



Spinal cord injury after open and endovascular repair of descending thoracic aneurysm and thoracoabdominal aortic aneurysm: an updated systematic review and meta-analysis

Talal Alzghari¹, Kevin R. An¹, Lamia Harik¹, Mohamed Rahouma¹, Arnaldo Dimagli¹, Roberto Perezgorvas-Olaria¹, Michelle Demetres², Gianmarco Cancelli¹, Giovanni Soletti Jr¹, Christopher Lau¹, Leonard N. Girardi¹, Mario Gaudino¹

¹Department of Cardiothoracic Surgery, Weill Cornell Medicine, New York, NY, USA; ²Samuel J. Wood Library and C.V. Starr Biomedical Information Centre, Weill Cornell Medicine, New York, NY, USA

Correspondence to: Mario Gaudino, MD, PhD. Department of Cardiothoracic Surgery, Weill Cornell Medicine, 525 E 68th St, New York, NY 10065, USA. Email: mfg9004@med.cornell.edu.

Background: Spinal cord injury (SCI) is a rare but severe complication after open or endovascular repair of descending thoracic aneurysms (DTAs) or thoracoabdominal aortic aneurysms (TAAAs). This meta-analysis aims to provide a comprehensive assessment of SCI rates and factors associated with SCI.

Methods: A systematic literature search was performed in September 2022 looking for studies on open and/or endovascular repair of DTA and/or TAAA published after 2018, to update the results of our previously published meta-analysis. The primary outcome was permanent SCI. Secondary outcomes were temporary SCI, 30-day and in-hospital mortality, follow-up mortality, postoperative stroke, and cerebrospinal fluid (CSF) drain-related complications. Data were pooled as proportions using inverse-variance weighting.

Results: A total of 239 studies (71 new studies and 168 from our previous meta-analysis) and 61,962 patients were included. The overall pooled rate of permanent SCI was 3.3% [95% confidence interval (CI), 2.9–3.8%]. Open repair was associated with a permanent SCI rate of 4.0% (95% CI, 3.3–4.8%), and endovascular repair was associated with a permanent SCI rate of 2.9% (95% CI, 2.4–3.5%). Permanent SCI was 2.0% (95% CI, 1.2–3.3%) after DTA repair, and 4.7% (95% CI, 3.9–5.6%) after TAAA repair; permanent SCI rate was 3.8% (95% CI, 2.9–5.0%) for Crawford extent I, 13.4% (95% CI, 9.0–19.5%) for extent II, 7.1% (95% CI, 5.7–8.9%) for extent III, 2.3% (95% CI, 1.6–3.5%) for extent IV, and 6.7% (95% CI, 1.7–23.1%) for extent V TAAA aneurysms. The pooled rate of CSF drain related complications was 1.9% (95% CI, 0.8–4.7%) for severe, 0.4% (95% CI, 0.0–4.0%) for moderate, and 1.8% (95% CI, 0.6–5.6%) for minor complications.

Conclusions: Permanent SCI occurs after both endovascular and open DTA or TAAA repairs. Open repairs and TAAA repairs have higher risk of SCI compared with endovascular or DTA repairs. In particular, extent II aneurysms present the highest overall risk of SCI.

Keywords: Spinal cord injury (SCI); thoracoabdominal aortic aneurysm (TAAA); open; endovascular; cerebrospinal fluid drain



Submitted Feb 24, 2023. Accepted for publication Jun 05, 2023. Published online Jul 31, 2023.

doi: 10.21037/acs-2023-scp-14

View this article at: <https://dx.doi.org/10.21037/acs-2023-scp-14>

Introduction

Spinal cord injury (SCI) after descending thoracic aneurysm (DTA) or thoracoabdominal aortic aneurysm (TAAA) repair is a devastating complication of aortic surgery, and has been affecting the outcomes of open aortic repair since its introduction in the 1950's (1) and persisting despite the introduction of less invasive endovascular aortic repair techniques in the contemporary era (2). Despite advancements in the preoperative, intraoperative, and postoperative care of DTA/TAAA repairs, postoperative SCI remains a source of major morbidity. The origin of SCI is likely multifactorial, resulting from factors such as occlusion of intercostal and lumbar arteries by the aortic graft or endovascular stent, perioperative hypotension, or embolic events. Postoperative SCI can either be temporary or permanent. The incidence of SCI has been reported to be between 2% and 10% (3-5) after open or endovascular repair, although estimating the general incidence rate (IR) is challenging as most of the data are from retrospective, single-center observational studies with major limitations of sample size, disparate surgical techniques, complex patient anatomy and pathology, and preexisting comorbidities. In this meta-analysis, we provide a comprehensive systematic review and an update of a meta-analysis previously published by our group on SCI, mortality, and cerebrovascular events after open or endovascular repair of DTA/TAAA.

Methods

Search strategy

A medical librarian (MD) performed a comprehensive search to identify randomized trials and observational cohort studies of TAAA and DTA repair from July 2018 to September 2022. Searches were run on September 13, 2022, in the following databases: Ovid MEDLINE (ALL; July 1, 2018, to September 13, 2022); Ovid EMBASE (July 1, 2018 to September 13, 2022); and The Cochrane Library (Wiley; July 1, 2018 to September 13, 2022). The full search strategy for each database is available in [Table S1](#).

Study selection and data extraction

The search strategy retrieved 6,176 studies. Following deduplication, three reviewers (TA, LH, KRA) independently screened a total of 4,100 titles and abstracts. Any discrepancies were resolved by the senior author (MG). Titles and abstracts were reviewed against the prespecified

inclusion/exclusion criteria. Studies were included if they were written in English, if they were randomized trials or observational studies reporting outcomes of endovascular and/or open repair of TAAAs and/or DTAs, due to either a degenerative process or post-chronic dissection. Studies were excluded if they were animal studies, abstracts only, case reports, commentary, conference presentations, editorials, expert opinions, studies reporting repair of other aortic pathologies (acute dissection, traumatic aneurysms, aortic ruptures, aortic ulcers), studies reporting less than 10 patients, and studies not clearly defining the strategy used or using hybrid procedures. Only the largest national registry databases from (US, Japan, and Italy) were included. Two hundred fifty-two full text studies were evaluated to assess for eligibility. Reference lists for articles selected for inclusion in the study were also searched for relevant articles. The full Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (6) flow diagram outlining the study selection process is available in [Figure S1](#).

All studies were reviewed by two independent investigators (TA, KRA), and disagreements were resolved by the senior author (MG). For studies with overlapping patient populations, the largest series were included. Seventy-one studies were included for data extraction. Three investigators (TA, LH, KRA) performed data extraction independently. The following variables were included: study data (institution, country, study period, number of patients, study design) ([Table S2](#)), patient demographics [age, sex, comorbidities (diabetes, hypertension, smoking, coronary artery disease, chronic renal failure, and chronic obstructive pulmonary disease)] ([Tables S3,S4](#)). Aneurysm characteristics and procedural details (previous aortic surgery, aortic dissection, acute dissection, cerebrospinal fluid (CSF) drain use, use of left heart bypass, selective renal perfusion, circulatory arrest, sequential cross-clamping, or clamp-and-sew technique, and mean cross-clamp time) were reported in ([Tables S3,S4](#)). The quality of the included studies was assessed using the Newcastle-Ottawa Scale (NOS) for observational studies and the Cochrane risk-of-bias (RoB 2) tool for randomized trials ([Tables S5,S6](#)).

Outcomes

The primary outcome was the rate of permanent postoperative SCI. Secondary outcomes included temporary SCI, operative (30-day/in-hospital) mortality, follow-up

mortality, postoperative stroke, and CSF drain-related complications using the individual studies' definitions. CSF drain-related complications were classified as severe (subdural hematoma, epidural hematoma, cerebellar hemorrhage, intracranial hemorrhage, subarachnoid hemorrhage, meningitis, and catheter/drainage-related neurologic deficit), moderate [spinal headache, CSF leak requiring intervention (i.e., blood patch or suturing), drain fracture requiring or not requiring surgical removal, cranial hypotension syndrome], or minor (puncture-site bleeding, bloody spinal fluid, CSF leak not requiring intervention, drain fracture left in place, and occluded/dislodged catheters, pale hemorrhagic discharge) based on a previous definition (7).

Meta-analysis

Short-term binary outcomes were reported and pooled as proportions (%) with 95% confidence interval (CI) using the generic inverse-variance method. Events were extracted from the individual studies or calculated based on the proportion of patients with the corresponding outcome among all patients treated. For follow-up mortality, IR with Poisson model with a constant event rate was used to account for different length of follow-up among studies with the total number of events observed within a group, calculated out of the total person-time follow-up for that group based on each study's follow-up. Random effect meta-analysis was performed, and heterogeneity was considered low ($I^2=0-25\%$), moderate ($I^2=26-50\%$), or high ($I^2>50\%$). Publication bias assessment was carried out using funnel plot and Egger's test (Figure S2). Leave one-out analysis for the primary outcome was performed as a sensitivity analysis. Subgroup analyses were performed for DTAs, TAAAs, open and endovascular repair, Crawford extent of TAAAs, studies reporting on patients operated after the year 2000, CSF drain use, and studies with the highest NOS scores (eight or nine stars). Meta-regression was used to explore the effects of study period, publication year, hospital volume, age, sex, patient variables [coronary artery disease, chronic renal failure, chronic obstructive pulmonary disease, acute/chronic dissection, aneurysm type (TAAA/DTA)], and operative variables (open *vs.* endovascular repair, use of clamp-and-sew technique, use of CSF drain, and use of circulatory arrest or left heart bypass) on the primary outcome. Statistical significance was set at the two-tailed 0.05 level, without multiplicity adjustments. All statistical

analyses were performed using R (version 4.2.1) within R Studio using "metafor" and "meta" packages (Table 1).

Results

Study and patient characteristics

A total of 239 studies were included in the final analysis; 71 studies from the 252 studies that were retrieved for full-text review, and additional 168 studies were included from our group's previous meta-analysis (5), and one study (4) was excluded from the analysis due to overlapping patient population (Figure S1). The majority (84.1%) of the studies were retrospective (201/239), 15.5% (37/239) were prospective, and one was a randomized trial. Seventy-seven studies were conducted in the United States, 29 in China, 29 in Japan, 21 in Italy, 11 in the United Kingdom, and 5 multi-national studies (Table S2). The quality of the included studies according to the NOS and the ROB 2 tool are provided in Tables S5,S6. Overall, 61,962 patients were included in the final analysis, and the patient population of each individual study ranged from 10 to 14,235. The mean age range was 36 to 86 years, and the percentage of male patients ranged from 28.6% to 94.3%. Patient demographics of individual studies are reported in Table S3.

Meta-analysis

Primary outcome

The overall pooled event rate of permanent SCI was 3.3% (95% CI, 2.9–3.8%). In subgroup analyses, the pooled rate of permanent SCI after open repair was 4.0% (95% CI, 3.3–4.8%), and 2.9% (95% CI, 2.4–3.5%) after endovascular repair (Figure S3). Permanent SCI rate was 2.0% (95% CI, 1.2–3.3%) for DTA repair and 4.7% (95% CI, 3.9–5.6%) for TAAA repair (Figure S4). For DTAs, open repair was associated with permanent SCI rate of 2.0% (95% CI, 1.0–4.3%), similar to the endovascular repair permanent SCI rate was 2.0% (95% CI, 1.1–3.8%) (Figure S5). TAAA repair was associated with a 5.6% SCI rate (95% CI, 4.4–7.2%) with the open technique and 3.9% (95% CI, 3.1–4.8%) with endovascular techniques (Figure S6). Pooled permanent SCI when stratified by aneurysm type (DTA and TAAA) showed no significant difference between open and endovascular repair (Figures S7,S8). In subgroup analysis based on TAAA Crawford extent, the pooled rate of permanent SCI was 3.8% (95% CI, 2.9–5.0%) for Crawford extent I, 13.4% (95% CI, 9.0–19.5%) for extent

Table 1 Summary of outcomes

Outcomes	Studies	Patient number	Effect estimate (%) (95% CI)	Heterogeneity (I^2) (%)	$P_{\text{interaction}}$
Permanent spinal cord injury	214	60,602	3.3 (2.9–3.8)	81.1	–
DTA	22	2,714	2.0 (1.2–3.3)	40.8	0.002
TAAA	107	37,202	4.7 (3.9–5.6)	86.4	
Open	80	20,498	4.0 (3.3–4.8)	83.0	0.02
Endo	134	40,104	2.9 (2.4–3.5)	73.2	
DTA open	13	1,413	2.0 (1.0–4.3)	43.0	0.01
TAAA open	53	11,270	5.6 (4.4–7.2)	88.0	
DTA endovascular	9	1,301	2.0 (1.1–3.8)	42.0	0.06
TAAA endovascular	54	25,932	3.9 (3.1–4.8)	68.0	
DTA open	13	1,413	2.0 (1.0–4.3)	43.0	0.98
DTA endovascular	9	1,301	2.0 (1.1–3.8)	42.0	
TAAA open	53	11,270	5.6 (4.4–7.2)	88.0	0.03
TAAA endovascular	54	25,932	3.9 (3.1–4.8)	68.0	
Extent I	10	1,280	3.8 (2.9–5.0)	0.0	<0.001*
Endo	2	21	15.2 (3.4–47.4)	64.0	0.06
Open	8	1,259	3.7 (2.8–4.8)	0.0	
Extent II	15	1,686	13.4 (9.0–19.5)	70.6	<0.001*
Endo	4	79	21.5 (13.8–31.9)	0.0	0.05
Open	11	1,607	11.8 (7.6–17.9)	66.0	
Extent III	12	1,012	7.1 (5.7–8.9)	0.0	<0.001*
Endo	3	93	5.4 (2.3–12.3)	0.0	0.50
Open	9	919	7.3 (5.8–9.1)	2.0	
Extent IV	12	1,031	2.3 (1.6–3.5)	0.0	<0.001*
Endo	5	174	2.3 (0.9–6.0)	0.0	0.98
Open	7	857	2.3 (1.5–3.6)	0.0	
Extent V	3	30	6.7 (1.7–23.1)	0.0	<0.001*
Endo	–	–	–	–	–
Open	3	30	6.7 (1.7–23.1)	0.0	–
CSF drain 100% patients	24	3,577	3.5 (2.5–4.9)	58.1	0.23
CSF drain 0% patients	8	362	1.5 (0.3–5.7)	0.0	
CSF drain \geq 75% patients	53	9,189	3.8 (3.0–4.9)	82.9	0.62
CSF drain <75% patients	61	18,437	3.6 (3.0–4.3)	68.3	
CSF drain \geq 50% patients	76	12,748	3.9 (3.2–4.6)	79.1	0.33
CSF drain <50% patients	38	14,878	3.3 (2.5–4.4)	77.1	

Table 1 (continued)

Table 1 (continued)

Outcomes	Studies	Patient number	Effect estimate (%) (95% CI)	Heterogeneity (I ²) (%)	P _{interaction}
30-day/in-hospital mortality	210	65,067	4.8 (4.1–5.6)	86.8	–
Late mortality	141	–	6.1 (5.3–7.1)	93.0	–
Stroke	183	50,186	2.9 (2.3–3.6)	82.6	–
Temporary spinal cord injury	114	22,597	3.1 (2.5–3.8)	73.7	–
Studies with highest NOS ratings					
Permanent spinal cord injury	115	28,273	3.2 (2.7–3.9)	78.1	
Operative mortality	111	21,339	4.6 (3.7–5.8)	85.1	
Late mortality	90	–	6.7 (5.6–8.0)	93.5	
Stroke	96	19,481	2.9 (2.0–3.9)	84.9	

*, P_{interaction} for Crawford extents. CI, confidence interval; DTA, descending thoracic aneurysm; TAAA, thoracoabdominal aortic aneurysm; CSF, cerebrospinal fluid; NOS, Newcastle-Ottawa Scale.

II, 7.1% (95% CI, 5.7–8.9%) for extent III, 2.3% (95% CI, 1.6–3.5%) for extent IV, and 6.7% (95% CI, 1.7–23.1%) for extent V (Figure S9A–S9E).

Secondary outcomes

Temporary SCI was reported in 114 studies with a total of 22,597 patients, with the pooled rate at 3.1% (95% CI, 2.5–3.8%; Figure S10). The 30-day/in-hospital mortality was reported in 210 studies with 65,067 patients, with the pooled rate at 4.8% (95% CI, 4.1–5.6%; Figure S11). Follow-up mortality at a weighted median follow-up of 3.9 years was 6.1% (95% CI, 5.3–7.1%; Figure S12). The pooled rate of postoperative stroke from 183 studies and 50,186 patients was 2.9% (95% CI, 2.3–3.6%; Figure S13) (Table 1: summary of outcomes). CSF drain-related complications were reported in 13 studies (Table 2), with a total of 986 patients undergoing CSF drain placement. The pooled rate of severe complications was 1.95% (95% CI, 0.75–4.67%), moderate complications was 0.38% (95% CI, 0.03–3.97%), and minor complications was 1.81% (95% CI, 0.57–5.56%; Figure S14; Table S7). The pooled permanent SCI rate in the studies that reported CSF drain in $\geq 50\%$ of the patient when compared to the studies that reported $\leq 50\%$ of patients was not different, at 3.9% (95% CI, 3.2–4.6%) vs. 3.3% (95% CI, 2.5–4.4%, $P=0.33$; Figures S15–S17). Leave one-out analysis for the primary outcome was performed as a sensitivity analysis (Figure S18). We also noticed that there are no changes in permanent SCI over the last five years (Figure S19).

Meta-regression

Meta-regression showed an association between DTA repair, endovascular repair, and clamp and saw technique with lower rate of permanent SCI (beta = -0.009, $P=0.05$), (beta = -0.336, $P=0.02$), (beta = -0.020, $P=0.04$), respectively (Table 3).

Discussion

This study is an updated meta-analysis of one previously conducted by our group (5), which includes all relevant studies published from July 1, 2018 to September 13, 2022. The final analysis consists of a total of 239 studies and 61,962 patients. The overall pooled rate of permanent SCI after TAAA or DTA repair was 3.3% including both endovascular and open surgeries, with the permanent SCI rate being numerically higher after open repair compared with endovascular repair. Furthermore, the rate of SCI was found to be numerically higher after TAAA repair (4.7%, 95% CI, 3.9–5.6%) than DTA repair (2.0%, 95% CI, 1.2–3.3%; $P=0.002$). Of note, the highest rate of permanent SCI was observed in patients who underwent Crawford extent II repair, with a rate of 13.4% (95% CI, 9.0–19.5%).

Due to the anatomical and pathological complexity of the disease, in addition to the complicated patient population and surgical procedures, the current literature has reported varying IRs of SCI. Our data compares similarly to large contemporary national registry studies

Table 2 Complications related to cerebrospinal fluid drain use

Study*	No. of patients with drain	Severe complications									Moderate complications				Minor complications		Total		
		Subdural hematoma	Subarachnoid bleeding	Epidural hematoma	Cerebellar hemorrhage	Intracranial bleeding	Meningitis	Para-lumbar infection	Intraspinal hematoma and subsequent paraplegia	Neurological symptom of bilateral thighs	Spinal headache	Persistent CSF leak	Fractured catheter	Cranial hypotension syndrome	Bleeding at spinal puncture side	Pale hemorrhagic discharge	Minor	Moderate	Severe
Abdelbaky 2021	100	2	NR	NR	NR	NR	NR	NR	NR	NR	5	7	NR	NR	NR	3	8	7	2
Andersen 2014	9	1	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	0	0	1
Bisdas 2015	64	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	4	NR	NR	4	0	0
Dias 2015	64	2	3	1	NR	NR	2	1	NR	NR	NR	NR	NR	NR	NR	NR	0	0	9
Ferreira 2008	11	NR	NR	NR	NR	NR	NR	1	NR	NR	NR	NR	NR	NR	NR	NR	0	0	1
Hicks 2017	137	NR	NR	NR	NR	NR	NR	NR	NR	NR	4	NR	NR	NR	NR	NR	4	0	0
Hiraoka 2018	55	NR	NR	NR	NR	NR	NR	NR	1	NR	NR	NR	NR	NR	NR	NR	0	0	1
Katsargyris 2015	144	2	NR	NR	NR	NR	NR	NR	NR	NR	1	NR	NR	NR	2	NR	2	1	2
Kitpanit 2021	78	NR	2	NR	1	NR	NR	NR	NR	NR	2	NR	1	NR	7	NR	20	0	6
Marcondes 2023	22	NR	NR	NR	NR	1	1	NR	NR	NR	NR	NR	NR	NR	NR	NR	1	0	0
Sugiura 2017	78	1	NR	NR	NR	NR	1	NR	NR	1	13	NR	1	NR	NR	3	3	14	3
Van Calster 2019	197	NR	NR	NR	NR	NR	NR	NR	NR	NR	8	NR	NR	NR	NR	NR	0	8	0
Yunoki 2015	27	1	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	0	0	1

*, see Supplementary references. CSF, cerebrospinal fluid; NR, not reported.

Table 3 Univariable meta-regression for permanent spinal cord injury

Variable	Regression coefficient (beta) ± SD	P value
Study period	0.002±0.011	0.86
Publication year	0.011±0.017	0.54
Hospital volume	-0.0001±0.0004	0.74
Age	0.014±0.008	0.08
Male gender	-0.003±0.005	0.56
Coronary artery disease	0.004±0.005	0.412
Diabetes	0.008±0.010	0.45
Chronic renal failure	0.008±0.005	0.10
Chronic obstructive pulmonary disease	-0.002±0.001	0.11
Acute dissection	-0.004±0.003	0.16
Chronic/subacute dissection	0.008±0.004	0.10
DTA repair percent	-0.009±0.005	0.05*
Endovascular repair (vs. open)	-0.336±0.138	0.02*
Clamp-and-sew technique	-0.020±0.010	0.04*
Circulatory arrest	-0.002±0.006	0.75
Left heart bypass	0.007±0.004	0.13
Cerebrospinal fluid drain use	0.004±0.003	0.12

*, significant results. SD, standard deviation; DTA, descending thoracic aneurysm.

reporting on SCI injury after both open and endovascular procedures. Hoshina *et al.* (8), using data from the Japanese Committee for Stentgraft Management's national registry, reported a 3.7% paraplegia rate in 13,235 patients after endovascular repair of TAAA; similarly Scali *et al.* (9) using the Vascular Quality Initiative (VQI) database, reported a 2.1% permanent SCI after 6,529 thoracic endovascular aortic aneurysm repairs. In a population-based study using propensity-score matching including 664 patients, Rocha *et al.* (10) reported similar permanent paraplegia rates in patients with open *vs.* endovascular TAAA repair (4.1% *vs.* 4.6%; $P>0.99$). In the largest observational study of open TAAA repair comprising of 3,309 patients, including 1,066 patients with extent II repair, Coselli *et al.* (3) reported an SCI rate of 9.6%, whereas Gambardella *et al.* (11) and Girardi *et al.* (4) reported an SCI rate of 2.9% and 2.6%, respectively, after open DTA/TAAA repair. Rocha *et al.* (12)

in a meta-analysis of eight comparative observational studies reported lower SCI after endovascular TAAA repair compared to open repair [relative risk (RR), 0.65; 95% CI, 0.42–1.01; $P=0.05$; $I^2=28\%$]. In a more recent meta-analysis including 71 studies, 24 endovascular repairs and 47 open repairs of TAAA, Rocha *et al.* (13) reported higher SCI rates after endovascular repair 13.5% (95% CI, 10.5–16.7%) *vs.* open repair 7.4% (95% CI, 6.2–8.7%; $P<0.01$). In our group's previous meta-analysis including 169 studies and 22,634 patients, we reported a pooled overall permanent SCI rate of 4.5%, 3.5% for DTA and 7.6% for TAAA, 5.7% for open repairs and 3.9% for endovascular repairs. A pooled meta-analysis of 43 studies and 7,168 patients by Dijkstra *et al.* (14) reported a permanent SCI of 2.2% after endovascular repair of DTA and TAAA. In another meta-analysis of 46 studies and 4,936 patients, Wong *et al.* (15) reported an overall SCI rate of 3.9% in patients who underwent endovascular TAAA repair. A pooled SCI rate of 8.3% after open TAAA repair was reported in a meta-analysis of 30 articles and a total of 9,963 patients by Moulakakis *et al.* (16).

The decision to use a CSF drain in DTA/TAAA repairs is based on individual patient factors, such as prior aortic surgery, aneurysm size, stent or graft length, hypogastric artery patency, as well as reimplantation and occlusion of intercostal and lumbar vessels. While CSF drain use is common, there is limited evidence to support its effectiveness in preventing SCI (17). Coselli *et al.* (18) in a randomized clinical trial of 145 patients who underwent extent I or II TAAA open repair, found that prophylactic CSF drainage was associated with a significantly lower SCI rate when compared with no prophylactic CSF drainage (2.6% *vs.* 13%, $P=0.03$). Similarly, Cinà *et al.* (19) in a meta-analysis of three randomized trials and 11 cohort studies reporting effectiveness of CSF drainage after thoracic aneurysm and TAAA open repairs, found that patients with CSF drain have a pooled odds ratio of 0.35 (95% CI, 0.12–0.99; $P=0.05$) for paraplegia development. However, Wong *et al.* (15) in a meta-analysis of the effect of preoperative CSF drainage in patients who underwent thoracic endovascular aneurysm repair, including 46 studies and 4,936 patients, reported SCI rate of 3.2% in patients with routine prophylactic CSF drain placement and 3.5% in patients with no CSF drain placement. Gaudino *et al.* (5) in our group's previous meta-analysis reported nonsignificant difference in SCI rate in studies reporting greater use of CSF drain compared to studies with lower use of CSF drain (4.8% *vs.* 5.5%, $P=0.58$). In this study, CSF drain

use was reported in 13 studies and a total of 986 patients had a CSF drain placed; permanent SCI in the studies that reported CSF drain use in $\geq 50\%$ of the patients was not significantly different when compared with the SCI rate in studies reporting drain use in $\leq 50\%$ of patients [3.9% (95% CI, 3.2–4.6%) vs. 3.3% (95% CI, 2.5–4.4%); $P=0.33$]. This noted difference in the effectiveness of CSF drain might be explained by differences in the surgical approach, as Coselli *et al.* (18) and Cinà *et al.* (19) included only open procedures, while Wong *et al.* (15) and Gaudino *et al.* (5) included both open and endovascular repair in their meta-analyses. As open repairs are more invasive, more physiologically stressful, and are associated with greater blood loss and greater risk for intraoperative hypotension, the benefit of prophylactic CSF drainage may be more pronounced in patients undergoing open repair compared with endovascular repair.

In this analysis, we also reported the pooled rate of severe, moderate, and minor CSF drain complications as 1.95%, 0.38%, and 1.81%, respectively, which is lower than our group's previously published meta-analysis (5) that reported 5.0% for severe, 4.0% for moderate, and 4.0% for minor complications. In another recent meta-analysis, Rong *et al.* (7) reported the pooled CSF drain-related complications were 2.5%, 3.7%, and 2.0%, respectively. These lower rates of complications in this study might be due to the low number of studies that reported the complications, with fewer reported events which can be potentially due to underreporting.

Limitations

Although this is a comprehensive summary of current evidence on the incidence of SCI after DTA/TAAA repairs, it is important to interpret our analysis with caution due to methodological limitations intrinsic to pooled analyses of single-armed observational studies, and from the use of aggregated data, such as the ecological fallacy for meta-regression results (20). Moreover, the heterogeneity of the patient population, pathological and anatomical disease characteristics, presence of genetic connective tissues disorders, previous aortic surgical interventions, differences in surgical techniques, use of different types of endovascular grafts (fenestrated, branched, physician modified), variability in operators' volume and experience, and differences in perioperative and postoperative care protocols, all could impact surgical decision-making and outcomes. Even though our analysis showed low-to-moderate levels of

heterogeneity among the included studies, not all primary and secondary outcomes were reported in all studies, which might have influenced the power of the subgroup analysis and the results of meta-regression.

Conclusions

After analyzing 239 current studies and a total of 61,962 patients, we found that open repairs and TAAA repairs appear to be at higher risk of SCI compared with endovascular or DTA repairs. Notably, extent II aneurysms present the highest overall risk of SCI. Given the complexity of the disease and the surgical methods involved, as well as the scarcity of randomized controlled trials, more advanced and meticulous prospective data gathering, or ideally randomized controlled trials, should be undertaken to shed light on some of the unresolved issues.

Acknowledgments

Funding: None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

References

1. Adams HD, Van Geertruyden HH. Neurologic complications of aortic surgery. *Ann Surg* 1956;144:574-610.
2. Chuter TA, Gordon RL, Reilly LM, et al. An endovascular system for thoracoabdominal aortic aneurysm repair. *J Endovasc Ther* 2001;8:25-33.
3. Coselli JS, LeMaire SA, Preventza O, et al. Outcomes of 3309 thoracoabdominal aortic aneurysm repairs. *J Thorac Cardiovasc Surg* 2016;151:1323-37.

4. Girardi LN, Lau C, Ohmes LB, et al. Open repair of descending and thoracoabdominal aortic aneurysms in octogenarians. *J Vasc Surg* 2018;68:1287-1296.e3.
5. Gaudino M, Khan FM, Rahouma M, et al. Spinal cord injury after open and endovascular repair of descending thoracic and thoracoabdominal aortic aneurysms: A meta-analysis. *J Thorac Cardiovasc Surg* 2022;163:552-64.
6. Moher D, Shamseer L, Clarke M, et al. Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. *Syst Rev* 2015;4:1.
7. Rong LQ, Kamel MK, Rahouma M, et al. Cerebrospinal-fluid drain-related complications in patients undergoing open and endovascular repairs of thoracic and thoracoabdominal aortic pathologies: a systematic review and meta-analysis. *Br J Anaesth* 2018;120:904-13.
8. Hoshina K, Kato M, Ishimaru S, et al. Effect of the urgency and landing zone on rates of in-hospital death, stroke, and paraplegia after thoracic endovascular aortic repair in Japan. *J Vasc Surg* 2021;74:556-568.e2.
9. Scali ST, Giles KA, Wang GJ, et al. National incidence, mortality outcomes, and predictors of spinal cord ischemia after thoracic endovascular aortic repair. *J Vasc Surg* 2020;72:92-104.
10. Rocha RV, Lindsay TF, Austin PC, et al. Outcomes after endovascular versus open thoracoabdominal aortic aneurysm repair: A population-based study. *J Thorac Cardiovasc Surg* 2021;161:516-527.e6.
11. Gambardella I, Lau C, Gaudino MFL, et al. Splanchnic occlusive disease predicts for spinal cord injury after open descending thoracic and thoracoabdominal aneurysm repair. *J Vasc Surg* 2021;74:1099-1108.e4.
12. Rocha RV, Friedrich JO, Elbatarny M, et al. A systematic review and meta-analysis of early outcomes after endovascular versus open repair of thoracoabdominal aortic aneurysms. *J Vasc Surg* 2018;68:1936-1945.e5.
13. Rocha RV, Lindsay TF, Friedrich JO, et al. Systematic review of contemporary outcomes of endovascular and open thoracoabdominal aortic aneurysm repair. *J Vasc Surg* 2020;71:1396-1412.e12.
14. Dijkstra ML, Vainas T, Zeebregts CJ, et al. Editor's Choice - Spinal Cord Ischaemia in Endovascular Thoracic and Thoraco-abdominal Aortic Repair: Review of Preventive Strategies. *Eur J Vasc Endovasc Surg* 2018;55:829-41.
15. Wong CS, Healy D, Canning C, et al. A systematic review of spinal cord injury and cerebrospinal fluid drainage after thoracic aortic endografting. *J Vasc Surg* 2012;56:1438-47.
16. Moulakakis KG, Karaolanis G, Antonopoulos CN, et al. Open repair of thoracoabdominal aortic aneurysms in experienced centers. *J Vasc Surg* 2018;68:634-645.e12.
17. Khan SN, Stansby G. Cerebrospinal fluid drainage for thoracic and thoracoabdominal aortic aneurysm surgery. *Cochrane Database Syst Rev* 2012;10:CD003635.
18. Coselli JS, LeMaire SA, Köksoy C, et al. Cerebrospinal fluid drainage reduces paraplegia after thoracoabdominal aortic aneurysm repair: results of a randomized clinical trial. *J Vasc Surg* 2002;35:631-9.
19. Cinà CS, Abouzahr L, Arena GO, et al. Cerebrospinal fluid drainage to prevent paraplegia during thoracic and thoracoabdominal aortic aneurysm surgery: a systematic review and meta-analysis. *J Vasc Surg* 2004;40:36-44.
20. Morgenstern H. Uses of ecologic analysis in epidemiologic research. *Am J Public Health* 1982;72:1336-44.

Cite this article as: Alzghari T, An KR, Harik L, Rahouma M, Dimagli A, Perezgorvas-Olaria R, Demetres M, Cancelli G, Soletti G Jr, Lau C, Girardi LN, Gaudino M. Spinal cord injury after open and endovascular repair of descending thoracic aneurysm and thoracoabdominal aortic aneurysm: an updated systematic review and meta-analysis. *Ann Cardiothorac Surg* 2023;12(5):409-417. doi: 10.21037/acs-2023-scp-14

	Page
Table of contents	Page
Figure S1 Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram	2
Figure S2 Funnel plot for studies reporting the primary outcome	3
Figure S3 Sub-group analysis of permanent spinal cord injury after open vs. endovascular aneurysm repair	4
Figure S4 Sub-group analysis of permanent spinal cord injury after repair of TAAA vs. DTA	7
Figure S5 Sub-group analysis of permanent spinal cord injury for endovascular vs. open repair of descending thoracic aneurysms	9
Figure S6 Sub-group analysis of permanent spinal cord injury for open vs. endovascular repair of thoracoabdominal aortic aneurysms	10
Figure S7 Sub-group analysis of permanent spinal cord injury after open repair of TAAA vs. DTA	12
Figure S8 Sub-group analysis of permanent spinal cord injury after endovascular repair of TAAA vs. DTA	13
Figure S9 Sub-group analysis of permanent spinal cord injury after repair of Crawford Extent I, II, III, IV, V aneurysms	14
Figure S10 Forest plot for pooled rate of temporary spinal cord injury	19
Figure S11 Forest plot for pooled incidence rate of 30-day/in-hospital mortality	20
Figure S12 Forest plot for pooled incidence rate of follow-up mortality	22
Figure S13 Forest plot for pooled rate of post-operative stroke	24
Figure S14 Forest plots of pooled complication rates related to CSF drain use. (A) Severe complications. (B) Moderate complications. (C) Minor complications	26
Figure S15 Sub-group analysis of permanent spinal cord injury of studies reporting median CSF drain use in 0% patient's vs. 100% patients	28
Figure S16 Sub-group analysis of permanent spinal cord injury of studies reporting median CSF drain use in <75% patients vs. ≥75% patients	29
Figure S17 Sub-group analysis of permanent spinal cord injury of studies reporting median CSF drain use in < 50% patients vs. ≥50% patients	31
Figure S18 Leave one out analysis for the primary outcome of permanent spinal cord injury	33
Figure S19 Permanent SCI trend based on years	36
Table S1 Full search strategy	39
Table S2 Summary of the included studies	41
Table S3 Demographics of patients in the included studies	50
Table S4 Proportion of studies that reported preoperative, intraoperative, and postoperative variables of interest	58
Table S5 Summary of critical appraisal of included observational studies using the Newcastle-Ottawa Quality Assessment Scale	59
Table S6 The Cochrane Collaboration's tool for assessing risk of bias in randomized trials	63
Table S7 Pooled rates of CSF drain use related complication	64
Supplementary references of included studies	65

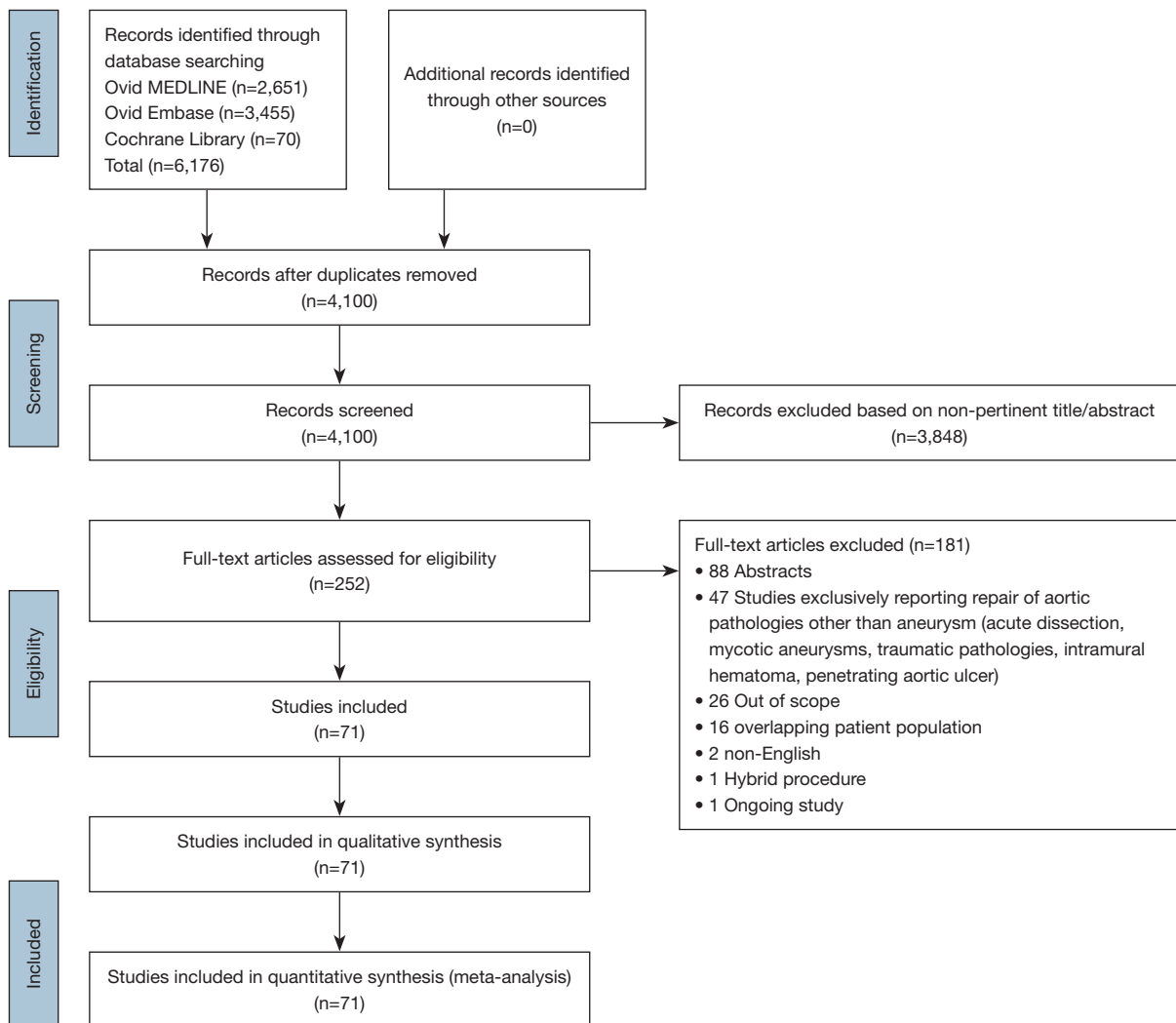


Figure S1 Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart of our analysis.

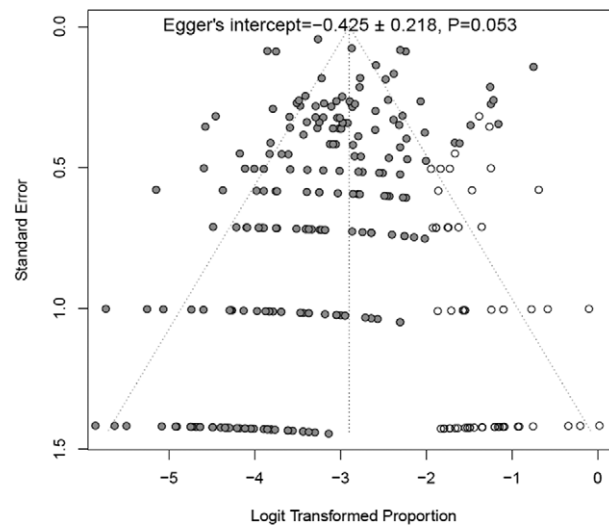
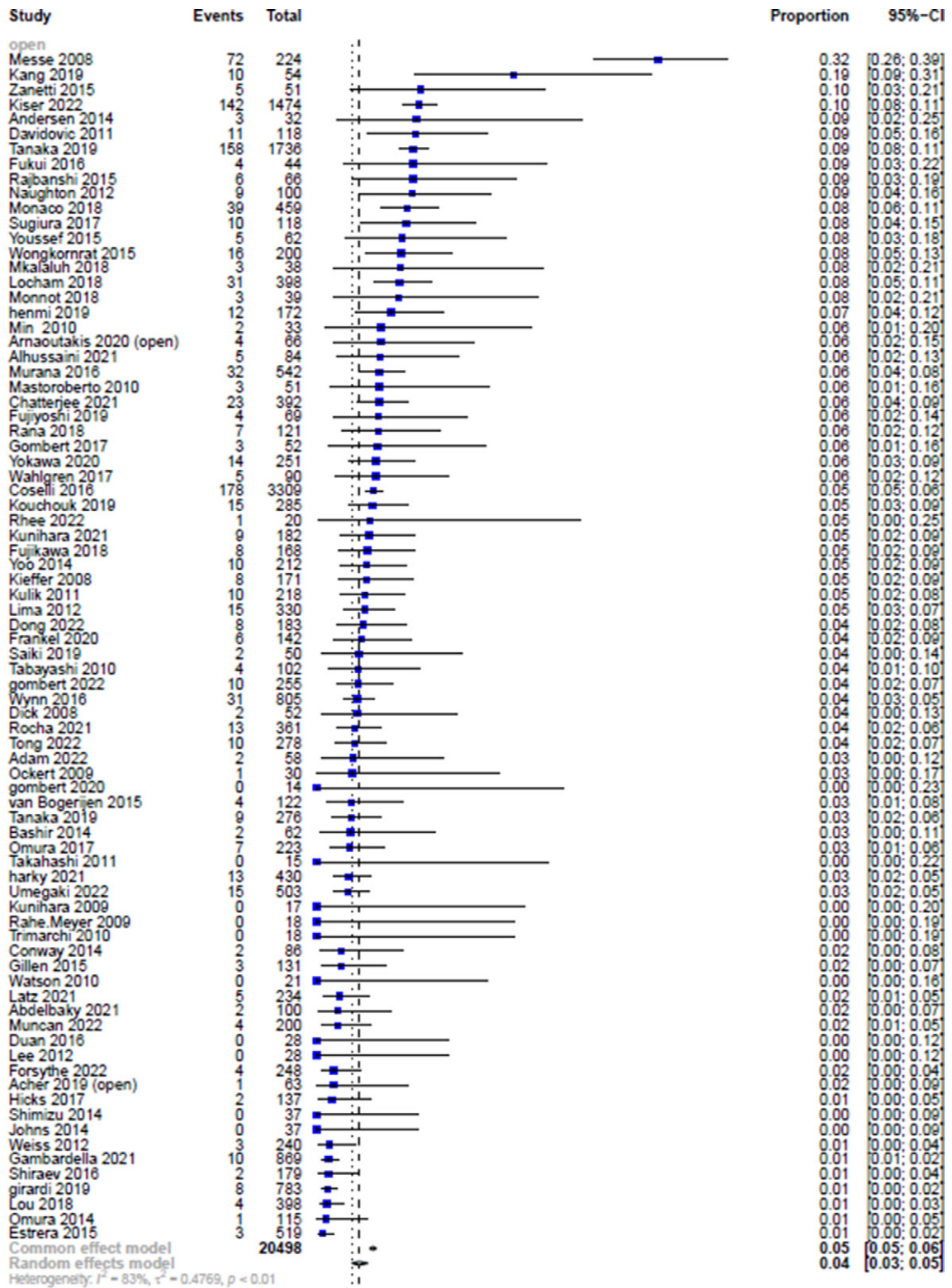
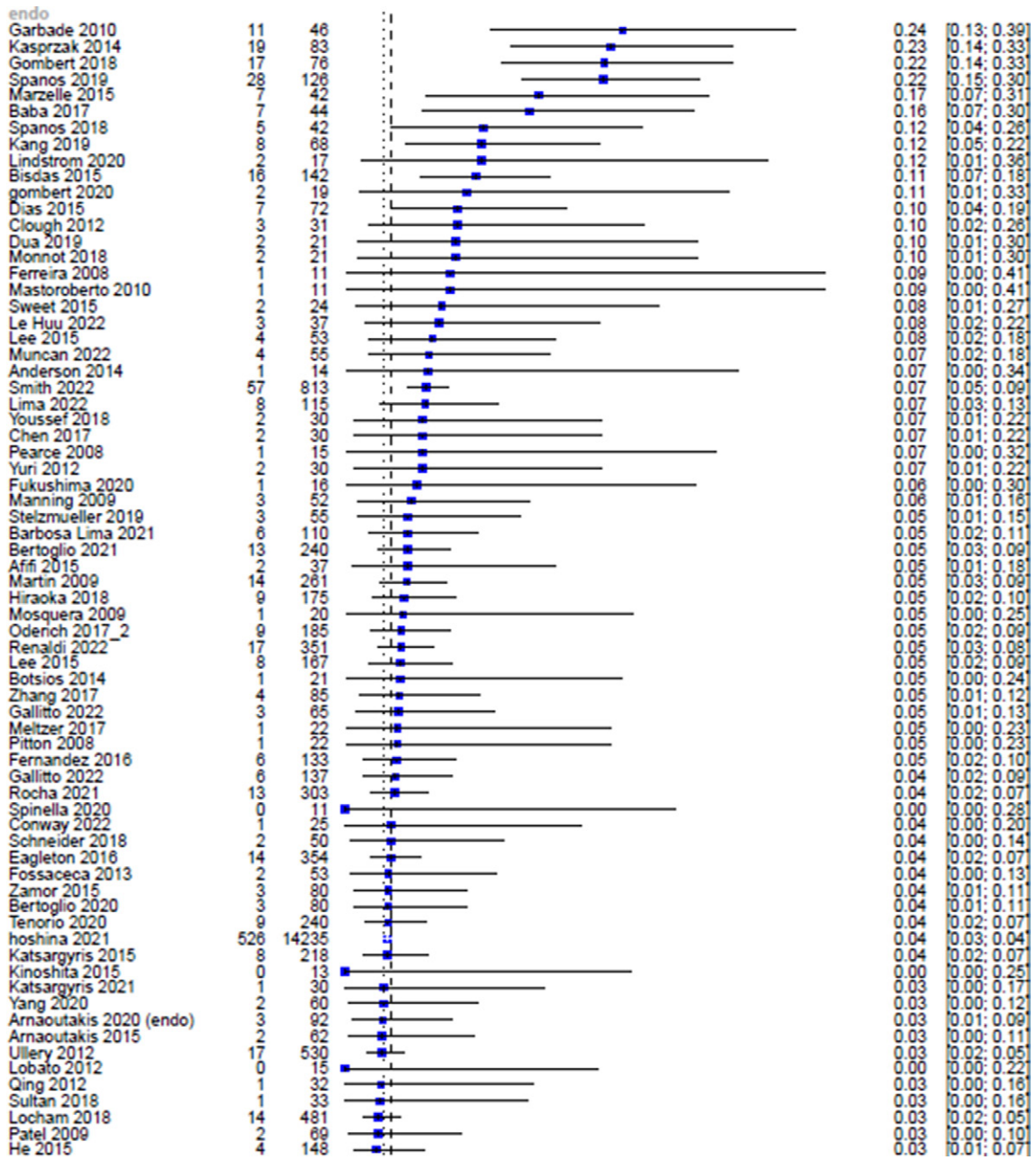


Figure S2 Funnel plot for studies reporting the primary outcome. The gray circles represent each included study (logit transformed proportion, standard error), while the white circles represent the visual assessment of asymmetry using Trim and fill method in addition to statistical assessment using Egger's test.





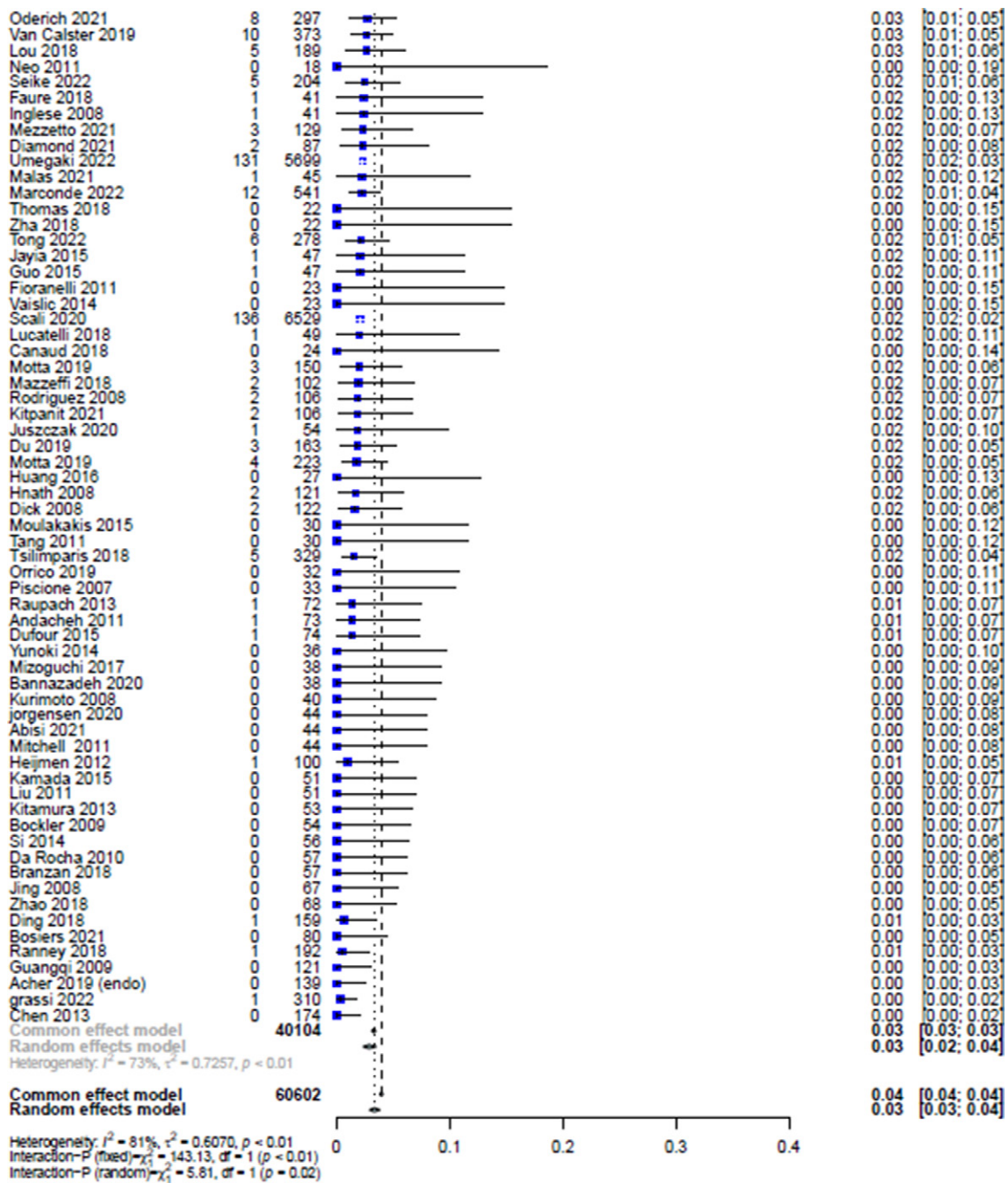
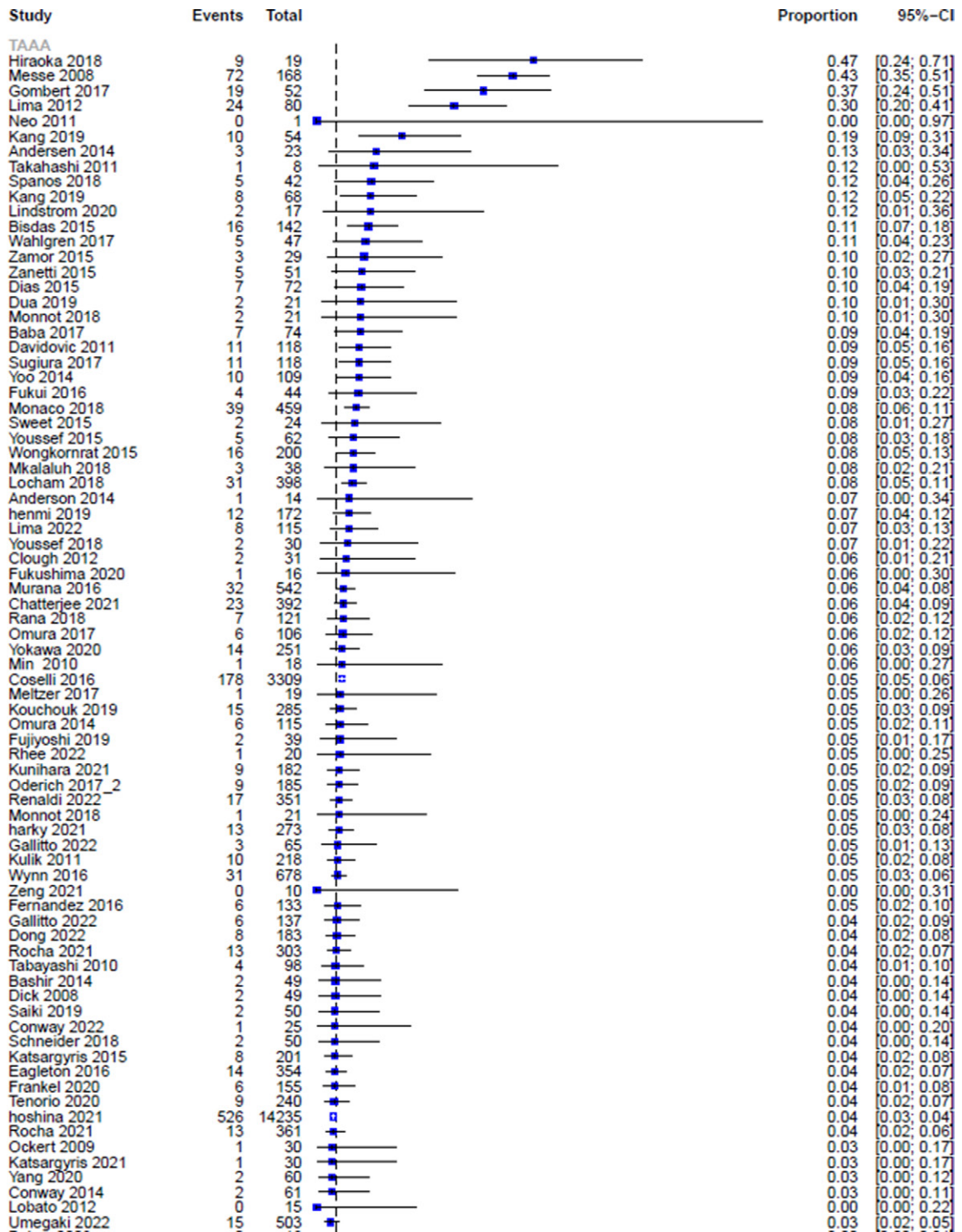


Figure S3 Sub-group analysis of permanent spinal cord injury after open vs. endovascular aneurysm repair. CI, confidence interval.



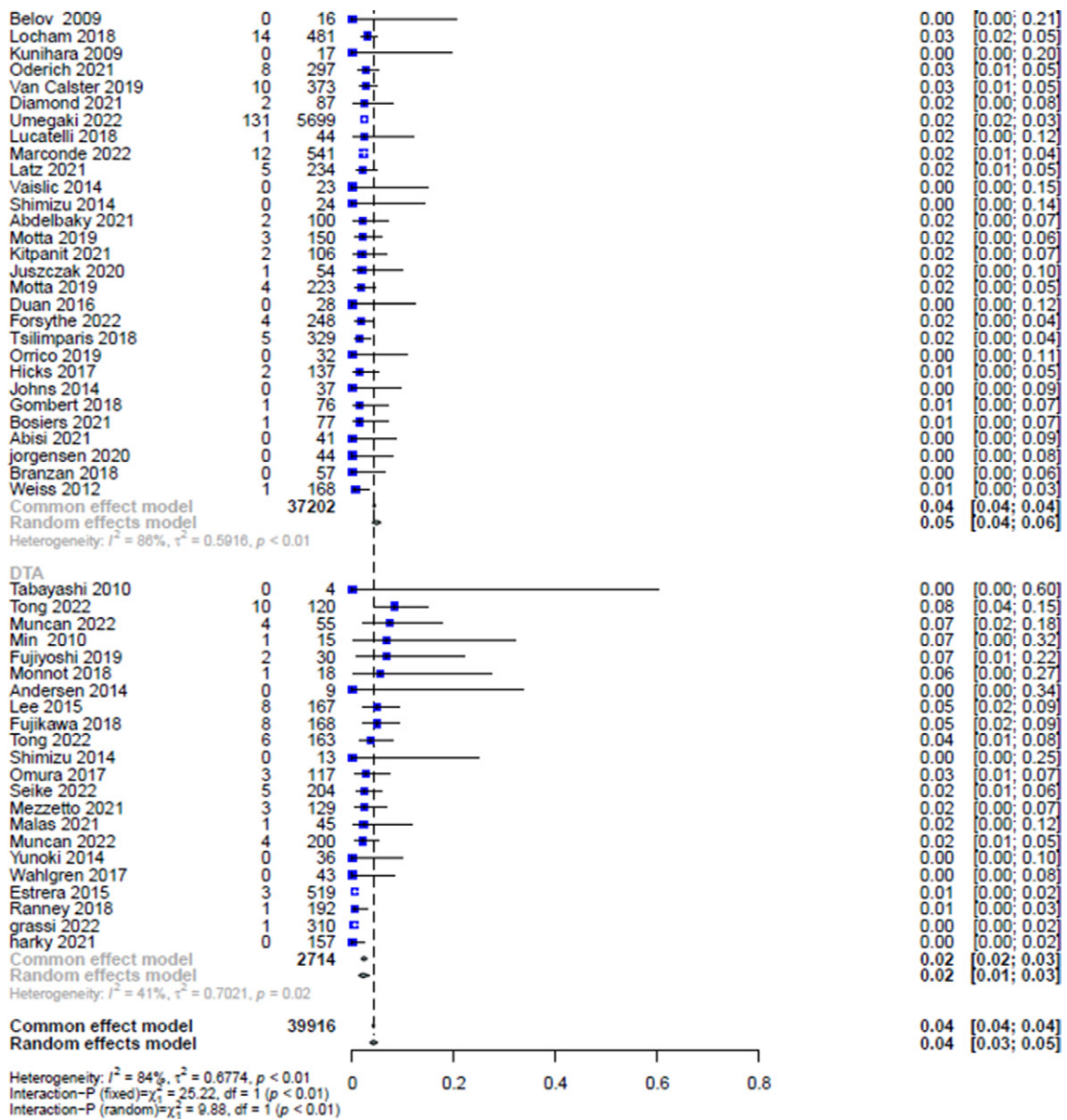


Figure S4 Sub-group analysis of permanent spinal cord injury after repair of TAAA vs. DTA. CI, confidence interval; TAAA, thoracoabdominal aortic aneurysm; DTA, descending thoracic aneurysm.

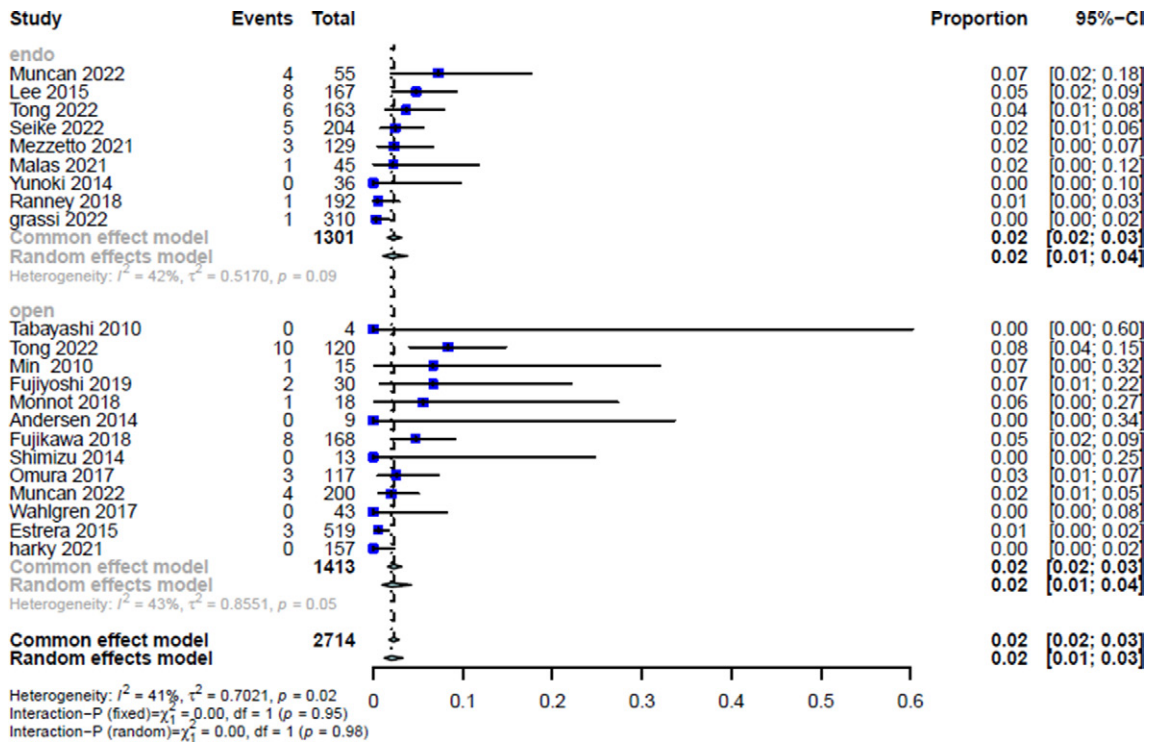
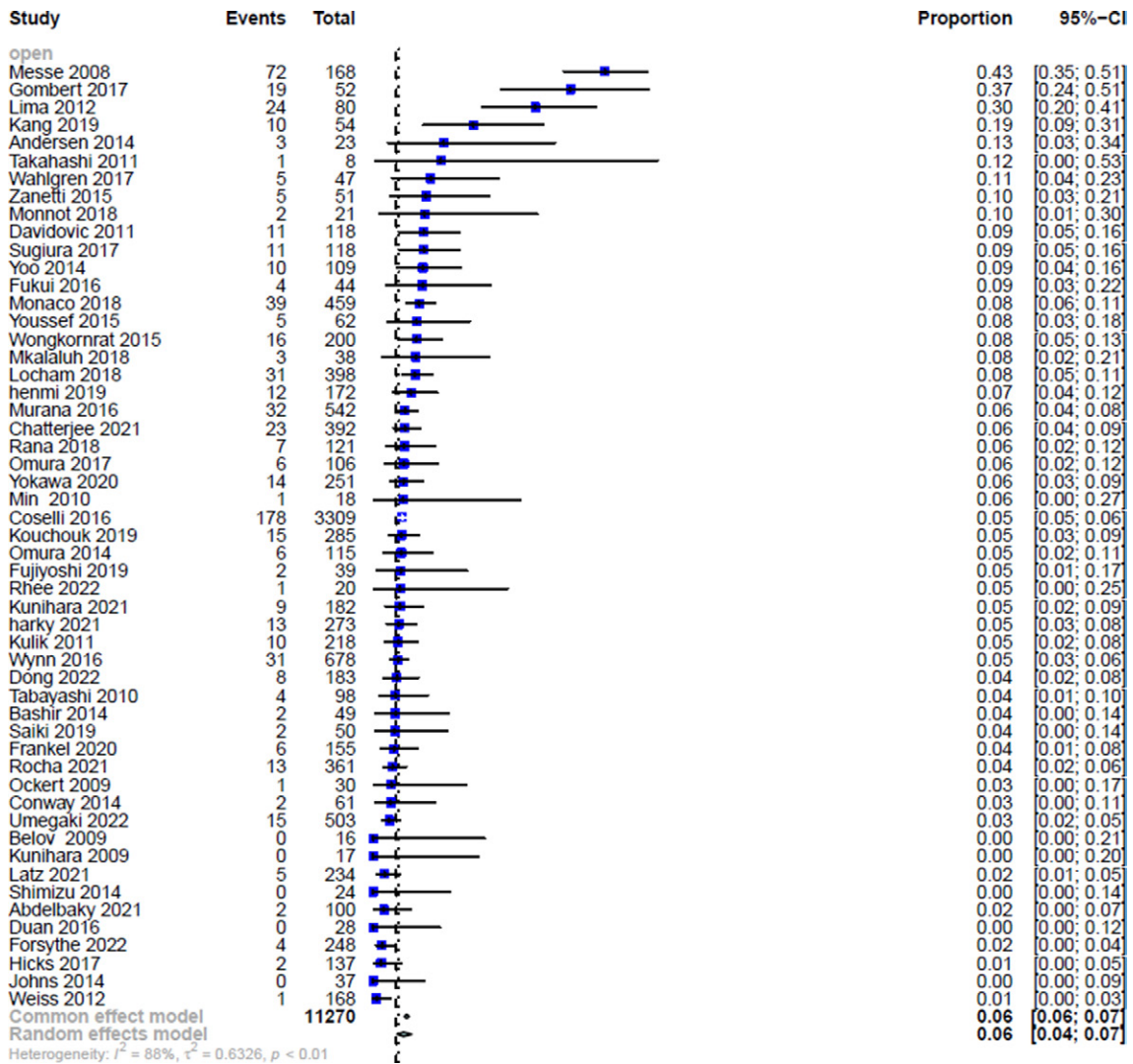


Figure S5 Sub-group analysis of permanent spinal cord injury for endovascular *vs.* open repair of descending thoracic aneurysms. CI, confidence interval.



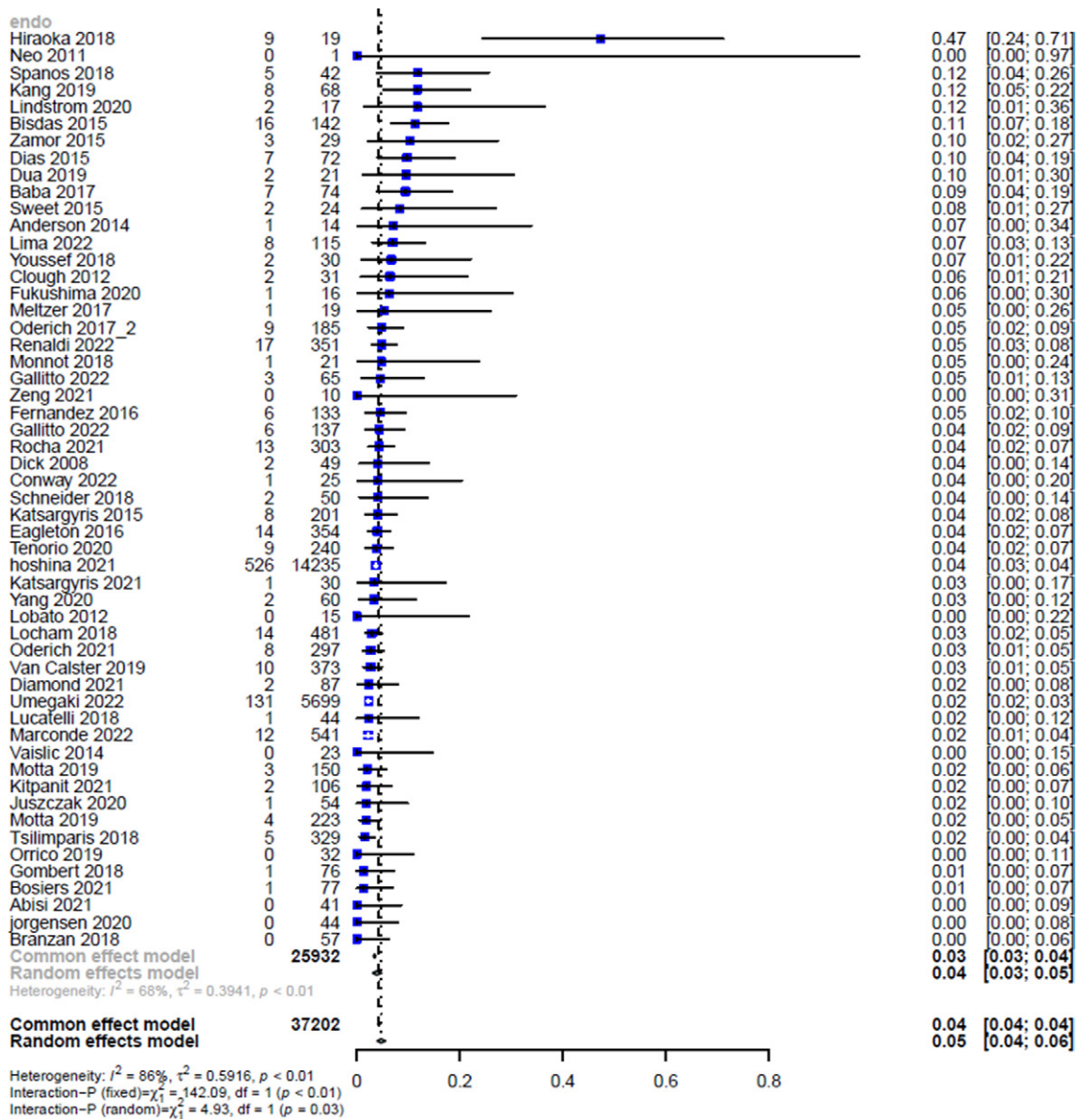


Figure S6 Sub-group analysis of permanent spinal cord injury for open vs. endovascular repair of thoracoabdominal aortic aneurysms. CI, confidence interval.

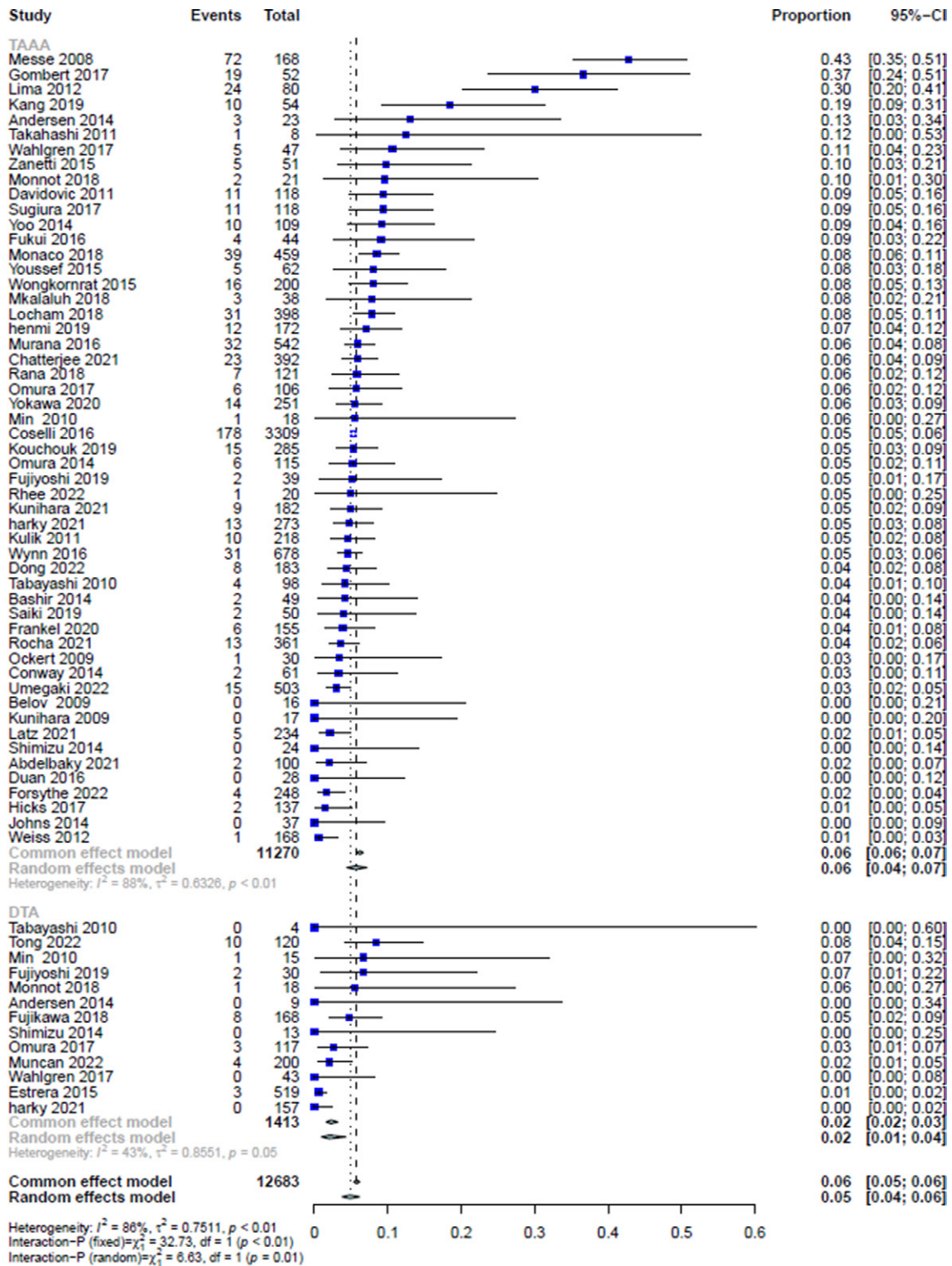


Figure S7 Sub-group analysis of permanent spinal cord injury after open repair of TAAA vs. DTA. CI, confidence interval; TAAA, thoracoabdominal aortic aneurysm; DTA, descending thoracic aneurysm.

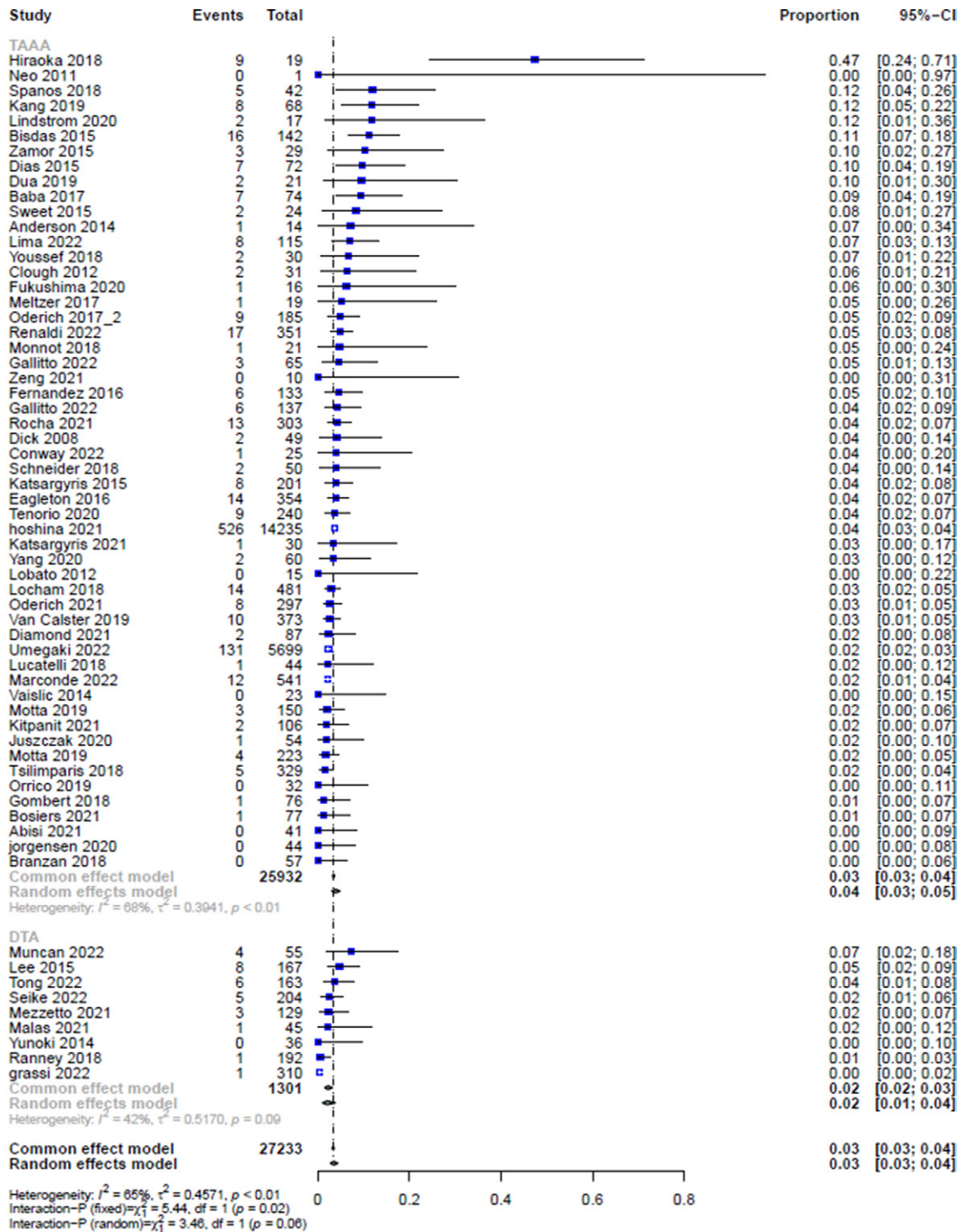
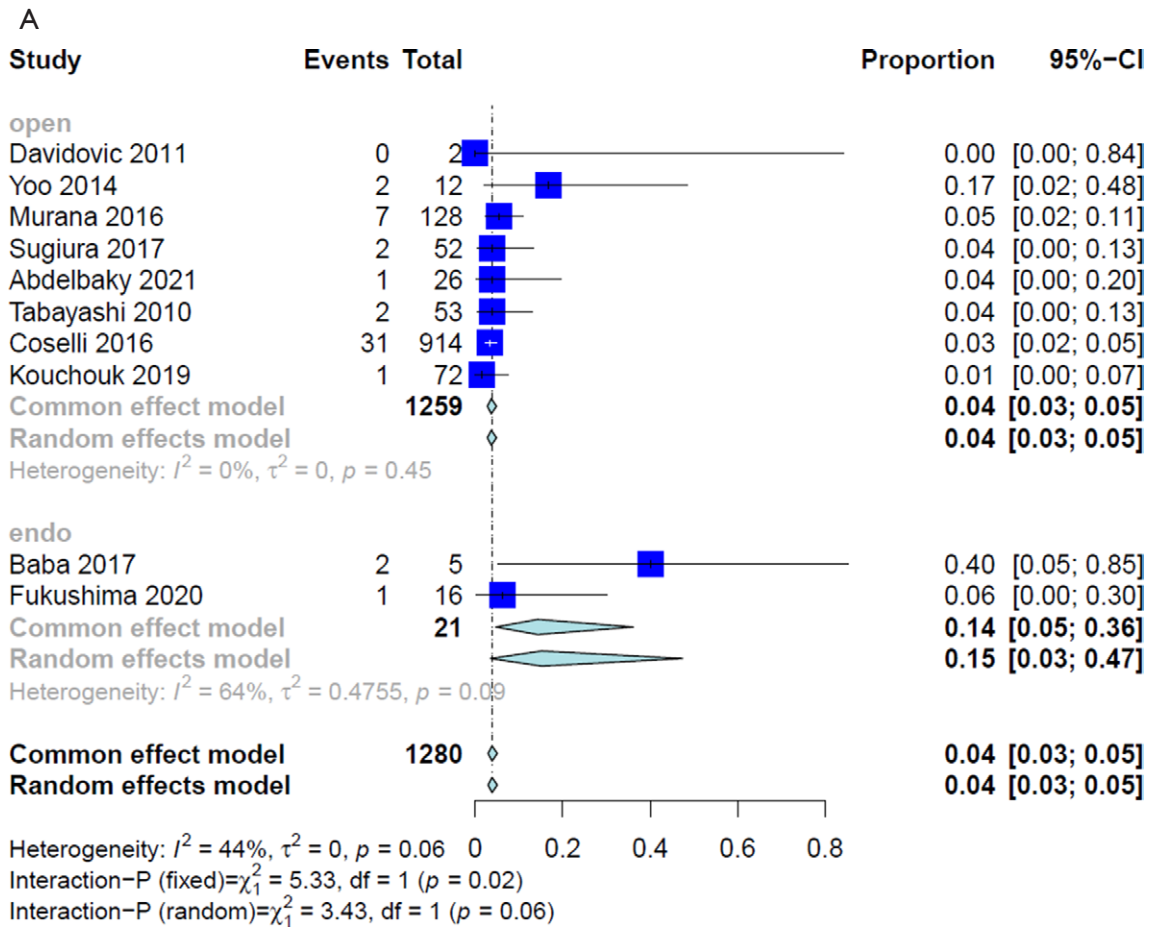
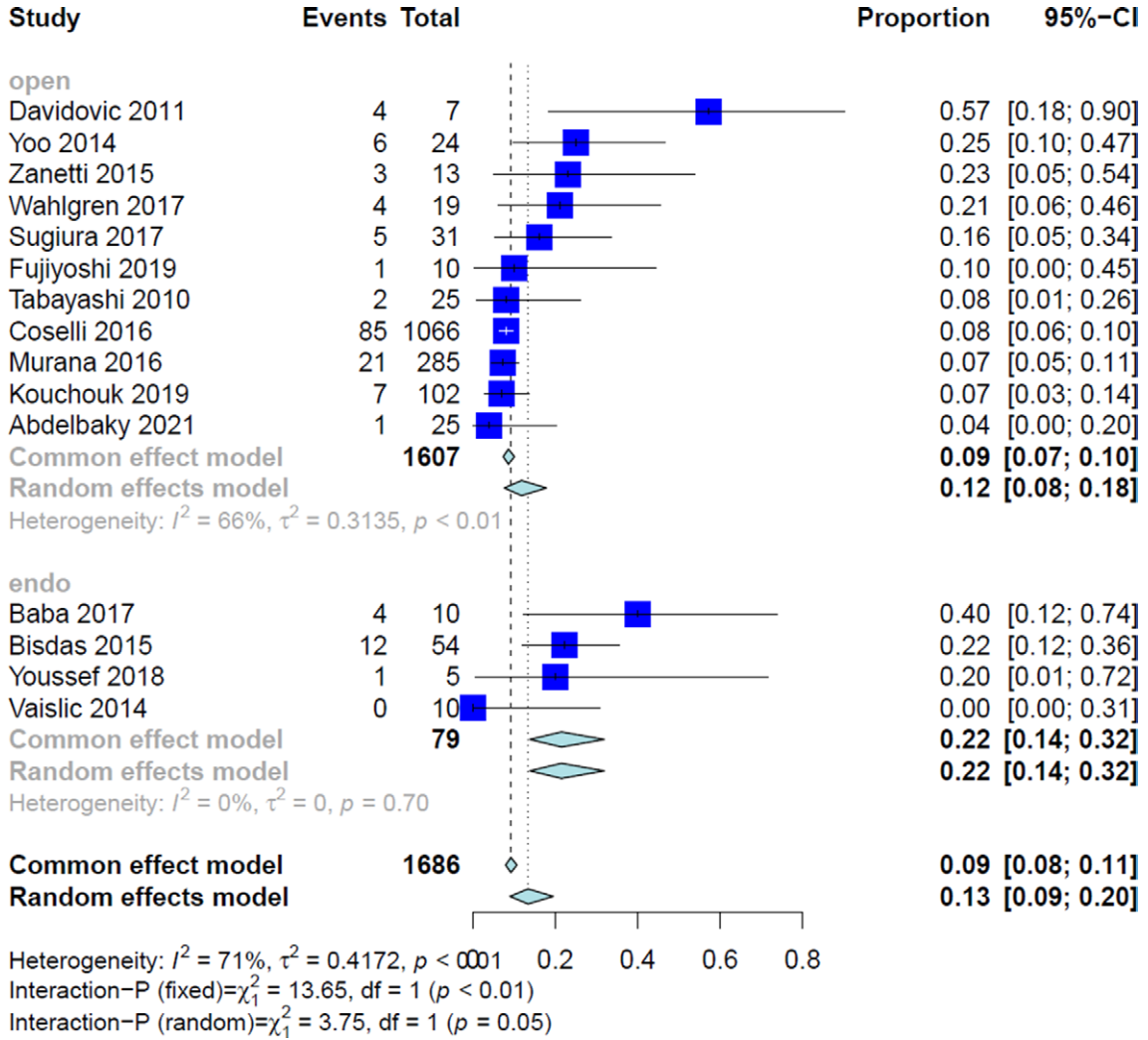


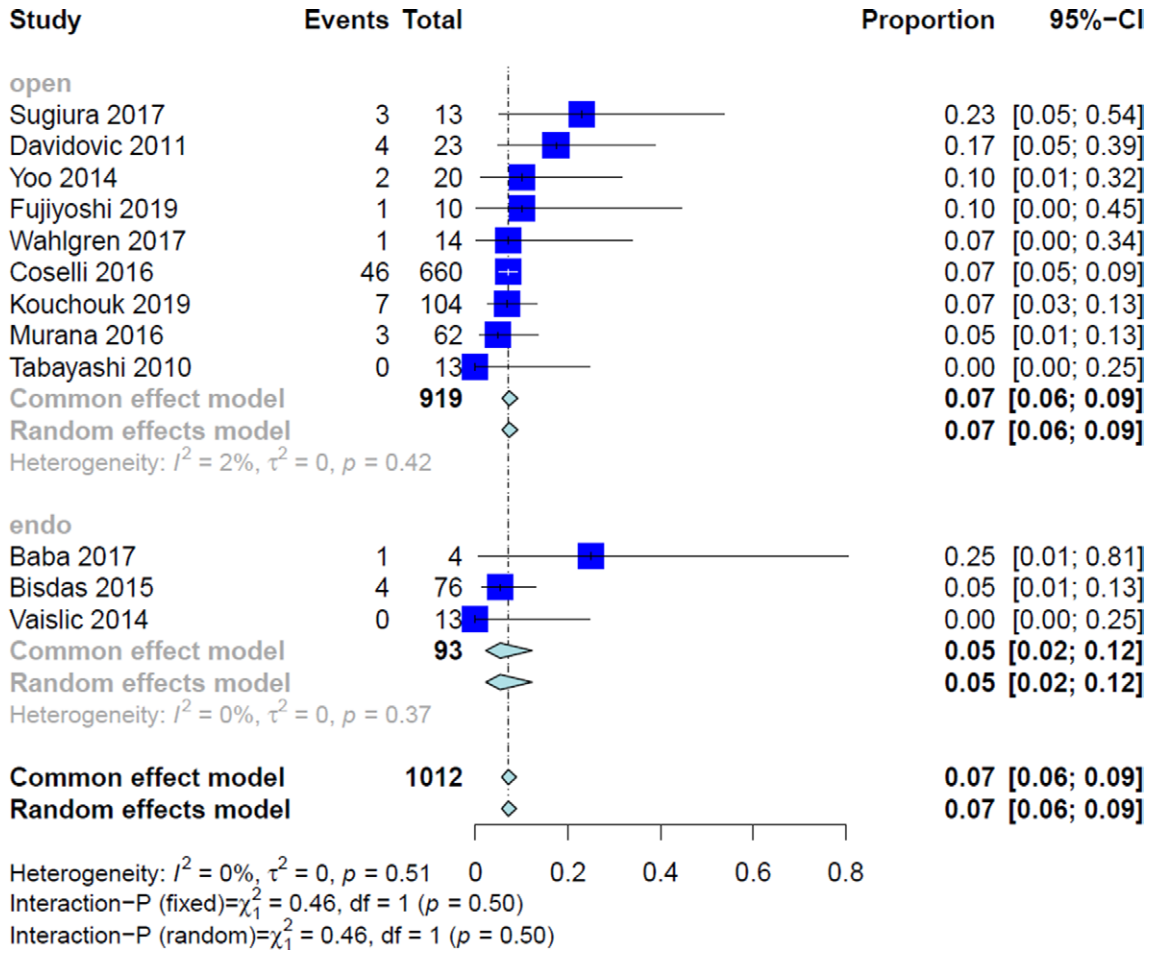
Figure S8 Sub-group analysis of permanent spinal cord injury after endovascular repair of TAAA vs. DTA. CI, confidence interval; TAAA, thoracoabdominal aortic aneurysm; DTA, descending thoracic aneurysm.



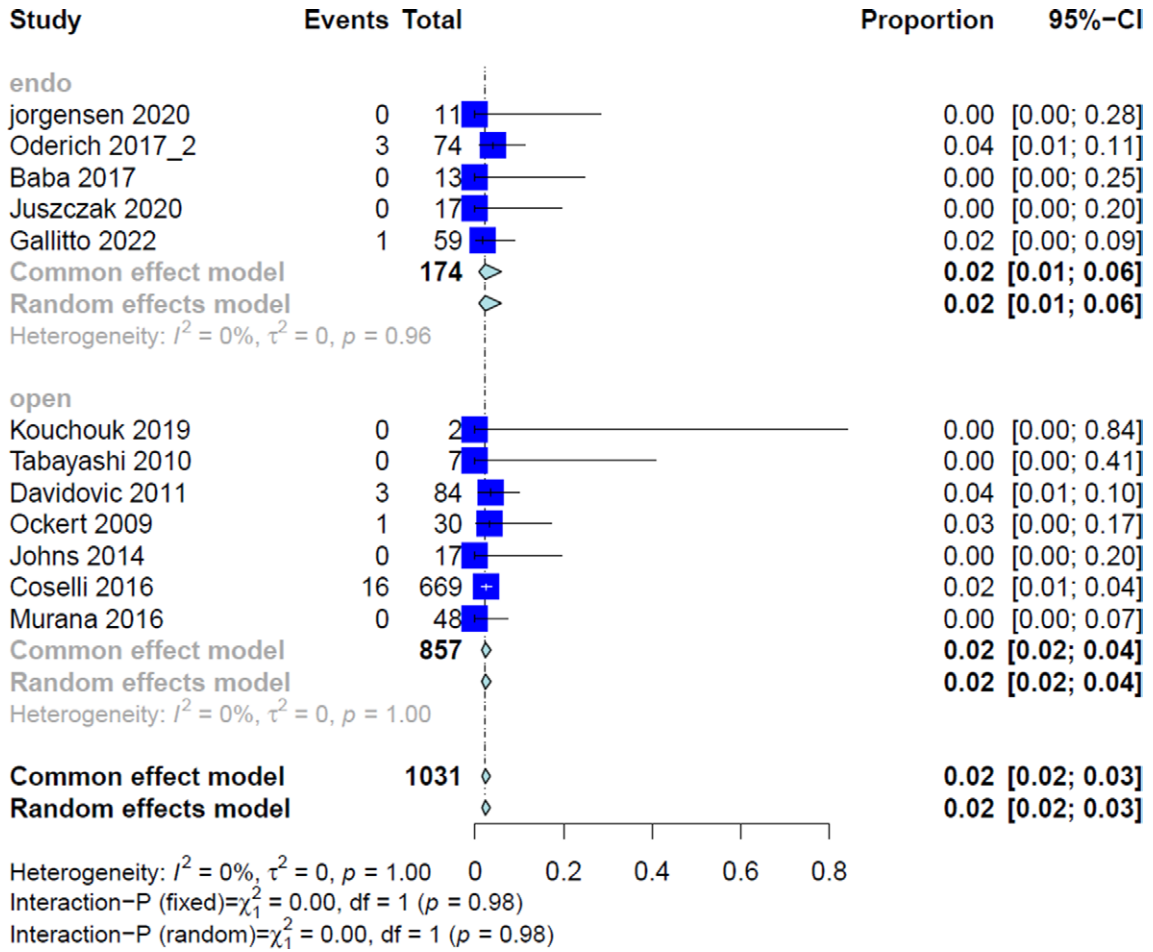
B



C



D



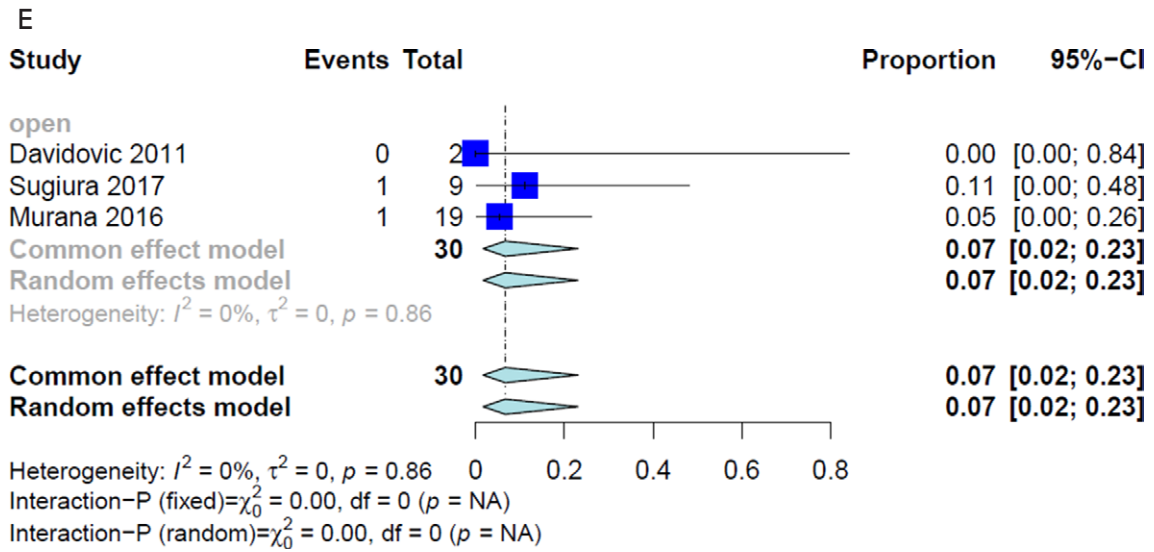


Figure S9 Sub-group analysis of permanent spinal cord injury after repair of Crawford Extent I, II, III, IV, V aneurysms. (A) Sub-group analysis of permanent spinal cord injury after repair of Crawford Extent I aneurysms. (B) Sub-group analysis of permanent spinal cord injury after repair of Crawford Extent II aneurysms. (C) Sub-group analysis of permanent spinal cord injury after repair of Crawford Extent III aneurysms. (D) Sub-group analysis of permanent spinal cord injury after repair of Crawford Extent IV aneurysms. (E) Sub-group analysis of permanent spinal cord injury after repair of Crawford Extent V aneurysms. CI, confidence interval.

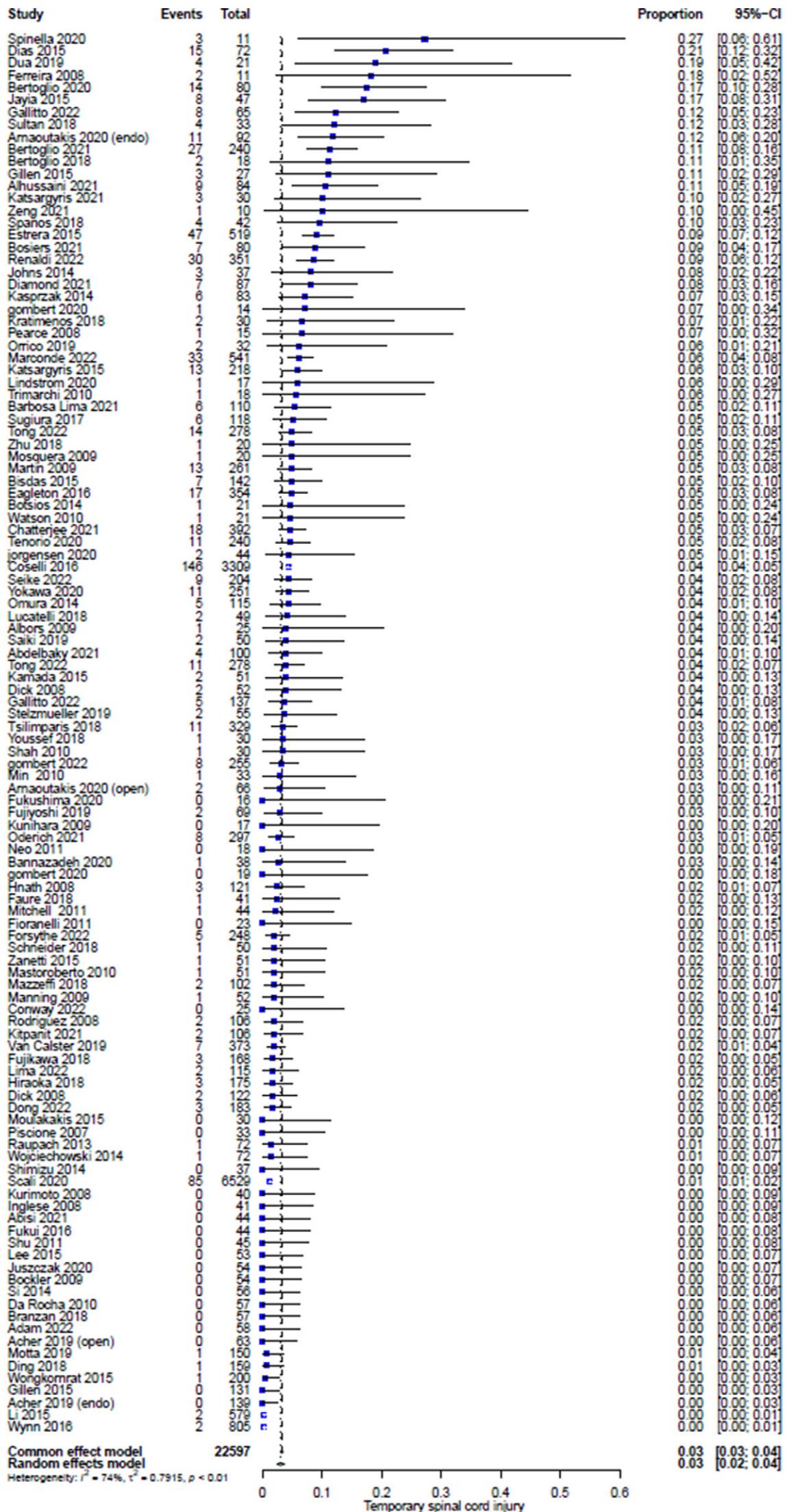
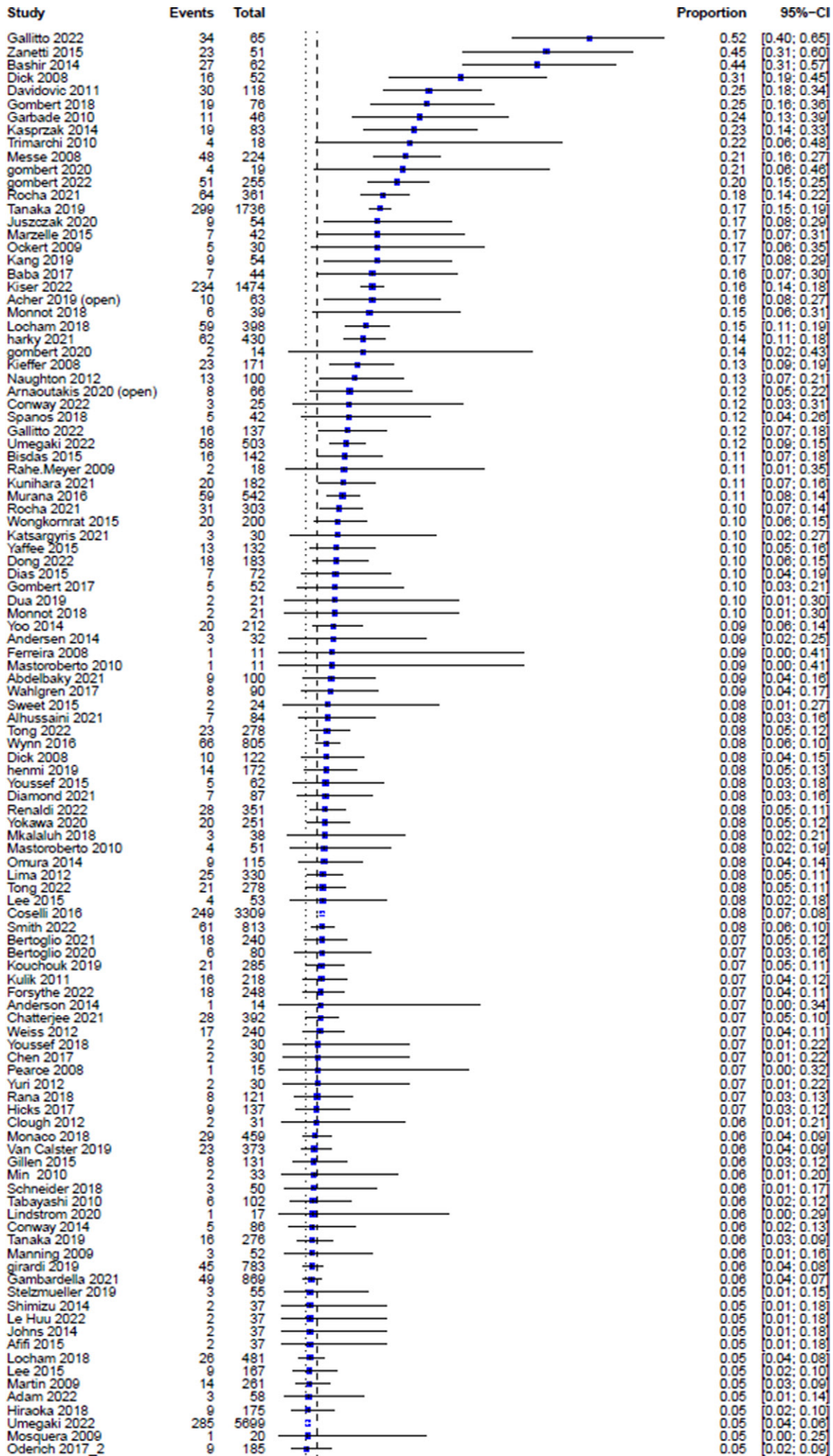


Figure S10 Forest plot for pooled rate of temporary spinal cord injury. CI, confidence interval.



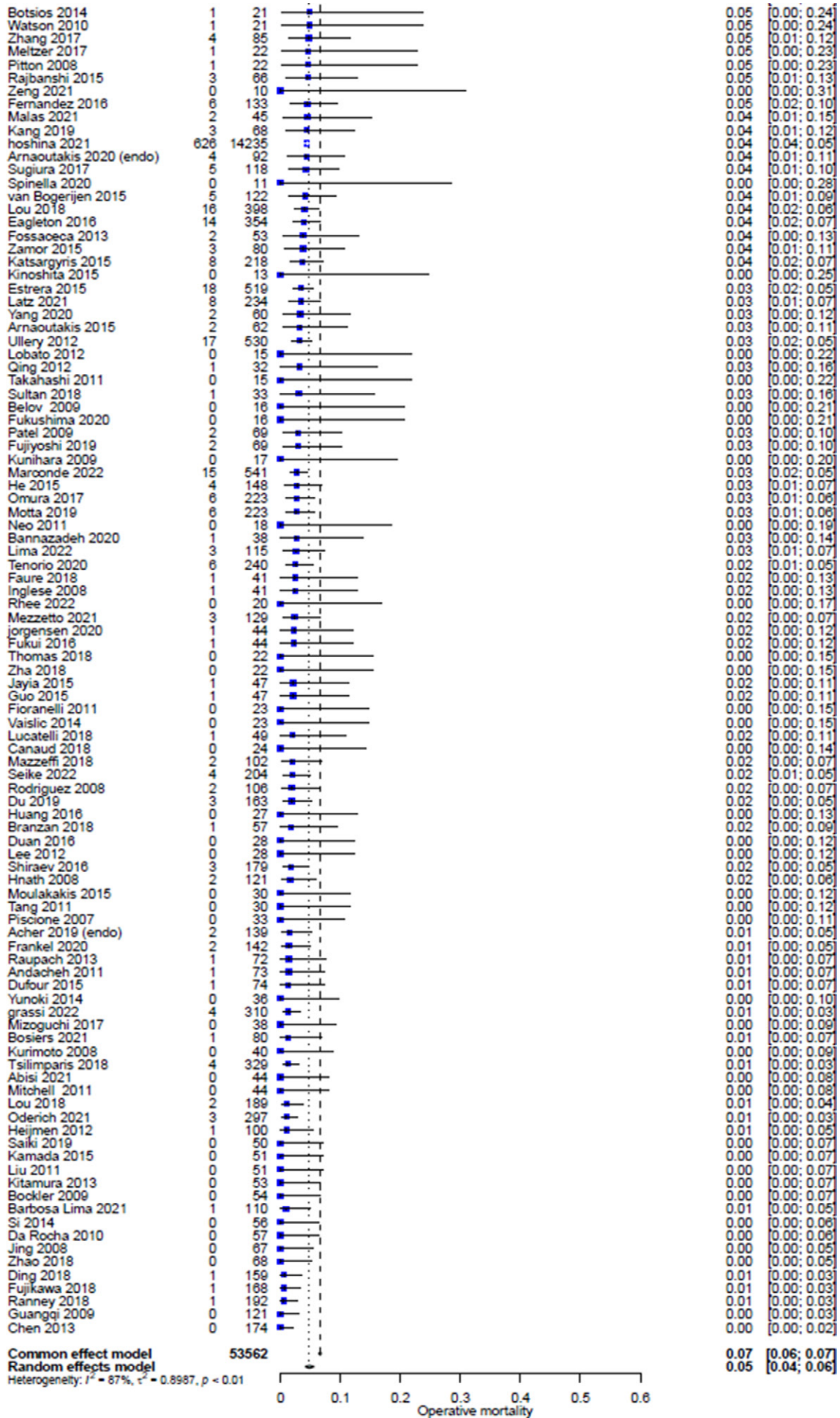
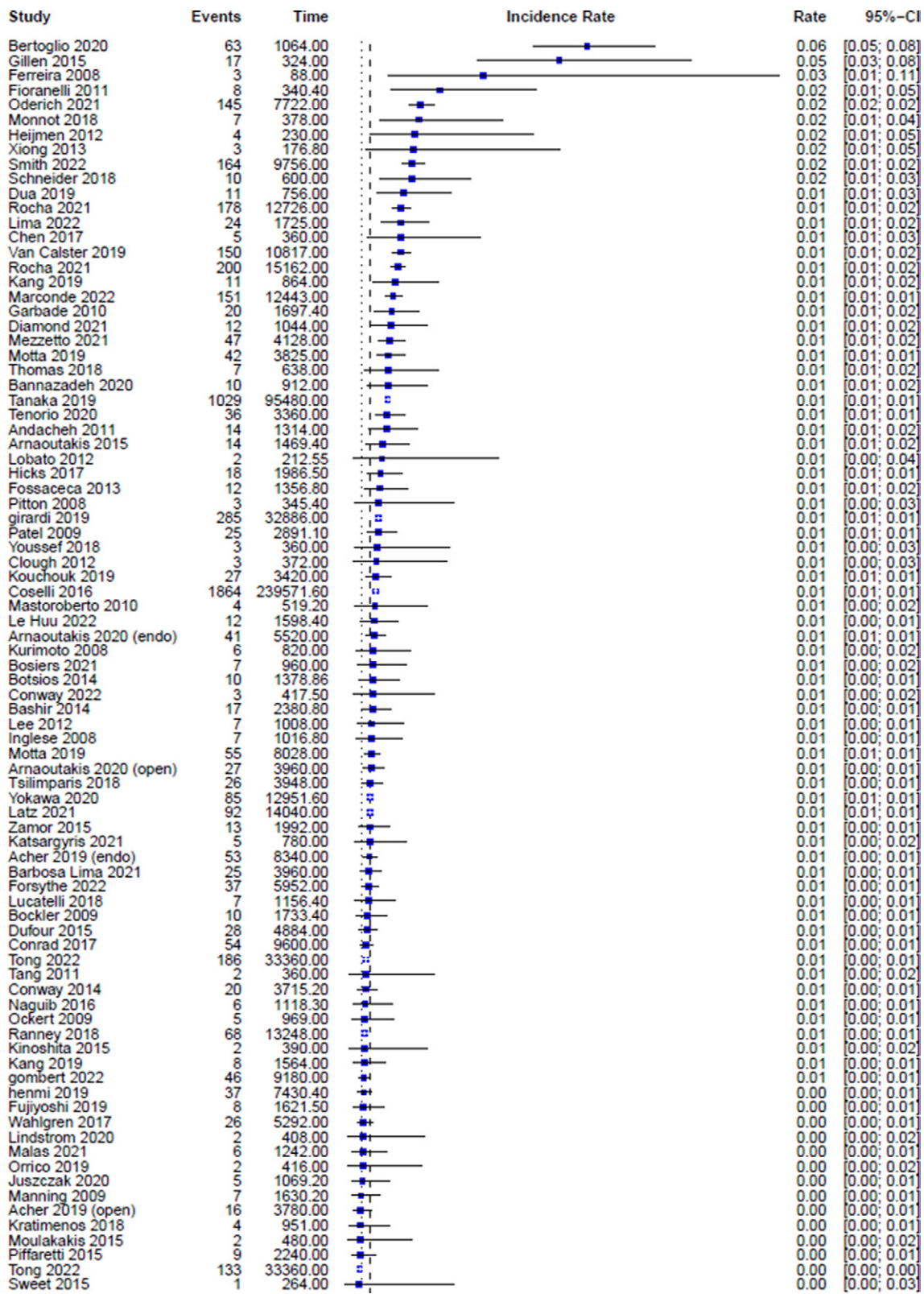


Figure S11 Forest plot for pooled incidence rate of 30-day/in-hospital mortality. CI, confidence interval.



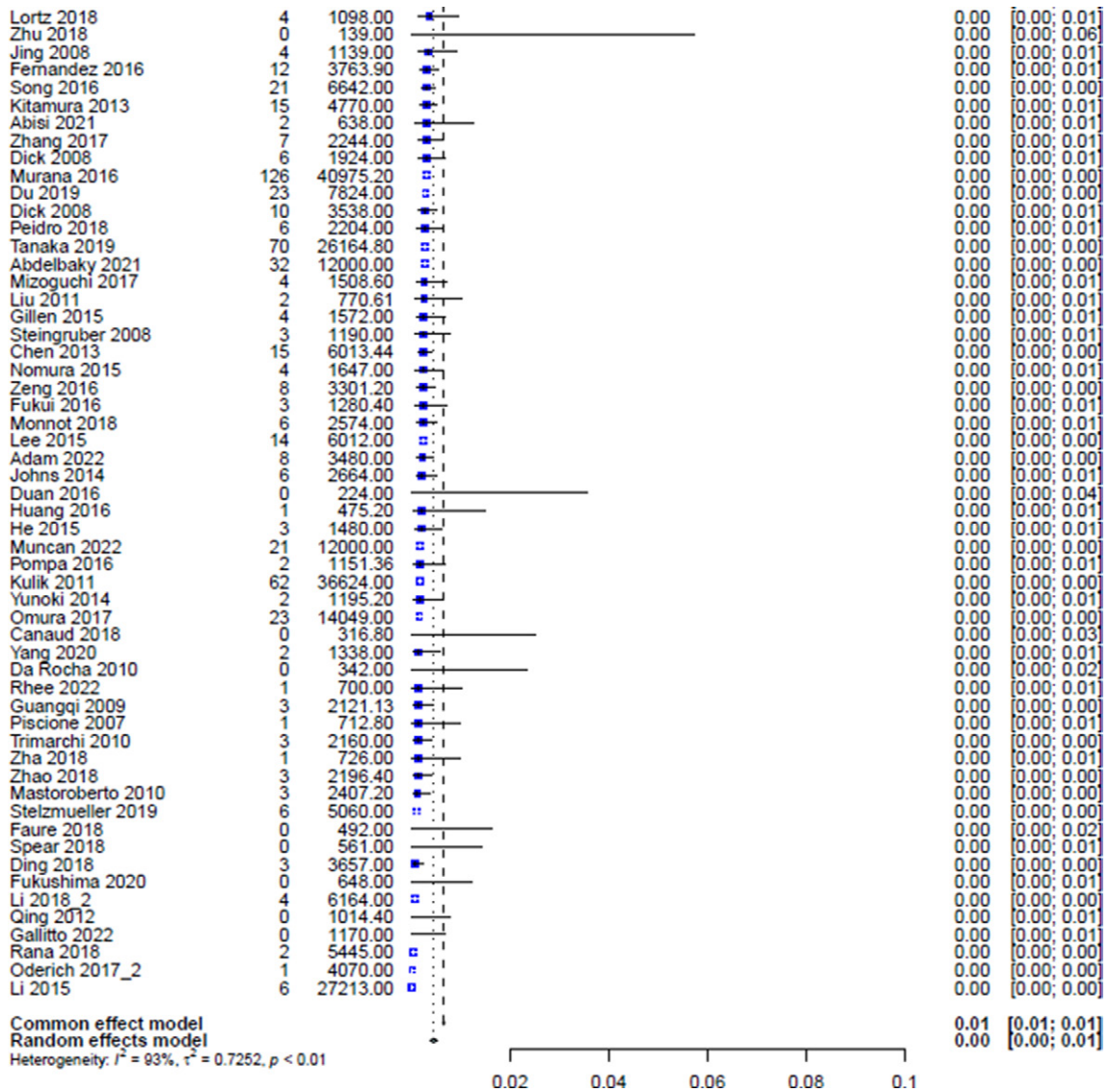
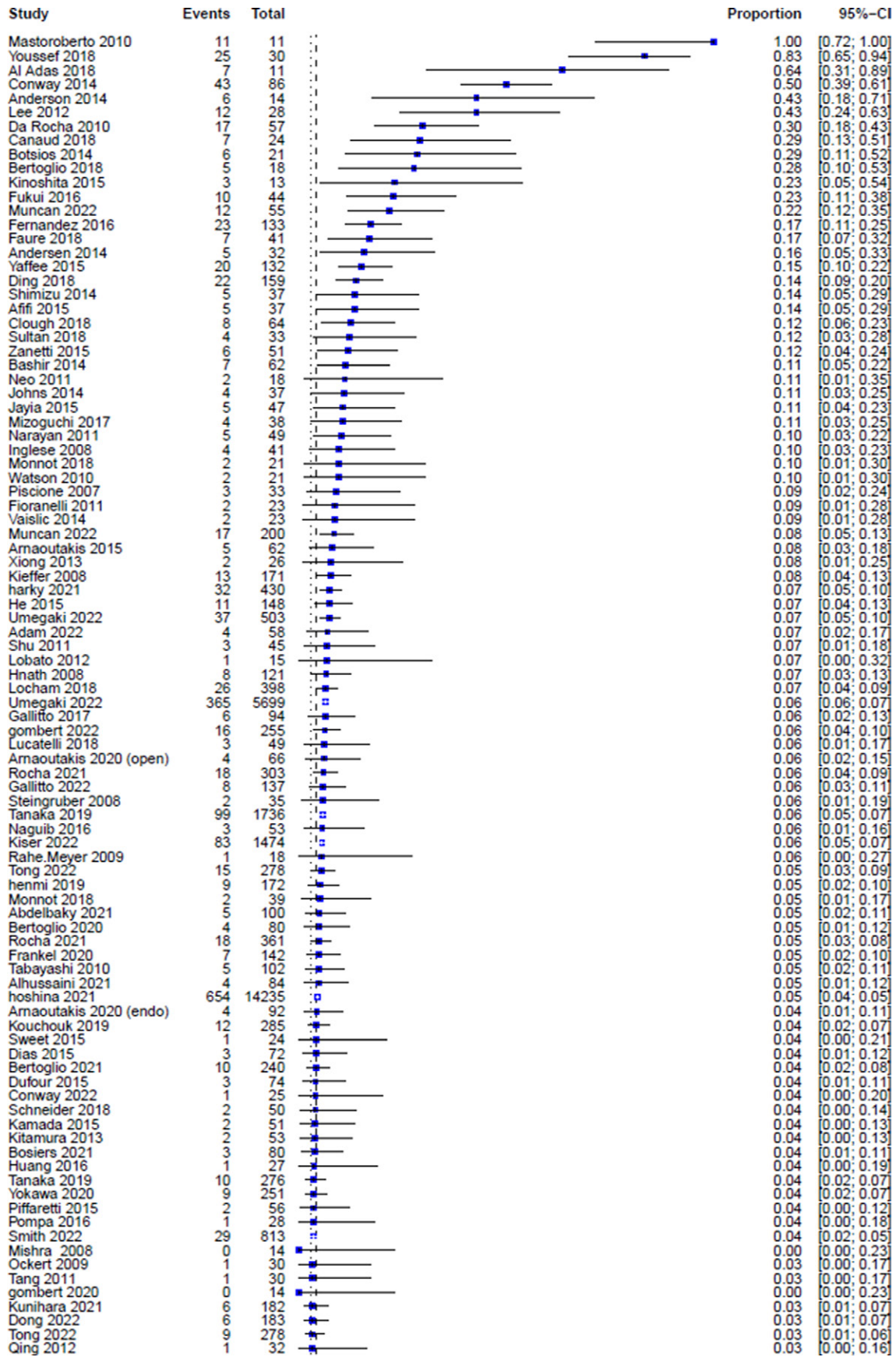


Figure S12 Forest plot for pooled incidence rate of follow-up mortality. CI, confidence interval.



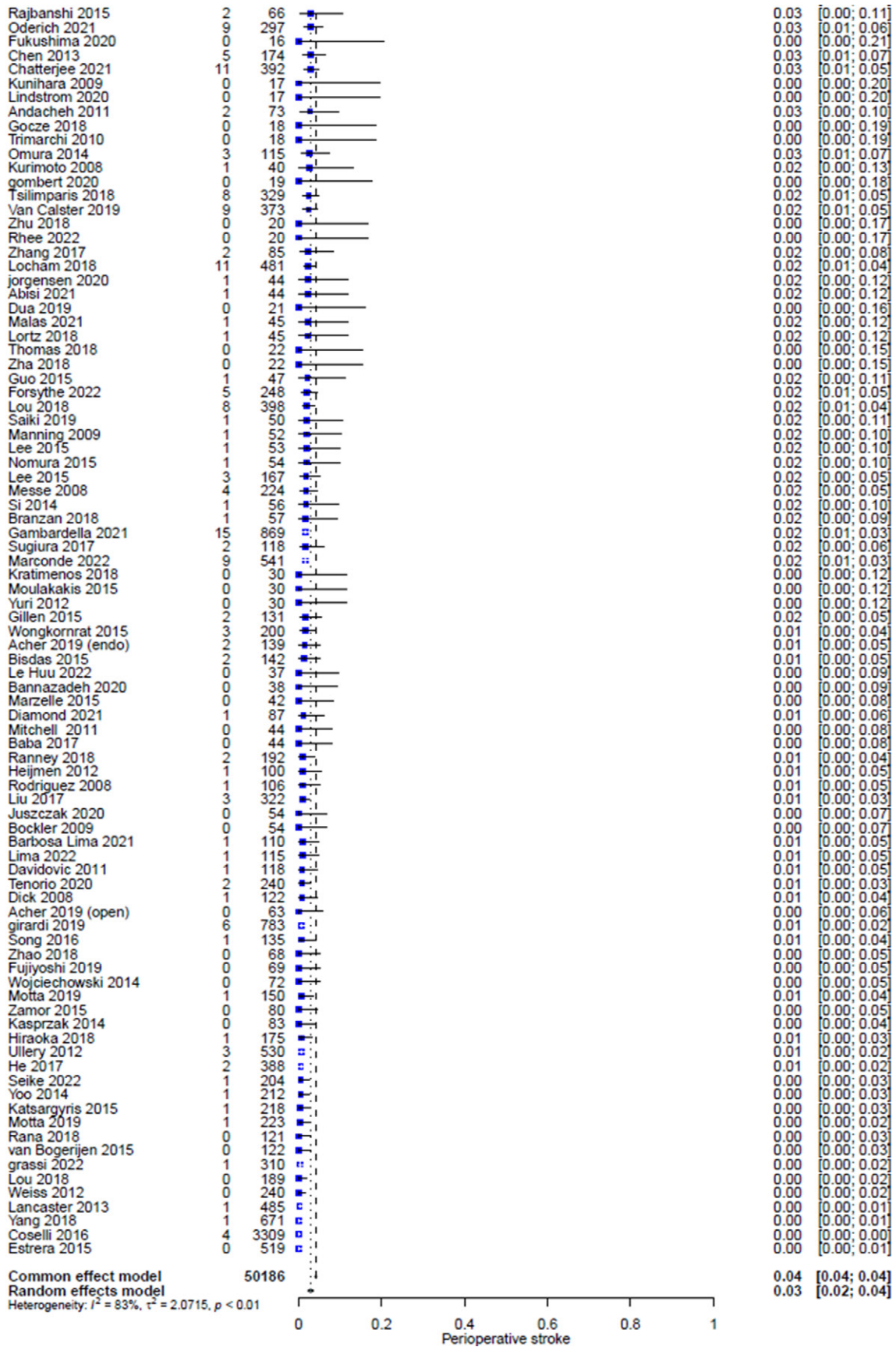
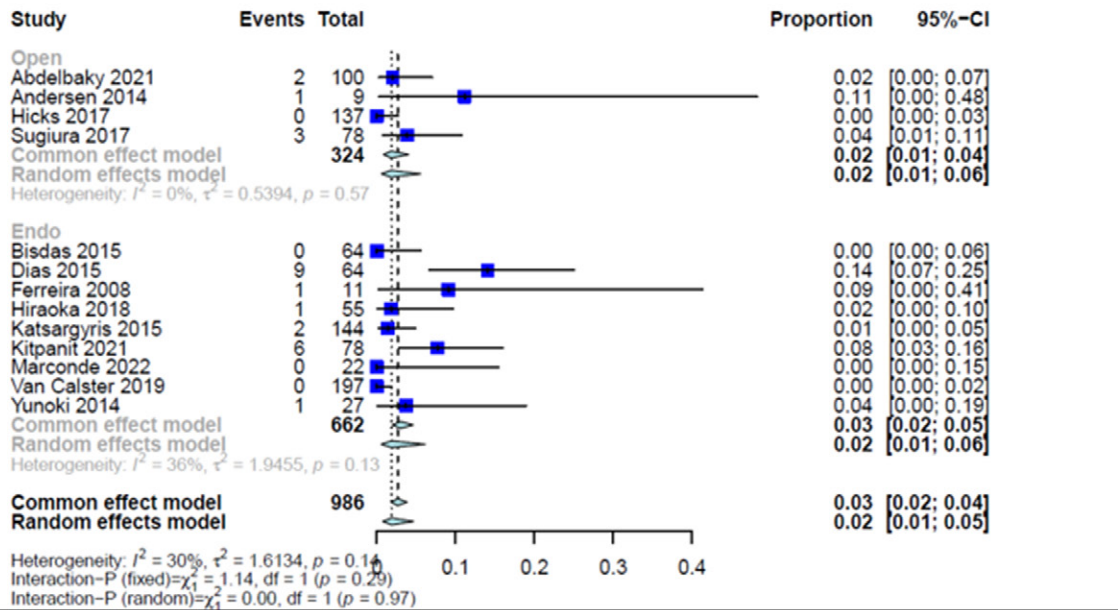
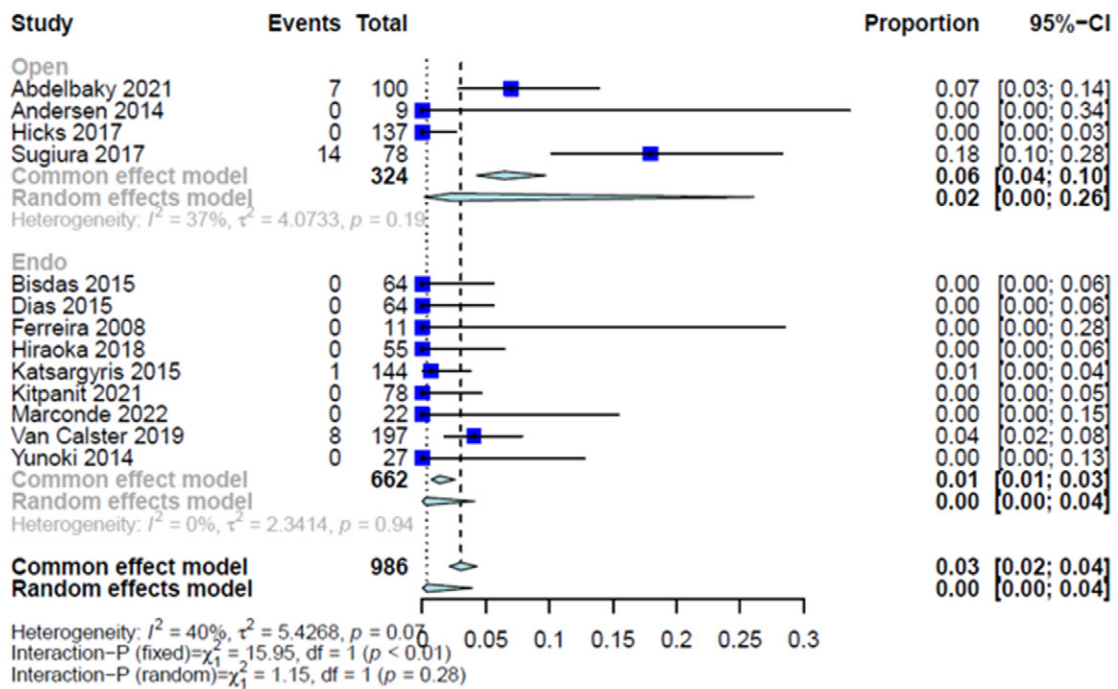


Figure S13 Forest plot for pooled rate of post-operative stroke. CI, confidence interval.

A Severe



B Moderate



C Minor

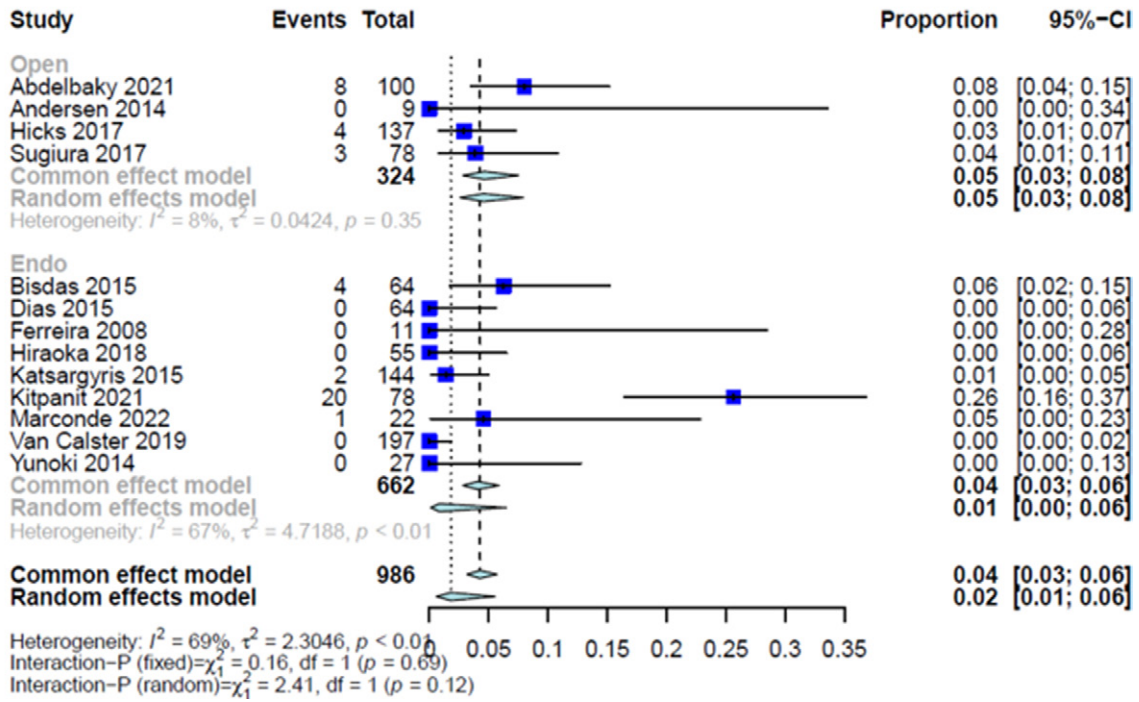


Figure S14 Forest plots of pooled complication rates related to CSF drain use. (A) Severe complications. (B) Moderate complications. (C) Minor complications. CI, confidence interval; CSF, cerebrospinal fluid.

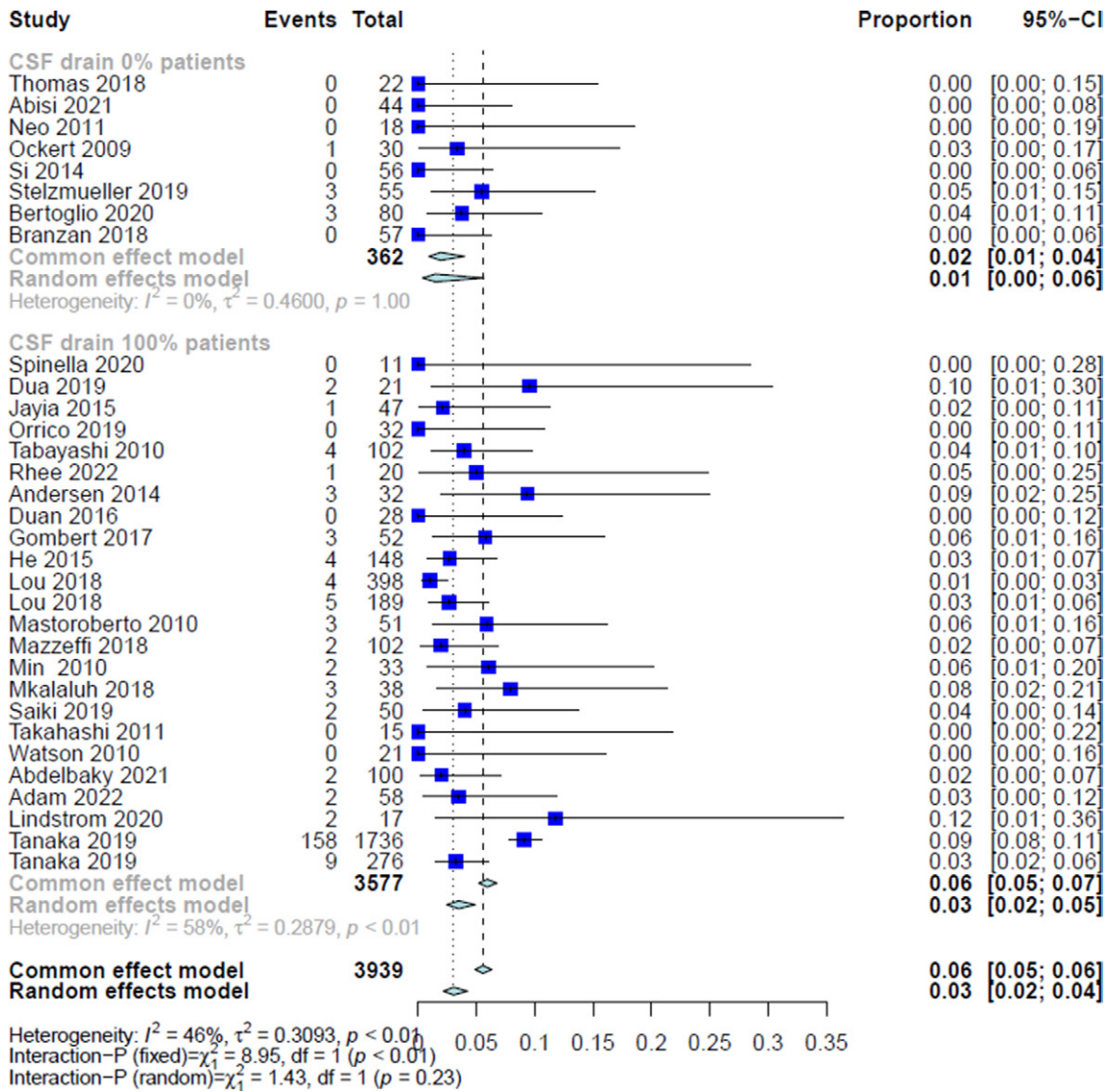
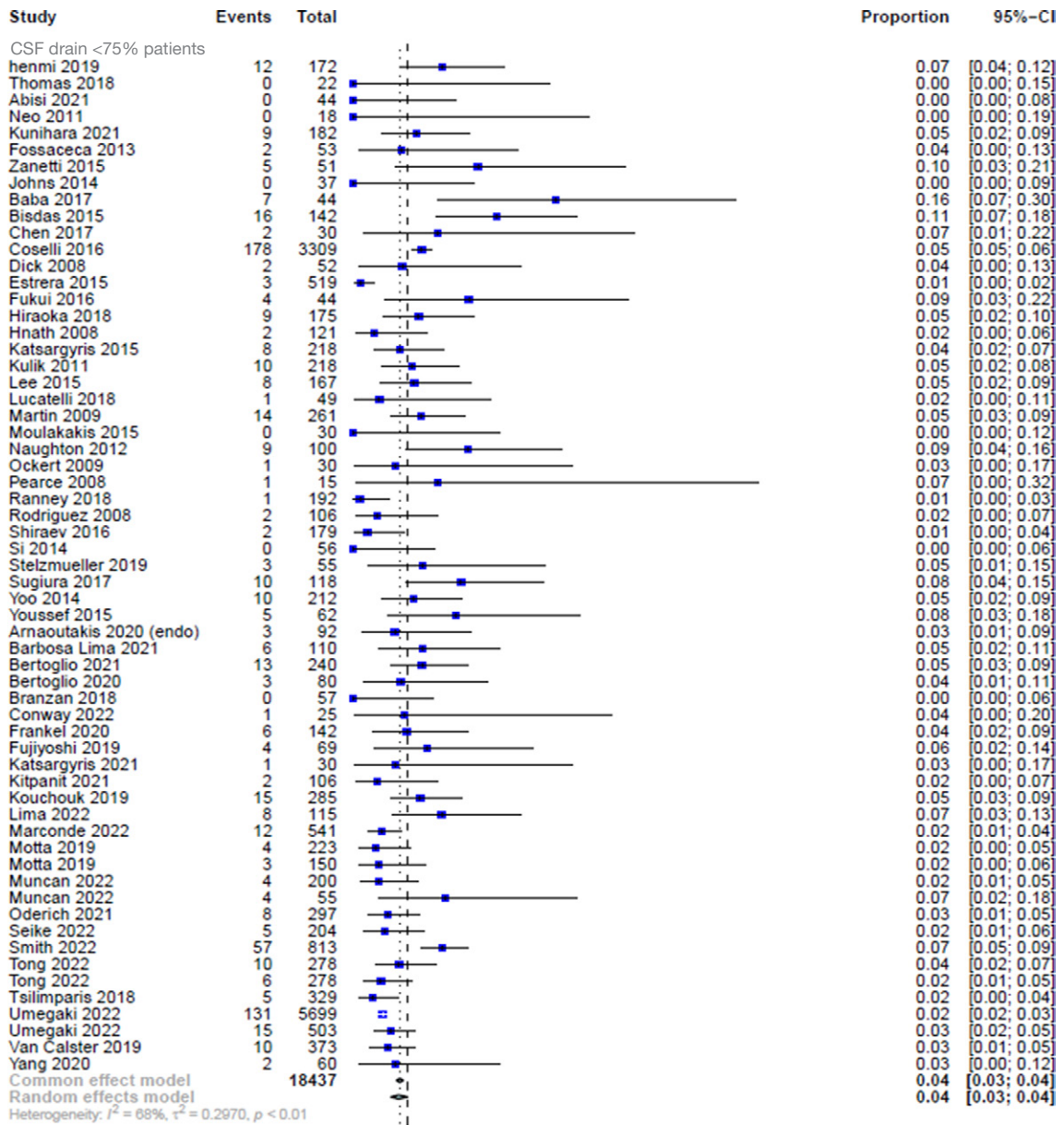


Figure S15 Sub-group analysis of permanent spinal cord injury of studies reporting median CSF drain use in 0% patient's vs. 100% patients. CI, confidence interval; CSF, cerebrospinal fluid.



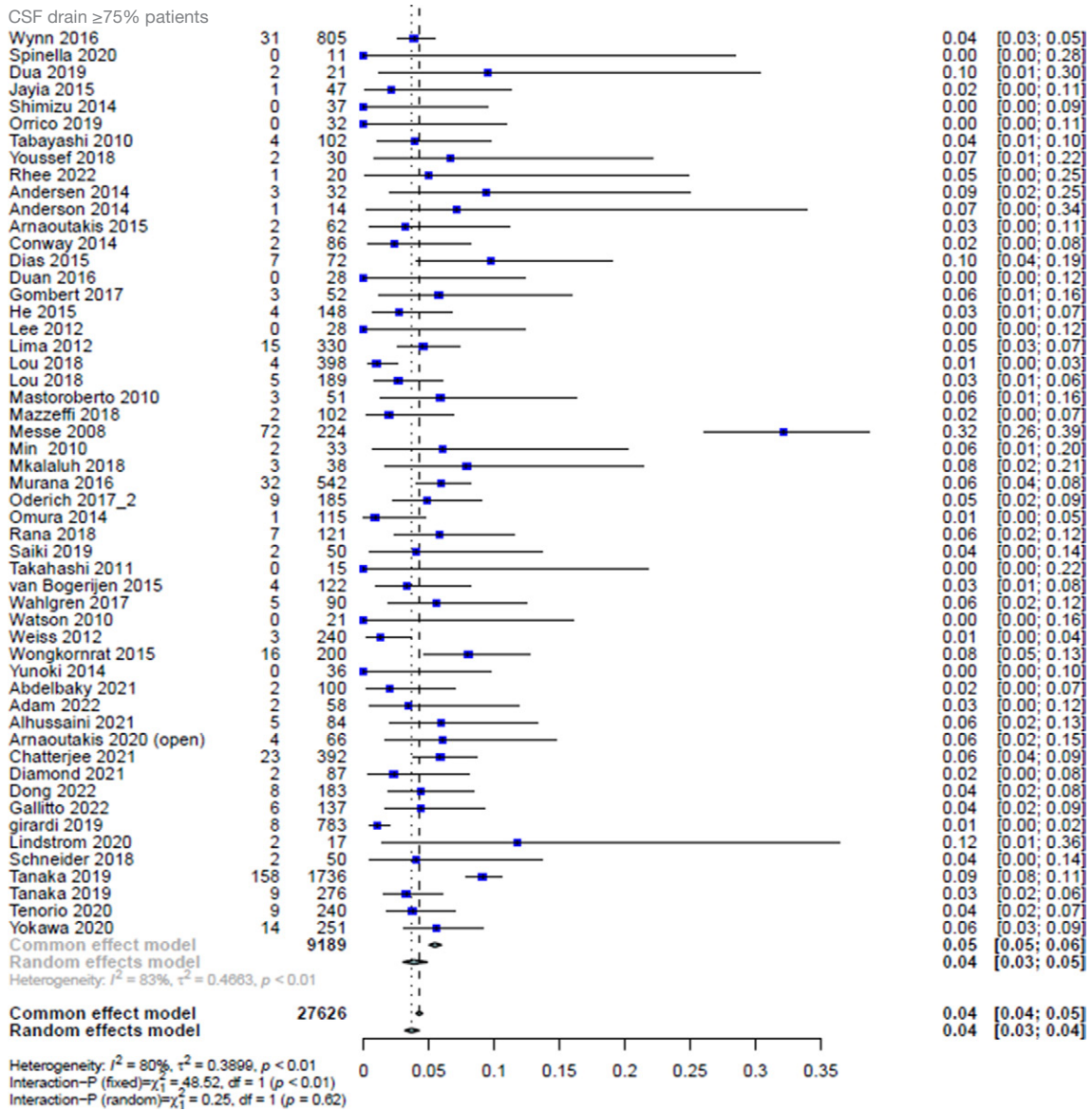
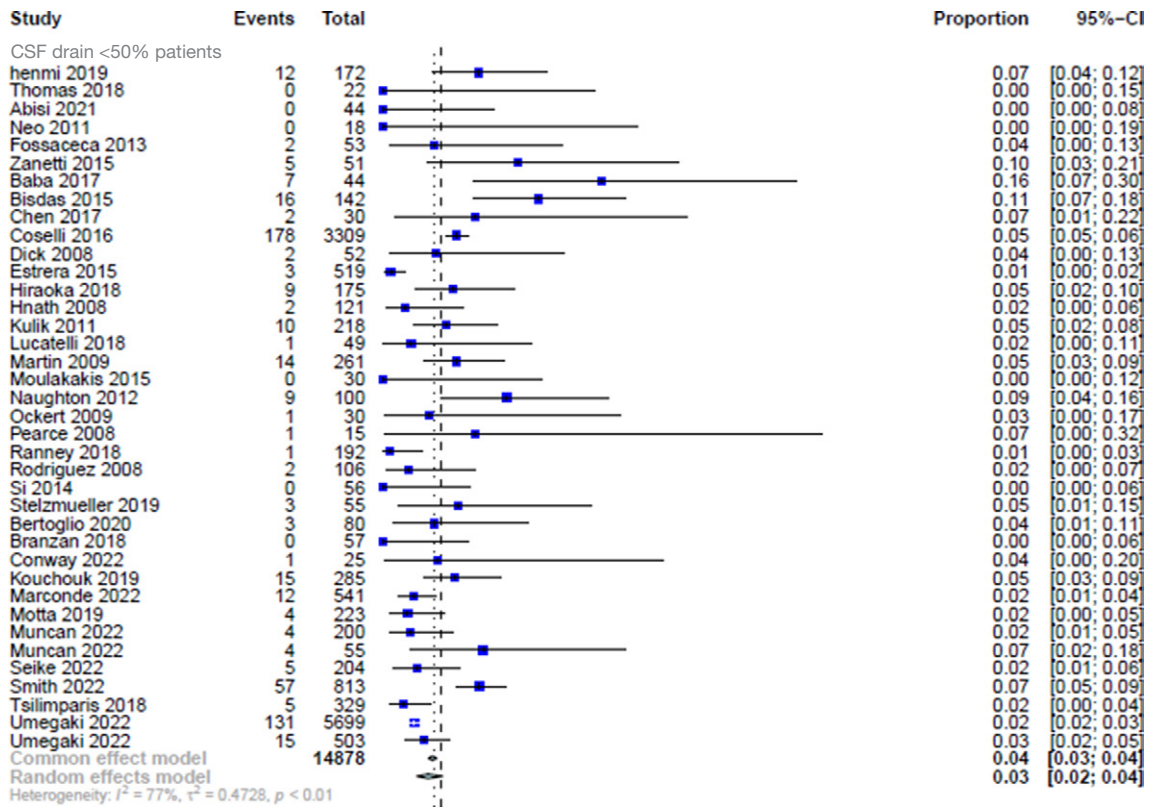


Figure S16 Sub-group analysis of permanent spinal cord injury of studies reporting median CSF drain use in <75% patients vs. $\geq 75\%$ patients. CI, confidence interval; CSF, cerebrospinal fluid.



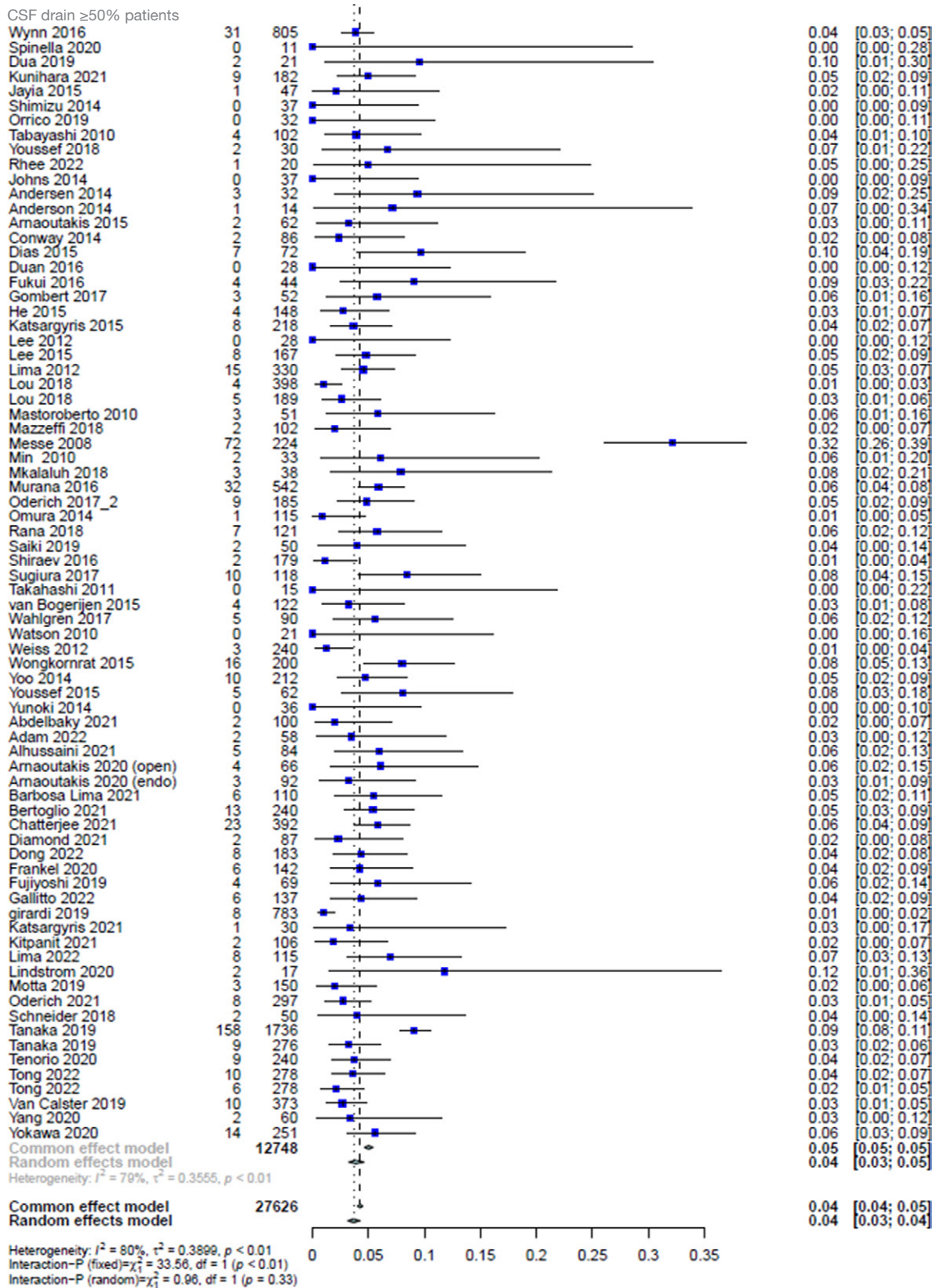


Figure S17 Sub-group analysis of permanent spinal cord injury of studies reporting median CSF drain use in <50% patients vs. $\geq 50\%$ patients. CI, confidence interval; CSF, cerebrospinal fluid.

Study	Proportion	95%-CI	P-value	Tau2	Tau	I2
Omitting henmi 2019	0.03	0.03; 0.04	.	0.6105	0.7813	81%
Omitting hoshina 2021	0.03	0.03; 0.04	.	0.6147	0.7840	80%
Omitting jorgensen 2020	0.03	0.03; 0.04	.	0.6033	0.7767	81%
Omitting Juszczak 2020	0.03	0.03; 0.04	.	0.6081	0.7798	81%
Omitting Wynn 2016	0.03	0.03; 0.04	.	0.6143	0.7838	81%
Omitting Kurimoto 2008	0.03	0.03; 0.04	.	0.6038	0.7770	81%
Omitting Thomas 2018	0.03	0.03; 0.04	.	0.6059	0.7784	81%
Omitting grassi 2022	0.03	0.03; 0.04	.	0.5862	0.7656	81%
Omitting Abisi 2021	0.03	0.03; 0.04	.	0.6033	0.7767	81%
Omitting Neo 2011	0.03	0.03; 0.04	.	0.6063	0.7787	81%
Omitting Sweet 2015	0.03	0.03; 0.04	.	0.6095	0.7807	81%
Omitting Mitchell 2011	0.03	0.03; 0.04	.	0.6033	0.7767	81%
Omitting Raupach 2013	0.03	0.03; 0.04	.	0.6065	0.7788	81%
Omitting Spinella 2020	0.03	0.03; 0.04	.	0.6069	0.7790	81%
Omitting Dua 2019	0.03	0.03; 0.04	.	0.6089	0.7803	81%
Omitting Malas 2021	0.03	0.03; 0.04	.	0.6087	0.7802	81%
Omitting Clough 2012	0.03	0.03; 0.04	.	0.6085	0.7801	81%
Omitting Kunihara 2021	0.03	0.03; 0.04	.	0.6130	0.7830	81%
Omitting Fossaceca 2013	0.03	0.03; 0.04	.	0.6109	0.7816	81%
Omitting Zanetti 2015	0.03	0.03; 0.04	.	0.6074	0.7794	81%
Omitting Bockler 2009	0.03	0.03; 0.04	.	0.6021	0.7759	81%
Omitting Jayia 2015	0.03	0.03; 0.04	.	0.6086	0.7801	81%
Omitting Shimizu 2014	0.03	0.03; 0.04	.	0.6041	0.7773	81%
Omitting Orrico 2019	0.03	0.03; 0.04	.	0.6048	0.7777	81%
Omitting Tabayashi 2010	0.03	0.03; 0.04	.	0.6122	0.7825	81%
Omitting Da Rocha 2010	0.03	0.03; 0.04	.	0.6017	0.7757	81%
Omitting Youssef 2018	0.03	0.03; 0.04	.	0.6103	0.7812	81%
Omitting Zha 2018	0.03	0.03; 0.04	.	0.6059	0.7784	81%
Omitting Le Huu 2022	0.03	0.03; 0.04	.	0.6097	0.7808	81%
Omitting Rhee 2022	0.03	0.03; 0.04	.	0.6095	0.7807	81%
Omitting Johns 2014	0.03	0.03; 0.04	.	0.6041	0.7773	81%
Omitting Afifi 2015	0.03	0.03; 0.04	.	0.6107	0.7815	81%
Omitting Andacheh 2011	0.03	0.03; 0.04	.	0.6064	0.7787	81%
Omitting Andersen 2014	0.03	0.03; 0.04	.	0.6088	0.7802	81%
Omitting Anderson 2014	0.03	0.03; 0.04	.	0.6091	0.7805	81%
Omitting Arnaoutakis 2015	0.03	0.03; 0.04	.	0.6106	0.7814	81%
Omitting Baba 2017	0.03	0.03; 0.04	.	0.5975	0.7730	81%
Omitting Bashir 2014	0.03	0.03; 0.04	.	0.6106	0.7814	81%
Omitting Bisdas 2015	0.03	0.03; 0.04	.	0.6013	0.7755	81%
Omitting Botsios 2014	0.03	0.03; 0.04	.	0.6096	0.7808	81%
Omitting Canaud 2018	0.03	0.03; 0.04	.	0.6057	0.7783	81%
Omitting Chen 2013	0.03	0.03; 0.04	.	0.5888	0.7673	81%
Omitting Chen 2017	0.03	0.03; 0.04	.	0.6103	0.7812	81%
Omitting Conway 2014	0.03	0.03; 0.04	.	0.6094	0.7806	81%
Omitting Coselli 2016	0.03	0.03; 0.04	.	0.6130	0.7830	81%
Omitting Davidovic 2011	0.03	0.03; 0.04	.	0.6063	0.7787	81%
Omitting Dias 2015	0.03	0.03; 0.04	.	0.6067	0.7789	81%
Omitting Dick 2008	0.03	0.03; 0.04	.	0.6109	0.7816	81%
Omitting Dick 2008	0.03	0.03; 0.04	.	0.6069	0.7790	81%
Omitting Ding 2018	0.03	0.03; 0.04	.	0.5984	0.7736	81%
Omitting Du 2019	0.03	0.03; 0.04	.	0.6078	0.7796	81%
Omitting Duan 2016	0.03	0.03; 0.04	.	0.6052	0.7780	81%
Omitting Dufour 2015	0.03	0.03; 0.04	.	0.6063	0.7787	81%
Omitting Eagleton 2016	0.03	0.03; 0.04	.	0.6139	0.7835	81%
Omitting Estreza 2015	0.03	0.03; 0.04	.	0.5868	0.7660	81%
Omitting Faure 2018	0.03	0.03; 0.04	.	0.6090	0.7804	81%
Omitting Fernandez 2016	0.03	0.03; 0.04	.	0.6129	0.7829	81%
Omitting Ferreira 2008	0.03	0.03; 0.04	.	0.6087	0.7802	81%
Omitting Fioranelli 2011	0.03	0.03; 0.04	.	0.6058	0.7783	81%
Omitting Fujikawa 2018	0.03	0.03; 0.04	.	0.6131	0.7830	81%
Omitting Fukui 2016	0.03	0.03; 0.04	.	0.6087	0.7802	81%
Omitting Garbade 2010	0.03	0.03; 0.04	.	0.5796	0.7613	81%
Omitting Gillen 2015	0.03	0.03; 0.04	.	0.6096	0.7808	81%
Omitting Gombert 2017	0.03	0.03; 0.04	.	0.6113	0.7818	81%
Omitting Gombert 2018	0.03	0.03; 0.04	.	0.5769	0.7595	81%
Omitting Guangqi 2009	0.03	0.03; 0.04	.	0.5942	0.7709	81%
Omitting Guo 2015	0.03	0.03; 0.04	.	0.6086	0.7801	81%
Omitting He 2015	0.03	0.03; 0.04	.	0.6110	0.7817	81%
Omitting Heimann 2012	0.03	0.03; 0.04	.	0.6039	0.7771	81%
Omitting Hicks 2017	0.03	0.03; 0.04	.	0.6058	0.7783	81%
Omitting Hiraoka 2018	0.03	0.03; 0.04	.	0.6129	0.7829	81%
Omitting Hnath 2008	0.03	0.03; 0.04	.	0.6070	0.7791	81%
Omitting Huang 2016	0.03	0.03; 0.04	.	0.6053	0.7780	81%
Omitting Inglese 2008	0.03	0.03; 0.04	.	0.6090	0.7804	81%
Omitting Jing 2008	0.03	0.03; 0.04	.	0.6004	0.7749	81%

Omitting Kamada 2015	0.03	0.03; 0.04	0.6024	0.7762	81%
Omitting Kasprzak 2014	0.03	0.03; 0.04	0.5746	0.7580	80%
Omitting Katsargyris 2015	0.03	0.03; 0.04	0.6132	0.7831	81%
Omitting Kieffer 2008	0.03	0.03; 0.04	0.6131	0.7830	81%
Omitting Kinoshita 2015	0.03	0.03; 0.04	0.6067	0.7789	81%
Omitting Kitamura 2013	0.03	0.03; 0.04	0.6022	0.7760	81%
Omitting Kulik 2011	0.03	0.03; 0.04	0.6134	0.7832	81%
Omitting Kunihara 2009	0.03	0.03; 0.04	0.6064	0.7787	81%
Omitting Lee 2012	0.03	0.03; 0.04	0.6052	0.7780	81%
Omitting Lee 2015	0.03	0.03; 0.04	0.6130	0.7830	81%
Omitting Lee 2015	0.03	0.03; 0.04	0.6101	0.7811	81%
Omitting Lima 2012	0.03	0.03; 0.04	0.6137	0.7834	81%
Omitting Liu 2011	0.03	0.03; 0.04	0.6024	0.7762	81%
Omitting Lobato 2012	0.03	0.03; 0.04	0.6066	0.7788	81%
Omitting Lou 2018	0.03	0.03; 0.04	0.5980	0.7733	81%
Omitting Lou 2018	0.03	0.03; 0.04	0.6112	0.7818	81%
Omitting Lucatelli 2018	0.03	0.03; 0.04	0.6084	0.7800	81%
Omitting Manning 2009	0.03	0.03; 0.04	0.6113	0.7818	81%
Omitting Martin 2009	0.03	0.03; 0.04	0.6129	0.7829	81%
Omitting Marzelle 2015	0.03	0.03; 0.04	0.5964	0.7723	81%
Omitting Mastoroberto 2010	0.03	0.03; 0.04	0.6112	0.7818	81%
Omitting Mastoroberto 2010	0.03	0.03; 0.04	0.6087	0.7802	81%
Omitting Mazzeffi 2018	0.03	0.03; 0.04	0.6083	0.7800	81%
Omitting Meltzer 2017	0.03	0.03; 0.04	0.6096	0.7808	81%
Omitting Messe 2008	0.03	0.03; 0.04	0.5404	0.7351	76%
Omitting Min 2010	0.03	0.03; 0.04	0.6105	0.7813	81%
Omitting Mizoguchi 2017	0.03	0.03; 0.04	0.6040	0.7772	81%
Omitting Mkalaluh 2018	0.03	0.03; 0.04	0.6099	0.7809	81%
Omitting Monaco 2018	0.03	0.03; 0.04	0.6064	0.7787	81%
Omitting Monnot 2018	0.03	0.03; 0.04	0.6100	0.7810	81%
Omitting Monnot 2018	0.03	0.03; 0.04	0.6089	0.7803	81%
Omitting Mosquera 2009	0.03	0.03; 0.04	0.6095	0.7807	81%
Omitting Moulakakis 2015	0.03	0.03; 0.04	0.6050	0.7778	81%
Omitting Murana 2016	0.03	0.03; 0.04	0.6121	0.7824	81%
Omitting Naughton 2012	0.03	0.03; 0.04	0.6073	0.7793	81%
Omitting Ockert 2009	0.03	0.03; 0.04	0.6095	0.7807	81%
Omitting Oderich 2017_2	0.03	0.03; 0.04	0.6131	0.7830	81%
Omitting Omura 2014	0.03	0.03; 0.04	0.6024	0.7762	81%
Omitting Omura 2017	0.03	0.03; 0.04	0.6125	0.7827	81%
Omitting Patel 2009	0.03	0.03; 0.04	0.6103	0.7812	81%
Omitting Pearce 2008	0.03	0.03; 0.04	0.6092	0.7805	81%
Omitting Piscione 2007	0.03	0.03; 0.04	0.6046	0.7776	81%
Omitting Pitton 2008	0.03	0.03; 0.04	0.6096	0.7808	81%
Omitting Qing 2012	0.03	0.03; 0.04	0.6095	0.7807	81%
Omitting Rahe.Meyer 2009	0.03	0.03; 0.04	0.6063	0.7787	81%
Omitting Rajbanshi 2015	0.03	0.03; 0.04	0.6080	0.7797	81%
Omitting Rana 2018	0.03	0.03; 0.04	0.6121	0.7824	81%
Omitting Ranney 2018	0.03	0.03; 0.04	0.5955	0.7717	81%
Omitting Rodriguez 2008	0.03	0.03; 0.04	0.6081	0.7798	81%
Omitting Saiki 2019	0.03	0.03; 0.04	0.6109	0.7816	81%
Omitting Shiraev 2016	0.03	0.03; 0.04	0.6026	0.7763	81%
Omitting Si 2014	0.03	0.03; 0.04	0.6018	0.7758	81%
Omitting Spanos 2018	0.03	0.03; 0.04	0.6049	0.7778	81%
Omitting Stelzmueller 2019	0.03	0.03; 0.04	0.6114	0.7819	81%
Omitting Sugiura 2017	0.03	0.03; 0.04	0.6080	0.7798	81%
Omitting Sufian 2018	0.03	0.03; 0.04	0.6094	0.7807	81%
Omitting Takahashi 2011	0.03	0.03; 0.04	0.6066	0.7788	81%
Omitting Tang 2011	0.03	0.03; 0.04	0.6050	0.7778	81%
Omitting Trimarchi 2010	0.03	0.03; 0.04	0.6063	0.7787	81%
Omitting Ullery 2012	0.03	0.03; 0.04	0.6135	0.7833	81%
Omitting Vaislic 2014	0.03	0.03; 0.04	0.6058	0.7783	81%
Omitting van Bogerijen 2015	0.03	0.03; 0.04	0.6119	0.7822	81%
Omitting Wahlgren 2017	0.03	0.03; 0.04	0.6120	0.7823	81%
Omitting Watson 2010	0.03	0.03; 0.04	0.6060	0.7785	81%
Omitting Weiss 2012	0.03	0.03; 0.04	0.6029	0.7765	81%
Omitting Wongkornrat 2015	0.03	0.03; 0.04	0.6083	0.7799	81%
Omitting Yoo 2014	0.03	0.03; 0.04	0.6133	0.7831	81%
Omitting Youssef 2015	0.03	0.03; 0.04	0.6095	0.7807	81%
Omitting Yunoki 2014	0.03	0.03; 0.04	0.6043	0.7774	81%
Omitting Yun 2012	0.03	0.03; 0.04	0.6103	0.7812	81%
Omitting Zamor 2015	0.03	0.03; 0.04	0.6117	0.7821	81%
Omitting Zhang 2017	0.03	0.03; 0.04	0.6122	0.7824	81%
Omitting Zhao 2018	0.03	0.03; 0.04	0.6003	0.7748	81%
Omitting Abdelbaky 2021	0.03	0.03; 0.04	0.6085	0.7801	81%
Omitting Acher 2019 (open)	0.03	0.03; 0.04	0.6073	0.7793	81%
Omitting Acher 2019 (endo)	0.03	0.03; 0.04	0.5923	0.7696	81%
Omitting Adam 2022	0.03	0.03; 0.04	0.6108	0.7815	81%
Omitting Alhussaini 2021	0.03	0.03; 0.04	0.6117	0.7821	81%
Omitting Arnaoutakis 2020 (open)	0.03	0.03; 0.04	0.6114	0.7819	81%
Omitting Arnaoutakis 2020 (endo)	0.03	0.03; 0.04	0.6114	0.7819	81%

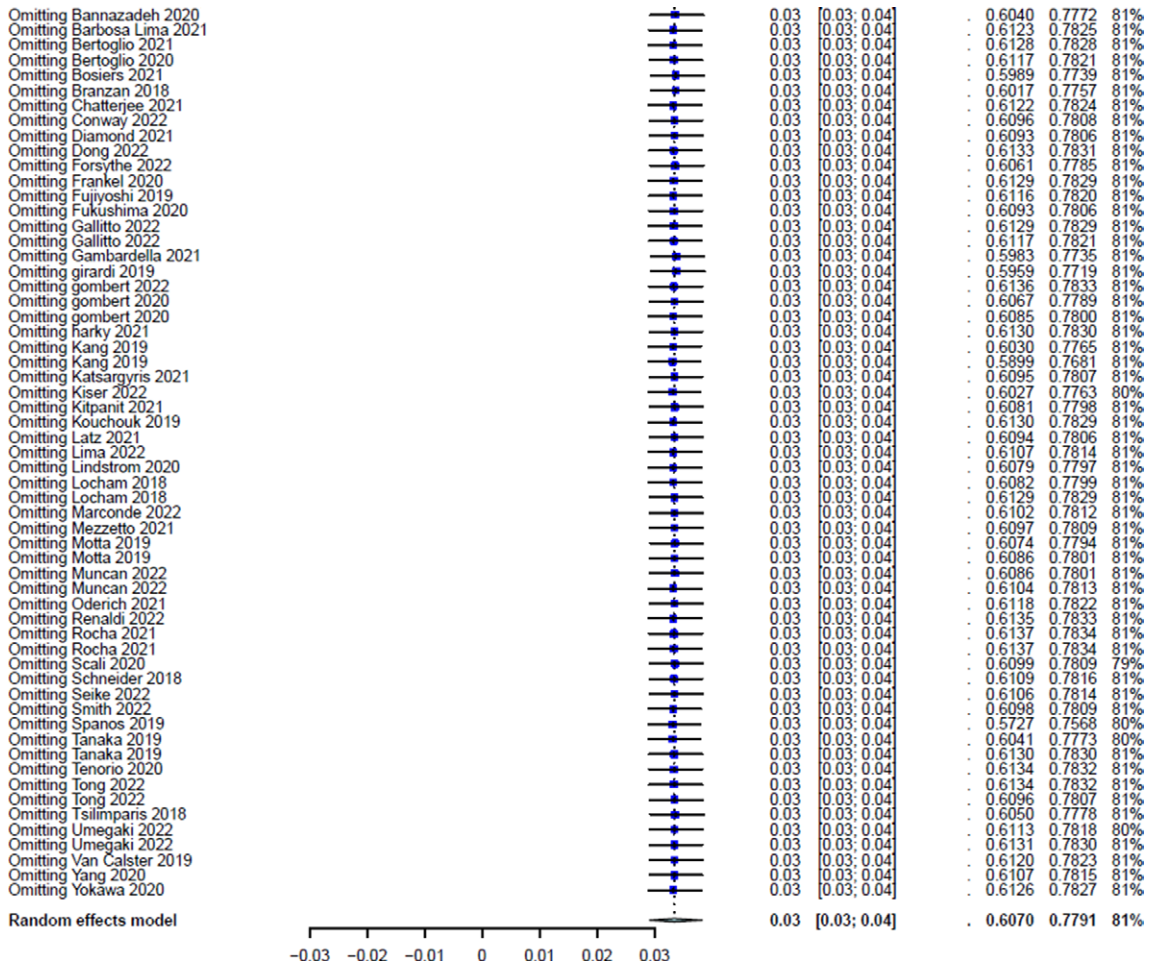
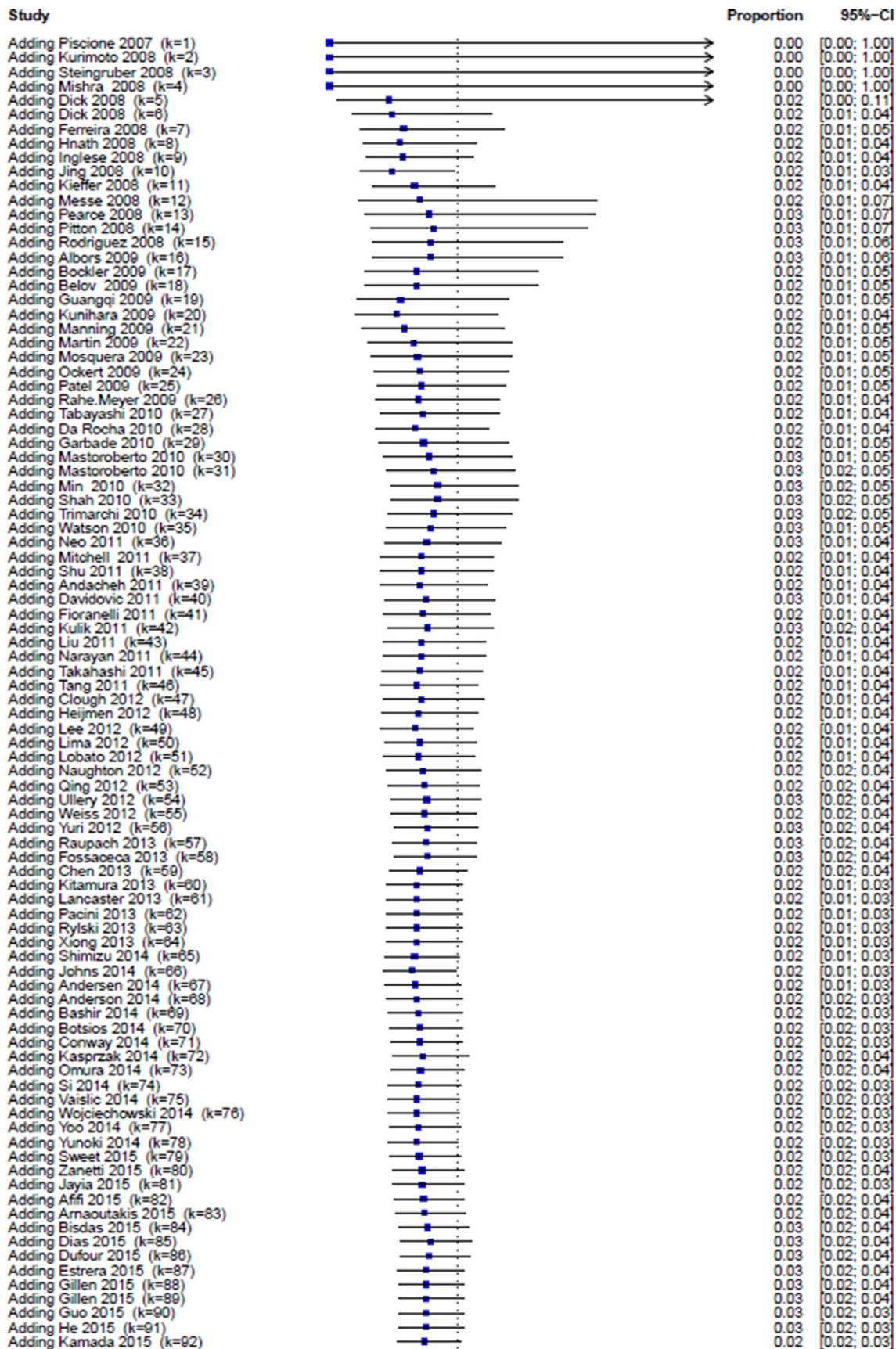


Figure S18 Leave one out analysis for the primary outcome of permanent spinal cord injury. CI, confidence interval.



Adding Katsargyns 2015 (k=93)		0.03	[0.02; 0.03]
Adding Kinoshita 2015 (k=94)		0.02	[0.02; 0.03]
Adding Lee 2015 (k=95)		0.03	[0.02; 0.03]
Adding Lee 2015 (k=96)		0.03	[0.02; 0.04]
Adding Li 2015 (k=97)		0.03	[0.02; 0.04]
Adding Marzelle 2015 (k=98)		0.03	[0.02; 0.04]
Adding Moulakakis 2015 (k=99)		0.03	[0.02; 0.04]
Adding Nomura 2015 (k=100)		0.03	[0.02; 0.04]
Adding Piffaretti 2015 (k=101)		0.03	[0.02; 0.04]
Adding Rajbanshi 2015 (k=102)		0.03	[0.02; 0.04]
Adding Rossi 2015 (k=103)		0.03	[0.02; 0.04]
Adding van Bogenjien 2015 (k=104)		0.03	[0.02; 0.04]
Adding Wongkomrat 2015 (k=105)		0.03	[0.02; 0.04]
Adding Yaffee 2015 (k=106)		0.03	[0.02; 0.04]
Adding Youssef 2015 (k=107)		0.03	[0.02; 0.04]
Adding Zamor 2015 (k=108)		0.03	[0.02; 0.04]
Adding Wynn 2016 (k=109)		0.03	[0.02; 0.04]
Adding Coselli 2016 (k=110)		0.03	[0.02; 0.04]
Adding Duan 2016 (k=111)		0.03	[0.02; 0.04]
Adding Eagleton 2016 (k=112)		0.03	[0.02; 0.04]
Adding Fernandez 2016 (k=113)		0.03	[0.02; 0.04]
Adding Fukui 2016 (k=114)		0.03	[0.02; 0.04]
Adding Huang 2016 (k=115)		0.03	[0.02; 0.04]
Adding Murana 2016 (k=116)		0.03	[0.02; 0.04]
Adding Naguib 2016 (k=117)		0.03	[0.02; 0.04]
Adding Pompa 2016 (k=118)		0.03	[0.02; 0.04]
Adding Shiraev 2016 (k=119)		0.03	[0.02; 0.04]
Adding Song 2016 (k=120)		0.03	[0.02; 0.04]
Adding Zeng 2016 (k=121)		0.03	[0.02; 0.04]
Adding Baba 2017 (k=122)		0.03	[0.02; 0.04]
Adding Chen 2017 (k=123)		0.03	[0.02; 0.04]
Adding Conrad 2017 (k=124)		0.03	[0.02; 0.04]
Adding Gallitto 2017 (k=125)		0.03	[0.02; 0.04]
Adding Gombert 2017 (k=126)		0.03	[0.02; 0.04]
Adding He 2017 (k=127)		0.03	[0.02; 0.04]
Adding Hicks 2017 (k=128)		0.03	[0.02; 0.04]
Adding Liu 2017 (k=129)		0.03	[0.02; 0.04]
Adding Meltzer 2017 (k=130)		0.03	[0.02; 0.04]
Adding Mizoguchi 2017 (k=131)		0.03	[0.02; 0.04]
Adding Oderich 2017_2 (k=132)		0.03	[0.02; 0.04]
Adding Omura 2017 (k=133)		0.03	[0.02; 0.04]
Adding Sugiura 2017 (k=134)		0.03	[0.02; 0.04]
Adding Wahlgren 2017 (k=135)		0.03	[0.03; 0.04]
Adding Zhang 2017 (k=136)		0.03	[0.03; 0.04]
Adding Thomas 2018 (k=137)		0.03	[0.03; 0.04]
Adding Zhu 2018 (k=138)		0.03	[0.03; 0.04]
Adding Youssef 2018 (k=139)		0.03	[0.03; 0.04]
Adding Zha 2018 (k=140)		0.03	[0.03; 0.04]
Adding Al Adas 2018 (k=141)		0.03	[0.03; 0.04]
Adding Bertoglio 2018 (k=142)		0.03	[0.03; 0.04]
Adding Canaud 2018 (k=143)		0.03	[0.02; 0.04]
Adding Clough 2018 (k=144)		0.03	[0.02; 0.04]
Adding Ding 2018 (k=145)		0.03	[0.02; 0.04]
Adding Faure 2018 (k=146)		0.03	[0.02; 0.04]
Adding Fujikawa 2018 (k=147)		0.03	[0.02; 0.04]
Adding Gocze 2018 (k=148)		0.03	[0.02; 0.04]
Adding Gombert 2018 (k=149)		0.03	[0.03; 0.04]
Adding Hiraoka 2018 (k=150)		0.03	[0.03; 0.04]
Adding Kratimenos 2018 (k=151)		0.03	[0.03; 0.04]
Adding Li 2018_2 (k=152)		0.03	[0.03; 0.04]
Adding Lortz 2018 (k=153)		0.03	[0.03; 0.04]
Adding Lou 2018 (k=154)		0.03	[0.02; 0.04]
Adding Lou 2018 (k=155)		0.03	[0.02; 0.04]
Adding Lucatelli 2018 (k=156)		0.03	[0.02; 0.04]
Adding Mazzeffi 2018 (k=157)		0.03	[0.02; 0.04]
Adding Mkalaluh 2018 (k=158)		0.03	[0.03; 0.04]
Adding Monaco 2018 (k=159)		0.03	[0.03; 0.04]
Adding Monnot 2018 (k=160)		0.03	[0.03; 0.04]
Adding Monnot 2018 (k=161)		0.03	[0.03; 0.04]
Adding Peidro 2018 (k=162)		0.03	[0.03; 0.04]

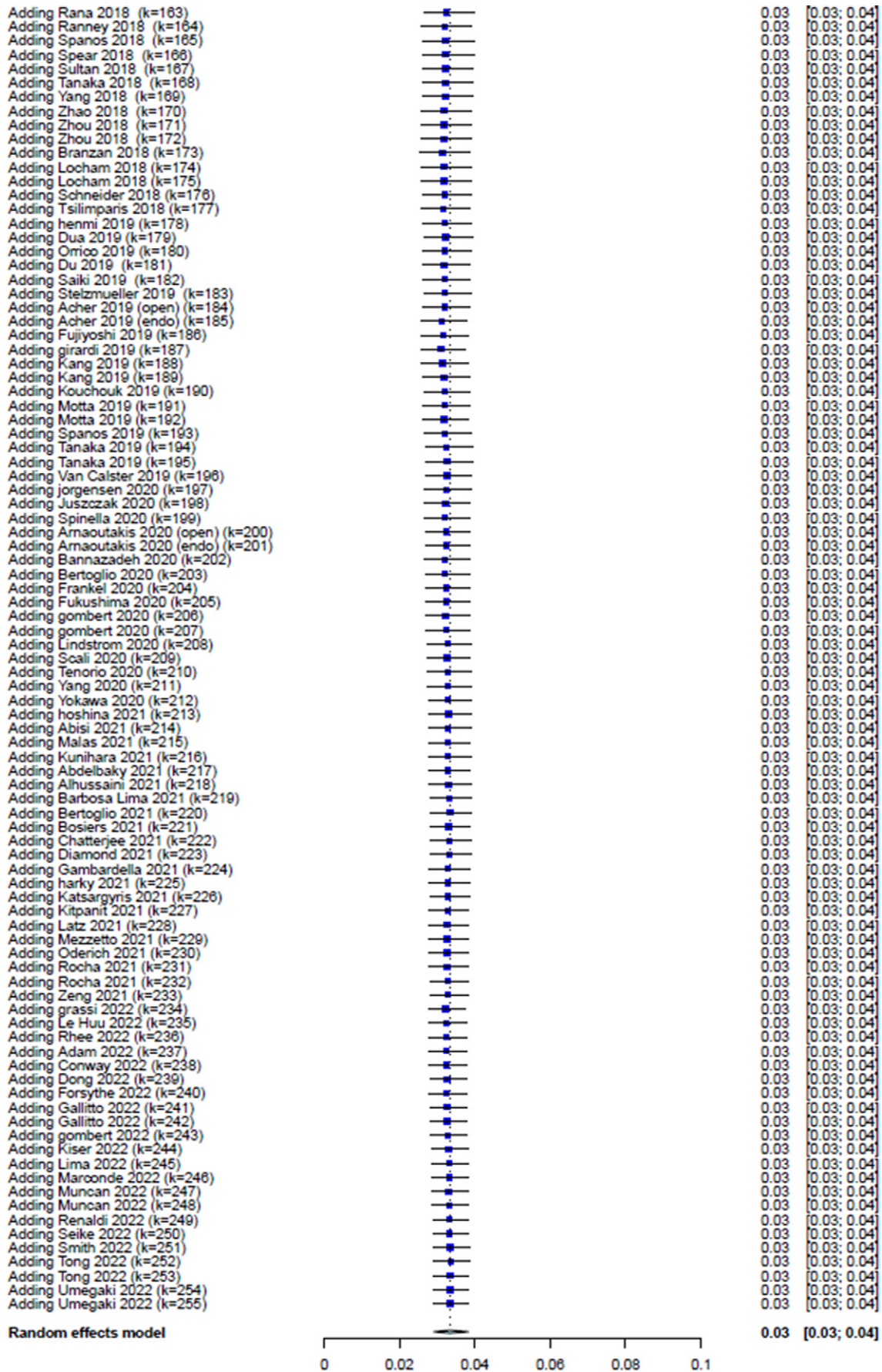


Figure S19 Permanent SCI trend based on years. SCI, spinal cord injury.

Table S1 Full search strategy**Ovid MEDLINE ALL (July 1, 2018 to September 13, 2022)**

Searched on September 13, 2022

Line #	Search
1	Aneurysm/ and (Aorta, Thoracic/ or Aorta, Abdominal/ or Aorta/)
2	Aortic Aneurysm/
3	Aortic Aneurysm, Thoracic/
4	Aortic Aneurysm, Abdominal/
5	((aneurysm* or aneurism* or aneurysma*) adj2 (aorta* or aortic*)).tw.
6	Marfan Syndrome/
7	(Marfan syndrome or Marfan's syndrome or Marfans syndrome or marfan abiotrophy or Marfan disease or Marfan's disease or Marfans disease or Marfan achard syndrome or Marfan's achard syndrome or Marfans achard syndrome or Marfan hallez syndrome or Marfan's hallez syndrome or Marfans hallez syndrome).tw.
8	Loeys-Dietz Syndrome/
9	(Loeys-Dietz Syndrome or LoeysDietz Syndrome).tw.
10	or/1-9
11	(TEVAR or TAAA or TAA).tw.
12	((thoracic or thoracoabdominal) adj2 (aorta* or aortic*)).tw.
13	11 or 12
14	10 and 13
15	limit 14 to (english language and yr="2008 -Current")

Ovid EMBASE (July 1, 2018 to September 13, 2022)

Searched on September 13, 2022

Line #	Search
1	aneurysm/ and (thoracic aorta/ or abdominal aorta/ or aorta/)
2	thoracic aorta aneurysm/
3	thoracoabdominal aorta aneurysm/ or abdominal aorta aneurysm/
4	aortic aneurysm/
5	((aneurysm* or aneurism* or aneurysma*) adj2 (aorta* or aortic*)).tw.
6	Marfan syndrome/
7	(Marfan syndrome or Marfan's syndrome or Marfans syndrome or marfan abiotrophy or Marfan disease or Marfan's disease or Marfans disease or Marfan achard syndrome or Marfan's achard syndrome or Marfans achard syndrome or Marfan hallez syndrome or Marfan's hallez syndrome or Marfans hallez syndrome).tw.
8	Loeys Dietz syndrome/
9	(Loeys-Dietz Syndrome or LoeysDietz Syndrome).tw.
10	or/1-9
11	(TEVAR or TAAA or TAA).tw.
12	((thoracic or thoracoabdominal) adj2 (aorta* or aortic*)).tw.
13	11 or 12
14	10 and 13
15	limit 14 to (english language and yr="2008 -Current")

Cochrane Library (Wiley; July 1, 2018 to September 13, 2022)	
Searched on September 13, 2022	
Line #	Search
#1	MeSH descriptor: [Aneurysm] this term only
#2	MeSH descriptor: [Aorta, Thoracic] this term only
#3	MeSH descriptor: [Aorta, Abdominal] this term only
#4	MeSH descriptor: [Aorta] this term only
#5	#2 or #3 or #4
#6	#1 and #5
#7	MeSH descriptor: [Aortic Aneurysm] this term only
#8	MeSH descriptor: [Aortic Aneurysm, Thoracic] this term only
#9	MeSH descriptor: [Aortic Aneurysm, Abdominal] this term only
#10	((aneurysm or aneurism or aneurysma) near/2 (aorta or aortic)):ti,ab,kw
#11	MeSH descriptor: [Marfan Syndrome] this term only
#12	(Marfan syndrome or Marfan's syndrome or Marfans syndrome or marfan abiotrophy or Marfan disease or Marfan's disease or Marfans disease or Marfan achard syndrome or Marfan's achard syndrome or Marfans achard syndrome or Marfan hallez syndrome or Marfan's hallez syndrome or Marfans hallez syndrome):ti,ab,kw
#13	MeSH descriptor: [Loeys-Dietz Syndrome] this term only
#14	(Loeys-Dietz Syndrome or LoeysDietz Syndrome):ti,ab,kw
#15	#6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14
#16	(TEVAR or TAAA or TAA):ti,ab,kw
#17	((thoracic or thoracoabdominal) near/2 (aorta or aortic)):ti,ab,kw
#18	#16 or #17
#19	#15 and #18

Table S2 Summary of the included studies

Study	Institution	Country	Study period	No. of patients	Type of study	Surgical approach reported
Abdelbaky 2021	Yale University	United States	2006–2017	100	Retrospective	Open
Abisi 2021	Guy's and St. Thomas' Hospital	United Kingdom	2018–2020	44	Retrospective	Endovascular
Acher 2019	University of Wisconsin	United States	1984–2014	202	Retrospective	Both
Adam 2022	University of Birmingham	United Kingdom	1999–2019	58	Retrospective	Open
Afifi 2015	University of Texas Medical School	United States	2001–2014	37	Retrospective	Endovascular
Al Adas 2018	Henry Ford Hospital	United States	2003–2012	11	Retrospective	Endovascular
Albors 2009	Hospital Clinico Universitario	Spain	2003–2008	25	Retrospective	Endovascular
Alhussaini 2021	University of Florida	United States	2008–2018	84	Retrospective	Open
Andacheh 2011	Harbor-UCLA Medical Center	United States	2002–2010	73	Prospective	Endovascular
Andersen 2014	Duke University	United States	2005–2013	32	Retrospective	Open
Anderson 2014	University of South Dakota	United States	2012–2014	14	Retrospective	Endovascular
Arnaoutakis 2015	Johns Hopkins	United States	2002–2013	62	Retrospective	Endovascular
Arnaoutakis 2020	University of Florida	United States	2002–2018	158	Retrospective	Both
Baba 2017	Jikei University School of Medicine	Japan	2006–2015	44	Retrospective	Endovascular
Bannazadeh 2020	Mount Sinai West Hospital	United States	2014–2017	38	Retrospective	Endovascular
Barbosa Lima 2021	University of Texas Health Science Center	United States	2013–2020	110	Prospective	Endovascular
Bashir 2014	Liverpool Heart & Chest Hospital	United Kingdom	1998–2014	62	Retrospective	Endovascular
Belov 2009	National Research Center of Surgery	Russia	2000–2007	16	Retrospective	Open
Bertoglio 2018	San Raffaele Scientific Institute	Italy	2015–2017	18	Retrospective	Open
Bertoglio 2020	Vita Salute University	Italy	2013–2018	80	Prospective	Endovascular
Bertoglio 2021	Multicenter	Italy	2007–2019	240	Retrospective	Endovascular
Bisdas 2015	St. Franziskus Hospital	Germany	2010–2014	142	Retrospective	Endovascular
Böckler 2009	Ruprecht-Karls University	Germany	1997–2008	54	Retrospective	Endovascular
Bosiers 2021	St Franziskus Hospital	Germany	2012–2015	80	Retrospective	Endovascular
Botsios 2014	University Witten/Herdecke & St.-Johannes Hospital Dortmund	Germany	2001–2011	21	Retrospective	Endovascular
Branzan 2018	University Hospital Leipzig	Germany	2014–2017	57	Retrospective	Endovascular
Canaud 2018	Multicenter	Multi-national	2013–2017	24	Retrospective	Endovascular
Chatterjee 2021	Baylor College of Medicine	United States	2006–2016	392	Retrospective	Open

Table S2 (continued)

Table S2 (continued)

Study	Institution	Country	Study period	No. of patients	Type of study	Surgical approach reported
Chen 2013	Nanjing Medical University	China	2000–2011	174	Prospective	Endovascular
Chen 2017	Eastern Virginia Medical School	United States	2008–2014	30	Retrospective	Endovascular
Clough 2012	Guy's and St Thomas' NHS Foundation Trust	United Kingdom	2008–2011	31	Retrospective	Endovascular
Clough 2018	Universite Paris Sud	France	NA	64	Retrospective	Endovascular
Conrad 2017	Massachusetts General Hospital	United States	2006–2009	160	Prospective	Endovascular
Conway 2014	Lenox Hill Hospital	United States	1999–2010	86	Retrospective	Open
Conway 2022	VQI (Lenox Hill)	United States	2003–2021	25	Retrospective	Endovascular
Coselli 2016	Baylor College of Medicine	United States	1986–2014	3309	Retrospective	Open
Da Rocha 2010	University of Barcelona	Spain	2006–2009	57	Retrospective	Endovascular
Davidovic 2011	University of Belgrade & Clinical Center of Serbia	Serbia	1999–2009	118	Retrospective	Open
Diamond 2021	University of Massachusetts	United States	2010–2018	87	Retrospective	Endovascular
Dias 2015	Skane University Hospital	Sweden	2008–2014	72	Retrospective	Endovascular
Dick 2008	University of Bern	switzerland	2001–2005	174	Prospective	Both
Ding 2018	Guangdong Academy of Medical Sciences	China	2012–2017	159	Retrospective	Endovascular
Dong 2022	Anzhen Hospital	China	2011–2019	183	Retrospective	Open
Du 2019	People's Hospital of Xinjiang Uygur Autonomous Region	China	2004–2016	163	Retrospective	Endovascular
Dua 2019	Stanford Hospitals	United States	2015–2018	21	Retrospective	Endovascular
Duan 2016	Capital Medical University	China	2014–2015	28	Retrospective	Open
Dufour 2015	Louis Pradel University Hospital	France	1999–2007	74	Retrospective	Endovascular
Eagleton 2016	Cleveland Clinic	United States	2004–2013	354	Prospective	Endovascular
Estrera 2015	University of Texas Medical School	United States	1991–2014	519	Retrospective	Open
Faure 2018	Georges Pompidou European Hospital	France	2011–2017	41	Retrospective	Open
Fernandez 2016	University of California at San Francisco	United States	2005–2014	133	Prospective	Endovascular
Ferreira 2008	Servico Integrado de Tecnicas Endovasculares	Brazil	2006–2008	11	Retrospective	Endovascular
Fioranelli 2011	Hospital de Sao Paulo	Brazil	2004–2007	23	Retrospective	Endovascular
Forsythe 2022	Royal Infirmary of Edinburgh	United Kingdom	1999–2021	248	Retrospective	Endovascular
Fossaceca 2013	A. Avogadro University & Maggiore Della Carita Hospital	Italy	2005–2011	53	Retrospective	Open

Table S2 (continued)

Table S2 (continued)

Study	Institution	Country	Study period	No. of patients	Type of study	Surgical approach reported
Frankel 2020	GenTAC Registry	United States	2006–2014	142	Retrospective	Endovascular
Fujikawa 2018	Kawasaki Aortic Center	Japan	2015–2016	168	Retrospective	Open
Fujiyoshi 2019	Tokyo Medical University Hospital	Japan	2011–2018	69	Retrospective	Open
Fukui 2016	Sakakibara Heart Institute	Japan	2009–2015	44	Retrospective	Open
Fukushima 2020	Jikei University School of Medicine	Japan	2010–2017	16	Retrospective	Open
Gallitto 2017	University of Bologna	Italy	2010–2015	94	Prospective	Endovascular
Gallitto 2022	University of Bologna	Italy	2010–2020	137	Retrospective	Endovascular
Gallitto 2022	University of Bologna	Italy	2010–2020	65	Retrospective	Endovascular
Gambardella 2021	Weill Cornell Medicine	United States	1997–2019	869	Retrospective	Open
Garbade 2010	University of Leipzig	Germany	2000–2008	46	Retrospective	Endovascular
Gillen 2015	University of Virginia	United States	2005–2012	158	Retrospective	Both
Girardi 2019	Weill Cornell Medicine	United States	1997–2017	783	Retrospective	open
Gocze 2018	University Hospital Regensburg	Germany	2013–2017	18	Prospective	Endovascular
Gombert 2017	RWTH University Hospital Aachen	Germany	2006–2016	52	Retrospective	Open
Gombert 2018	RWTH University Hospital Aachen	Germany	2014–2015	76	Prospective	Endovascular
Gombert 2020	University Hospital RWTH	Germany	2017–2018	33	Retrospective	Both
Gombert 2022	University Hospital RWTH	Germany	2006–2019	255	Retrospective	Open
Grassi 2022	Opsedale maggiore policlinico	Italy	2010–2016	310	Retrospective	Endovascular
Guangqi 2009	Hospital of Sun Yat-sen University	China	2001–2006	121	Retrospective	Endovascular
Guo 2015	Zhongshan Hospital, Fudan University	China	2011–2012	47	Prospective	Endovascular
Harky 2021	Liverpool Heart and Chest Hospital	United Kingdom	1998–2019	430	Retrospective	Open
He 2015	Third Xiangya Hospital of Central South University	China, USA	2010–2013	148	Retrospective	Endovascular
He 2017	General Hospital of Shenyang Military Region	China	2007–2014	388	Retrospective	Endovascular
Heijmen 2012	Multicenter	Multi-national	2009–2010	100	Prospective	Endovascular
Henmi 2019	Kobe University Graduate School of Medicine	Japan	1999–2018	172	Retrospective	Open
Hicks 2017	Johns Hopkins	United States	2006–2015	137	Retrospective	Open
Hiraoka 2018	Kurashiki Central Hospital	Japan	2008–2014	175	Retrospective	Endovascular
Hnath 2008	Albany Medical College	United States	2004–2006	121	Prospective	Endovascular
Hoshina 2021	University of Tokyo	Japan	2006–2016	14235	Retrospective	Endovascular

Table S2 (continued)

Table S2 (continued)						
Study	Institution	Country	Study period	No. of patients	Type of study	Surgical approach reported
Huang 2016	Affiliated Hospital of Nantong University	China	2011–2014	27	Retrospective	Endovascular
Inglese 2008	San Donato Milanese Hospital	Italy	2002–2007	41	Retrospective	Endovascular
Jayia 2015	Royal Free Hospital NHS Trust	United Kingdom	2008–2014	47	Retrospective	Endovascular
Jing 2008	Shenyang Northern Hospital	China	2002–2007	67	Prospective	Endovascular
Johns 2014	Royal Infirmary of Edinburgh	United Kingdom	1999–2013	37	Retrospective	Open
Jorgensen 2020	University of South Dakota	United States	2015–2019	44	Prospective	Endovascular
Juszczak 2020	University Hospitals Birmingham	United Kingdom	2009–2018	54	Retrospective	Endovascular
Kamada 2015	Iwate Medical University	Japan	2002–2014	51	Retrospective	Endovascular
Kang 2019	University of Washington	United States	2009–2017	122	Retrospective	Both
Kasprzak 2014	University Hospital Regensburg	Germany	2009–2012	83	Retrospective	Endovascular
Katsargyris 2015	Paracelsus Medical University	Germany	2004–2014	218	Prospective	Endovascular
Katsargyris 2021	General Hospital Nuremberg, Paracelsus Medical University	Germany	2010–2020	30	Retrospective	Endovascular
Kieffer 2008	Pitie-Salpetriere University Hospital	France	1991–2006	171	Retrospective	Open
Kinoshita 2015	Tokushima University Graduate School	Japan	2008–2012	13	Retrospective	Endovascular
Kiser 2022	Memorial Hermann Hospital	United States	1991–2017	1474	Retrospective	Open
Kitamura 2013	Kitasato University School of Medicine	Japan	1998–2012	53	Retrospective	Endovascular
Kitpanit 2021	Weill Cornell Medicine	United States	2014–2019	106	Prospective	Endovascular
Kouchoukos 2019	Missouri Baptist Medical Center	United States	1986–2015	285	Retrospective	Open
Kratimenos 2018	Evangelismos General Hospital of Athens	Greece	2014–2017	30	Retrospective	Endovascular
Kulik 2011	Missouri Baptist Medical Center	United States	1986–2008	218	Retrospective	Open
Kunihara 2009	Hokkaido University Hospital	Japan	1998–2006	17	Retrospective	Open
Kunihara 2021	The Jikei University School of Medicine	Japan	1996–2016	182	Retrospective	Open
Kurimoto 2008	Sapporo Medical University	Japan	2001–2005	40	Retrospective	Endovascular
Lancaster 2013	Massachusetts General Hospital	United States	1987–2011	485	Retrospective	Open
Latz 2021	Massachusetts General Hospital	United States	1989–2015	234	Retrospective	Open
Le Huu 2022	Baylor College of Medicine	United States	2002–2020	37	Retrospective	Endovascular

Table S2 (continued)

Table S2 (continued)						
Study	Institution	Country	Study period	No. of patients	Type of study	Surgical approach reported
Lee 2012	Yonsei University College of Medicine	South Korea	2006–2013	28	Retrospective	Open
Lee 2015	Yonsei University College of Medicine	South Korea	2006–2013	167	Retrospective	Both
Li 2015	Beijing Anzhen Hospital, Capital Medical University	China	2009–2013	579	Retrospective	Endovascular
Li 2018	Second Xiangya Hospital of Central South University	China	2013–2014	134	Retrospective	Endovascular
Lima 2012	Cleveland Clinic	United States	2002–2010	330	Prospective	Open
Lima 2022	The University of Texas Health Science Center at Houston	United States	2013–2020	115	Prospective	Endovascular
Lindstrom 2020	Karolinska University Hospital	Sweden	2009–2018	17	Retrospective	Endovascular
Liu 2011	Shanghai Jiao Tong University School of Medicine	China	2004–2009	51	Retrospective	Endovascular
Liu 2017	Changhai Hospital, Second Military Medical University	China	1998–2014	322	Retrospective	Endovascular
Lobato 2012	Hospital de Sao Paulo	Brazil	2008–2012	15	Prospective	Endovascular
Locham 2018	National database	United States	2009–2015	879	Retrospective	Both
Lortz 2018	University of Duisburg-Essen	Germany	2006–2016	45	Retrospective	Endovascular
Lou 2018	Emory University School of Medicine	United States	2000–2016	587	Retrospective	Both
Lucatelli 2018	Azienda Ospedaliera Universitaria Senese	Italy	2011–2017	49	Retrospective	Endovascular
Malas 2021	Multicenter	United States	2014–2018	45	Prospective	Endovascular
Manning 2009	Malmo University Hospital UMAS	Sweden	2001–2008	52	Retrospective	Endovascular
Marcondes 2022	Multicenter	Multi-national	2012–2021	541	Retrospective	Endovascular
Martin 2009	University of Florida	United States	2000–2007	261	Retrospective	Endovascular
Marzelle 2015	University Paris XII	France	2009–2012	42	Randomized clinical trial	Endovascular
Mastroroberto 2010	University Magna Grecia	Italy	2001–2008	62	Retrospective	Both
Mazzeffi 2018	University of Maryland	United States	2011–2015	102	Retrospective	Endovascular
Meltzer 2017	Weill Cornell Medicine	United States	NA	22	Prospective	Endovascular
Messe 2008	University of Pennsylvania	United States	2000–2005	224	Retrospective	Open
Mezzetto 2021	Multicenter	Italy	2005–2019	129	Prospective	Endovascular
Min 2010	Samsung Medical Center	South Korea	2006–2009	33	Retrospective	Open
Mishra 2008	Rikshospitalet Radiumhospitalet Medical Center	Norway	NA	14	Prospective	Open

Table S2 (continued)

Table S2 (continued)

Study	Institution	Country	Study period	No. of patients	Type of study	Surgical approach reported
Mitchell 2011	University of Mississippi	United States	2007–2010	44	Retrospective	Endovascular
Mizoguchi 2017	Yamaguchi Prefecture Grand Medical Center	Japan	2007–2015	38	Retrospective	Endovascular
Mkalaluh 2018	University of Heidelberg	Germany	2007–2017	38	Retrospective	Open
Monaco 2018	San Raffaele Scientific Institute	Italy	2009–2016	459	Retrospective	Open
Monnot 2018	Rouen University Hospital	France	2007–2015	60	Retrospective	Both
Mosquera 2009	Juan Canalejo Hospital	Spain	2000–2008	20	Retrospective	Endovascular
Motta 2019	University of North Carolina	United States	2012–2017	223	Prospective	Endovascular
Motta 2019	University of North Carolina	United States	2012–2017	150	Prospective	Endovascular
Moulakakis 2015	Multicenter	Greece	2010–2013	30	Prospective	Endovascular
Muncan 2022	Stony Brook University Hospital	United States	2010–2020	255	Retrospective	Both
Murana 2016	St Antonius Hospital	Netherlands	1994–2014	542	Retrospective	Open
Naguib 2016	Frankfurt University	Germany	2002–2010	53	Retrospective	Endovascular
Narayan 2011	Bristol Heart Institute	United Kingdom	1996–2009	49	Retrospective	Endovascular
Naughton 2012	Northwestern	United States	2001–2010	100	Retrospective	Open
Neo 2011	Tan Tock Seng Hospital	Singapore	2004–2009	18	Retrospective	Endovascular
Nomura 2015	Kobe University Graduate School of Medicine	Japan	2008–2014	54	Retrospective	Endovascular
Ockert 2009	University of Heidelberg	Germany	1997–2004	30	Retrospective	Open
Oderich 2017	Mayo Clinic Rochester	United States	2007–2016	185	Retrospective	Endovascular
Oderich 2021	University of Texas Health Science Center at Houston	United States	2013–2020	297	Prospective	Endovascular
Omura 2014	Kobe University Graduate School of Medicine	Japan	1999–2012	115	Retrospective	Open
Omura 2017	National Cerebral and Cardiovascular Center	Japan	2003–2014	223	Retrospective	Open
Orrico 2019	San Camillo Forlanini Hospital	Italy	2015–2017	32	Retrospective	Endovascular
Pacini 2013	Multicenter	Italy	2000–2008	93	Retrospective	Endovascular
Patel 2009	University of Michigan Hospitals	United States	1997–2008	69	Retrospective	Endovascular
Pearce 2008	University of Alabama	United States	2005–2007	15	Retrospective	Endovascular
Peidro 2018	Hopital Nord, Aix-Marseille University	France	2007–2015	76	Retrospective	Endovascular
Piffaretti 2015	Multicenter	Multi-national	2000–2012	56	Retrospective	Endovascular
Piscione 2007	“Federico II” University, Naples	Italy	2002–2004	33	Retrospective	Endovascular
Pitton 2008	University Hospital of Mainz	Germany	1995–2007	22	Retrospective	Endovascular

Table S2 (continued)

Table S2 (continued)

Study	Institution	Country	Study period	No. of patients	Type of study	Surgical approach reported
Pompa 2016	Sapienza University of Rome	Italy	2010–2012	28	Retrospective	Endovascular
Qing 2012	The University of Hong Kong-Queen Mary Hospital	Hong Kong	NA	32	Retrospective	Endovascular
Rahe.Meyer 2009	Hannover Medical School	Germany	NA	18	Retrospective	Open
Rajbanshi 2015	Yale University	United States	2000–2014	66	Retrospective	Open
Rana 2018	Mayo Clinic Rochester	United States	1999–2011	121	Retrospective	Open
Ranney 2018	Duke University	United States	2005–2016	192	Retrospective	Endovascular
Raupach 2013	Faculty Hospital Hradec Kralove	Czech Republic	1999–2012	72	Retrospective	Endovascular
Rinaldi 2022	Multicenter	Italy	2008–2017	351	Retrospective	Endovascular
Rhee 2022	Asan Medical Center	South Korea	2015–2019	20	Retrospective	Open
Rocha 2021	University of Toronto	Canada	2006–2017	664	Retrospective	Both
Rodriguez 2008	Arizona Heart Institute	United States	2000–2006	106	Retrospective	Endovascular
Rossi 2015	St Thomas Hospital	United Kingdom	2008–2014	69	Retrospective	Endovascular
Rylski 2013	University Heart Center Freiburg	Germany	2000–2011	36	Retrospective	Endovascular
Saiki 2019	Tohoku University	Japan	2011–2015	50	Retrospective	Open
Scali 2020	University of Florida	United States	2014–2019	6529	Retrospective	Endovascular
Schneider 2018	Weill Cornell Medicine, NewYork-Presbyterian Hospital	United States	2014–2017	50	Prospective	Endovascular
Seike 2022	National Cerebral and Cardiovascular Center	Japan	2009–2020	204	Retrospective	Endovascular
Shah 2010	New York University	United States	2004–2008	30	Retrospective	Endovascular
Shimizu 2014	Keio University Hospital	Japan	2008–2012	37	Prospective	Open
ShiraeV 2016	(2) Royal Prince Alfred Hospital, St George Hospital	Australia	2003–2013	179	Retrospective	Open
Shu 2011	Second Xiangya Hospital of Central South University	China	2002–2009	45	Retrospective	Endovascular
Si 2014	Zhongshan Hospital, Fudan University	China	2009–2010	56	Prospective	Endovascular
Smith 2022	Case Western Reserve University School of Medicine, University Hospitals Cleveland Medical Center	United States	2012–2020	813	Retrospective	Endovascular
Song 2016	Shanghai Hospital	China	1999–2015	135	Retrospective	Endovascular
Spanos 2018	University Hospital Hamburg-Eppendorf & Hamburg University Heart Center	Germany	2014–2017	42	Retrospective	Endovascular
Spanos 2019	German Aortic Center Hamburg	Germany	2011–2017	126	Retrospective	Endovascular

Table S2 (continued)

Table S2 (continued)						
Study	Institution	Country	Study period	No. of patients	Type of study	Surgical approach reported
Spear 2018	Aortic Center, CHRU, Lille	France	2011–2017	22	Retrospective	Endovascular
Spinella 2020	University of Genoa	Italy	2017–2019	11	Retrospective	Endovascular
Steingruber 2008	Innsbruck Medical University	Austria	1996–2007	35	Retrospective	Endovascular
Stelzmueller 2019	University of Vienna	Austria	2001–2016	55	Retrospective	Endovascular
Sugiura 2017	Nagoya University Graduate School of Medicine	Japan	2002–2015	118	Retrospective	Open
Sultan 2018	University of Pittsburgh	United States	2013–2016	33	Retrospective	Endovascular
Sweet 2015	University of Washington	United States	2011–2015	24	Prospective	Endovascular
Tabayashi 2010	Tohoku University	Japan	1998–2007	102	Retrospective	Open
Takahashi 2011	Hiroshima University Hospital	Japan	2005–2008	15	Retrospective	Open
Tanaka 2018	The University of Texas Health Science Center at Houston	United States	2005–2014	88	Retrospective	Endovascular
Tanaka 2019	University of Texas Health Science Center at Houston (UTHealth)	United States	1991–2017	2012	Retrospective	Open
Tang 2011	TongJi University	China	2007–2008	30	Retrospective	Endovascular
Tenorio 2020	Multicenter	United States	2014–2017	240	Retrospective	Endovascular
Thomas 2018	University Hospital, Klinikum Oldenburg AoR	Germany	2011–2017	22	Retrospective	Endovascular
Tong 2022	Cleveland Clinic	United States	2000–2010	556	Retrospective	Both
Trimarchi 2010	University of Milan	Italy	1988–2002	18	Retrospective	Open
Tsilimparis 2018	Multicenter	Germany	2004–2013	329	Prospective	Endovascular
Ullery 2012	University of Pennsylvania	United States	2001–2010	530	Retrospective	Endovascular
Umegaki 2022	Multicenter	Japan	2010–2019	6202	Retrospective	Both
Vaislic 2014	Multicenter	France	2010–2011	23	Prospective	Endovascular
van Bogerijen 2015	University of Michigan Hospitals	United States	1993–2013	122	Retrospective	Open
Van Calster 2019	Aortic Center of CHU	France	2004–2016	373	Retrospective	Endovascular
Wahlgren 2017	Karolinska University Hospital	Sweden	2004–2015	90	Retrospective	Open
Watson 2010	Riverside Methodist Hospital	United States	2002–2008	21	Prospective	Open
Weiss 2012	Mount Sinai School of Medicine	United States	2002–2008	240	Retrospective	Open
Wojciechowski 2014	Medical University of Gdansk	Poland	2004–2012	72	Retrospective	Endovascular
Wongkornrat 2015	Kawasaki Aortic Center	Japan	2007–2011	200	Retrospective	Open
Wynn 2016	University of Wisconsin	United States	1989–2013	805	Retrospective	Open
Xiong 2013	Chinese PLA General Hospital	China	2004–2010	26	Retrospective	Endovascular
Yaffee 2015	New York University Langone Medical Center	United States	2010–2011	132	Retrospective	Open

Table S2 (continued)

Table S2 (continued)

Study	Institution	Country	Study period	No. of patients	Type of study	Surgical approach reported
Yang 2018	Shenzhen Second Hospital, Sichuan Provincial People's Hospital	China	2010–2015	671	Retrospective	Endovascular
Yang 2020	Nanjing Drum Tower Hospital	China	2016–2019	60	Retrospective	Endovascular
Yokawa 2020	Kobe University School of Medicine	Japan	1999–2016	251	Retrospective	Open
Yoo 2014	Asan Medical Center, University of Ulsan College of Medicine	South Korea	1994–2011	212	Retrospective	Open
Youssef 2015	University Medical Center, Johannes-Gutenberg University	Germany	1998–2012	62	Retrospective	Open
Youssef 2018	University Medical Center, Johannes-Gutenberg University	Germany	2012–2016	30	Retrospective	Endovascular
Yunoki 2014	Osaka University Graduate School of Medicine	Japan	2008–2011	36	Retrospective	Endovascular
Yuri 2012	Saitama Medical Center of Jichi Medical University	Japan	2006–2009	30	Retrospective	Endovascular
Zamor 2015	Northwestern	United States	2001–2013	80	Retrospective	Endovascular
Zanetti 2015	Policlinic of Monza	Italy	1994–2014	51	Retrospective	Open
Zeng 2016	West China Hospital, Sichuan University	China	NA	131	Retrospective	Endovascular
Zeng 2021	Changhai Hospital	China	2017–2020	10	Prospective	Endovascular
Zha 2018	Anhui Medical University	China	2012–2016	22	Retrospective	Endovascular
Zhang 2017	General Hospital of People's Liberation Army	China	2011–2013	85	Retrospective	Endovascular
Zhao 2018	First Affiliated Hospital, Sun Yat-sen University	China	2013–2014	68	Retrospective	Endovascular
Zhou 2018	Qingdao University	China	2012–2016	66	Retrospective	Endovascular
Zhu 2018	General Hospital of Tianjin Medical University	China	2015–2016	20	Retrospective	Endovascular

Table S3 Demographics of patients in the included studies																				
Study	Age	Male (%)	Diabetes (%)	HTN (%)	Smoking history (%)	Preop CAD (%)	CRF (%)	COPD (%)	Previous aortic surgery (%)	Dissection (%)	Acute dissection (%)	CSF drain use (%)	Left Heart Bypass (%)	Selective renal perfusion (%)	Circulatory arrest (%)	Sequential Cross Clamp (%)	Clamp & Sew (%)	Mean Cross clamp time (minutes) ± st dev	Number of intercostals implanted	% of patients undergoing reimplantation
Abdelbaky 2021(1)	65.4±11.7	60	15	97	66	32	16	23	66	43	2	100	98	NR	NR	NR	NR	NR	NR	72
Abisi 2021 (2)	77	83	14	74	12	NA	33	17	NR	NR	NR	0	NR	NR	NR	NR	NR	NR	NR	NR
Acher 2019 (3)	69	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Acher 2019 (3)	73	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Adam 2022 (4)	41±9.62	57	1.7	60.3	NA	3.4	1.7	10.3	79	57	0	100	100	NA	53.4	NR	NR	NR	5±0.74	48.2
Affi 2015 (5)	61.3±15.3	67.6	NR	NR	NR	NR	NR	NR	NR	100	100	NR	NR	NR	NR	NR	NR	NR	NR	NR
Al Adas 2018 (6)	NR	NR	NR	NR	NR	NR	NR	NR	NR	100	100	NR	NR	NR	NR	NR	NR	NR	NR	NR
Albors 2009 (7)	63	84	4	84	64	12	8	28	NR	52	24	NR	NR	NR	NR	NR	NR	NR	NR	NR
Alhussaini 2021 (8)	56.6±13.7	76	17.8	76.2	55.9	16	14.8	10.7	71.4	60.6	7.1	78.5	45	NA	54.7	NR	NR	NR	NR	19
Andacheh 2011 (9)	58	71.2	NR	NR	NR	NR	NR	NR	NR	100	0	NR	NR	NR	NR	NR	NR	NR	NR	NR
Andersen 2014 (10)	63	84.4	3.1	90.6	62.5	27.6	13.8	18.7	65.6	100	0	100	NR	NR	NR	NR	NR	NR	NR	NR
Anderson 2014 (11)	73.2	NR	28.6	92.9	100	28.6	78.6	64.3	35.7	NR	NR	92.9	NR	NR	NR	NR	NR	NR	NR	NR
Arnaoutakis 2015 (12)	67.6±12.9	53.2	16.1	88.7	58.1	33.9	NR	25.8	NR	17.7	NR	75.8	NR	NR	NR	NR	NR	NR	NR	NR
Arnaoutakis 2020 (13)	59±12	73	8	91	NR	36	50	24	27	52	0	94	4	NR	6	NR	38	NR	NR	30
Arnaoutakis 2020 (13)	72±8	62	18	98	NR	42	38	57	4	8	0	74	NR	NR	NR	NR	NR	NR	NR	NR
Baba 2017 (14)	75.3	77.3	27.3	88.6	NR	59.1	NR	25	59.1	0	0	31.8	NR	NR	NR	NR	NR	NR	NR	NR
Bannazadeh 2020 (15)	76.5	60.5	10.5	81.5	86.3	39.4	10.5	18.4	NR	0	0	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barbosa Lima 2021 (16)	73±8	50	13	94	72	32	44	28	NR	23	0	74	NR	NR	NR	NR	NR	NR	NR	NR
Bashir 2014 (17)	52.4±14.4	72.6	0	59.7	16.1	3.2	9.7	8.1	NR	100	0	NR	19.4	NR	NR	NR	NR	NR	NR	NR
Belov 2009 (18)	45.1	62.5	12.5	81.2	NR	NR	NR	25	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Bertoglio 2018 (19)	74.7	77.8	0	94.4	88.9	NR	27.8	77.7	94.4	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Bertoglio 2020 (20)	74.1±8.14	70	15	96	69	60	48	32	36	NR	NR	0	NR	NR	NR	NR	NR	NR	NR	NR
Bertoglio 2021 (21)	73±6.66	76	27	97	72	NR	34	NR	10	14	0	54	NR	NR	NR	NR	NR	NR	NR	NR
Bisdas 2015 (22)	70.0±7.0	78.9	12	93.7	58.4	44.4	5.6	27.5	47.2	9.1	NR	45.1	NR	NR	NR	NR	NR	NR	NR	NR
Böckler 2009 (23)	57	74.1	NR	NR	NR	NR	NR	NR	NR	100	42.6	NR	NR	NR	NR	NR	NR	NR	NR	NR
Bosiers 2021 (24)	71±7.4	70	10	83.8	52.5	35	30	22.5	NR	0	0	NR	NR	NR	NR	NR	NR	NR	NR	NR
Botsios 2014 (25)	66.1±12.4	71.5	9.5	80.9	19	23.8	28.5	9.5	14.2	42.9	42.9	NR	NR	NR	NR	NR	NR	NR	NR	NR
Branzan 2018 (26)	69.6±7.6	75	36	100	68	38	35	33	12.2	0	0	0	NR	NR	NR	NR	NR	NR	NR	NR
Canaud 2018 (27)	68.9±9.0	70.8	25	91.6	NR	20.8	8.4	12.5	NR	37.5	37.5	NR	NR	NR	NR	NR	NR	NR	NR	NR
Chatterjee 2021 (28)	68.7±6.24	60.5	15.6	94.9	82.6	42.6	43.8	37.2	20.1	31.3	3.3	77.3	46.9	35.2	NR	NR	NR	52.3	NR	37.7
Chen 2013 (29)	56.3	89.1	5.7	86.8	62.6	27.6	4.6	2.9	NR	100	67.8	NR	NR	NR	NR	NR	NR	NR	NR	NR
Chen 2017 (30)	62.5	70	13.3	90	63.3	16.7	13.3	13.3	NR	100	100	43.3	NR	NR	NR	NR	NR	NR	NR	NR
Clough 2012 (31)	71	67.7	6.5	80.6	NR	32.3	45.1	16.1	19.4	3.2	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

Table S3 (continued)

Table S3 (continued)																				
Study	Age	Male (%)	Diabetes (%)	HTN (%)	Smoking history (%)	Preop CAD (%)	CRF (%)	COPD (%)	Previous aortic surgery (%)	Dissection (%)	Acute dissection (%)	CSF drain use (%)	Left Heart Bypass (%)	Selective renal perfusion (%)	Circulatory arrest (%)	Sequential Cross Clamp (%)	Clamp & Sew (%)	Mean Cross clamp time (minutes) ± st dev	Number of intercostals implanted	% of patients undergoing reimplantation
Clough 2018 (32)	58.5±12.7	79.7	9.9	75	NR	4.7	0	NR	0	100	100	NR	NR	NR	NR	NR	NR	NR	NR	NR
Conrad 2017 (33)	72.2±9.1	59.4	21.2	93.7	44.4	44.4	16.2	35.6	NR	NR	NR	53.7	NR	NR	NR	NR	NR	NR	NR	NR
Conway 2014 (34)	57	68.6	NR	94.2	NR	NR	12.8	25.6	33.7	100	0	87.2	43	NR	41.9	7	NR	47	NR	55
Conway 2022 (35)	75±11.85	80	24	84	21	NR	NR	NR	8	NR	NR	24	NR	NR	NR	NR	NR	NR	NR	NR
Coselli 2016 (36)	67	61.7	7.9	84.8	79.1	37.2	3	36.7	25.9	35.8	8.3	44.8	44.7	58.4	1.5	NR	NR	48	NR	NR
Coselli 2020 (37)	65±12.6	64.5	6.4	86.5	77.3	31.1	39.6	30.3	17.5	50.6	5.4	62.7	83.1	64.3	2	NR	15	67±20	NR	86.1
Da Rocha 2010 (38)	71.1	40	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Davidovic 2011 (39)	64.4	90.7	NR	NR	NR	NR	NR	67.8	2.5	5.9	NR	NR	8.8	NR	NR	NR	11.7	68.1±19.2	NR	NR
Diamond 2021 (40)	72±9.1	55	10	98	86	38	4.6	40	22	11	NR	82	NR	NR	NR	NR	NR	NR	NR	NR
Dias 2015 (41)	68	73.7	18.1	84.7	44.4	33.3	41.7	43.1	56.9	NR	NR	88.9	NR	NR	NR	NR	NR	NR	NR	NR
Dick 2008 (42)	68.8±10.1	43	8	41	26	18	12	11	16	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Dick 2008 (42)	61.6±15.2	59	3	53	40	34	NR	12	NR	NR	NR	36	NR	NR	45	NR	NR	NR	NR	83
Ding 2018 (43)	54.0±11.0	88.6	7.5	81.8	30.2	15.7	11.9	2.5	1.3	100	63.5	NR	NR	NR	NR	NR	NR	NR	NR	NR
Dong 2022 (44)	38.3±9.8	67.2	1.6	42.9	NR	2.2	NR	NR	60.7	NR	NR	80.9	NR	NR	NR	NR	NR	NR	NR	84.7
Du 2019 (45)	51.1±10.8	83.4	4.3	74.8	31.9	14.7	7.4	NR	0	100	100	NR	NR	NR	NR	NR	NR	NR	NR	NR
Dua 2019	72.8	52	NR	NR	NR	NR	NR	NR	NR	14	NR	100	NR	NR	NR	NR	NR	NR	NR	NR
Duan 2016 (46)	36.1±12.0	71.4	NR	50	NR	NR	NR	NR	57.1	85.7	NR	100	NR	NR	NR	NR	NR	17.5±4.4	5.9±1.3	NR
Dufour 2015 (47)	60.0±18.0	77	8.1	37.8	51.3	NR	NR	9.5	NR	17.6	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Eagleton 2016 (48)	73.5±8.4	76.3	14.7	NR	91.9	43.8	18.6	30.8	43.2	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Estrera 2015 (49)	64.2±13.8	0.6	NR	83	78.9	27.4	NR	714	5.9	35.2	81	83.3	93.1	NR	NR	NR	NR	46.9±25.7	NR	20
Faure 2018 (50)	61	82.9	NR	65.8	NR	NR	NR	NR	21.9	100	100	NR	NR	NR	NR	NR	NR	NR	NR	NR
Fernandez 2016 (51)	73.0±8.0	75.2	11.3	94.7	90.2	NR	3	NR	NR	6.8	0	NR	NR	NR	NR	NR	NR	NR	NR	NR
Ferreira 2008 (52)	72	13	NR	NR	NR	4	NR	3	4	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Fioranelli 2011 (53)	58.8±11.4	78.3	13	100	65.2	17.4	13	4.3	NR	100	43.5	NR	NR	NR	NR	NR	NR	NR	NR	NR
Forsythe 2022 (54)	70±6.66	78.2	13.7	72.6	85.1	36.7	NR	24.2	NR	0	0	NR	NR	NR	NR	NR	NR	NR	NR	NR
Fossaceca 2013 (55)	71	84.9	56.6	71.6	56.6	50.9	9.4	56.6	NR	3.8	NR	35.8	NR	NR	NR	NR	NR	NR	NR	NR
Frankel 2020 (56)	42±14	59	6	21	32	7	NR	NR	5	65	5	56	41	45	16	NR	NR	NR	NR	NR
Fujikawa 2018 (57)	69.0±21.8	72.6	5.9	73.2	57.1	17.9	12	25	58.9	63.1	4.8	NR	88.6	NR	9	NR	NR	95.0±45.8	NR	NR
Fujiyoshi 2019 (58)	64±45.92	81.2	8.7	84	NR	24.6	5.8	11.6	55.1	NR	NR	68.1	0	NR	100	NR	NR	NR	NR	NR
Fukui 2016 (59)	65.6±14.4	65.9	9.1	95.5	65.9	NR	6.8	4.5	59.1	40.9	NR	72.7	NR	NR	40.9	100	NR	NR	NR	NR
Fukushima 2020 (60)	77.6±7.4	75	6.3	87.5	NR	18.9	25	31.3	25	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gallitto 2017 (61)	73.0±6.0	90	20	100	30	40	40	40	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gallitto 2022 (62)	73±7	77	12	98	65	37	47	40	52	NR	NR	88	NR	NR	NR	NR	NR	NR	NR	NR

Table S3 (continued)

Table S3 (continued)																				
Study	Age	Male (%)	Diabetes (%)	HTN (%)	Smoking history (%)	Preop CAD (%)	CRF (%)	COPD (%)	Previous aortic surgery (%)	Dissection (%)	Acute dissection (%)	CSF drain use (%)	Left Heart Bypass (%)	Selective renal perfusion (%)	Circulatory arrest (%)	Sequential Cross Clamp (%)	Clamp & Sew (%)	Mean Cross clamp time (minutes) ± st dev	Number of intercostals implanted	% of patients undergoing reimplantation
Gallitto 2022 (63)	73±7	71	11	100	NR	32	52	42	48	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gambardella 2021 (64)	68±18	54.3	10.1	95.9	71.3	NR	0.272	NR	NR	NR	NR	NR	0.284	NR	7.9	NR	64	33	360	41.4
Garbade 2010 (65)	65	69.6	19.6	87	NR	NR	NR	19.5	13	100	100	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gillen 2015 (66)	67	74	10	84.7	NR	62	27	35	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gillen 2015 (66)	58	14	0	24	NR	7	5	5	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Girardi 2019 (67)	64.7±14.6	59	9.2	96	76	NR	25.3	40.4	NR	42.5	8	84.8	0.272	NR	8.3	NR	64.5	65	318	40.6
Gocze 2018 (68)	70.1	72.2	16.7	88.9	61.1	50	0	NR	NR	0	0	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gombert 2017 (69)	70.5±6.2	73.9	17.4	87	52.2	34.8	21.7	NR	NR	0	0	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gombert 2018 (70)	55.2±14.2	69.7	NR	79.5	61.7	25.9	13.5	13.5	19.7	0	0	100	NR	NR	NR	NR	NR	NR	NR	NR
Gombert 2020 (71)	50.1±16.4	42.8	14.3	57	28.6	28.6	21.4	14.3	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	35	NR
Gombert 2020 (71)	72.5±7.1	52.6	21	79	42.1	52.6	10.5	57.9	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gombert 2022 (72)	56.2±13	73	9	83	38	29	53	29	51	58	NR	NR	NR	NR	NR	NR	NR	NR	92	36
Grassi 2022 (73)	70±11	58.1	19.2	88	56.9	29.3	20.8	25.7	19	NR	NR	NR	NR	NR	NR	NR	NR	NR	0	0
Guangqi 2009 (74)	56.7	91.7	NR	97.5	NR	NR	4.1	NR	NR	100	59.5	NR	NR	NR	NR	NR	NR	NR	NR	NR
Guo 2015 (75)	57.4	74.5	23.4	83	44.7	NR	NR	NR	NR	100	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Harky 2021 (76)	63.26±15.11	66	5.5	59.7	17.9	NR	NR	15.5	33	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
He 2015 (77)	42.8	82.4	8.1	97.3	NR	12.8	6.1	9.5	14.2	100	100	100	NR	NR	NR	NR	NR	NR	NR	NR
He 2017 (78)	54.1	79.9	4.4	86.9	61.1	35.8	NR	NR	NR	100	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Heijmen 2012 (79)	64.6±12.0	81	11	84	55	20	19	18	9	42	0.2	NR	NR	NR	NR	NR	NR	NR	NR	NR
Henmi 2019 (80)	60.3	74.4	9.9	83.1	50.6	NR	56.4	19.2	26.2	61	NR	9.2	NR	NR	17.4	NR	NR	NR	475	NR
Hicks 2017 (81)	62.1±1.3	64.2	5.8	81	65.7	20.4	10.2	19.7	45.6	24.1	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Hiraoka 2018 (82)	72.1±9.9	74.9	13.7	92	8.5	NR	2.3	12	43.4	36.6	NR	31.4	NR	NR	NR	NR	NR	NR	NR	NR
Hnath 2008 (83)	60.6	51.1	NR	77.9	NR	41.9	17.5	33.1	33.9	NR	NR	46.3	NR	NR	NR	NR	NR	NR	NR	NR
Hoshina 2021 (84)	75.2±8.3	75.9	NR	72.8		15.4	3.4	22.1	12.6	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Huang 2016 (85)	73.5	70.4	3.7	66.7	NR	NR	3.7	7.4	NR	100	92.6	NR	NR	NR	NR	NR	NR	NR	NR	NR
Inglese 2008 (86)	69.3±9.7	80.5	12.2	100	70.7	31.7	41.5	51.2	NR	14.6	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Jayia 2015 (87)	72.1	68.1	10.6	80.8	23.4	36.2	19.1	NR	21.3	NR	NR	100	NR	NR	NR	NR	NR	NR	NR	NR
Jing 2008 (88)	86.6	68.4	20.9	77.6	62.7	13.4	9	9	NR	100	47.8	NR	NR	NR	NR	NR	NR	NR	NR	NR
Johns 2014 (89)	56	83.8	2.7	NR	83.8	29.7	13.5	16.2	NR	27	0	54.1	54	NR	NR	NR	NR	NR	NR	NR
Jorgensen 2020 (90)	NR	77.3	13.6	88.6	95.5	54.5	6.8	50	45.5	NR	NR	NR	NR	NR	NR	NR	NR	NR	0	0
Juszczak 2020 (91)	73±25.6	68.5	7.4	68.5	NR	33.3	24	25.9	48.1	4	0	NR	NR	NR	NR	NR	NR	NR	0	0
Kamada 2015 (92)	72.0±10.6	74.5	11.8	86.3	NR	NR	NR	NR	37.3	21.6	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kang 2019 (93)	74.9±7.6	75	NR	NR	NR	NR	NR	NR	44.1	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

Table S3 (continued)

Table S3 (continued)																				
Study	Age	Male (%)	Diabetes (%)	HTN (%)	Smoking history (%)	Preop CAD (%)	CRF (%)	COPD (%)	Previous aortic surgery (%)	Dissection (%)	Acute dissection (%)	CSF drain use (%)	Left Heart Bypass (%)	Selective renal perfusion (%)	Circulatory arrest (%)	Sequential Cross Clamp (%)	Clamp & Sew (%)	Mean Cross clamp time (minutes) ± st dev	Number of intercostals implanted	% of patients undergoing reimplantation
Kang 2019 (93)	62±20.4	66.7	NR	NR	NR	NR	NR	NR	38.9	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kasprzak 2014 (94)	72.6	66.3	NR	92.8	62.6	51.8	31.3	28.9	33.7	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Katsargyris 2015 (95)	68.8±7.5	76.6	8.5	80.6	63.7	62.7	8	53.2	NR	NR	NR	71.6	NR	NR	NR	NR	NR	NR	NR	NR
Katsargyris 2021 (96)	67.5±6.9	60	6.7	93.3	NR	46.7	NR	50	23.3	NR	NR	50	NR	NR	NR	NR	NR	NR	NR	NR
Kieffer 2008 (97)	65.0±10.9	87.1	13	121	NR	72	58	81	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kinoshita 2015 (98)	58.9±12.6	92.3	NR	NR	NR	NR	NR	NR	NR	100	0	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kiser 2022 (99)	67.66±13.1	63	NR	88	NR	27	6	39	22	37	4	NR	100	NR	0	NR	NR	NR	NR	NR
Kitamura 2013 (100)	55.5±13.1	94.3	NR	NR	NR	NR	7.5	NR	20.8	100	0	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kitpanit 2021 (101)	75.67±7.7	NR	9.4	87.7	22.6	43.3	36.8	21.7	50.9	NR	NR	73.6	NR	NR	NR	NR	NR	NR	NR	NR
Kouchoukos 2019 (102)	64	NR	6	77.2	54.4	37.8	NR	38.6	NR	26.4	1.1	39.3	NR	NR	NR	NR	NR	NR	NR	46.3
Kratimenos 2018 (103)	73.7±6.3	80	16.7	56.7	70	26.7	13.3	23.3	3.3	0	0	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kulik 2011 (104)	63.0±14.0	49.5	6	76.6	62.8	39.9	13.8	40.8	73.4	25.2	1.4	25.2	NR	NR	100	NR	NR	NR	NR	56
Kunihara 2009 (105)	64.0±15.0	58.8	NR	NR	NR	NR	1	NR	8	7	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kunihara 2021 (106)	68	66.4	10.4	88.5	NR	46.7	27.5	33	56.6	29.7	NR	62.1	NR	34.6	NR	NR	NR	NR	53±111.1	64.8
Kurimoto 2008 (107)	71.6	90	NR	NR	NR	NR	NR	NR	NR	20	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Lancaster 2013 (108)	69.8	45.2	8.4	89	81.5	41.9	10	21	NR	21.3	NR	100	29.4	NR	NR	NR	79.4	78.6	NR	53
Latz 2021(109)	73.4±7.4	63.6	11.1	85.4	82	46.1	15.3	24.7	29.9	3	NR	NR	NR	86	NR	NR	NR	77.27±19	NR	NR
Le Huu 2022 (110)	46.5	54.1	2.7	83.8	35.1	16.2	13.5	21.6	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Lee 2012 (111)	62.6±12.8	28.6	7.1	85.7	60.7	28.6	NR	NR	NR	39.3	17.9	NR	NR	NR	NR	NR	NR	NR	NR	NR
Lee 2015 (112)	65.5±12.9	76.3	8.8	73.7	40.4	11.4	33	NR	NR	47.4	NR	58.8	NR	NR	NR	NR	NR	NR	NR	NR
Lee 2015 (112)	60.1±15.9	69.8	13.2	75.5	30.2	13.2	15.1	NR	NR	28.3	NR	79.2	37.7	NR	58.5	NR	NR	NR	NR	NR
Li 2015 (113)	53.1±10.5	84.8	3.8	74.2	NR	4.3	1.2	0.5	NR	100	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Li 2018 (114)	52.5±10.8	85.1	NR	NR	NR	NR	NR	NR	NR	100	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Lima 2012 (115)	62	37	NR	89.4	NR	NR	8.8	37	NR	47.3	1.8	93.2	NR	NR	NR	NR	NR	NR	NR	NR
Lima 2022 (116)	73.8±8.3	65	16	89	70	33	53	28	35	16	NR	53.9	NR	NR	NR	NR	NR	NR	NR	NR
Lindstrom 2020 (117)	72.9±5.1	41.2	11.8	64.7	NR	11.8	NR	52.9	NR	NR	NR	100	NR	NR	NR	NR	NR	NR	NR	NR
Liu 2011 (118)	58.9±12.7	88.2	5.9	86.3	41.2	5.9	11.8	NR	NR	100	100	NR	NR	NR	NR	NR	NR	NR	NR	NR
Liu 2017 (119)	56.1±12.9	83.9	6.5	74.2	NR	6.8	4.7	3.4	0	100	26.7	NR	NR	NR	NR	NR	NR	NR	NR	NR
Lobato 2012 (120)	NR	NR	NR	NR	NR	NR	NR	NR	20	0	0	NR	NR	NR	NR	NR	NR	NR	NR	NR
Locham 2018 (121)	66.5±10.9	58.8	14.3	80.7	56.8	NR	20.6	44.7	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Locham 2018 (121)	71.2±10	52.2	15.8	87.1	56.8	NR	20.4	43.9	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Lortz 2018 (122)	64.3	44.4	15.6	88.9	48.9	37.8	28.9	NR	17.8	100	71.1	NR	NR	NR	NR	NR	NR	NR	NR	NR
Lou 2018 (123)	39.4	58.2	8.5	67.2	29.1	NR	3.7	8.5	NR	100	100	100	NR	NR	NR	NR	NR	NR	NR	NR

Table S3 (continued)

Table S3 (continued)																				
Study	Age	Male (%)	Diabetes (%)	HTN (%)	Smoking history (%)	Preop CAD (%)	CRF (%)	COPD (%)	Previous aortic surgery (%)	Dissection (%)	Acute dissection (%)	CSF drain use (%)	Left Heart Bypass (%)	Selective renal perfusion (%)	Circulatory arrest (%)	Sequential Cross Clamp (%)	Clamp & Sew (%)	Mean Cross clamp time (minutes) ± st dev	Number of intercostals implanted	% of patients undergoing reimplantation
Lou 2018 (123)	53.4±10.9	76.3	8.8	98.3	44.1	NR	5.1	11.9	NR	100	100	100	57.6	NR	42.4	NR	NR	NR	NR	NR
Lucatelli 2018 (124)	71.3±9.5	69.4	14.3	73.5	75.5	NR	20.4	NR	42.9	10.2	0	22.4	NR	NR	NR	NR	NR	NR	NR	NR
Malas 2021 (125)	73.5±7.2	69	18	96	84	56	27	31	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Manning 2009 (126)	67	73.1	NR	NR	NR	NR	NR	NR	NR	100	98.1	NR	NR	NR	NR	NR	NR	NR	NR	NR
Marcondes 2022 (127)	71±9	66	14	81	57	38	41	37	75	14	NR	4	NR	NR	NR	NR	NR	NR	NR	NR
Martin 2009 (128)	66.2±15.2	67.4	NR	NR	NR	NR	NR	NR	NR	21.1	NR	11.9	NR	NR	NR	NR	NR	NR	NR	NR
Marzelle 2015 (129)	68.4±10.7	81	9.5	83.3	NR	31	42.9	35.7	57.1	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Mastroroberto 2010 (130)	74.3±8.4	53.8	7.7	76.9	NR	7.7	NR	61.6	7.7	100	100	NR	NR	NR	NR	NR	NR	NR	NR	NR
Mastroroberto 2010 (130)	70.2±7.8	72.7	18.2	81.8	NR	9.1	NR	63.6	9.1	100	100	100	0	NR	NR	NR	NR	NR	NR	NR
Mazzeffi 2018 (131)	68	60.8	16.7	90.3	39.8	16.7	6.9	14.7	29.4	29.4	NR	100	NR	NR	NR	NR	NR	NR	NR	NR
Meltzer 2017 (132)	75.1±8.9	77.3	18.2	90.9	81.8	NR	18.2	13.6	45.5	4.5	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Messe 2008 (133)	65.5±14.0	54.5	7.6	81.7	32.6	26.3	23.7	31.7	40.6	30.8	NR	82.1	75	NR	30.8	NR	NR	73.0±31.0	NR	34
Mezzetto 2021 (134)	74.9±7.4	89.1	15.5	66.6		31.7	13.9	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Min 2010 (135)	50.7±15.2	72.7	6.1	NR	NR	12.1	3	15.2	33.3	69.7	0	100	0	NR	0	NR	NR	NR	DTA 1.0 (0–4), TAAA 2.3 (0–7)	NR
Mishra 2008 (136)	62	71.4	7.1	92.9	NR	21.4	21.4	42.9	NR	21.4	0	NR	NR	NR	14.3	NR	64.3	NR	NR	NR
Mitchell 2011 (137)	49	59.1	NR	NR	NR	NR	NR	NR	NR	9.1	0	NR	NR	NR	NR	NR	NR	NR	NR	NR
Mizoguchi 2017 (138)	65	78.9	NR	100	76.3	15.8	21.1	18.4	NR	100	0	NR	NR	NR	NR	NR	NR	NR	NR	NR
Mkalaluh 2018 (139)	54.4±13.4	42.1	2.6	78.9	44.7	2.6	23.7	NR	65.8	63.2	0	100	0	NR	15.8	NR	NR	NR	2.0 ±1.1	60.5
Monaco 2018 (140)	65.7	73.2	6.8	74.7	43.6	7	12.2	16.1	35.3	0	0	NR	74.3	NR	NR	NR	NR	52.9	NR	NR
Monnot 2018 (141)	68.9±10.4	83.3	16.7	66.7	61.1	22.2	27.8	50	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Monnot 2018 (141)	66.3±6.7	81	28.6	85.7	85.7	19	23.8	28.6	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Mosquera 2009 (142)	63.5±13.6	75	NR	65	NR	15	10	10	10	40	30	NR	NR	NR	NR	NR	NR	NR	NR	NR
Motta 2019 (143)	72±8	72	19	92	95	53	42	59	35	NR	NR	35	NR	NR	NR	NR	NR	NR	NR	NR
Motta 2019 (144)	71	69	17	91	93	51	43	58	NR	9	NR	51	NR	NR	NR	NR	NR	NR	NR	NR
Moulakakis 2015 (145)	68.8±5.9	93.3	NR	76.7	60	30	NR	53.3	NR	NR	NR	13.3	NR	NR	NR	NR	NR	NR	NR	NR
Muncan 2022 (146)	39.2±15.3	47.8	5	48.5	NR	NR	5	NR	5	42.8	NR	5.6	NR	NR	NR	NR	NR	NR	NR	NR
Muncan 2022 (146)	48.7±13.9	58.7	18.1	80	NR	NR	18.1	NR	23.6	77.8	NR	18.5	NR	NR	NR	NR	NR	NR	NR	NR
Murana 2016 (147)	65.0±10.5	53.9	5.5	90.4	NR	NR	8.9	21	57.9	29.5	0	86.7	87.3	NR	12.7	76.2	NR	NR	NR	NR
Naguib 2016 (148)	58.8±14.0	75.5	NR	62.3	NR	NR	NR	NR	NR	47.2	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Narayan 2011 (149)	57.5	69.4	2	46.9	46.9	NR	12.2	8.2	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Naughton 2012 (150)	66.7±14.9	58.3	16.7	8.3	50	NR	NR	12.5	33.3	NR	NR	29.2	100	NR	NR	NR	NR	NR	NR	NR

Table S3 (continued)

Table S3 (continued)																				
Study	Age	Male (%)	Diabetes (%)	HTN (%)	Smoking history (%)	Preop CAD (%)	CRF (%)	COPD (%)	Previous aortic surgery (%)	Dissection (%)	Acute dissection (%)	CSF drain use (%)	Left Heart Bypass (%)	Selective renal perfusion (%)	Circulatory arrest (%)	Sequential Cross Clamp (%)	Clamp & Sew (%)	Mean Cross clamp time (minutes) ± st dev	Number of intercostals implanted	% of patients undergoing reimplantation
Neo 2011 (151)	64.3	77.8	5.6	66.7	NR	16.7	5.6	5.6	NR	11.1	NR	0	NR	NR	NR	NR	NR	NR	NR	NR
Nomura 2015 (152)	76.2±7.9	74.1	25.9	85.2	66.7	9.3	24.1	24.1	16.7	NR	NR	44.4	NR	NR	NR	NR	NR	NR	NR	NR
Ockert 2009 (153)	62.1	70	NR	83.3	50	53.3	36.7	23.3	NR	NR	NR	0	NR	NR	NR	NR	NR	NR	NR	13.3
Oderich 2017 (154)	75.0±7.0	72.4	16.8	88.6	85.9	60.5	32.4	47.6	37.3	NR	NR	79.5	NR	NR	NR	NR	NR	NR	NR	NR
Oderich 2021 (155)	73.9±8	68.3	14.1	90.9	79.4	48.1	46.8	30.3	NR	12.7	NR	62.9	NR	NR	NR	NR	NR	NR	NR	NR
Omura 2014 (156)	63.0±15.0	72.2	11.3	80.9	56.5	NR	10.4	8.7	23.5	53.9	NR	82.6	NR	NR	32.1	NR	NR	NR	3.0±1.4	100
Omura 2017 (157)	55.0±16.0	69.1	NR	NR	NR	NR	3.1	13	20.2	NR	NR	NR	NR	NR	NR	NR	NR	NR	1.5	57.4
Orrico 2019 (158)	69.9±19.9	75	25	87	66	NR	3	44	NR	NR	NR	100	NR	NR	NR	NR	NR	NR	NR	NR
Pacini 2013 (159)	64.6±14.6	74.2	4.3	72	NR	3.2	7.5	21.5	NR	100	100	NR	NR	NR	NR	NR	NR	NR	NR	NR
Patel 2009 (160)	57.3±12.1	78.2	13	82.6	NR	13	43.4	15.9	NR	100	100	NR	NR	NR	NR	NR	NR	NR	NR	NR
Pearce 2008 (161)	61.0±11.5	80	NR	100	NR	NR	NR	NR	NR	NR	NR	2	NR	NR	NR	NR	NR	NR	NR	NR
Peidro 2018 (162)	54.0±22.0	76.3	NR	NR	NR	NR	NR	NR	NR	34.2	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Piffaretti 2015 (163)	62.5	71.4	23.2	NR	NR	28.6	14.3	28.6	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Piscione 2007 (164)	58.4±17.8	84.8	NR	NR	NR	36.4	18.2	NR	NR	51.5	51.5	NR	NR	NR	NR	NR	NR	NR	NR	NR
Pitton 2008 (165)	58.9	40.9	NR	NR	NR	NR	NR	NR	NR	59.1	9.1	NR	NR	NR	NR	NR	NR	NR	NR	NR
Pompa 2016 (166)	47.4±5.1	67.9	NR	71.4	NR	NR	NR	NR	NR	100	100	NR	NR	NR	NR	NR	NR	NR	NR	NR
Qing 2012 (167)	56.4	NR	NR	NR	NR	NR	NR	NR	NR	100	0	NR	NR	NR	NR	NR	NR	NR	NR	NR
Rahe.Meyer 2009 (168)	56.9	66.7	11.1	72.2	NR	16.7	5.6	44.4	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Rajbanshi 2015 (169)	72.3±7.5	65.1	19.7	89.4	37.9	78.8	21.2	31.8	66.7	4.5	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Rana 2018 (170)	69.0±11.0	68.6	NR	78.5	82.6	58.7	29.7	NR	NR	NR	NR	82.6	25.6	72.7	0	NR	53.7	NR	NR	54
Ranney 2018 (171)	71.1±10.4	55.8	21.9	91.7	67.2	38.5	20.3	32.8	41.1	0	0	12.5	NR	NR	NR	NR	NR	NR	NR	NR
Raupach 2013 (172)	59.8	73.6	NR	NR	NR	NR	NR	NR	NR	31.9	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Rinaldi 2022 (173)	73±7	78.6	25.4	96.3	72.1	48.1	34.8	60.7	NR	10.5	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Rhee 2022 (174)	40	75	NR	35	NR	NR	15	NR	90	80	NR	100	100	NR	100	NR	NR	NR	NR	NR
Rocha 2021 (175)	71.3±9.4	74.5	26.4	88.4	NR	23.1	13.2	41.6	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Rocha 2021 (175)	67.5±11.2	67.7	24.1	87.5	NR	26.6	15.5	38.2	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Rodriguez 2008 (176)	55	70	7.5	100	58.5	35.8	19.8	45.3	NR	44.3	36.8	1.9	NR	NR	NR	NR	NR	NR	NR	NR
Rossi 2015 (177)	73	75.4	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Rylski 2013 (178)	NR	NR	NR	NR	NR	NR	NR	NR	NR	0	0	NR	NR	NR	NR	NR	NR	NR	NR	NR
Saiki 2019 (179)	58.3±11.5	72	NR	NR	NR	NR	NR	NR	NR	76	NR	100	NR	NR	NR	NR	NR	NR	2.0±1.2	100
Scali 2020 (180)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Schneider 2018 (181)	75.6±7.5	76	8	92	84	48	54	20	48	6	NR	86	NR	NR	NR	NR	NR	NR	NR	NR
Seike 2021 (182)	76±7.4	78.7	NR	NR	38.2	41.2	20.6	11.8	72.7	NR	NR	33.1	NR	NR	NR	NR	NR	NR	NR	NR

Table S3 (continued)

Table S3 (continued)																					
Study	Age	Male (%)	Diabetes (%)	HTN (%)	Smoking history (%)	Preop CAD (%)	CRF (%)	COPD (%)	Previous aortic surgery (%)	Dissection (%)	Acute dissection (%)	CSF drain use (%)	Left Heart Bypass (%)	Selective renal perfusion (%)	Circulatory arrest (%)	Sequential Cross Clamp (%)	Clamp & Sew (%)	Mean Cross clamp time (minutes) ± st dev	Number of intercostals implanted	% of patients undergoing reimplantation	
Seike 2022 (183)	76.5	77	NR	NR	42.1	NR	22.5	NR	30.4	NR	NR	43.6	NR	NR	NR	NR	NR	NR	NR	NR	
Shah 2010 (184)	65.4	100	23.3	56.7	63.3	30	13.3	33.3	NR	3.3	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	
Shimizu 2014 (185)	63.8	73	8.1	NR	NR	13.5	NR	10.8	43.2	62.2	NR	83.8	NR	59.5	NR	97.3	NR	142.0±69.0	NR	75.7	
Shiraevev 2016 (186)	55.9±17.2	58.33	0	58.3	66.7	25	NR	NR	8.3	NR	NR	50	NR	NR	NR	NR	NR	NR	NR	NR	
Shu 2011 (187)	42.6	73.3	17.8	22.2	NR	13.3	15.6	13.3	NR	100	100	NR	NR	NR	NR	NR	NR	NR	NR	NR	
Si 2014 (188)	55.8	85.7	5.4	78.6	30.4	3.6	14.3	16.1	NR	85.7	NR	0	NR	NR	NR	NR	NR	NR	NR	NR	
Smith 2022 (189)	71.76±9	65.3	16.2	90	NR	27.6	2.8	40.9	43.1	NR	NR	49.8	NR	NR	NR	NR	NR	NR	NR	NR	
Song 2016 (190)	53.9±12.7	81.5	8.1	78.5	41.2	1.5	5.9	NR	NR	100	41.5	1.5	NR	NR	NR	NR	NR	NR	NR	NR	
Spanos 2018 (191)	73.3±7.0	61.9	7.1	78.6	38.1	30.9	35.7	23.8	47.6	4.8	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	
Spanos 2019 (192)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	
Spear 2018 (193)	61.5	90.9	4.5	95.4	NR	9.1	9.1	13.6	86.4	100	0	NR	NR	NR	NR	NR	NR	NR	NR	NR	
Spinella 2020 (194)	76.5	90.9	0.09	100	NR	63	27	54	45	NR	NR	100	NR	NR	NR	NR	NR	NR	NR	NR	
Steingruber 2008 (195)	64	77.1	NR	NR	NR	NR	NR	NR	NR	100	100	NR	NR	NR	NR	NR	NR	NR	NR	NR	
Stelzmueller 2019 (196)	52.0±13.0	72.7	5.5	78.2	NR	5.5	5.5	5.5	7.3	100	100	0	NR	NR	NR	NR	NR	NR	NR	NR	
Sugiura 2017 (197)	63	72.9	NR	79.7	NR	NR	31.4	8.5	34.7	52.5	NR	66.1	NR	NR	NR	NR	NR	NR	NR	CSFD group: 2.1±2.4, No CSFD group: 1.2±2.1	CSFD group: 56.4, No CSFD group: 37.5
Sultan 2018 (198)	63.8	81.8	NR	81.8	60.6	NR	3	NR	18.2	100	100	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sweet 2015 (199)	73	75	12.5	91.7	50	54.2	29.2	41.7	50	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Tabayashi 2010 (200)	63	74.5	NR	NR	NR	NR	NR	NR	NR	NR	NR	100	56.9	NR	NR	NR	NR	NR	NR	No SCI group (n=98): 2.6±1.6 SCI group (n=4): 3.7±1.5	100
Takahashi 2011 (201)	72.7±7.6	73.3	20	86.7	26.7	26.7	13.3	6.7	10.8	26.7	NR	100	NR	NR	NR	NR	NR	77.0±31.0	NR	20	
Tanaka 2018 (202)	75	46.6	9.1	96.6	75	45.5	38.6	56.8	46.6	12.5	0	78.4	NR	NR	NR	NR	NR	NR	NR	NR	NR
Tanaka 2019 (203)	71±9.63	63	NR	86	83	31	NR	42	49	30	4	100	NR	NR	NR	100	NR	40±20.74	NR	NR	
Tanaka 2019 (203)	39±11.1	67	NR	71	51	7	NR	9	65	68	4	100	NR	NR	NR	100	NR	44±29.62	NR	NR	
Tang 2011 (204)	64.0±19.0	76.7	23.3	80	66.7	30	3.3	13.3	NR	100	100	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Tenorio 2020 (205)	72±9	57	13	95	73	42	45	45	71	20	NR	92	NR	NR	NR	NR	NR	NR	NR	NR	NR
Thomas 2018 (206)	73.7	72.7	13.6	95.5	40.9	NR	NR	NR	NR	40.9	31.8	0	NR	NR	NR	NR	NR	NR	NR	NR	NR
Tong 2022 (207)	66±11	62	11	91	NR	18	NR	36	NR	NR	NR	61	NR	NR	NR	NR	NR	NR	NR	NR	NR
Tong 2022 (207)	66±13	63	10	89	NR	22	NR	36	NR	NR	NR	62	NR	NR	NR	NR	NR	NR	NR	NR	NR
Trimarchi 2010 (208)	60	88.9	NR	NR	NR	NR	NR	NR	NR	100	100	NR	0	NR	0	NR	100	NR	NR	NR	NR
Tsilimparis 2018 (209)	72.7±9.9	61.7	NR	86.9	81.9	35.5	1.8	35.7	NR	NR	NR	40.1	NR	NR	NR	NR	NR	NR	NR	NR	NR

Table S3 (continued)

Table S3 (continued)

Study	Age	Male (%)	Diabetes (%)	HTN (%)	Smoking history (%)	Preop CAD (%)	CRF (%)	COPD (%)	Previous aortic surgery (%)	Dissection (%)	Acute dissection (%)	CSF drain use (%)	Left Heart Bypass (%)	Selective renal perfusion (%)	Circulatory arrest (%)	Sequential Cross Clamp (%)	Clamp & Sew (%)	Mean Cross clamp time (minutes) ± st dev	Number of intercostals implanted	% of patients undergoing reimplantation
Ullery 2012 (210)	71.3	59.4	18.5	97.7	47.9	44.3	11.3	24	NR	15.3	15.3	NR	NR	NR	NR	NR	NR	NR	NR	NR
Umegaki 2022 (211)	73±10.6	74.2	NR	NR	NR	NR	NR	NR	NR	28.8	NR	6.3	NR	NR	NR	NR	NR	NR	NR	NR
Umegaki 2022 (211)	65±12.6	76.7	NR	NR	NR	NR	NR	NR	NR	44.7	NR	16.3	NR	NR	NR	NR	NR	NR	NR	NR
Vaislic 2014 (212)	75.8±10.8	82.6	8.7	87	65.2	26.1	30.4	NR	65.2	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
van Bogerijen 2015 (213)	56.4±12.8	77.8	8.9	90	62.2	12.2	NR	2.2	31.1	83.3	0	86.7	21.1	NR	77.8	NR	NR	75	NR	NR
Van Calster 2019 (214)	71.6±8.89	94.2	19.8	NR	87.3	44.7	23.9	36.7	NR	NR	NR	52.8	NR	NR	NR	NR	NR	NR	NR	NR
Wahlgren 2017 (215)	60	78.9	NR	83.3	52.2	10	4.4	8.9	57.8	NR	NR	76.7	63.3	NR	36.7	NR	NR	NR	LHB group: 2.7, HCA group: 1.4	LHB group: 56, HCA group: 45
Watson 2010 (216)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	100	NR	100	NR	NR	NR	NR	NR	NR
Weiss 2012 (217)	62.6±13.2	55.8	NR	NR	62.9	NR	10	16.3	37.9	40	3.8	80	NR	NR	32.1	NR	NR	46	NR	NR
Wojciechowski 2014 (218)	72.0±14.4	72.2	12.5	62.5	NR	18.1	8.3	NR	9.7	11.1	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Wongkornrat 2015 (219)	65.1±12.0	73.5	NR	NR	NR	NR	8	NR	26	50.5	NR	82	100	61.5	NR	38	NR	78.8	NR	38
Wynn 2016 (220)	70	57.9	NR	NR	NR	NR	NR	NR	29.2	10.6	NR	75.7	NR	NR	4.7	NR	95.3	NR	NR	32.9
Xiong 2013 (221)	52.8±13.1	88.5	NR	NR	NR	NR	NR	NR	NR	100	100	NR	NR	NR	NR	NR	NR	NR	NR	NR
Yaffee 2015 (222)	60.7±14.0	64.4	9.8	NR	NR	3	5.3	12.1	NR	29.5	16.7	NR	NR	NR	NR	NR	NR	101.9	NR	NR
Yang 2018 (223)	44.0±15.0	86.4	6.3	85.2	NR	NR	NR	NR	NR	100	81.4	NR	NR	NR	NR	NR	NR	NR	NR	NR
Yang 2020 (224)	74.4±8.7	85	11	80	85	13	3	NR	NR	NR	NR	60	NR	NR	NR	NR	NR	NR	NR	NR
Yokawa 2020 (225)	62.6±14	72.1	9.6	82.5	NR	19.5	54.6	18.2	45	NR	NR	81.5	100	NR	12.7	NR	NR	NR	192	76.5
Yoo 2014 (226)	53.5	76.9	6.1	51.9	NR	2.8	NR	NR	NR	46.2	9	59.4	2.4	NR	37.3	NR	NR	NR	NR	NR
Youssef 2015 (227)	66.0±10.0	64.5	4.8	98.4	77.4	25.8	22.6	NR	22.6	27.4	NR	56.5	17.7	NR	NR	NR	NR	NR	NR	NR
Youssef 2018 (228)	72	60	30	96.7	73.3	40	NR	20	50	10	0	80	NR	NR	NR	NR	NR	NR	NR	NR
Yunoki 2014 (229)	74.8±10.0	66.7	NR	94.4	NR	44.4	13.9	13.9	27.8	NR	NR	75	NR	NR	NR	NR	NR	NR	NR	NR
Yuri 2012 (230)	70.1±14.1	83.3	13.3	40	NR	NR	10	20	NR	NR	0	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zamor 2015 (231)	59.9	70	16.3	78.8	53.8	30	26.3	11.3	NR	40	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zanetti 2015 (232)	62	74.5	NR	78.4	68.6	15.7	19.6	29.4	NR	45.1	NR	11.8	51	NR	19.6	NR	13.7	53.5	1.33	NR
Zeng 2016 (233)	51.0±13.0	74	NR	80.9	42.7	NR	0	NR	NR	100	100	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zeng 2021 (234)	56.3±14.6	90	10	80	70	NR	10	NR	20	10	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zha 2018 (235)	54.9	77.3	NR	NR	NR	NR	NR	NR	NR	100	36.4	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhang 2017 (236)	63.9	69.4	12.9	83.5	54.1	NR	4.7	3.5	NR	100	70.6	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhao 2018 (237)	52.1	91.2	7.4	82.4	NR	2.9	4.4	NR	NR	100	7.4	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhou 2018 (238)	57.0±11.0	81.6	2.6	86.8	NR	13.2	NR	NR	NR	100	57.9	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhou 2018 (238)	49.7±11.6	93.9	7.6	69.7	69.7	6.1	NR	0	NR	100	68.2	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhu 2018 (239)	53	80	5	90	NR	35	15	10	NR	100	100	NR	NR	NR	NR	NR	NR	NR	NR	NR

HTN, hypertension; CAD, coronary artery disease; CVA, cerebrovascular accident; CRF, chronic renal failure; COPD, chronic obstructive pulmonary disease; CSF, cerebrospinal fluid; HCA, hypothermic circulatory arrest; LHB, left heart bypass; NR, not reported.

Table S4 Proportion of studies that reported preoperative, intraoperative, and postoperative variables of interest

Variable	Reported endovascular repair (%)	Reported open repair (%)
Gender	94.7	96.4
Diabetes	73.1	67.9
Hypertension	80.1	79.8
Smoking	55	54.8
Coronary artery disease	65.5	64.3
Chronic renal failure	70.2	67.9
Chronic obstructive pulmonary disease	63.2	72.6
Aortic dissection	50.9	59.5
Cerebrospinal fluid drain use	36.3	67.9
Left heart bypass	NA	45.2
Renal perfusion	NA	10.7
Circulatory arrest	NA	39.3
Postoperative cerebrovascular accident	70.8	73.8
Follow-up mortality	66.7	54.8
NA, not applicable.		

Table S5 Summary of critical appraisal of included observational studies using the Newcastle-Ottawa Quality Assessment Scale

Author	Selection	Comparability	Outcome
Abdelbaky 2021	****	**	***
Abisi 2021	***	**	**
Acher 2019	***	**	***
Adam 2022	***	**	***
Afifi 2015	****	**	**
Al Adas 2018	***	*	***
Albors 2009	***	*	**
Alhussaini 2021	***	*	**
Andacheh 2011	***	**	***
Andersen 2014	****	*	***
Anderson 2014	****	**	***
Arnaoutakis 2015	****	**	***
Arnaoutakis 2020	****	**	***
Baba 2017	***	*	***
Bannazadeh 2020	***	**	***
Barbosa Lima 2021	***	**	***
Bashir 2014	****	*	***
Belov 2009	***	*	**
Bertoglio 2018	***	*	**
Bertoglio 2020	***	*	***
Bertoglio 2021	***	**	**
Bisdas 2015	****	*	**
Bockler 2009	***	*	**
Bosiers 2021	***	**	***
Botsios 2014	***	*	**
Branzan 2018	***	**	**
Canaud 2018	****	*	***
Chatterjee 2021	***	**	***
Chen 2013	****	**	***
Chen 2017	****	*	**
Clough 2012	****	*	***
Clough 2018	****	**	***
Conrad 2017	****	**	***

Table S5 (continued)

Table S5 (continued)

Author	Selection	Comparability	Outcome
Conway 2014	****	**	***
Conway 2022	***	**	***
Coselli 2016	****	**	***
Da Rocha 2010	****	*	**
Davidovic 2011	****	*	**
Diamond 2021	***	*	**
Dias 2015	****	**	***
Dick 2008	****	**	***
Ding 2018	****	*	***
Dong 2022	***	**	**
Du 2019	****	*	***
Dua 2019	***	**	***
Duan 2016	***	*	**
Dufour 2015	****	**	***
Eagleton 2016	****	**	***
Estreza 2015	****	**	***
Faure 2018	***	*	***
Fernandez 2016	****	*	***
Ferreira 2008	***	**	***
Fioranelli 2011	****	**	***
Forsythe 2022	***	**	***
Fossaceca 2013	***	*	**
Frankel 2020	**	**	***
Fujikawa 2018	****	**	***
Fujikawa 2019	***	*	***
Fujiyoshi 2019	***	**	***
Fukui 2016	****	**	***
Fukushima 2020	***	*	***
Gallitto 2017	****	*	**
Gallitto 2022	***	**	**
Gallitto 2022	***	**	***
Gambardella 2021	***	*	**
Garbade 2010	****	**	***
Gillen 2015	****	**	***

Table S5 (continued)

Table S5 (continued)			
Author	Selection	Comparability	Outcome
girardi 2019	****	**	***
Gocze 2018	****	**	***
Gombert 2017	****	**	***
Gombert 2018	****	**	***
gombert 2020	***	*	**
gombert 2022	***	**	***
grassi 2022	***	**	**
Guangqi 2009	****	*	***
Guo 2015	****	**	**
harky 2021	***	**	**
He 2015	***	*	***
He 2017	****	**	**
Heijmen 2012	****	**	**
henmi 2019	***	**	***
Hicks 2017	****	**	***
Hiraoka 2018	***	**	***
Hnath 2008	****	*	**
hoshina 2021	****	*	**
Huang 2016	****	**	**
Inglese 2008	****	**	***
Jayia 2015	****	*	***
Jing 2008	***	**	***
Johns 2014	***	*	***
jorgensen 2020	***	**	**
Juszczak 2020	***	**	**
Kamada 2015	****	**	***
Kang 2019	***	**	***
Kasprzak 2014	****	**	**
Katsargyris 2015	***	**	***
Katsargyris 2021	***	**	***
Kieffer 2008	****	*	***
Kinoshita 2015	***	*	***
Kiser 2022	****	**	***
Kitamura 2013	****	**	***

Table S5 (continued)

Table S5 (continued)			
Author	Selection	Comparability	Outcome
Kitpanit 2021	***	**	**
Kouchouk 2019	***	**	***
Kratimenos 2018	****	*	***
Kulik 2011	***	**	***
Kunihara 2009	***	*	***
Kunihara 2021	***	*	**
Kurimoto 2008	****	**	***
Lancaster 2013	***	*	***
Latz 2021	***	**	***
Le Huu 2022	***	**	***
Lee 2012	***	**	***
Lee 2015	****	*	**
Li 2015	****	**	***
Li 2018	****	**	***
Lima 2012	****	**	***
Lima 2022	***	**	***
Lindstrom 2020	***	**	***
Liu 2011	***	*	***
Liu 2017	****	**	***
Lobato 2012	***	**	***
Locham 2018	***	**	**
Lortz 2018	**	**	**
Lou 2018	***	**	**
Lucatelli 2018	***	**	**
Malas 2021	****	*	***
Manning 2009	***	**	**
Marconde 2022	***	**	***
Martin 2009	**	**	***
Mastroberto 2010	***	**	***
Mazzeffi 2018	**	**	***
Meltzer 2017	***	**	**
Messe 2008	**	*	***
Mezzetto 2021	***	**	***
Min 2010	***	**	***

Table S5 (continued)

Table S5 (continued)			
Author	Selection	Comparability	Outcome
Mishra 2008	***	**	***
Mitchell 2011	****	**	**
Mizoguchi 2017	**	**	***
Mkhaluh 2018	***	**	**
Monaco 2018	****	**	***
Monnot 2018	***	**	**
Mosquera 2009	***	*	***
Motta 2019	***	*	***
Motta 2019	***	**	***
Moulakakis 2015	***	**	**
Muncan 2022	***	**	***
Murana 2016	***	**	***
Naguib 2016	**	**	***
Narayan 2011	****	**	**
Naughton 2012	**	**	***
Neo 2011	**	**	***
Nomura 2015	***	*	***
Ockert 2009	***	**	**
Oderich 2017	***	**	***
Oderich 2021	***	*	***
Omura 2014	****	*	**
Omura 2017	**	**	***
Orrico 2019	***	*	***
Pacini 2013	**	**	**
Patel 2009	***	**	***
Pearce 2008	***	*	**
Peidro 2018	***	**	***
Piffaretti 2015	***	*	**
Piscione 2007	****	*	**
Pitton 2008	**	**	**
Pompa 2016	**	**	**
Qing 2012	***	**	***
Rahe.Meyer 2009	***	**	**
Rajbanshi 2015	****	**	***

Table S5 (continued)

Table S5 (continued)			
Author	Selection	Comparability	Outcome
Rana 2018	**	**	***
Raney 2018	***	*	***
Raupach 2013	***	*	***
Renaldi 2022	***	**	**
Rhee 2022	***	**	***
Rocha 2021	***	**	***
Rodriguez 2008	***	**	***
Rossi 2015	**	*	**
Rylski 2013	**	**	***
Saiki 2019	***	**	**
Scali 2020	***	**	***
Schneider 2018	***	**	**
Seike 2022	***	*	**
Shah 2010	***	**	***
Shimizu 2014	***	**	**
Shirayev 2016	****	*	***
Shu 2011	**	*	***
Si 2014	****	*	***
Smith 2022	****	**	***
Song 2016	****	**	***
Spanos 2018	**	**	***
Spanos 2019	***	**	**
Spear 2018	**	**	***
Spinella 2020	***	*	**
Steingruber 2008	***	**	**
Stelzmueller 2019	***	*	***
Sugiura 2017	***	*	**
Sultan 2018	**	**	***
Sweet 2015	**	*	***
Tabayashi 2010	***	**	***
Takahashi 2011	****	**	**
Tanaka 2018	**	**	***
Tanaka 2019	***	**	***
Tanaka 2019	***	**	***

Table S5 (continued)

Table S5 (continued)

Author	Selection	Comparability	Outcome
Tang 2011	****	**	***
Tenorio 2020	***	*	***
Thomas 2018	***	**	***
Tong 2022	***	**	***
Trimarchi 2010	**	*	***
Tsilimparis 2018	***	**	***
Ullery 2012	***	*	***
Umegaki 2022	***	**	**
Vaislic 2014	**	**	***
van Bogerijen 2015	**	**	**
Van Calster 2019	***	**	***
Wahlgren 2017	**	**	***
Watson 2010	***	**	***
Weiss 2012	****	**	***
Wojciechowski 2014	**	**	***
Wongkornrat 2015	***	*	**
Wynn 2016	***	**	**
Xiong 2013	****	**	***
Yaffee 2015	***	**	**

Table S5 (continued)

Table S5 (continued)

Author	Selection	Comparability	Outcome
Yang 2018	****	**	***
Yang 2020	***	*	***
Yokawa 2020	***	**	***
Yoo 2014	**	**	***
Youssef 2015	***	**	***
Youssef 2018	***	*	***
Yunoki 2014	***	*	***
Yuri 2012	****	**	***
Zamor 2015	***	**	**
Zanetti 2015	****	*	**
Zeng 2016	**	*	***
Zeng 2021	***	**	**
Zha 2018	***	**	***
Zhang 2017	***	*	**
Zhao 2018	**	**	***
Zhou 2018	****	**	***
Zhu 2018	****	**	***

Table S6 The Cochrane Collaboration's tool for assessing risk of bias in randomized trials

	Random sequence generation	Allocation concealment	Blinding of participants	Blinding of outcome assessment	Incomplete outcome data	Selective reporting	Other sources of bias
Marzelle 2015 (129)	+	?	-	-	+	+	?
	+	Low risk					
	?	Uncertain					
	-	High risk					

Table S7 Pooled rates of CSF drain use related complication					
Outcomes	Studies	Patient number	Effect estimate % [95% CI (%)]	Heterogeneity (I^2 , P value)	$P_{\text{interaction}}$
Severe complications	13	986	1.95 [0.75; 4.67]	69.00, P<0.001	–
Endovascular	9	662	3.02 [1.96; 4.64]	36.4%	0.97
Open	4	324	1.85 [0.83; 4.06]	0.0%	0.97
Moderate complications	13	986	0.38 [0.03; 3.97]	40.0%, P=0.07	–
Endovascular	9	662	0.29 [0.02; 4.13]	0.0%	0.28
Open	4	324	2.28 [0.15; 26.11]	37.0%	0.28
Minor complications	13	986	1.81 [0.57; 5.56]	30.0%, P=0.14	–
Endovascular	9	662	0.84 [0.10; 6.50]	67.0%	0.12
Open	4	324	4.56 [2.58; 7.94]	8.0%	0.12

CSF, cerebrospinal fluid.

References

1. Abdelbaky M, Papanikolaou D, Zafar MA, et al. Safety of perioperative cerebrospinal fluid drain as a protective strategy during descending and thoracoabdominal open aortic repair. *JTCVS Tech* 2021;6:1-8.
2. Abisi S, Musto L, Lyons O, et al. "Awake" Spinal Cord Monitoring Under Local Anesthesia and Conscious Sedation in Fenestrated and Branched Endovascular Aortic Repair. *J Endovasc Ther* 2021;28:837-43.
3. Acher C, Acher CW, Havlena J, et al. Advances in Treatment and Long-term Survival in Patients with Descending Thoracic Aortic Aneurysms Treated at a Single Tertiary Center from 1984 to 2014. *Ann Vasc Surg* 2019;58:190-7.
4. Adam D, Iafrancesco M, Juszczak M, et al. Open surgical replacement of the descending thoracic and thoracoabdominal aorta in patients with confirmed Marfan and Loeys-Dietz syndromes: A 20-year single-centre experience. *Eur J Cardiothorac Surg* 2022;62:ezac137.
5. Afifi RO, Sandhu HK, Leake SS, et al. Outcomes of Patients With Acute Type B (DeBakey III) Aortic Dissection: A 13-Year, Single-Center Experience. *Circulation* 2015;132:748-54.
6. Al Adas Z, Shepard AD, Weaver MR, et al. Cerebrovascular injuries found in acute type B aortic dissections are associated with blood pressure derangements and poor outcome. *J Vasc Surg* 2018;68:1308-13.
7. Albors J, Bahamonde JA, Juez M, et al. Endovascular stent grafting for acute thoracic aortic pathology. *J Card Surg* 2009;24:534-8.
8. Alhussaini M, Falasa MP, Jeng EI, et al. Application of deep hypothermic circulatory arrest in open left chest aortic aneurysm repair. *J Thorac Cardiovasc Surg* 2023;165:1275-80.
9. Andacheh ID, Donayre C, Othman F, et al. Patient outcomes and thoracic aortic volume and morphologic changes following thoracic endovascular aortic repair in patients with complicated chronic type B aortic dissection. *J Vasc Surg* 2012;56:644-50; discussion 650.
10. Andersen ND, Keenan JE, Ganapathi AM, et al. Current management and outcome of chronic type B aortic dissection: results with open and endovascular repair since the advent of thoracic endografting. *Ann Cardiothorac Surg* 2014;3:264-74.
11. Anderson J, Nykamp M, Danielson L, et al. A novel endovascular debranching technique using physician-assembled endografts for repair of thoracoabdominal aneurysms. *J Vasc Surg* 2014;60:1177-84.
12. Arnaoutakis DJ, Arnaoutakis GJ, Abularrage CJ, et al. Cohort comparison of thoracic endovascular aortic repair with open thoracic aortic repair using modern end-organ preservation strategies. *Ann Vasc Surg* 2015;29:882-90.
13. Arnaoutakis DJ, Scali ST, Beck AW, et al. Comparative outcomes of open, hybrid, and fenestrated branched endovascular repair of extent II and III thoracoabdominal aortic aneurysms. *J Vasc Surg* 2020;71:1503-14.
14. Baba T, Ohki T, Kanaoka Y, et al. Clinical Outcomes of Spinal Cord Ischemia after Fenestrated and Branched Endovascular Stent Grafting during Total Endovascular Aortic Repair for Thoracoabdominal Aortic Aneurysms. *Ann Vasc Surg* 2017;44:146-57.
15. Bannazadeh M, Beckerman WE, Korayem AH, et al. Two-year evaluation of fenestrated and parallel branch endografts for the treatment of juxtarenal, suprarenal, and thoracoabdominal aneurysms at a single institution. *J Vasc Surg* 2020;71:15-22.
16. Barbosa Lima G, Tenorio ER, Marcondes GB, et al. Differences in procedural metrics and clinical outcomes among patients treated by fenestrated-branched endovascular repair of thoracoabdominal aortic aneurysms using infrarenal aortic versus iliac sealing zones. *J Vasc Surg* 2021;74:1464-1471.e3.
17. Bashir M, Shaw M, Fok M, et al. Long-term outcomes in thoracoabdominal aortic aneurysm repair for chronic type B dissection. *Ann Cardiothorac Surg* 2014;3:385-92.
18. Belov IV, Stepanenko AB, Gens AP, et al. Modified muscle-sparing high approach to the thoracoabdominal aorta. *Asian Cardiovasc Thorac Ann* 2009;17:86-8.
19. Bertoglio L, Loschi D, Cambiaghi T, et al. Preliminary Outcomes of the LifeStream Balloon-Expandable Covered Stent in Fenestrated and Branched Thoracoabdominal Endovascular Repairs. *J Endovasc Ther* 2018;25:230-6.
20. Bertoglio L, Katsarou M, Loschi D, et al. Elective Multistaged Endovascular Repair of Thoraco-abdominal Aneurysms with Fenestrated and Branched Endografts to Mitigate Spinal Cord Ischaemia. *Eur J Vasc Endovasc Surg* 2020;59:565-76.
21. Bertoglio L, Kahlberg A, Gallitto E, et al. Role of historical and procedural staging during elective fenestrated and branched endovascular treatment of extensive thoracoabdominal aortic aneurysms. *J Vasc Surg* 2022;75:1501-11.
22. Bisdas T, Panuccio G, Sugimoto M, et al. Risk factors for spinal cord ischemia after endovascular repair

- of thoracoabdominal aortic aneurysms. *J Vasc Surg* 2015;61:1408-16.
23. Böckler D, Hyhlik-Dürr A, Hakimi M, et al. Type B aortic dissections: treating the many to benefit the few? *J Endovasc Ther* 2009;16 Suppl 1:180-90.
 24. Bosiers M, Kölbel T, Resch T, et al. Early and midterm results from a postmarket observational study of Zenith t-Branch thoracoabdominal endovascular graft. *J Vasc Surg* 2021;74:1081-1089.e3.
 25. Botsios S, Frömke J, Walterbusch G, et al. Endovascular treatment for nontraumatic rupture of the descending thoracic aorta: long-term results. *J Card Surg* 2014;29:353-8.
 26. Branzan D, Etz CD, Moche M, et al. Ischaemic preconditioning of the spinal cord to prevent spinal cord ischaemia during endovascular repair of thoracoabdominal aortic aneurysm: first clinical experience. *EuroIntervention* 2018;14:828-35.
 27. Canaud L, Morishita K, Gandet T, et al. Homemade fenestrated stent-graft for thoracic endovascular aortic repair of zone 2 aortic lesions. *J Thorac Cardiovasc Surg* 2018;155:488-93.
 28. Chatterjee S, Shi A, Yoon L, et al. Effect of sarcopenia on survival and spinal cord deficit outcomes after thoracoabdominal aortic aneurysm repair in patients 60 years of age and older. *J Thorac Cardiovasc Surg* 2023;165:1985-1996.e3.
 29. Chen SL, Zhu JC, Li XB, et al. Comparison of long-term clinical outcome between patients with chronic versus acute type B aortic dissection treated by implantation of a stent graft: a single-center report. *Patient Prefer Adherence* 2013;7:319-27.
 30. Chen S, Larion S, Ahanchi SS, et al. A novel anatomic severity grading score for acute Type B aortic dissections and correlation to aortic reinterventions after thoracic endovascular aortic repair. *J Cardiothorac Surg* 2017;12:39.
 31. Clough RE, Modarai B, Bell RE, et al. Total endovascular repair of thoracoabdominal aortic aneurysms. *Eur J Vasc Endovasc Surg* 2012;43:262-7.
 32. Clough RE, Barilla D, Delsart P, et al. Editor's Choice - Long-term Survival and Risk Analysis in 136 Consecutive Patients With Type B Aortic Dissection Presenting to a Single Centre Over an 11 Year Period. *Eur J Vasc Endovasc Surg* 2019;57:633-8. Erratum in: *Eur J Vasc Endovasc Surg* 2019;58:944.
 33. Conrad ME, Tucheck J, Freezor R, et al. Results of the VALOR II trial of the Medtronic Valiant Thoracic Stent Graft. *J Vasc Surg* 2017;66:335-42.
 34. Conway AM, Sadek M, Lugo J, et al. Outcomes of open surgical repair for chronic type B aortic dissections. *J Vasc Surg* 2014;59:1217-23.
 35. Conway AM, Bahroloomi D, Nguyen N, et al. Spinal Cord Ischemia following Simultaneous EVAR and TEVAR for Concomitant Thoracic and Abdominal Aortic Aneurysms. *Ann Vasc Surg* 2022;87:343-50.
 36. Coselli JS, LeMaire SA, Preventza O, et al. Outcomes of 3309 thoracoabdominal aortic aneurysm repairs. *J Thorac Cardiovasc Surg* 2016;151:1323-37.
 37. Coselli JS, Green SY, Price MD, et al. Spinal cord deficit after 1114 extent II open thoracoabdominal aortic aneurysm repairs. *J Thorac Cardiovasc Surg* 2020;159:1-13.
 38. Da Rocha M, Rimbau VA. Experience with a scalloped thoracic stent graft: a good alternative to preserve flow to the celiac and superior mesenteric arteries and to improve distal fixation and sealing. *Vascular* 2010;18:154-60; discussion 161.
 39. Davidovic LB, Ilic N, Koncar I, et al. Some technical considerations of open thoracoabdominal aortic aneurysm repair in a transition country. *Vascular* 2011;19:333-7.
 40. Diamond KR, Simons JP, Crawford AS, et al. Effect of thoracoabdominal aortic aneurysm extent on outcomes in patients undergoing fenestrated/branched endovascular aneurysm repair. *J Vasc Surg* 2021;74:833-842.e2.
 41. Dias NV, Sonesson B, Kristmundsson T, et al. Short-term outcome of spinal cord ischemia after endovascular repair of thoracoabdominal aortic aneurysms. *Eur J Vasc Endovasc Surg* 2015;49:403-9.
 42. Dick F, Hinder D, Immer FF, et al. Outcome and quality of life after surgical and endovascular treatment of descending aortic lesions. *Ann Thorac Surg* 2008;85:1605-12.
 43. Ding H, Liu Y, Xie N, et al. Outcomes of Chimney Technique for Preservation of the Left Subclavian Artery in Type B Aortic Dissection. *Eur J Vasc Endovasc Surg* 2019;57:374-81.
 44. Dong XH, Ge YP, Wang R, et al. Spinal Cord Protection of Aorto-Iliac Bypass in Open Repair of Extent II and III Thoracoabdominal Aortic Aneurysm. *Heart Lung Circ* 2022;31:255-62.
 45. Du Y, Aizezi M, Lin H, et al. Left ventricular remodeling in patients with acute type B aortic dissection after thoracic endovascular aortic repair: Short- and mid-term outcomes. *Int J Cardiol* 2019;274:283-9.
 46. Duan YY, Ge YP, Zheng J, et al. Aorta-Iliac Bypass in Thoracoabdominal Aortic Aneurysm Repair in Young Chinese Patients. *Heart Lung Circ* 2016;25:398-404.

47. Dufour C, Gamondes D, Mansuy A, et al. Pathology-specific late outcome after endovascular repair of thoracic aorta: a single-centre experience. *Eur J Cardiothorac Surg* 2015;48:923-30.
48. Eagleton MJ, Follansbee M, Wolski K, et al. Fenestrated and branched endovascular aneurysm repair outcomes for type II and III thoracoabdominal aortic aneurysms. *J Vasc Surg* 2016;63:930-42.
49. Estrera AL, Jan A, Sandhu H, et al. Outcomes of open repair for chronic descending thoracic aortic dissection. *Ann Thorac Surg* 2015;99:786-93; discussion 794.
50. Faure EM, El Batti S, Abou Rjeili M, et al. Mid-term Outcomes of Stent Assisted Balloon Induced Intimal Disruption and Relamination in Aortic Dissection Repair (STABILISE) in Acute Type B Aortic Dissection. *Eur J Vasc Endovasc Surg* 2018;56:209-15.
51. Fernandez CC, Sobel JD, Gasper WJ, et al. Standard off-the-shelf versus custom-made multibranched thoracoabdominal aortic stent grafts. *J Vasc Surg* 2016;63:1208-15.
52. Ferreira M, Lanzotti L, Monteiro M. Branched devices for thoracoabdominal aneurysm repair: Early experience. *J Vasc Surg* 2008;48:30S-36S; discussion 36S.
53. Fioranelli A, Razuk Filho A, Castelli Júnior V, et al. Mortality within the endovascular treatment in Stanford type B aortic dissections. *Rev Bras Cir Cardiovasc* 2011;26:250-7.
54. Forsythe RO, Eng C, Roy C, et al. Open extent IV thoracoabdominal aneurysm repair: 22-year experience of the Scottish National Service. *Br J Surg* 2022;109:711-6.
55. Fossaceca R, Guzzardi G, Cerini P, et al. Endovascular treatment of thoracic aortic aneurysm: a single-center experience. *Ann Vasc Surg* 2013;27:1020-8.
56. Frankel WC, Song HK, Milewski RK, et al. Open Thoracoabdominal Aortic Repair in Patients With Heritable Aortic Disease in the GenTAC Registry. *Ann Thorac Surg* 2020;109:1378-84.
57. Fujikawa T, Yamamoto S, Oshima S, et al. Open surgery for descending thoracic aorta in an endovascular era. *J Thorac Cardiovasc Surg* 2019;157:2168-74.
58. Fujiyoshi T, Nishibe T, Koizumi N, et al. Impact of preservation of the latissimus dorsi muscle through a left anteroaxillary thoracotomy on spinal cord protection in descending thoracic and thoraco-abdominal aortic operations†. *Eur J Cardiothorac Surg* 2019. [Epub ahead of print]. doi: 10.1093/ejcts/ezz087.
59. Fukui T, Takanashi S. Moderate to Deep Hypothermia in Patients Undergoing Thoracoabdominal Aortic Repair. *Ann Vasc Surg* 2016;31:39-45.
60. Fukushima S, Ohki T, Kanaoka Y, et al. Mid-Term Results of Thoracic Endovascular Aneurysm Repair with Intentional Celiac Artery Coverage for Crawford Type I Thoracoabdominal Aortic Aneurysms with the TX2 Distal Component Endograft. *Ann Vasc Surg* 2020;66:193-9.
61. Gallitto E, Gargiulo M, Faggioli G, et al. Impact of iliac artery anatomy on the outcome of fenestrated and branched endovascular aortic repair. *J Vasc Surg* 2017;66:1659-67.
62. Gallitto E, Faggioli G, Fenelli C, et al. Multi-Staged Endovascular Repair of Thoracoabdominal Aneurysms by Fenestrated and Branched Endografts. *Ann Vasc Surg* 2022;81:48-59.
63. Gallitto E, Faggioli G, Spath P, et al. Urgent endovascular repair of thoracoabdominal aneurysms using an off-the-shelf multibranched endograft. *Eur J Cardiothorac Surg* 2022;61:1087-96.
64. Gambardella I, Lau C, Gaudino MFL, et al. Splanchnic occlusive disease predicts for spinal cord injury after open descending thoracic and thoracoabdominal aneurysm repair. *J Vasc Surg* 2021;74:1099-1108.e4.
65. Garbade J, Jenniches M, Borger MA, et al. Outcome of patients suffering from acute type B aortic dissection: a retrospective single-centre analysis of 135 consecutive patients. *Eur J Cardiothorac Surg* 2010;38:285-92.
66. Gillen JR, Schaheen BW, Yount KW, et al. Cost analysis of endovascular versus open repair in the treatment of thoracic aortic aneurysms. *J Vasc Surg* 2015;61:596-603.
67. Girardi LN, Leonard JR, Lau C, et al. Gender-related outcomes after open repair of descending thoracic and thoracoabdominal aortic aneurysms. *J Vasc Surg* 2019;69:1028-1035.e1.
68. Göcze I, Ekehalt K, Zeman F, et al. Postoperative cellular stress in the kidney is associated with an early systemic $\gamma\delta$ T-cell immune cell response. *Crit Care* 2018;22:168.
69. Gombert A, Stoppe C, Foldenauer AC, et al. Macrophage Migration Inhibitory Factor Predicts Outcome in Complex Aortic Surgery. *Int J Mol Sci* 2017;18:2374.
70. Gombert A, Kirner L, Ketting S, et al. Editor's Choice - Outcomes After One Stage Versus Two Stage Open Repair of Type II Thoraco-abdominal Aortic Aneurysms. *Eur J Vasc Endovasc Surg* 2019;57:340-8.
71. Gombert A, Rückbeil MV, Kotelis D, et al. Assessment of Neurone-Specific Enolase, Glial Fibrillary Acidic Protein and S100 B as Spinal Cord Ischemia Biomarkers in Patients Undergoing Open and Endovascular Complex Aortic Surgery: A Single-Center Experience. *Ann Vasc*

- Surg 2020;66:424-33.
72. Gombert A, Frankort J, Keszei A, et al. Outcome of Elective and Emergency Open Thoraco-Abdominal Aortic Aneurysm Repair in 255 Cases: a Retrospective Single Centre Study. *Eur J Vasc Endovasc Surg* 2022;63:578-86.
 73. Grassi V, Trimarchi S, Weaver F, et al. Endovascular repair of descending thoracic aortic aneurysms—a mid-term report from the Global Registry for Endovascular Aortic Treatment (GREAT). *Eur J Cardiothorac Surg* 2022;61:357-64.
 74. Guangqi C, Xiaoxi L, Wei C, et al. Endovascular repair of Stanford type B aortic dissection: early and mid-term outcomes of 121 cases. *Eur J Vasc Endovasc Surg* 2009;38:422-6.
 75. Guo BL, Shi ZY, Guo DQ, et al. Effect of Intravascular Ultrasound-assisted Thoracic Endovascular Aortic Repair for "Complicated" Type B Aortic Dissection. *Chin Med J (Engl)* 2015;128:2322-9.
 76. Harky A, Othman A, Shaw M, et al. Contemporary results of open thoracic and thoracoabdominal aortic surgery in a single United Kingdom center. *J Vasc Surg* 2021;73:1525-1532.e4.
 77. He H, Yao K, Nie WP, et al. Modified Petticoat Technique with Pre-placement of a Distal Bare Stent Improves Early Aortic Remodeling after Complicated Acute Stanford Type B Aortic Dissection. *Eur J Vasc Endovasc Surg* 2015;50:450-9.
 78. He RX, Zhang L, Zhou TN, et al. Safety and Necessity of Antiplatelet Therapy on Patients Underwent Endovascular Aortic Repair with Both Stanford Type B Aortic Dissection and Coronary Heart Disease. *Chin Med J (Engl)* 2017;130:2321-5.
 79. Heijmen RH, Thompson MM, Fattori R, et al. Valiant thoracic stent-graft deployed with the new captivia delivery system: procedural and 30-day results of the Valiant Captivia registry. *J Endovasc Ther* 2012;19:213-25.
 80. Henmi S, Ikeno Y, Yokawa K, et al. Comparison of early patency rate and long-term outcomes of various techniques for reconstruction of segmental arteries during thoracoabdominal aortic aneurysm repair. *Eur J Cardiothorac Surg* 2019. [Epub ahead of print]. doi: 10.1093/ejcts/ezz015.
 81. Hicks CW, Lue J, Glebova NO, et al. A 10-year institutional experience with open branched graft reconstruction of aortic aneurysms in connective tissue disorders versus degenerative disease. *J Vasc Surg* 2017;66:1406-16.
 82. Hiraoka T, Komiya T, Tsuneyoshi H, et al. Risk factors for spinal cord ischaemia after thoracic endovascular aortic repair. *Interact Cardiovasc Thorac Surg* 2018;27:54-9.
 83. Hnath JC, Mehta M, Taggart JB, et al. Strategies to improve spinal cord ischemia in endovascular thoracic aortic repair: Outcomes of a prospective cerebrospinal fluid drainage protocol. *J Vasc Surg* 2008;48:836-40.
 84. Hoshina K, Kato M, Ishimaru S, et al. Effect of the urgency and landing zone on rates of in-hospital death, stroke, and paraplegia after thoracic endovascular aortic repair in Japan. *J Vasc Surg* 2021;74:556-568.e2.
 85. Huang C, Tang H, Qiao T, et al. Early Results of Chimney Technique for Type B Aortic Dissections Extending to the Aortic Arch. *Cardiovasc Intervent Radiol* 2016;39:28-35.
 86. Inglese L, Mollichelli N, Medda M, et al. Endovascular repair of thoracic aortic disease with the EndoFit stent-graft: short and midterm results from a single center. *J Endovasc Ther* 2008;15:54-61.
 87. Jayia P, Constantinou J, Hamilton H, et al. Temporary Perfusion Branches to Decrease Spinal Cord Ischemia in the Endovascular Treatment of Thoraco-Abdominal Aortic Aneurysms: Based on a Presentation at the 2013 VEITH Symposium, November 19-23, 2013 (New York, NY, USA). *Aorta (Stamford)* 2015;3:56-60.
 88. Jing QM, Han YL, Wang XZ, et al. Endovascular stent-grafts for acute and chronic type B aortic dissection: comparison of clinical outcomes. *Chin Med J (Engl)* 2008;121:2213-7.
 89. Johns N, Jamieson RW, Ceresa C, et al. Contemporary outcomes of open repair of thoracoabdominal aortic aneurysm in young patients. *J Cardiothorac Surg* 2014;9:195.
 90. Jorgensen BD, Malek M, VandenHull A, et al. A novel physician-assembled endograft for the repair of pararenal, paravisceral, Crawford type IV thoracoabdominal aortic aneurysms, and aneurysms requiring treatment after prior repair. *J Vasc Surg* 2020;72:1897-1905.e2.
 91. Juszczak MT, Vezzosi M, Khan M, et al. Endovascular repair of acute juxtarenal and thoracoabdominal aortic aneurysms with surgeon-modified fenestrated endografts. *J Vasc Surg* 2020;72:435-44.
 92. Kamada T, Yoshioka K, Tanaka R, et al. Strategy for thoracic endovascular aortic repair based on collateral circulation to the artery of Adamkiewicz. *Surg Today* 2016;46:1024-30.
 93. Kang PC, Bartek MA, Shalhub S, et al. Survival and patient-centered outcome in a disease-based observational cohort study of patients with thoracoabdominal aortic aneurysm. *J Vasc Surg* 2019;70:1427-35.

94. Kasprzak PM, Gallis K, Cucuruz B, et al. Editor's choice--Temporary aneurysm sac perfusion as an adjunct for prevention of spinal cord ischemia after branched endovascular repair of thoracoabdominal aneurysms. *Eur J Vasc Endovasc Surg* 2014;48:258-65.
95. Katsargyris A, Oikonomou K, Kouvelos G, et al. Spinal cord ischemia after endovascular repair of thoracoabdominal aortic aneurysms with fenestrated and branched stent grafts. *J Vasc Surg* 2015;62:1450-6.
96. Katsargyris A, de Marino PM, Botos B, et al. Single Center Experience with Endovascular Repair of Acute Thoracoabdominal Aortic Aneurysms. *Cardiovasc Intervent Radiol* 2021;44:885-91.
97. Kieffer E, Chiche L, Godet G, et al. Type IV thoracoabdominal aneurysm repair: predictors of postoperative mortality, spinal cord injury, and acute intestinal ischemia. *Ann Vasc Surg* 2008;22:822-8.
98. Kinoshita H, Fujimoto E, Arase H, et al. Efficacy and Optimal Timing of Endovascular Treatment for Type B Aortic Dissection. *Ann Vasc Dis* 2015;8:307-13.
99. Kiser KA, Tanaka A, Sandhu HK, et al. Extensive cell salvage and postoperative outcomes following thoracoabdominal and descending aortic repair. *J Thorac Cardiovasc Surg* 2022;163:914-921.e1.
100. Kitamura T, Torii S, Oka N, et al. Key success factors for thoracic endovascular aortic repair for non-acute Stanford type B aortic dissection. *Eur J Cardiothorac Surg* 2014;46:432-7; discussion 437.
101. Kitpanit N, Ellozy SH, Connolly PH, et al. Risk factors for spinal cord injury and complications of cerebrospinal fluid drainage in patients undergoing fenestrated and branched endovascular aneurysm repair. *J Vasc Surg* 2021;73:399-409.e1.
102. Kouchoukos NT, Kulik A, Haynes M, et al. Early Outcomes After Thoracoabdominal Aortic Aneurysm Repair With Hypothermic Circulatory Arrest. *Ann Thorac Surg* 2019;108:1338-43.
103. Kratimenos T, Antonopoulos CN, Tomais D, et al. Repair of descending thoracic aortic aneurysms with Ankura Thoracic Stent Graft. *J Vasc Surg* 2019;69:996-1002.e3.
104. Kulik A, Castner CF, Kouchoukos NT. Outcomes after thoracoabdominal aortic aneurysm repair with hypothermic circulatory arrest. *J Thorac Cardiovasc Surg* 2011;141:953-60.
105. Kunihara T, Shiiya N, Wakasa S, et al. Assessment of hepatosplanchnic pathophysiology during thoracoabdominal aortic aneurysm repair using visceral perfusion and shunt. *Eur J Cardiothorac Surg* 2009;35:677-83.
106. Kunihara T, Vukic C, Sata F, et al. Surgical Thoracoabdominal Aortic Aneurysm Repair in a Non-High-Volume Institution. *Thorac Cardiovasc Surg* 2021;69:347-56.
107. Kurimoto Y, Ito T, Harada R, et al. Management of left subclavian artery in endovascular stent-grafting for distal aortic arch disease. *Circ J* 2008;72:449-53.
108. Lancaster RT, Conrad MF, Patel VI, et al. Further experience with distal aortic perfusion and motor-evoked potential monitoring in the management of extent I-III thoracoabdominal aortic aneurysms. *J Vasc Surg* 2013;58:283-90.
109. Latz CA, Boitano LT, Wang LJ, et al. Sex-related outcomes after open type IV thoracoabdominal aortic aneurysm repair. *J Vasc Surg* 2021;73:443-50.
110. Le Huu A, Olive JK, Cekmecelioglu D, et al. Endovascular therapy for patients with heritable thoracic aortic disease. *Ann Cardiothorac Surg* 2022;11:31-6.
111. Lee SH, Chung CH, Jung SH, et al. Midterm outcomes of open surgical repair compared with thoracic endovascular repair for isolated descending thoracic aortic disease. *Korean J Radiol* 2012;13:476-82.
112. Lee HC, Joo HC, Lee SH, et al. Endovascular Repair versus Open Repair for Isolated Descending Thoracic Aortic Aneurysm. *Yonsei Med J* 2015;56:904-12.
113. Li Q, Wang LF, Ma WG, et al. Risk factors for distal stent graft-induced new entry following endovascular repair of type B aortic dissection. *J Thorac Dis* 2015;7:1907-16.
114. Li X, Cai W, Zhang P, et al. Comparison of Stanford B Aortic Dissection Patients Who Received Thoracic Endovascular Aortic Repair Combined with or without Sleep Apnea Syndrome. *Ann Vasc Surg* 2018;52:79-84.
115. Lima B, Nowicki ER, Blackstone EH, et al. Spinal cord protective strategies during descending and thoracoabdominal aortic aneurysm repair in the modern era: the role of intrathecal papaverine. *J Thorac Cardiovasc Surg* 2012;143:945-952.e1.
116. Lima GBB, Mirza AK, Tenorio ER, et al. Single-Center Experience with the Femoral-to-Brachial Preloaded Delivery System for Fenestrated-Branched Endovascular Repair of Complex Aortic Aneurysms. *Cardiovasc Intervent Radiol* 2022;45:1451-61.
117. Lindström D, Kettunen H, Engström J, et al. Outcome After Fenestrated and Branched Repair of Aortic Aneurysms-Device Failures Predict Reintervention Rates. *Ann Vasc Surg* 2020;66:142-51.
118. Liu G, Huang Y, Lu X, et al. Endovascular repair of acute

- Stanford B-type aortic dissections with domestic stent grafts in China: early and mid-term results. *Surg Today* 2011;41:352-7.
119. Liu J, Zhang R, Feng R, et al. Unplanned stents in thoracic endovascular aortic repair for type B aortic dissection: A 16-year single-center report. *Vascular* 2018;26:400-9.
 120. Lobato AC, Camacho-Lobato L. A new technique to enhance endovascular thoracoabdominal aortic aneurysm therapy--the sandwich procedure. *Semin Vasc Surg* 2012;25:153-60.
 121. Locham S, Dakour-Aridi H, Nejim B, et al. Outcomes and cost of open versus endovascular repair of intact thoracoabdominal aortic aneurysm. *J Vasc Surg* 2018;68:948-955.e1.
 122. Lortz J, Tsagakis K, Rammos C, et al. Intravascular ultrasound assisted sizing in thoracic endovascular aortic repair improves aortic remodeling in Type B aortic dissection. *PLoS One* 2018;13:e0196180.
 123. Lou X, Chen EP, Duwayri YM, et al. The Impact of Thoracic Endovascular Aortic Repair on Long-Term Survival in Type B Aortic Dissection. *Ann Thorac Surg* 2018;105:31-8.
 124. Lucatelli P, Cini M, Benvenuti A, et al. Custom-Made Endograft for Endovascular Repair of Thoraco-Abdominal Aneurysm and Type B Dissection: Single-Centre Experience. *Cardiovasc Intervent Radiol* 2018;41:1174-83.
 125. Malas M, Locham S, Hughes C, et al. Midterm outcomes in patients undergoing endovascular repair of thoracic aortic aneurysms and penetrating atherosclerotic ulcers using the RelayPlus stent graft. *J Vasc Surg* 2021;73:459-65.
 126. Manning BJ, Dias N, Manno M, et al. Endovascular treatment of acute complicated type B dissection: morphological changes at midterm follow-up. *J Endovasc Ther* 2009;16:466-74.
 127. Marcondes GB, Cirillo-Penn NC, Tenorio ER, et al. Multicenter Study to Evaluate Endovascular Repair of Extent I-III Thoracoabdominal Aneurysms Without Prophylactic Cerebrospinal Fluid Drainage. *Ann Surg* 2023;278:e396-e404.
 128. Martin DJ, Martin TD, Hess PJ, et al. Spinal cord ischemia after TEVAR in patients with abdominal aortic aneurysms. *J Vasc Surg* 2009;49:302-6; discussion 306-7.
 129. Marzelle J, Presles E, Becquemin JP, et al. Results and factors affecting early outcome of fenestrated and/or branched stent grafts for aortic aneurysms: a multicenter prospective study. *Ann Surg* 2015;261:197-206.
 130. Mastroberto P, Onorati F, Zofrea S, et al. Outcome of open and endovascular repair in acute type B aortic dissection: a retrospective and observational study. *J Cardiothorac Surg* 2010;5:23.
 131. Mazzeffi M, Abuelkasem E, Drucker CB, et al. Contemporary Single-Center Experience With Prophylactic Cerebrospinal Fluid Drainage for Thoracic Endovascular Aortic Repair in Patients at High Risk for Ischemic Spinal Cord Injury. *J Cardiothorac Vasc Anesth* 2018;32:883-9.
 132. Meltzer AJ, Connolly PH, Ellozy S, et al. Patient-reported Quality of Life after Endovascular Repair of Thoracoabdominal Aortic Aneurysms. *Ann Vasc Surg* 2017;44:164-70.
 133. Messé SR, Bavaria JE, Mullen M, et al. Neurologic outcomes from high risk descending thoracic and thoracoabdominal aortic operations in the era of endovascular repair. *Neurocrit Care* 2008;9:344-51.
 134. Mezzetto L, Scorsone L, Silingardi R, et al. Early and Long-term Results of ePTFE (Gore TAG®) versus Dacron (Relay Plus® Bolton) Grafts in Thoracic Endovascular Aneurysm Repair. *Ann Vasc Surg* 2021;71:419-27.
 135. Min HK, Sung K, Yang JH, et al. Can intraoperative motor-evoked potentials predict all the spinal cord ischemia during moderate hypothermic beating heart descending thoracic or thoraco-abdominal aortic surgery? *J Card Surg* 2010;25:542-7.
 136. Mishra V, Geiran O, Krohg-Sørensen K, et al. Thoracic aortic aneurysm repair. Direct hospital cost and Diagnosis Related Group reimbursement. *Scand Cardiovasc J* 2008;42:77-84.
 137. Mitchell ME, Rushton FW Jr, Boland AB, et al. Emergency procedures on the descending thoracic aorta in the endovascular era. *J Vasc Surg* 2011;54:1298-302; discussion 1302.
 138. Mizoguchi T, Zempo N, Kaneda Y. Early and Mid-Term Outcomes Following TEVAR for Chronic Type B Aortic Dissection. *Ann Vasc Dis* 2017;10:345-50.
 139. Mkalaluh S, Szczechowicz M, Dib B, et al. Open surgical thoracoabdominal aortic aneurysm repair: The Heidelberg experience. *J Thorac Cardiovasc Surg* 2018;156:2067-73.
 140. Monaco F, Pieri M, Barucco G, et al. Epidural Analgesia in Open Thoraco-abdominal Aortic Aneurysm Repair. *Eur J Vasc Endovasc Surg* 2019;57:360-7.
 141. Monnot A, Pochulu B, Doguet F, et al. Operated descending thoracic and thoracoabdominal atherosclerotic aortic aneurysm prognosis. *J Med Vasc* 2018;43:288-92.
 142. Mosquera VX, Herrera JM, Marini M, et al. Mid-term

- results of thoracic endovascular aortic repair in surgical high-risk patients. *Interact Cardiovasc Thorac Surg* 2009;9:61-5.
143. Motta F, Crouner JR, Kalbaugh CA, et al. Stenting of superior mesenteric and celiac arteries does not increase complication rates after fenestrated-branched endovascular aneurysm repair. *J Vasc Surg* 2019;70:691-701.
 144. Motta F, Crouner JR, Kalbaugh CA, et al. Outcomes and complications after fenestrated-branched endovascular aortic repair. *J Vasc Surg* 2019;70:15-22.
 145. Moulakakis KG, Sfyroeras GS, Papapetrou A, et al. Inflammatory response and renal function following endovascular repair of the descending thoracic aorta. *J Endovasc Ther* 2015;22:201-6.
 146. Muncan B, Sangari A, Liu SH, et al. Midterm Outcomes of Endovascular Versus Open Surgical Repair of Intact Descending Thoracic Aneurysms in Patients with Connective Tissue Disorders. *Ann Vasc Surg* 2022;87:40-6.
 147. Murana G, Castrovinci S, Kloppenburg G, et al. Open thoracoabdominal aortic aneurysm repair in the modern era: results from a 20-year single-centre experience. *Eur J Cardiothorac Surg* 2016;49:1374-81.
 148. Naguib NN, Zima B, Nour-Eldin NE, et al. Long-Term Changes in Aortic Length after Thoracic Endovascular Aortic Repair. *J Vasc Interv Radiol* 2016;27:181-7.
 149. Narayan P, Wong A, Davies I, et al. Thoracic endovascular repair versus open surgical repair - which is the more cost-effective intervention for descending thoracic aortic pathologies? *Eur J Cardiothorac Surg* 2011;40:869-74.
 150. Naughton PA, Park MS, Morasch MD, et al. Emergent repair of acute thoracic aortic catastrophes: a comparative analysis. *Arch Surg* 2012;147:243-9.
 151. Neo WT, Pua U, Wong DE. Thoracic endovascular aortic repair: a local single institution experience. *Ann Acad Med Singap* 2011;40:414-7.
 152. Nomura Y, Sugimoto K, Gotake Y, et al. Comparison of Volumetric and Diametric Analysis in Endovascular Repair of Descending Thoracic Aortic Aneurysm. *Eur J Vasc Endovasc Surg* 2015;50:53-9.
 153. Ockert S, Riemensperger M, von Tengg-Kobligk H, et al. Complex abdominal aortic pathologies: operative and midterm results after pararenal aortic aneurysm and type IV thoracoabdominal aneurysm repair. *Vascular* 2009;17:121-8.
 154. Oderich GS, Ribeiro M, Hofer J, et al. Prospective, nonrandomized study to evaluate endovascular repair of pararenal and thoracoabdominal aortic aneurysms using fenestrated-branched endografts based on supraceliac sealing zones. *J Vasc Surg* 2017;65:1249-1259.e10.
 155. Oderich GS, Tenorio ER, Mendes BC, et al. Midterm Outcomes of a Prospective, Nonrandomized Study to Evaluate Endovascular Repair of Complex Aortic Aneurysms Using Fenestrated-Branched Endografts. *Ann Surg* 2021;274:491-9.
 156. Omura A, Yamanaka K, Miyahara S, et al. Early patency rate and fate of reattached intercostal arteries after repair of thoracoabdominal aortic aneurysms. *J Thorac Cardiovasc Surg* 2014;147:1861-7.
 157. Omura A, Minatoya K, Matsuo J, et al. Early and late outcomes of open repair for dissecting aneurysms of the descending or thoraco-abdominal aorta. *Interact Cardiovasc Thorac Surg* 2017;25:950-7.
 158. Orrico M, Ronchey S, Setacci C, et al. The "bare branch" for safe spinal cord ischemia prevention after total endovascular repair of thoracoabdominal aneurysms. *J Vasc Surg* 2019;69:1655-63.
 159. Pacini D, Di Marco L, Fortuna D, et al. Acute aortic dissection: epidemiology and outcomes. *Int J Cardiol* 2013;167:2806-12.
 160. Patel HJ, Williams DM, Meerkov M, et al. Long-term results of percutaneous management of malperfusion in acute type B aortic dissection: implications for thoracic aortic endovascular repair. *J Thorac Cardiovasc Surg* 2009;138:300-8.
 161. Pearce BJ, Passman MA, Patterson MA, et al. Early outcomes of thoracic endovascular stent-graft repair for acute complicated type B dissection using the Gore TAG endoprosthesis. *Ann Vasc Surg* 2008;22:742-9.
 162. Peidro J, Boufi M, Loundou AD, et al. Aortic Anatomy and Complications of the Proximal Sealing Zone after Endovascular Treatment of the Thoracic Aorta. *Ann Vasc Surg* 2018;48:141-50.
 163. Piffaretti G, Menegolo M, Kahlberg A, et al. Hemothorax Management After Endovascular Treatment For Thoracic Aortic Rupture. *Eur J Vasc Endovasc Surg* 2015;50:608-13.
 164. Piscione F, Sarno G, Iannelli G, et al. Acute aortic syndromes at high surgical risk: the endovascular approach. *EuroIntervention* 2008;3:499-505.
 165. Pitton MB, Herber S, Schmiedt W, et al. Long-term follow-up after endovascular treatment of acute aortic emergencies. *Cardiovasc Intervent Radiol* 2008;31:23-35.
 166. Pompa V, Papi P, Coletti M, et al. Aortic rupture of acute aortic dissection type treated with thoracic endovascular aortic repair (TEVAR). *Eur Rev Med Pharmacol Sci* 2016;20:3743-7.

167. Qing KX, Yiu WK, Cheng SW. A morphologic study of chronic type B aortic dissections and aneurysms after thoracic endovascular stent grafting. *J Vasc Surg* 2012;55:1268-75; discussion 1275-6.
168. Rahe-Meyer N, Solomon C, Winterhalter M, et al. Thromboelastometry-guided administration of fibrinogen concentrate for the treatment of excessive intraoperative bleeding in thoracoabdominal aortic aneurysm surgery. *J Thorac Cardiovasc Surg* 2009;138:694-702.
169. Rajbanshi BG, Charilaou P, Ziganshin BA, et al. Management of Coronary Artery Disease in Patients With Descending Thoracic Aortic Aneurysms. *J Card Surg* 2015;30:701-6.
170. Rana MA, Gloviczki P, Duncan AA, et al. Comparison of open surgical techniques for repair of types III and IV thoracoabdominal aortic aneurysms. *J Vasc Surg* 2018;67:713-21.
171. Ranney DN, Cox ML, Yerokun BA, et al. Long-term results of endovascular repair for descending thoracic aortic aneurysms. *J Vasc Surg* 2018;67:363-8.
172. Raupach J, Vojacek J, Lojik M, et al. Long-term experience with endovascular therapy of the descending thoracic aorta. *Open Medicine* 2013;8:257-65.
173. Rinaldi E, Melloni A, Gallitto E, et al. Spinal Cord Ischemia After Thoracoabdominal Aortic Aneurysms Endovascular Repair: From the Italian Multicenter Fenestrated/Branched Endovascular Aneurysm Repair Registry. *J Endovasc Ther* 2023;30:281-8.
174. Rhee Y, Park SJ, Kim T, et al. Pre-sewn Multi-branched Aortic Graft and 3D-Printing Guidance for Crawford Extent II or III Thoracoabdominal Aortic Aneurysm Repair. *Semin Thorac Cardiovasc Surg* 2022;34:816-22.
175. Rocha RV, Lindsay TF, Austin PC, et al. Outcomes after endovascular versus open thoracoabdominal aortic aneurysm repair: A population-based study. *J Thorac Cardiovasc Surg* 2021;161:516-527.e6.
176. Rodriguez JA, Olsen DM, Lucas L, et al. Aortic remodeling after endografting of thoracoabdominal aortic dissection. *J Vasc Surg* 2008;47:1188-94.
177. Rossi SH, Patel A, Saha P, et al. Neuroprotective Strategies Can Prevent Permanent Paraplegia in the Majority of Patients Who Develop Spinal Cord Ischaemia After Endovascular Repair of Thoracoabdominal Aortic Aneurysms. *Eur J Vasc Endovasc Surg* 2015;50:599-607.
178. Rylski B, Blanke P, Siepe M, et al. Results of high-risk endovascular procedures in patients with non-dissected thoracic aortic pathology: intermediate outcomes. *Eur J Cardiothorac Surg* 2013;44:156-62.
179. Saiki Y, Watanabe K, Ito K, et al. Differential selective hypothermic intercostal artery perfusion: a new method to probe spinal cord perfusion during thoracoabdominal aortic aneurysm repair. *Gen Thorac Cardiovasc Surg* 2019;67:180-6.
180. Scali ST, Giles KA, Wang GJ, et al. National incidence, mortality outcomes, and predictors of spinal cord ischemia after thoracic endovascular aortic repair. *J Vasc Surg* 2020;72:92-104.
181. Schneider DB, Agrusa CJ, Ellozy SH, et al. Analysis of the Learning Curve and Patient Outcomes of Endovascular Repair of Thoracoabdominal Aortic Aneurysms Using Fenestrated and Branched Stent Grafts: Prospective, Nonrandomized, Single-center Physician-sponsored Investigational Device Exemption Clinical Study. *Ann Surg* 2018;268:640-9.
182. Seike Y, Fukuda T, Yokawa K, et al. Severe intraluminal atheroma and iliac artery access affect spinal cord ischemia after thoracic endovascular aortic repair for degenerative descending aortic aneurysm. *Gen Thorac Cardiovasc Surg* 2021;69:1367-75.
183. Seike Y, Fukuda T, Yokawa K, et al. Aggressive use of prophylactic cerebrospinal fluid drainage to prevent spinal cord ischemia during thoracic endovascular aortic repair is not supportive. *Eur J Cardiothorac Surg* 2022;62:ezac441.
184. Shah TR, Maldonado T, Bauer S, et al. Female patients undergoing TEVAR may have an increased risk of postoperative spinal cord ischemia. *Vasc Endovascular Surg* 2010;44:350-5.
185. Shimizu H, Mori A, Yoshitake A, et al. Thoracic and thoracoabdominal aortic repair under regional spinal cord hypothermia. *Eur J Cardiothorac Surg* 2014;46:40-3.
186. Shiraev TP, Qasabian R, Tardo D, et al. Open versus Endovascular Repair of Arch and Descending Thoracic Aneurysms: A Retrospective Comparison. *Ann Vasc Surg* 2016;31:30-8.
187. Shu C, He H, Li QM, et al. Endovascular repair of complicated acute type-B aortic dissection with stentgraft: early and mid-term results. *Eur J Vasc Endovasc Surg* 2011;42:448-53.
188. Si Y, Fu W, Liu Z, et al. Coverage of the left subclavian artery without revascularization during thoracic endovascular repair is feasible: a prospective study. *Ann Vasc Surg* 2014;28:850-9.
189. Smith JA, Sarode AL, Stern JR, et al. Physician-modified endografts are associated with a survival benefit over

- parallel grafting in thoracoabdominal aneurysms. *J Vasc Surg* 2022;76:318-325.e4.
190. Song C, Lu Q, Zhou J, et al. The new indication of TEVAR for uncomplicated type B aortic dissection. *Medicine (Baltimore)* 2016;95:e3919.
 191. Spanos K, Kölbl T, Theodorakopoulou M, et al. Early Outcomes of the t-Branch Off-the-Shelf Multibranched Stent-Graft in Urgent Thoracoabdominal Aortic Aneurysm Repair. *J Endovasc Ther* 2018;25:31-9.
 192. Spanos K, Kölbl T, Kubitz JC, et al. Risk of spinal cord ischemia after fenestrated or branched endovascular repair of complex aortic aneurysms. *J Vasc Surg* 2019;69:357-66.
 193. Spear R, Hertault A, Van Calster K, et al. Complex endovascular repair of postdissection arch and thoracoabdominal aneurysms. *J Vasc Surg* 2018;67:685-93.
 194. Spinella G, Finotello A, Pisa FR, et al. Geometrical Evaluation of Aortic Sac Remodeling During Two-Step Thoracoabdominal Aortic Aneurysm Endovascular Repair. *Ann Vasc Surg* 2020;67:43-51.
 195. Steingruber IE, Chemelli A, Glodny B, et al. Endovascular repair of acute type B aortic dissection: midterm results. *J Endovasc Ther* 2008;15:150-60.
 196. Stelzmueller ME, Nolz R, Mahr S, et al. Thoracic endovascular repair for acute complicated type B aortic dissections. *J Vasc Surg* 2019;69:318-26.
 197. Sugiura J, Oshima H, Abe T, et al. The efficacy and risk of cerebrospinal fluid drainage for thoracoabdominal aortic aneurysm repair: a retrospective observational comparison between drainage and non-drainage. *Interact Cardiovasc Thorac Surg* 2017;24:609-14.
 198. Sultan I, Dufendach K, Kilic A, et al. Bare Metal Stent Use in Type B Aortic Dissection May Offer Positive Remodeling for the Distal Aorta. *Ann Thorac Surg* 2018;106:1364-70.
 199. Sweet MP, Starnes BW, Tatum B. Endovascular treatment of thoracoabdominal aortic aneurysm using physician-modified endografts. *J Vasc Surg* 2015;62:1160-7.
 200. Tabayashi K, Saiki Y, Kokubo H, et al. Protection from postischemic spinal cord injury by perfusion cooling of the epidural space during most or all of a descending thoracic or thoracoabdominal aneurysm repair. *Gen Thorac Cardiovasc Surg* 2010;58:228-34.
 201. Takahashi S, Orihashi K, Imai K, et al. Cold blood spinoplegia under motor-evoked potential monitoring during thoracic aortic surgery. *J Thorac Cardiovasc Surg* 2011;141:755-61.
 202. Tanaka A, Sandhu HK, Pratt WB, et al. Risk Modeling to Optimize Patient Selection for Management of the Descending Thoracic Aortic Aneurysm. *Ann Thorac Surg* 2018;105:724-30.
 203. Tanaka A, Leonard SD, Sandhu HK, et al. Open Descending and Thoracoabdominal Aortic Repairs in Patients Younger Than 50 Years Old. *Ann Thorac Surg* 2019;108:693-9.
 204. Tang JD, Huang JF, Zuo KQ, et al. Emergency endovascular repair of complicated Stanford type B aortic dissections within 24 hours of symptom onset in 30 cases. *J Thorac Cardiovasc Surg* 2011;141:926-31.
 205. Tenorio ER, Oderich GS, Farber MA, et al. Outcomes of endovascular repair of chronic postdissection compared with degenerative thoracoabdominal aortic aneurysms using fenestrated-branched stent grafts. *J Vasc Surg* 2020;72:822-836.e9.
 206. Thomas RP, Amin SS, Eldergash O, et al. Urgent Endovascular Treatment for Non-traumatic Descending Thoracic Aortic Rupture. *Cardiovasc Intervent Radiol* 2018;41:1318-23.
 207. Tong MZ, Eagleton MJ, Roselli EE, et al. Outcomes of Open Versus Endovascular Repair of Descending Thoracic and Thoracoabdominal Aortic Aneurysms. *Ann Thorac Surg* 2022;113:1144-52.
 208. Trimarchi S, Jonker FH, Muhs BE, et al. Long-term outcomes of surgical aortic fenestration for complicated acute type B aortic dissections. *J Vasc Surg* 2010;52:261-6.
 209. Tsilimparis N, Debus S, Chen M, et al. Results from the Study to Assess Outcomes After Endovascular Repair for Multiple Thoracic Aortic Diseases (SUMMIT). *J Vasc Surg* 2018;68:1324-34.
 210. Ullery BW, McGarvey M, Cheung AT, et al. Vascular distribution of stroke and its relationship to perioperative mortality and neurologic outcome after thoracic endovascular aortic repair. *J Vasc Surg* 2012;56:1510-7.
 211. Umegaki T, Kunisawa S, Nishimoto K, et al. Paraplegia After Open Surgical Repair Versus Thoracic Endovascular Aortic Repair for Thoracic Aortic Disease: A Retrospective Analysis of Japanese Administrative Data. *J Cardiothorac Vasc Anesth* 2022;36:1021-8.
 212. Vaislic CD, Fabiani JN, Chocron S, et al. One-year outcomes following repair of thoracoabdominal aneurysms with the multilayer flow modulator: report from the STRATO trial. *J Endovasc Ther* 2014;21:85-95.
 213. van Bogerijen GH, Patel HJ, Williams DM, et al. Propensity adjusted analysis of open and endovascular thoracic aortic repair for chronic type B dissection: a

- twenty-year evaluation. *Ann Thorac Surg* 2015;99:1260-6.
214. Van Calster K, Bianchini A, Elias F, et al. Risk factors for early and late mortality after fenestrated and branched endovascular repair of complex aneurysms. *J Vasc Surg* 2019;69:1342-55.
 215. Wahlgren CM, Blohmé L, Günther A, et al. Outcomes of Left Heart Bypass Versus Circulatory Arrest in Elective Open Surgical Descending and Thoraco-abdominal Aortic Repair. *Eur J Vasc Endovasc Surg* 2017;53:672-8.
 216. Watson DR, Flesher T. Combined distal aortic perfusion and balloon occlusion to facilitate the repair of complex thoracic and thoracoabdominal aortic aneurysms. *Eur J Cardiothorac Surg* 2010;37:1474-6.
 217. Weiss AJ, Lin HM, Bischoff MS, et al. A propensity score-matched comparison of deep versus mild hypothermia during thoracoabdominal aortic surgery. *J Thorac Cardiovasc Surg* 2012;143:186-93.
 218. Wojciechowski J, Znaniecki L, Bury K, et al. Thoracic endovascular aortic repair with left subclavian artery coverage without prophylactic revascularisation-early and midterm results. *Langenbecks Arch Surg* 2014;399:619-27.
 219. Wongkornrat W, Yamamoto S, Sekine Y, et al. Predictors of paraplegia with current thoracoabdominal aortic aneurysm repair. *Asian Cardiovasc Thorac Ann* 2015;23:406-11.
 220. Wynn M, Acher C, Marks E, et al. The effect of intercostal artery reimplantation on spinal cord injury in thoracoabdominal aortic aneurysm surgery. *J Vasc Surg* 2016;64:289-96.
 221. Xiong J, Zhang M, Guo W, et al. Early malperfusion, ischemia reperfusion injury, and respiratory failure in acute complicated type B aortic dissection after thoracic endovascular repair. *J Cardiothorac Surg* 2013;8:17.
 222. Yaffee DW, DeAnda A, Ngai JY, et al. Blood conservation strategies can be applied safely to high-risk complex aortic surgery. *J Cardiothorac Vasc Anesth* 2015;29:703-9.
 223. Yang H, Zhou J, Huang K, et al. Preoperative proteinuria and clinical outcomes in type B aortic dissection after thoracic endovascular aortic repair. *Clin Chem Lab Med* 2019;57:752-8.
 224. Yang G, Zhang M, Muzepper M, et al. Comparison of Physician-Modified Fenestrated/Branched Stent-Grafts and Hybrid Visceral Debranching Plus Stent-Graft Placement for Complex Thoracoabdominal Aortic Aneurysm Repair. *J Endovasc Ther* 2020;27:749-56.
 225. Yokawa K, Ikeno Y, Henmi S, et al. Impact of shaggy aorta on outcomes of open thoracoabdominal aortic aneurysm repair. *J Thorac Cardiovasc Surg* 2020;160:889-897.e1.
 226. Yoo JS, Kim JB, Joo Y, et al. Deep hypothermic circulatory arrest versus non-deep hypothermic beating heart strategy in descending thoracic or thoracoabdominal aortic surgery. *Eur J Cardiothorac Surg* 2014;46:678-84.
 227. Youssef M, Neufang A, Jungmann F, et al. Patency of renal and visceral vessels after open thoracoabdominal aortic replacement. *J Vasc Surg* 2015;62:594-9.
 228. Youssef M, Salem O, Dünschede F, et al. Adjunct Perfusion Branch for Reduction of Spinal Cord Ischemia in the Endovascular Repair of Thoracoabdominal Aortic Aneurysms. *Thorac Cardiovasc Surg* 2018;66:233-9.
 229. Yunoki J, Kuratani T, Shirakawa Y, et al. Mid-term results of endovascular treatment with the Gore TAG device for degenerative descending thoracic aortic aneurysms. *Gen Thorac Cardiovasc Surg* 2015;63:38-42.
 230. Yuri K, Yamaguchi A, Hori D, et al. Surgical treatment for thoracic aneurysms: comparison of stent grafting and open surgery. *Ann Vasc Dis* 2012;5:15-20.
 231. Zamor KC, Eskandari MK, Rodriguez HE, et al. Outcomes of Thoracic Endovascular Aortic Repair and Subclavian Revascularization Techniques. *J Am Coll Surg* 2015;221:93-100.
 232. Zanetti PP, Krasoń M, Walas R, et al. "Open" repair of ruptured thoracoabdominal aortic aneurysm (experience of 51 cases). *Kardiochir Torakochirurgia Pol* 2015;12:119-25.
 233. Zeng R, Li D, Deng L, et al. Hypoalbuminemia predicts clinical outcome in patients with type B acute aortic dissection after endovascular therapy. *Am J Emerg Med* 2016;34:1369-72.
 234. Zeng Z, Zhao Y, Ainiwaer A, et al. Physician-Modified Branched Double-Trunk Stent-Graft (PBDS) for Thoracoabdominal Aortic Aneurysm. *Heart Lung Circ* 2021;30:896-901.
 235. Zha B, Xu G, Zhu H, et al. Endovascular repair of type B aortic dissection with the restrictive bare stent technique: morphologic changes, technique details, and outcomes. *Ther Clin Risk Manag* 2018;14:1993-2002.
 236. Zhang MH, Du X, Guo W, et al. Early and midterm outcomes of thoracic endovascular aortic repair (TEVAR) for acute and chronic complicated type B aortic dissection. *Medicine (Baltimore)* 2017;96:e7183.
 237. Zhao Y, Yin H, Chen Y, et al. Restrictive bare stent prevents distal stent graft-induced new entry in endovascular repair of type B aortic dissection. *J Vasc Surg* 2018;67:93-103.
 238. Zhou W, Yu W, Wang Y, et al. Assessing Aortic

Remodeling after Thoracic Endovascular Aortic Repair (TEVAR) in DeBakey IIIb Aortic Dissection: A Retrospective Study. *Ann Thorac Cardiovasc Surg* 2019;25:46-55.

239. Zhu J, Zhao L, Dai X, et al. Fenestrated Thoracic

Endovascular Aortic Repair Using Physician Modified Stent Grafts for Acute Type B Aortic Dissection with Unfavourable Landing Zone. *Eur J Vasc Endovasc Surg* 2018;55:170-6.