**EVAS With The Nellix Device Is NOT A Game Changer For Endo AAA Repair**

Hence JM Verhagen, MD PhD
Professor and Chief of Vascular Surgery
Erasmus University Medical Center; Rotterdam, The Netherlands

**Disclosures**

- Medtronic
- WL Gore
- Phillips
- Endologix

**Game changer?**

- Blows your mind
- Product nobody was thinking of, but becomes a huge hit
- Completely changes your practice

**Game changer of the year 2014?**

Game changer?

Game changer!
Matt, wake up,
It’s a marketing strategy!

Potential Game changer?

Design goals

- Simplify procedure
- Eliminate type 2 EL
- Eliminate secondary procedures
- Reduce follow-up CT surveillance
- Treat more anatomies
- Prevent rupture

Matt became PI for global registry

Let’s look at his own results

Endovascular Aneurysm Sealing for Infrarenal Abdominal Aortic Aneurysms:
30-Day Outcomes of 105 Patients in a Single Centre

J.W. Brulé, L. de Boer, L. Reed, A. Verheugten, B. Patterson, P.J. Hall, R.R. Hitchings, R. Morgan, M. Lefebvre, M.W. Thompson

Results: The mean age of the cohort was 76 ± 8 years and 12% were females. Arterial wall morphology was
present in 75 (71%) patients, including aneurysm neck length <10 mm (20%), neck diameter >25 mm (39%),
chamfer length >10 mm (27%), and aneurysm neck width (SN) >5.0 mm. There was one death within 30 days. The incidence
of Type 1 endoleak within 30 days was 4% (4/105), all treated successfully with transcatheter embolization.
An additional four patients were treated for technical issues that resulted in reintervention, and all
were in patients with Type 1 endoleak. The persistent Type 1 endoleak rate at 30 days was 0% and
there were no Type 2a or Type 3 endoleaks. Antegrade and retrograde stenting were performed for postprocedural
aneurysm expansion in two patients (2%).

Let’s look at his own results

Multicenter Nellix EndoVascular Aneurysm Sealing system experience in aneurysm sac scaling

Dimitra Bickler, MD, PhD, Andrey Boldyrev, MD, Matt Thompson, MD, Paul Hayes, MD, Dan Neumann, MD, Jean Paul P. M.de Visser, MD, P.I. , and Michel H. P. J. Reul, MD, PhD

- Type 1a: 5 pt (3%)
- Type 1b: 4 pt (2%)
- Type 2: 4 pt (2%)

Results: During a 12-month period, 173 patients with abdominal aortic aneurysms were enrolled with the Nellix device
and observed for a median of 8 months (range, 0–14 months). The 131 men and 42 female patients with mean age of 74 ±
9 years had mean (±SD) of 9.5 cm in diameter with an average infrarenal neck length of 2.2 cm and an aneurysm
neck width of 5.4 ± 1.2 mm. Technical success was achieved in all but two patients (98%); one patient had a type 2a
endoleak and another had a type 1 endoleak. Through the last available follow-up, type 1a endoleaks were
managed with transcatheter embolization in 10 patients (8%), while type 1b were treated with repeat
stent-graft implantation in 11 patients (9%). Among the patients with type 1a endoleak, no aneurysm-related
interventions were performed in 15 patients (9%). There were no aneurysm ruptures or open surgical
interventions.
What about his co-PI?

What’s the major problem here?

Imaging is unreliable!

- Duplex US successful in very few patients
- CTA non-diagnostic
- No shrinkage possible
- Unknown growth pattern with serious EL

Post-op CTA

4 mm growth in 1 Y:
CTA undiagnostic

Late phase CTA reveals type 1b EL

CTA undiagnostic:
dynamic CT reveals Type 1a EL
Now, don’t get me wrong

- Nellix is very innovative and has many good things to offer
- It may become an important competitor
- There are simply too many unknowns
- How to image complications is only one of them

EVAS is a Mind Changer, not a Game Changer

EVAS a game changer ???

Oops, it’s only a marketing strategy….I didn’t know!

I only wanted to help……