

**EVAR Trials 10-15 year follow up to December 2014**

Together we are collecting data for the NIHR for the world first 15 year follow-up of EVAR v OR. 34 centres with designated investigators and coordinators will be named authors of the publication. Below is a 2014 simplified data collection form to collect as much as possible in one go. The most important data for EVAR/OR follow-up are aneurysm-related complications and reinterventions for the original repair either in radiology department or theatre.

Patient ID number	<input type="text"/>	Date of Birth (DD/MM/YY)	<input type="text"/>	<input type="text"/>	Date of Data Extraction (DD/MM/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

Aneurysm Trial Patient Follow-up after 2009? Yes  No   
 If yes tick which years - 2010  2011  2012  2013  2014   
 If No Why: Lost to follow-up  Too Frail  Patient Refused   
 Patient Died  Date of Death \_\_\_\_\_ Discharged from follow-up  Date last seen \_\_\_\_\_

**Annual Follow-Up**

Complications from Notes: None (0) Endoleak Type I (1) Type II (2) Type III (3) Migration (4) Kinking (5) Sac expansion from baseline (mm)(6)

Year	Scan	Scan Type*	Complications Detected (1-6)	Date Detected (DD/MM/YY)	Complications Detected (1-6)	Date Detected (DD/MM/YY)	Complications Detected (1-6)	Date Detected (DD/MM/YY)
2010	Yes / No	CT/Duplex						
2011	Yes / No	CT/Duplex						
2012	Yes / No	CT/Duplex						
2013	Yes / No	CT/Duplex						
2014	Yes / No	CT/Duplex						

\*If Duplex please attach scan report

**Reinterventions 2010–2014 for complications listed above**

List of Methods: Added Stent (1) Staple (2) Embolisation (3) Sclerosis (4) Conversion to open repair (5) Other (6)

Date	Type of complication (1-6)	Reintervention Method (1-6)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OTHER ANEURYSM-RELATED COMPLICATIONS REPORTED**

- 7. Known aneurysmal extension above or below original graft? Yes  No  Date \_\_\_\_\_
- 8. Thrombosis of graft limb? Yes  No  Date \_\_\_\_\_
- 9. Graft Infection? Yes  No  Date \_\_\_\_\_
- 10. During follow-up - Incisional Hernia Yes  No  Date \_\_\_\_\_
- 11. During follow-up - False Femoral Aneurysm Yes  No  Date \_\_\_\_\_

Intervention/Repair for above? Event (7-11)  Date \_\_\_\_\_ Open or Endovascular Repair \_\_\_\_\_  
 Intervention/Repair for above? Event (7-11)  Date \_\_\_\_\_ Open or Endovascular Repair \_\_\_\_\_  
 Intervention/Repair for above? Event (7-11)  Date \_\_\_\_\_ Open or Endovascular Repair \_\_\_\_\_

**Other Major Adverse Events During EVAR Trial Follow-Up**

		Date 1	Date 2	Date 3
Stroke	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	_____
Myocardial Infarction	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	_____
Major Amputation	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	_____
Renal Failure	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	_____
New Cancer Diagnosed	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	<b>ICD Code of cancer type</b> _____	