DEBATE: FEVAR is the best option for aortic neck < 9mm

Against

Matt Thompson

St Georges Vascular Institute, London, UK
Financial Disclosure Slide

- Consultancy fees, Speakers bureau, Research funding
  - Medtronic
  - Endologix
DEBATE: FEVAR is the best option for aortic neck < 9mm

AGAINST
DEBATE: FEVAR is the best option for aortic neck < 9mm

AGAINST

FEVR is ONE option for aortic neck < 9mm
Treatment for Short Neck AAA – It’s Complicated

- Mode of repair
- Technical feasibility
- Peri-operative outcome
- Durability
- Life expectancy
Is There a Standard AAA with 9mm Neck ???

MT 2016
One size does not fit all

Need to tailor the endovascular repair to the clinical situation and aortic morphology
Custom Made Fenestrated Grafts

- Good treatment for many
- Technically challenging – good success
  - Large profile
  - Significant “turn down” rate (30%+) (manufacturing constraints, morphology)
- Delay to treatment – 3 months
  - Type 1 endoleak 4.6%

Banno et al JVS 2014; 60: 31
Globalstar Circ 2012; 125: 2707
Options Apart From Fenestrated Grafts……

- Bifurcated endovascular graft

- Stapled prosthesis
  - CHEVAR
  - CHEVAS
Bifurcated Endografts

<table>
<thead>
<tr>
<th>Neck Length</th>
<th>8-&lt;15 mm</th>
<th>≥15 mm</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successful Delivery and Deployment</td>
<td>100% (137/137)</td>
<td>99.4% (1093/1100)</td>
<td>0.35</td>
</tr>
<tr>
<td>Type I Endoleak (uncorrected)</td>
<td>0% (0/137)</td>
<td>1.3% (14/1094)</td>
<td>0.18</td>
</tr>
</tbody>
</table>

4y FU

<table>
<thead>
<tr>
<th>Neck Length</th>
<th>8-&lt;15 mm</th>
<th>≥15 mm</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type I Endoleak</td>
<td>3.3% (2/60)</td>
<td>1.6% (9/576)</td>
<td>0.32</td>
</tr>
<tr>
<td>Type IA Endoleak</td>
<td>1.7% (1/60)</td>
<td>0.5% (3/576)</td>
<td>0.29</td>
</tr>
</tbody>
</table>
Bifurcated Endografts and Endoanchors

Midterm Outcome of EndoAnchors for the Prevention of Endoleak and Stent-Graft Migration in Patients With Challenging Proximal Aortic Neck Anatomy

William D. Jordan Jr, MD¹, Jean-Paul P. M. de Vries, MD, PhD², Kenneth Ouriel, MD³, Manish Mehta, MD, MPH⁴, David Varnagy, MD⁵, William M. Moore Jr, MD⁶, Frank R. Arko, MD⁷, James Joye, DO⁸, and John Henretta, MD⁹

<table>
<thead>
<tr>
<th>Aortic Neck Length, mm</th>
<th>Type Ia Endoleak</th>
<th>Sac Enlargement (&gt;5 mm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;10</td>
<td>2/45 (4.4)</td>
<td>1/48 (2.1)</td>
</tr>
<tr>
<td>≥10</td>
<td>1/73 (1.4)</td>
<td>1/76 (1.3)</td>
</tr>
<tr>
<td>p</td>
<td>0.557</td>
<td>NS</td>
</tr>
</tbody>
</table>

MT 2016
EVAR and Parallel Grafts for Juxta-Renal AAA

- Near universal applicability – no wait
  - Suited to angulated aorta
- Results better than expected – durability?
  - Issue is seal – gutters / endoleaks
  - Pericles Registry – Type 1 2.9%

EVAS and Parallel Grafts

MT 2016

ASCEND
Aneurysm Sealing for Complex AAA: Evaluation of Nellix Durability
Is fEVAR the Best Option in Short Neck AAA

- Good option if ............
- Minimal aortic angulation
- Single – non diseased visceral vessels
  - Large caliber iliacs
- Need long term durability
- Wait 3 months for treatment
Choose Wisely – Many Different Options !!!!
DEBATE: FEVAR is the best option for aortic neck < 9mm

AGAINST

FEVR is ONE option for aortic neck < 9mm
DEBATE: FEVAR is the best option for aortic neck < 9mm

Against

Matt Thompson

St Georges Vascular Institute, London, UK