**Standard EVAR compared with open surgical repair of simple AAA**

| **Full citation** | **Paravastu SC, Jayarajasingam R, Cottam R et al. (2014) Endovascular repair of abdominal aortic aneurysm. Cochrane Database Syst Rev;(1): CD004178. doi: 10.1002/14651858.CD004178.pub2.** |
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| Study details | Study type: systematic review<br>Location: UK<br>Aim: to assess the effectiveness of EVAR versus conventional open surgical repair in individuals with AAA considered fit for surgery, and EVAR versus best medical care in those considered unfit for surgery, and EVAR versus best medical care for those considered unfit for surgery<br>Study dates: literature searched for publications up to January 2013<br>Follow-up: 30 days, up to 4 years, and up to 8 years<br>Sources of funding: this study was supported by funding from the UK National Institute of Health Research (NIHR) |
| Participants | Population: patients with unruptured AAA, diagnosed by ultrasound or computed tomography, in whom surgical treatment was indicated<br>Sample size: 4 RCTs including 2,745 participants<br>Inclusion criteria: RCTs comparing EVAR with open surgical repair in individuals with unruptured AAAs that were considered fit for surgery<br>Exclusion criteria: studies with inadequate data or studies that used an inadequate randomisation technique (not specified). Additionally, studies assessing complex and hybrid endovascular techniques (including fenestrated EVAR) were excluded. |
| Methods | Literature searches were performed on the Cochrane Central Register of Controlled trials and the Cochrane Vascular Specialised Register (constructed from weekly electronic searches of MEDLINE, Embase, CINAHL, and AMED databases. Additional searches were also performed on the World Health Organisation International Clinical Trials Registry, ClinicalTrials.gov website and the ISRCTN register. Bibliographies of included studies were reviewed to identify any additional studies that were relevant to the review question. Two independent reviewers were involved in study selection, data extraction, and risk of bias assessments. Any disagreements were resolved through discussion. |
| Intervention | EVAR using any type of endovascular device |

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| Comparison | Open surgical repair (for people in whom surgery was considered suitable), or best medical care (for people in whom surgery was not considered suitable) |
| Outcomes measures | All-cause mortality, aneurysm-related mortality, endograft-related complications, major complications, minor complications, and quality of life. Assessed at the following time points: 30 days, up to 4 years up to 8 years. |
| Study Appraisal using AMSTAR (Assessing the Methodological Quality of Systematic Reviews) | 1. Was an 'a priori' design provided? Yes<br>2. Was there duplicate study selection and data extraction? Yes<br>3. Was a comprehensive literature search performed? Yes<br>4. Was the status of publication (i.e. grey literature) used as an inclusion criterion? Yes<br>5. Was a list of studies (included and excluded) provided? Yes<br>6. Were the characteristics of the included studies provided? Yes<br>7. Was the scientific quality of the included studies assessed and documented? Yes<br>8. Was the scientific quality of the included studies used appropriately in formulating conclusions? Yes<br>9. Were the methods used to combine the findings of studies appropriate? Yes<br>10. Was the likelihood of publication bias assessed? Yes<br>11. Was the conflict of interest included? Yes<br>Overall risk of bias: Low<br>Directness: directly applicable |