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Journal of Vascular Surgery – September 2020

Audiovisual Summary

Peter Gloviczki, MD

Hello! I am Peter Gloviczki from Mayo Clinic, Editor-In-Chief of the *Journal of Vascular Surgery*. The COVID-19 pandemic continues to disrupt normal life in the United States and worldwide. As we go to the press today on June 30th, 2020, more than 10 million people have tested positive for the virus and over 508 thousand died worldwide. In the United States, more than 2.6 million people have been affected and over 126 million died. The *JVS* journals bring you a large collection of paper on how COVID-19 has affected vascular patients and how tens of thousands of health care professionals deal with this huge problem affecting mankind. I am pleased to introduce to you the September issue of the *JVS* and highlight four outstanding papers which are freely available for the next 2 months.

The Editors' Choice article for this issue is titled "Results of fenestrated and branched endovascular aortic aneurysm repair after failed infrarenal endovascular aortic aneurysm repair"; it was written by Andres Schanzer and colleagues participating in the Aortic Research Consortium.¹ This was a prospective analysis of six physician-sponsored, nonrandomized investigational device exemption studies that included 893 patients who underwent fenestrated and branched endovascular aortic aneurysm repairs (F/BEVARs). Eighteen percent of the patients underwent previous EVAR. The 30-day major adverse event rates and mortality did not differ between groups. Freedom from type I or type III endoleak, target artery patency and freedom from reintervention at 1 year did not differ between groups (84.7% vs 88.7%; $P = .10$). This study confirms the feasibility and safety of a fenestrated-branched EVAR after failed EVAR.

Our next article is titled "Rapid increase in hybrid surgery for the treatment of peripheral artery disease in the Vascular Quality Initiative database," by Arash Fereydooni and colleagues from the Yale School of Medicine in new Haven, Connecticut.² This is our CME article for this month. This Vascular Quality Initiative study demonstrated a fivefold increase of hybrid surgery performed from 2010 to 2017 as a lower extremity revascularization procedure. Hybrid femoropopliteal procedures had better perioperative outcomes compared to open femoropopliteal bypass. However, the 1-year outcomes were comparable between the two procedures, suggesting that hybrid revascularization of femoropopliteal disease should be performed selectively in high-risk patients owing to its superior short-term outcomes.

The third article, by Gallitto and coauthors from Bologna and Parma, Italy, is entitled "Off-the-shelf multibranch endograft for total endovascular repair of the aortic arch."³ In this retrospective, single-center study, 17 patients underwent urgent repair with the Cook Zenith t-branch device for contained rupture or symptomatic aneurysm in 24% for each or for a thoracoabdominal aortic aneurysm that was 8 cm or larger in maximum diameter. Technical success was 82% but adjunctive and complex intraoperative procedures were needed in 87%; 6% had spinal cord ischemia and 30-day mortality was also 6%. One-year survival of these patients was 82% and freedom from reintervention at 1 year was also 82%. The authors concluded that the off-the-shelf multibranch endograft is a safe and effective device that can be used for urgent endovascular thoracoabdominal aortic aneurysm repair.

The fourth article is "The impact of age on in-hospital outcomes after transcrotid artery revascularization, transfemoral carotid artery stenting, and carotid endarterectomy," by Hanaa Dakour-Aridi and coauthors.⁴ This Vascular Quality Initiative registry study compared outcomes of 3152 procedures first to those of more than 6100 carotid endarterectomies. There was no difference in in-hospital stroke or death between the groups, but transcrotid artery revascularization (TCAR) as expected was associated with significantly less cranial nerve injuries. When results of TCAR were compared to transfemoral carotid artery stenting in patients who were 80 years or older, TCAR was associated with a 72% reduction in stroke risk and a 65% reduction in in-hospital risk of stroke or death. These results suggest that TCAR is a safe procedure in elderly patients.

These were four of several excellent papers from the September issue of the *JVS*. You can download them free of charge at www.jvascsurg.org. Enjoy reading all *JVS* journals and let us know if you have a comment or a question. Thank you for watching and see you next time for the Highlights of the October issue of the *Journal of Vascular Surgery*.

The video accompanying this article may be found online at www.jvascsurg.org.

REFERENCES

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