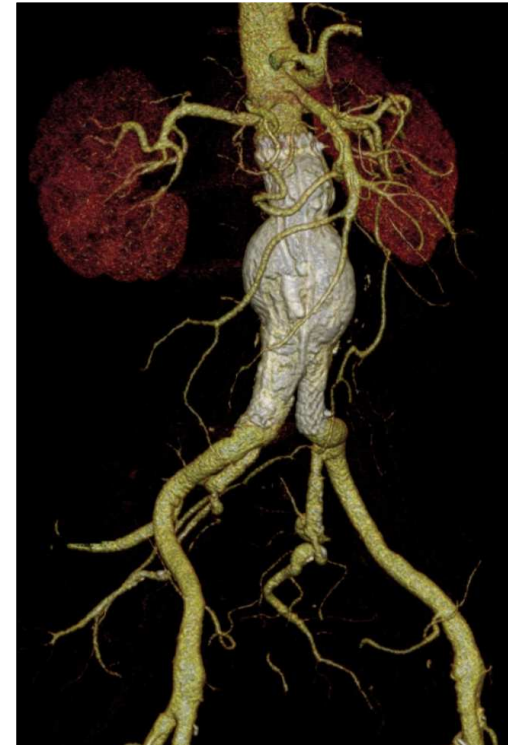


Will EVAS Replace EVAR?

Ian Loftus
St George's Vascular
Institute
London UK



Disclosures

- Proctor and Speaker Bureau for Endologix

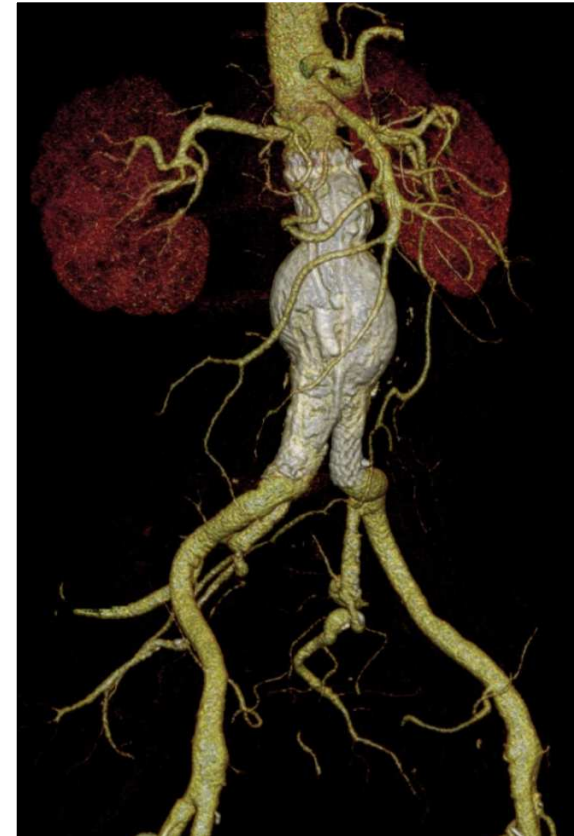
Stent design: *Paradigm Shift*

- Generations of EVAR solutions subtle design change
- Technological innovation to produce endografts with:
 - Reduced incidence of graft failure and endoleak
 - Improve long term outcomes
 - Expand indications for EVAR



Stent design: *Paradigm Shift*

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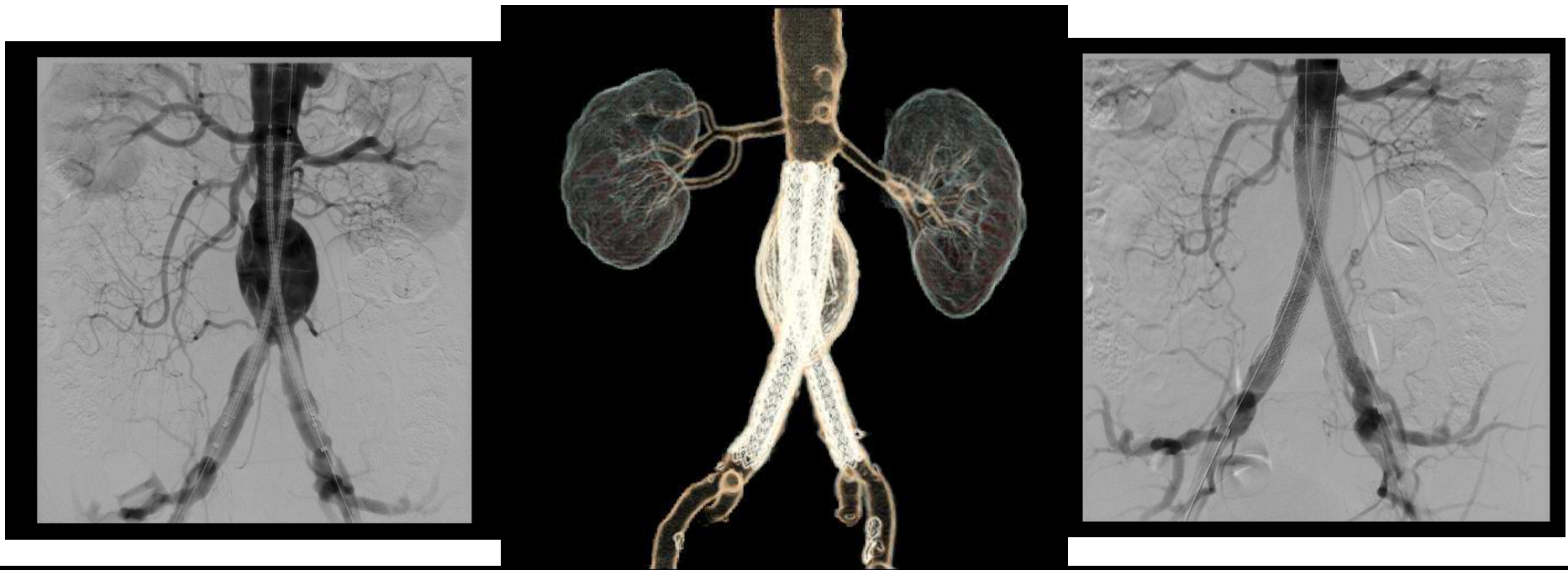


Features to Change EVAR Practice

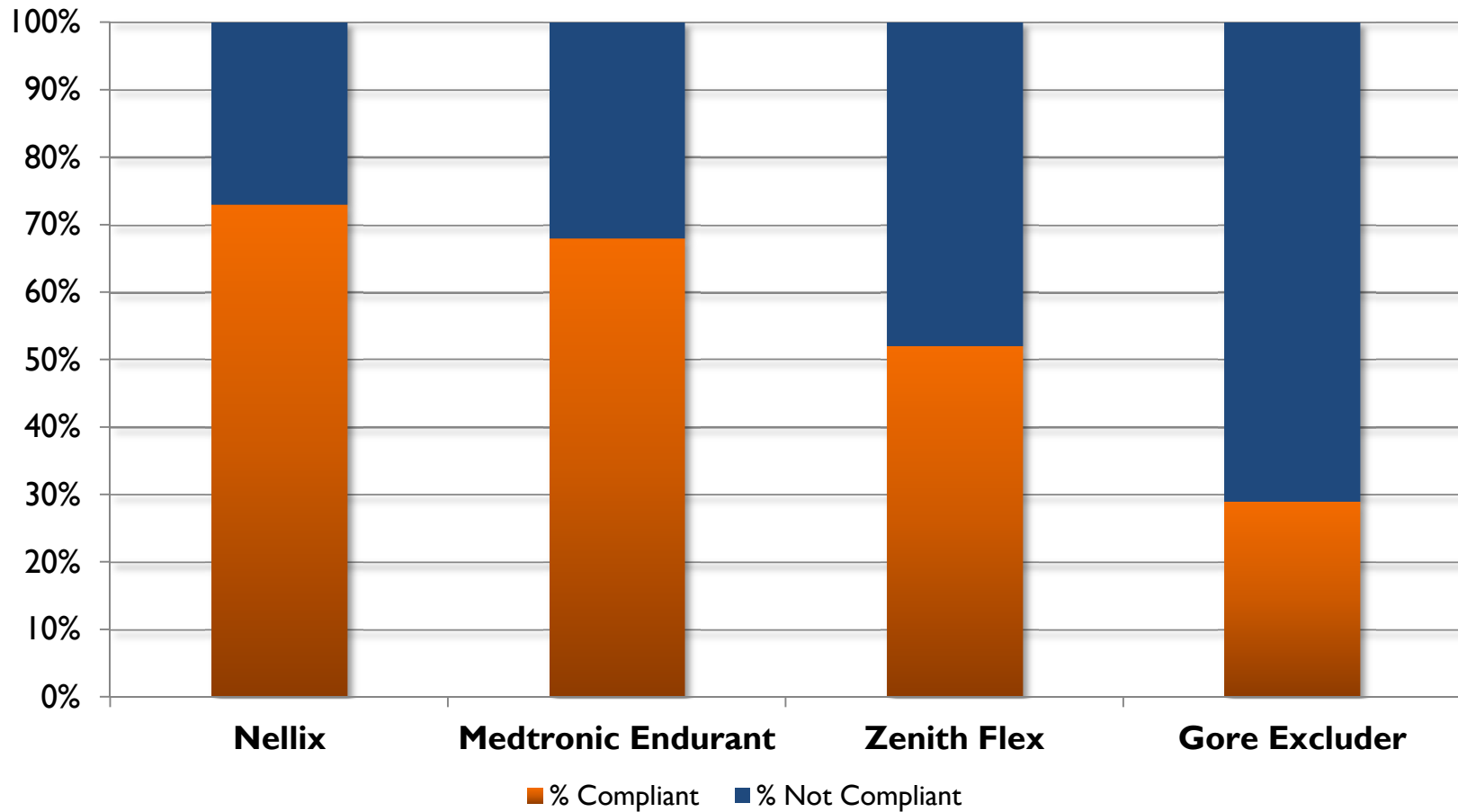
- Broad applicability
- Technical simplicity
- Low perioperative morbidity/mortality
- Ability to identify problems in surveillance
- Long term durability

Nellix EVAS System

- New generation therapy
- Designed to overcome limitations of EVAR

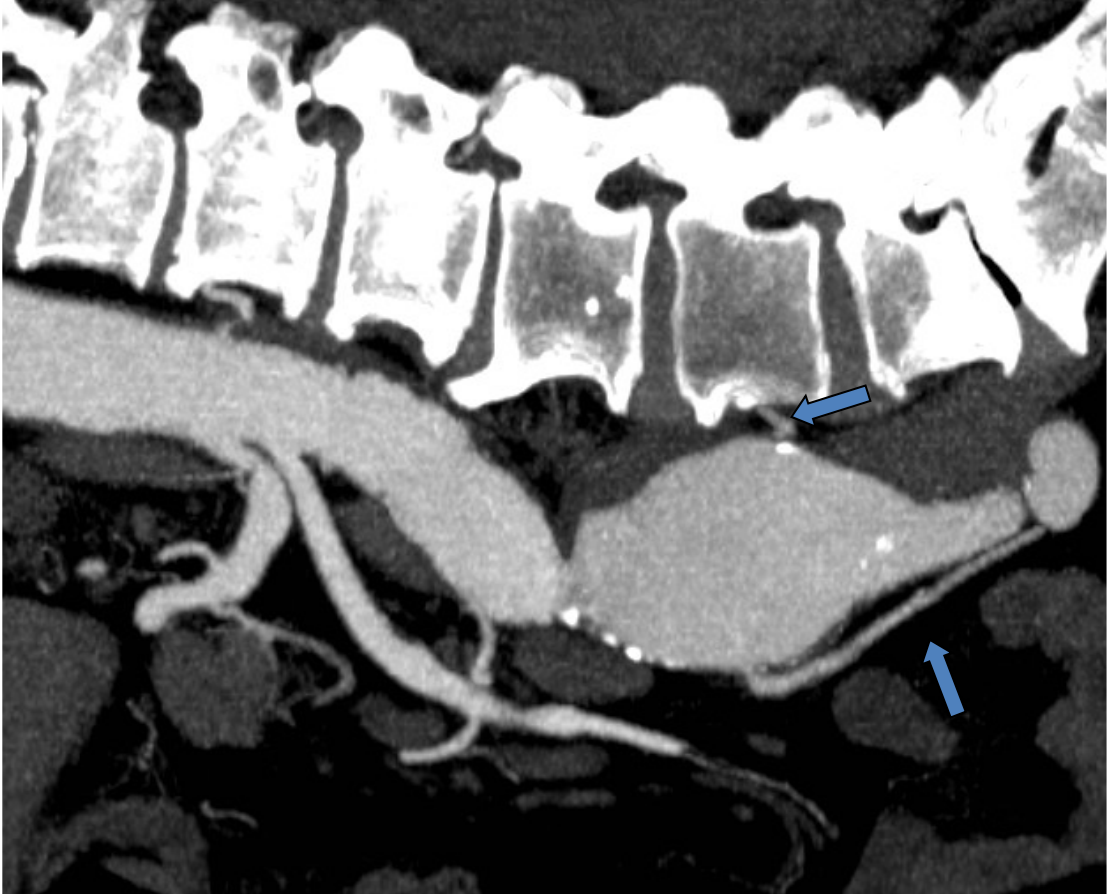
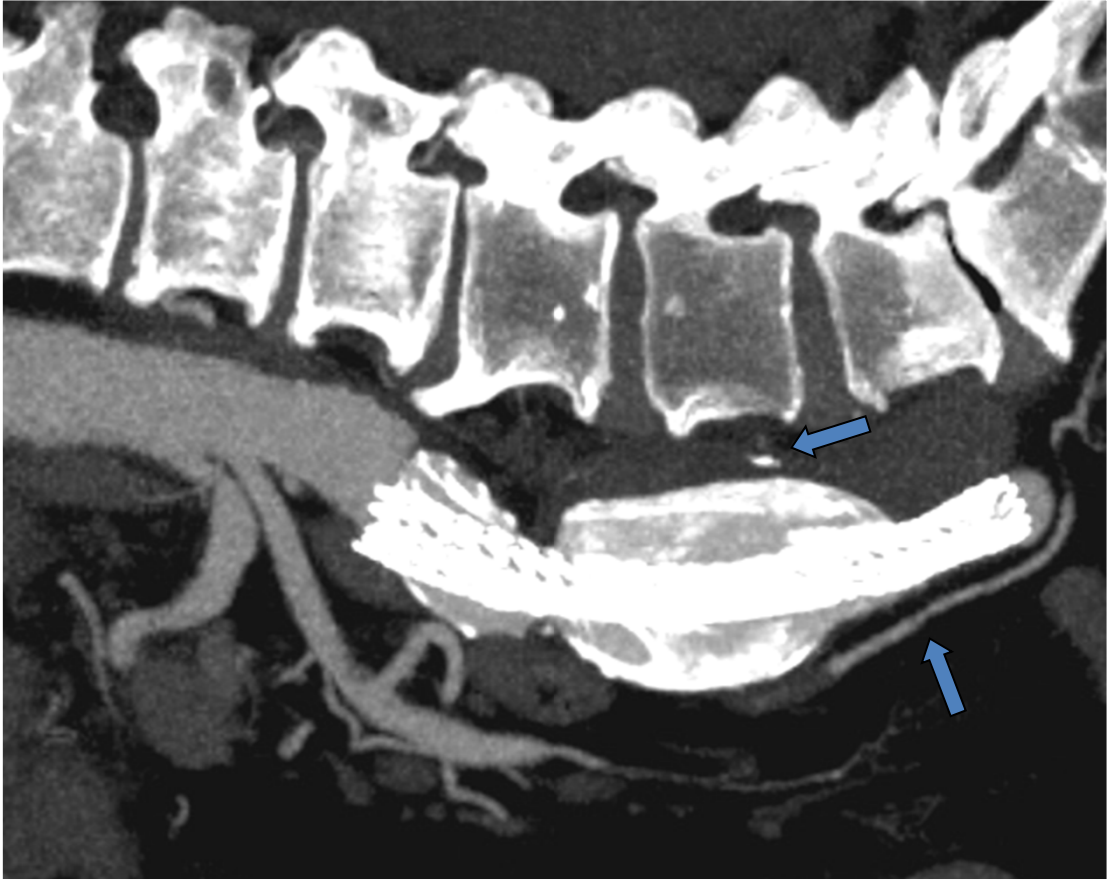


EVAS – Expanding Patient Applicability



Karthikesalingam et al EJVES 2013

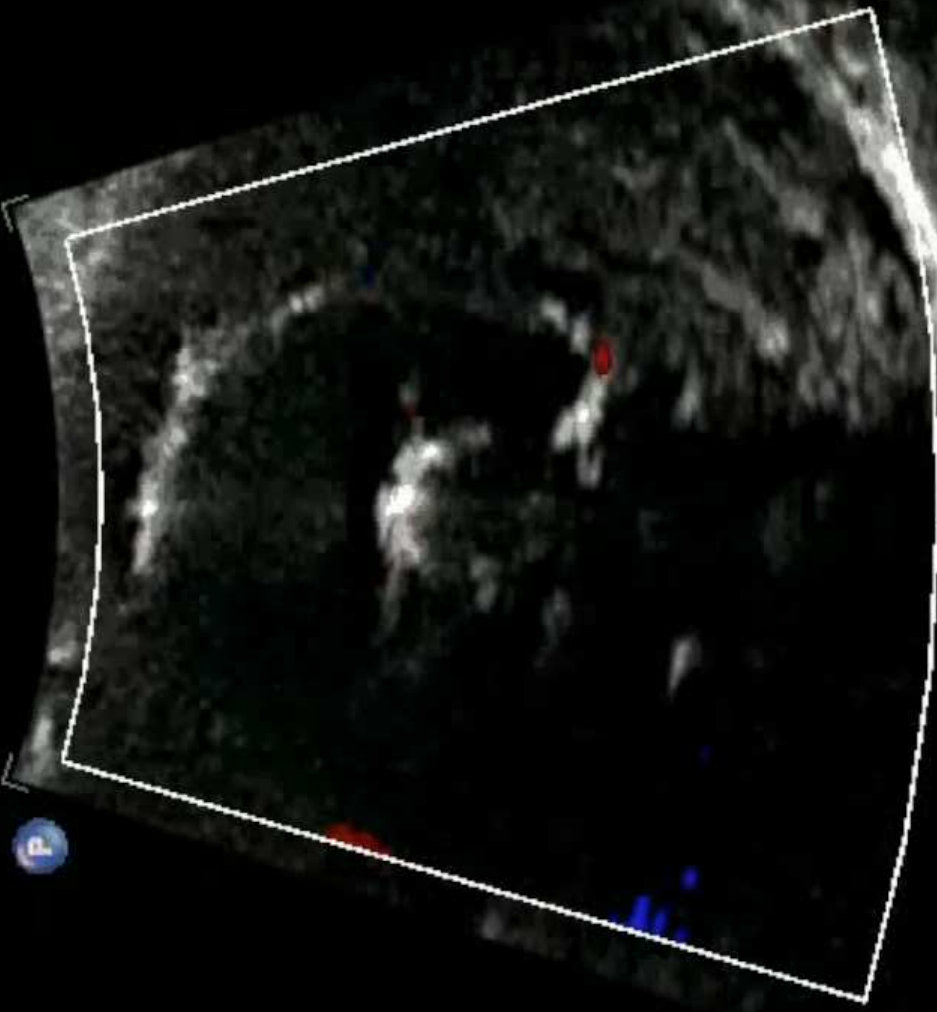






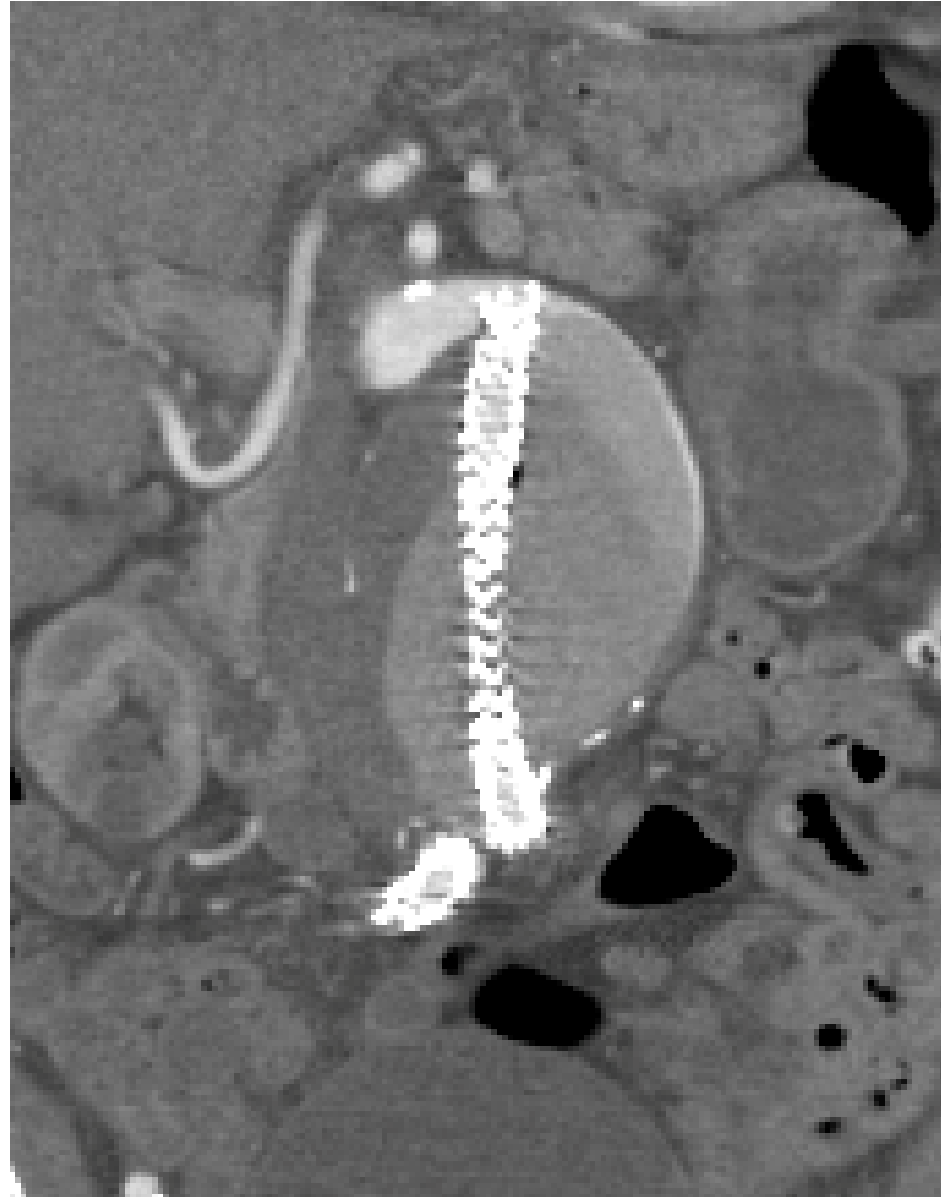
x= 5

A horizontal white line with a green dot in the center. The text 'x= 5' is positioned above the dot.



P

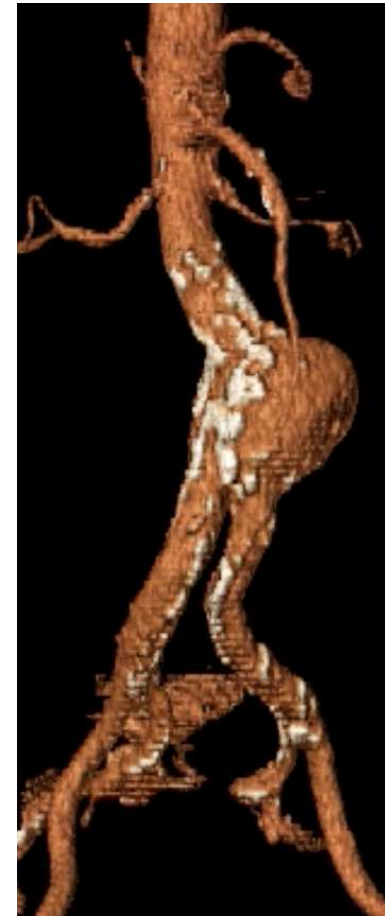
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IML MEET 2015

EVAS For Infrarenal Aneurysms

- Simple technical solution
- Eradicates type 2/3 endoleaks
- Early published outcomes good
- But:
 - Long term data on durability
 - Identify novel complications
 - Define limitations
 - Define surveillance and reintervention protocols



Where EVAS Might Replace EVAR

- Selected patients with:
 - Ruptured AAA
 - Challenging neck and iliac anatomy
 - Juxta-renal and supra-renal aneurysms

EVAS: *Ruptured AAA*

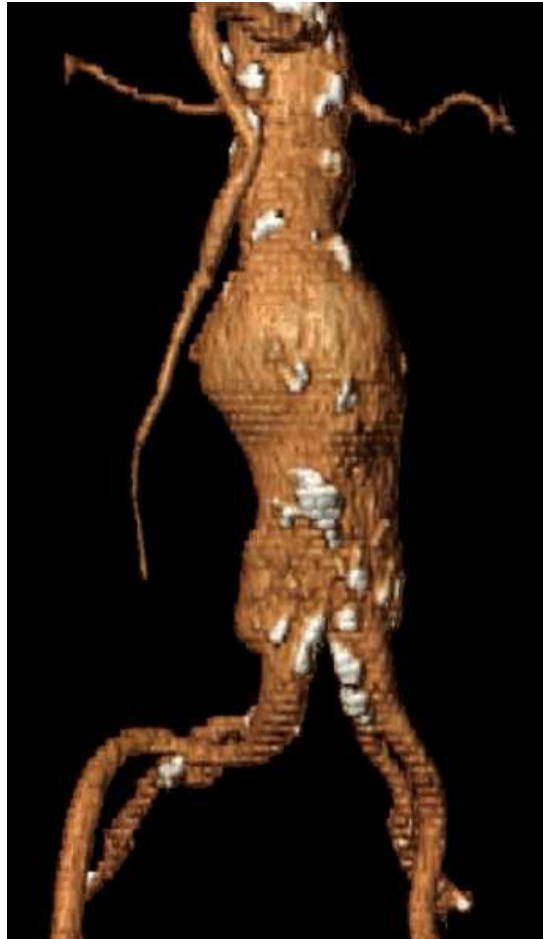
- Low profile
- Rapid haemostasis
- Technically simple
- No gate cannulation
- BUT:
 - Possible aortic trauma



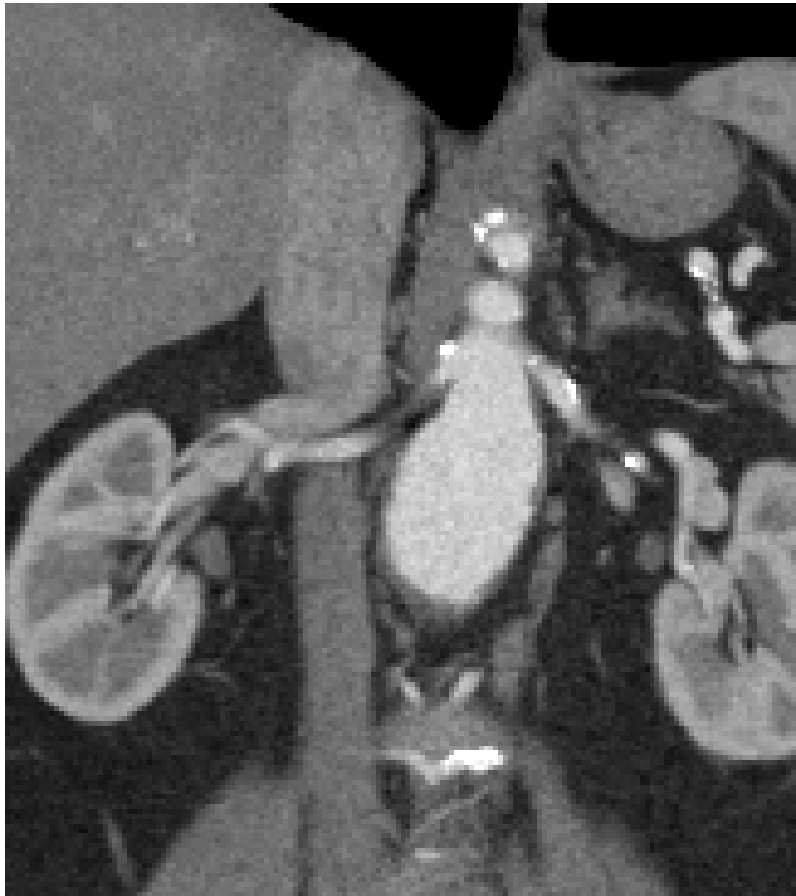
EVAS: *Challenging rAAA*



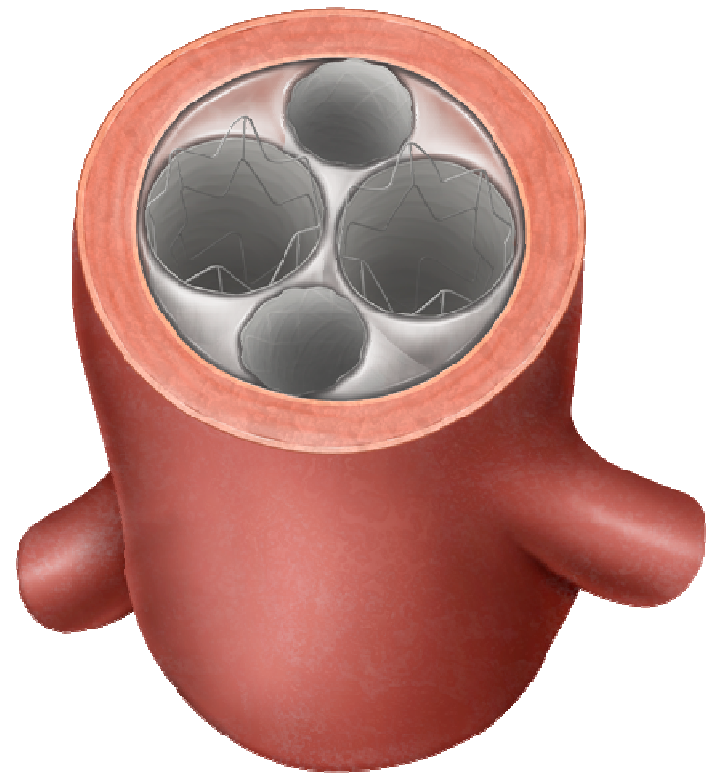
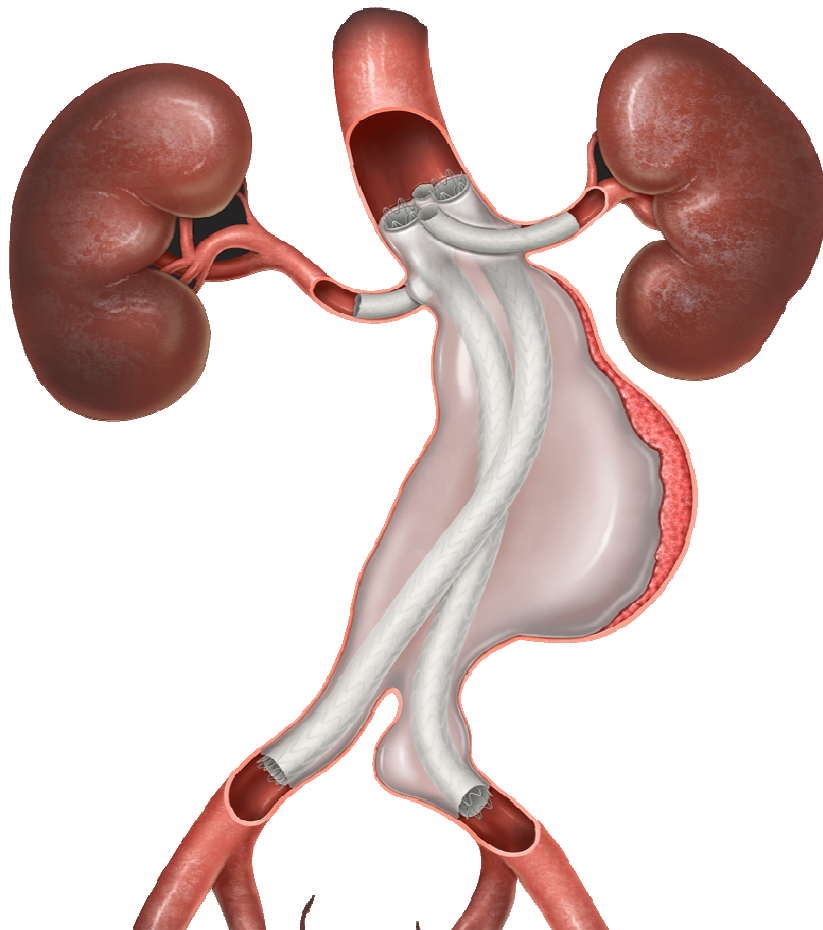
EVAS: Short Iliac Arteries



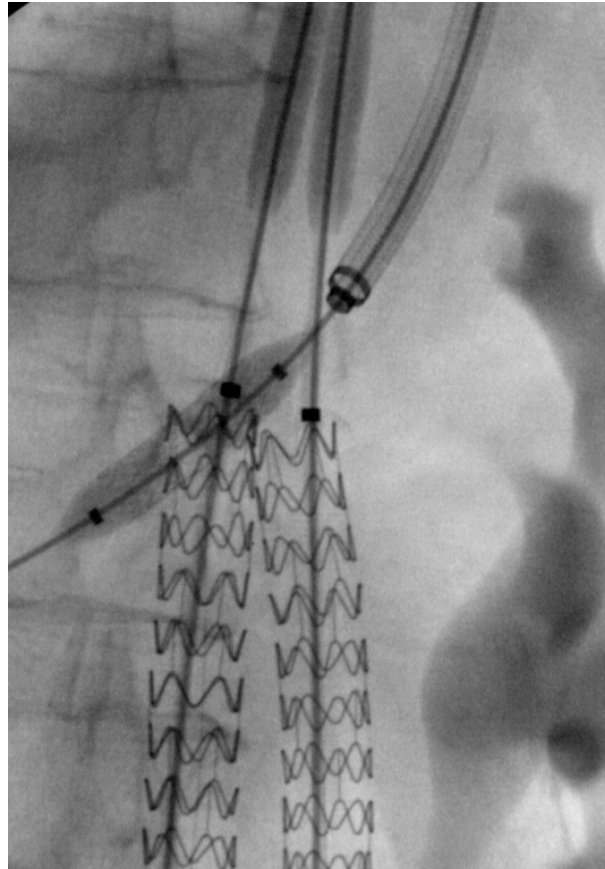
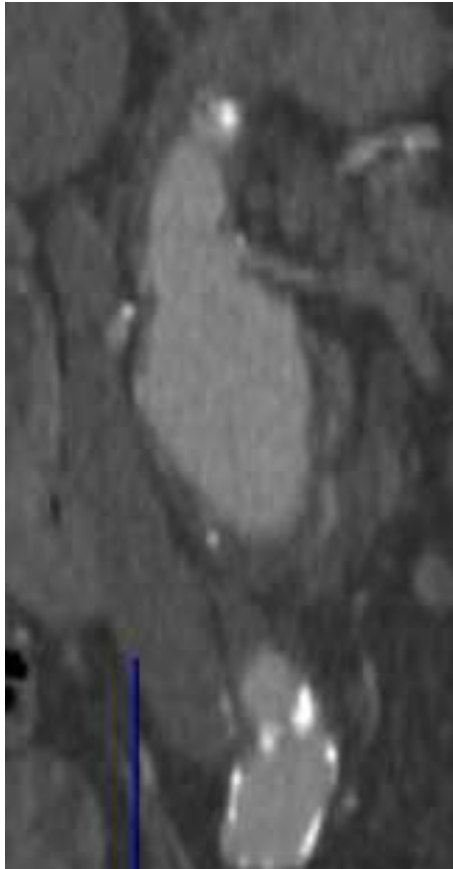
EVAS: Challenging Neck Anatomy



Nellix: *EVAS and Parallel Grafts*



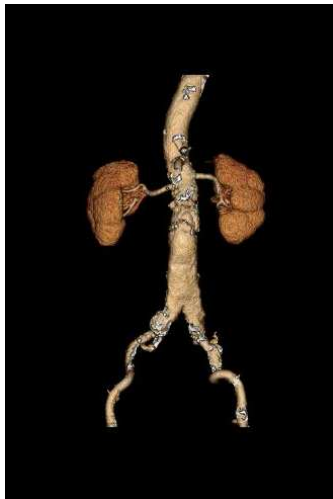
Nellix: *EVAS and Parallel Grafts*



EVAS Registry: Cohort Descriptions

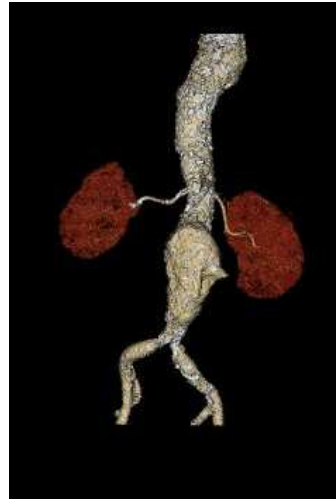
Cohort 1 69%

N=190
Neck Length ≥ 10 mm
Infrarenal Angle $\leq 60^\circ$



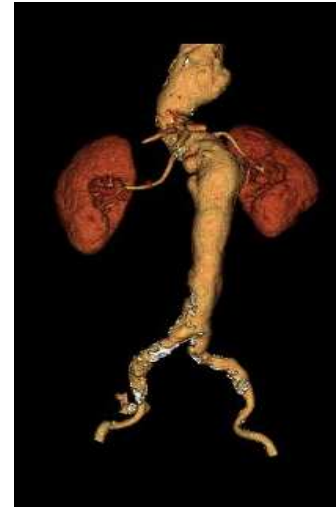
Cohort 2 15%

N=41
Neck Length 5 -10mm
Infrarenal Angle $61 - 90^\circ$



Cohort 3 11%

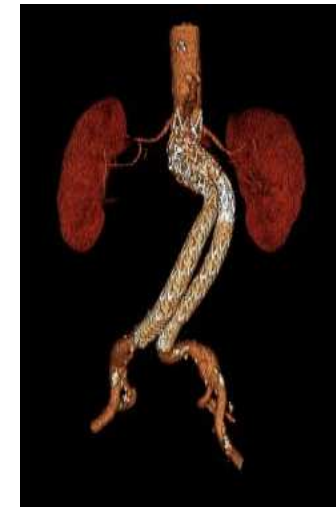
N=31
Neck Length < 5 mm
Infrarenal Angle $> 90^\circ$
Juxtarenal / Pararenal



16 Chimney
Procedures

Cohort 4 5%

N=12
Ruptured AAA
EVAR revisions



Outcomes

MAEs	≤30 days N=268	>30 days N=263
All Cause Death	3 (1.1%)	7 (2.7%)
Peri-operative mortality	3 (1.1%)	-
Aneurysm related mortality	-	0
Renal Failure	0	1 (0.4%)
Myocardial Infarction	2 (0.7%)	1 (0.4%)
Bowel Ischemia	0	0
Respiratory Failure	3 (1.1%)	1 (0.4%)
Stroke	1 (0.4%)	0
Blood loss >1000 mL	2 (0.7%)	Not applicable
<i>Patients with one or more MAE</i>	9 (3.4%)	9 (3.4%)

Endoleaks/Reinterventions

	Total Patients	Endoleaks	Occlusion	Conversion	Other
Early $\leq 30d$ (n=268)	9 (3.4%)	4 (1.5%)	3 (1.1%)	2 (0.7%)	1 (0.4%)
Late $>30d$ (n=263)	10 (3.8%)	5 (1.9%)	0	4 (1.5%)	1 (0.4%)

Conclusions

- EVAS may replace EVAR in some clinical areas
- EVAS increases proportion of patients suitable for intervention
- They are technically very different to EVAR
- Require robust data on durability