

Table S1 Indications for CTBAD endovascular repair

Primary author	Indication(s)
Kato, 2002	(I) visceral or leg ischemia, aortic rupture, refractory hypertension, and/or refractory pain; (II) descending thoracic aorta 50 mm or larger in diameter
Greenberg, 2005	(I) Chronic aortic dissection with aneurysm 5 cm or rapid growth; (II) life expectancy >2 years; (III) high-risk for open surgical repair; (IV) absence of an uncorrectable coagulopathy; (V) absence of allergy to stainless steel or polyester; (VI) absence of a serious groin infection; (VII) absence of systemic sepsis
Baumgart, 2006	(I) TAA and PAU recurrent pain; (II) enlargement of aortic diameter to more than 5 cm
Bocker, 2006	(I) Chronic expansive aortic dissection (CEAD) greater than 55 mm of maximum diameter
Song, 2006	(I) Chronic dissection with aneurysmal dilatation of the proximal descending aorta >5 cm, or; (II) chronic dissections with acute symptoms
Thompson, 2007	NR
Jing, 2008	(I) Aortic rupture; (II) continued chest pain despite rigorous medical management; (III) refractory hypertension or branch vessel ischemia; (IV) a maximum diameter of >50 mm (chronic AD) of the descending thoracic aorta or; (V) documented aortic enlargement of >1.0 mm/year
Marcheix, 2008	Aneurysmal dilatation defined as diameter over 40mm and rapid aortic enlargement of more than 0.5 cm in 6-month period
Sayer, 2008	Presence of complications (rupture, acute dissection, end organ ischemia or pain), maximum short axis thoracic aortic diameter exceeding 5.5 cm, or rapid growth of the thoracic aorta (1 cm in 6 months or local protocol).
Alves, 2009	(I) Persistent symptoms or; (II) total aortic diameter greater than 55 mm
Guangqi, 2009	(I) Pseudo-aneurysm with diameter 5 cm or larger or rapid enlargement >0.5 cm per year and; (II) acute symptoms
Kim, 2009	(I) Persistent or recurrent pain that was unresponsive to medical treatment; (II) dynamic obstruction; (III) aortic diameter \geq 6 cm; (IV) progressive enlargement of the false lumen (>5 mm), or; (V) continuous false lumen leakage.
Manning, 2009	Aneurysmal expansion of the false lumen
Czerny, 2010	(I) Median diameter DTA > or equal to 6cm
Xu, 2010	(I) Type B aortic dissection confirmed by magnetic resonance angiography or computed tomographic angiography (CTA) with patent false lumen and no intramural hematoma; (II) time between onset of dissection and admission longer than 1 month; (III) arch diameter (landing zone) less than 38 mm; (IV) adequate access route, and; (V) no aberrant right subclavian artery; (V) distance between entry tear and opening of left subclavian artery (LSCA) more than 10 mm; (VI) no Marfan syndrome or any suspected connective tissue diseases.
Kang, 2011	(I) Maximum aortic diameter of at least 55 mm; (II) rapid aortic growth (10 mm/y); (III) clinical or radiographic evidence of rupture; (IV) intractable chest pain despite maximal medical therapy, and; (V) visceral, renal, or lower extremity malperfusion.
Orberhuber, 2011	(I) Maximum diameter of thoracic aorta >6 cm, and; (II) rapid expansion >1 cm/year
Parsa, 2011	(I) Rapid enlargement >5 mm in 6 months; (II) aneurysm >5.5 cm; (III) saccular aneurysm >2 cm protrusion beyond aortic wall
Andacheh, 2012	(I) Aneurysmal enlargement; (II) failure of medical management; (III) perforation
Mani, 2012	(I) Aneurysmal dilatation >5.5 cm; (II) rapid expansion of >1cm in one year, or; (III) symptomatic disease (i.e., leaking aneurysm, back or chest pain with dilatation)
Nathan, 2012	(I) Aneurysm >5.5 cm; (II) rapid aneurysmal enlargement >5 mm over 6 months; (III) saccular aneurysm >2 cm and; (IV) rupture

Table S1 (continued)

Table S1 (continued)	
Primary author	Indication(s)
Qing, 2012	(I) Patients were categorized as having chronic type B aortic dissections (group A) if their maximum aortic diameters were <50 mm and as having; (II) chronic dissections with aneurysms (group B) if their maximum aortic diameters were ≥50 mm
Yang, 2012	(I) Refractory hypertension; (II) persistent or recurrent pain; (III) aneurysmal rupture; (IV) visceral or lower limb ischemia; (V) aneurysmal dilatation with aortic diameter 6.0 mm
Chen, 2013	Descending thoracic aorta ≥40 mm in diameter at onset of aortic dissection with complications requiring surgical intervention, including visceral or leg ischemia, aortic rupture, refractory hypertension, refractory pain, or growth of ulcer-like projections.
Jia, 2013	(I) Patients who were diagnosed as having uncomplicated type B aorta dissection; (II) patients who were at least 20 years old but were younger than 80 years, and; (III) patients who were able to cooperate with the study procedure and provided written informed consent
Lee, 2013	(I) Rapid enlargement of the aorta or aortic diameter > 55 mm; (II) persistent pain; (III) clinical or radiological malperfusion; (IV) rupture
Leshnower, 2013	(I) A maximum aortic diameter 5.5 cm or greater; (II) rapid aortic growth of 5 mm or greater over a 6-month period.
Nozdrzykowski, 2013	(I) Enlarged aortic diameter; (II) impending rupture; (III) end-organ malperfusion, or; (IV) recurrent pain
Patterson, 2013	Varied across the included trials in the MOTHER Database
Scali, 2013	Maximal thoracic aneurysm diameter ≥6.0 cm or documented growth rate ≥1.0 cm on serial centreline computed tomography (CTA) measurements over 12 months
Andersen, 2014	For elective: (I) aneurysmal degeneration with an absolute aortic diameter of ≥5.5 cm; (II) rapid aneurysm enlargement (>5 mm in 6 months); (III) saccular aneurysm protruding ≥2 cm beyond the aortic wall; For non-elective: (I) symptomatic aneurysm with impending rupture; (II) aorto-esophageal fistula; (III) ruptured aneurysm; (IV) dynamic iliofemoral malperfusion
Kitamura, 2014	NR
Lombardi, 2014	(I) Branch vessel obstruction/compromise; (II) impending rupture; (III) resistant hypertension; (IV) persistent pain/symptoms; (V) or aortic growth >5 mm in 3 months (or transaortic diameter >40 mm
Song, 2014	Newly developed, continuing back pain, and aneurysmal degeneration (maximal thoracic aneurysm diameter 5.5 cm or a documented growth rate of 0.5 cm within 6 months seen on serial computed tomography angiograms
Nathan, 2015	(I) Aneurysm size ≥5.5 cm; (II) Aneurysm expansion ≥ 0.5 cm over 6 months; (III) refractory chest pain, or; (IV) rupture
van Bogerijen, 2015	(I) Aortic enlargement (defined as maximum aortic diameter 55 mm or rapid aortic enlargement (5 mm/year); (II) clinical or radiologic evidence of rupture; (III) acute on chronic dissection; and; (IV) distal extension of the initial dissection
Zhang, 2017	(I) Maximum aortic diameter >55 mm; (II) an aortic increase of >5 mm within 3 months; (III) detection of organ ischemia; (IV) recurrence of other symptoms (pleural effusion, refractory pain, and resistant hypertension). Refractory pain was defined as ongoing symptoms of back and/or chest pain requiring narcotic medications in case of excellent blood pressure control.
Chou, 2018	(I) Aneurysmal degeneration with an aortic diameter >6 cm, or; (II) rapid aneurysmal growth (>0.5 cm within 0.5 year)
Huang, 2018	(I) Progressive aneurysmal enlargement to a maximum thoracic aortic diameter of greater than 6 cm or an annual increase in diameter of greater than 0.5 cm with maximal size greater than 5 cm on surveillance imaging
Tjaden, 2018	NR
Table S1 (continued)	

Table S1 (continued)

Primary author	Indication(s)
Kim, 2019	(I) Newly developed aneurysms; (II) intractable back pain; (III) aneurysmal degeneration (maximal thoracic aneurysm diameter >55 mm or; (IV) a documented growth rate of 5 mm in 6 months, as observed in serial computed tomography (CT) angiograms).
Wang, 2019	NR
Zha, 2019	(I) Impending rupture; (II) organ malperfusion; (III) resistant hypertension unresponsive to medical therapy; (IV) refractory pain (ongoing symptoms in the back and/or chest pain requiring narcotic medications); (V) aortic growth (aortic diameter increase >5 mm within 3 months); (VI) the patient's will or surgeon's decision.
Conway, 2020	(I) Pain; (II) Refractory hypertension; (III) aneurysm; (IV) rupture
Li, 2020	(I) Refractory hypertension; (II) intractable pain; (III) rupture or impending rupture; (IV) visceral malperfusion; (V) lower extremity ischemia; (VI) true lumen collapse <25% aortic diameter; (VII) rapid enlargement >4mm/year; (VIII) aneurysmal dilatation >55 mm
Oishi, 2020	(I) Acute enlargement of aneurysm diameter >5 mm over 6 months; (II) enlargement of the aneurysmal diameter >55 mm, and/or; (III) rupture or impending rupture
Puech-Leao, 2020	The maximum diameter greater than 55 mm, measured at the axial projection
Ueki, 2021	Rupture, impending rupture, aneurysmal degeneration (maximum aortic diameter of >55 mm), and rapid growth of the aortic diameter (>5 mm per 6 months).

Table S2 Patient's characteristics

Primary author	n	Age (years)	Male (%)	Interval between diagnosis and repair (months)**	HTN (%)	DM (%)	CVA (%)	CAD (%)	COPD (%)	Smoking (%)	Renal insufficiency (%)	Previous cardiac/aortic surgery (%)	CTD (%)	Rupture (%)	Mal-perfusion syndrome (%)
Kato, 2002	14	61.0±14.0	86.0	35.0±94.0	64.0	NR	0.0	7.1	NR	NR	0.0	21.4	NR	NR	NR
Greenberg, 2005	15	54.0	73.0	NR	NR	NR	NR	NR	NR	NR	NR	26.7	NR	NR	NR
Baumgart, 2006	35	64.0±14.0	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Bockler, 2006	15	59.5±10.8*	80.0	NR	NR	NR	NR	NR	NR	NR	NR	6.7	NR	0.0	6.7
Song, 2006	17	64.0±14.0	58.8	NR	94.1	11.8	0.0	11.8	29.4	NR	29.4	11.8	0.0	6.3	6.3
Thompson, 2007	52	62.0±14.0	NR	NR	81.0	NR	NR	NR	NR	NR	21.4	59.5	9.6	NR	NR
Jing, 2008	35	69.0±12.7	85.7	NR	80.0	25.7	2.9	11.4	11.4	65.7	5.7	NR	NR	5.7	NR
Marcheix, 2018	15	38.7±12.8	66.7	NR	46.7	6.7	NR	NR	40.0	NR	33.3	73.3	100.0	NR	NR
Sayer, 2008	40	66.6±11.9	65.0	NR	67.5	10.0	NR	NR	NR	52.5	37.5	12.5	17.5	NR	NR
Alves, 2009	61	56.4±10.8	77.0	10.5±18.0	37.0	4.9	NR	NR	NR	NR	14.8	NR	NR	NR	NR
Guangqi, 2009	49	57.1±10.0	93.9	NR	95.9	NR	NR	NR	NR	NR	6.1	NR	2.0	4.1	0.0
Kim, 2009	72	55±12.0	65.3	NR	93.1	13.9	4.2	16.7	NR	47.2	5.5	5.6	2.8	NR	NR
Manning, 2009	10	63.0±8.5*	80.0	26.3±17.3*	NR	NR	NR	NR	NR	NR	NR	10.0	NR	NR	NR
Czerny, 2010	14	63.0	79.0	31.5±20.0*	100.0	NR	NR	NR	68.0	NR	NR	21.4	NR	NR	NR
Xu, 2010	84	53.3±11.6	82.1	13.9±22.0	79.8	10.7	NR	11.9	NR	31.0	NR	NR	1.2	3.6	NR
Kang, 2011	76	61.5±12.5	64.0	25.0±31.0	99.0	10.5	11.8	38.2	22.4	42.1	18.4	22.4	2.6	1.3	1.3
Orberhuber, 2011	19	57.0±11.5*	89.5	33.3±14.8*	94.7	NR	NR	21.1	21.1	47.4	31.6	NR	5.3	NR	NR
Parsa, 2011	51	57.0±12.0	72.5	46.2±53.7	94.1	7.8	5.9	NR	17.6	52.9	23.5	27.5	NR	NR	NR
Andacheh, 2012	73	58.0	71.0	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Mani, 2012	58	66.0±11.0	82.8	29.0±31.0	NR	NR	NR	NR	NR	NR	NR	13.8	NR	5.2	NR
Nathan, 2012	27	67.5±9.6	66.7	47.0±44.2	100.0	11.1	NR	14.8	25.9	NR	11.1	33.3	NR	3.7	0.0
Qing, 2012	32	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Yang, 2012	28	62.7±12.6	85.7	49.8±55.8	92.9	14.3	10.7	14.3	7.1	42.9	7.1	NR	NR	NR	NR
Chen, 2013	56	53.9±10.7	78.6	0.8±0.2	87.5	10.7	7.1	32.1	3.6	67.9	5.4	NR	NR	NR	NR
Jia, 2013	208	52.1±21.8	74.0	1.0±0.2*	89.9	NR	9.6	12.0	10.8	NR	7.7	NR	NR	NR	NR
Lee, 2013	71	55.1±12.1	70.4	26.0±42.9*	81.7	5.6	2.8	2.8	NR	39.4	4.2	23.9	7.0	2.8	9.9
Leshnower, 2013	31	62.0±10.0	58.0	47.0±44.0	77.0	9.7	9.7	NR	41.9	NR	6.5	32.3	NR	0.0	NR
Nozdrzykowski, 2013	32	61.2±10.0*	71.9	4.4±6.4*	100.0	28.1	6.2	18.8	21.9	NR	40.6	18.8	0.0	18.7	18.7
Patterson, 2013	195	63.1±11.0*	83.0	NR	83.0	11.3	3.1	NR	10.3	61.0	12.0	NR	NR	NR	NR
Scali, 2013	80	60.0±13.0	88.0	26.8±12.2*	95.0	NR	6.7	23.8	15.0	51.3	30.0	32.5	8.8	NR	NR
Andersen, 2014	44	58.0 ±11.1*	64.0	31.0±50.4*	98.0	11.4	0.0	11.4	15.9	59.1	15.9	27.3	0.0	NR	NR
Kitamura, 2014	45	55.5±13.1	94.3	16.8±33.6	NR	NR	NR	NR	NR	NR	7.5	NR	0.0	NR	NR

Table S2 (continued)

Table S2 (continued)

Primary author	n	Age (years)	Male (%)	Interval between diagnosis and repair (months)**	HTN (%)	DM (%)	CVA (%)	CAD (%)	COPD (%)	Smoking (%)	Renal insufficiency (%)	Previous cardiac/aortic surgery (%)	CTD (%)	Rupture (%)	Mal-perfusion syndrome (%)
Lombardi, 2014	31	59.8±13.3	77.4	1.4±0.8	100.0	12.9	9.7	16.1	6.5	48.1	6.5	NR	NR	NR	58.1
Song, 2014	20	50.2	85.0	18.1±11.9	90.0	5.0	0.0	5.0	NR	70.0	NR	50.0	5.0	NR	NR
Nathan, 2015	47	58.3±11.7	74.5	53.8±50.1	87.2	NR	NR	NR	NR	NR	NR	27.7	14.9	4.3	NR
van Bogerijen, 2015	32	69.2±10.7	46.9	20.3±27.6	93.8	9.4	3.1	25.0	25.0	71.0	NR	34.4	3.1	NR	NR
Zhang, 2017	25	65.5±10	64.0	1.9±2.2*	88.0	16.0	NR	4.0	0.0	40.0	8.0	NR	0.0	NR	NR
Chou, 2018	23	63.9±7.9	87.0	19.9±11.1	78.2	8.7	8.7	17.4	13.0	26.0	30.4	NR	0.0	0.0	0.0
Huang, 2018	65	56.3±3.8*	81.5	18.2±9.4*	95.3	7.7	7.7	20.0	NR	38.4	4.6	NR	4.6	NR	NR
Tjaden, 2018	94	61.0±2.8*	85.1	NR	93.6	6.4	7.4	20.2	10.6	50.0	24.5	22.3	1.1	NR	NR
Kim, 2019	75	58.2±12.1	78.7	15.8±20.2*	82.7	8.0	NR	6.7	4.0	52.0	2.7	52.0	2.7	NR	NR
Wang, 2019	193	62.2±12.4	71.5	NR	96.4	13.0	6.2	13.5	14.5	60.6	4.7	21.2	1.6	3.1	7.3
Zha, 2019	23	55.9±12.1	78.3	NR	87.0	17.4	NR	4.3	8.7	69.6	NR	NR	NR	NR	8.7
Conway, 2020	208	65.0±12.6*	72.1	NR	88.9	12.0	11.5	13.0	19.2	68.3	3.4	34.6	4.3	4.8	NR
Li, 2020	34	56.1±14.2	82.4	23.0±14.4*	82.4	2.9	2.9	5.8	8.8	47.1	0.0	NR	NR	0.0	5.9
Oishi, 2020	40	66.5±11.6	65.0	NR	97.5	12.5	NR	NR	NR	57.5	7.5	47.5	5.0	NR	0.0
Puech-Leao, 2020	42	59.1	76.2	NR	NR	NR	NR	NR	NR	NR	NR	NR	0.0	NR	NR
Ueki, 2021	35	63.4±2.9*	74.3	38.8±52.9*	94.3	14.3	5.7	5.7	NR	71.4	2.9	48.6	NR	11.4	NR
Pooled estimate % (95% CI)	2,641	60.5 (58.1–62.8)	76.7 (73.7–79.2)	20.6 (14.5–25.8)	89.4 (85.8–92.7)	10.4 (8.9–11.9)	5.6 (4.2–7.2)	13.8 (10.8–16.9)	15.0 (11.4–18.9)	52.7 (48.1–57.4)	11.3 (8.1–14.9)	29.2 (23.8–34.8)	4.3 (1.8–7.4)	–	–

*, calculated from median and range/IQR using methods of Wan et al.; **, when reported in days this was converted to months by dividing the number by 30. HTN, hypertension; DM, diabetes mellitus; CVA, cerebrovascular accident; CAD, coronary artery disease; COPD, chronic obstructive pulmonary disease; CTD, connective tissue disorder; NR, not reported.

Table S3 Procedural details									
Primary author	Endoprotheses	Number of stent-grafts per patient	Stent length; diameter (mm)	LSA coverage (%)	Technical success (%)	Primary conversion (%)	Operative time (minutes)	CSF drain (%)	Over-sizing (%)
Kato, 2002	Custom graft	NR	NR	NR	100.0	0.0	NR	NR	NR
Greenberg, 2005	Zenith TX1, Zenith TX2	NR	NR	NR	NR	0.0	102.0	82.0	NR
Baumgart, 2006	Talent, GoreTAG	1.3±0.5	L: 123±23, D: 37±6	NR	100.0	0.0	NR	NR	NR
Bocker, 2006	Excluder, Talent, Endofit	1.1 (1–2)*	L: 162, D: 35.2	40.0	100.0	0.0	NR	NR	NR
Song, 2006	AneuRx and Talent	NR	L: 188±61	23.5	NR	NR	149.9±88.5	NR	NR
Thompson, 2007	Valiant	1.6	NR	NR	NR	0.0	NR	NR	NR
Jing, 2008	Talent, Zenith, Aegis	NR	L: 102.4±15.3, D: 37.2±4.2	5.7	100.0	NR	139±25	NR	NR
Marcheix, 2008	Talent	1.5±0.7	NR	13.3	66.7	0.0	NR	NR	5–10%
Sayer, 2008	Valiant, Talent, Excluder	2.1	L: 204±20 mm proximal: 32.9±1.3 mm, distal: 26.9±2.0	NR	100.0	NR	133.5	NR	NR
Alves, 2009	Braile stent	1.7±0.8	NR	NR	98.4	3.3	NR	NR	NR
Guangqi, 2009	Talent, Zenith, Ankura, Aegis	1.1±0.3	NR	22.4	77.6	0.0	NR	NR	NR
Kim, 2009	Custom made, separate-type modular stent	NR	L: 83±27, D: 33.8±6.8 prox, 33.2±6.3 distal	NR	97.2	NR	NR	NR	NR
Manning, 2009	Zenith, Excluder	NR	NR	30.0	100.0	0.0	NR	NR	10%
Czerny, 2010	Talent, Valiant, Relay	NR	L: 190 (100–250)*	NR	85.7	0.0	NR	NR	15–20%
Xu, 2010	Talent, EndoFit, Hercules, Vasoflow, Grikin	1.11	NR	4.8	NR	NR	150±18	NR	NR
Kang, 2011	Core TAG, Cook Zenith, Medtronic Talent, Homemade	1.9	NR	38.2	96.1	NR	NR	63.0	NR
Orberhuber, 2011	TAG, CTAG, Captivia, Valiant, Zenith	1.1	NR	47.4	94.7	NR	68 (55–83)*	NR	NR
Parsa, 2011	TAG, Zenith TX2, Talent	2.0±0.7	NR	68.6	100.0	NR	NR	17.6	NR
Andacheh, 2012	Talent, Valiant Captivia	NR	NR	NR	98.6	0.0	NR	0	NR
Mani, 2012	TAG, Zenith TX2, Combined, Endofit, Talent, Relay	2 (1)**	L: 220 mm (100)**	46.6	NR	3.4	98 (41)**	NR	5–15%
Nathan, 2012	TAG, Zenith TX2, Talent	NR	L: 221±43	51.9	NR	NR	NR	NR	NR
Qing, 2012	Zenith TX2	NR	NR	NR	100.0	NR	NR	NR	15.9±7.9%
Yang, 2012	NR	1.5	NR	71.4	100.0	NR	286.4±185.8	14.3	NR
Chen, 2013	Talent, Willis	1.1±0.2	L: 130.8±40.6, D: 36.5±4.3	5.4	100.0	0.0	NR	NR	NR
Jia, 2013	Valiant, Zenith TX2, Hercules	NR	NR	36.5	100.0	4.3	89 (35–180)*	NR	NR
Lee, 2013	SEAL, Taewoong, Valiant, Zenith TX2	NR	NR	NR	97.2	1.4	NR	NR	NR
Leshnower, 2013	TAG, Talent, Zenith TX2	2	L: 220±40	54.8	NR	NR	NR	45.2	NR
Nozdrzykowski, 2013	NR	NR	NR	NR	100.0	NR	NR	NR	NR
Patterson, 2013	Talent, Valiant, Captivia, Xcelerant	NR	NR	NR	NR	NR	NR	NR	NR

Table S3 (continued)

Table S3 (continued)

Primary author	Endoprotheses	Number of stent-grafts per patient	Stent length; diameter (mm)	LSA coverage (%)	Technical success (%)	Primary conversion (%)	Operative time (minutes)	CSF drain (%)	Over-sizing (%)
Scali, 2013	Gore TAG, Cook TX2	NR	NR	75.0	98.8	NR	NR	77.5	NR
Andersen, 2014	NR	2 (1–2)*	L: 200 (160–290)**	NR	100.0	11.4	NR	NR	NR
Kitamura, 2014	Matsui–Kitamura or handmade	NR	NR	NR	100.0	NR	NR	NR	NR
Lombardi, 2014	Zenith TX2, bare metal stent	NR	NR	NR	100.0	NR	NR	NR	NR
Song, 2014	Zenith TX2 Proform, Valiant Captivia	1.5	NR	55.0	100.0	0.0	NR	65.0	10%–15%
Nathan, 2015	Zenith TX2, TAG, Talent	NR	NR	48.9	97.9	0.0	NR	74.5	10–15%
van Bogerijen, 2015	TAG, TX2, Talent	NR	NR	NR	100.0	0.0	NR	96.4	10%
Zhang, 2017	NR	1.04	NR	NR	100.0	0.0	183.7±98.4	NR	NR
Chou, 2018	TAG, Zenith, Talent, Variant, Relay	NR	D: prox 36.7±3.9, distal 33.5±4.3	8.7	100.0	0.0	286.4±185.5	4.3	10–15%
Huang, 2018	Zenith TX2, Valiant Captivia, Gore TAG	2 (1–2)*	NR	46.2	NR	NR	260 (160–330)*	NR	NR
Tjaden, 2018	TAG and CTAG	2 (1–2)*	L: 280 (150 to 400)*	41.5	NR	0.0	NR	NR	NR
Kim, 2019	NR	NR	NR	NR	NR	4.0	NR	NR	NR
Wang, 2019	Valiant, Gore CTAG, Cook TX2/Alpha	NR	NR	NR	98.9	NR	NR	65.3	NR
Zha, 2019	Captivia, Zenith, Ankura, Grink	NR	L: 193.35±13.6	56.5	100.0	NR	NR	NR	NR
Conway, 2020	NR	2 (1–2)*	NR	80.9	100.0	0.0	149.5 (103–219.5)**	68.7	NR
Li, 2020	Valiant, Zenith TX2, TAG, Hercules, Ankura	NR	L: 165.0±25.1, D: 36.0±3.3	32.4	91.2	NR	NR	NR	10%
Oishi, 2020	TAG, CTAG, Valiant, Zenith TX2, Relay Plus	NR	L: 10 (201.2±57.9) + 30 (187.7±61.6)	NR	100.0	NR	152.7±93.3(10pts) + 162.6±138.4 (30 pts)	NR	<10%
Puech-Leao, 2020	NR	1.3	NR	28.5	80.9	NR	NR	NR	NR
Ueki, 2021	Gore TAG, Valiant Captivia	2 (1–3)*	NR	37.1	100.0	NR	81.0 (50.0–214.0)*	NR	NR
Pooled estimate % (95% CI)	–	–	–	38.6 (28.9–48.7)	99.0 (97.7–99.8)	0.4 (0.01–1.3)	–	–	–

Data represented as mean ± standard deviation. *, median and range; **, median and interquartile range. LSA, left subclavian artery; L, length; D, diameter; NR, not reported.

Table S4 Rates of endoleaks for both early (<30 days) and late (>30 days) outcomes

Primary author	Early post-op outcomes (%)	Late outcomes (%)
Kato, 2002	0.0	0
Greenber, 2005	NR	NR
Baumgart, 2006	NR	NR
Bocker, 2006	Type I: 6.7	NR
Song, 2006	NR	NR
Thompson, 2007	Type I: 6.0, Type III: 1.9	Type I: 12.0, Type III: 0.0
Jing, 2008	2.9	0
Marcheix, 2008	Type I: 26.7, Type II: 6.7	Type I: 26.7, Type III: 6.7
Sayer, 2008	5.0	NR
Alves, 2009	NR	NR
Guangqi, 2009	Type I: 12.5	NR
Kim, 2009	Type I: 8.3	Type 1: 8.3
Manning, 2009	NR	Type Ia: 20%, Type Ib: 10
Czerny, 2010	Type Ia: 14.3	14.3
Xu, 2010	8.3	NR
Kang, 2011	Type I: 9.2, Type IV: 1.3	1.3
Orberhuber, 2011	Type II: 15.8	NR
Parsa, 2011	NR	Type I: 7.8, Type II: 3.9
Andacheh, 2012	NR	9.6
Mani, 2012	NR	NR
Nathan, 2012	NR	Type II: 7.4
Qing, 2012	NR	0.0
Yang, 2012	Type I: 0.0, Type II: 3.6, Type III: 7.1, Type IV: 3.6	NR
Chen, 2013	Type I: 1.8	0.0
Jia, 2013	NR	1.4
Lee, 2013	NR	Type I: 12.7
Leshnower, 2013	NR	6.4
Nozdrzykowski, 2013	NR	NR
Patterson, 2013	NR	6.1
Scali, 2013	Type I: 1.2	6.2
Andersen, 2014	Type Ia: 2.0, Type Ib: 2.0	4.0
Kitamura, 2014	NR	NR
Lombardi, 2014	NR	NR
Song, 2014	Type Ia: 0.0, Type II: 10.0	NR

Table S4 (continued)

Table S4 (*continued*)

Primary author	Early post-op outcomes (%)	Late outcomes (%)
Nathan, 2015	Type Ia: 2.1	NR
van Bogerijen, 2015	NR	Type I: 6.3, Type II: 15.6, Type III: 18.8
Zhang, 2017	NR	Type I: 0.0, Type II: 4.0
Chou, 2018	Type I: 4.3, Type II: 8.6	Type II: 8.7
Huang, 2018	NR	10.8
Tjaden, 2018	NR	12.8
Kim, 2019	NR	10.7
Wang, 2019	NR	NR
Zha, 2019	8.7	NR
Conway, 2020	Type 1a: 3.8, Type 1b: 4.6, Type II: 2.2	NR
Li, 2020	Type 1a: 8.8	Type II: 6.1
Oishi, 2020	NR	Type II: 5.0
Puech-Leao, 2020	Type Ia: 7.1	NR
Ueki, 2021	Type Ia: 8.5	NR
NR, not reported.		