CONTROVERSY/DEBATE RE Rx RAAAs

EVAR BETTER THAN OPEN REPAIR FOR MOST RAAAS

IF CERTAIN CONDITIONS APPLY

DO NOT BELIEVE THE FIGURES

FRANK J. VEITH

CACVS - 2013

PARIS – JANUARY 19, 2013

NO CONFLICTS
BUT
AN APOLOGY

I THOUGHT MY TALK TITLE WAS:

“EVAR BETTER THAN OPEN REPAIR FOR ALL AAAs
DO NOT BELIEVE THE FIGURES”

SO MY BOOK CHAPTER IS ON:

‘EVAR RCTs ARE GOOD BUT REACH WRONG CONCLUSIONS: EVAR BEST FOR ELECTIVE & RUPT AAAS IN FIT & UNFIT PTS WITH GOOD ANATOMY’

SO READ THE CHAPTER
IT IS A GOOD ONE – BUT
MY TALK WILL DEFEND
THE POSITION
"EVAR IS BETTER THAN OR
FOR MOST RAAAs"
IF CERTAIN CONDITIONS
ARE FULFILLED

A DEBATE

IN THE BEST
BRITISH TRADITION
I RECOGNIZE THAT THE
PURPOSE IS TO WIN
SO I WILL TRY TO DO SO

STRATEGIES TO WIN

- RIDICULE OR ATTACK YOUR OPPONENT
- IF THAT FAILS, EXAMINE THE MOTION &, IF POSSIBLE, ATTACK IT
- DISGUISE OR HIDE YOUR WEAK POSITION

I DON'T WANT TO DO THAT

JURG SCHMIDLI IS A NICE GUY & HE HAS SHOWN YOU HE GETS GOOD RESULTS WITH OPEN REP - PROBABLY BECAUSE HE CAN'T FILL MANY OF THE CONDITIONS FOR DOING EVAR WELL THAT I WILL TELL YOU ABOUT

SO MY TALK IS FOR THE REST OF YOU WHO EMBRACE EVAR

VALUE OF MEDICAL DEBATES

PRIMARILY ENTERTAINMENT

- Outcome **Not** Based On Logic
- Confirm Pre-existing Prejudice

SO LET'S SEE WHAT THAT PREJUDICE IS

HOW MANY IN THE AUDIENCE THINK I SHOULD WIN THIS DEBATE ?

LET ME TRY TO SUPPORT THE POSITION THAT

FOR THE MOST PART RUPTURED AAAs ARE BEST TREATED BY EVAR

IF CERTAIN CONDITIONS ARE FULFILLED

BACKGROUND FACTS

EVAR INTUITIVELY BETTER

- LESS DISSECTION
- LESS BLOOD LOSS
- LESS HYPOTHERMIA
- LESS VESSEL INJURY
- LESS COAGULOPATHY
- LESS ANESTHESIA

HOWEVER

SOME GROUPS HAVE HAD POOR RESULTS WITH EVAR FOR RAAAs

3 CONTROLLED STUDIES SHOWED EVAR NO BETTER THAN OPEN REPAIR (OR)

- PEPPELENBOSCH, BUTH ET AL
  J VASC SURG 43:1111, 2006
- HINCHLIFFE, ET AL
  EUR J VASC ENDOV SURG
  32:506, 2006
- CHO & MAKAROUN JVS, 2012

EVAR FOR RUPT AAAs

- REMAINS CONTROVERSIAL
- NO LEVEL I EVIDENCE TO SUPPORT ITS WIDE USE
  - SOME STILL SAY WE NEED RCT
    - 3 ONGOING – i IN UK
    - i IN FR & I IN NL

SO

TO CONVINCE YOU THAT RCTs NOT NEEDED, I MUST SHOW THAT LEVEL I EVIDENCE IS NOT ALWAYS NECESSARY TO CHANGE OUR PRACTICE & THEN TAKE IT FROM THERE

RCTS & LEVEL I EVIDENCE FLAWS AND WEAKNESSES

RCTs CAN BE MISLEADING & SUBJECT TO BIAS & MISINTERPRETATION

VEITH JVS FEB 2013

PRECEDENCE FOR PRACTICE W/O LEVEL I EVID

MANY MANY EXAMPLES

SUCH AS

NO ONE WOULD EVER SUGGEST DOING A RCT OF THE VALUE OF PROX CONTROL IN ARTERIAL BLEEDING OR PARACHUTES

SO

WHAT ABOUT EVAR FOR RUPTURED AAAs ???

THE MOST CONVINCING DATA FOR THE SUPERIORITY OF EVAR IS…

COLLECTED WORLD EXPERIENCE WITH EVAR FOR RUPT AAAs

FJ VEITH, M LACHAT, M MALINA
E VERHOEVEN, G COPPI, T LARZON
M MEHTA, G BIASI, J BRUNKWALL
& RAAA INVESTIGATORS

ANN SURG 2009; 250:818-24

MOST IMPORTANT DATA FROM 13 CENTERS – TO 2009

- **THESE 13 CTRS USED EVAR ON ALL ANAT POSS RAAA PTS**

680 RAAA PTS RxS BY EVAR

763 RAAA PTS RxD BY OR

30-DAY MORTALITY

EVAR	OR
19.7%	**VS 36.3%** **(P <.0001)**

HOWEVER NOT A RCT

EVAR & OR CASES MAY STILL NOT BE COMPARABLE

THAT UNLIKELY POSSIBILITY OFFSET BY

10-15% PTS CATEGORICALLY IMPOSSIBLE TO TREAT BY OPEN REPAIR WHO WERE SUCCESSFULLY RxD BY EVAR

WHY CAN SOME GROUPS LIKE THE 13 CENTERS GET GOOD RESULTS & OTHERS NOT ???

WE BELIEVE
TREATMENT STRATEGIES
ADJUNCTS & TECHNIQUES

MAKE A DIFFERENCE AND ACCOUNTS FOR BETTER RESULTS

SOME KEY ELEMENTS

VEITH, ET AL
ANN SURG, NOV 2009

THESE INCLUDE

- HYPOTENSIVE HEMOSTASIS
- PROPER USE OF SC AO BALLOON CONTROL (JVS JAN 2013)
- AGGRESSIVE Dx & Rx OF ACS
- USE OF EVAR ON ALL POSSIBLE PATIENTS – INCL HI RISK PTS
- HAVING A TEAM, A PROTOCOL & COMMITMENT TO EVAR

IMPORTANCE OF THESE KEY ELEMENTS

PROVEN BY A 2013 ANN SURG ARTICLE* SHOWING THAT 100% OF RAAAs COULD BE TREATED BY EVAR WITH ONLY 4% TURN DOWN RATE & A 27% 30-D MORTALITY RATE

***MAYER, LACHAT, LARZON, VEITH ANN SURG IN PRESS 2013**

CONCLUSION - RAAAs

THE LOW 30-D MORTALITY &

MANY INOPERABLE CASES

TREATED SUCCESSFULLY SHOW

EVAR IS A BETTER WAY TO TREAT RUPTURED AAAs IN ANATOMICALLY SUITED PTS

IF CERTAIN…

CONDITIONS TO DO EVAR FOR RAAAs EFFECTIVELY & WITH BETTER RESULTS THAN OR ARE FULFILLED

- EQUIPMENT & ENDOGRAFTS AVAILABLE
- SURGEONS HAVE ENDO & EVAR SKILLS
- ANATOMY IS OK FOR EVAR
- PROTOCOL, SET-UP, COMMITMENT & PREPARATION FOR EMERGENCY EVAR ARE IN PLACE &
- YOU DO IT RIGHT

ALL OF YOU SHOULD STRIVE TO FULFIL THESE CONDITIONS SO YOU CAN GET THE BEST RESULTS FOR YOUR RAAA PATIENTS & YOU SHOULD VOTE FOR ME IN THIS DEBATE


THANKS FOR YOUR
ATTENTION &VOTE