Flaws in the NICE Guidelines for treating AAA’s: How they were based on Biases of the Writing Committee and why they will have an impact beyond the UK

FRANS MOLL

Short Overview

• United Kingdom National Institute for Health and Care Excellence (NICE), May 2018: Presentation update Guidelines for AAA
• Many Stakeholders, Incl. National Vasc. Societies, such as Vasc. Soc. for Great Britain and Ireland (VSGBI), British Soc. Interventional Radiologists and Ireland submitted Formal Responses as part of Consultation Phase
• May 2019: Quote of the President VSGBI: “Unworkable. I feel strongly that this would put the UK Vascular Service Many Years behind and in Direct Conflict with the Recent American and European Guidelines”

Where did it go wrong

• Only RCT’s were leading: EVAR 1 (2), DREAM, OVER & ACE
• In an attempt to go for “Independent” Members of the Writing Committee, Peculiar Selection was made
• Prospective Close Observational Studies were not accepted
• Major Improvements of Stent-graft Devices and Imaging/Planning Technology were Ignored
• The Currently Available Outdated RCT’s are marginally powered at Short Term, and Heavily Underpowered at Long Term Follow-up

Survival after abdominal aortic aneurysm repair is affected by socioeconomic status

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Abstract

Results

A total of 767 patients were included. The mean age was 73 years; 80% were male, 77% were white, and 20% were African American. There was no difference in SES of patients who underwent open vs endovascular repair of AAA ($P = .489$). The average NDI was −0.18 (minimum, −1.47; maximum, 2.35). After adjusting for the variables that were significant on univariable analysis (age, medical comorbidities, length of stay, and year of surgery), the association between NDI and long-term mortality was significant ($P = .021$; hazard ratio, 1.21 [1.05-1.37]).

Conclusions

Long-term mortality after AAA repair is associated with SES. Further studies are required to assess which risk factors (behavioral, psychosocial) are responsible for this decreased long-term survival in low SES patients after AAA repair.
CONCLUSION

• When Long Term Results of RCT’s are being used, Thousands of Patients are needed to come to Valid Conclusions

• Because the Biggest Confounding Factor for Long Term Risks at overall Morbidity and Mortality is by far the ZIP-Code

• Reappraisal for Prospective Close Observational Studies is Justified