ENDO ANCHORS
NOT A ROUTINE PART OF EVAR

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I PUT THAT
ON EVERYTHING.

Presenter Disclosure

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- I have no current relationships with commercial entities

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  - But I use a lot of anchors – selectively, as an adjunct
  - I do not have access to a “hybrid” suite and anchors are a lot easier than FEVAR
  - I buy Frank’s Red Hot in Costco size containers

ARGUMENTS

- Existing EVAR outcomes – on IFU – are good and comparable to open
- Endoanchors add an additional cost and prolong the OR and radiation
- ***This*** year I am arguing for the correct viewpoint, so I will not have to stoop to Peti name calling

- Essentially - Do you need to put that on everything?

If It Ain't Broke, Don't Fix it!

- DREAM – RCT – 351 patients (started in 2000)
  - Freedom from secondary intervention 82 vs 70% favors open at 6 years
  - EVAR survival advantage initial 2 years
  - Survival similar at 6 years ~ 70%
- EVAR 1 – RCT – 1252 patients (started in 1999)
  - EVAR survival advantage initial 6 months, then similar
  - Reintervention rate 5% early (seems high on IFU)
- OVER – RCT – US – 881 patients – VA centers
  - High all cause mortality at initial OR in both groups (EVAR not statistically but lower)
  - Similar long term mortality
  - Only 3 late ruptures in EVAR group

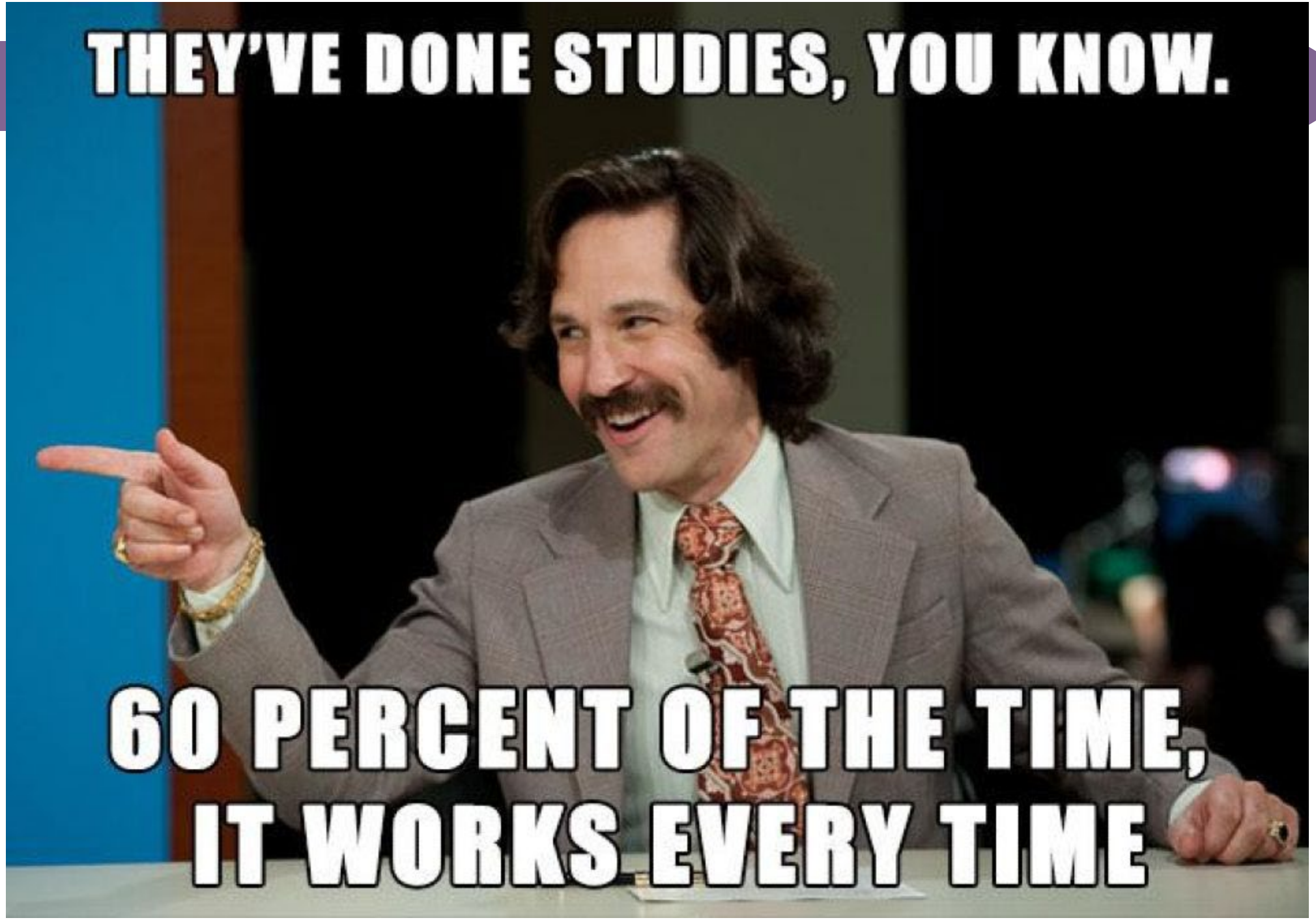
- This doesn't take into account hernia rate and SBO post open causing a higher open reintervention and admit rate but that's another debate

Propper BW, Abularrage CJ. Long-term safety and efficacy of endovascular abdominal aortic aneurysm repair. Vasc Health Risk Manag. 2013;9:135-41. doi: 10.2147/VHRM.S32250. Epub 2013 Apr 3. PMID: 23579199; PMCID: PMC3621645.

EVAR 2 ALREADY SHOWED UNFIT PATIENTS DON'T NEED EVAR

- 197 patients EVAR
- 207 patients observation
  - But of these 25% ultimately had EVAR
- 30 day mortality 7%
  - 50% graft related complications
  - 27% reintervention

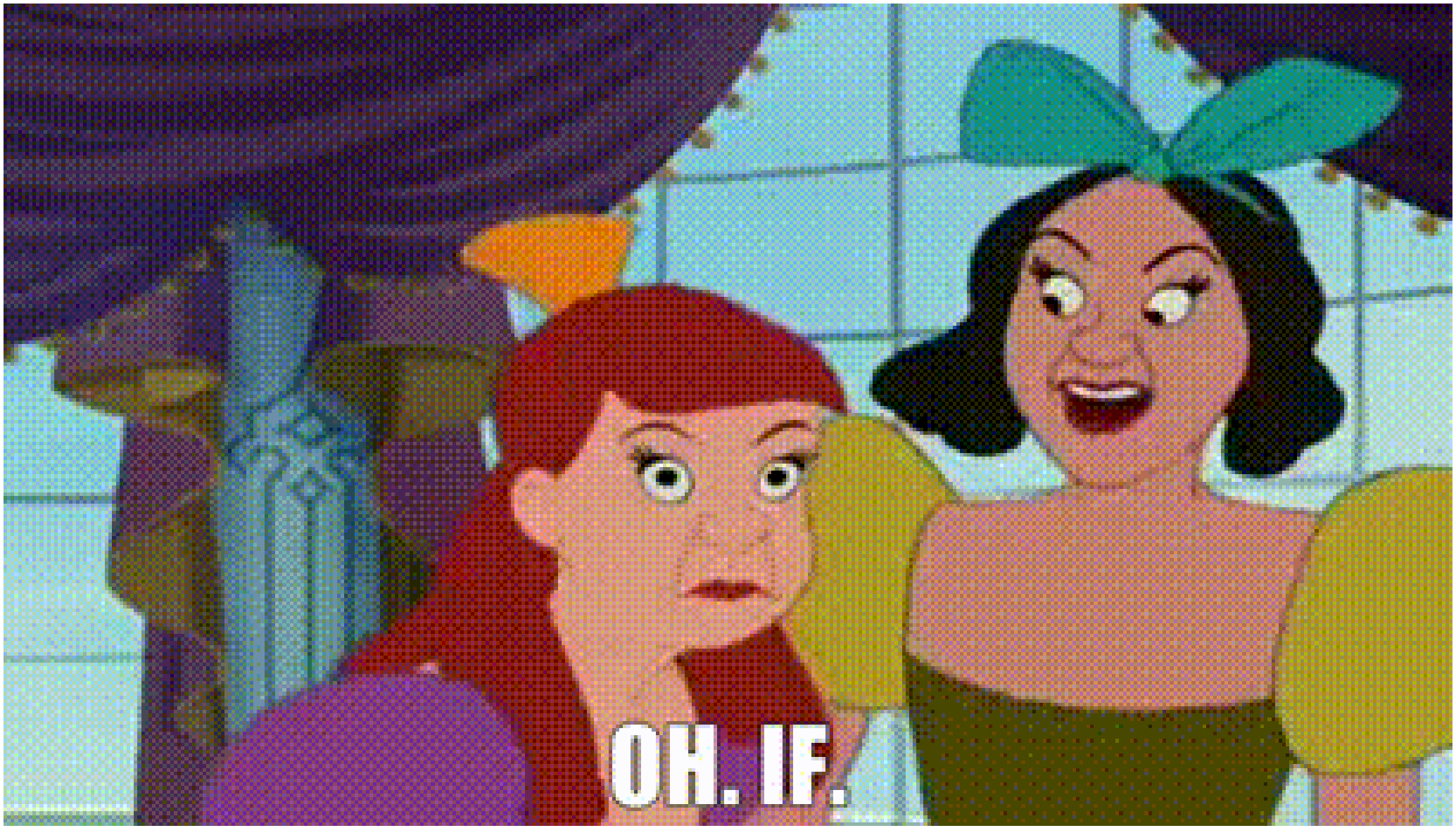
  - So we already know those that aren't fit for an operation don't do well…


THEY'VE DONE STUDIES, YOU KNOW.
60 PERCENT OF THE TIME,
IT WORKS EVERY TIME

FEVAR IS BETTER THAN ESAR[2]

- We recall this paper from CSVS journal club
- 391 patients – 60 ESAR vs 207 FEVAR for hospital neck anatomy
  - Excluded pararenal, thoracoabdominal or off label indications
  - Propensity matched scoring
  - FEVAR is more definitive than ESAR for cases where routine EVAR no longer IFU
    - FEWER type 1A Endoleak
    - Greater sac regression
    - Trend towards increased survival (79% vs 61%) – I'd argue that's a relevant difference!
    - But P > 0.05… so for want of a larger RCT
- Add EVAR 2 (ie patients not fit for OR do poorly)
- Patients with high-risk anatomy need FEVAR or open for definitive repair

REBUTTAL


OH. IF.

ENDO ANCHORS ARE VIABLE OPTION – THAT IS NOT ROUTINE

- I am sure by now Dr Parekh has pointed out that
- Endoanchors are indicated in
  - Wide necks
  - Short necks
  - Patients with a type 1 A leak intra operatively or on follow up
  - And maybe young patients with long life expectancy who probably should have had an open repair…
  - He may have *even* sleuthed and found out I have an entire shelf of Endo Anchors at St Paul's Hospital in Saskatoon or that I use them in RAAA for questionable necks (well off IFU if RAAA)!

  - This is not "routine"

So my (evidence based approach)

- Open in fit patients
- EVAR if concern about fitness for open OR
  - Or patient preference over open
- For juxta renal AAA
  - Open for fit patients
  - FEVAR preferred option if not fit for open OR
- Selective Anchor use
  - For short or wide necks
  - In young patients who decline OPEN OR with any neck concern
  - In RAAA where fEVAR is just not timely option (I push the envelope for RAAA with regards to IFU) and I believe open excess morbidity and mortality in most

Endo Anchors – One of many Valuable Tools in the kit

References

1. Propper BW, Abularrage CJ. Long-term safety and efficacy of endovascular abdominal aortic aneurysm repair. Vasc Health Risk Manag. 2013;9:135-41. doi: 10.2147/VHRM.S32250. Epub 2013 Apr 3. PMID: 23579199; PMCID: PMC3621645.

2. Fereydooni A, Satam K et al. Comparison of EndoSuture vs fenestrated aortic aneurysm repair in treatment of abdominal aortic aneurysms with unfavorable neck anatomy. Journal of vascular surgery. Articles in Press November 25, 2024
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