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**Title:**
Regarding “Comparison of outcomes for double fenestrated endovascular aneurysm repair versus triple or quadruple fenestrated endovascular aneurysm repair in the treatment of complex abdominal aortic aneurysms”

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**Letter:**
We read with interest the comparison by Katsargyris et al of fenestrated endovascular aneurysm repair (FEVAR) with one or two fenestrations against FEVAR with three or four fenestrations in their center. They observed no significant difference in outcomes in the postoperative period or in the early follow-up. They concluded that more complex FEVAR is as safe as less complex FEVAR and advocated more liberal use of complex FEVAR. These results differ from our similar analysis,1 and as such we suggest that the applicability of this conclusion is compromised for the following reasons.

1.The report is from a center with extensive experience and the lead author is one of the pioneers of adaptation of advanced endovascular techniques. Their low complication rates mean a type II error could not be ruled out. Similar excellence is unlikely to be replicated widely, and in fact multicenter series report higher overall complication rates and a more discernible trend of higher complication rates in more complex FEVAR.2 Centers with less experience or differing results should remain cautious, including our own.1

2.A comparison of “less complex” FEVAR vs “more complex” FEVAR is spurious without the context of anatomy. In planning, the anatomy frequently lends itself to a particular device. The authors' analysis has relevance only to patients in whom it would appear that satisfactory and durable seal could be obtained by deploying a less complex FEVAR but the physician wishes to consider a more complex device. The authors have shown that this would lead to increased operating/fluoroscopy time and greater contrast agent use but have not shown any benefit.

Whereas the report is reassuring by demonstrating that large experienced centers may deliver more complex FEVAR with no substantial increase in complications compared with less complex FEVAR, we recommend that centers with less experience remain cautious in their approach. Larger centers or multicenter collaborations still need to demonstrate a benefit, supported by long-term follow-up, from more liberal use of complex FEVAR (in patients in whom there is a choice) to offset the established opportunity costs of their implantation.

**References**

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2. British Society for Endovascular Therapy and the Global Collaborators on Advanced Stent-Graft Techniques for Aneurysm Repair (GLOBALSTAR) Registry. Early results of fenestrated endovascular repair of juxtarenal aortic aneurysms in the United Kingdom. Circulation. 2012; 125: 2707–2715