DEBATE: Non-Compliance After EVAR Is No Big Deal: It Does Not Increase Aneurysm-Related Or All Cause Mortality

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- I have the following potential conflicts of interest to report:
  - Receipt of grants/research support
  - Department research grant Medtronic
  - Receipt of honoraria and travel support
  - Participation in a company sponsored speakers' bureau
  - Employment in industry
  - Shareholder in a healthcare company
  - Owner of a healthcare company
- I do not have any potential conflict of interest

EVAR: 20% Aortic Complications within 5 years
Treating I/III Endoleaks prevents rupture
Surveillance after EVAR is mandatory
Efficacy and Cost-effectiveness poorly defined

Baseline

NICE National Institute for Health and Care Excellence

Figure 2: Kaplan-Meier estimates for renal and aneurysm-related survival up to 10 years of follow-up.
The hazard ratios are 0.92 (95% CI 0.79-1.06) for renal mortality, and 0.99 (95% CI 0.88-1.12) for aneurysm-related mortality.
Problems with surveillance

- Modern series 10% 5 year reintervention not 20%
- Of those, 50% present symptomatically as interval endoleak
- So only 1% per year detected by surveillance
- Risk of reintervention is predictable
- Add in non-compliance....
**Summary**

- Compliance is 60% at 5-years but no difference in ARM / ACM
- Focusing on high-risk subgroups will deliver benefit
- Clinical and cost-effectiveness of EVAR dependent on risk-stratified surveillance