

Patterns, Predictors and Outcomes of Pacemaker Implantation after TAVR

Insights From the CENTER2 Study

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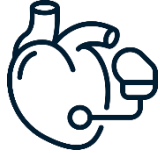
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Disclosure of Relevant Financial Relationships

I, [Gijs Broeze](#) DO NOT have any financial relationships to disclose.

Background



Permanent pacemaker (PPM) implantation due to conduction abnormalities are a common complication after TAVR



Most published data reflect outcomes up to 2020



Valve designs and PPM guidelines have evolved in recent years

Aim of the Study

Evaluate the **temporal trends**, **predictors** and **outcomes** for permanent pacemaker implantation following TAVR



Methods

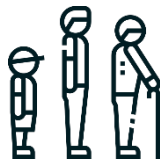


CENTER2 study: patient-level database

25,771 patients who underwent TAVR between 2007 and 2022



56% female

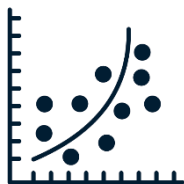


81.3 \pm 6.8 years



EuroSCORE II

3.7 (IQR 2.2-6.1)



Logistic regression analyses performed to test for temporal trends and to identify predictors

Incidence rates

%

Overall PPM implantation rate: 14.8%



Self-expanding valves

18.2%



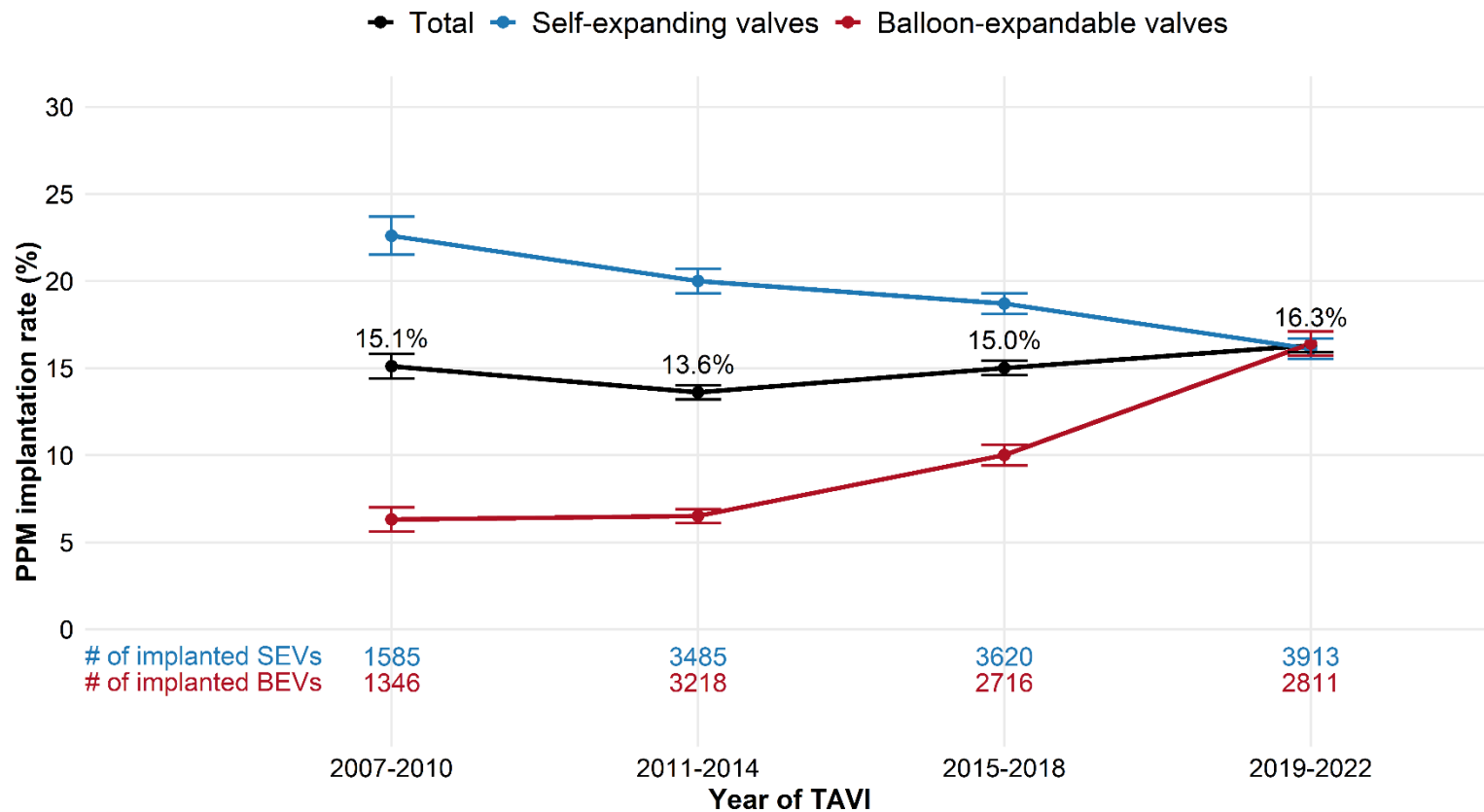
Balloon-expandable valves

9.8%

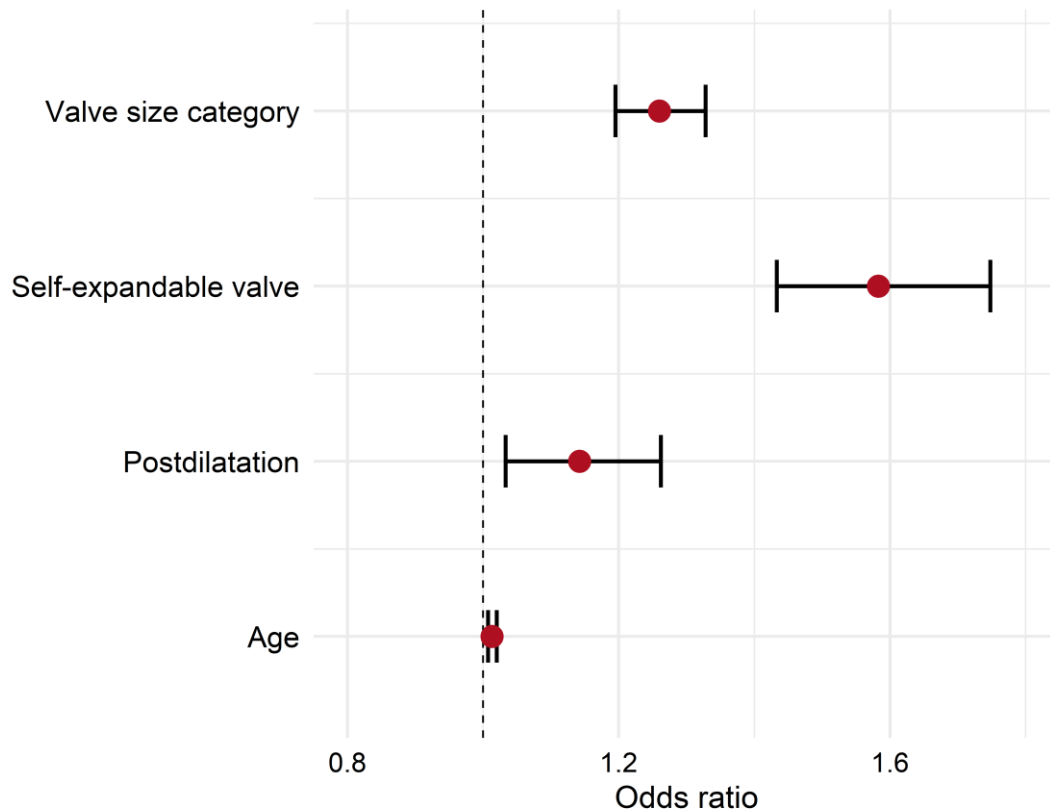


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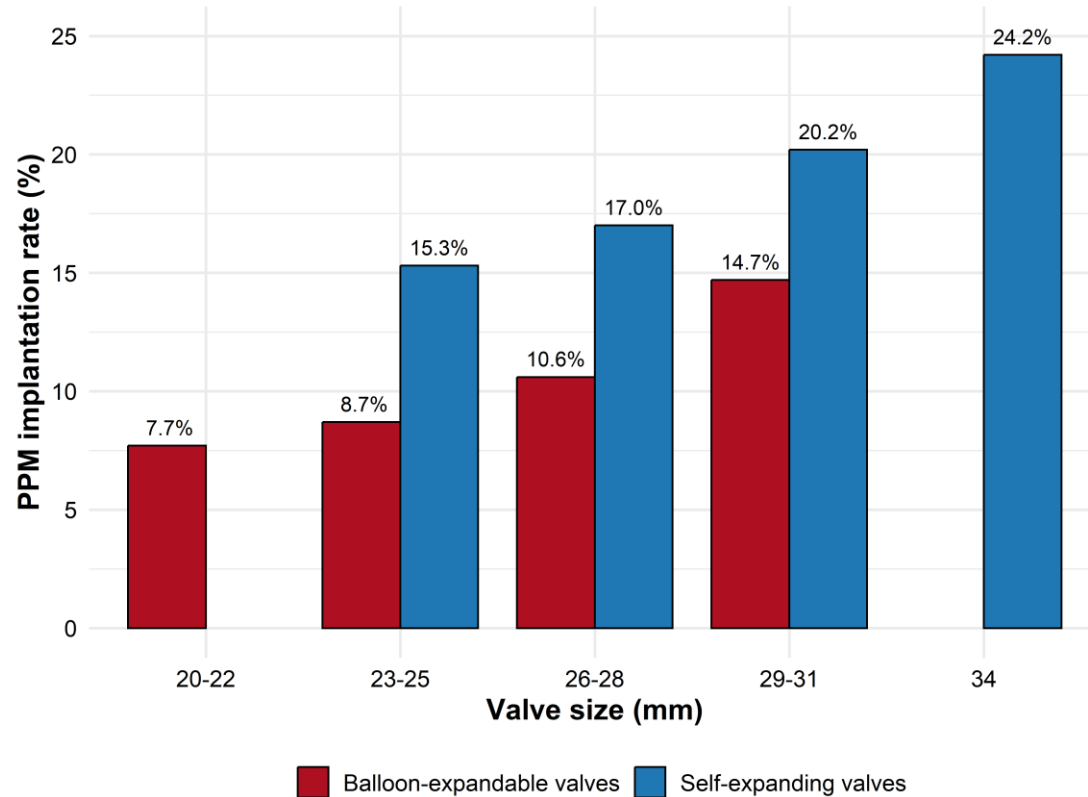
Temporal trends



Independent predictors for PPM implantation



Influence of valve size on PPM implantation rate



30-day outcomes

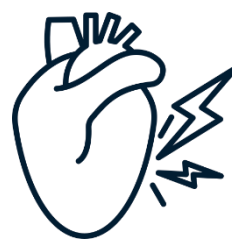
Stroke



Major bleeding



MI



New-onset AF



OR (95% CI)

1.1 (0.9-1.4)

1.1 (0.9-1.3)

1.0 (0.7-1.5)

p-value

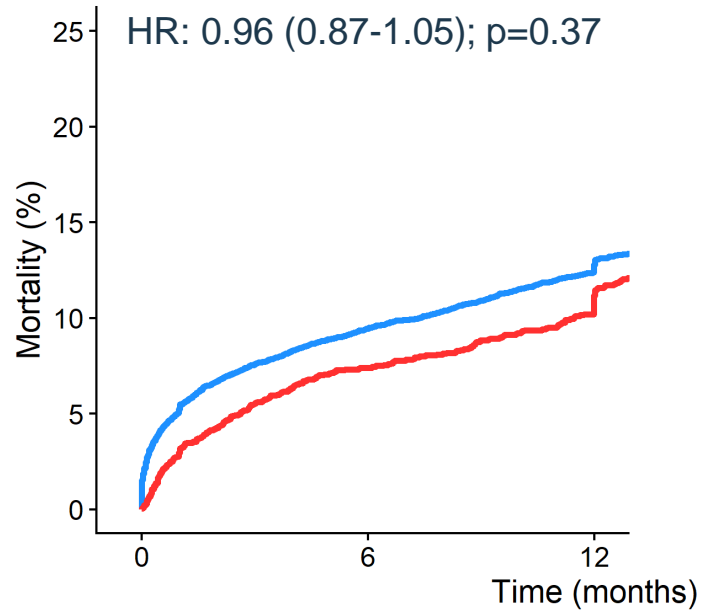
0.55

0.14

0.97



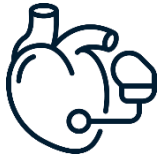
— No PPM implantation — PPM implantation



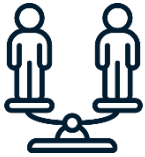
Number at risk

—	17159	11185	9117
—	3055	2080	1709
	0	6	12
	Time (months)		

Conclusions



The rate of PPM implantation **increases over time**
Important predictors are the implantation of a **SEV**, **postdilatation**
and **valve size**



PPM implantation **does not affect outcomes** up to 2 years after
TAVR



Observational cohort study with risk on **selection bias**



Personalized treatment plans are important to reduce the risk on
PPM implantation