

Background

- Thoracic endovascular aortic repair (TEVAR) with stent grafting is a minimally invasive modality for treating thoracic aortic aneurysm, including dissection and rupture.
- Location of stent graft placement (i.e., “landing zone”) in the thoracic aorta is an important anatomic consideration. **[Figure 1]**
- Procedure codes in health care claims data do not specify or distinguish TEVAR landing zones, which is a critical limitation in conducting health economics and outcomes research about aortic repair.

Objectives

Methods

- This study was a retrospective observational cohort design using U.S. insurance claims data on 65 million patients within the MERATIVE® MARKETSCAN® Commercial and Medicare Supplemental Database accessed via MERATIVE® Treatment Pathways.¹
 - MarketScan provides clinical and cost information on individuals covered by a variety of employer-sponsored private health insurance plans and employer-paid Medicare supplemental insurance.
 - All MarketScan patient data are deidentified and comply with the Health Insurance Portability and Accountability Act (HIPAA).

■ Patients included in the analysis were identified using International Classification of Diseases, Tenth Revision (ICD-10) diagnosis codes and Current Procedural Terminology (CPT®) codes pertaining to aortic aneurysm, dissection or rupture for patients who underwent an inpatient TEVAR procedure between 1/1/2016 and 1/31/2023.

TEVAR proximal stent graft landing zone identification was determined by use of TEVAR-associated supra-aortic vessel bypass/transposition/occlusion procedure codes and/or codes associated with revascularization involving the thoracic aorta itself. **[Table 3]**

- Proximal landing zone 0 (Zone 0): Codes generally involved revascularization of the innominate artery and other supra-aortic vessels, and/or revascularization of the ascending aorta and aortic arch, with or without coincident revascularization of vessels in Zones 1 and 2).
- Proximal landing zone 1 (Zone 1): Codes were for revascularization of the left common carotid artery (LCA), often coincident with revascularization of the left subclavian artery (LSA), but with no revascularization of vessels in Zone 0).
- Proximal landing zone 2 (Zone 2): Codes pertained exclusively to revascularization of the LSA (i.e., no revascularization of vessels in Zones 0 or 1).

Diagram illustrating the zones of the aorta for classification of aortic dissections:

- Right common carotid artery**
- Right vertebral artery**
- Right subclavian artery**
- Innominate artery**
- Left common carotid artery**
- Left subclavian artery**

ZONE 0 includes the ascending aorta and the innominate artery

ZONE 1 includes the aorta from the innominate artery to the left carotid artery

ZONE 2 includes the aorta from the left carotid to the left subclavian artery

ZONE 3 includes the proximal descending aorta distal to the left subclavian artery

ZONE 4 includes the mid-descending aorta

TEVAR proximal stent graft landing zone and revascularization type	Number of patients	Percentage of patients
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LCA, left carotid artery; LSA, left subclavian artery; TEVAR, thoracic endovascular aortic repair.

ICD-10-CM diagnosis codes	Code description
171.01	Dissection of thoracic aorta
171.01.01	Dissection of ascending aorta
171.01.02	Dissection of descending thoracic aorta
171.01.03	Dissection of thoracic aorta, unspecified
171.02	Thoracic aortic aneurysm, ruptured
171.03	Thoracic aortic aneurysm, ruptured, unspecified
171.04	Aneurysm of the ascending aorta, ruptured
171.05	Aneurysm of the descending thoracic aorta, ruptured
171.06	Aneurysm of the thoracic aorta, ruptured
171.10	Thoracic aortic aneurysm, without rupture
171.11	Thoracic aortic aneurysm, without rupture, unspecified
171.12	Aneurysm of the ascending aorta, without rupture
171.13	Aneurysm of the descending thoracic aorta, without rupture
171.14	Aneurysm of the thoracic aorta, without rupture
171.20	Unspecified injury of thoracic aorta
171.21	Unspecified injury of thoracic aorta, initial encounter
171.22	Unspecified injury of thoracic aorta, subsequent encounter
171.23	Unspecified injury of thoracic aorta, without rupture
171.24	Injury of thoracic aorta
171.25	Unspecified injury of thoracic aorta
171.26	Injury of thoracic aorta
171.27	Unspecified injury of thoracic aorta, initial encounter
171.28	Unspecified injury of thoracic aorta, subsequent encounter
171.29	Unspecified injury of thoracic aorta, sequela
171.30	Minor laceration of thoracic aorta
171.31	Minor laceration of thoracic aorta
171.32	Minor laceration of thoracic aorta, initial encounter
171.33	Minor laceration of thoracic aorta, subsequent encounter
171.34	Minor laceration of thoracic aorta, sequela
171.35	Major laceration of thoracic aorta
171.36	Major laceration of thoracic aorta, initial encounter
171.37	Major laceration of thoracic aorta, subsequent encounter
171.38	Major laceration of thoracic aorta, sequela
171.39	Other specified injury of thoracic aorta
171.40	Injury NEC thoracic aorta
171.41	Other specified injury of thoracic aorta, initial encounter
171.42	Other specified injury of thoracic aorta, subsequent encounter
171.43	Other specified injury of thoracic aorta, sequela

ICD-10-PCS code*	Code description
02W10JZ	Restriction of thoracic aorta, descending with intraluminal device, percutaneous approach
02W10JZ	Restriction of thoracic aorta, descending with branched or fenestrated intraluminal device or two alternatives, percutaneous approach
02W10JZ	Restriction of thoracic aorta, descending with branched or fenestrated intraluminal device, three or more alternatives, percutaneous approach
02W30JZ	Restriction of thoracic aorta, ascending/arch with intraluminal device, percutaneous approach
02W30JZ	Restriction of thoracic aorta, ascending/arch with branched or fenestrated intraluminal device, one or two alternatives, percutaneous approach
02W30JZ	Restriction of thoracic aorta, ascending/arch with branched or fenestrated intraluminal device, three or more alternatives, percutaneous approach

*Excludes codes pertaining to "extraluminal device" or "no device" or "endoscopic."

[illegible]

- A total of 1,463 aortic aneurysm/dissection/rupture patients who had TEVAR were identified in the data. [Table 4]
 - 327 (22.4%) patients had revascularization involving one or more TEVAR aortic landing zone areas (i.e., revascularization was required for stent graft placement in Zone 0, Zone 1 or Zone 2).
 - 1,136 (77.6%) patients had no revascularization and their TEVAR landing zone was indeterminate. Note: Patients without revascularization likely had their stent graft landing in Zone 2 treated using parallel stent grafting of the LSA branch, or with intentionally occluding the LSA without revascularizing, or their TEVAR proximal landing was in Zone 3 or Zone 4 where revascularization is not needed.
- Among patients who had TEVAR with associated revascularization codes, specific code utilization indicates that:
 - **Zone 0:** 39 (11.9%) patients were estimated to have stent graft placement in Zone 0.
 - **Zone 1:** 206 (63.0%) patients were estimated to have stent graft placement in Zone 1.
 - **Zone 2:** 82 (25.1%) patients were estimated to have stent graft placement in Zone 2.

- Understanding location of placement of aortic stent grafts is important to evaluate their clinical effectiveness and associated costs.
- Results from this study demonstrate that commercial claims data can be effectively used to generalize location of TEVAR stent graft placement in the thoracic aorta.
- Health economists and outcomes researchers may consider using this methodology for claims data studies to understand costs and outcomes associated with treating thoracic aortic arch pathologies.

Because we used insurance claims data to conduct this study, we could not corroborate accuracy of our estimates with the actual TEVAR landing zones present in patient medical records.

- Our analysis focused only on Zone 0/1/2 proximal landing zones, whereas many TEVAR patients have stent graft placement in Zones 3 and 4 without need for revascularization (approximately 60%, as reported in published literature).²
 - Because our methods rely on use of revascularization codes, patients with stent graft placement in Zone 3 or Zone 4 were not accounted for in the analysis.
- Our analysis focused exclusively on stent graft landing zones for patients who had TEVAR-associated revascularization.
 - Our results do not account for patients who had stent graft placement without revascularization, particularly Zone 2 patients who had parallel stent grafting of the LSA or patients with intentionally unrevascularized LSA occlusion. Therefore the volume of Zone 2 patients is likely underestimated.
 - Published literature suggests that only 38% to 42% of patients with LSA occlusion have LSA revascularization.^{3,4}
 - Our estimates also likely exclude patients undergoing frozen elephant trunk (FET) procedures, where substantial revascularization work or total arch replacement takes place in Zones 0 and 1 and then structurally united with antegrade delivery of a descending aortic stent graft which itself functions as a proximal landing zone.
- To our knowledge, this is the first study attempting to identify TEVAR proximal stent graft landing zones using claims data.
 - We caution that the study was meant to be an exploratory approach for filling conspicuous gaps in the literature about revascularization associated with TEVAR.
 - We intend to replicate this study using other data sources and publish comparative findings in the future.

Due to changes made in included/excluded codes defining TEVAR and revascularization, results presented in this poster slightly differ from those in the published study abstract.