

# Patterns, Predictors and Outcomes of Pacemaker Implantation after TAVR

*Insights From the CENTER2 Study*

Gijs M. Broeze, MSc

Amsterdam UMC



TRANSCATHETER  
CARDIOVASCULAR  
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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

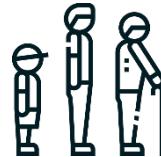


**CENTER2 study:** patient-level database

25,771 patients who underwent TAVR between 2007 and 2022



56% female

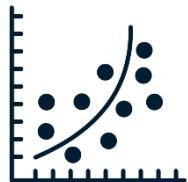


$81.3 \pm 6.8$  years



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%

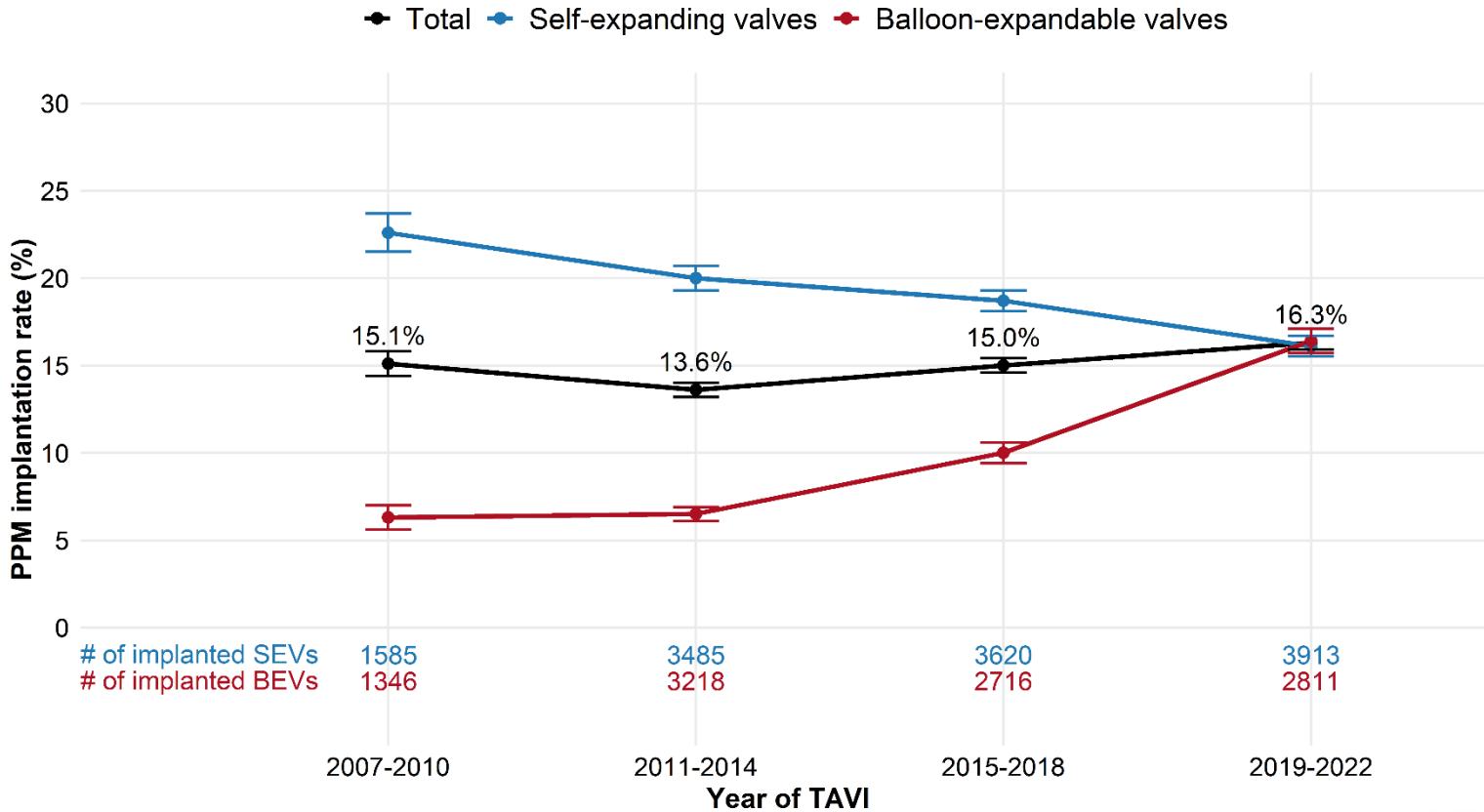


Balloon-expandable valves

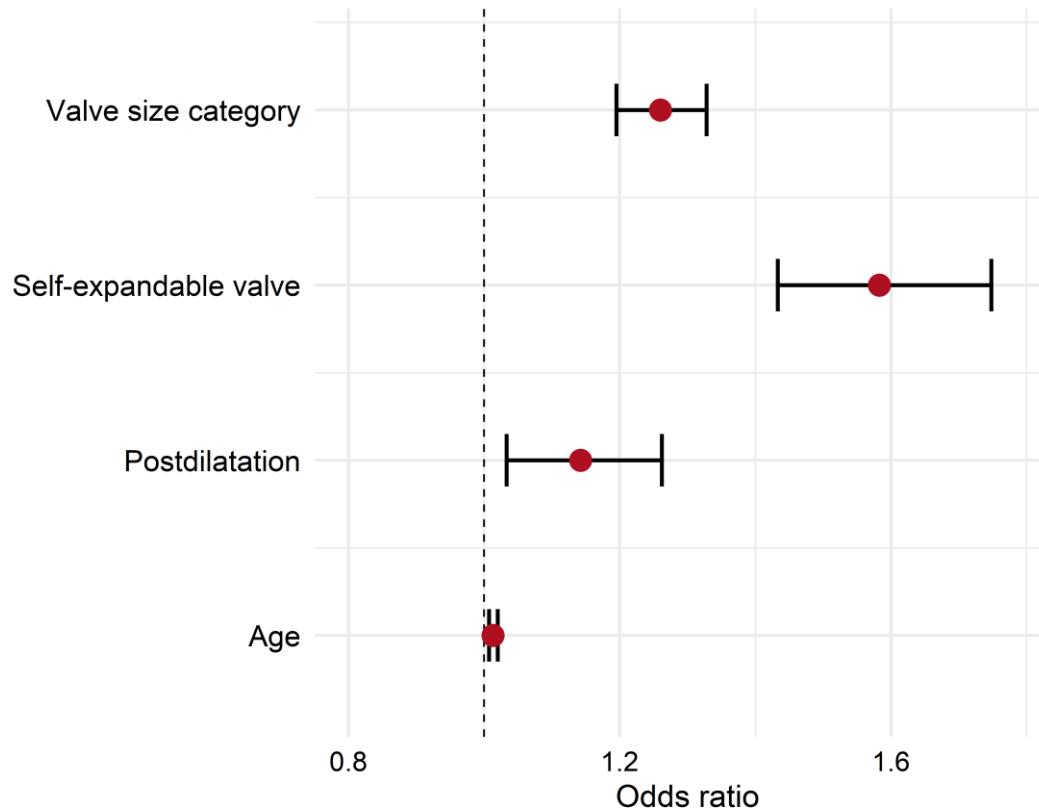
9.8%



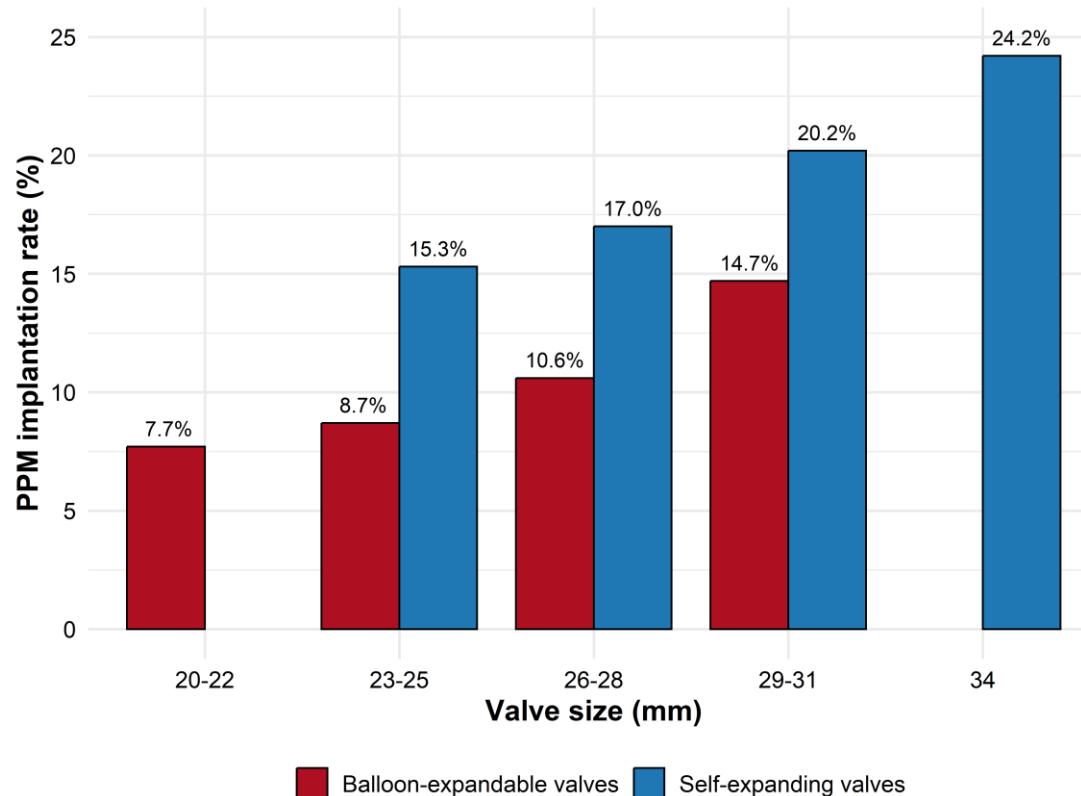
# Temporal trends



# Independent predictors for PPM implantation



# Influence of valve size on PPM implantation rate

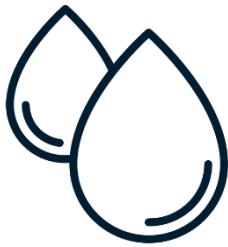


# 30-day outcomes

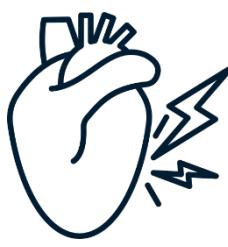
Stroke



Major bleeding



MI



New-onset AF



OR (95% CI)

1.1 (0.9-1.4)

p-value

0.55

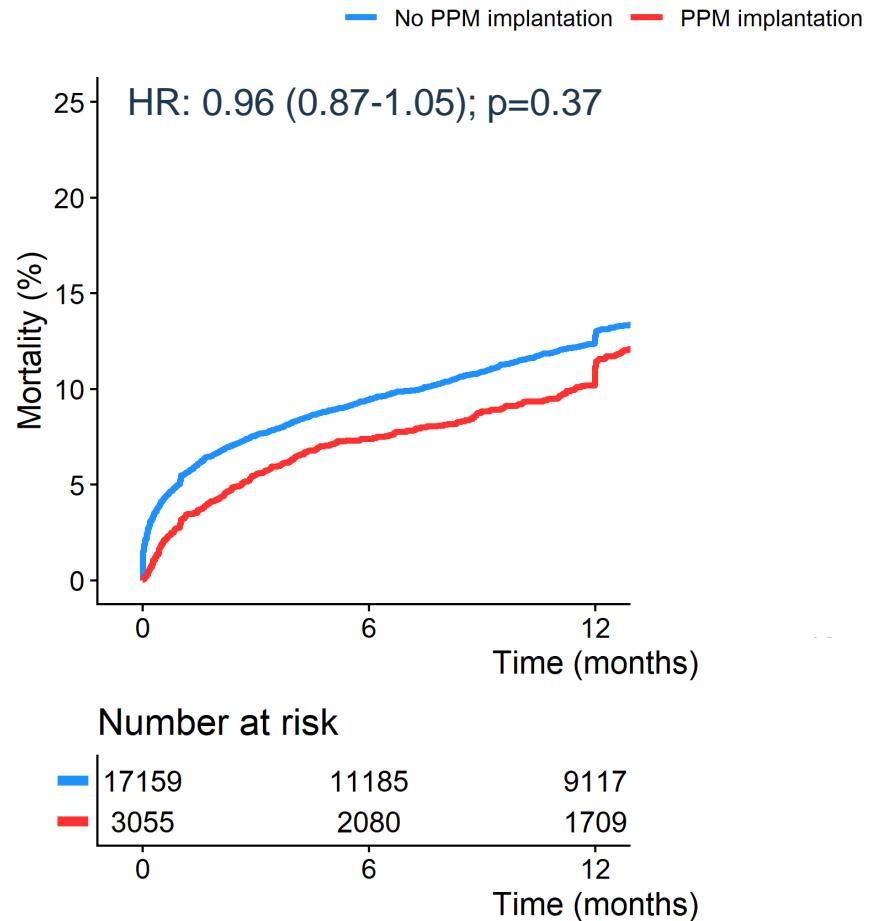
1.1 (0.9-1.3)

0.14

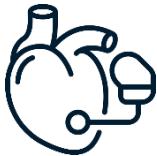
1.0 (0.7-1.5)

0.97





# 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