

IRAD

INTERNATIONAL
REGISTRY OF
ACUTE AORTIC
DISSECTION

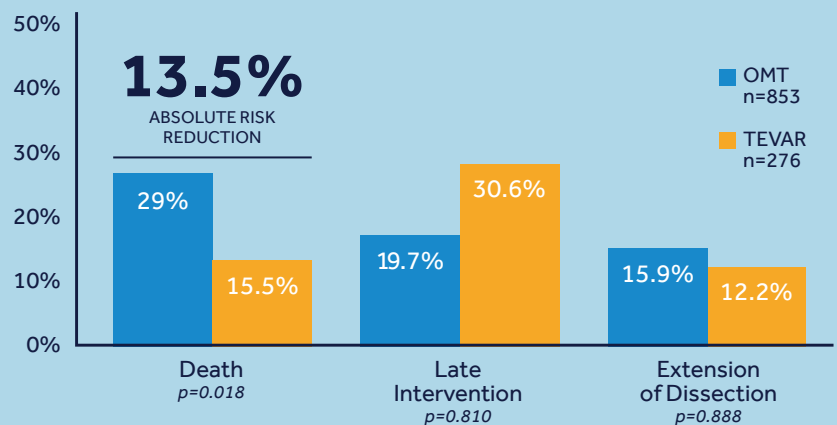
5-Year outcomes

TEVAR SIGNIFICANTLY REDUCES 5Y AORTIC DEATH RATE

vs. Medical Therapy in Acute Dissection in Independent Multinational Registry

Analysis suggests that uncomplicated Type B aortic dissection could become an indication for early elective endovascular stent grafting, if long-term follow-up and randomized studies support the preliminary data.

TEVAR Delivers Clinically Significant 13.5% Absolute Risk Reduction in Death vs. Medical Therapy: 5Y Long-Term Results



EVIDENCE HIGHLIGHTS

- TEVAR delivered a significant 13.5% absolute risk reduction in mortality vs. OMT
- OMT alone fails to enhance the aortic remodeling process, resulting in subsequent elective late aortic interventions
- The addition of TEVAR to OMT has now demonstrated positive clinical outcomes in both acute Type B dissection (IRAD) as well as early stable Type B dissection (INSTEAD-XL) vs. OMT alone

Source: Nienaber, C. et. al. *Circ Cardiovasc Inter.* 2013 Aug; 6(4):407-16

TEVAR PROVIDES CLINICALLY SIGNIFICANT BENEFITS VS. MEDICAL THERAPY IN ACUTE DISSECTION

TEVAR Patients: Significant Complications and Increased Risk Profile 61.7% of TEVAR+OMT cases were "complicated"

Signs of Malperfusion	OMT	TEVAR	p-value
Pulse deficit	13.4	28.3	<0.001
Leg pain	8.4	21.7	<0.001
Limb ischemia	4.8	20.6	<0.001
PreOp acute renal failure	12.4	21.4	<0.001
Complicated dissection*	37.2	61.7	<0.001

*Presence of shock, periaortic hematoma, malperfusion, stroke, SCI, mesenteric ischemia or infarction, and/or acute renal failure

STUDY DESIGN

- The International Registry of Acute Aortic Dissections (IRAD) is an independent consortium of 24 centers in 12 countries that evaluate the management and outcomes of acute aortic dissection
- N=1129 consecutive patients with Type B aortic dissection enrolled in IRAD between 1995–2012. Treatment dispensed based on physician discretion

Source: *J Am Coll Cardiol Interv* 2013; 6:876-82

Medtronic

Aortic | Peripheral | endoVenous
3576 Unocal Place
Santa Rosa, CA 95403
USA

24-hour Technical Support
Toll free: +1.800.328.2518

Orders
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Fax: +1.800.838.3103

CardioVascular LifeLine
Customer Support
Tel: +1.763.526.7890
Toll free: +1.877.526.7890

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