

## Dataset Profile: Endovascular Aortic (EVAR) Repair Procedures

**Description:** This dataset combines the surgical registry data for endovascular aortic (EVAR) procedures performed at 370 hospitals participating in the Vascular Quality Initiative (VQI) from Jan 1, 2003 – Oct. 2017 with late outcomes from Medicare claims from Jan 1, 2003- Sept. 30 2015. The dataset was generated by linking VQI cases in Medicare claims that matched on SSN, date of birth (DOB), gender, and date of procedure. Canadians, patients under 65 years of age, procedures after 9/30/2015 and any patient with missing or invalid SSN was excluded from the matching process. Medicare-derived outcomes variables were created for the matched cases to facilitate evaluation of long term outcomes of EVAR procedures.

### Late Events Variables Derived from Medicare:

- 1) Death
- 2) Adverse outcome: aortic rupture
- 3) Readmission to the hospital after the index procedure for vascular complications involving mesenteric artery, renal artery or other vessels; postoperative infection; stroke or vascular myelopathies; cardiac complications; urinary or renal complications; GI complications; or respiratory complications,
- 4) Repeat procedure/reintervention
- 5) Post-surgical imaging (such as CT or ultrasound of the abdomen)
- 6) Payment information

### Filename of VQI Registry File linked to Medicare:

EVAR\_NATIONAL\_PROC\_20171130\_With\_Manufacturer and EVAR\_NATIONAL\_LTF\_r12\_0\_20171205

**Analytic period of VQI procedures:** 01/2003 - 10/2017

**Analytic period of Medicare-derived variables:** 01/01/2003 -09/30/2015

**Date matched dataset generated:** 12/1/2017

### Results of match:

16,722 cases were eligible for matching (procedures in the VQI with a valid bene\_ID crosswalk and are US citizens). The matching process returned a total of 15,880 matched cases. The match rate among eligible cases was 95.0%.

### Data Use Agreement:

This dataset was created for the PCORI-funded project, “Advancing Patient Centered Outcomes Research in Survival Data with Unmeasured Confounding to Improve Patient Risk Communication” under CMS DUA 28593. The dataset and related files reside in the secure environment of the Data Analytic Core at The Dartmouth Institute for Health Policy and Clinical Practice. Permission from CMS is required to obtain access to data.

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