Impact of Geographic Proximity on Survival in Stanford Type A Aortic Dissection Patients Undergoing Surgical Repair: A Single Health System Observational Study

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Disclosure

No disclosures





Background

- Stanford Type A aortic dissection (TAAD)
 - Life-threatening surgical emergency
 - Immediate surgical intervention is standard of care
- Travel distance to healthcare facilities → patient outcomes including survival remain unclear



Question

Does geographical proximity of the patient to the hospital providing surgical treatment significantly impact patient survival?



Methods- design

- Subjects: patients with TAAD who underwent surgical repair (January 2011- June 2023)
- Surgical treatment provided at a university hospital or an associated large, metropolitan hospital
- Cohorts were stratified by distance from residential ZIP code to the hospital providing surgical treatment
 - < 25 miles</p>
 - 25-50 miles
 - 51-100 miles
 - >100 miles

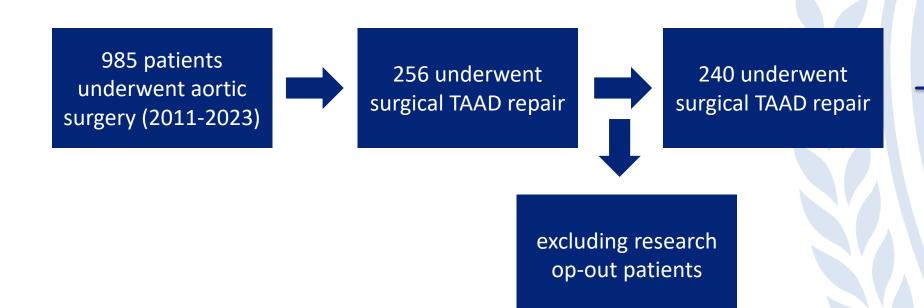


Methods- statistical analysis

- Survival analysis: Kaplan-Meier method
- Influence of distance was assessed using the Cox proportional hazard model.
- Log rank test was done for multiple comparison to evaluate survival difference between the groups.



Results



Median age = 61.1 (Interquartile range: 51.2-72.2)

32.4 % female



Results

Median age: 61.1 (IQR 51.2-72.2)

32.4% female

Median distance from patient's residential zip code to the university hospital; 25.4 miles (IQR 10.4-121.6 miles).

 Log rank multiple comparison test revealed no difference in patient characteristics between the four groups with all p-value greater than 0.50.

No difference was found from the log rank multiple comparison test (p> 0.46).



Results- patient distance from hospital providing surgical treatment

- Discharge mortality (p = 0.99):
 - Within 25 miles: 5.3%
 - 25-50 miles: 4.3%
 - 50-100 miles: 4.2%
 - Over 100 miles: 5.8%

- 30-day mortality (p = 0.68):
 - Within 25 miles 7.3%
 - 25-50 miles 12.5%
 - 50-100 miles 3.8%
 - Over 100 miles: 6.3%



Results

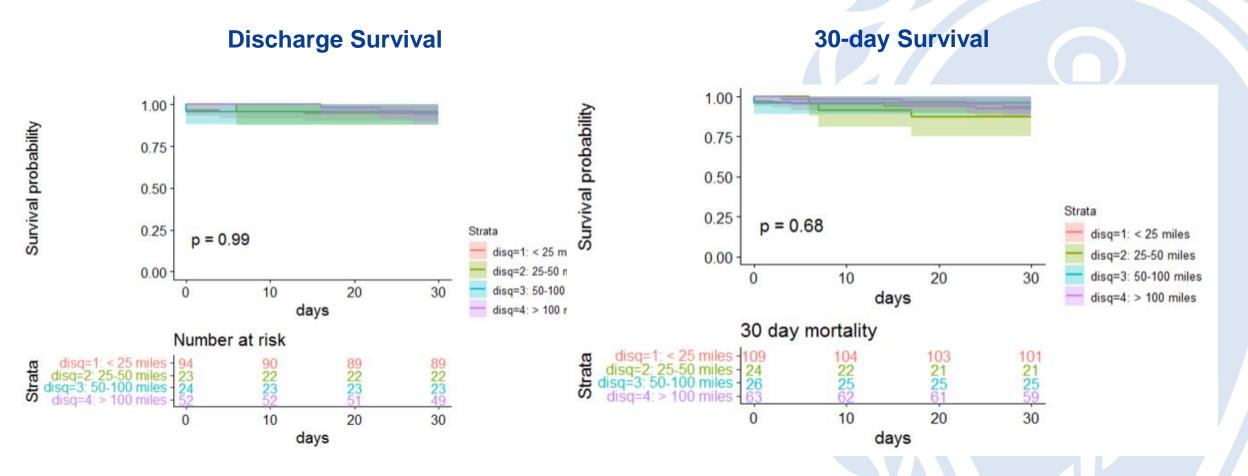




Figure: Kaplan Meier survival curve according to the distance from patient's ZIP code of residence to the university hospital for discharge (left) and 30-day survival (right).

Conclusion

- No significant association between geographical proximity to medical facility providing surgical treatment and patient survival after Stanford TAAD
- Access to timely medical care
 - Important
 - NOT a limiting factor for survival up to distances over 100 miles
- Further research needed to investigate other factors that decrease survival for TAAD and investigate any morbidity associated with transfer to remote center for surgery

