

AN INTERVENTIONAL CARDIOLOGIST'S PERSPECTIVE ON ENDOVASCULAR THERAPY FOR AAA

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Endovascular therapy for AAA

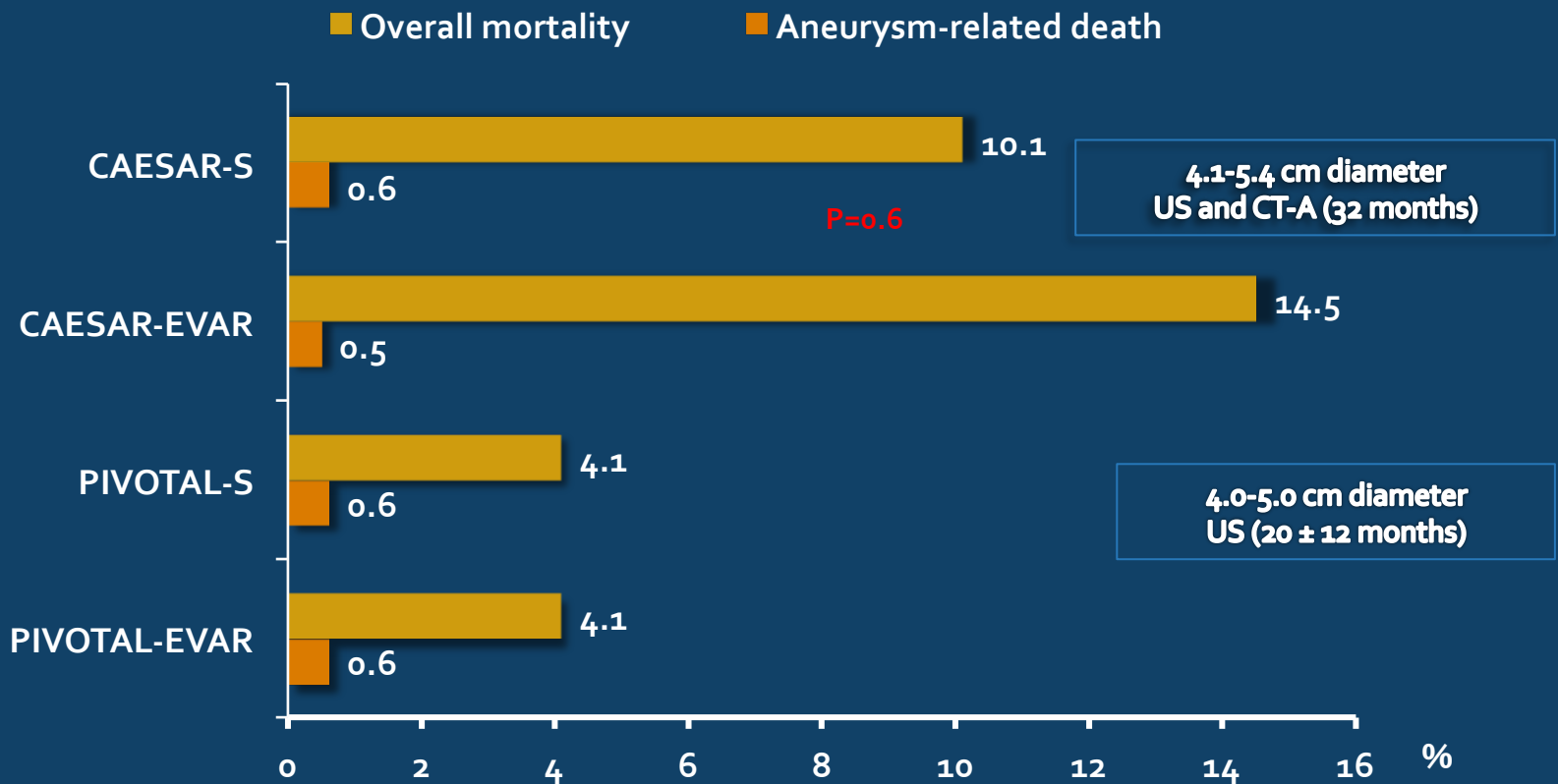
Primary points of analysis: mortality and re-interventions rate.

	RCT	Meta-analysis	Observational studies
Small AAA	PIVOTAL CAESAR		
Low-intermediate surgical risk	EVAR-1 DREAM ACE OVER		
High surgical risk (Unfit for open repair)	EVAR-2		
High surgical risk (Ruptured AAA)	Pilot Study		

RCT: Randomized controlled trials.

EVAR for small aneurysm

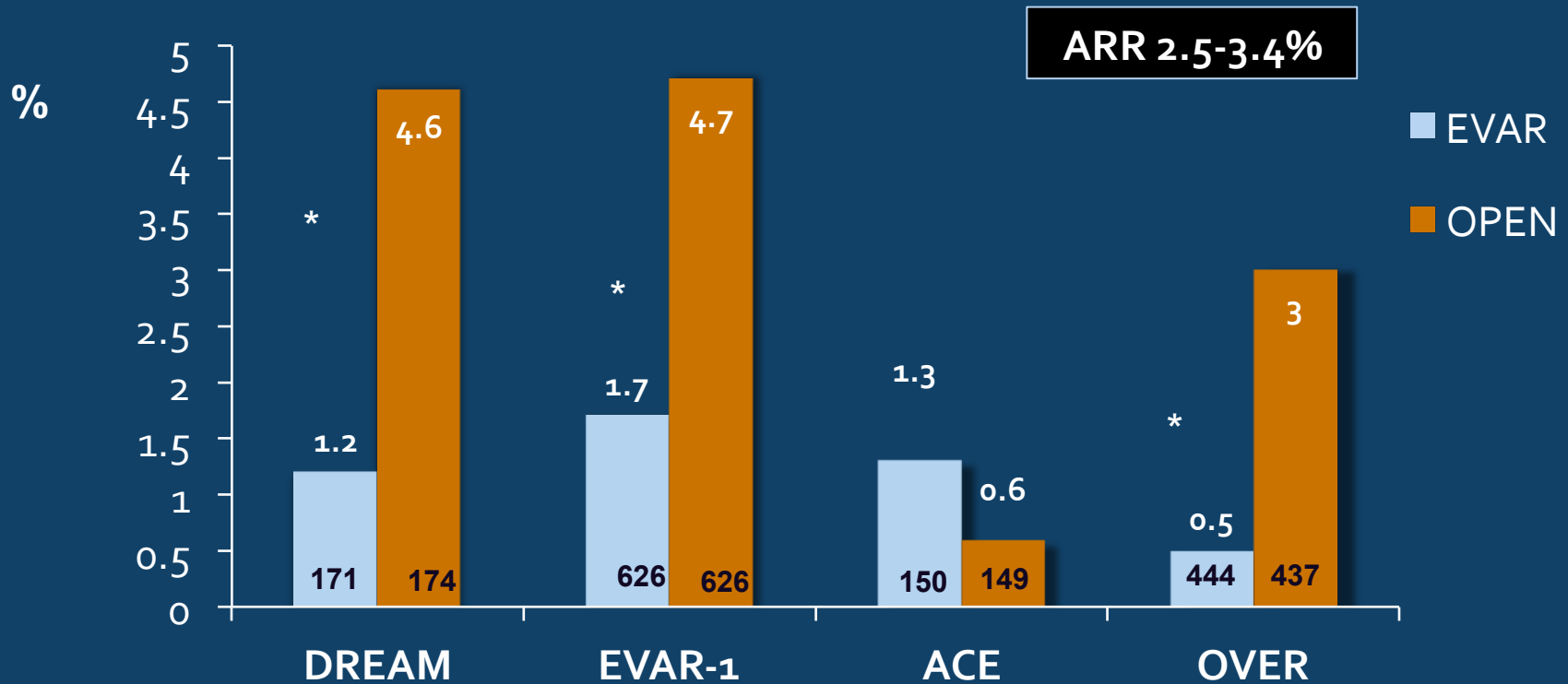
Early or delayed EVAR



PIVOTAL Investigators. J Vasc Surg 2010;51:1081-1087. CAESAR trial. Eur J Vasc Endovasc Surg 2011;41:13-25.

Endovascular aneurysm repair versus open repair-abdominal aortic aneurysm

30-day mortality-randomized controlled trials (Low and intermediate surgical risk)



ARR 2.5-3.4%

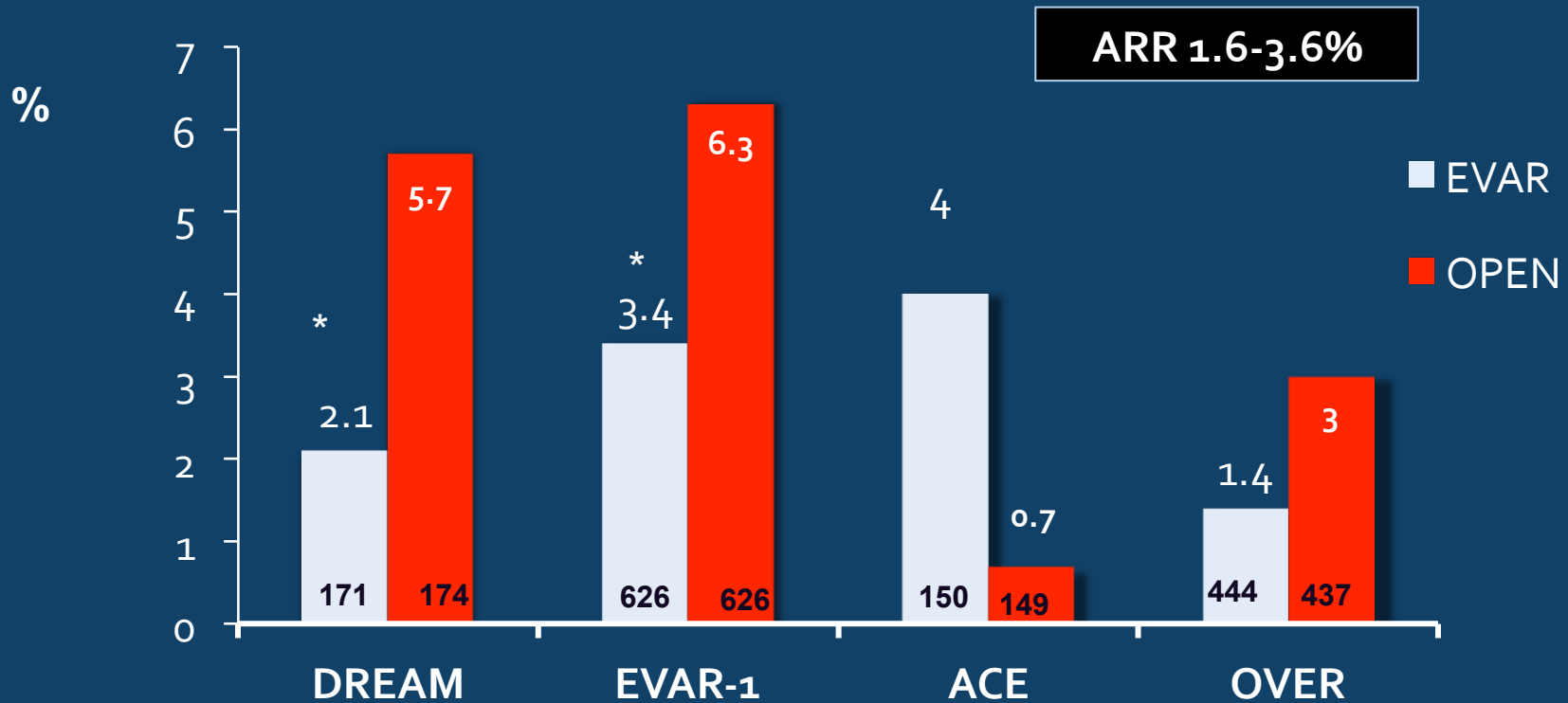
Prinssen M et al. N Engl J Med 2004;351:1607-1618.
EVAR-1 Investigators. Lancet 2004;364:843-848.
ACE trial. J Vasc Surg 2011;53:1167-73.
OVER trial. JAMA 2009;302:1535-1542.

*P<0.05

EVAR vs Open repair

Aneurysm-related death

Intermediate-term mortality-randomized controlled trials



*P<0.05

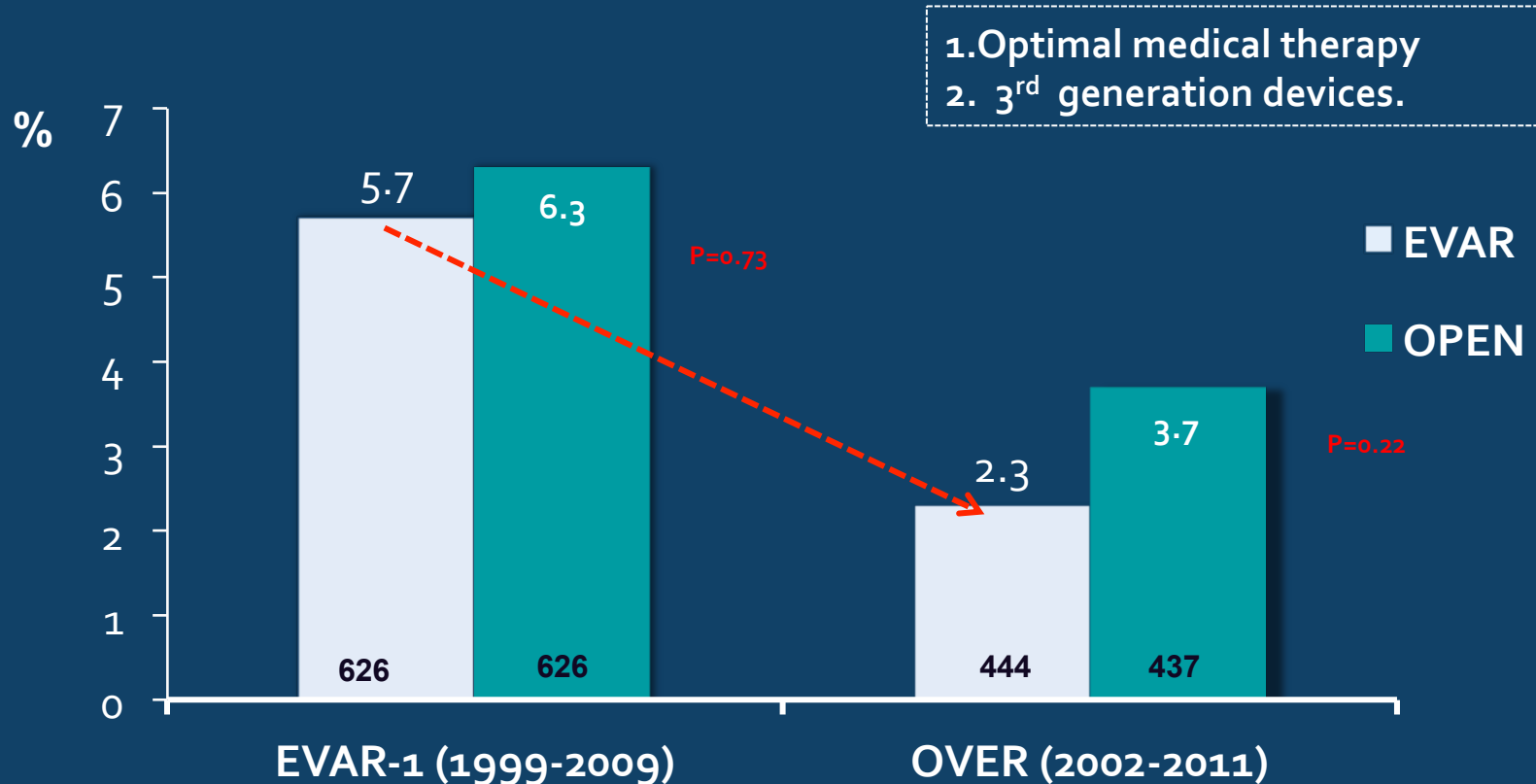
Low and intermediate surgical risk

DREAM Investigators. N Engl J Med 2005;352:2398-2405. EVAR-1 Investigators. Lancet 2005;365:2179-2186. ACE trial. J Vasc Surg 2011;53:1167-73. OVER trial. JAMA 2009;302:1535-1542.

EVAR vs Open repair

Aneurysm-related death

Long-term mortality-randomized controlled trials



Low and intermediate surgical risk

EVAR-1 Investigators. NEJM 2010;362:1863-1871.

OVER trial. NEJM 2012;367:1988-1997.

Long-term mortality after EVAR vs Open repair

Causes of death

	EVAR (%)	OPEN (%)	p
CV disease			
EVAR-1	9.2	8.1	ns
DREAM	9.2	8.9	0.16
OVER	8.8	6.6	0.23
Cancer			
EVAR-1	9.5	12.1	ns
DREAM	10.4	10.1	ns
OVER	8.8	11.0	0.27
Respiratory/Infection			
EVAR-1	3.9	6.0	ns
DREAM	4.0	2.8	ns
OVER	3.4	2.8	0.59

EVAR-1 Investigators. NEJM 2010;362:1863-1871. DREAM trial. NEJM 2010;362:1881-89.
OVER trial. NEJM 2012;367:1988-1997.

Long-term outcomes of EVAR vs Open repair

Late-aneurysm rupture after EVAR

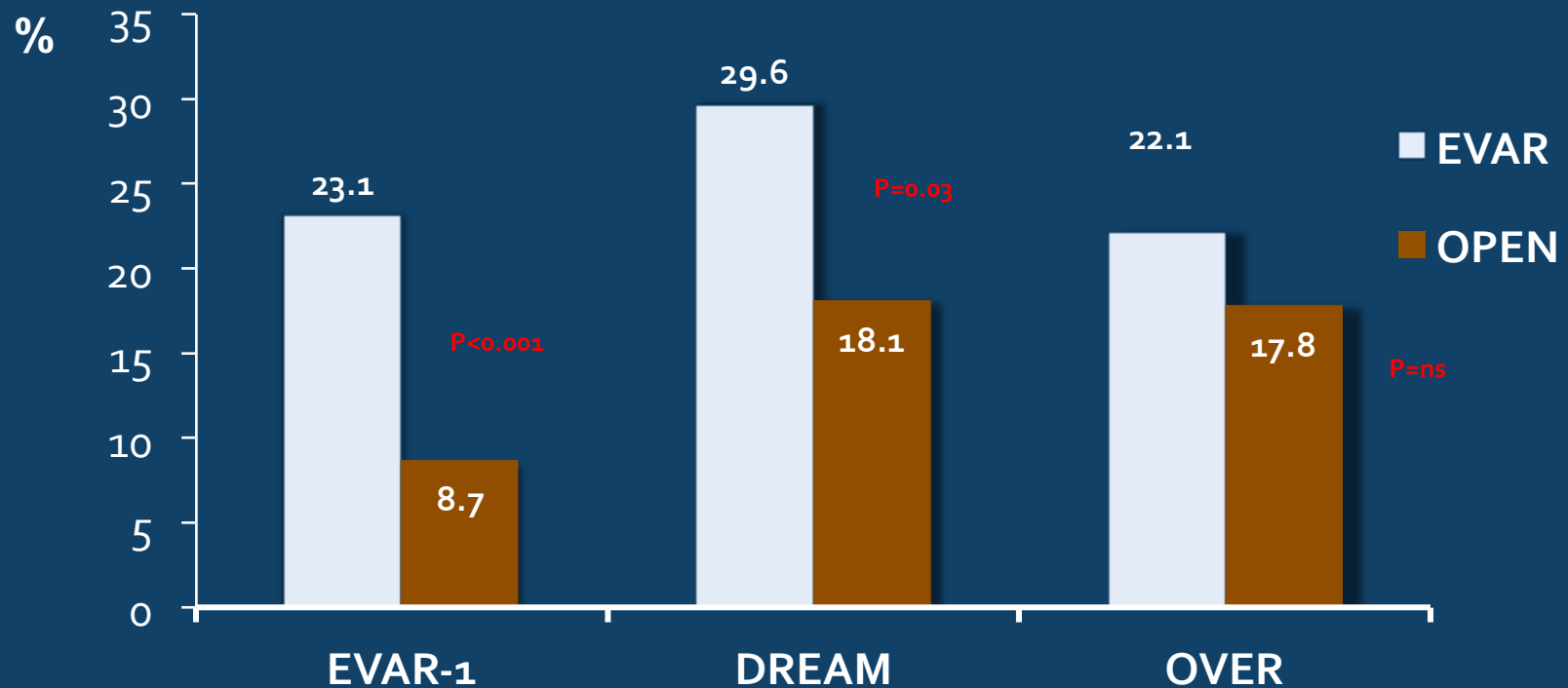
	EVAR	OPEN	p
EVAR-1 (8-y)	4.0	0	<0.05
DREAM (7-y)	0	1.1	ns
ACE (3-y)	1.3	0	0.12
OVER (8-y)	1.4	0	0.03

EVAR-1 Investigators. NEJM 2010;362:1863-1871. DREAM trial. NEJM 2010;362:1881-89.
ACE trial. J Vasc Surg 2011;53:1167-73. OVER trial. NEJM 2012;367:1988-1997.

EVAR vs Open repair

Secondary therapeutic procedures

Long-term outcomes of randomized controlled trials



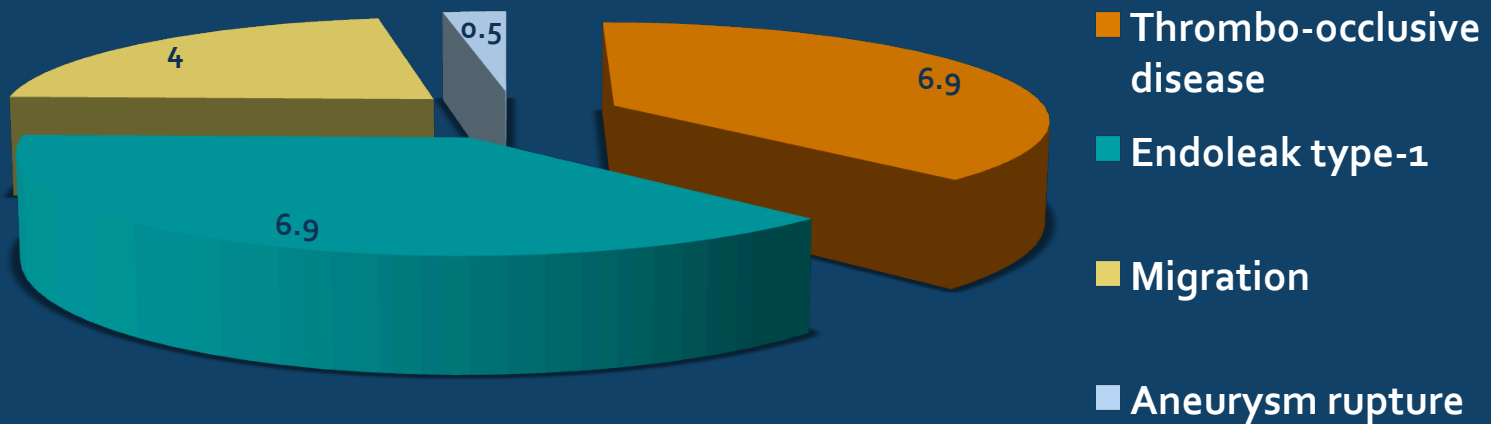
EVAR-1 Investigators. NEJM 2010;362:1863-1871.

DREAM Investigators. NEJM 2010;362:1881-1889.

OVER trial. NEJM 2012;367:1988-1997.

DREAM Trial

Indications for first reintervention



EVAR 2 Trial

Endovascular repair vs no intervention

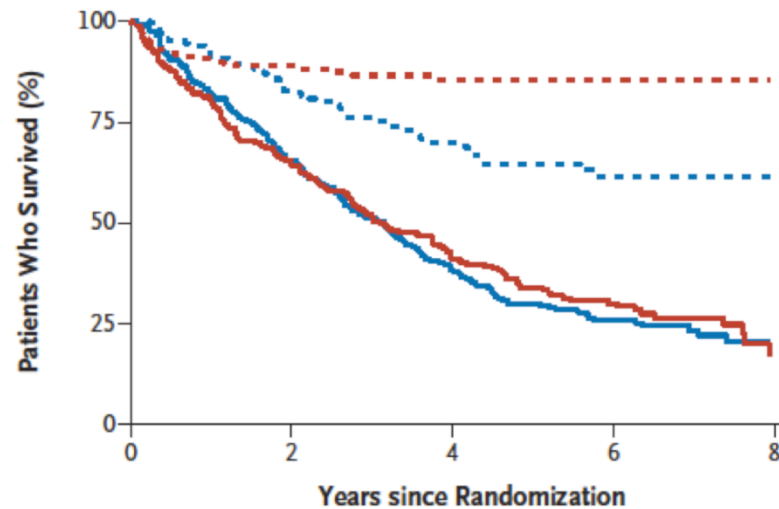
High surgical risk patients: unfit for open repair

No-Repair group
26.5% EVAR
7.2% Open repair

AAA repair: 33.8%

- Endovascular repair; aneurysm-related survival, 86% (95% CI, 79–90)
- - - No intervention; aneurysm-related survival, 64% (95% CI, 55–72)
- Endovascular repair; total survival, 30% (95% CI, 26–37)
- No intervention; total survival, 26% (95% CI, 20–32)

Aneurysms-related death
EVAR 13.6%
No Repair 35.6%
p=0.02



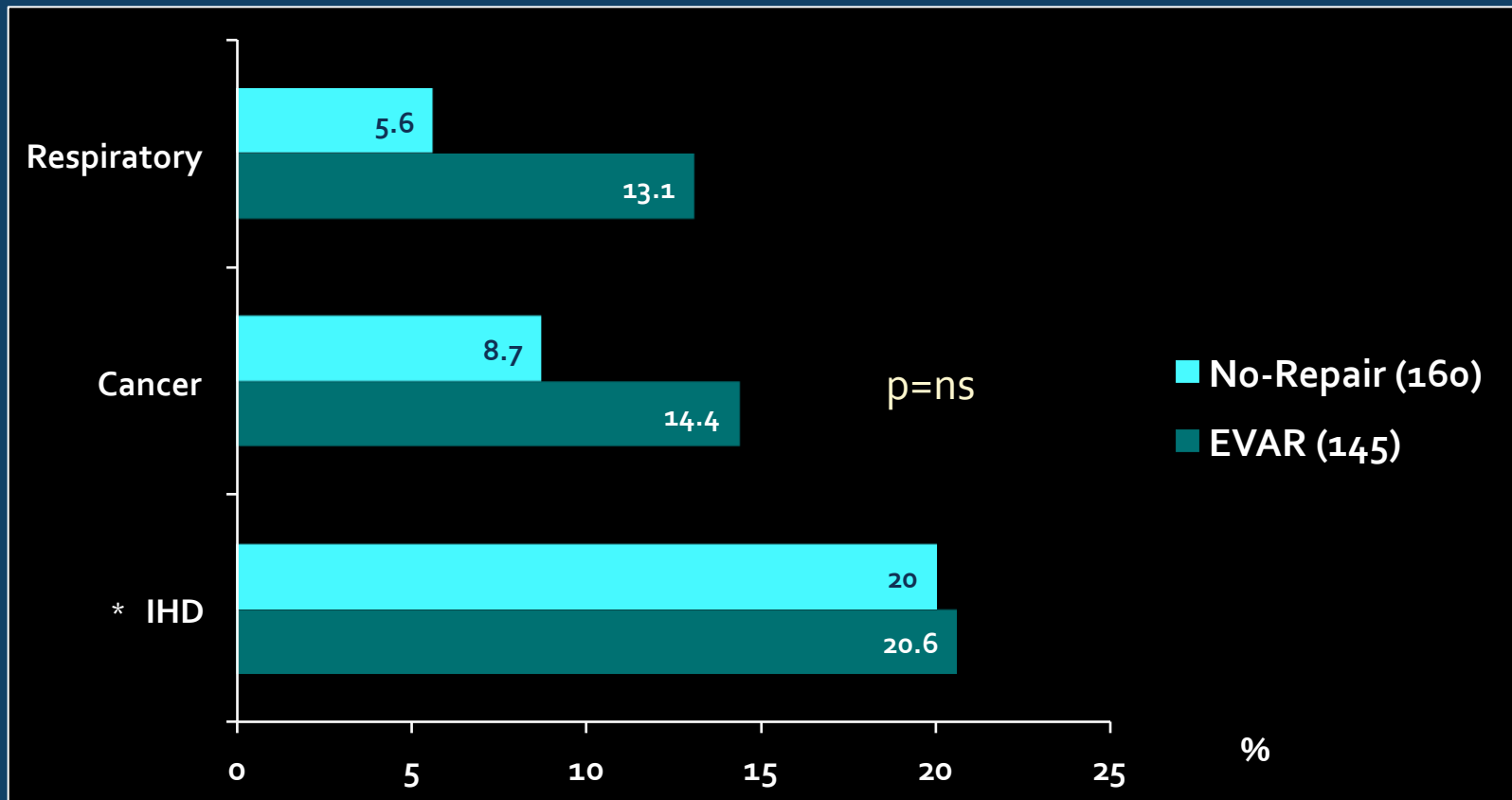
No. at Risk

Endovascular repair	197	127	81	39	6
No intervention	207	137	80	39	7

EVAR Trial. N Engl J Med 2010;362:1872-1880. Supplementary appendix data.

EVAR-2 Trial: high surgical risk patients

Causes of death



- Ischaemic heart disease.

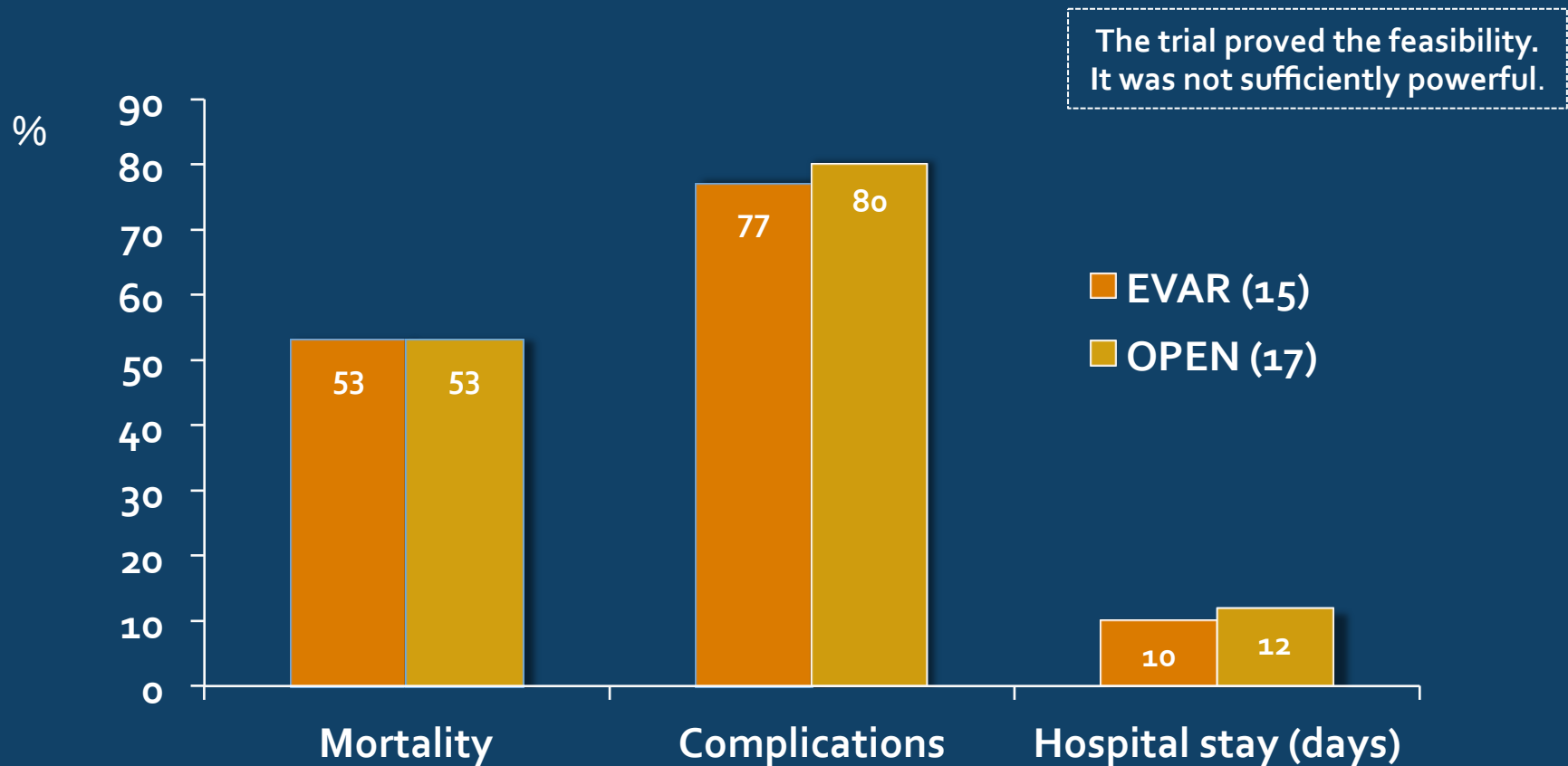
EVAR Trial. N Engl J Med 2010;362:1872-1880. supplementary appendix data.

Endovascular repair of r-AAA

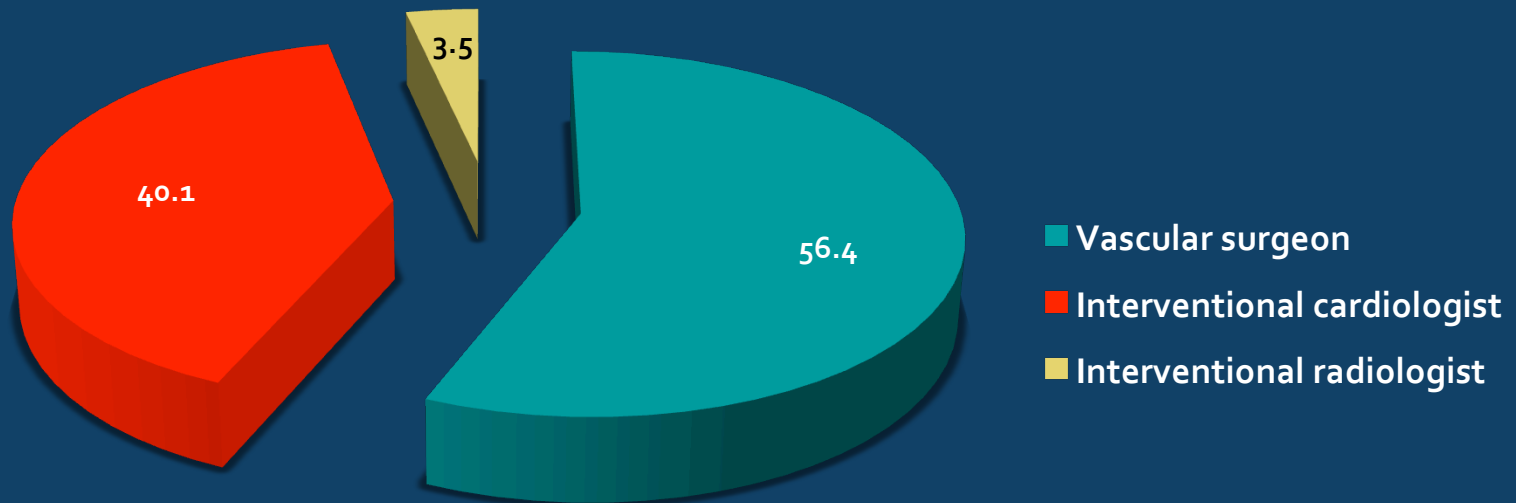
Authors	Year	Number of pts	Overall mortality (%)
<u>Registries</u>			
Veith (World experience)	2009	1037	21.1
Richards	2007	51	29
Gibbons	2008	474	15
Mani	2009	91	14.3
<u>Meta-analysis</u>			
Harkin	2007	891	18
Visser	2007	148	22
Mastracci	2008	436	21
Sadat	2008	730	30
Azizzadeh	2008	531	30
Rayt	2008	981	24
Karkos	2008	897	24

R-AAA: Randomized controlled trial

Results of a Pilot Study

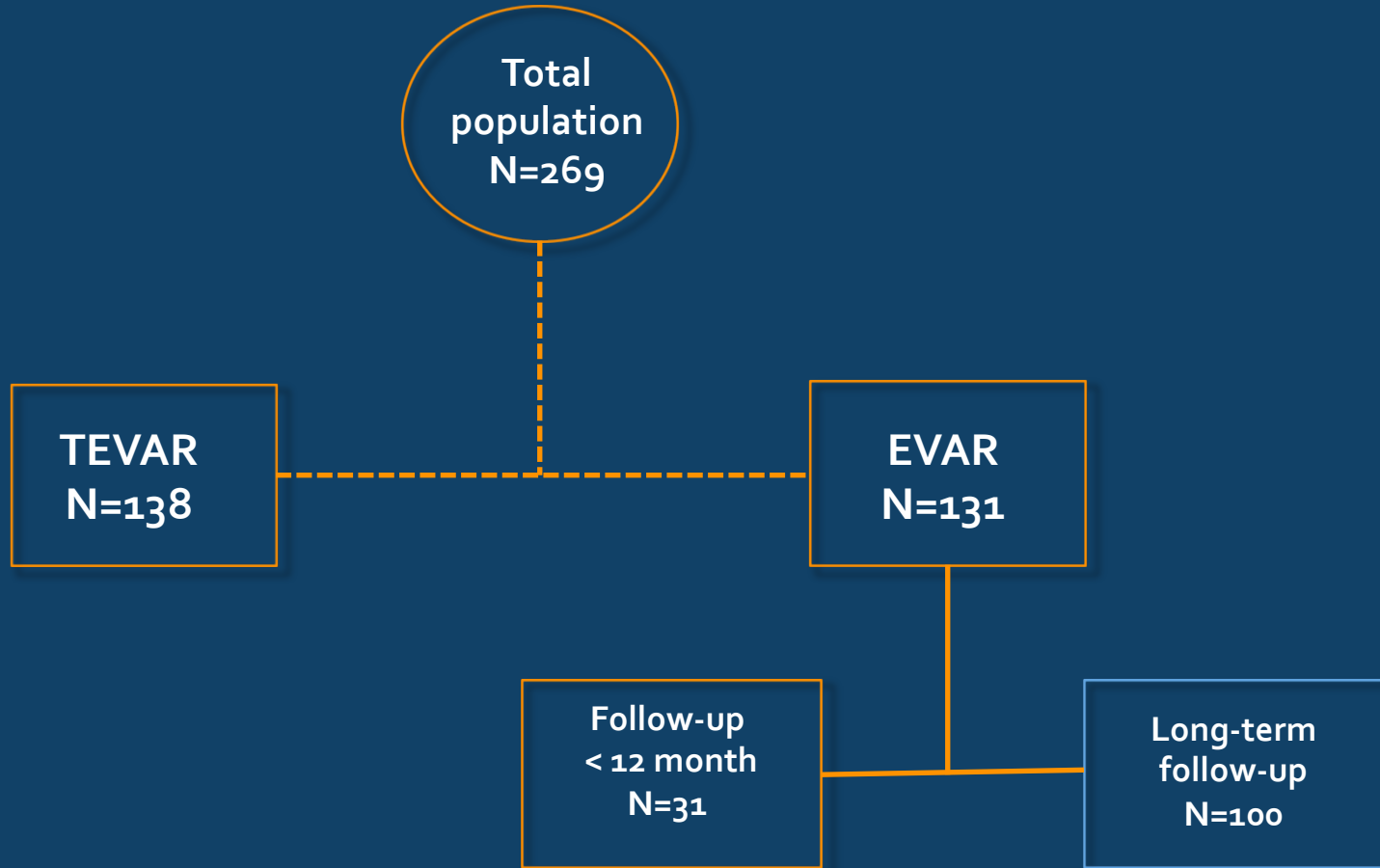


Endovascular treatment of AAA by speciality in Mexico (2012)



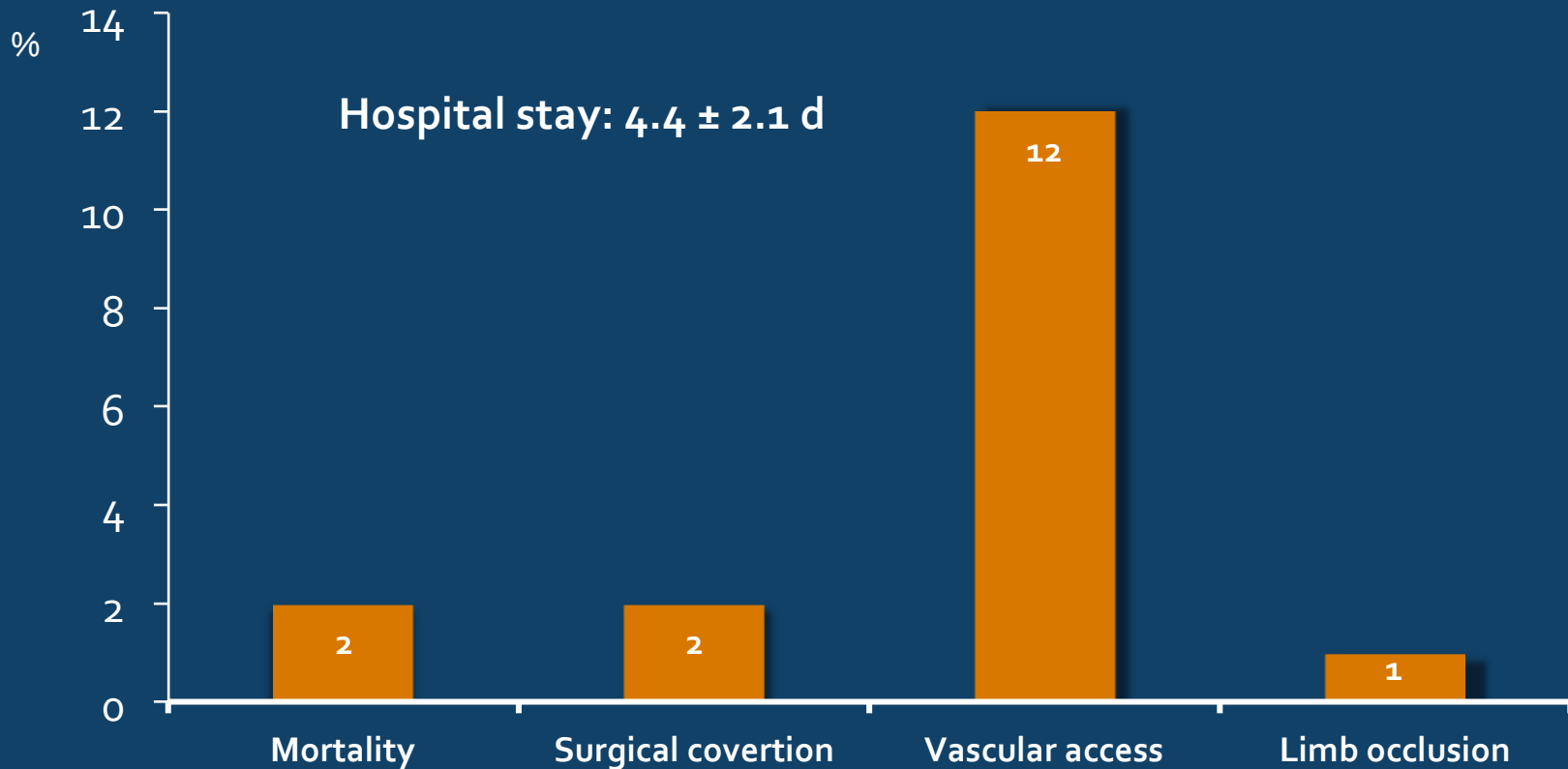
Approved for use in Mexico : Endurant® Medtronic, Endologix Powerlink®, Gore Excluder®, and Cook Zenith®

Endovascular treatment of AAA





In-Hospital outcomes Intermediate-high risk patients

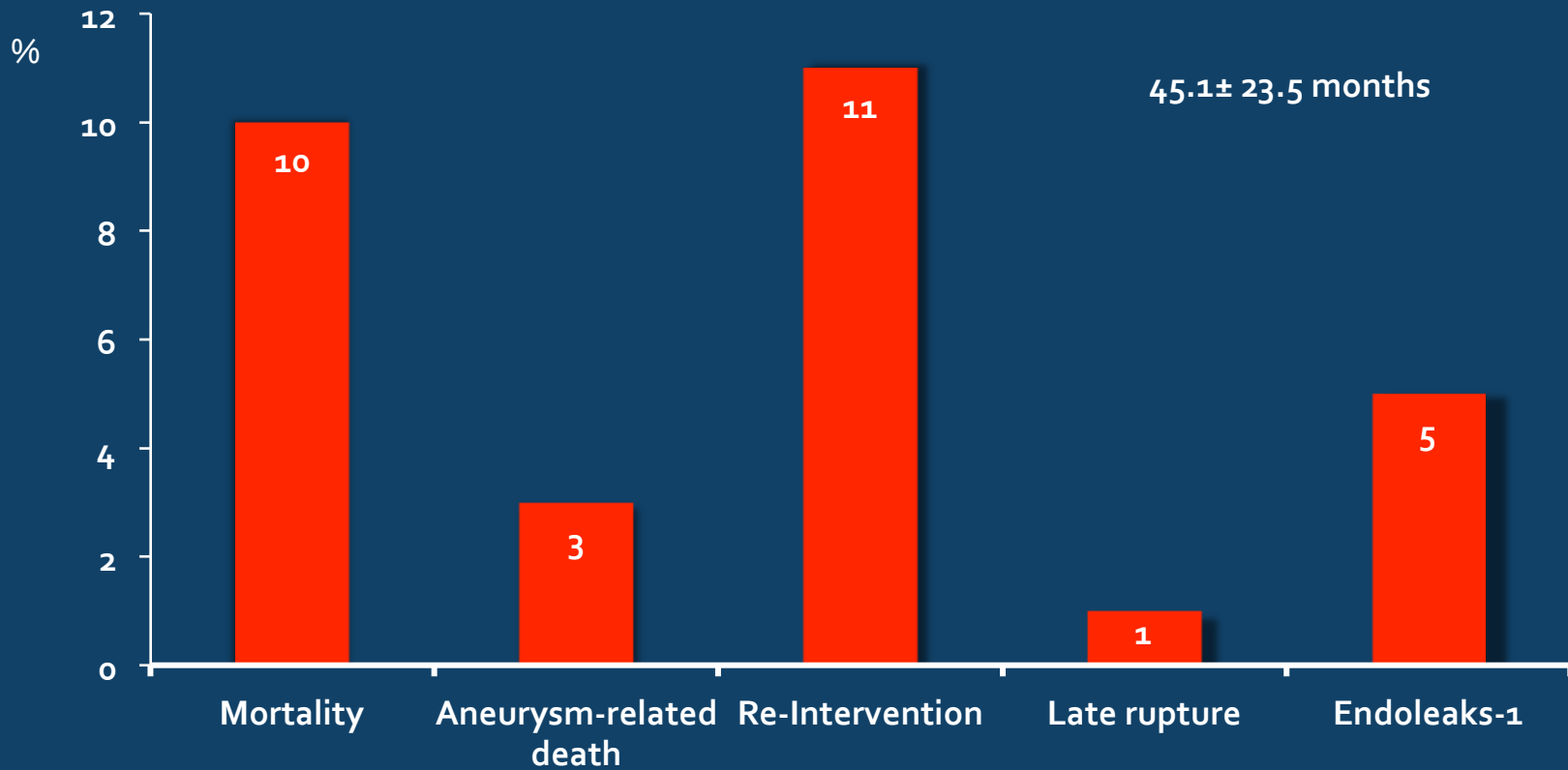


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Long-term outcomes

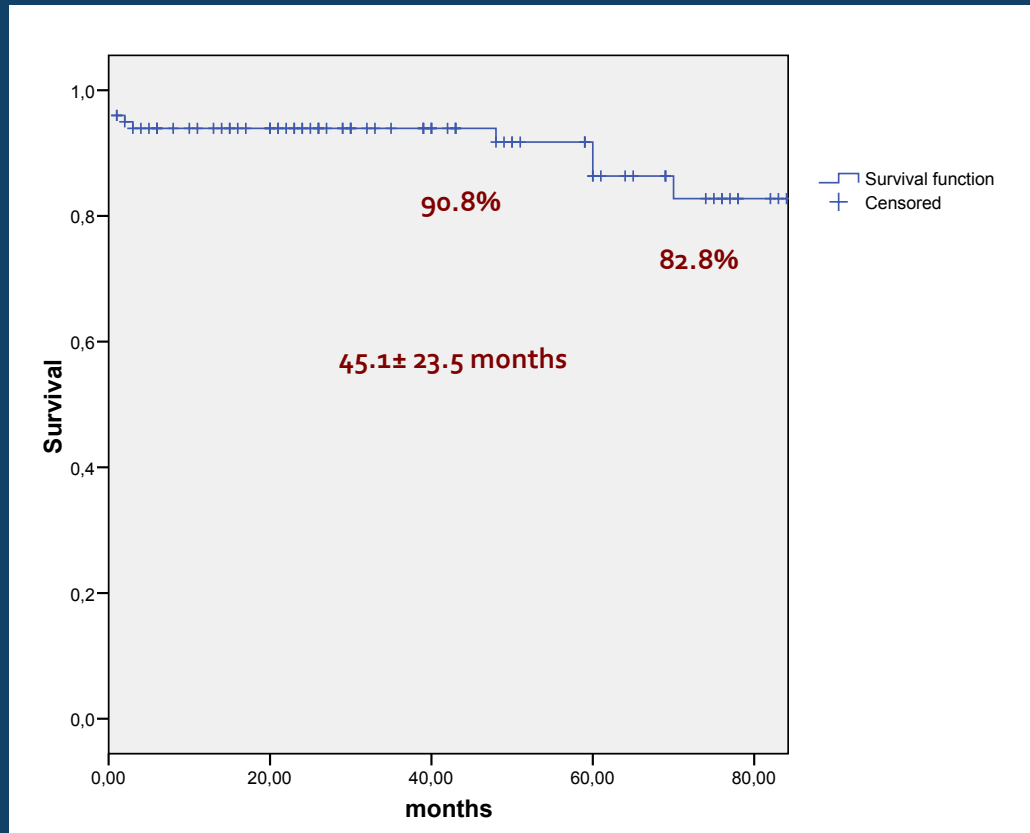
Major adverse events (4-y)



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Endovascular repair

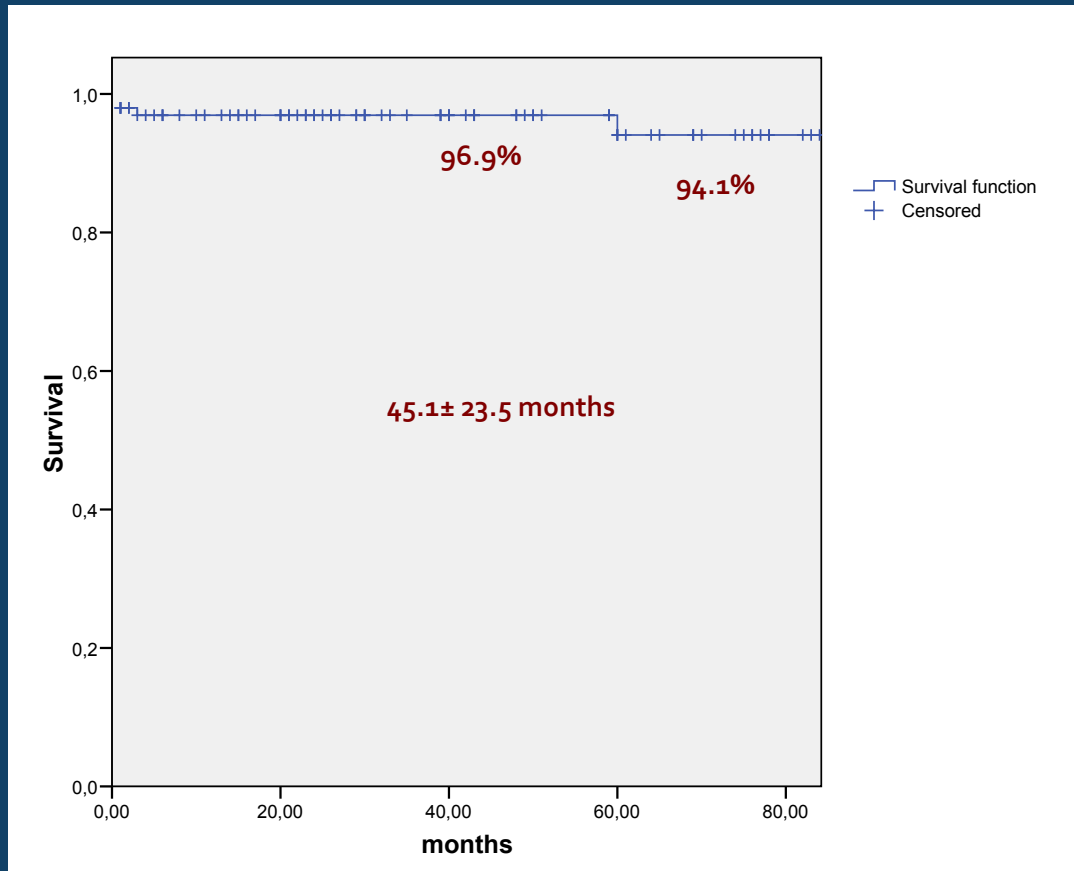
Global survival (4 - 7 ys)





Endovascular repair

Aneurysm-related survival (4 - 7 ys)

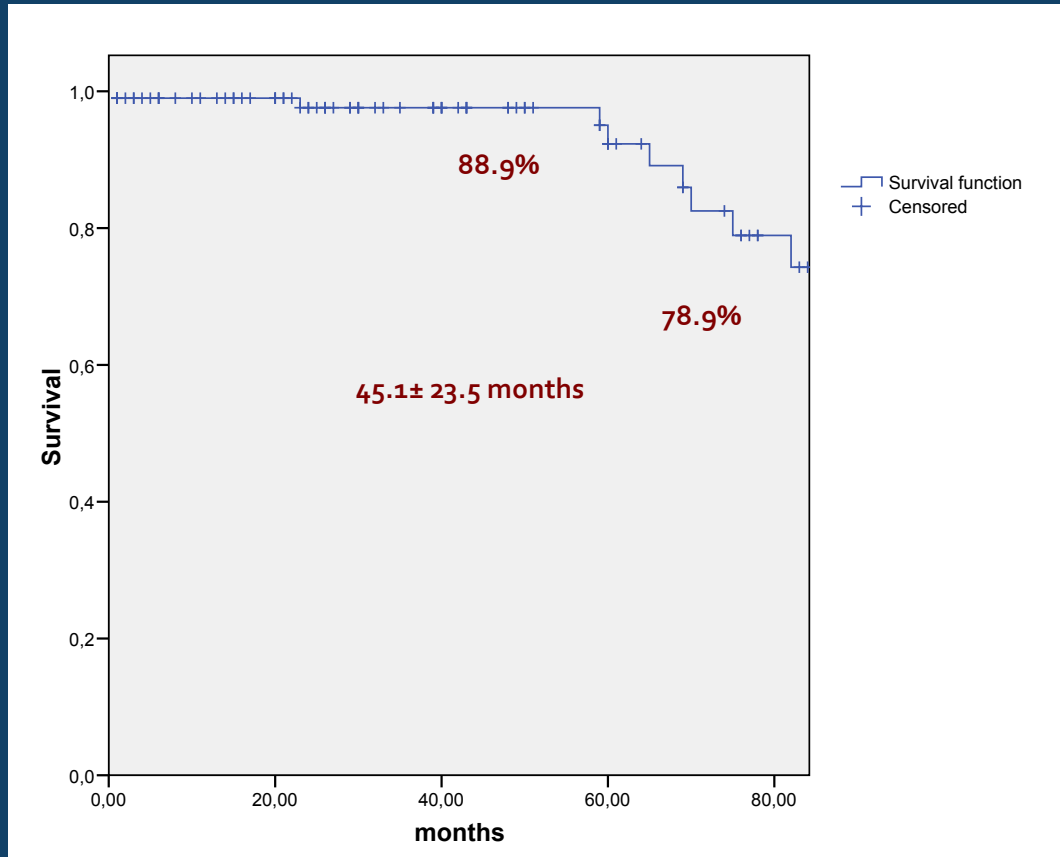


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Endovascular repair

Survival without a reintervention (4 – 7 ys)



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Conclusions



1. Small AAA: no advantages has been shown between early or delayed EVAR strategy (PIVOTAL & CAESAR Trials)..
2. Low-intermediate risk patients: there is no significant difference in the primary outcome of long-term mortality between the EVAR and open repair. Re-interventions rate higher with EVAR (EVAR-1, DREAM, OVER Trials).
3. High-risk patients, unfit for open repair: endovascular repair is associated with a significant lower rate of aneurysms-related mortality and similar rate of death from any cause (EVAR-2). It is necessary more data to define the role of EVAR in r-AAA (IMPROVED Trial).
4. Long-term outcomes of EVAR in Mexico: comparable to the RCTs.