

# TAVR/SAVR u pacientů s nízkým rizikem: **LIMITACE TAVR**

Aortální patologie – máme společný cíl

24. symposium PS CHLOPENNÍ A VROZENÉ VADY V DOSPLĚLOSTI

Jan Vojáček

Kardiochirurgická klinika FN a LV v Hradci Králové



# 2022: a year of milestones

20<sup>th</sup> Anniversary of TAVI (FIM)

15<sup>th</sup> Anniversary of commercial approval in Europe

Implantation (TAVI) April 16, 2002

10<sup>th</sup> Anniversary of commercial approval in the US



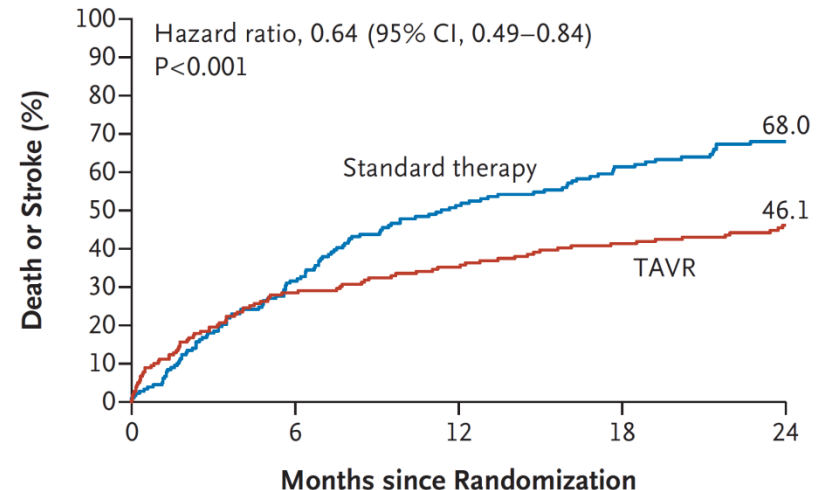
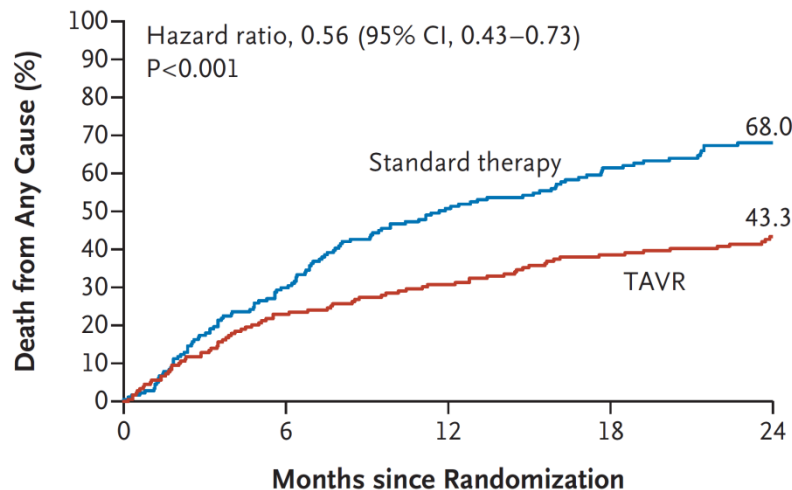
April 16 , 2002



8 days post implantation

ORIGINAL ARTICLE

# Transcatheter Aortic-Valve Replacement for Inoperable Severe Aortic Stenosis



# *The* NEW ENGLAND JOURNAL *of* MEDICINE

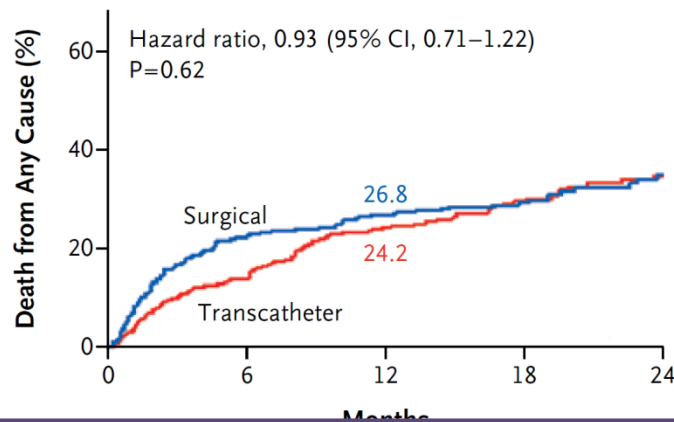
ESTABLISHED IN 1812

JUNE 9, 2011

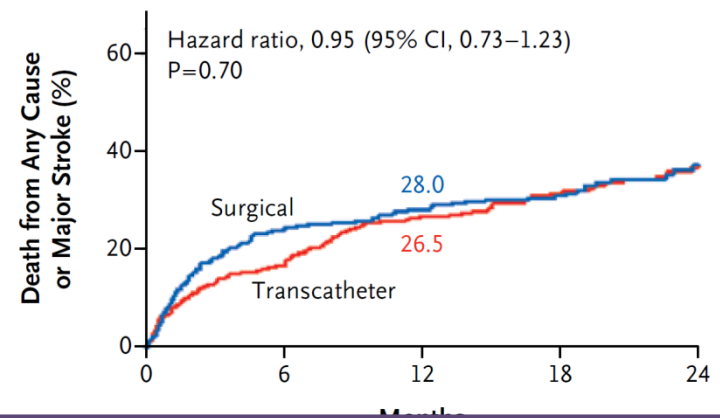
VOL. 364 NO. 23

## Transcatheter versus Surgical Aortic-Valve Replacement in High-Risk Patients

A Death from Any Cause, All Patients



D Death from Any Cause or Major Stroke



**TAVI was NON – INFERIOR**

# The NEW ENGLAND JOURNAL of MEDICINE

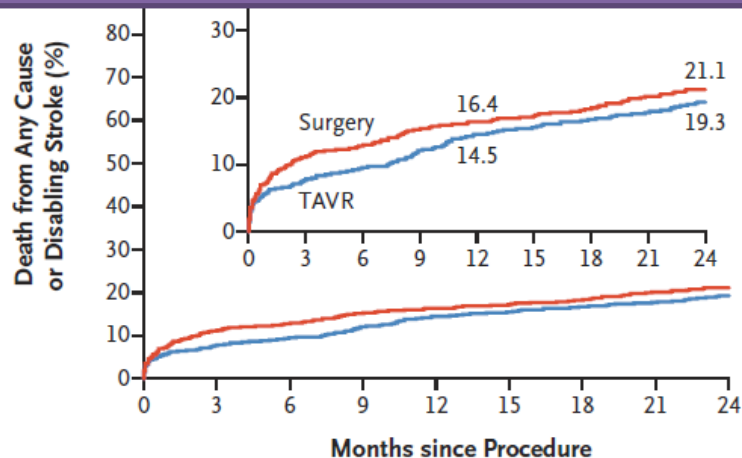
ESTABLISHED IN 1812

APRIL 28, 2016

VOL. 374 NO. 17

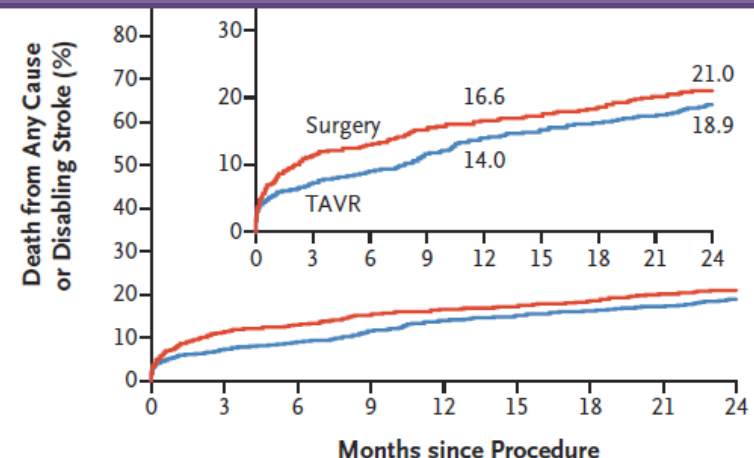
## Transcatheter or Surgical Aortic-Valve Replacement in Intermediate-Risk Patients

# TAVI was NON – INFERIOR



### No. at Risk

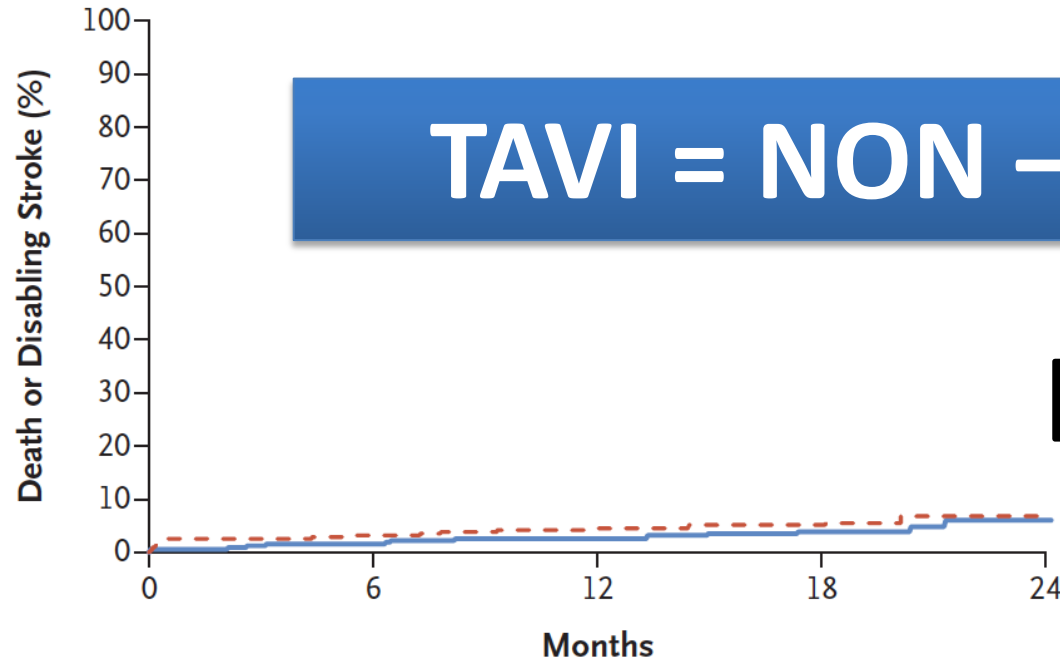
TAVR	1011	918	901	870	842	825	811	801	774
Surgery	1021	838	812	783	770	747	735	717	695



### No. at Risk

TAVR	994	917	900	870	842	825	811	801	774
Surgery	944	826	807	779	766	743	731	715	694

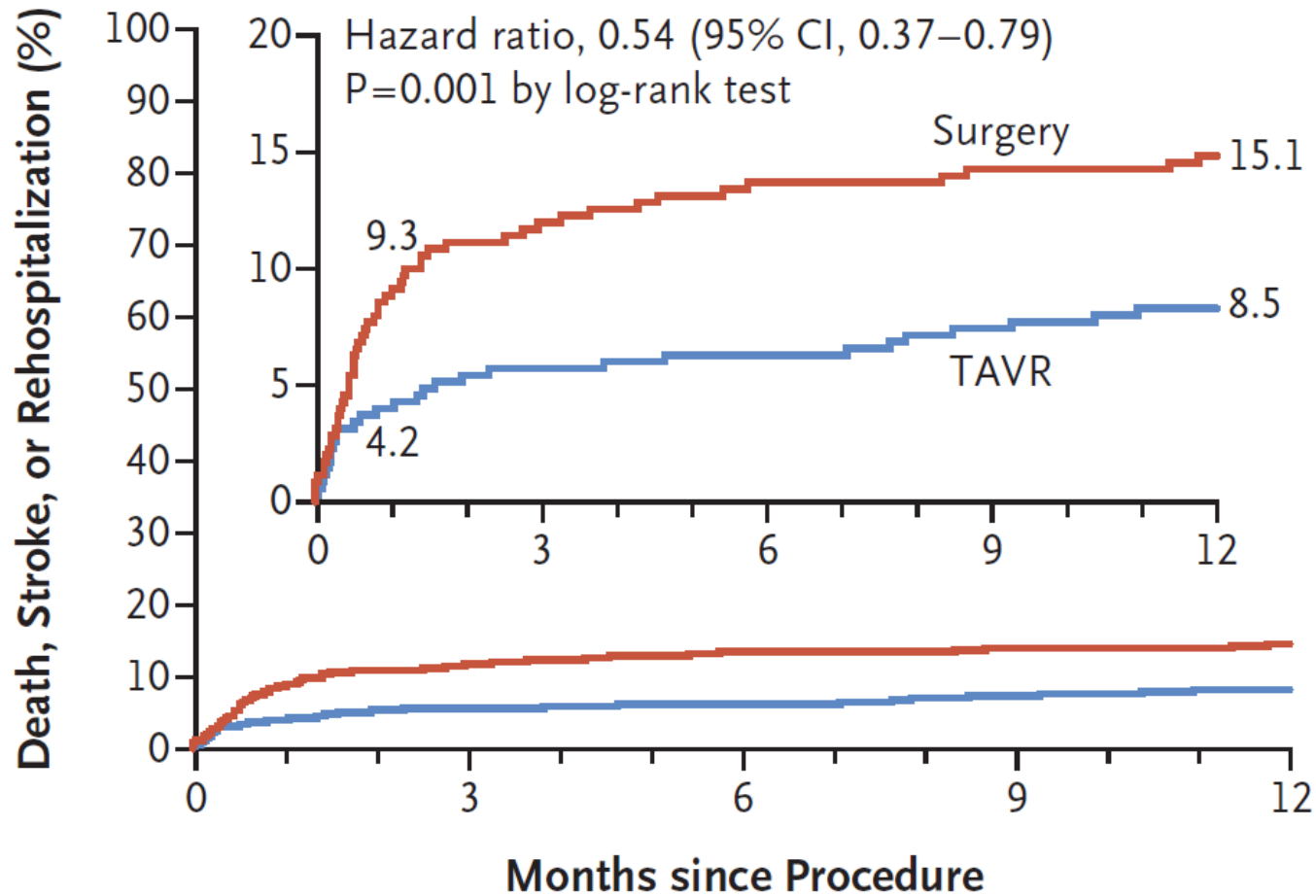
## ORIGINAL ARTICLE

Transcatheter Aortic-Valve Replacement with  
a Self-Expanding Valve in Low-Risk Patients**TAVI = NON – INFERIOR**

PM implantation: 17% versus 6%

PARTNER 3

ORIGINAL ARTICLE





## FDA expands indication for several transcatheter heart valves to patients at low risk for death or major complications associated with open-heart surgery



Share



Tweet



Email

**For Immediate Release:**

August 16, 2019

The U.S. Food and Drug Administration today approved an expanded indication for several transcatheter heart valves to include patients with severe aortic valve stenosis (a narrowing of the heart's aortic valve that restricts blood flow to aorta, the body's main artery) who are at low risk for death or major complications associated with open-heart surgery to replace the damaged valves. These transcatheter valves – Sapien 3, Sapien 3 Ultra, CoreValve Evolut R and CoreValve Evolut PRO – were previously indicated only for patients at intermediate or higher risk for death or major complications during open-heart surgery. In low risk patients, open-heart surgery has been the standard-of-care for aortic valve replacement. However, the procedure to insert a transcatheter heart valve is less invasive, and involves a smaller incision and shorter recovery time than open-heart surgery. The FDA is the first medical products regulatory body in the world to expand the indication for these devices to patients at low risk for death or major complications associated with open-heart surgery.



# 2020 ACC/AHA Guideline for the Management of Patients With Valvular Heart Disease: Executive Summary



A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines

*Developed in collaboration with and endorsed by the American Association for Thoracic Surgery, American Society of Echocardiography, Society for Cardiovascular Angiography and Interventions, Society of Cardiovascular Anesthesiologists, and Society of Thoracic Surgeons*

## Writing Committee Members\*

Catherine M. Otto, MD, FACC, FAHA, *Co-Chair*  
Rick A. Nishimura, MD, MACC, FAHA, *Co-Chair*

---

Robert O. Bonow, MD, MS, MACC, FAHA  
Blase A. Carabello, MD, FACC, FAHA  
John P. Erwin III, MD, FACC, FAHA  
Federico Gentile, MD, FACC  
Hani Jneid, MD, FACC, FAHA  
Eric V. Krieger, MD, FACC  
Michael Mack, MD, MACC  
Christopher McLeod, MBChB, PhD, FAHA

Patrick T. O’Gara, MD, MACC, FAHA<sup>†</sup>  
Vera H. Rigolin, MD, FACC, FAHA  
Thoralf M. Sundt III, MD, FACC, FAHA  
Annemarie Thompson, MD  
Christopher Toly

---

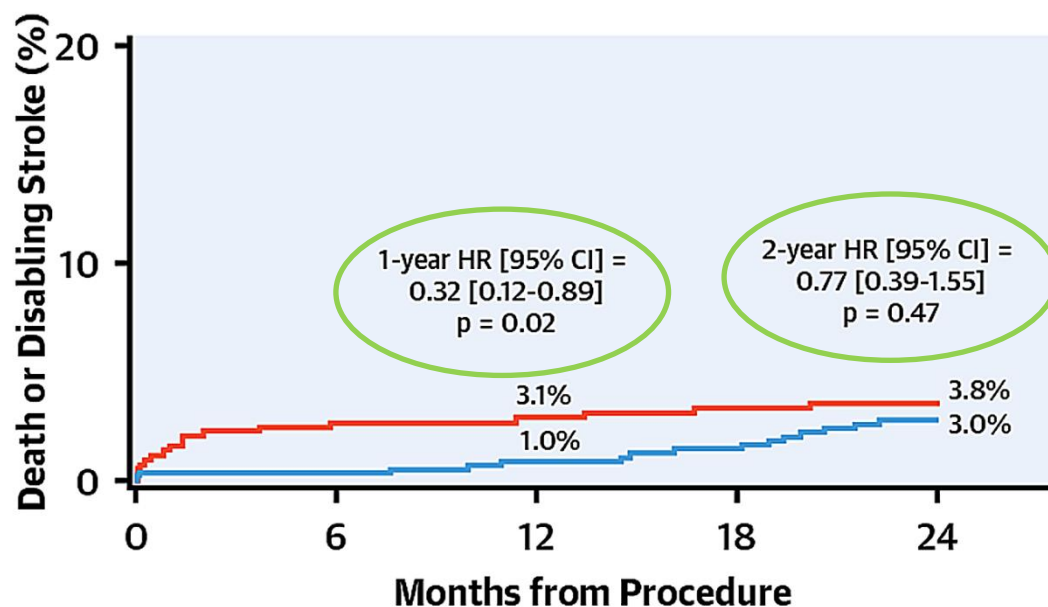
\*Writing committee members are required to recuse themselves from voting on sections to which their specific relationships with industry may apply; see [Appendix 1](#) in the full guideline for detailed information.

<sup>†</sup>ACC/AHA Joint Committee on Clinical Practice Guidelines Liaison.

# Outcomes 2 Years After Transcatheter Aortic Valve Replacement in Patients at Low Surgical Risk

JACC 2021

**B**



Number at risk:

— Surgery	454	431	424	410	400
— TAVR	496	493	490	483	472

# *The* NEW ENGLAND JOURNAL *of* MEDICINE

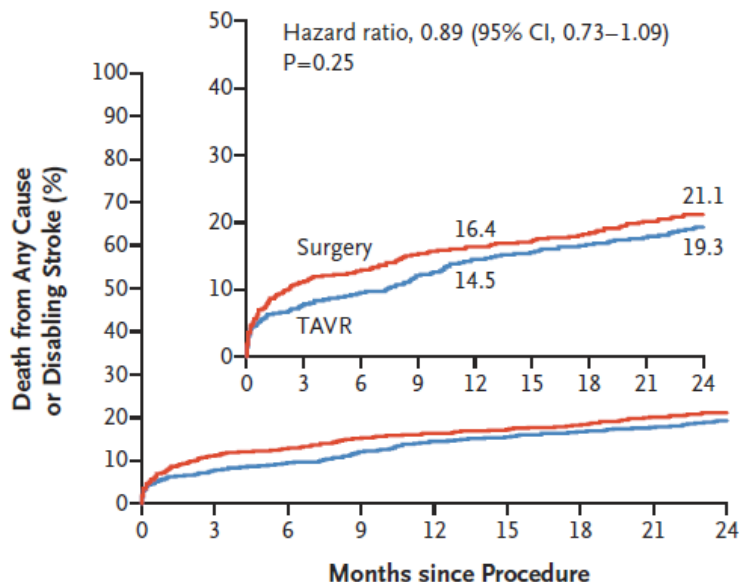
ESTABLISHED IN 1812

APRIL 28, 2016

VOL. 374 NO. 17

## Transcatheter or Surgical Aortic-Valve Replacement in Intermediate-Risk Patients

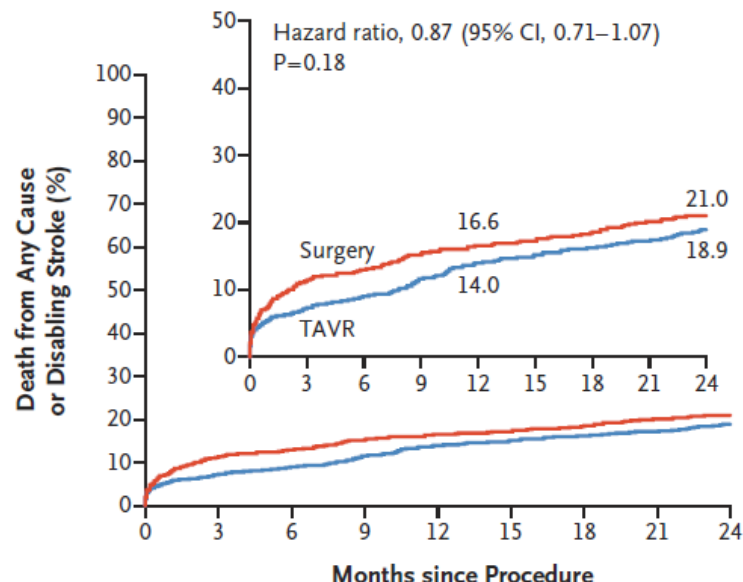
**A** Intention-to-Treat Population



No. at Risk

TAVR	1011	918	901	870	842	825	811	801	774
Surgery	1021	838	812	783	770	747	735	717	695

**B** As-Treated Population

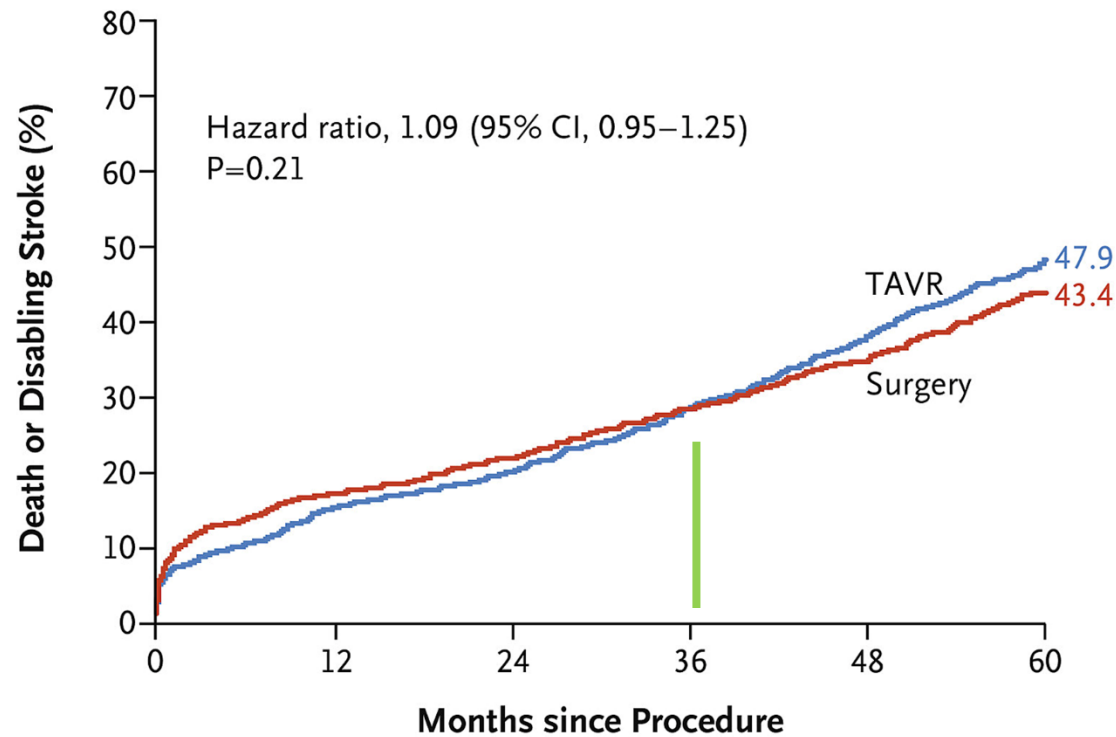


No. at Risk

TAVR	994	917	900	870	842	825	811	801	774
Surgery	944	826	807	779	766	743	731	715	694

# Five-Year Outcomes of Transcatheter or Surgical Aortic-Valve Replacement

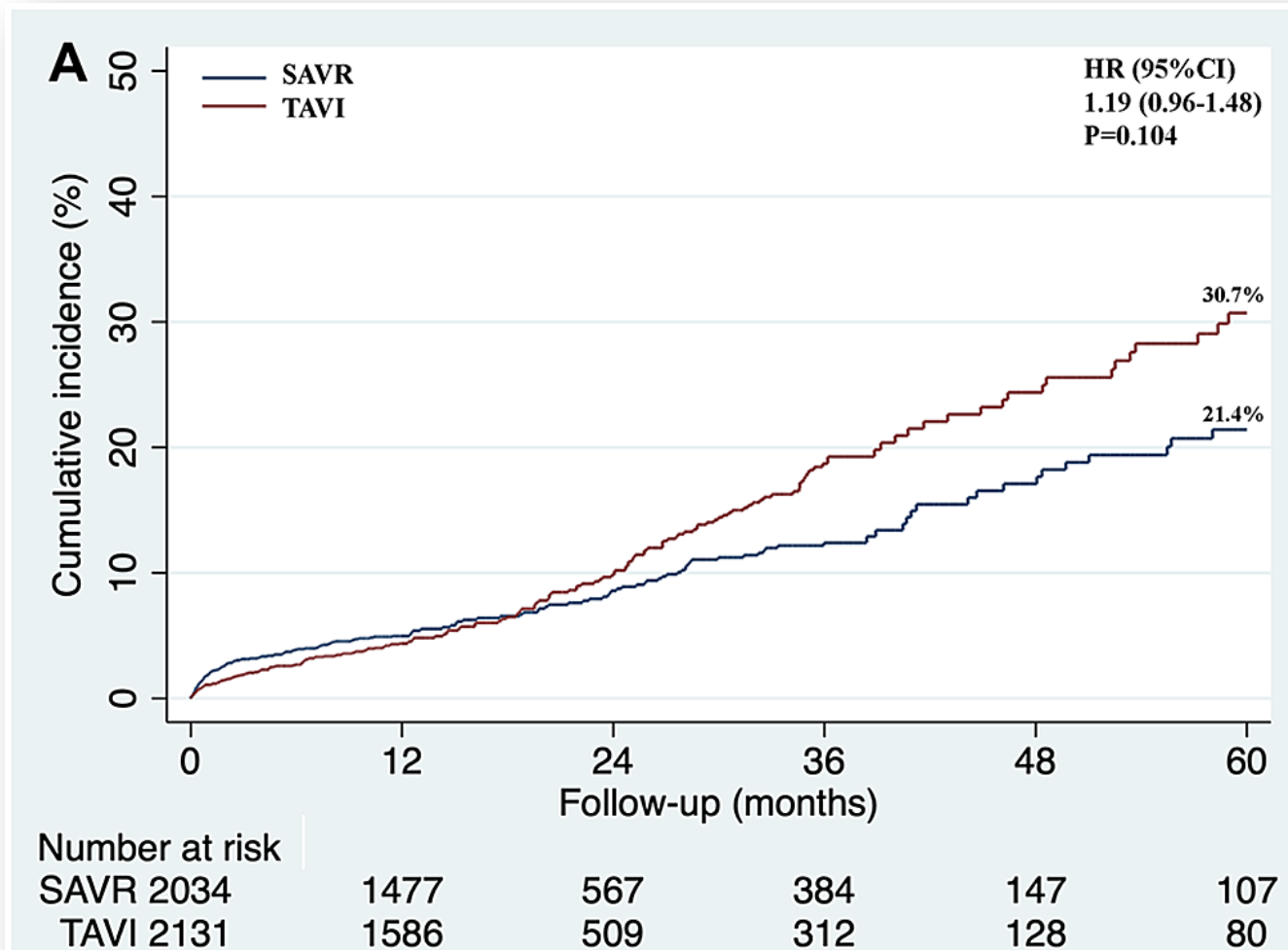
## PARTNER 2

**No. at Risk**

TAVR	1011	843	785	687	581	474
Surgery	1021	771	704	625	547	440

# Mortality in low-risk patients with aortic stenosis undergoing transcatheter or surgical aortic valve replacement: a reconstructed individual patient data meta-analysis

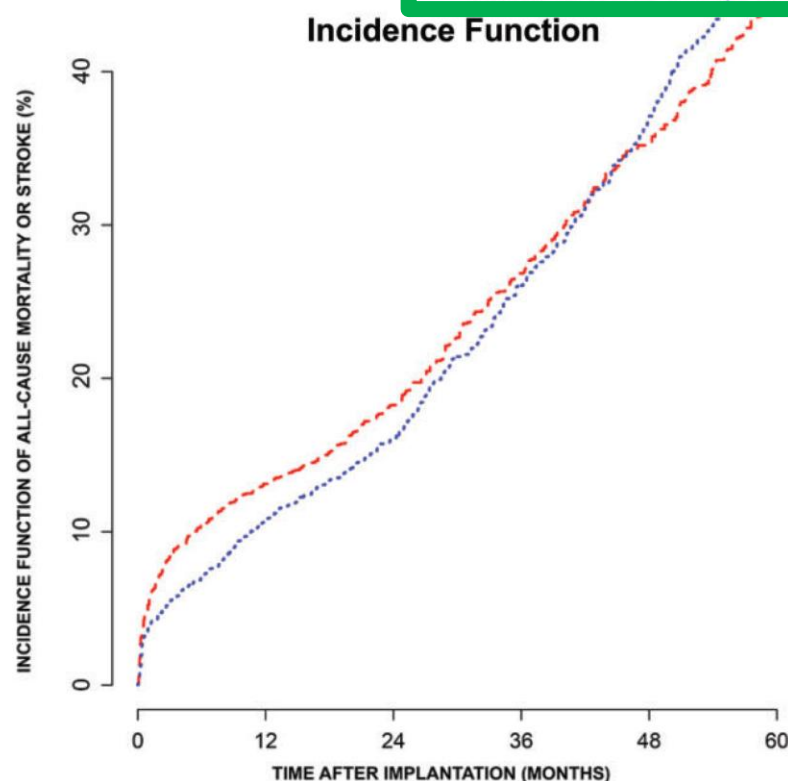
ICVTS 2020



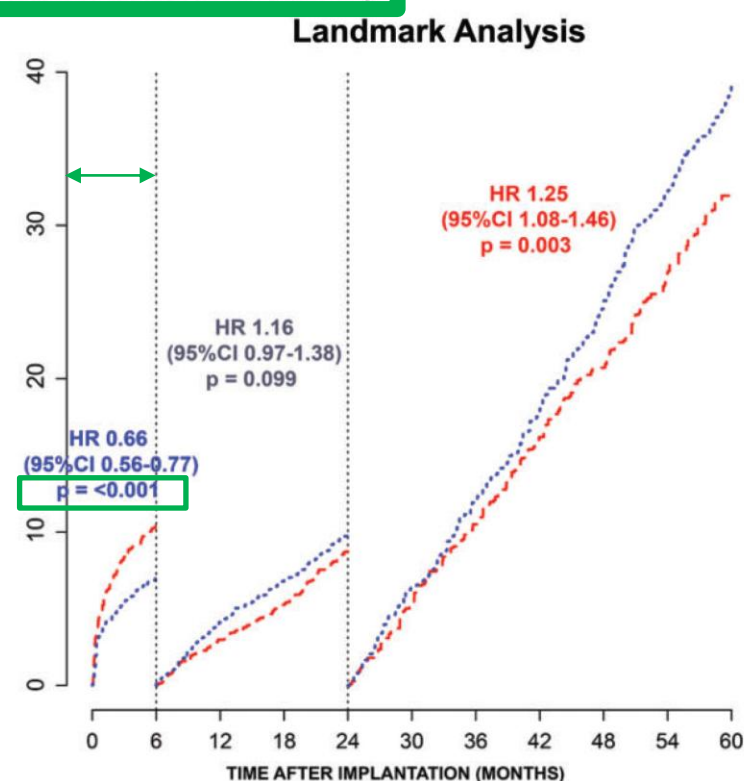
# Five-year outcomes in trials comparing transcatheter aortic valve implantation versus surgical aortic valve replacement: a pooled meta-analysis of reconstructed time-to-event data

EJCTS 2022

## COMPOSITE OUTCOME (All cause death and stroke)



SAVR	3659	2602	1822	922	675	504
TAVI	3835	2949	2090	1033	725	531

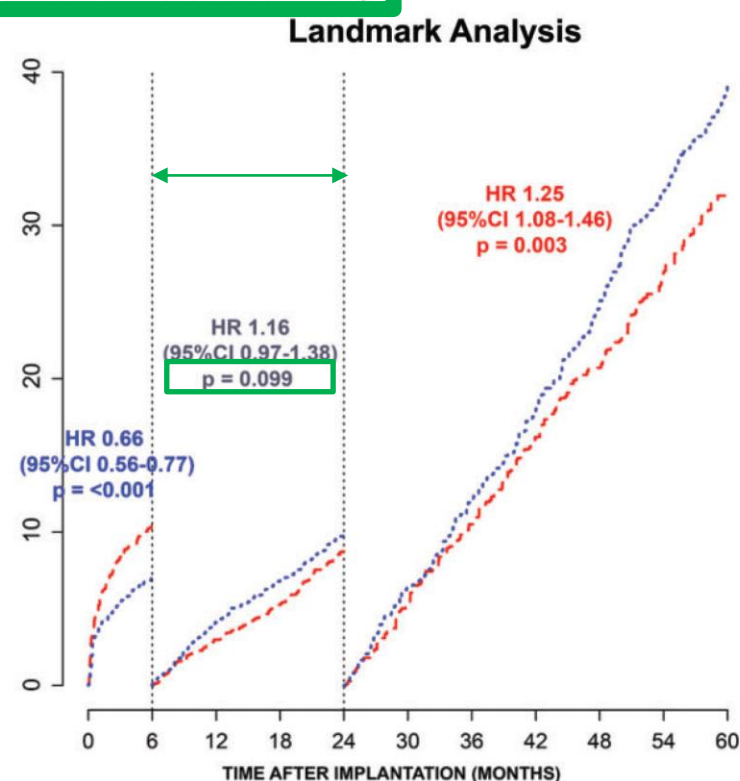
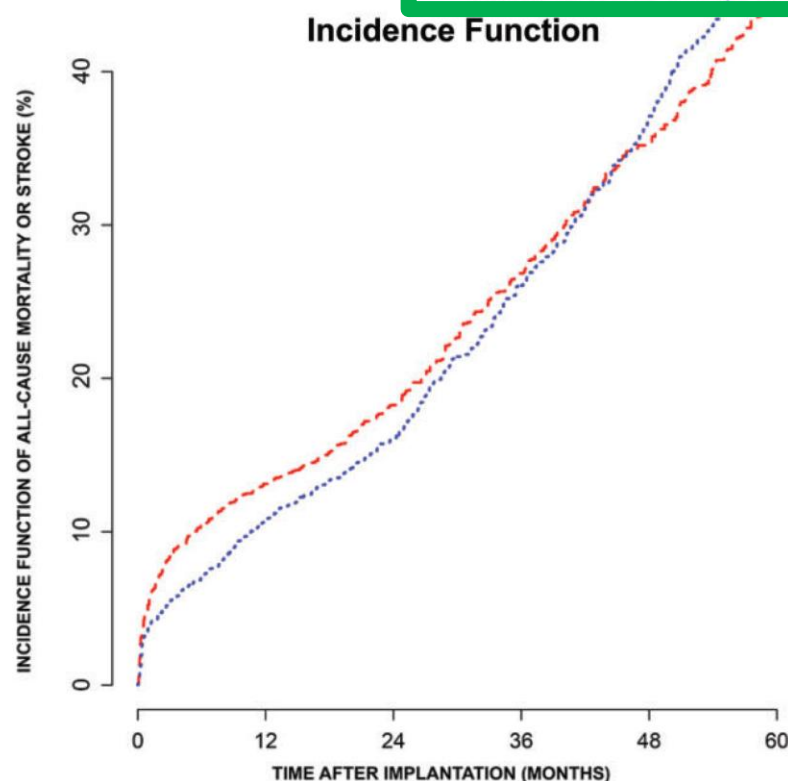


SAVR	3659	2602	1822	922	675	504
TAVI	3835	2949	2090	1033	725	531

# Five-year outcomes in trials comparing transcatheter aortic valve implantation versus surgical aortic valve replacement: a pooled meta-analysis of reconstructed time-to-event data

EJCTS 2022

## COMPOSITE OUTCOME (All cause death and stroke)

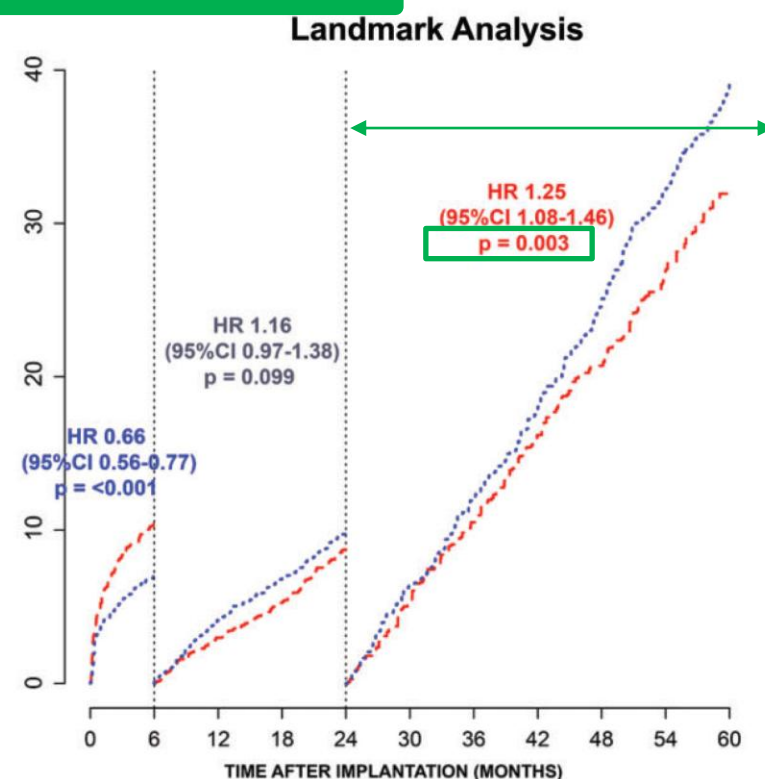
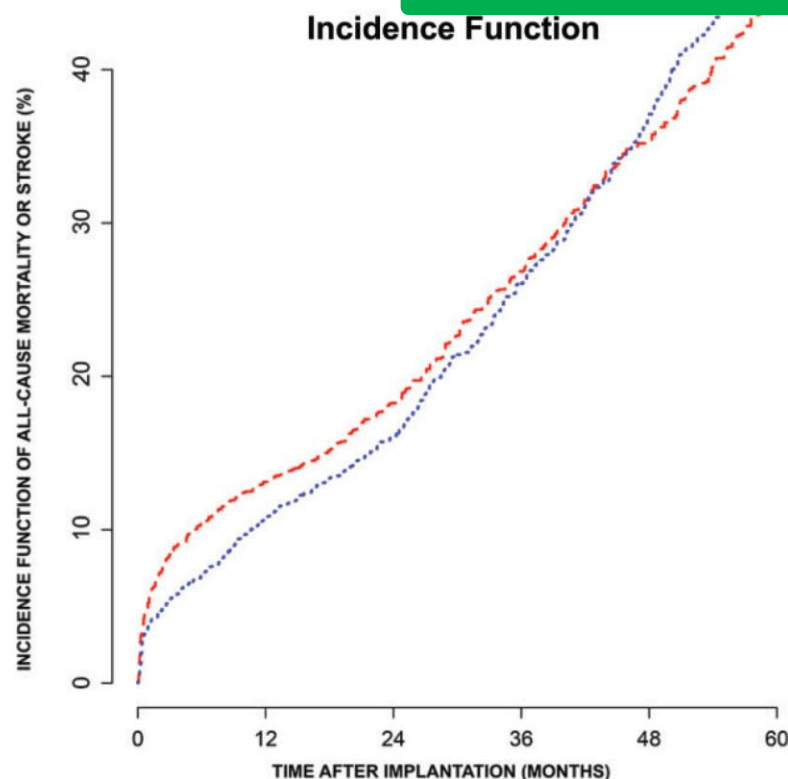




# Five-year outcomes in trials comparing transcatheter aortic valve implantation versus surgical aortic valve replacement: a pooled meta-analysis of reconstructed time-to-event data

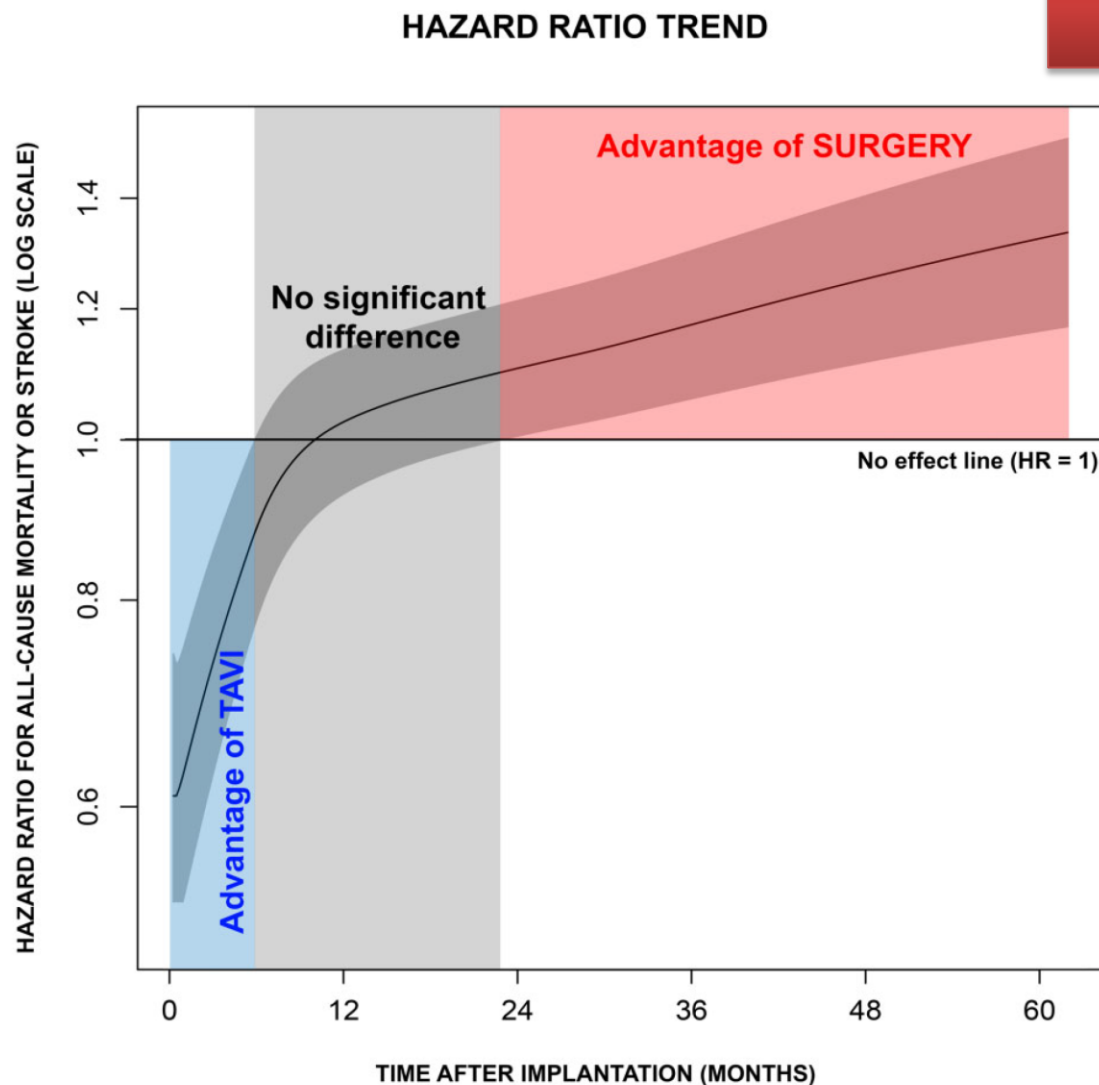
EJCTS 2022

## COMPOSITE OUTCOME (All cause death and stroke)



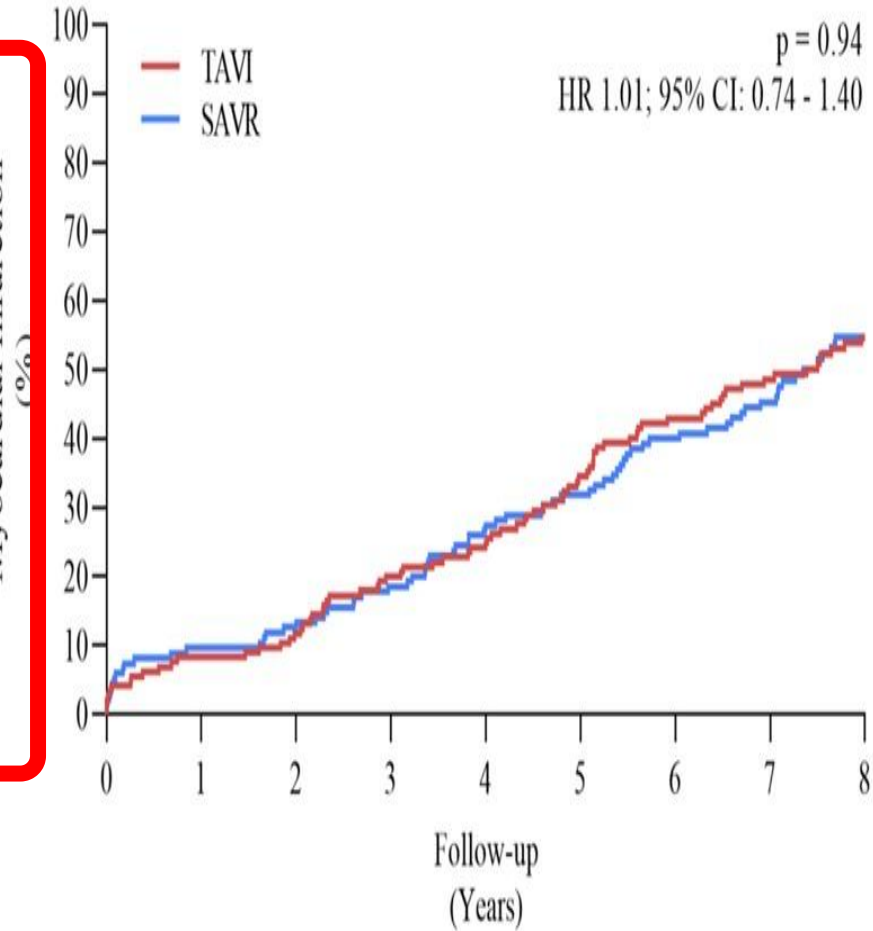
# Five-year outcomes in trials comparing transcatheter aortic valve implantation versus surgical aortic valve replacement: a pooled meta-analysis of reconstructed time-to-event data

EJCTS 2022



# Eight-year valve surgery to trans replace

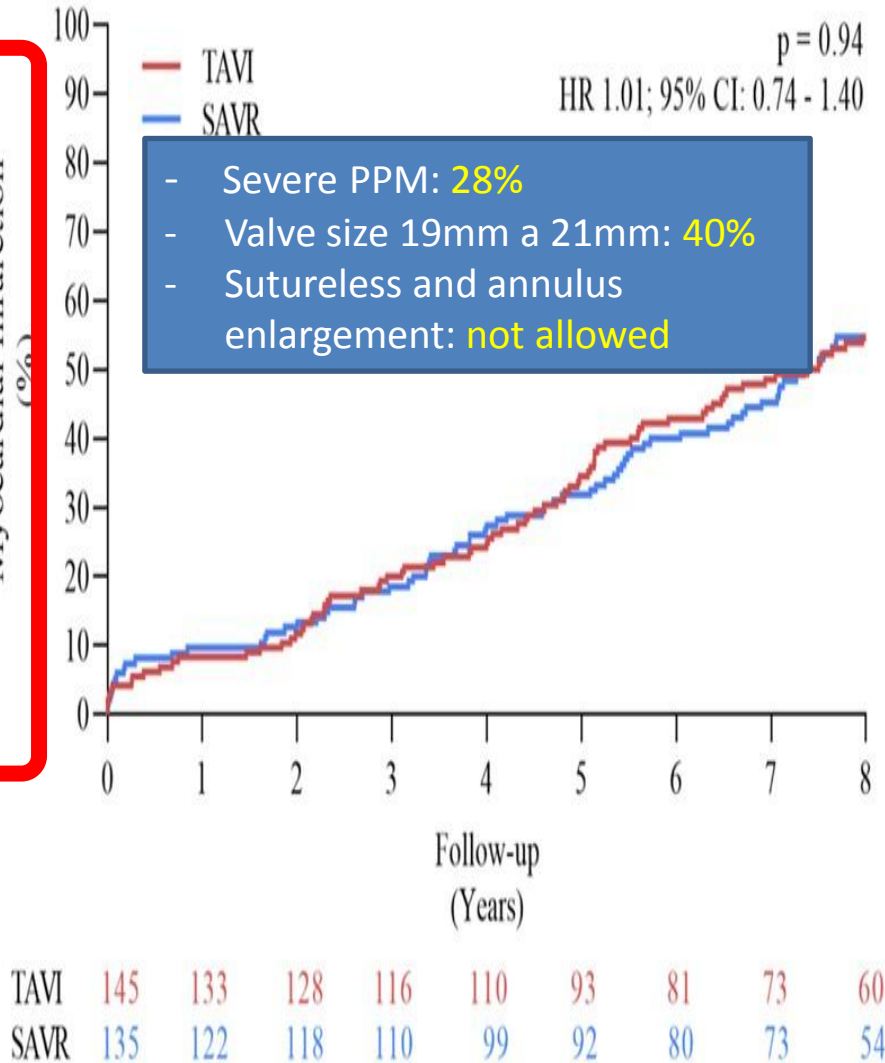
All-cause mortality, Stroke or  
Myocardial Infarction



TAVI	145	133	128	116	110	93	81	73	60
SAVR	135	122	118	110	99	92	80	73	54

# Eight-year valve surgery to trans replace

All-cause mortality, Stroke or  
Myocardial Infarction



rtic  
ized

# CONCLUSIONS

- TAVI: an excellent options for high-risk and selected intermediate risk patients (HEART TEAM)
- **Limitations of TAVI**
  - Durability
  - Subclinical leaflet thrombosis
  - PVL AR
  - PM
  - Vascular complication
  - Annular rupture
  - BAV
- **No TAVI:** low-risk patients, normal life expectancy – limited long-term data supporting TAVI in low-risk patients

# Postavení chirurgie aortální chlopně v éře TAVI:

Are we dinosaurs? 😊

20. Symposium Pracovní skupiny Chlopenní a vrozené  
srdeční vady v dospělosti

Jan Vojáček

Kardiochirurgická klinika LF UK a FN HK  
Komplexní kardiovaskulární centrum FN HK

