

## Reply to Letter to the Editor

## Reply to Olsson

Marko Ivan Turina<sup>a,\*</sup>, Janet Martin<sup>b</sup>, Davy Cheng<sup>b</sup><sup>a</sup>University Hospital, 8091 Zurich, Switzerland<sup>b</sup>London Health Sciences Centre, University of Western Ontario, Department of Anesthesia & Perioperative Medicine, London, ON, Canada

Received 31 August 2009; accepted 9 September 2009; Available online 9 October 2009

**Keywords:** Thoracic aorta; Aortic aneurysm; Surgical repair; Endovascular procedure; Meta-analysis

We are grateful to Dr Olsson for his comments [1] about the recently published 'EACTS/ESCVS best practice guidelines for reporting treatment results in the thoracic aorta', [2] which nevertheless deserve a reply. It is true that the EACTS/ESCVS working group tried to create a concise document, as distinct from all encompassing, large 'Expert consensus document on the treatment of descending thoracic aortic disease using endovascular stent-grafts'. [3] We would contend, however, that the shortcomings of the guidelines are not 'counter-productive', but, rather, move us closer to standardisation of information provided in the published reports of outcomes after thoracic endovascular repair (TEVAR) intervention. Our systematic review of the TEVAR literature detected disconcerting variability in the quality of information in the published reports. Without a concerted effort to achieve at least an agreed upon basic outlay of data regarding patient characteristics, techniques applied and outcomes observed, our efforts to monitor progress in the field of surgery and to improve patient outcomes will be thwarted.

As stated, the purpose of the guidelines was to 'provide a standard format for reporting results of treatment in the thoracic aorta ...' and was not intended to guide decision making about whether to operate or to apply conservative medical management for patients with disease of the descending thoracic aorta. With this in mind, the guidelines will be intentionally applicable only for the reporting of outcomes and patient characteristics after interventional treatment has been applied. Therefore, many of the comments provided by Dr Olsson will not be applicable for defining minimal guidelines for the published reports of TEVAR interventions.

We appreciate that the list of major diseases of the thoracic aorta is a mix of functional diagnoses and aetiologies, but it was shown to be necessary, given the imperfect categorisation of TEVAR in real life. The categories listed represent an improvement upon the level of detail provided in many reports to date. We had discussed whether rupture and penetrating aortic ulcer warranted their own categories, but came to a consensus that these were better subsumed under their aetiologic categories.

Dr Olsson raises an important issue regarding European system for cardiac operative risk evaluation (EuroSCORE) and its lack of tested validity for TEVAR intervention. We are, of

course, well aware of the nature of EuroSCORE and its development as a primary assessment tool for the results of coronary bypass grafting. We are not proposing that EuroSCORE should be used to determine who receives surgical versus conservative management or to predict major outcomes in TEVAR. In spite of its coronary origin, EuroSCORE is widely used for analysing the emerging results of percutaneous and transapical aortic valve replacement. [4] Furthermore, many of the acknowledged risk factors for surgical correction of thoracic aortic aneurysms, such as age, left ventricular function, peripheral vascular disease, neurological dysfunction, chronic pulmonary disease and others, form part of the logistic and additive EuroSCORE.<sup>1</sup> Therefore, we are simply proposing that authors should provide the EuroSCORE at baseline in their reports as a broad indicator of baseline risk, since EuroSCORE is still the most commonly used system for scoring in cardiothoracic surgery. In the absence of better systems [5] and until a disease-specific system is developed for aortic aneurysms [6], we would like to see more consistency in providing the EuroSCORE at baseline in the published reports.

Future updates of these guidelines may include more definitive requirements for description of adjunctive techniques, particularly if the evidence supports the relative impact of these adjuncts. However, EACTS/ESCVS guidelines have been developed to be practical and for easy application. These guidelines could be certainly improved in future; however, meanwhile, they represent the first step to address the issue of reporting the treatment results in TEVAR.

## References

- [1] Olsson C. EACTS/ESCVS best practice guidelines for reporting treatment results in the thoracic aorta. *Eur J Cardiothorac Surg* 2010;37:745.
- [2] Turina MI, Shennib H, Dunning J, Cheng D, Martin J, Muneretto C, Schueler S, von Segesser L, Sergeant PT, EACTS/ESCVS committee. EACTS/ESCVS best practice guidelines for reporting treatment results in the thoracic aorta. *Eur J Cardiothorac Surg* 2009;35:927–30.
- [3] Svensson LG, Kouchoukos NT, Miller DC, Bavaria JE, Coselli JS, Curi MA, Eggebrecht H, Elefteriades JA, Erbel R, Gleason TG, Lytle BW, Mitchell RS, Nienaber CA, Roselli EE, Safi HJ, Shemin RJ, Sicard GA, Sundt 3rd TM, Szeto WY, Wheatley 3rd GH. Society of Thoracic Surgeons Endovascular Surgery Task Force. Expert consensus document on the treatment of descending thoracic aortic disease using endovascular stent-grafts. *Ann Thorac Surg* 2008;85(1 Suppl.):S1–41.
- [4] Webb JG. Percutaneous aortic valve replacement will become a common treatment for aortic valve disease. *JACC Cardiovasc Interv* 2008;1:122–6.
- [5] Choong CK, Sergeant P, Nashef SAM, Smith JA, Bridgewater B. Editorial comment: The EuroSCORE risk stratification system in the current era: how accurate is it and what should be done if it is inaccurate? *Eur J Cardiothorac Surg* 2009;35:59–61.
- [6] Fillinger M. Who should we operate on and how do we decide: predicting rupture and survival in patients with aortic aneurysm. *Semin Vasc Surg* 2007;20:121–7.

\* Corresponding author. Tel.: +41 44 2552229; fax: +41 44 2559270.  
E-mail address: marko.turina@usz.ch (M.I. Turina).

<sup>1</sup> <http://www.euroscore.org/calc.html>.