Chimney stent-grafts for aortic aneurysms show good patency after 2 years

High-risk patients benefit from less invasive procedures. A stent-grafting technique for aortic aneurysms is now showing promise for such patients.

Chimney stent-grafts bring blood to aortic branch vessels that are covered by standard aortic stent-grafts during endovascular aneurysm repair. A European study has provided some of the longest term results available for this procedure (Donas et al, 2013).

The authors studied high-risk patients with pararenal aortic pathologies treated between January 2008 and December 2011 at two European vascular and cardiovascular centres with advanced experience in the chimney graft technique.

Of the 124 patients treated at these centres, 40 patients (32 men; mean age 79.2±4.9 years) completed computed tomographic angiography follow-up at 24 months after the procedure to determine the stability of the chimney stents.

The overall technical success was 100%, and the early- and midterm procedure-related mortality was 0%. Three (2.4%) patients had a perioperative type Ia endoleak that persisted and seven (5.6%) had a type II endoleak. During the 2-year follow-up period, significant shrinkage (>5 mm; n=22) or stable aneurysm diameter (n=14) was seen in 36 (90%) of the cases.

Donas KP, Pecoraro F, Bisdas T et al (2013) CT angiography at 24 months demonstrates durability of EVAR with the use of chimney grafts for pararenal aortic pathologies. *J Endovasc Ther* **20**(1): 1–6

Call for improved reporting of patient outcomes

Clinical trials provide the best evidence to guide patient treatment and inform health policy. Yet, crucial information, on outcomes reported directly by patients such as their quality of life, is often left out of clinical trial publications, according to researchers from Birmingham University, Queens University Ontario, Bristol University, the International Society for Quality of Life Research and the CONSORT Group (Calvert et al, 2013).

Patient-reported outcomes include assessments of quality of life, symptoms and satisfaction with care. They can provide important information about the patients' perceptions and experiences of their disease and treatment, which can be used to inform patient-centred care.

Clinical trial publications often do not report these outcomes, or incompletely report or omit important information. As a result clinicians are unlikely to use the information in practice and in shared decision-making with patients.

Researchers have developed the CONSORT PRO extension based on the methodological framework for guideline development proposed by the Enhancing the Quality and Transparency of Health Research (EQUATOR) Network.

Five checklist items are recommended for randomized controlled trials in which patient-reported outcomes are primary or important secondary end points:

1. Patient-reported outcomes to be identified in abstracts to facilitate easy identification of studies to inform clinical care and evidence synthesis.
2. Patient-reported outcome hypothesis to be described in order to reduce the risk of multiple statistical testing and selective reporting.
3. Evidence of the patient-reported outcome questionnaire validity and reliability in relation to the study target population should be provided to allow readers to assess the quality and appropriateness of the patient-reported outcome being used.
4. Explicit statement of statistical approaches for dealing with missing data should be reported so readers can assess the implications including any potential bias.
5. Limitations and the generalisability of study findings should be described to ensure correct interpretation of results in clinical practice.

Calvert M, Blazeby J, Altman DG, Revicki DA, Moher D, Brundage MD, for the CONSORT PRO Group (2013) Reporting of Patient-Reported Outcomes in Randomized Trials. The CONSORT PRO Extension. *JAMA* **309**(8): 814–22

Mirabegron available to treat overactive bladder

Mirabegron (Betmiga), a first-in-class once-daily oral β3-adrenoceptor agonist, is now available for the symptomatic treatment of urgency, increased micturition frequency and/or urgency incontinence in adult patients with overactive bladder.

Reduced rate of major adverse cardiovascular events in COPD patients treated with roflumilast

Chronic obstructive pulmonary disease (COPD) patients treated with a bronchodilator, with or without inhaled corticosteroids, may experience significantly fewer major adverse cardiovascular events when roflumilast is used as an add-on therapy, according to a post-hoc data analysis published in *Chest*.

FDA approves first single-lead ICD with atrial sensing

The Food and Drug Administration (FDA) has granted final approval for the Biotronik Lumax 740 DX System, a first-in-class implantable cardiac defibrillator (ICD) that uses a single lead with atrial sensing capabilities.