one of the key platforms for exchange, commerce and collaboration between cardio-vascular experts. For example, run by Springer Nature PanVascular portal is now available for clinical experts and expert scientists to post and to communicate their ideas and work in welcoming peer reviewed manuscript format. The second edition of PanVas published in 2015 by Springer Nature growing from the original 1941 pages in a single volume to 5004 pages in a five volume set provides but another example of the significant and rapid expansion
of knowledge in the panvascular field and the emerging need to share it.

It is a great pleasure and privilege to serve as a guest editor of this Special Issue of Cor et Vasa dedicated to PanVascular Medicine. Based on the idea of the editors Professor Michael Aschermann and Petr Widimsky a number of colleagues and friends expressed their interests to participate in this project and kindly provided a series of articles on the state of the art of their fields with the focus on PanVascular perspective. I wish to thank them all for this great initiative and support we have received as we went. We hope that the readers of Cor et Vasa will share our enthusiasm, enjoy the concise lectures of the presented papers and perhaps even consider to implement some of the PanVascular concept in their daily clinical or research practice.