THE SVS/ESVS/NICE/ACC/AHA GUIDELINES ON AAAs:
AGREEMENTS, CONFLICTING RECOMMENDATIONS, AND OMISSIONS

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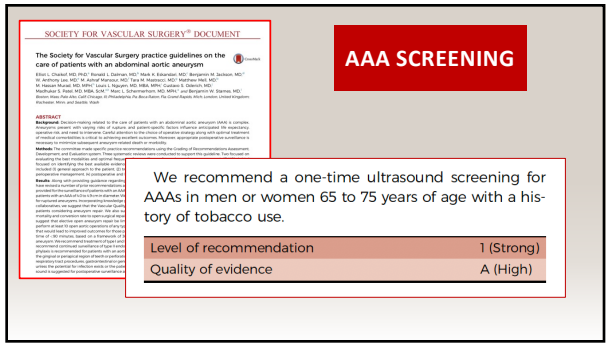
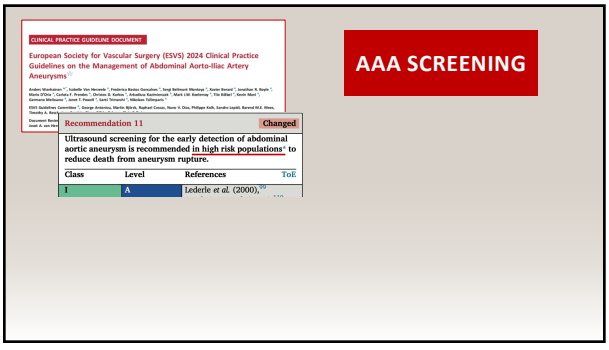
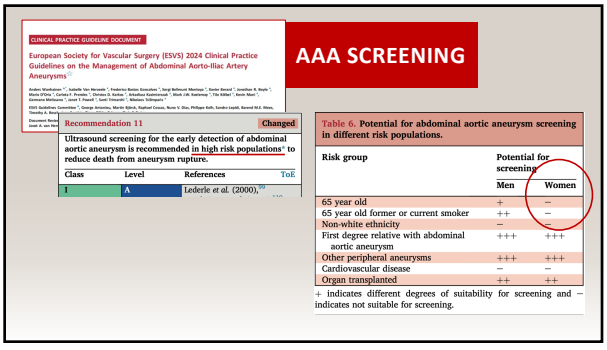
VEITH SYMPOSIUM
Connecting The Vascular Community

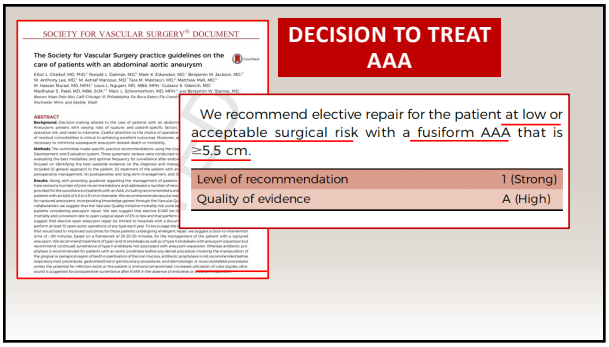
Tuesday, November 19 - Saturday, November 23, 2024

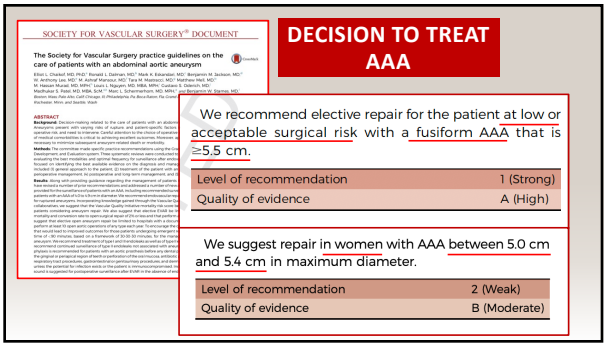
No Conflict of Interest








SOCIETY FOR VASCULAR SURGERY® DOCUMENT
The Society for Vascular Surgery practice guidelines on the care of patients with an abdominal aortic aneurysm
DECISION TO TREAT AAA
We recommend elective repair for the patient at low or acceptable surgical risk with a fusiform AAA that is ≥5.5 cm.
Level of recommendation 1 (Strong)
Quality of evidence A (High)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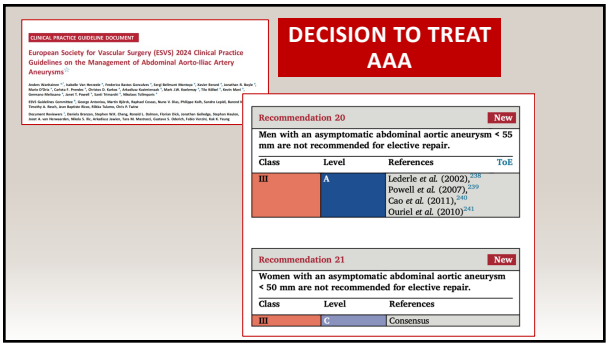
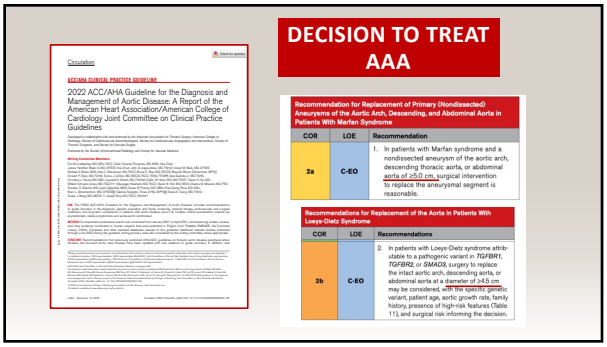
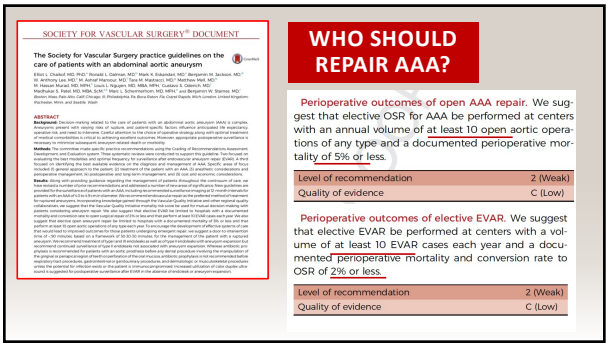
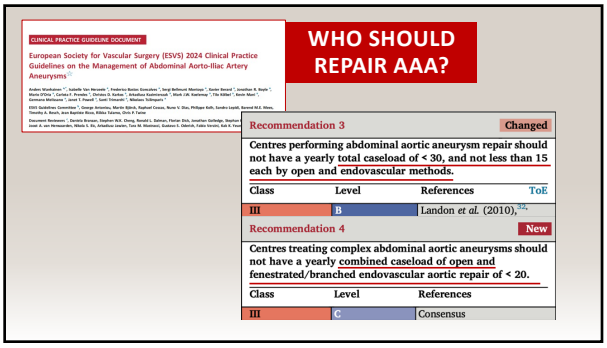
Level of recommendation 1 (Strong)
Quality of evidence A (High)
We suggest repair in women with AAA between 5.0 cm and 5.4 cm in maximum diameter.
Level of recommendation 2 (Weak)
Quality of evidence B (Moderate)


CLINICAL PRACTICE GUIDELINE DOCUMENT
European Society for Vascular Surgery (ESVS) 2024 Clinical Practice Guidelines on the Management of Abdominal Aorto-Iliac Artery Aneurysms
DECISION TO TREAT AAA
Recommendation 20
New
Men with an asymptomatic abdominal aortic aneurysm < 55 mm are not recommended for elective repair.
Class Level References ToE
III A Lederle et al. (2002),238 Powell et al. (2007),239 Cao et al. (2011),240 Ouriel et al. (2010)241
Recommendation 21
New
Women with an asymptomatic abdominal aortic aneurysm < 50 mm are not recommended for elective repair.
Class Level References
III C Consensus


Circulation
ACC/AHA CLINICAL PRACTICE GUIDELINE
2022 ACC/AHA Guideline for the Diagnosis and Management of Aortic Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines
DECISION TO TREAT AAA
Recommendation for Replacement of Primary (Nondissected) Aneurysms of the Aortic Arch, Descending, and Abdominal Aorta in Patients With Marfan Syndrome
COR LOE Recommendation
2a C-EO 1. In patients with Marfan syndrome and a nondissected aneurysm of the aortic arch, descending thoracic aorta, or abdominal aorta of ≥5.0 cm, surgical intervention to replace the aneurysmal segment is reasonable.
Recommendations for Replacement of the Aorta in Patients With Loeys-Dietz Syndrome
COR LOE Recommendations
2b C-EO 2. In patients with Loeys-Dietz syndrome attributable to a pathogenic variant in TGFBR1, TGFBR2, or SMAD3, surgery to replace the intact aortic arch, descending aorta, or abdominal aorta at a diameter of ≥4.5 cm may be considered, with the specific genetic variant, patient age, aortic growth rate, family history, presence of high-risk features (Table 11), and surgical risk informing the decision.


SOCIETY FOR VASCULAR SURGERY® DOCUMENT
The Society for Vascular Surgery practice guidelines on the care of patients with an abdominal aortic aneurysm
WHO SHOULD REPAIR AAA?
Perioperative outcomes of open AAA repair. We suggest that elective OSR for AAA be performed at centers with an annual volume of at least 10 open aortic operations of any type and a documented perioperative mortality of 5% or less.
Level of recommendation 2 (Weak)
Quality of evidence C (Low)
Perioperative outcomes of elective EVAR. We suggest that elective EVAR be performed at centers with a volume of at least 10 EVAR cases each year and a documented perioperative mortality and conversion rate to OSR of 2% or less.
Level of recommendation 2 (Weak)
Quality of evidence C (Low)


CLINICAL PRACTICE GUIDELINE DOCUMENT
European Society for Vascular Surgery (ESVS) 2024 Clinical Practice Guidelines on the Management of Abdominal Aorto-Iliac Artery Aneurysms
WHO SHOULD REPAIR AAA?
Recommendation 3
Changed
Centres performing abdominal aortic aneurysm repair should not have a yearly total caseload of < 30, and not less than 15 each by open and endovascular methods.
Class Level References ToE
III B Landon et al. (2010),32
Recommendation 4
New
Centres treating complex abdominal aortic aneurysms should not have a yearly combined caseload of open and fenestrated/branched endovascular aortic repair of < 20.
Class Level References
III C Consensus

WHO SHOULD REPAIR AAA?


Circulation

ACC/AHA CLINICAL PRACTICE GUIDELINE

2022 ACC/AHA Guideline for the Diagnosis and Management of Aortic Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines

COR	LOE	Recommendations
2a	C-LD	2. For patients who are asymptomatic with extensive aortic disease, or who may benefit from complex open and endovascular aortic repairs, or with multiple comorbidities for whom intervention is considered, referral to a high-volume center (performing at least 30-40 aortic procedures annually) with experienced surgeons in a Multidisciplinary Aortic Team is reasonable to optimize treatment outcomes.[1-6]

EVAR FOR UNRUPTURED AAAs


NICE

Abdominal aortic aneurysm: diagnosis and management

NICE guideline [NG156] Published: 19 March 2020

Only for patients with hostile abdomen, medical comorbidities or anesthetic risks that contra-indicate open surgery.


CLINICAL PRACTICE GUIDELINE DOCUMENT

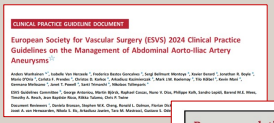
European Society for Vascular Surgery (ESVS) 2024 Clinical Practice Guidelines on the Management of Abdominal Aorto-Iliac Artery Aneurysms

Recommendation 65 — Unchanged

For most patients with suitable anatomy and reasonable life expectancy, endovascular repair should be considered the preferred treatment modality for elective abdominal aortic aneurysm repair.

Class	Level	References	ToE
IIa	B	Lilja *et al.* (2017),[11]	

TRAINING FOR AAA REPAIR


CLINICAL PRACTICE GUIDELINE DOCUMENT

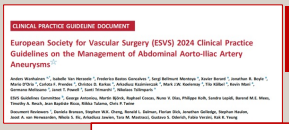
European Society for Vascular Surgery (ESVS) 2024 Clinical Practice Guidelines on the Management of Abdominal Aorto-Iliac Artery Aneurysms

Recommendation 5 — New

The vascular surgery training curriculum should include simulation based training in open and endovascular aortic repair.

Class	Level	References	ToE
I	B	Maguire *et al.* (2020),[63] Robinson *et al.* (2013),[65] Lawaetz *et al.* (2021), Desender *et al.* (2016),[67] Desender *et al.* (2017),[70] Saratzis *et al.* (2017)[71]	

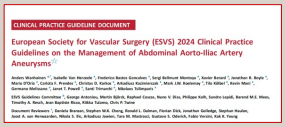
NEW CLASS II A RECOMMENDATIONS


CLINICAL PRACTICE GUIDELINE DOCUMENT

European Society for Vascular Surgery (ESVS) 2024 Clinical Practice Guidelines on the Management of Abdominal Aorto-Iliac Artery Aneurysms

- For patients with compromised proximal seal after EVAR, proximal extension with fenestrated and branched devices should be considered in preference to other endovascular techniques.

NEW CLASS III RECOMMENDATIONS


CLINICAL PRACTICE GUIDELINE DOCUMENT

European Society for Vascular Surgery (ESVS) 2024 Clinical Practice Guidelines on the Management of Abdominal Aorto-Iliac Artery Aneurysms

- Elective EVAR outside the manufacturer's instruction for use is not recommended.
- Restricting exercise or sexual activity in patients with small AAA is not indicated.

TAKE HOME MESSAGE

- Society guidelines should be living, on-line documents that are regularly updated based on new evidence and unbiased opinion of an expert panel
- New update of the SVS AAA guidelines is urgently needed

THANK YOU!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