Debate:
F/BEVAR Results From Multiple UK Centers Are Better Than Open Repair Results For Complex AAAs

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DISCLOSURES

• UNRESTRICTED RESEARCH GRANT FROM COOK MEDICAL
• TRAVEL GRANTS FROM GORE, MEDTRONIC AND COOK

Time is short!

• No ‘funny’ slides
• No selective citations
• Just points

The debate

My proposition:
F/BEVAR Results From Multiple UK Centers Are Better Than Open Repair Results For Complex AAAs.
(When you take into account fitness of patients)

My opponent’s:
Not So: French Multicenter Results Show That F/BEVAR Is No Better Than Open Repair For Complex AAAs
(No difference in mortality, with a policy of F/BEVAR only for high risk patients)

Results

• n=318 (All FEVAR done in 4 yrs)
• Age mean 74 y (47–86, median 74)
• Aneurysm size mean 65 mm (46–113, median 62)
• Cook stent-grafts

Technical success

• Successful implantation in 316/318
• All TV fully patent 296 (97%)
• Lost = 5 (0.6%) Threatened = 5 (0.6%)
• Type 1 Endoleak = 14%
Postoperative course

• Mean stay 9 days (1-100 median 6)
• ICU admission in 38%
  – Mean 3.7 days (1-38 median 2)
• Morbidity (97 events in 52 pts)
• 11 patients died within 30 days (3.7%)
• 2 more died in hospital
• 4.1% perioperative death

Risk estimation (for open repair)

Total deaths estimated = 27 / 246 (11%)

Observations

• f-EVAR = 7% absolute risk reduction
• More complex f-EVAR is more hazardous
• Target Vessel patency is acceptable (serious consequences of target vessel loss is rare)

OSR for Suprarenal AA - England

UK NVR results 2014

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Open AAA</th>
<th>EVAR</th>
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<tbody>
<tr>
<td>Admitted to</td>
<td></td>
<td></td>
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<tr>
<td>Ward</td>
<td>2.8%</td>
<td>24.9%</td>
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<tr>
<td>Level 2</td>
<td>51.4%</td>
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<tr>
<td>Level 3</td>
<td>45.7%</td>
<td>24.5%</td>
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<td>Length of stay (days)</td>
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<tr>
<td>Days in critical care</td>
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<tr>
<td>Level 2</td>
<td>2.0</td>
<td>1.0</td>
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<tr>
<td>Level 3</td>
<td>2.0</td>
<td>1.0</td>
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<tr>
<td>Hospital length of stay (days)</td>
<td>6.0 to 14.0</td>
<td>6.0 to 14.0</td>
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<tr>
<td>Paraplegia</td>
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<tr>
<td>Rate</td>
<td>95% CI</td>
<td>Rate</td>
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<tr>
<td>In-hospital mortality</td>
<td>16.6</td>
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<tr>
<td>Rate</td>
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<td>4.2</td>
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<tr>
<td>Rate</td>
<td>8.7</td>
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Results and Factors Affecting Early Outcome of Fenestrated and/or Branched Stent Crafts for Aortic Aneurysms

A Multicenter Prospective Study

Results and Factors Affecting Early Outcome of Fenestrated and/or Branched Stent Crafts for Aortic Aneurysms

Paraplegia higher with f/b EVAR
No difference in ICU use
Total LOS longer (all acute care) with f/b EVAR
Problems with WINDOWS

- Comparison of “F/BEVAR in high risk patients versus OSR in low risk patients”
- No reliable risk stratification
- Misleading to interpret that there is no early mortality advantage

Conclusion

- F/B EVAR has lower operative mortality compared to OSR.
- Appearances otherwise are due to a lack of comparability of patients
- Reject my opponent’s view