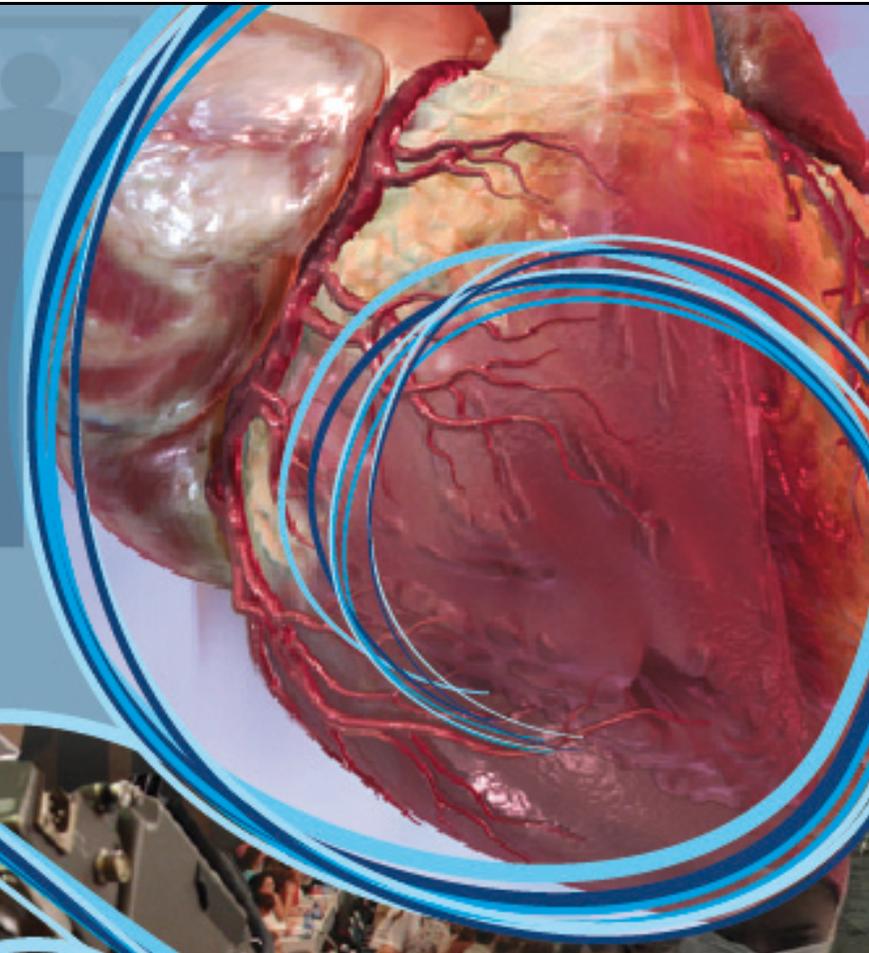


TAVI nei pazienti a rischio intermedio. Nuovi paradigmi clinici e organizzativi nel trattamento della stenosi aortica

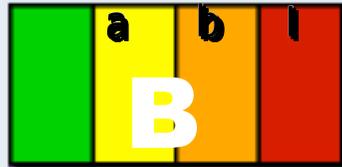
Giuseppe Musumeci

SC Cardiologia

Ospedale Santa Croce e Carle, Cuneo



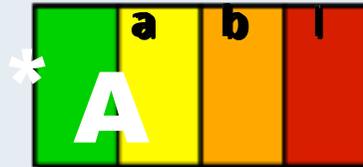
Pre-existing market (SAVR)



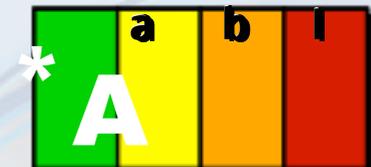
Low Risk
(Must Meet ALL Criteria
in This Column)

Intermediate Risk
(Any 1 Criterion
in This Column)

New market



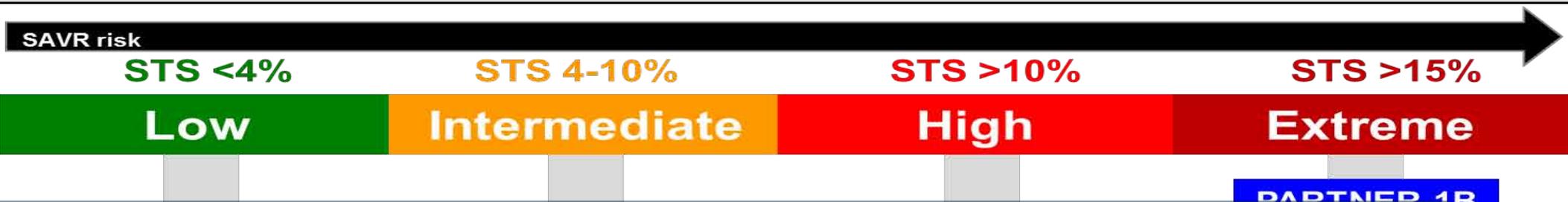
High Risk
(Any 1 Criterion
in This Column)



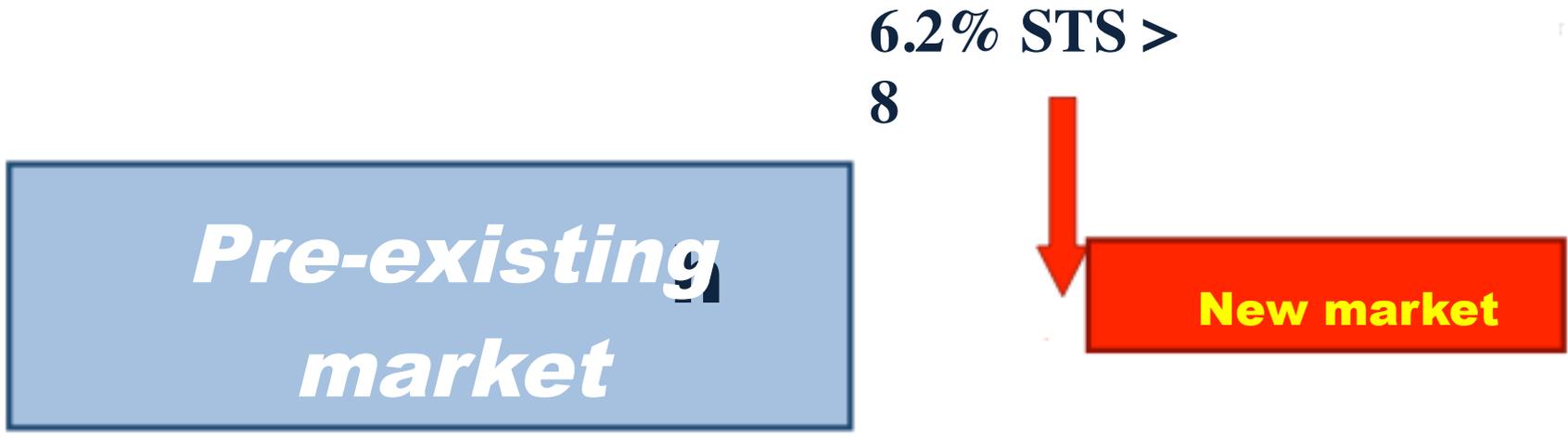
Prohibitive Risk
(Any 1 Criterion
in This Column)



The TAVR Path through Risk Categories



Isolated AVR – STS Database 2002 – 2012 (n=141,905)



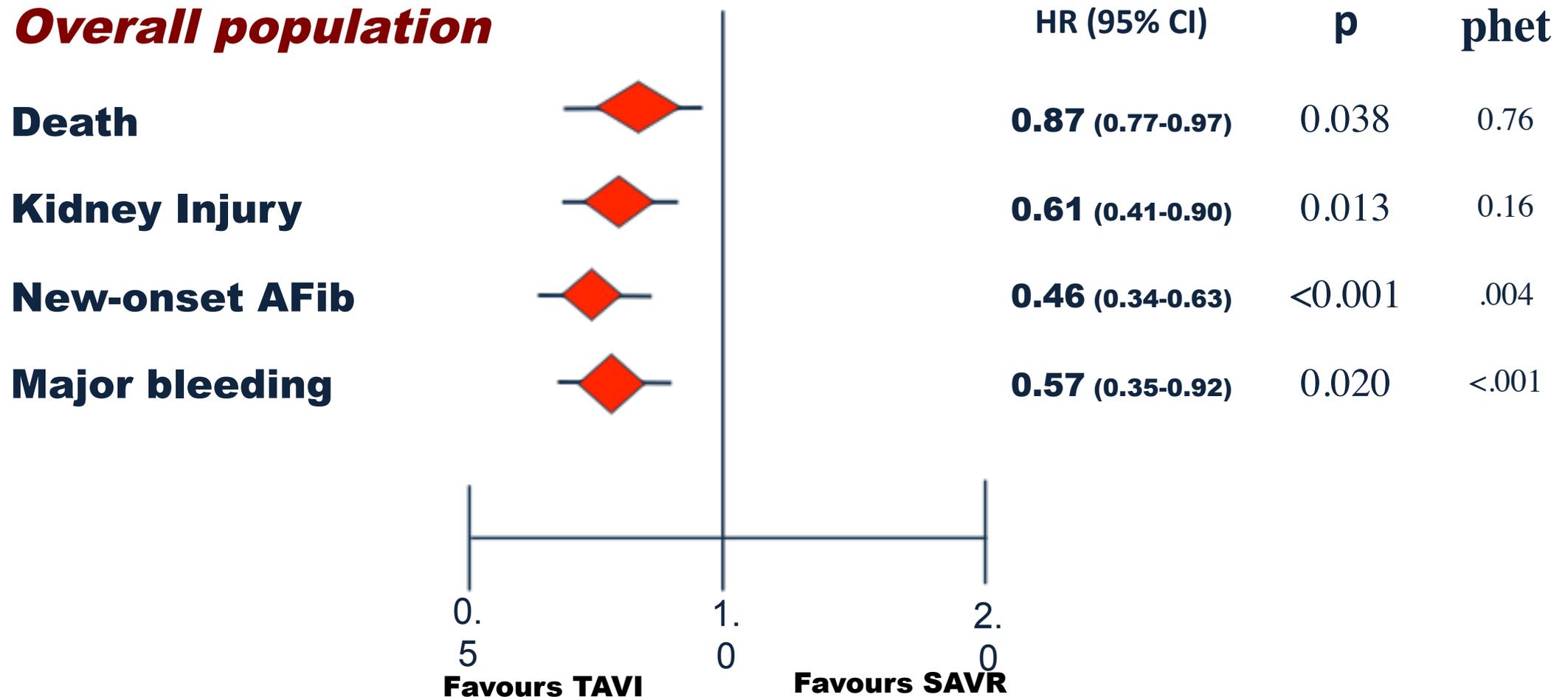
Thourani, Ann Thor Surg 2015

TAVI vs SAVR: Meta-Analysis Of 4 Randomized Trials

	PARTNER 1A ¹⁻³		US CoreValve High Risk ⁵⁻⁷		NOTION ⁸		PARTNER 2A ⁹	
	TAVI	SAVR	TAVI	SAVR	TAVI	SAVR	TAVI	SAVR
Number of centres	25		45		3		57	
Recruitment period	2007–09		2011–12		2009–13		2011–13	
Longest follow-up, year	5		3		2		2	
Design	Non-inferiority		Non-inferiority		Superiority		Non-inferiority	
ITT patients, <i>n</i>	348	351	394	401	145	135	1011	1021
As-treated patients, <i>n</i>	344	313	391	359	142	134	994	944
STS, mean (SD)	11.8 ± 3.3	11.7 ± 3.5	7.3 ± 3.0	7.5 ± 3.2	2.9 ± 1.6	3.1 ± 1.7	5.8 ± 2.1	5.8 ± 1.9
Intervention's characteristics								
TAVI valve system	Edwards SAPIEN	na	Medtronic CoreValve	na	Medtronic CoreValve	na	Edwards SAPIEN XT	na
Access site, <i>n</i>								
Transfemoral	244	na	394	na	145	na	775	na
Transthoracic	104	na	0	na	0	na	236	na

TAVI vs SAVR: Meta-Analysis Of 4 Randomized Trials

Overall population



The PARTNER 2A Trial

Study Design

Symptomatic Severe Aortic Stenosis

ASSESSMENT by Heart Valve Team

Operable (STS $\geq 4\%$) - **5.8**

Age - 82

Randomized Patients n

Yes

ASSESSMENT:
Transfemoral Access

Transfemoral (TF)

Transapical

1:1 Randomization (n = 1550)

1:1 Ran

TF TAVR
(n = 775)

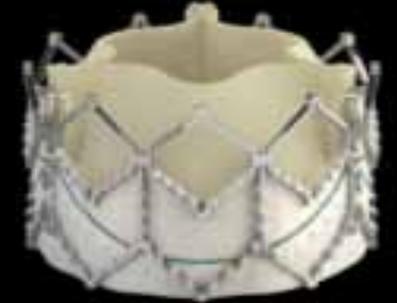
vs.

Surgical AVR
(n = 775)

TA/TAo TAVR
(n = 236)

I° EP: All-Cause Mortality or Disabling Stroke at

SAPIEN XT



16-20F



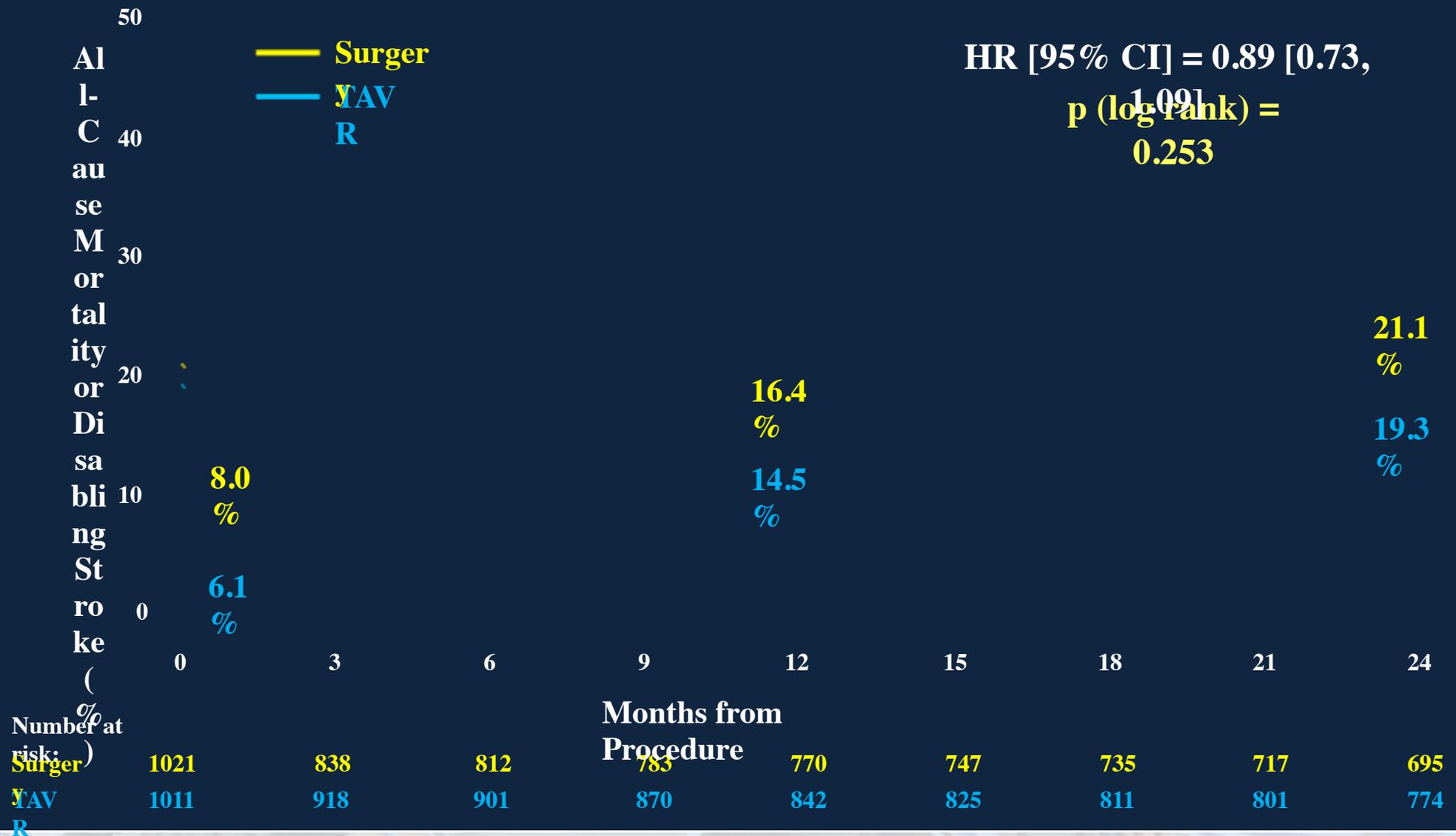
23mm

26mm

29mm*

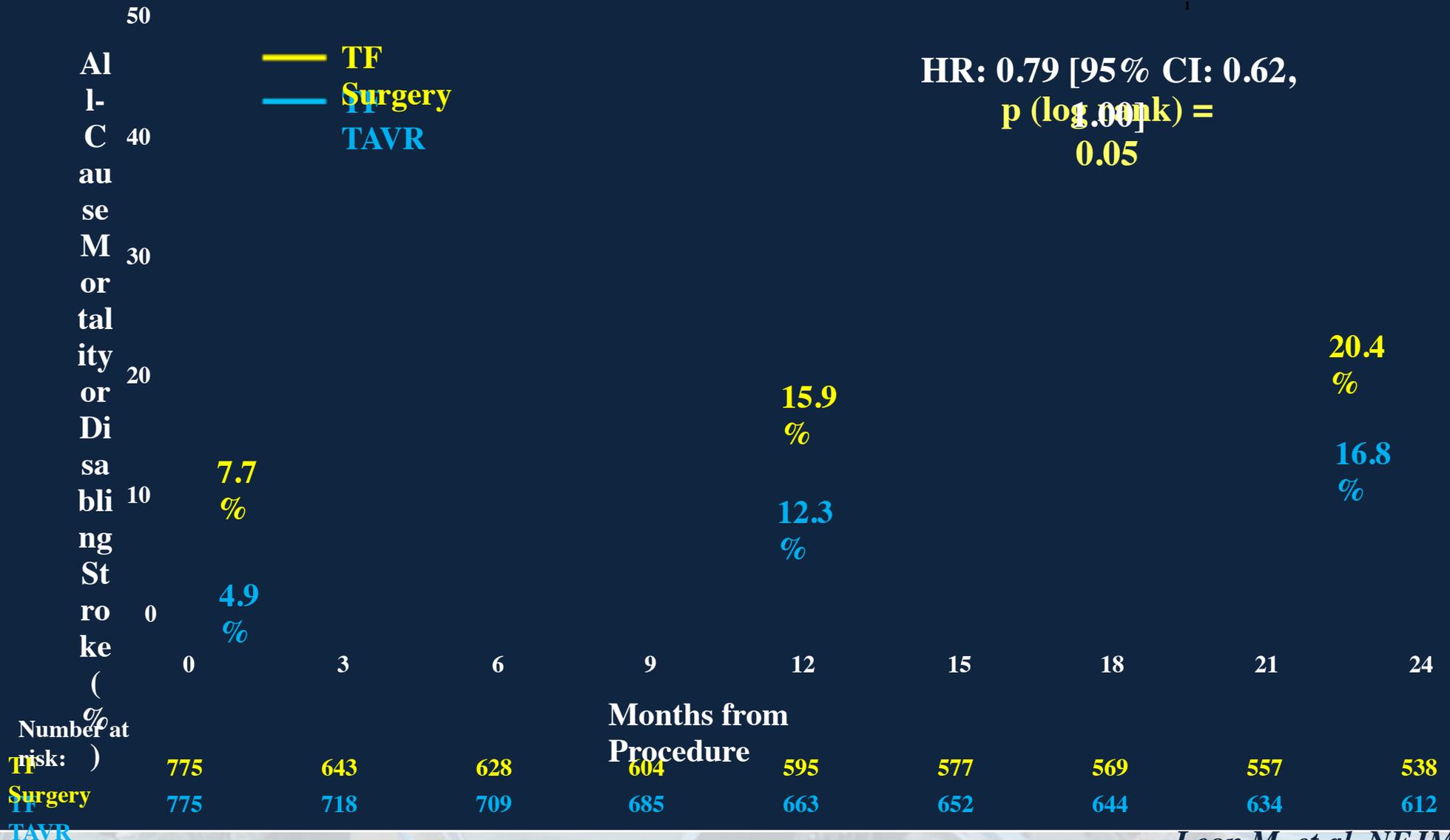
***First Implant Oct 30, 2012**

I° EP (ITT): All-Cause Mortality or Disabling Stroke



I° EP (ITT) - **TF**

All-Cause Mortality or Disabling Stroke



Early clinical and echocardiographic outcomes after SAPIEN 3 transcatheter aortic valve

Mortality and Stroke: S3i

At 30 Days (As Treated Patients)

Mortality

Stroke

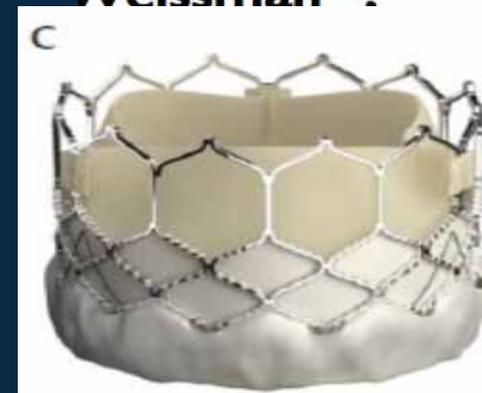
(STS 5.3%)

%

%

and
stenosis

Salvatore³, Scott Lin⁴,
v C. Eisenhauer^{8,9},
Vasilis Babaliaros²,
Weissman¹⁴.



Transcatheter aortic valve replacement versus surgical valve replacement in intermediate-risk patients: a propensity score analysis



Propensity **“SCORE”** 1-year results

Vinc
SCH
Jon
John

G. Webb, Jeffrey W. Moses, Michael I. Mack, D. Craig Miller, Craig R. Smith, Maria C. Alu, Rupa Parvataneni, Ralph B. D'Agostino Jr., Martin B. Leon

**Sapien 3
Intermediate Risk
Registry**

**AGE 82
N=1077**



**Surgical AVR arm
Partner 2A trial**

**AGE 82
N=944**



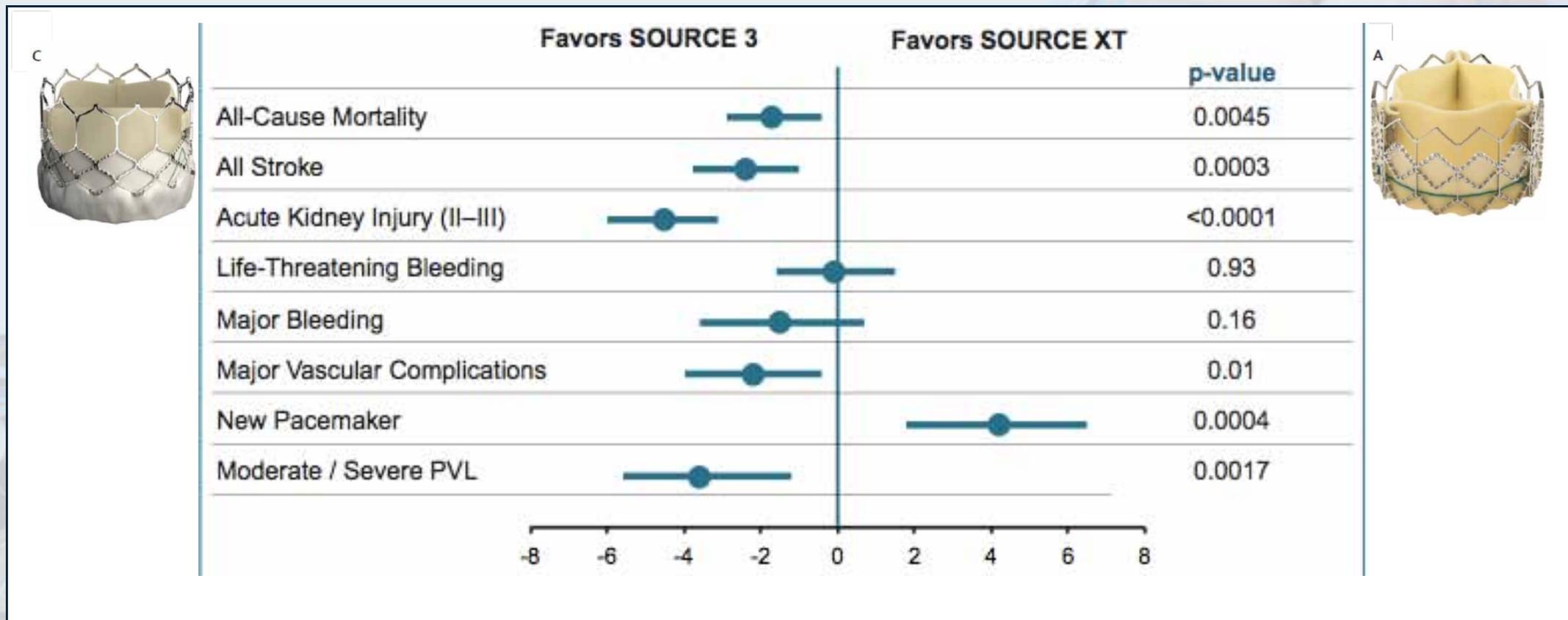
	SAPIEN 3 TAVR	SAVR
Cardiac death	4.5%	8.1%
Any stroke	4.6%	8.2%

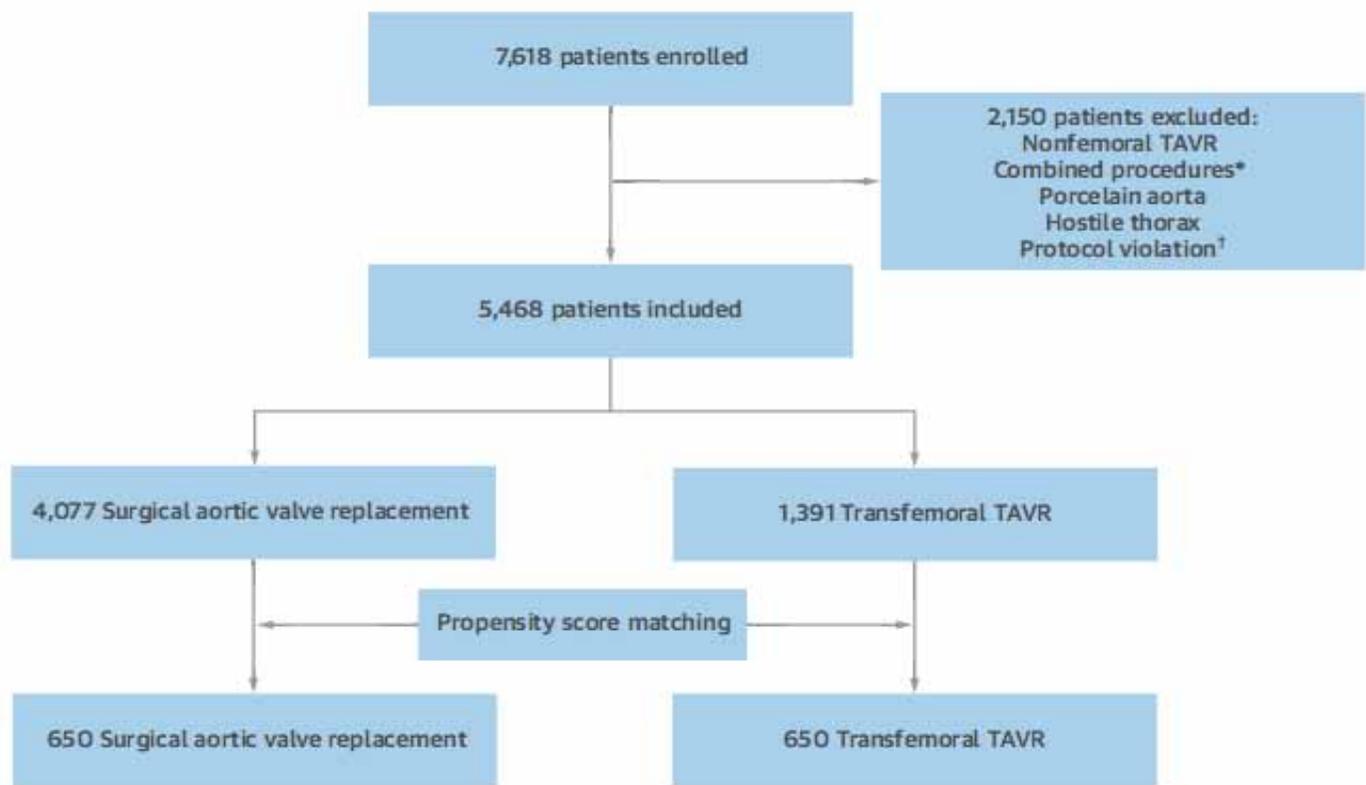
Large registry # 2

European SOURCE XT PLUS SOURCE 3

Propensity Adjusted 30-day Outcomes
1947 pts S3 vs 2688 pts XT – Age 82

STS – 7





VO 66, July 2015
 ISSN 0735-1097/\$36.00
<http://dx.doi.org/10.1016/j.jacc.2015.06.013>



ment

nucci, MD,§ Francesco Onorati, MD,||
 aro Santoro, MD,**
 ERVANT Research Group

Enrollment: Dec 2010-June 2012
Country: Italy
93 hospitals: 34 cath lab, 59 Surgery
THV: ES XT, CV
Follow up: 3 years



EARLY CLINICAL OUTCOMES OF MATCHED OF PAIRS OF PATIENTS

SAVR

TAVR

Stroke

2.2%

1.3%



**Acute renal
failure**

10.9%

6.1%



**Blood transf.
unit**

3.6±3.6

2.3±2.2



**Major vascular
complications**

0.5%



7.9%

PM implantation

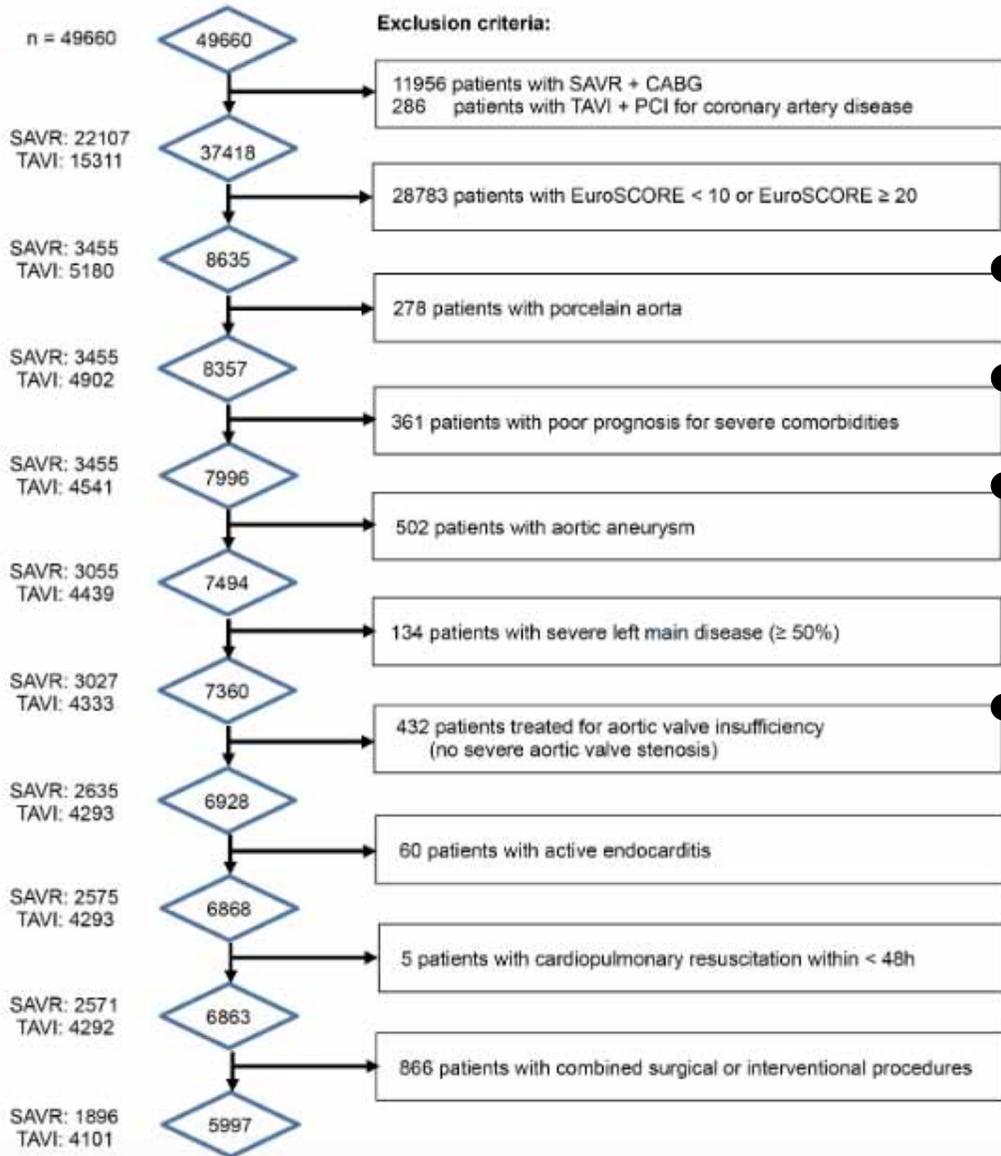
3.6%



15.5%

GARY Registry: *intermediate* risk undergoing isolated TAVR or SAVR

Large registry # 4



Enrollment: 2011-2013

Country: Germany

**Prospective, multicenter,
all-comers**

Follow up: up to 5 years

5997 pts

SAVR 1806 - STS 3.7 – 76 yrs

TAVR 4101 (TF 75%) - STS 5.2 – 82 yrs

IN-HOSPITAL CLINICAL OUTCOMES

SAVR

TAVR

**Major/minor
stroke**

1.2/1.3%

1.5/1.2%

**Acute renal
failure**

3.6%

2.3% 

**Bleeding \geq 2
RBC unit**

51.5%

25% 

**Major vascular
complications**

1.1% 

7.7%

PM implantation

5.3% 

19.1%

SURTAVI Trial

Study Design

Symptomatic Severe Aortic Stenosis

Intermediate Surgical Risk
STS PROM $\geq 3\%$ and $< 15\%$

Heart Team Evaluation
Assess inclusion/exclusion
Risk classification

Screening Committee

Confirmed eligibility

Randomization n=1,746
Stratified by need for revascularization

Baseline neurological assessments

94% TF

TAVR N=864

age 79.9 – mean STS 4.4%

TAVR only

TAVR + PCI

SAVR N=796

age 79.6 – mean STS 4.5%

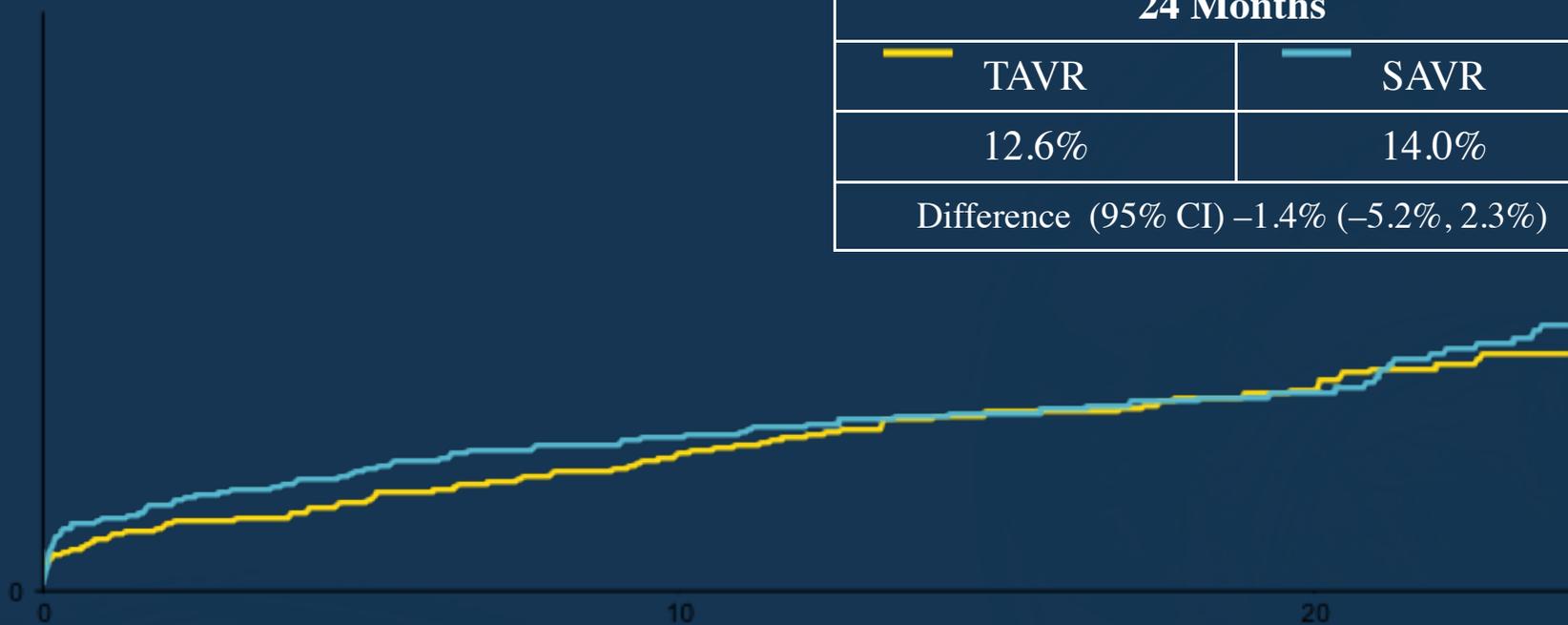
SAVR only

SAVR + CABG

1° EP: All-Cause Death or Disabling Stroke at 2 Years (non-inferiority)

All-Cause Mortality or Disabling Stroke

24 Months	
TAVR	SAVR
12.6%	14.0%
Difference (95% CI) -1.4% (-5.2%, 2.3%)	



No. at Risk

SAVR	796	674	555	407	241
TAVR	864	755	612	456	272

30-Day Safety and Procedure-related Complications

SAVR

TAVR

Stroke

5.6 %

3.4%



Shock

3.8%

1.1%



**Acute renal failure
(stg 2-3)**

4.4%

1.7%



**> 2 U blood
transfusions**

29.8%

9.2%



**Major vascular
complications**

1.1%



6.0%

PM implantation

6.6%



25.9%

30-Day Safety and Procedure-related Complications

	TAVR (N=864)	SAVR (N=796)	95% CI for Difference
All-cause mortality or disabling stroke	2.8	3.9	-2.8, 0.7
All-cause mortality	2.2	1.7	-0.9, 1.8
Disabling stroke	1.2	2.5	-2.6, 0.1
All stroke	3.4	5.6	-4.2, -0.2
Overt life-threatening or major bleeding	12.2	9.3	-0.1, 5.9
Transfusion of PRBCs* - n (%)			
0 units	756 (87.5)	469 (58.9)	24.4, 32.5
2 – 4 units	48 (5.6)	136 (17.1)	-14.5, -8.5
≥ 4 units	31 (3.6)	101 (12.7)	-11.7, -6.5
Acute kidney injury, stage 2-3	1.7	4.4	-4.4, -1.0
Major vascular complication	6.0	1.1	3.2, 6.7
Cardiac perforation	1.7	0.9	-0.2, 2.0
Cardiogenic shock	1.1	3.8	-4.2, -1.1
Permanent pacemaker implant	25.9	6.6	15.9, 22.7
Atrial fibrillation	12.9	43.4	-34.7, -26.4

*Percentage rates, all others are Bayesian rates

Reardon M, ACC

Clinical Outcomes* at 12 and 24 Months

	12 Months			24 Months		
	TAVR	SAVR	95% CI for Difference	TAVR	SAVR	95% CI for Difference
All-cause mortality or disabling stroke	8.1	8.8	-3.5, 2.1	12.6	14.0	-5.2, 2.3
All-cause mortality	6.7	6.8	-2.7, 2.4	11.4	11.6	-3.8, 3.3
All stroke	5.4	6.9	-3.9, 0.9	6.2	8.4	-5.0, 0.4
Disabling stroke	2.2	3.6	-3.1, 0.4	2.6	4.5	-4.0, 0.1
TIA	3.2	2.0	-0.4, 2.8	4.3	3.1	-0.9, 3.2
Myocardial infarction	2.0	1.6	-0.9, 1.8	2.8	2.2	-1.1, 2.4
Aortic valve re-intervention	2.1	0.5	0.4, 2.7	2.8	0.7	0.7, 3.5
Aortic valve hospitalization	8.5	7.6	-1.8, 3.6	13.2	9.7	0.1, 7.0
MACCE	13.2	12.8	-2.9, 3.7	18.6	18.6	-4.2, 4.2

*All are reported as Bayesian rates

Reardon M, ACC

NOTION Randomized Trial:

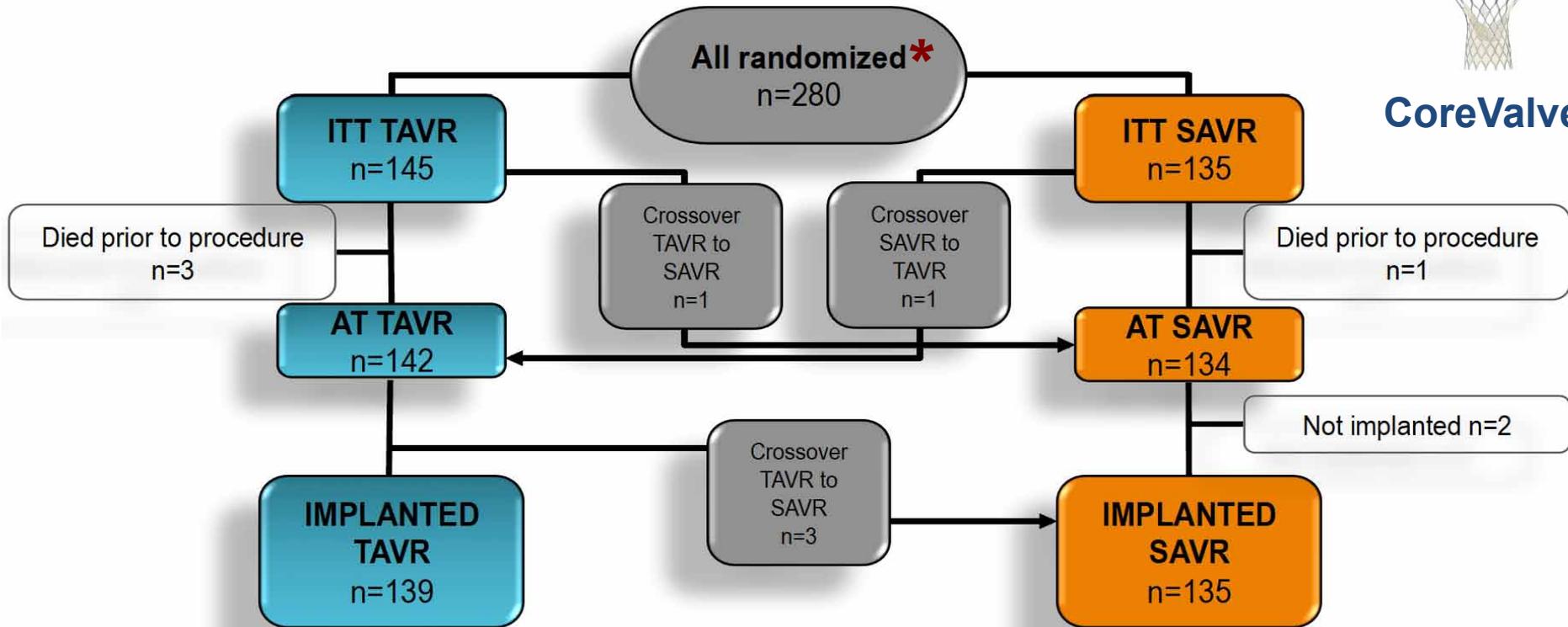
TAVI (Core valve) Vs. SAVR IN ALL COMERS PTS >70 years old



PATIENTS FLOW



CoreValve



Age (yrs)	79.2 ± 4.9	79.0 ± 4.7	0.7
Male	53.8	52.6	
Society of Thoracic Surgeons (STS) Score	2.9 ± 1.6	3.1 ± 1.7	
STS Score < 4%	83.4	80.0	46

P = NS

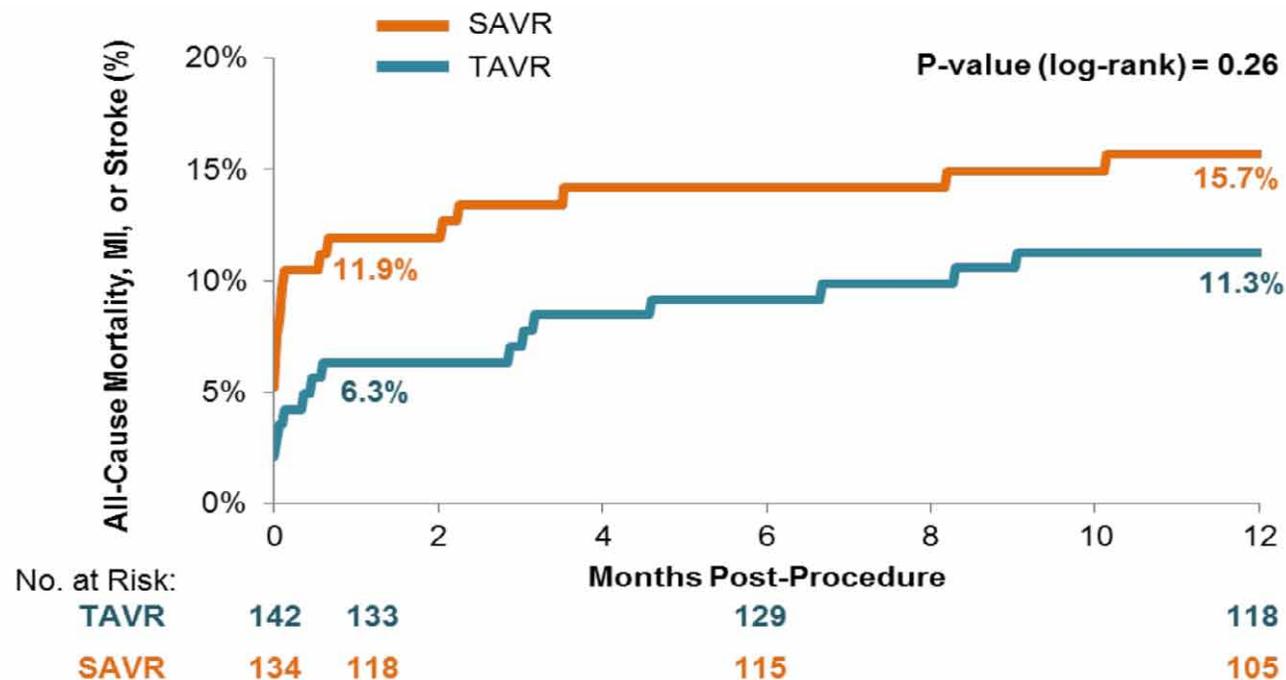
* Randomization stratified for age (\leq OR > 74 yrs), study site, CAD

NOTION Trial - Clinical Outcomes

PRIMARY EP - ITT population

TAVR 13.1% vs. SAVR 16.3%, $p=0.43$

PRIMARY EP -- As Treated population



NOTION Trial – 2ary EP @ 30 Days

SAV

TAVR

Major Bleeding

20.9%

11.3% 

Shock

10.4%

4.2% 

Acute renal failure

6.7%

0.7% 

New-onset AFib

57.8%

16.9% 

PM implantation

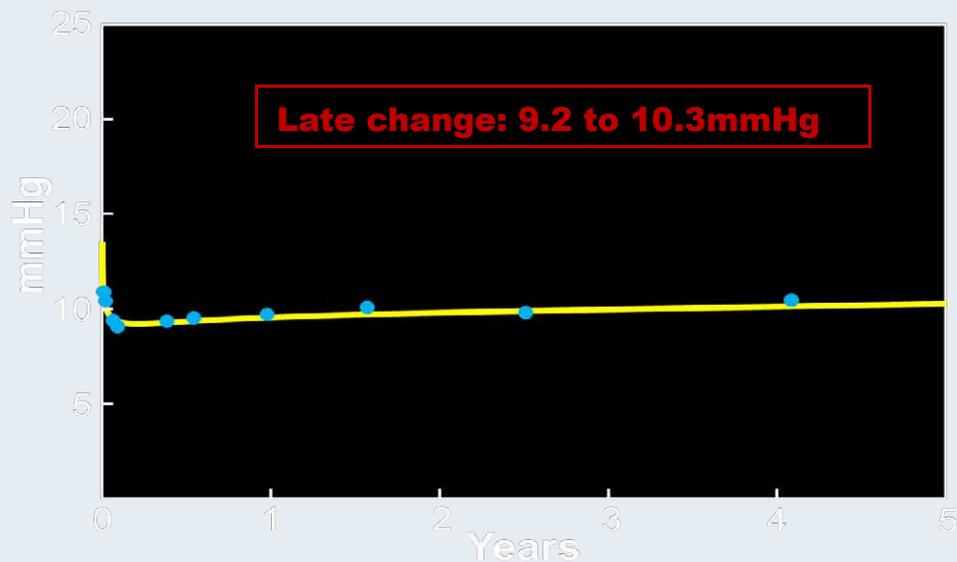
1.6% 

34.1%



DURABILITY (PARTNER 1 - 5 years)

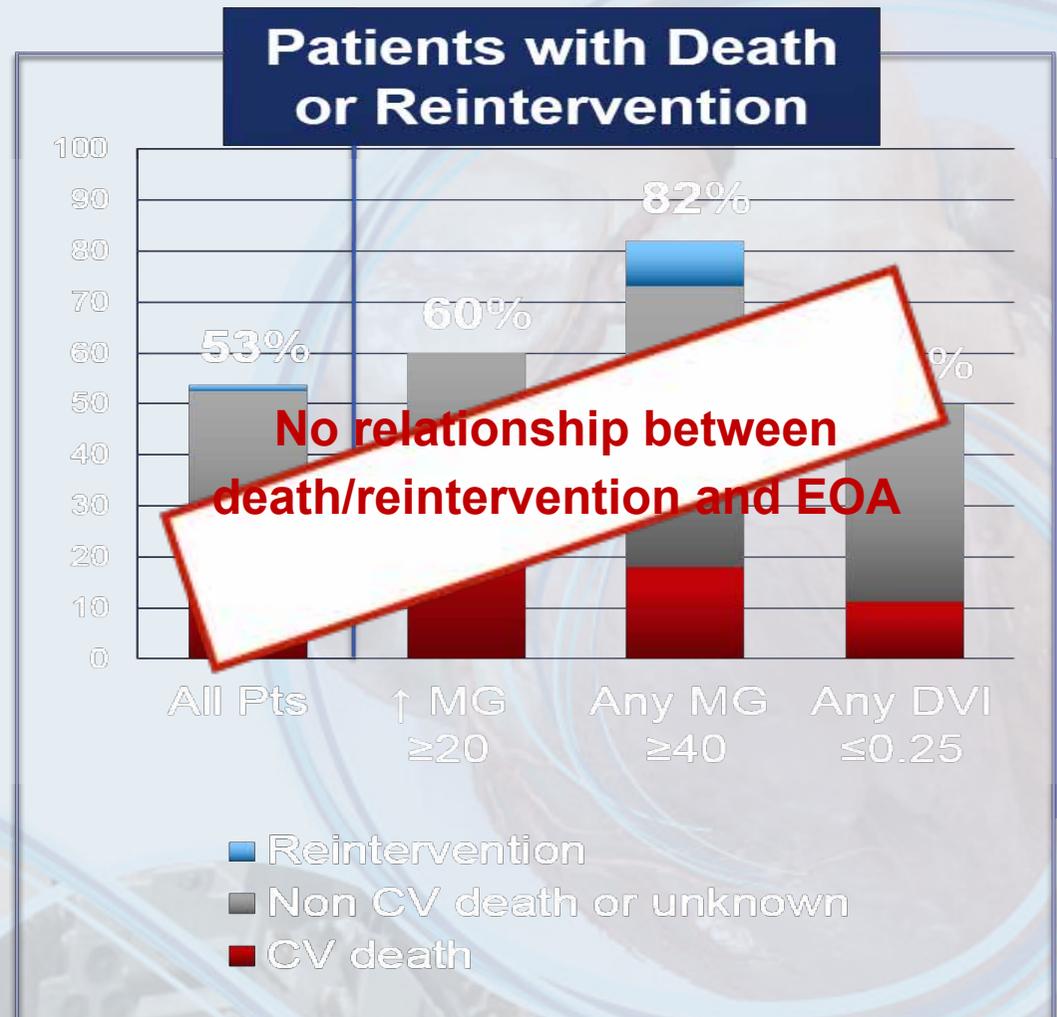
AV mean gradient – 5 years



2404 TAVR patients

- **↑ AV mean gradient ≥ 20 mmHg N=10 (0.45%)**
- **Any mean gradient ≥ 40 mmHg N=11 (0.46%)**
- **Any DVI ≤ 0.25 N=44 (1.8%)**

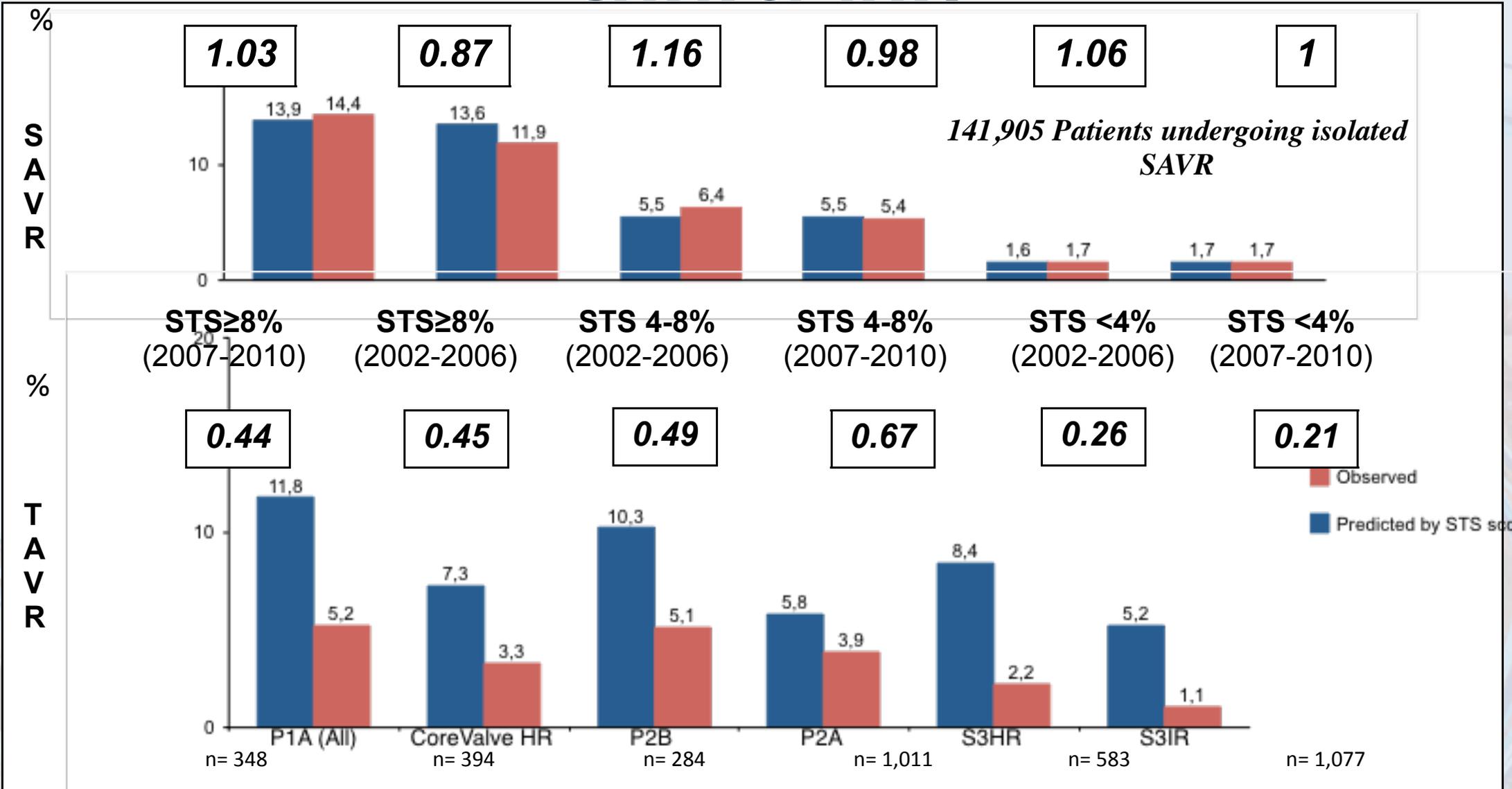
Hemodynamic “Outliers”





Scoring insights

Observed vs. predicted mortality at 30 days after SAVR or TAVI



SURGICAL RISK AND AGE

Mean Age across studies:

83

84

83

83

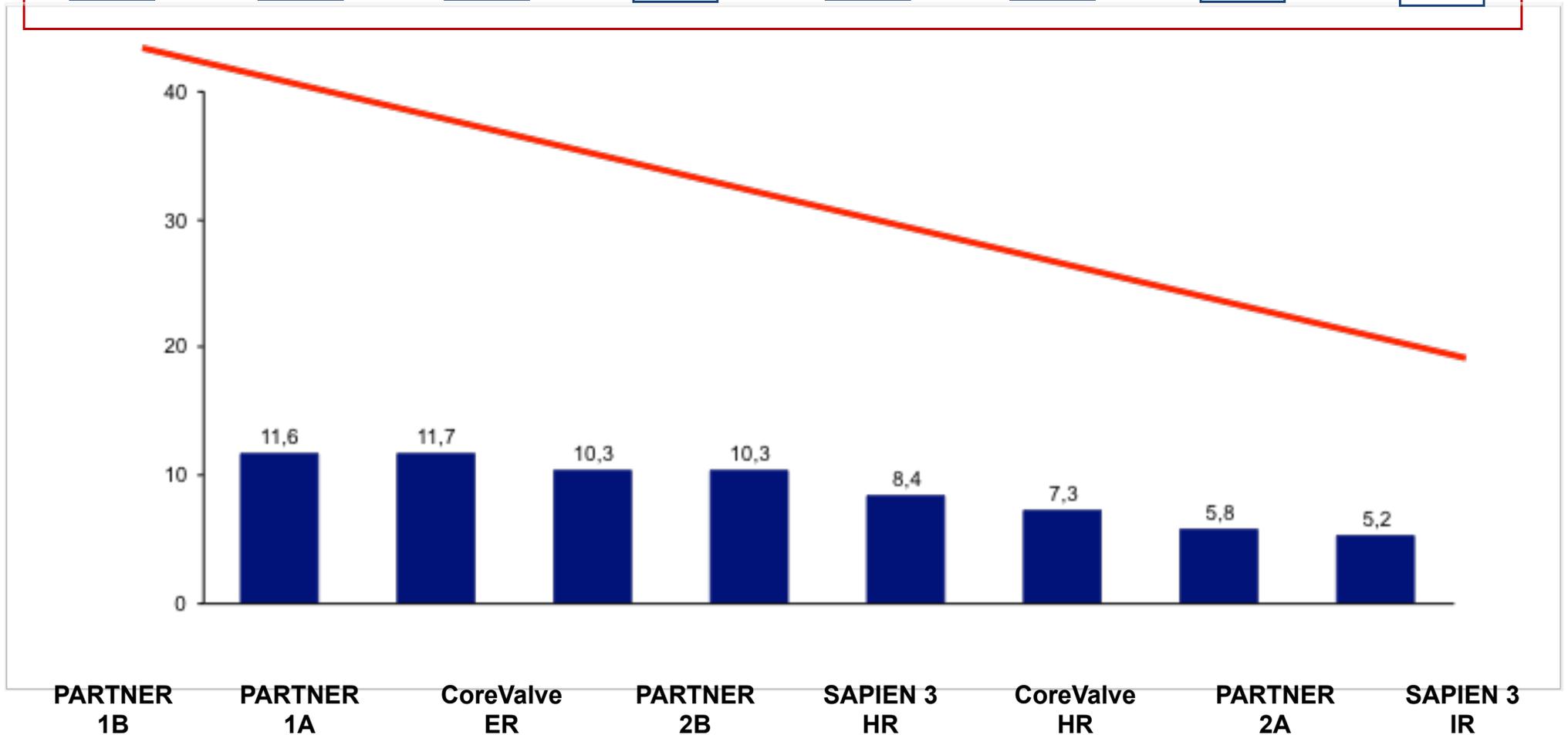
84

82

83

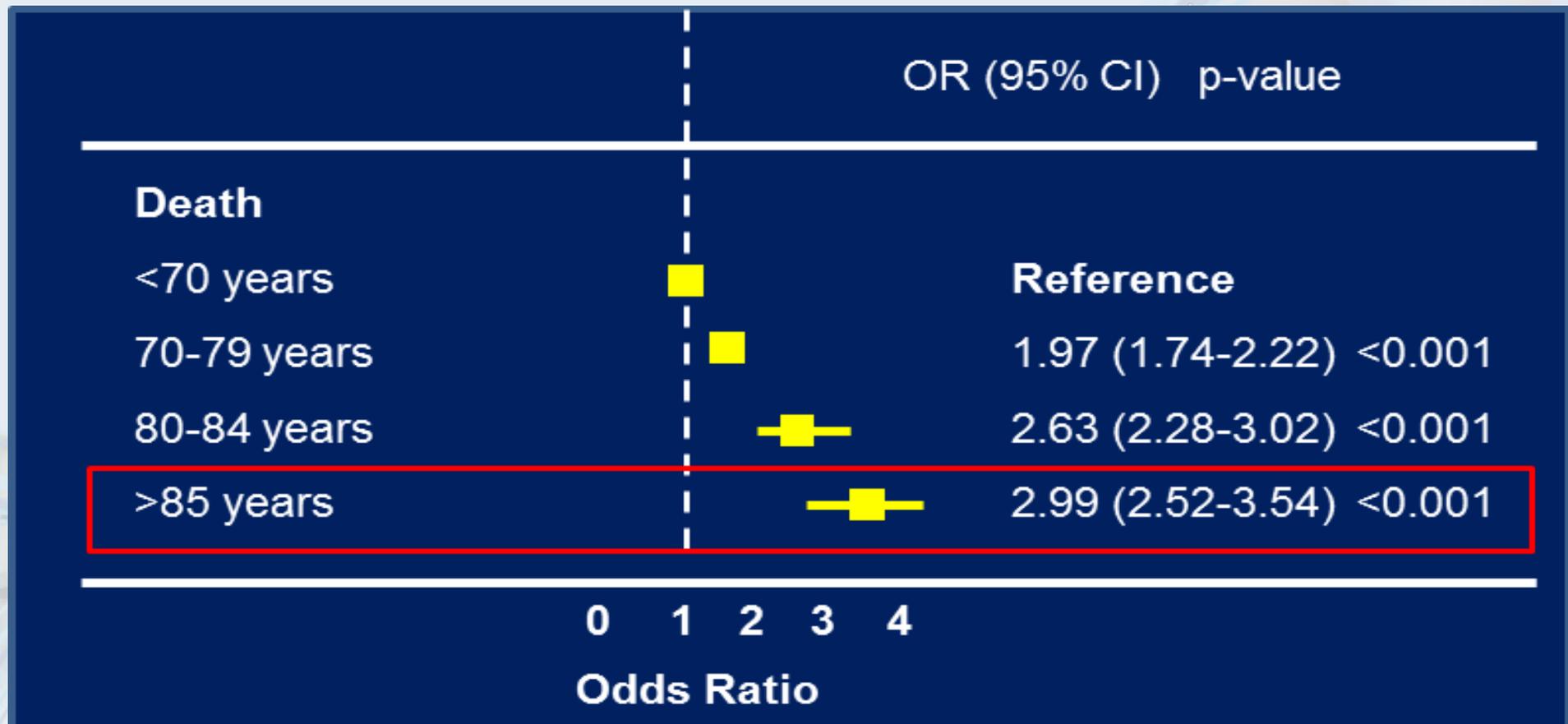
82

**S
T
S
S
C
O
R
E**

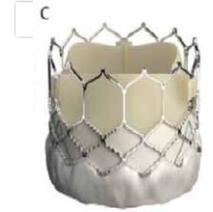


FACTORS FAVORING TAVR VS. SAVR

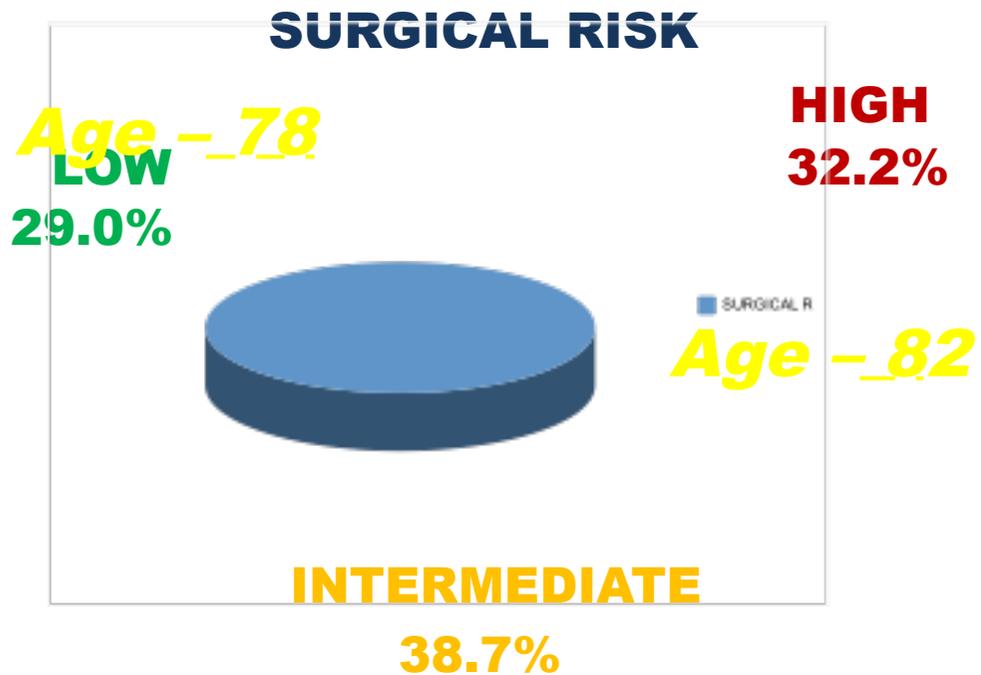
SAVR – US Registry - 104,699 pts
Mean age 70 yrs



SOURCE 3 Registry – Risk analysis



n = 1945



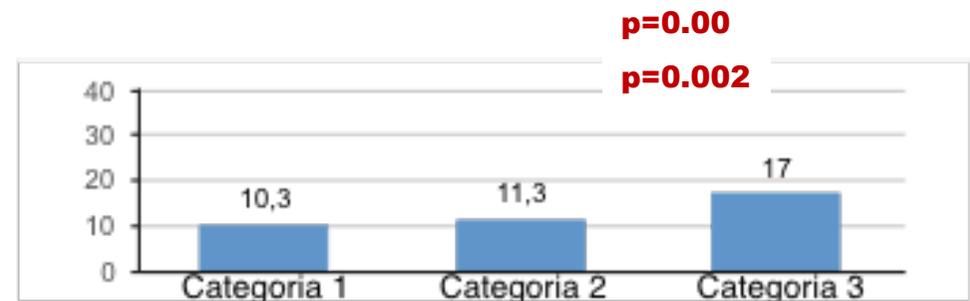
MORE THAN 2/3 INTERMEDIATE OR LOW RISK

IR/LR 70% IN TF vs. 60% IN NON-TF (p < 0.01)

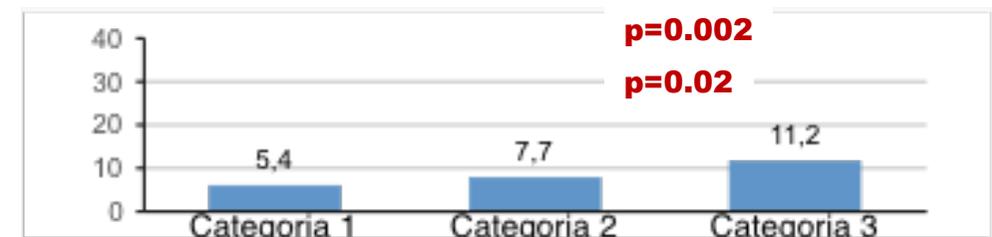
Log EuroScore

LR	IR	HR
6.8 ± 2	14 ± 3	33.5 ± 12.4

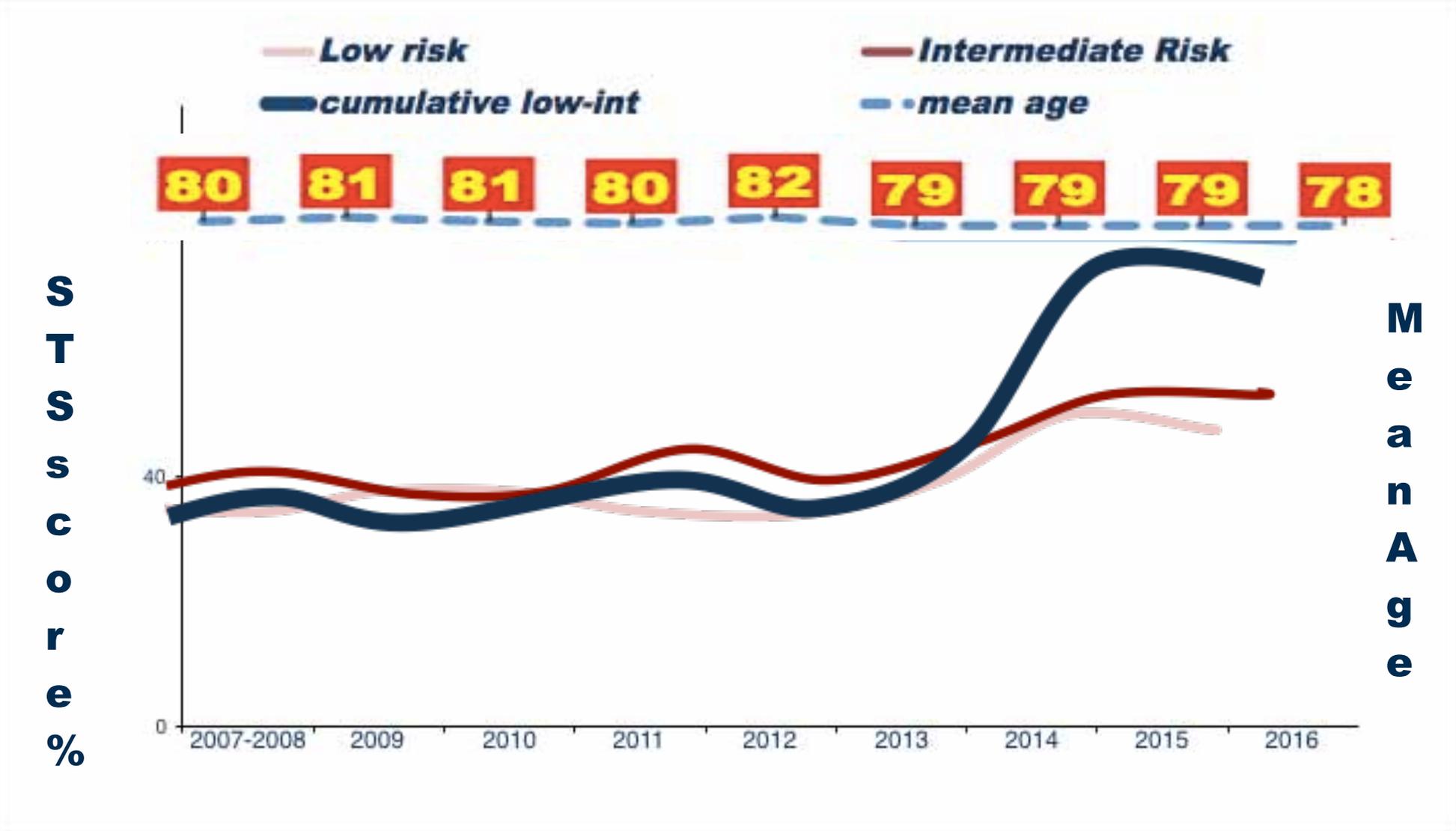
12-mo All-Cause Mortality



12-mo Cardiac Mortality



PURE VALVE Registry 2007-2015 – 752 TAVR pts

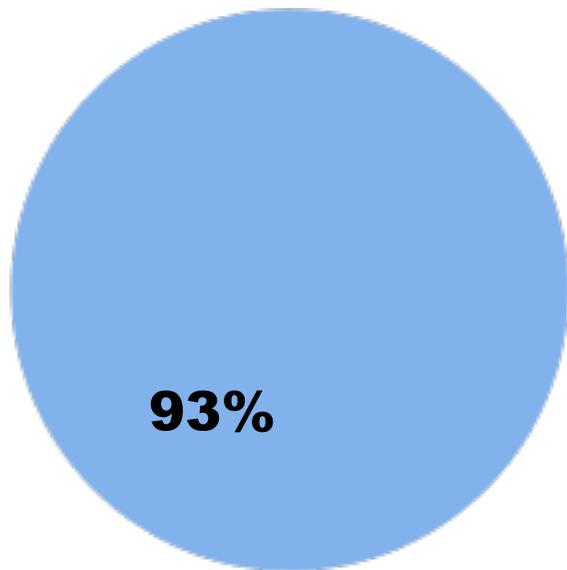


Severe aortic stenosis: age distribution

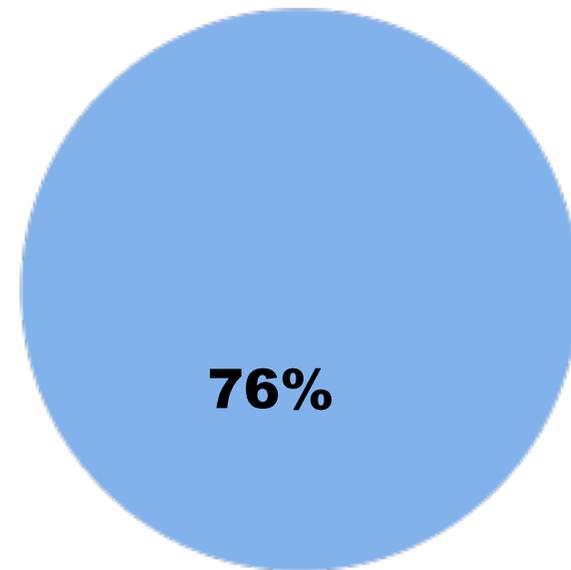
Severe aortic stenosis in patients undergoing AVR

n=932 pts

BICUSPID VALVES

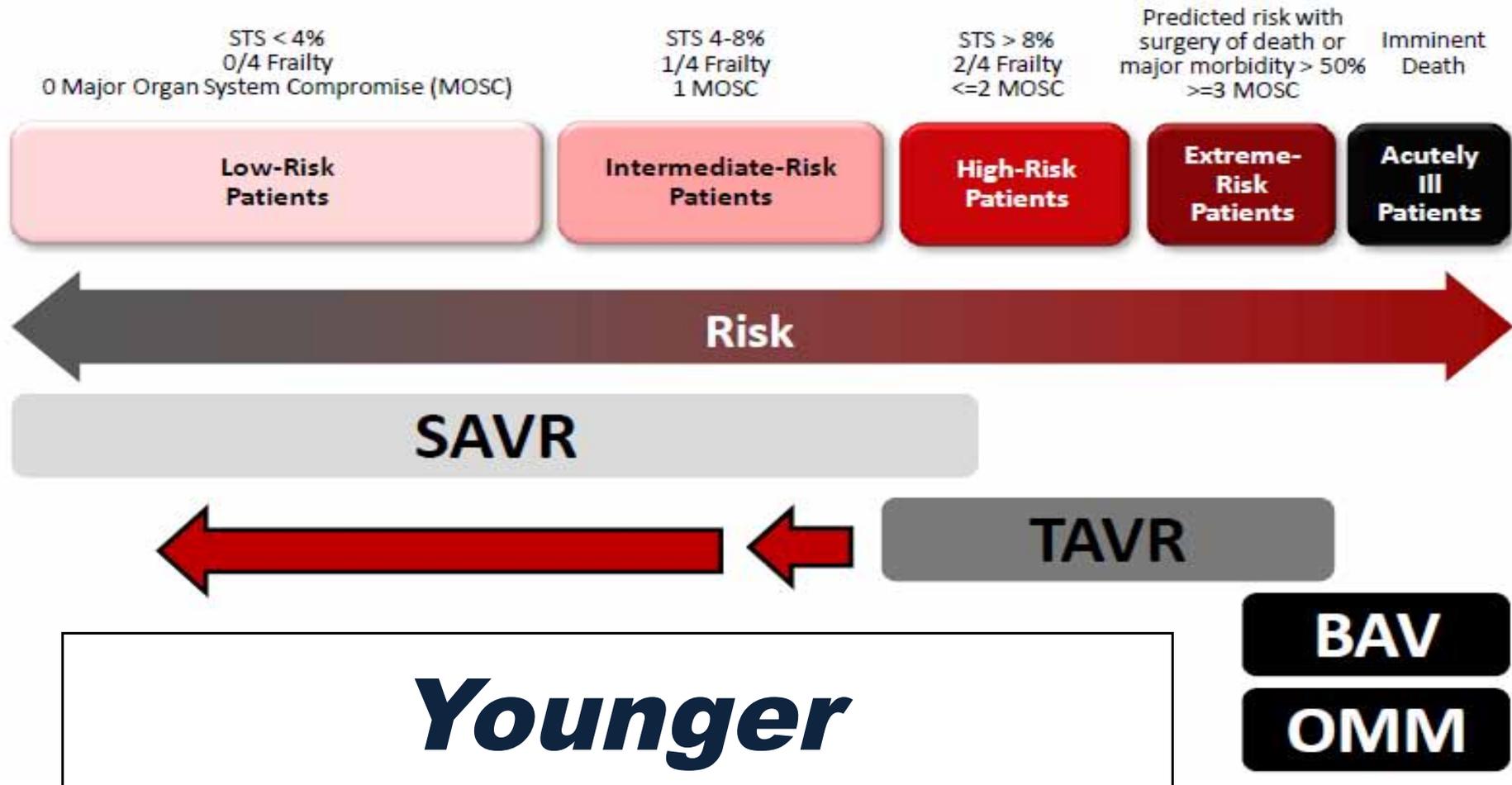


TRICUSPID VALVES



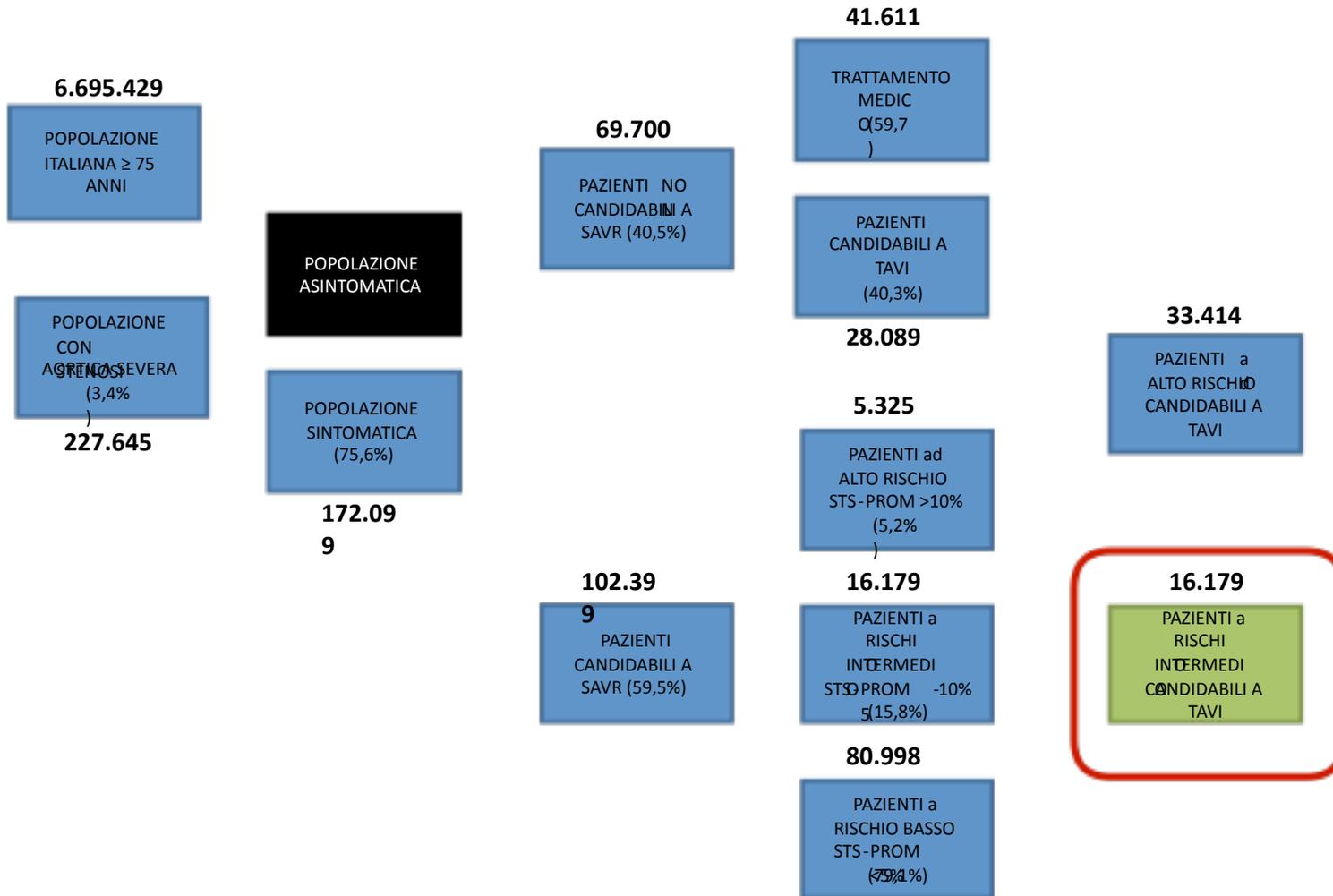
STENOSI AORTICA

Modifiche all'attuale algoritmo terapeutico



EPIDEMIOLOGIA

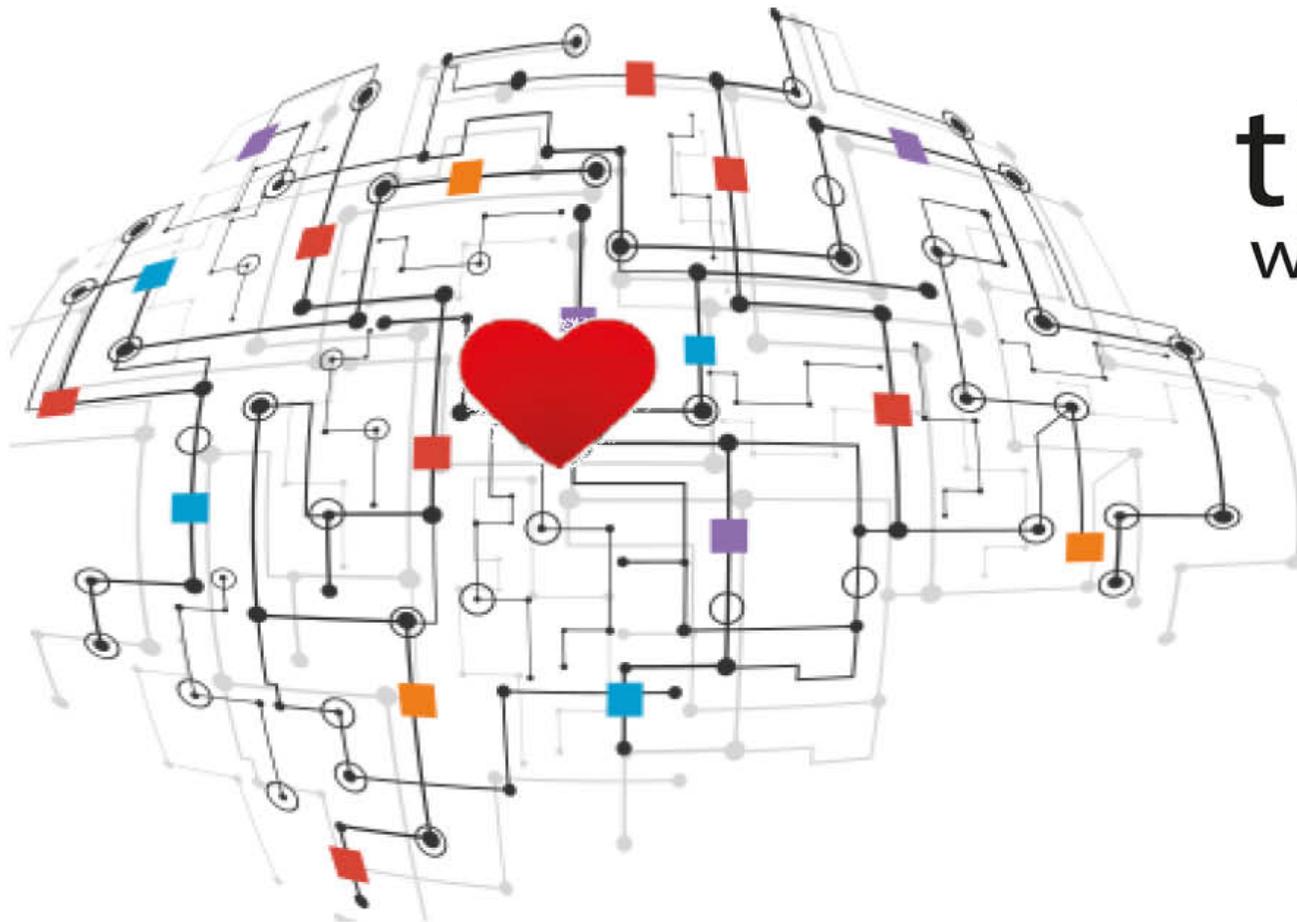
Bisogno epidemiologico attuale in Italia



FONTE: Osnabrugge RL et al., Aortic stenosis in the elderly: disease prevalence and number of candidates for transcatheter aortic valve replacement: a meta-analysis and modeling study. J Am Coll Cardiol. 2013 Sep 10;62(11):1002-12.



thinkheart
with **GISE**



thinkheart

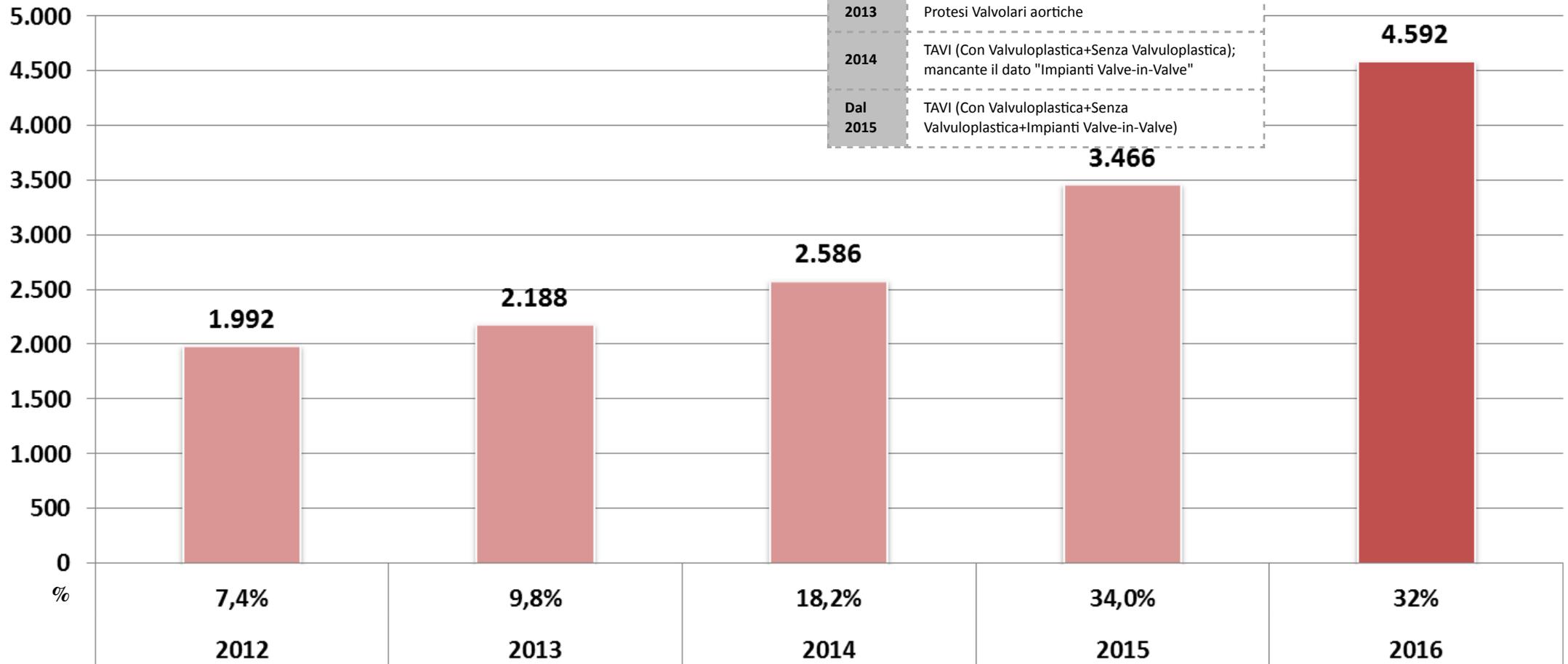
20 - 21 APRILE 2017
Stazione Leopolda - FIRENZE



TAVI SERIE STORICA



EVOLUZIONE RACCOLTA DATI TAVI NEGLI ANNI	
2011	Impianto Protesi Percutanee Aortiche
2012	Protesi Valvolari aortiche
2013	Protesi Valvolari aortiche
2014	TAVI (Con Valvuloplastica+Senza Valvuloplastica); mancante il dato "Impianti Valve-in-Valve"
Dal 2015	TAVI (Con Valvuloplastica+Senza Valvuloplastica+Impianti Valve-in-Valve)



ORGANIZZAZIONE

Problematiche attuali

FASE PREOPERATORIA

- Gestione del flusso di pazienti da parte di Cardiologi ambulatoriali e MMG
- Gestione organizzativa del paziente con SA
- Heart team
- Logica di silos (ospedale e territorio)
- Capacity dei centri (posti letto, CCH on-site)

FASE OPERATORIA E POST-OPERATORIA

- Approccio terapeutico (es. anestesia generale vs locale)
- Stand-by chirurgico
- Durata della degenza ospedaliera (ICU + general ward)
- Percorso di riabilitazione post-intervento



“

*Non mi preoccupo mai del futuro, arriva
sempre abbastanza presto*

”

ALBERT EINSTEIN

AHA STATISTICAL UPDATE

Heart Disease and Stroke Statistics—2017 Update

A Report From the American Heart Association

From US-TVT registry – 26414 TAVR pts

Holmes JACC

2015

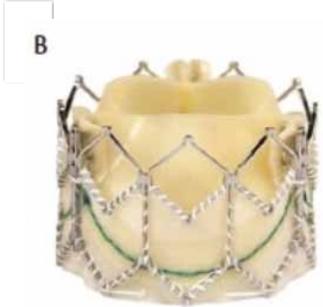
2011 to 2014 ≈70% of TAVR pts were ≥80 years,

In 2014 median STS was 6.7% and 95% deemed at "extreme" or "high" risk

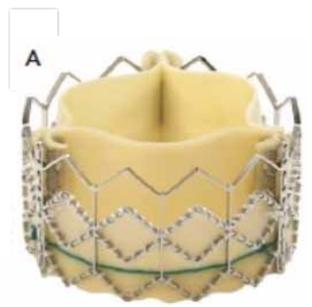
Benjamin E et al, Circulation

2017

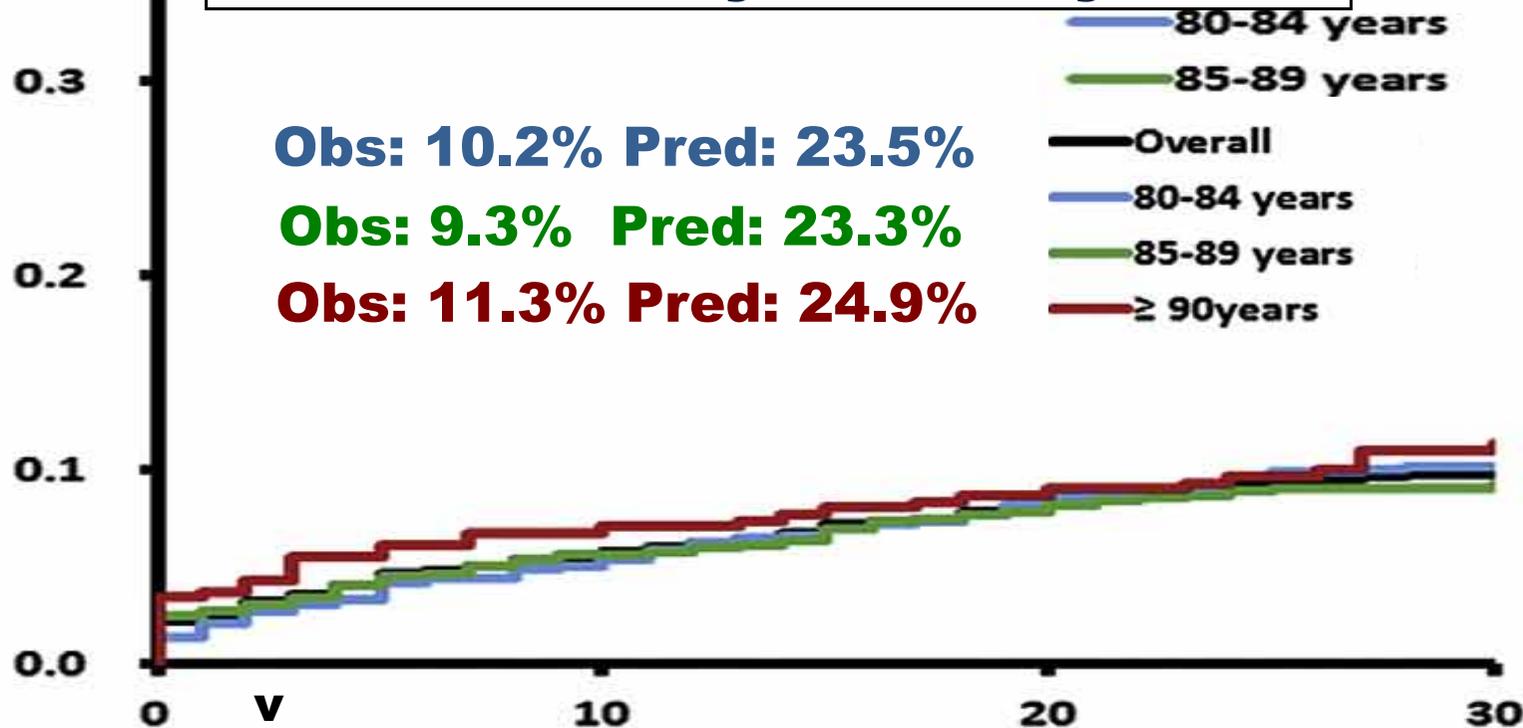
Factors favoring **TAVR** vs. **SAVR**



TAVR - FRANCE-2 Registry - 2254 pts



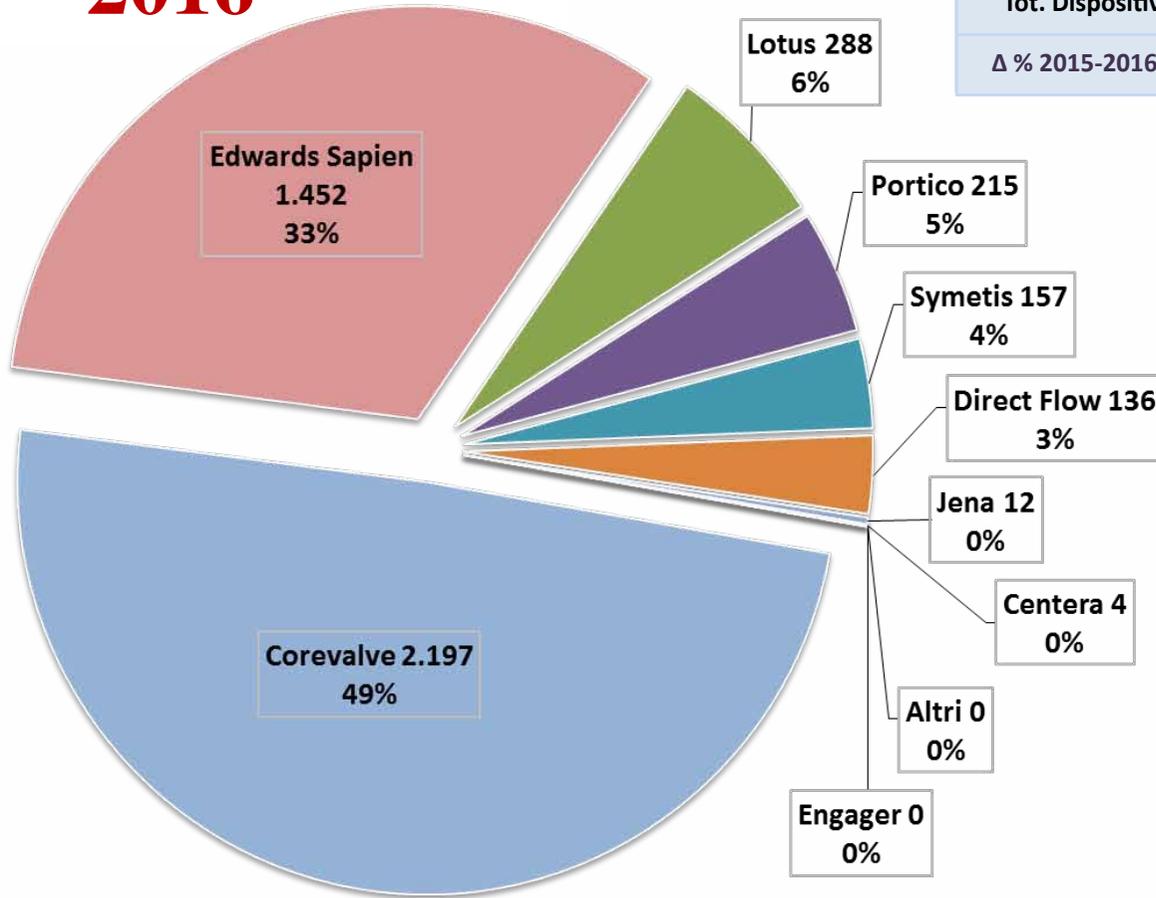
Mortality at 30-day



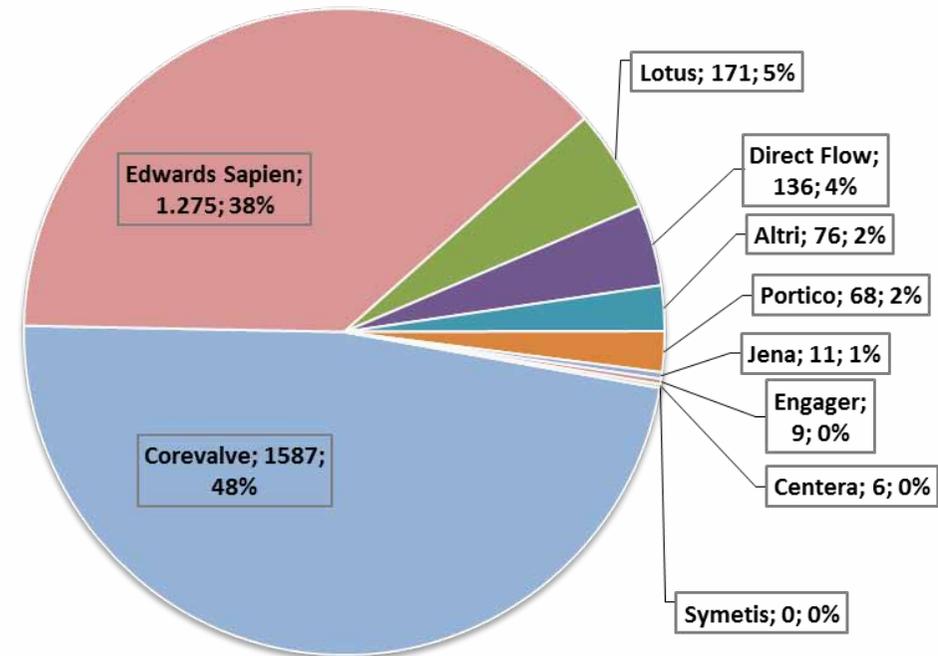


DISPOSITIVI TAVI UTILIZZATI 2016

Tot. Dispositivi 2015	3.339
Tot. Dispositivi 2016	4.461
Δ % 2015-2016 ITALIA:	33,6%



Dispositivi TAVI Italia 2015



GOVERNANCE

Variabilità Regionali

Meccanismi di finanziamento

FONTE: Callea G et al. Il governo dell'innovazione tecnologica in sanità. Il caso dell'impianto di valvola aortica transcateretere: stato dell'arte delle indicazioni e della rimborsabilità nelle regioni italiane. MECOSAN 95/2015, pp. 137-160, DOI:10.3280/MESA2015-095007

	Quota capitaria	Tariffa base DRG	Add-on	Lump-sum	Budget	Tariffa 2013 ⁴
Piemonte		X				20.487-24.675
Valle D'Aosta						N/A ⁵
Lombardia			X			25.522
Prov. Aut. Bolzano						N/A ⁶
Prov. Aut. Trento	X					N/A ⁷
Veneto	X	X				27.476-34.179
Friuli Venezia Giulia		X ⁸				21.551-25.492
Liguria		X				15.775-20.160
Emilia Romagna	X	X			X	21.101-25.415 ⁹
Toscana		X				18.237-19.910
Umbria		X				20.487-24.675
Marche		X				25.373
Lazio		X				20.487-24.675
Abruzzo	X					N/A ¹⁰
Molise						N/A ¹¹
Campania				X		25.000
Puglia				X		20.487-24.675
Basilicata			X			28.487-32.675
Calabria		X				20.487-24.675
Sicilia			X			28.487-32.675
Sardegna	X	X				17.043-21.184

Raccomandazioni & Report HTA

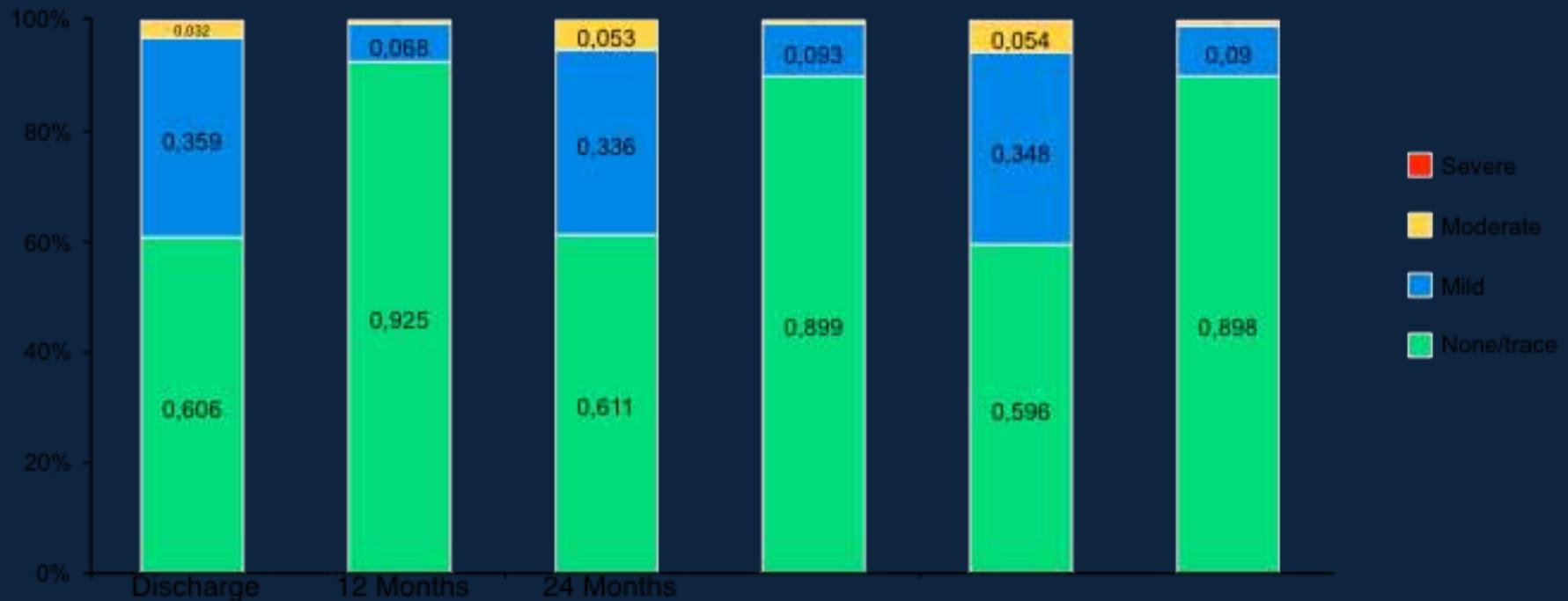
FONTE: Callea G et al. Il governo dell'innovazione tecnologica in sanità. Il caso dell'impianto di valvola aortica transcateretere: stato dell'arte delle indicazioni e della rimborsabilità nelle regioni italiane. MECOSAN 95/2015, pp. 137-160, DOI:10.3280/MESA2015-095007

	Report di HTA	Delibere regionali di indirizzo	Delibere regionali di rimborsabilità
Piemonte	X	X	
Lombardia			X
Veneto	X	X	
Friuli Venezia Giulia			X
Emilia Romagna	X	X ¹	X
Lazio	X		
Campania			X
Puglia			X
Basilicata			X
Sicilia			X ²
Prov. Aut. Trento			
Liguria			
Toscana			
Umbria			
Marche			
Abruzzo			
Calabria			
Sardegna			
Valle d'Aosta			
Prov. Aut. Bolzano			
Molise			
Agenas	X ³		

Assenza di regolamentazione

Non eseguite impianto di TAVI

Total Aortic Regurgitation (core lab adjudication)



TAVR: Intermediate risk

Expected improvement compared to High Risk patients:

TAVR

$$\frac{\Delta C}{\Delta E}$$

ICER

- Mortality
- QoL
- Complications
- Device Cost
- Admission Cost*
- Follow-up Cost

AVR

 Big improvement

 Slight improvement

 No improvement

* *Length of Stay + Complications*