TAVI limitations for low risk patients

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Potential conflicts of interest

Speaker's name: Thomas Modine

☑ I have the following potential conflicts of interest to report:

Affiliation/Financial Relationship

- Grant/Research Support
- Consulting Fees / Honoraria
- Major Stock Shareholder/Equity
- Royalty Income
- Ownership/Founder
- Intellectual Property Rights
- Other Financial Benefit

Company

- Edwards
- Abbott, Boston Scientific, Medtronic, Edwards, Cephea, Microport, GE
- Valmy
- Microport
- Valmy ltd
- Yes
- Nil

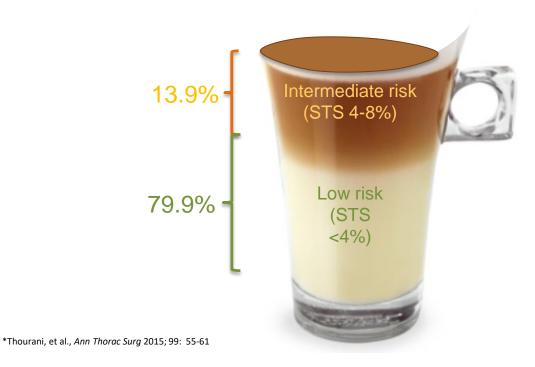
TAVI in the last years Huge improvements, but...

TAVI vs. SAVR — where does the evidence come from?

Observational studies propensity score matching

Randomized controlled trials

STS database 2002-2010 n=141,905



Similar outcomes between TAVI & SAVR in "matched" intermediate risk . . .

	Piazza ¹			OBSERVANT ²			Latib ³		
	TAVI (n=255	SAVR (n=255)	р	TAVI (n=133)	SAVR (n=133)	р	TAVI (n=111)	SAVR (n=111)	p
STS (%, mean)	3-8	3-8		na	na		4.6	4.6	
Log EuroSCORE (%, mean)	17.3	17.6		8.9	9.4		23.2	24.4	
30 Day Mortality (%)	7.8	7.1	0.74	3.8	3.8	1.0	1.8	1.8	1.0

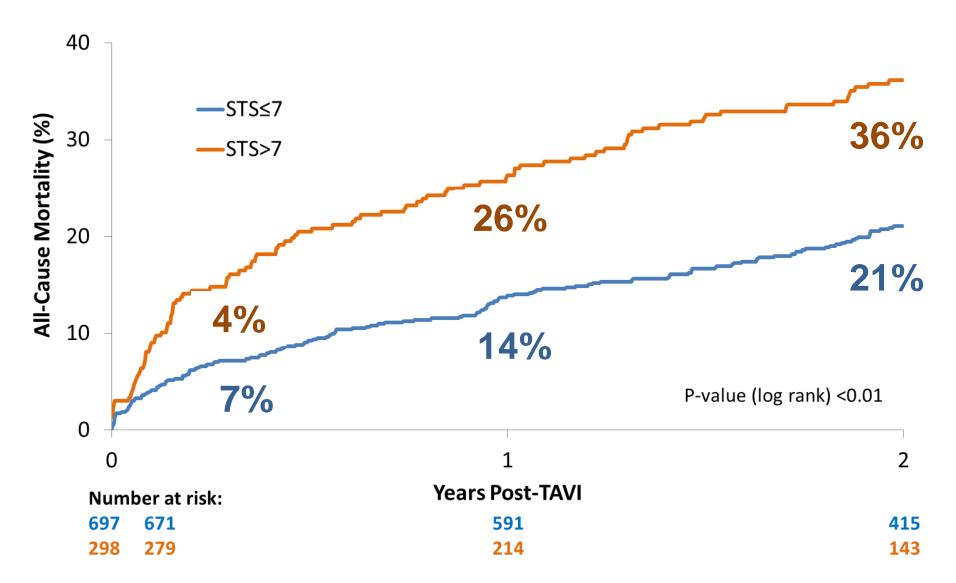
¹Piazza, et al. J Am Coll Cardiol Intv 2013; 6:443-51

²D'Errigo, et al. Int J Cardiol 2013; 167:1945-52

³Latib, et al. Am Heart J 2012; 164:910-7

2-Year All-Cause Mortality

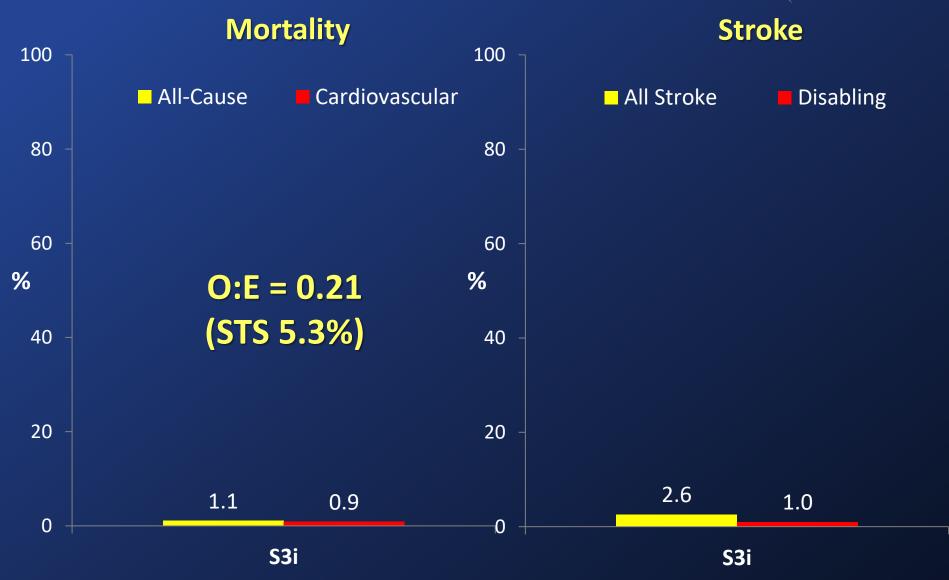
CoreValve ADVANCE Registry



Mortality and Stroke: S3i

At 30 Days (As Treated Patients)

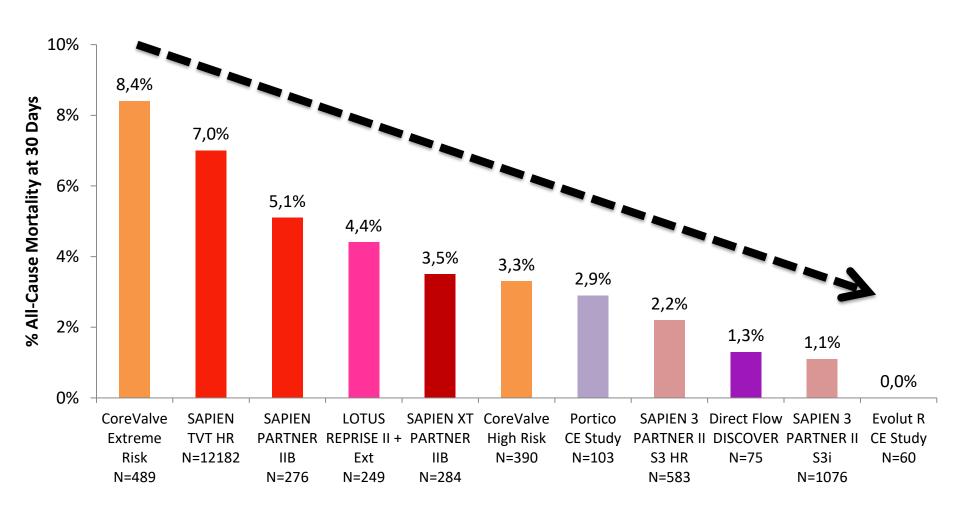




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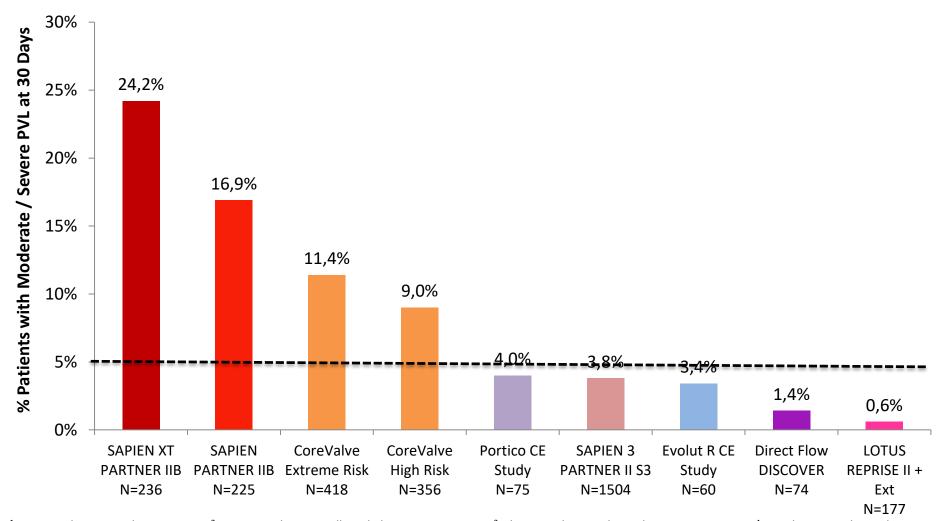
Matter of debate Complications rate reduction

30-day All-cause Mortality



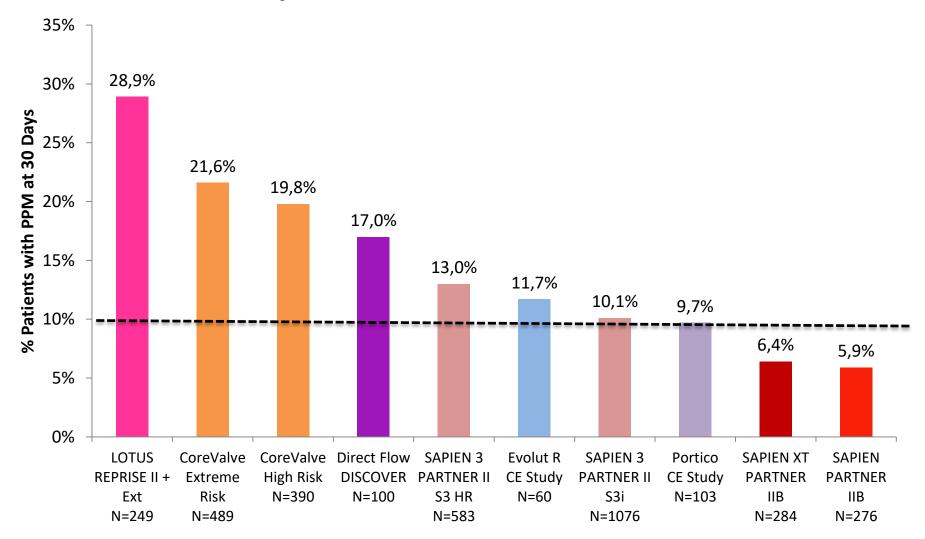
¹Popma, et al., *J Am Coll Cardiol* 2014; 63: 1972-81; ²Holmes, et al., JAMA 2015; 313: 1019-28; ³Leon, et. al. presented at ACC 2013; ⁴Meredith, et al., presented at PCR London Valves 2014; ⁵Adams, et al., *N Engl J Med* 2014; 370: 1790-8; ⁶Manoharan, et al., et. al. presented at TCT 2014; ⁷Kodali, et al., presented at ACC 2015; ⁸Schofer, et al., *J Am Coll Cardiol* 2014; 63: 763-8; ⁹Meredith, et al., presented at ACC 2015

Moderate to severe PVL



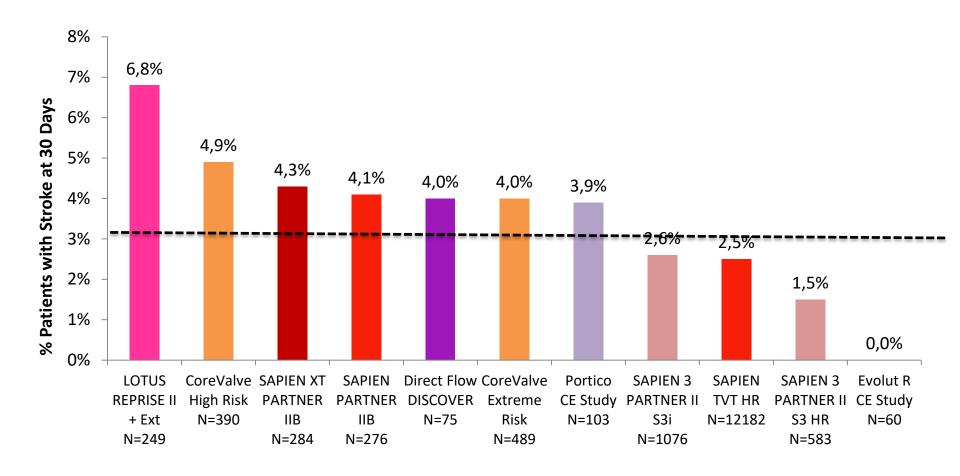
¹Leon, et. al. presented at ACC 2013; ²Popma, et al., *J Am Coll Cardiol* 2014; 63: 1972-81; ³Adams, et al., *N Engl J Med* 2014; 370: 1790-8; ⁴Manoharan, et al., et. al. presented at TCT 2014; ⁵Kodali, et al., presented at ACC 2015; ⁶Meredith, et al., presented at ACC 2015; ⁷Schofer, et al., *J Am Coll Cardiol* 2014; 63: 763-8; ⁸Meredith, et al., presented at PCR London Valves 2014

30-day Permanent Pacemaker



¹Meredith, et al., presented at PCR London Valves 2014; ²Popma, et al., *J Am Coll Cardiol* 2014; 63: 1972-81; ³Adams, et al., *N Engl J Med* 2014; 370: 1790-8; ⁴Schofer, et al., *J Am Coll Cardiol* 2014; 63: 763-8; ⁵Kodali, et al., presented at ACC 2015; ⁶Meredith, et al., presented at ACC 2015; ⁷Manoharan, et al., et. al. presented at TCT 2014; ⁸Leon, et. al. presented at ACC 2013

30-day stroke rate

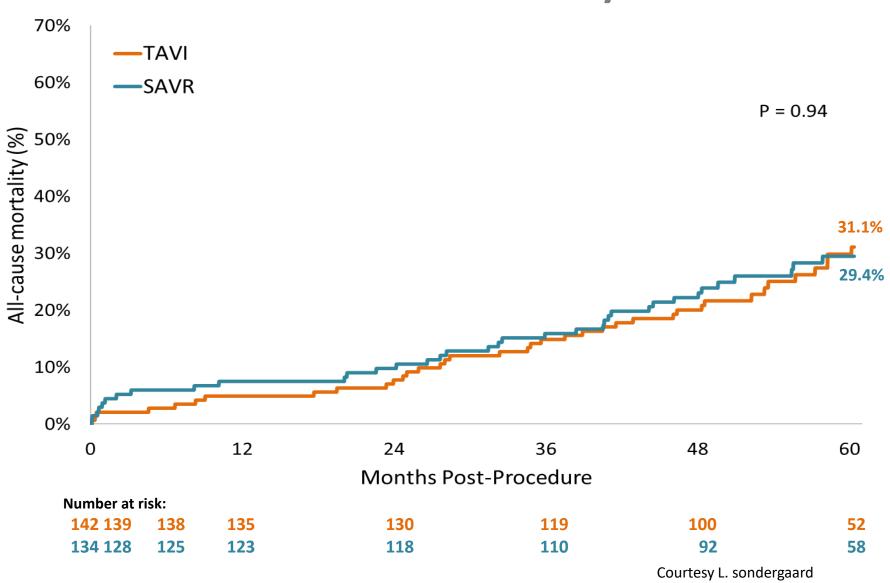


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Durability

Just be patient to see how old it will GROW

The NOTION Trial all-cause mortality



The NOTION Trial conclusions

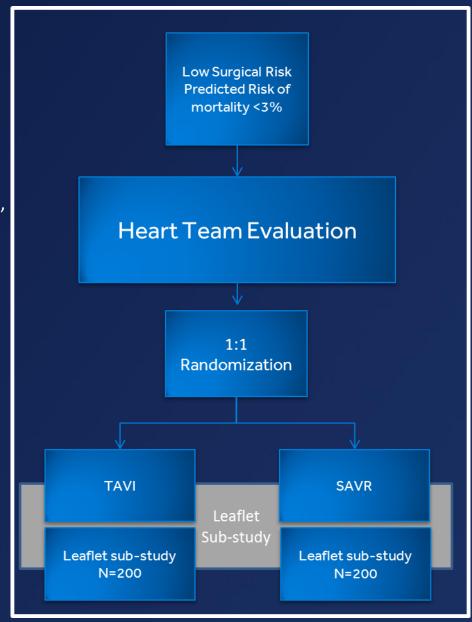
Through 5 years follow-up of the NOTION trial:

- Excellent haemodynamic valve performance was maintained
- Bioprosthetic failure was low and similar for the selfexpanding transcatheter (CoreValve) and the surgical valves implanted
- Structural valve deterioration was significantly greater for SAVR compared with TAVI
- There was no valve thrombosis and similar rates of endocarditis for both groups

Medtronic TAVR in Low Risk Patients

Trial Design

- Patient Population: Low Risk Cohort
 - Determined by Heart Team to be low surgical risk
- Primary Endpoint:
 - Safety: Death, all stroke, life-threatening bleeding, major vascular complications, or AKI at 30 days
 - Efficacy: Death or major stroke at 2 years
 - (One year analysis for early FDA submission)
- Sample Size: ~1200 Subjects
- Follow-up Evaluations:
 - 30-days, 6-month, 18-month, and 1 Through 5 years
- Number of Sites: Up to 80



PARTNER 3 – Low Risk

Study Design & Registries

Severe Calcific Aortic Stenosis

Low Risk ASSESSMENT by Heart Team AND STS < 4

PARTNER 3 Registries

Alternative Access
Registry
(TA/TAo/Subclavian)
(n = 100)

1:1 Randomization (n = 1,228)

Aortic ViV (n = 100)

Mitral ViR (n = 50)

Mitral ViV (n= 50) TF - TAVR (SAPIEN 3)

CT Imaging sub-study (n = 200)

Actigraphy/QoL sub-study

SAVR (Any approved Surgical Bioprosthetic Valve)

CT Imaging sub-study (n = 200)

Actigraphy/QoL sub-study

PRIMARY ENDPOINT:

Composite of all-cause mortality, all stroke, or re-hospitalization at 1 year post procedure

Follow-up: Annually through 10 years

TAVR in Low-Risk Patients

- TAVR is now the preferred therapy in AS patients:
 - Inoperable
 - High-risk
 - Some intermediate-risk
- Secondary benefits associated with TAVR
 - Reduced ICU and hospital LOS,
 - More rapid QOL recovery,
 - Lower frequency of AKI, bleeding, and post-operative
 AF
 - Improved valve hemodynamics.
- TAVR is now being studied in low-risk AS patients in randomized clinical trials!

Conclusions

- A systematic fall in surgical risk scores is evident (Europe > US)
- "Lower" risk patients are currently being treated (Europe > US)
- Clinical outcomes in patients with lower surgical risk scores are excellent

Risk scores need to be reconsidered: AGE as a decision factor?

RCT: Partner III, EvolutR low risk, NOTION II