Cerebral Embolic Protection during TAVI

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TAVR and Stroke: Recent registries

Registry	n	Strokes (30 days)
Belgian	328	4.4
UK-TAVI	870	4.1
FRANCE	244	3.6
German	697	2.8
SOURCE	1038	2.6
PARTNER-EU	130	2.3
Canadian	339	2.3
European Reg	646	1.9
Australia NZ	118	1.7
Italian	663	1.2

Risk of stroke after transcatheter aortic valve implantation (TAVI): a meta-analysis of 10,037 published patients

Holger Eggebrecht¹, MD, FESC; Axel Schmermund¹, MD, FESC; Thomas Voigtländer¹, MD, FESC; Philipp Kahlert², MD; Raimund Erbel², MD, FESC, FACC, FAHA; Rajendra H. Mehta³, MD, MS

n .			Log. EuroScore	Stroke / TIA 30-days
3236	TF	MCV	22 %	3.1 ±2.2 %
1733	TF	ES	26 %	4.2 ±2.2 %
2482	TA	ES	29 %	2.7 ±1.4 %



Eurointervention 2012;8:129-38

Predictors of Acute Cerebrovascular Events

<u>(≤24hrs)</u>

H 1.21 (0.97-1.53) p=0.086

UNIVARIATE

NYHA functional class III-IV

Aortic valve area (per 0.1 cm² decrease)

Valve dislodgment/embolization

Balloon postdilation

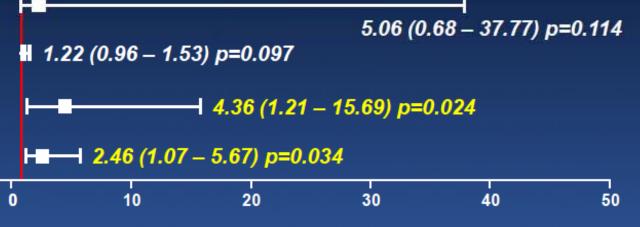
<u>MULTIVARIATE</u>

NYHA functional class III-IV

Aortic valve area (per 0.1 cm² decrease)

Valve dislodgment/embolization

Balloon postdilation



5.68 (0.77-42.01) p=0.071

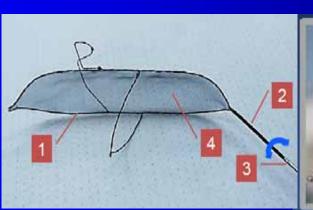
Odds ratio (95% Confidence Interval)

Nombela-Franco et al. Circulation 2012

Cerebral Embolic Protection Devices

Embrella TM Deflector	TriGuard TM Cerebral Deflector	Claret Montage 2 TM Filter	EMBO-X Intra- aortic Filter
Deflection	Deflection	Capture	Capture
100 micron	130 micron	140 micron	100 micron
2-3 arch vessel coverage	3 arch vessel coverage	2 arch vessel coverage	Aortic arch coverage
Radial/brachial artery	Radial/brachial artery	Femoral artery	Ascending aorta
6Fr sheath	9Fr sheath	6Fr sheath	14Fr sheath









Cerebral Embolic Protection Devices



EmbrellaTM Deflector



TriGuardTM Cerebral Deflector

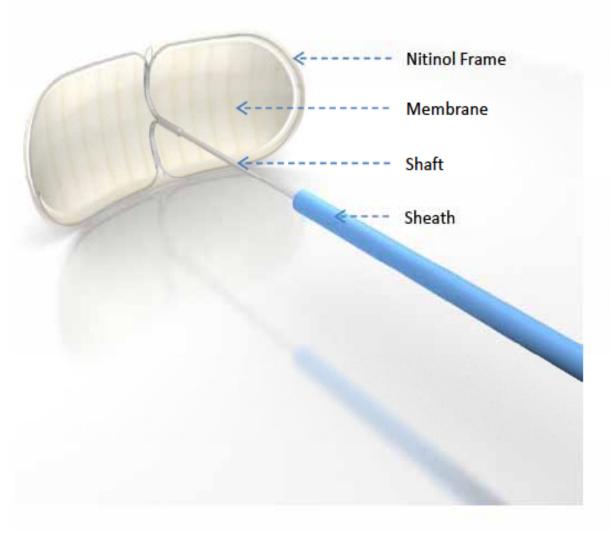




Claret Montage 2TM Filter EMBOL-X Intra-aortic Filter

Embrella™ Deflector

Edwards Lifesciences



Access

· Radial or brachial

Frame

· Oval Nitinol frame

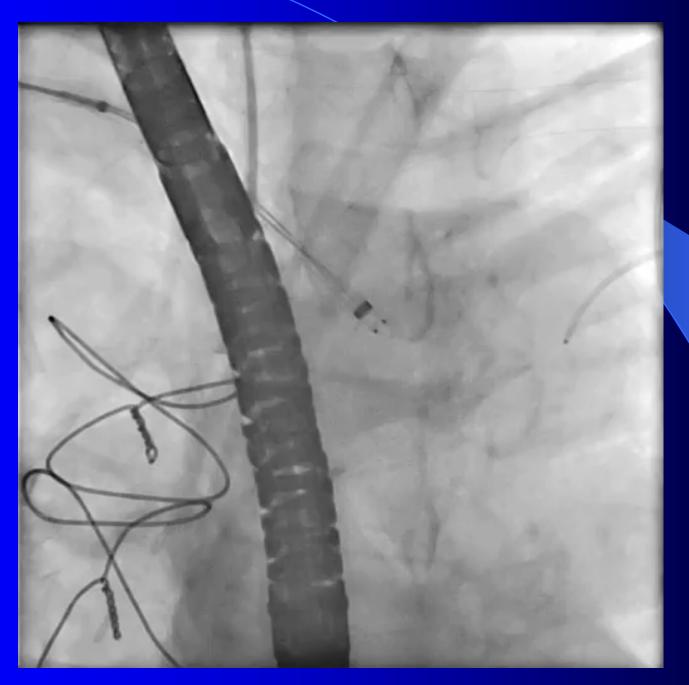
Porous membrane

- Polyurethane
- · Hydrophilic with heparin coating
- 100 micron pore size

Shaft

- Nitinol
- 0.035" diameter

Embrella TA Case



The PROTAVI-C Trial

PRospective Outcome Study in Patients undergoing TAVI to Examine Cerebral Ischemia and Bleeding Complications

Pilot trial -

- 50 patients
- Europe and Canada
- TCD & DW-MRI

Completed

Randomized trial

- 500 patients
- 1º endpoint DW-MRI

Clinical Outcomes at 7 Days

Adverse Events	TAVI+Embrella (N=41)
All-cause Mortality	1 (2.4%)
Stroke*	1 (2.4%)
TIA	0 (0.0%)
Life-threatening bleeding	2 (4.9%)
Renal insufficiency	1 (2.4%)

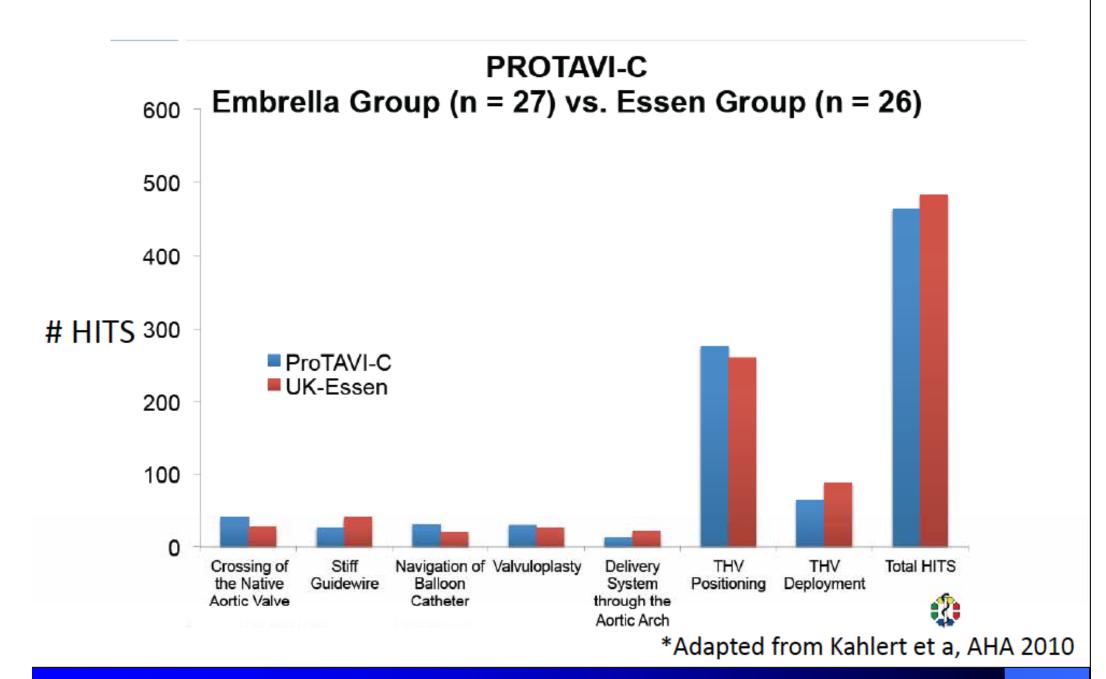
^{*} Post-procedural Day 2, CEC adjudicated as minor; not device related

DW-MRI Data

	Treatment
	TAVI + Embrella
	(N=33)
Time from TAVI procedure, days, median (min, max)	3 (1-7)
Patients with new Lesions	33 (100%)
Total No. of lesions, patients	
Anterior cerebral artery	7 (21%)
Medial cerebral artery	29 (88%)
Posterior cerebral artery	22 (67%)
Cerebellum	23 (70%)
Border zone	2 (6%)
Patients with single lesions	4 (12%)
Patients with multiple lesions	29 (88%)
Lesions per patient, median (min, max)	8 (1, 70)
Lesion volume (mm³), median (IQR)	42.3 (27.5, 85.0)



Historical comparison with Essen experience



Neurological and Cognitive Test Results

TAVI+Embrella

Variables	Baseline evaluation	Post-procedure evaluation	P value
NIHSS (median, min-max)	0.0 (0.0,3.0)	0.0 (0.0,2.0)	0.793
MRS (median, min-max)	0.0 (0.0,3.0)	0.0 (0.0,5.0)	0.979
Barthel Index (median, min- max)	100.0 (65.0,100.0)	97.5 (5.0,100.0)	0.375
MoCa (median, min-max)	24.0 (14.0,29.0)	25.0 (11.0,30.0)	0.162
MMSE (median, min-max)	28.0 (19.0,30.0)	28.5 (15.0,30.0)	0.623



PROTAVI-C Pilot Trial Conclusions

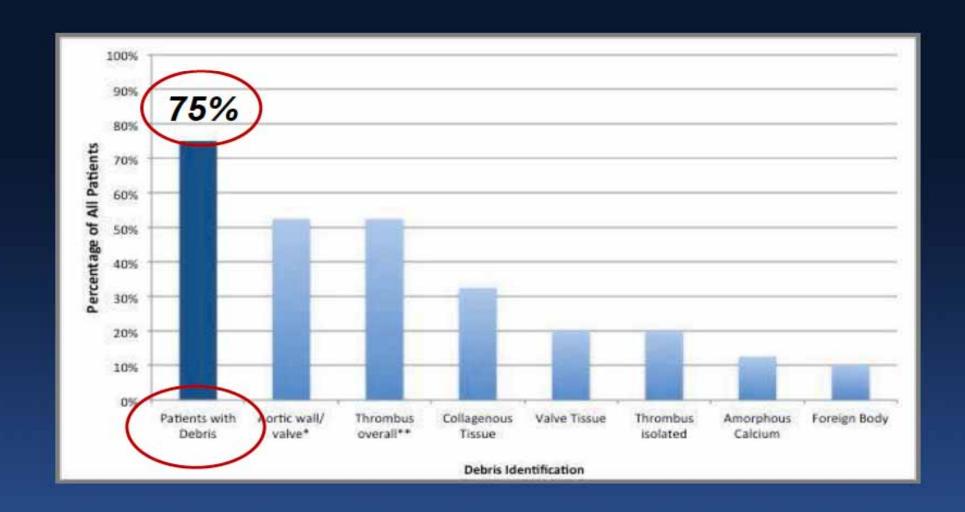
- The Embrella Embolic Deflector System during TAVI is feasible and safe
- There were no procedural strokes; one minor stroke occurred 2 days after the procedure. No impairment of neurocognitive function was observed.
- TCD suggested cerebral microembolization(HITs) in all patients.
- Most HITs occur during THV positioning/implantion and Embrella device insertion.
- All patients had new cerebral ischemic MRI lesions.
- MRI lesions were clinically silent.
- There may be a decrease in cerebral lesion volume.
- This preliminary experience does not suggest a decrease in the occurrence and number of new ischemic defects as evaluated by compared to historical data.

Claret Montage 2TM Filter



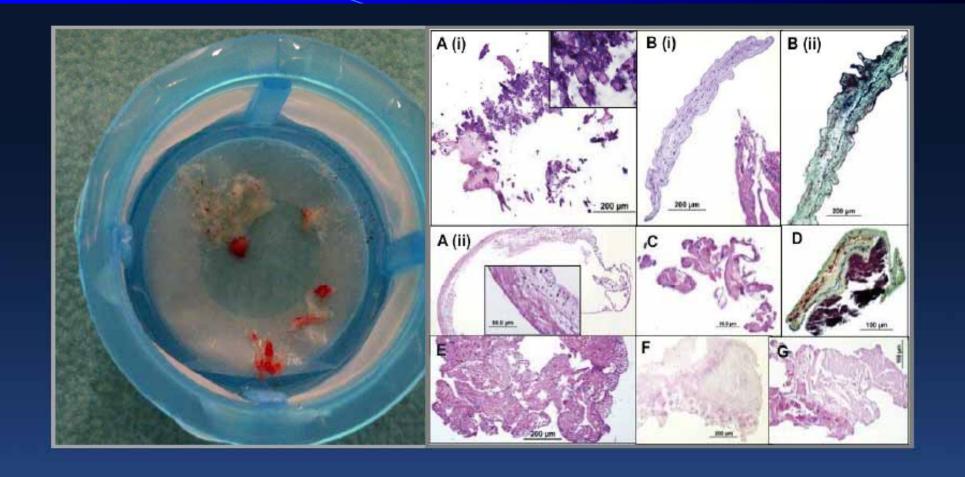
Adapted from Eberhard Grube, TVT 2013

Embolic Debris Evidence



Van Mieghem, Circulation May 2013 ISSN 1524-4539

Adapted from Eberhard Grube, TVT 2013



Materials Captured: Aortic Valve Leaflet, Collagenous, Calcium, Isolated Thrombus, Foreign Body

Adapted from Eberhard Grube, TVT 2013

TriGuardTM Cerebral Deflector



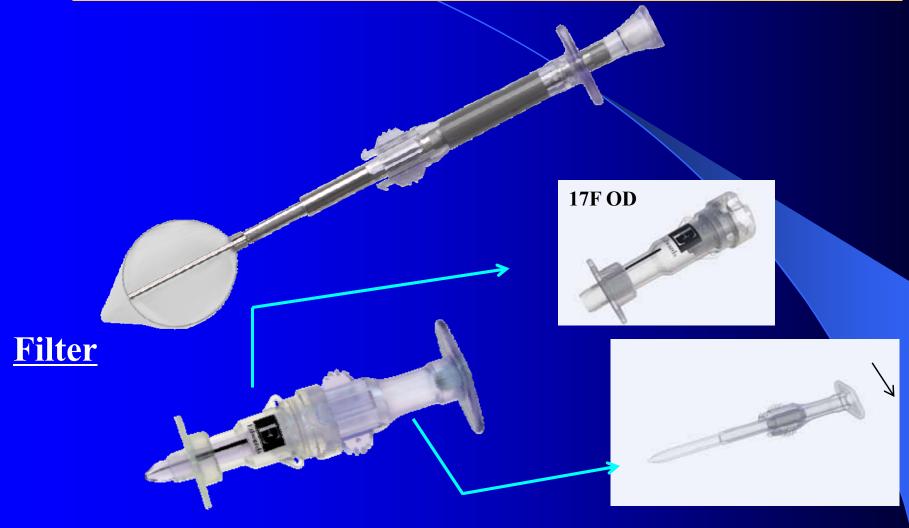
DW-MRI Results (DEFLECT 1)

Lesion Volume Reduction vs. Historic Controls

(Kahlert 2010, Ghanem 2011, Astarci 2011, Stolz 2004, Rodes Cabau 2011)

Parameter	DEFLECT-I N=20	Historical Data N=150
Proportion of Patients with New Lesions	70%	76%
Number of New Lesions	5.1 (0 - 28)	4.4 (0 -39)
Average New Lesion Volume	0.12 (0 - 0.39) cm³	0.34 cm ³
Max Single New Lesion Volume	0.39 cm³	6.45 cm³
Total New Lesion Volume	0.70 (0 – 3.94) cm ³	1.64 (0 – 70.3) cm ³

EMBOL-X Intra-aortic Filter

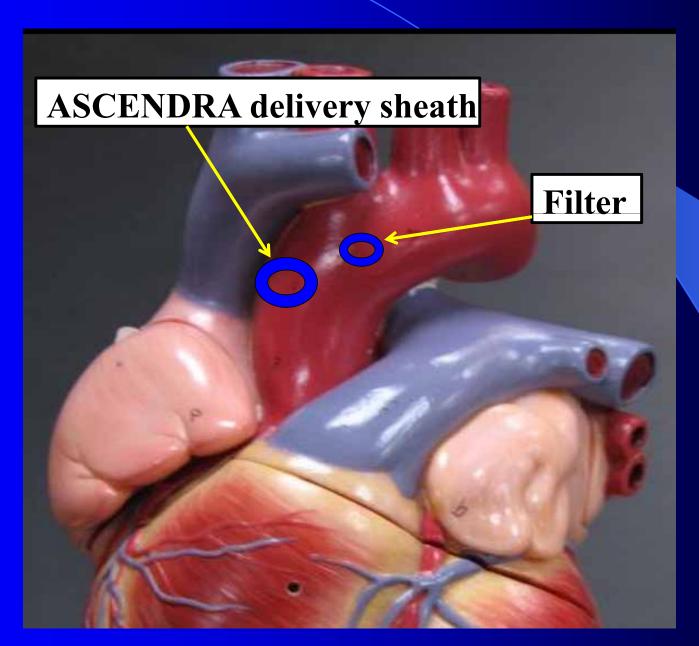


Introducer Sheath

EMBOL-X Intra-aortic Filters

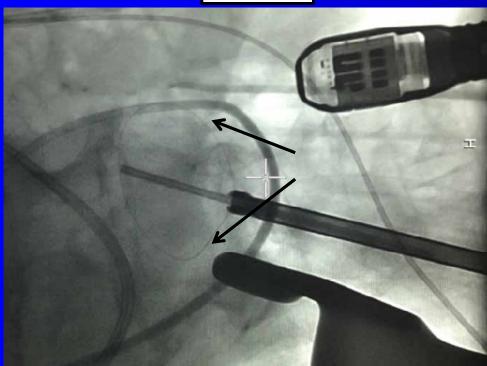
Filter Sizes	Minimum Aortic Inner Diameter (mm)	Maximum Aortic Inner Diameter (mm)
X-Small (26mm)	22 mm	26 mm
Small (29 mm)	26 mm	29 mm
Medium (32 mm)	29 mm	32 mm
Large (34 mm)	32 mm	35 mm
X-Large (37 mm)	35 mm	40 mm

Placement of EMBOL-X filter during Transaortic TAVI



EMBOL-X Intra-aortic Filter – FIH study

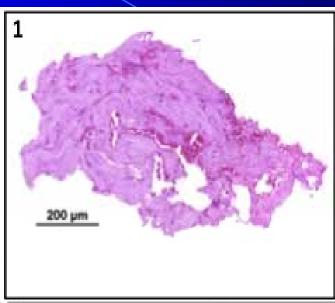


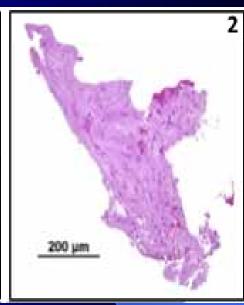




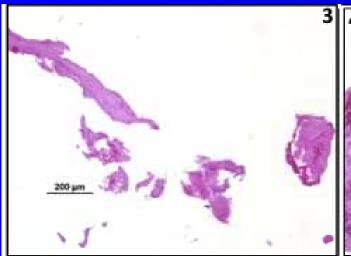
Captured Embolic Material TAo TAVI case

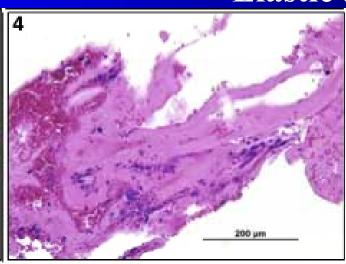


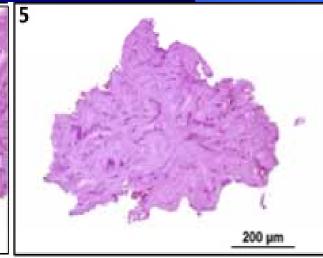




Elastic arterial wall







elastic arterial wall and intimal tissue

Thrombus

Conclusion

- Cerebral embolization was observed in the majority of TAVI patients. Emboli are unavoidable with current TAVI technologies.
- I believe the majority of embolic events is related to TAVI procedure.
- Embolic protection devices are important during TAVI.
- Limited clinical data suggested that embolic protection devices may reduce cerebral embolic events. Large controlled clinical trials are required to confirm clinical benefits of these devices.