

(47.9% vs. 45.1%), and to have hypercholesterolemia (55.0% vs. 51.5%) than women who had not used HRT ($p < .001$). However, they were less likely to have diabetes (8.6% vs. 10.1%, $p < .001$). Despite the increased prevalence of several atherosclerotic risk factors among women who used HRT, they were significantly less likely to have PAD (3.3% vs. 4.1%, $p < .001$). Multivariate analysis confirmed that HRT was independently associated with a decreased risk of PAD (OR 0.8, 95% CI 0.78-0.82). In postmenopausal women with existing risk factors, the significant effect of HRT on the prevalence of PAD was maintained: in postmenopausal women with either a smoking history, hypertension, hypercholesterolemia, or diabetes, the odds ratio of HRT use with regard to PAD remained 0.8.

Conclusions: The use of HRT in postmenopausal women is associated with a significant reduction in the prevalence of PAD. This association was significant even in postmenopausal female patients with known atherosclerotic risk factors. This data has important implications with regard to a possible protective effect of HRT on atherosclerotic conditions, particularly in patients at higher risk for these conditions due to medical co-morbidities.

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S4: SVS Plenary Session IV

SS18.

Endovascular Treatment of Complicated Type B Aortic Dissection Using a Composite Device Design: Initial Results of a Prospective Multicenter Clinical Trial (STABLE)

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Objectives: The operative mortality of complicated type B aortic dissection (CTBAD) is reported to be as high as 30%. The use of endografts in the treatment of CTBAD is well described. However, significant questions still remain on timing, patient selection, anatomical limitations, treatment length and device performance. With these questions in mind, the objective of this study was to evaluate the safety and effectiveness of a unique composite (proximal stent graft and distal bare metal stent) TEVAR construct in the treatment of patients with CTBAD.

Methods: For this prospective, single-arm, international study, patients with CTBAD were treated with a

combination of proximal endovascular thoracic grafts and distal bare endovascular stents. Indications for enrollment were malperfusion of visceral organs, impending rupture, aortic diameter >4 cm, rapid aortic expansion, persistent uncontrollable pain or hypertension despite maximum medical therapy. Study endpoint was mortality at 30 days. One year follow-up with scheduled clinical and radiographic (CT and X-ray) were available.

Results: Ten centers enrolled 40 patients between 12/2007 and 9/2009. The majority of patients were male (28,70%) and the mean age was 58 years. All patients had multiple specific indications for treatment (31,77.5% impending rupture/malperfusion), and the mean time from presentation to treatment was 20 days (range 0-78). All devices were successfully deployed and patent. The 30-day mortality rate was 5% (2). Thirty-day morbidity included stroke (4,10%), paraplegia (1,2.5%), aortic rupture (1,2.5%) and renal failure (5,12.5%). No patient became dialysis dependent. No conversions to open surgery, issues with device integrity, or stent migration have been observed.

Conclusions: Initial data with a composite TEVAR construct have demonstrated favorable clinical and anatomic results. Continued enrollment and long-term data are needed to assess the overall effectiveness of this treatment strategy.

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SS19.

Cyber Medicine Enables Remote Neuromonitoring during Aortic Surgery

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Objectives: Neuromonitoring of spinal function by detecting motor evoked potentials (MEPs) during open repair (OR) of thoracoabdominal aortic aneurysms (TAAA) is a valid method to assess insufficient arterial supply to alpha motor neurones. This method requires a complex technique and specific neurophysiological expertise. We dem-