

Surgical AVR Results in High-Risk Severe AS Patients

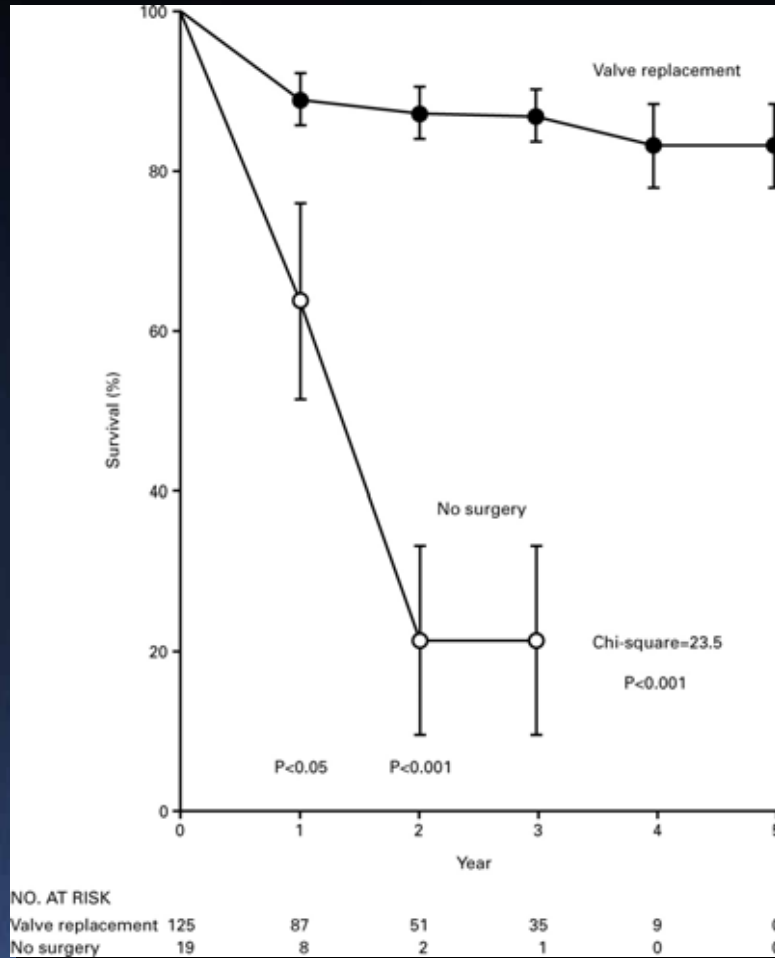
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Aortic valve replacement



Survival among Patients with Severe Symptomatic Aortic Stenosis Who Underwent Valve Replacement and Similar Patients Who Declined to Undergo Surgery

Schwarz E et al. The effect of aortic valve replacement on survival.

Circulation 1982;66:1105-10



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Surgical Results of AVR

- STS database -

Operative Category	Number	Operative mortality
Isolated AVR	26,317	4.3
Multiple valve replacement	3,840	9.6
AVR + CABG	22,713	8.0
Multiple valve replacement + CABG	1,424	18.8
AVR + any valve repair	938	7.4
Aortic valve repair	597	5.9
AVR + aortic aneurysm repair	1,723	9.7
AVR + other*	356	8.4



Independent Risk factors for operative mortality for Isolated AVR: STS database

Risk factor	Odds ratio	CI
Salvage status	7.12	4.69-10.68
DDRF	4.32	2.83-6.43
Emergency status	3.46	2.62-4.52
First reoperation	1.70	1.44-1.99
Cardiogenic shock	1.67	1.14-2.40
NYHA IV	1.56	1.35-1.81
Inotropic agent used	1.47	1.10-1.95
CVA	1.44	1.14-1.80
MI	1.36	1.12-1.65
Female gender	1.25	1.10-1.42
Diabetes	1.23	1.04-1.44
Age (mean: 68.7)	1.03	1.03-1.04
EF (mean: 49.9%)	0.99	0.99-1.00



Decision-making in elderly patients with severe aortic stenosis: why are so many denied surgery?

European Heart Journal (2005) 26, 2714–2720

- To analyse decision-making in elderly patients with severe, symptomatic aortic stenosis (AS)
- 216 patients aged ≥ 75 had severe AS (valve area $< 0.6 \text{ cm}^2/\text{m}^2$ body surface area or mean gradient $\geq 50 \text{ mmHg}$) and angina or NYHA class III or IV

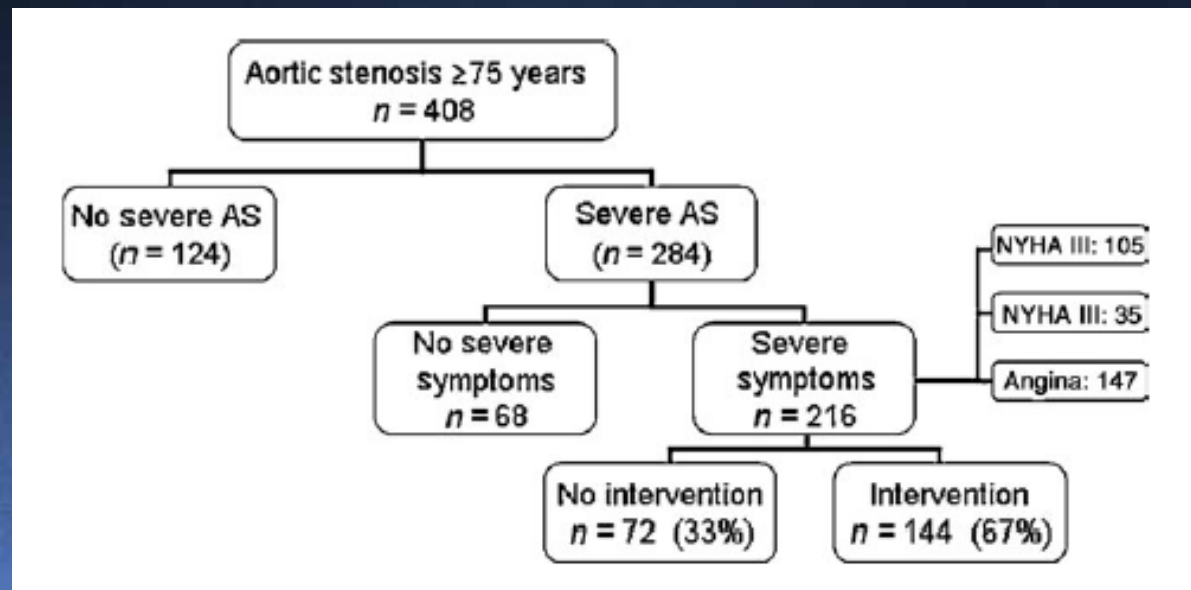


Table 1 Predictive factors of therapeutic decision

Factors	Decision not to operate (n = 72) mean ± SD or n (%)	Decision to operate (n = 144) mean ± SD or n (%)	P-value
Demographics			
Age	81.7 ± 4.8	79.5 ± 3.7	0.0004
Gender (male)	31 (43.1)	70 (48.6)	0.44
Previous percutaneous coronary intervention	1 (1.4)	8 (5.6)	0.15
Previous coronary bypass grafting	5 (6.9)	4 (2.8)	0.15
Previously known valve disease	57 (79.2)	102 (70.8)	0.19
Risk factors			
Smoking (current)	1 (1.4)	10 (6.9)	0.11
Hypertension	42 (59.1)	92 (63.9)	0.50
Diabetes	17 (23.6)	27 (18.8)	0.40
Insulin treated	5 (6.9)	10 (6.9)	1.0
Dyslipidaemia	22 (31.0)	56 (38.9)	0.26
Family history	10/57 (25.6)	29/118 (24.6)	0.30
Comorbidity			
Previous myocardial infarction	16 (22.2)	22 (15.3)	0.21
Carotid atherosclerosis	5 (6.9)	8 (5.6)	0.76
Lower limb atherosclerosis	8 (11.1)	9 (6.3)	0.28
Creatinine > 200 µmol/L	5 (7.0)	4 (2.8)	0.16
Neurological dysfunction	12 (16.9)	7 (4.9)	0.009
Chronic obstructive pulmonary disease	14 (19.4)	23 (16.0)	0.52
≥ 1 comorbidity	37 (51.4)	58 (40.3)	0.15
Charlson comorbidity index			0.01
0	20 (27.8)	60 (41.7)	
1	18 (25.0)	48 (33.3)	
2	17 (23.6)	20 (13.9)	
3	10 (13.9)	13 (9.0)	
>3	7 (9.7)	3 (2.1)	
Symptoms			
Angina pectoris	49 (69.0)	98 (69.1)	0.98
NYHA class IV	15 (20.8)	20 (13.8)	0.19
Congestive heart failure at admission	23 (31.9)	28 (19.6)	0.04
Atrial fibrillation	18 (25.3)	21 (14.6)	0.05
Investigations			
LV ejection fraction (%)	51.5 ± 17.6	59.0 ± 12.2	0.001
< 50%	24/57 (42.1)	21/127 (16.5)	
LV end-diastolic dimension (mm)	49.6 ± 7.6	49.7 ± 6.4	0.97
Systolic pulmonary artery pressure (mmHg)	37.9 ± 23.0	39.4 ± 18.2	0.72
Aortic valve area (cm ²)	0.73 ± 0.23	0.68 ± 0.55	0.40
Indexed aortic valve area (cm ² /m ²)	0.42 ± 0.13	0.38 ± 0.25	0.24
Mean aortic gradient	52.4 ± 19.8	56.3 ± 18.2	0.17
Aortic regurgitation grade 2/4	12/68 (17.6)	26/134 (19.4)	0.76
Coronary artery disease	17/23 (73.9)	82/140 (58.6)	0.18
Euroscore	9.4 ± 2.9	8.1 ± 1.8	0.0006

Univariable analysis. In case of missing data, the number of patients with available data is specified at the denominator. Definitions of risk factors and comorbidities are detailed in the appendix.



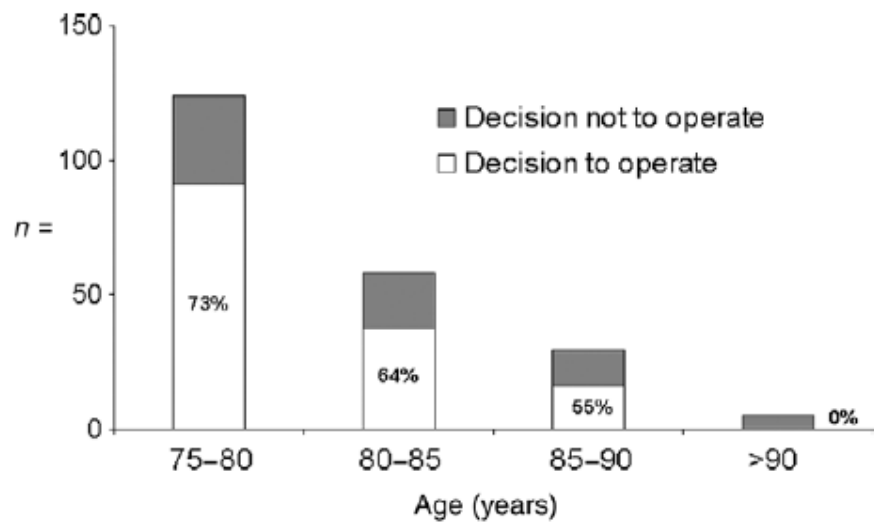


Figure 2 Decision to operate according to age range.

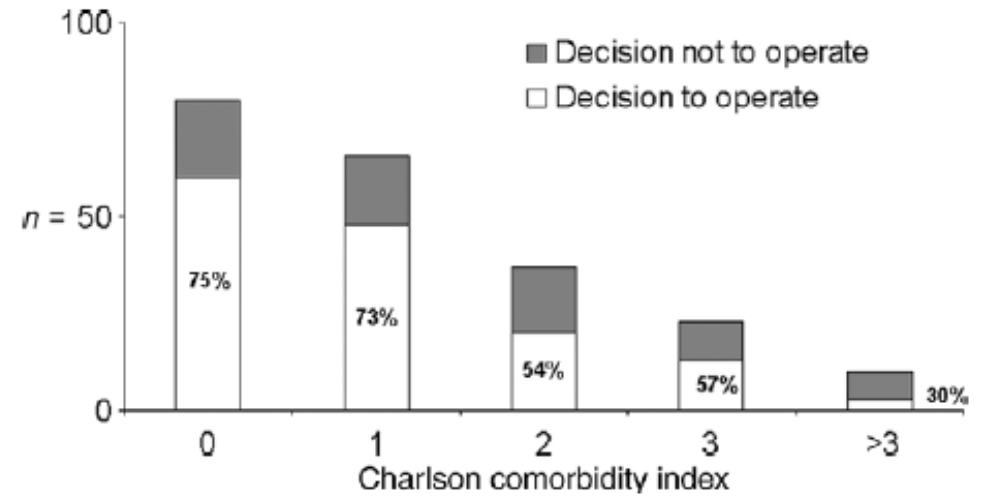


Figure 4 Decision to operate according to comorbidities.

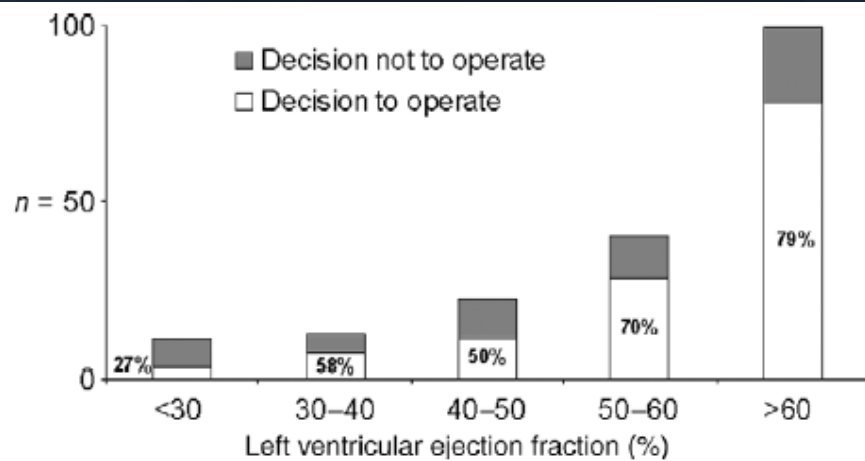


Figure 3 Decision to operate according to left ventricular ejection fraction.



Table 2 Factors associated with a decision not to operate

	<i>P</i> -value	Odds ratio	95% CI
LV ejection fraction	0.003		
>50%		1	
30–50%		2.27	1.32–3.97
≤30%		5.15	1.73–15.35
Age (years)	0.008		
75–80		1	
80–85		1.84	1.18–2.89
≥85		3.38	1.38–8.27
Charlson comorbidity index	0.14		
0–1		1	
≥2		1.72	0.83–3.50

Multivariable analysis including the Charlson comorbidity index as a forced variable. Hosmer–Lemeshow goodness-of-fit $\chi^2 = 2.65$ (df = 5), *P* = 0.75, c-index 0.72.

Table 3 Factors associated with a decision not to operate

	<i>P</i> -value	Odds ratio	95% CI
LV ejection fraction	0.004		
>50%		1	
30–50%		2.66	1.57–4.64
≤30%		7.09	2.42–20.82
Age (years)	0.005		
75–80		1	
80–85		1.90	1.22–2.99
≥85		3.60	1.47–8.82
Neurological dysfunction	0.02	3.82	1.23–12.27

Multivariable analysis including separate comorbidities. Hosmer–Lemeshow goodness-of-fit $\chi^2 = 5.48$ (df = 4), *P* = 0.24, c-index 0.73.

Table 4 Predictive factors of 1-year mortality

	<i>P</i> -value	Hazard ratio	95% CI
Charlson comorbidity index	0.001	1.54	1.18–1.99
NYHA class IV vs. III	0.05	2.37	1.02–5.55
Gender (male vs. female)	0.04	2.34	1.05–5.23
Decision to operate	0.94	0.97	0.41–2.27

Multivariable analysis.



Decision-making in elderly patients with severe aortic stenosis: why are so many denied surgery?

European Heart Journal (2005) 26, 2714–2720

- Surgery was denied in 33% of elderly patients with severe, symptomatic AS
- Older age and LV dysfunction were the most striking characteristics of patients who were denied surgery, whereas comorbidity played a less important role



AVR in Octogenarians: identification of high-risk pts

European Journal of Cardio-thoracic Surgery 37 (2010) 1304—
1310

- Objective: to identify high-risk groups for surgical AVR in octogenarians and to estimate their operative risk
- Between 1996 and 2006, 493 consecutive octogenarians with symptomatic AS underwent AVR with and without (51%) concomitant CABG
- The 30-day mortality rate was 8.4%
- 6 months mortality was 15.2%



Table 1

Patient characteristics and univariate association between risk factors and 6-month mortality.

Variable	Mean \pm SD/N (%)	Odds ratio [CI]	p-value
Female	334 (68)	1.03 [0.61–1.74]	0.91
Age (years)	83 \pm 2	1.2 [1.05–1.26]	0.002
Body height (cm)	164 \pm 8	0.99 [0.96–1.02]	0.56
BMI (kg/m ²)	25.3 \pm 4.0	0.93 [0.87–0.99]	0.02
Ejection fraction (%)	53 \pm 16	0.98 [0.96–0.99]	0.002
Creatinine (mg/dl)	1.2 \pm 0.5	1.9 [1.2–2.88]	0.006
Blood glucose (mg/dl)	131 \pm 51	1.006 [1.002–1.01]	0.007
Diabetes mellitus	145 (29)	1.4 [0.83–2.33]	0.21
Atrial fibrillation	92 (19)	1.6 [0.88–2.79]	0.13
Hypertension	349 (71)	1.2 [0.68–2.04]	0.57
Hyperlipidaemia	203 (41)	0.98 [0.59–1.61]	0.93
History of myocardial infarction	65 (13)	1.02 [0.5–2.10]	0.97
History of congestive heart failure	100 (20)	0.7 [0.36–1.35]	0.29
Advanced NYHA-class (III + IV)	283 (57)	1.3 [0.80–2.19]	0.28
History of stroke	43 (9)	1.07 [0.46–2.5]	0.87
Chronic obstructive pulmonary disease	133 (27)	1.4 [0.83–2.37]	0.21
Peripheral artery disease	37 (8)	1.9 [0.87–4.30]	0.11
Liver failure	40 (8)	1.95 [0.91–4.18]	0.09
Renal failure	115 (23)	1.5 [0.89–2.63]	0.13
Acute infection	18 (4)	1.1 [0.31–3.89]	0.88
Emergency procedure	27 (6)	3.0 [1.28–6.89]	0.011
Prior cardiac surgery	30 (6)	0.87 [0.29–2.57]	0.8
Concomitant bypass surgery	241 (49)	1.2 [0.73–1.94]	0.49

BMI: body mass index; CI: confidence interval; NE: not estimated; NYHA: New York Heart Association.



Outcomes of surgical AVR in High-Risk Pts: A multiinstitutional study

Ann Thorac Surg 2011;91:49 -56

- 159 pts (2002.1 – 2007.12)
- Primary AVR, STS PROM >10%

Table 1. Preoperative Demographics and Risk Factors

Characteristic	All Patients (n = 159)
Age (years, mean ± SD)	76.1 ± 11.2 Median: 80 years Range: 43 to 93 years
Female gender	67 (42%)
Ejection fraction (mean ± SD%)	0.461 ± 0.153 (median: 48%)
NYHA class III-IV	124 (78.0%)
Congestive heart failure	130 (81.8%)
Previous myocardial infarction	52 (32.7%)
Angina	56 (35.2%)
Previous CABG	62 (39.0%)
Preoperative CVA	37 (23.3%)
Cerebrovascular disease	64 (40.3%)
Peripheral vascular disease	53 (33.3%)
Chronic lung disease	
None	113 (71.1%)
Mild	24 (15.1%)
Moderate	9 (5.7%)
Severe	13 (8.2%)
Immunosuppressive therapy	11 (6/9%)
Current smoker	12 (7.5%)
Diabetes mellitus	78 (49.1%)
Hypertension	141 (88.7%)
Last creatinine level (mean ± SD)	2.8 ± 2.5 (median: 1.6)
Renal failure (creatinine > 2.0)	80 (50.3%)
Dialysis	37 (23.3%)
STS PROM	16.3 ± 7.3% (median: 13.7%)

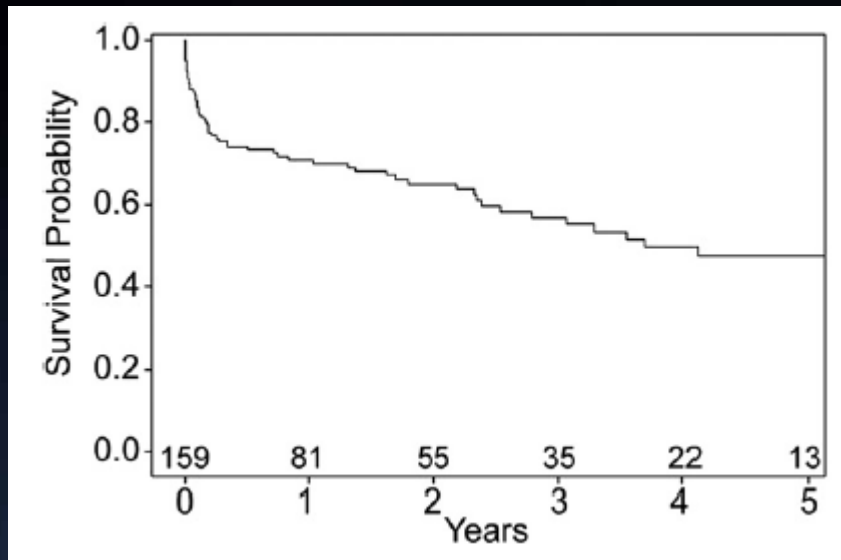
Table 2. Operative Characteristics

Operative Data	All Patients (n = 159)
Implant Type:	
Mechanical valve	12 (7.6%)
Bioprosthetic valve	147 (92.4%)
Valve size implanted (mm) (median: 23)	
19–20 mm	19 (12.0%)
21–22 mm	44 (27.7%)
23–24 mm	67 (42.1%)
25–26 mm	19 (11.9%)
≥ 27 mm	10 (6.3%)
Intraoperative intraaortic balloon pump	16 (10.1%)
Body mass index (mean ± SD)	27.3 ± 6.0 (median: 26.4)
Aortic cross-clamp time (minutes) (mean ± SD)	77.8 ± 24.2 (median: 77)
Cardiopulmonary bypass time (minutes) (mean ± SD)	117.2 ± 39.6 (median: 110)



Table 3. In-Hospital Outcomes

Outcomes	All Patients (n = 159)
Myocardial infarction	1 (0.6%)
Transient neurologic event	4 (2.5%)
Permanent neurologic event	7 (4.4%)
Reexploration for bleeding	5 (3.1%)
Mediastinitis	1 (0.6%)
Septicemia	8 (5.0%)
Pneumonia	12 (7.5%)
Multisystem organ failure	11 (6.9%)
Postoperative atrial fibrillation	37 (23.3%)
Heart block requiring pacemaker	8 (5.0%)
Renal failure	25 (15.7%)
Dialysis	13 (8.2%)
GI bleeding or complications	7 (4.4%)
Prolonged ventilation	45 (28.3%)
Postoperative ventilator (hours) (mean ± SD)	84.9 ± 182.1 (median: 17)
Total ICU stay (hours) (mean ± SD)	165.6 ± 255.2 (median: 73.4)
Postoperative LOS (days) (mean ± SD)	12.6 ± 11.1 (median: 9)
In-hospital mortality	26 (16.4%)
- Preoperative dialysis (n = 37)	9 (24.3%)
- Preoperative severe COPD (n = 13)	5 (38.5%)
- Preoperative stroke (n = 37)	3 (8.1%)
- Prior CABG (n = 62)	7 (11.3%)
- Ejection fraction ≤ 0.35 (n = 42)	10 (23.8%)



No statistically significant predictors of in-hospital mortality were identified using the logistic regression model, most likely to the small patient cohort. Further, none of the potential risk factors for midterm survival were found to be significant predictors.

Transcatheter vs Surgical AVR in High-Risk Patients <PARTNER trial>

N Engl J Med 2011;364:2187-98

- 25 centers, 2007.5 – 2009.8
- 699 high-risk pts assigned to TAVI or surgical replacement
- Primary end point: death from any cause of 1 year
- High-risk pts: STS score >10
- Exclusion criteria:
 - BAV, non-calcified valve, CAD, LV EF<20%, aortic annulus <18mm or >25mm, severe renal insufficiency, recent CVA, severe MR or AR
- Of the 3105 patients who were screened at all the study centers and by the executive committee, 34% underwent randomization, and 23% were assigned to the high-risk subgroup



Table 1. Baseline Characteristics of the Patients.*

Characteristic	Transcatheter Replacement (N = 348)	Surgical Replacement (N = 351)	P Value
Age — yr	83.6±6.8	84.5±6.4	0.07
Male sex — no./total no. (%)	201/348 (57.8)	198/349 (56.7)	0.82
Society of Thoracic Surgeons score†	11.8±3.3	11.7±3.5	0.61
Logistic EuroSCORE‡	29.3±16.5	29.2±15.6	0.93
New York Heart Association class — no./total no. (%)			0.79
II	20/348 (5.7)	21/349 (6.0)	
III or IV	328/348 (94.3)	328/349 (94.0)	
Coronary artery disease — no./total no. (%)	260/347 (74.9)	266/346 (76.9)	0.59
Previous myocardial infarction — no./total no. (%)	92/343 (26.8)	103/343 (30.0)	0.40
Previous CABG — no./total no. (%)	147/345 (42.6)	152/344 (44.2)	0.70
Previous PCI — no./total no. (%)	116/341 (34.0)	110/338 (32.5)	0.68
Previous balloon aortic valvuloplasty — no./total no. (%)	46/344 (13.4)	35/344 (10.2)	0.24
Cerebral vascular disease — no./total no. (%)	95/324 (29.3)	87/317 (27.4)	0.60
Peripheral vascular disease — no./total no. (%)	148/344 (43.0)	142/341 (41.6)	0.76
COPD — no./total no. (%)			
Any	151/348 (43.4)	151/351 (43.0)	0.94
Oxygen-dependent	32/348 (9.2)	25/351 (7.1)	0.34
Creatinine level >2 mg/dl (177 μmol/liter) — no./total no. (%)	38/343 (11.1)	24/344 (7.0)	0.06
Atrial fibrillation — no./total no. (%)	80/196 (40.8)	73/171 (42.7)	0.75
Permanent pacemaker — no./total no. (%)	69/345 (20.0)	76/347 (21.9)	0.58
Pulmonary hypertension — no./total no. (%)	125/295 (42.4)	110/302 (36.4)	0.15
Frail condition — no./total no. (%)	46/295 (15.6)	53/301 (17.6)	0.58
Extensively calcified aorta — no./total no. (%)	2/348 (0.6)	4/351 (1.1)	0.69
Deleterious effects of chest-wall irradiation — no./total no. (%)	3/348 (0.9)	3/351 (0.9)	1.00
Chest-wall deformity — no./total no. (%)	0	1/351 (0.3)	1.00
Liver disease — no./total no. (%)	7/344 (2.0)	9/346 (2.6)	0.80
Aortic-valve area — cm ²	0.7±0.2	0.6±0.2	0.13
Aortic-valve gradient — mm Hg	42.7±14.6	43.5±14.3	0.45
Left ventricular ejection fraction — %	52.5±13.5	53.3±12.8	0.45
Moderate or severe mitral regurgitation — no./total no. (%)	66/334 (19.8)	71/333 (21.3)	0.63

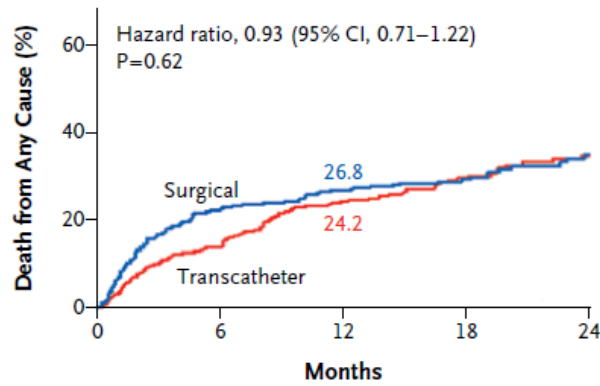


Table 2. Clinical Outcomes at 30 Days and 1 Year in the Intention-to-Treat Population.*

Outcome	30 Days			1 Year		
	Transcatheter Replacement (N= 348) <i>no. of patients (%)</i>	Surgical Replacement (N= 351) <i>no. of patients (%)</i>	P Value	Transcatheter Replacement (N= 348) <i>no. of patients (%)</i>	Surgical Replacement (N= 351) <i>no. of patients (%)</i>	P Value
Death						
From any cause	12 (3.4)	22 (6.5)	0.07	84 (24.2)	89 (26.8)	0.44
From cardiac causes	11 (3.2)	10 (3.0)	0.90	47 (14.3)	40 (13.0)	0.63
Repeat hospitalization	15 (4.4)	12 (3.7)	0.64	58 (18.2)	45 (15.5)	0.38
Death or repeat hospitalization	25 (7.2)	33 (9.7)	0.24	120 (34.6)	119 (35.9)	0.73
Stroke or transient ischemic attack						
Either	19 (5.5)	8 (2.4)	0.04	27 (8.3)	13 (4.3)	0.04
Transient ischemic attack	3 (0.9)	1 (0.3)	0.33	7 (2.3)	4 (1.5)	0.47
Stroke						
Minor	3 (0.9)	1 (0.3)	0.34	3 (0.9)	2 (0.7)	0.84
Major	13 (3.8)	7 (2.1)	0.20	17 (5.1)	8 (2.4)	0.07
Death from any cause or major stroke	24 (6.9)	28 (8.2)	0.52	92 (26.5)	93 (28.0)	0.68
Myocardial infarction	0	2 (0.6)	0.16	1 (0.4)	2 (0.6)	0.69
Vascular complication						
Any	59 (17.0)	13 (3.8)	<0.001	62 (18.0)	16 (4.8)	<0.001
Major	38 (11.0)	11 (3.2)	<0.001	39 (11.3)	12 (3.5)	<0.001
Acute kidney injury						
Creatinine >3 mg/dl (265 μmol/liter)	4 (1.2)	4 (1.2)	0.95	12 (3.9)	8 (2.7)	0.41
Renal-replacement therapy	10 (2.9)	10 (3.0)	0.95	18 (5.4)	20 (6.5)	0.56
Major bleeding	32 (9.3)	67 (19.5)	<0.001	49 (14.7)	85 (25.7)	<0.001
Endocarditis	0	1 (0.3)	0.32	2 (0.6)	3 (1.0)	0.63
New-onset atrial fibrillation†	30 (8.6)	56 (16.0)	0.006	42 (12.1)	60 (17.1)	0.07
New pacemaker	13 (3.8)	12 (3.6)	0.89	19 (5.7)	16 (5.0)	0.68



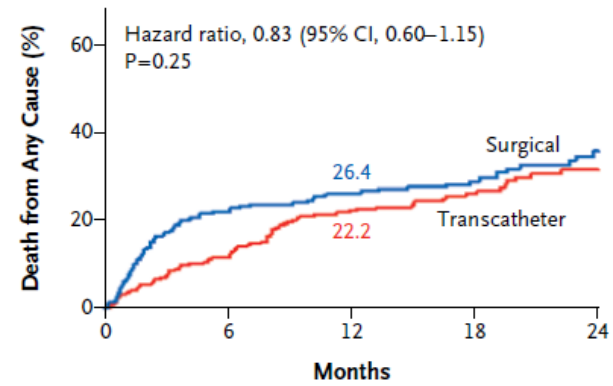
A Death from Any Cause, All Patients



No. at Risk

Transcatheter	348	298	260	147	67
Surgical	351	252	236	139	65

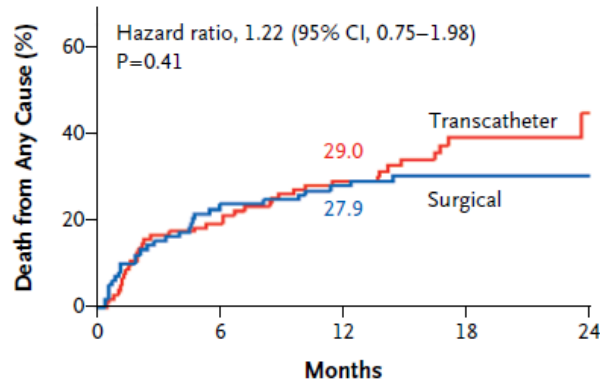
B Death from Any Cause, Transfemoral-Placement Cohort



No. at Risk

Transcatheter	244	215	188	119	59
Surgical	248	180	168	109	56

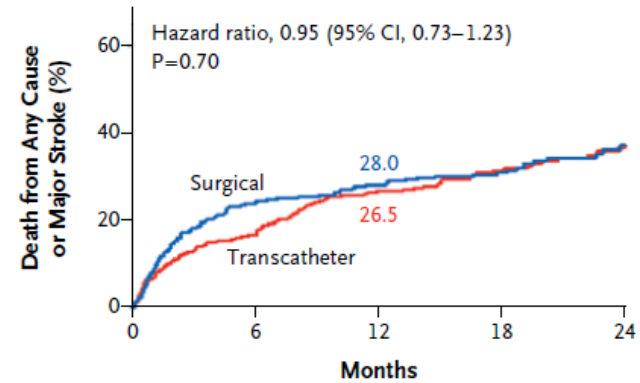
C Death from Any Cause, Transapical-Placement Cohort



No. at Risk

Transcatheter	104	83	72	28	8
Surgical	103	72	68	30	9

D Death from Any Cause or Major Stroke



No. at Risk

Transcatheter	348	289	252	143	65
Surgical	351	247	232	138	63

Figure 2. Time-to-Event Curves for the Primary End Point and Other Selected End Points.

Time-to-event curves are shown for death from any cause in all patients (Panel A), in the transfemoral-placement cohort (Panel B), and in the transapical-placement cohort (Panel C) and for a composite of death or major stroke (Panel D) among patients who were randomly assigned to undergo either transcatheter aortic-valve replacement (TAVR) or surgical aortic-valve replacement (AVR). The event rates were calculated with the use of Kaplan–Meier methods and compared with the use of the log-rank test.



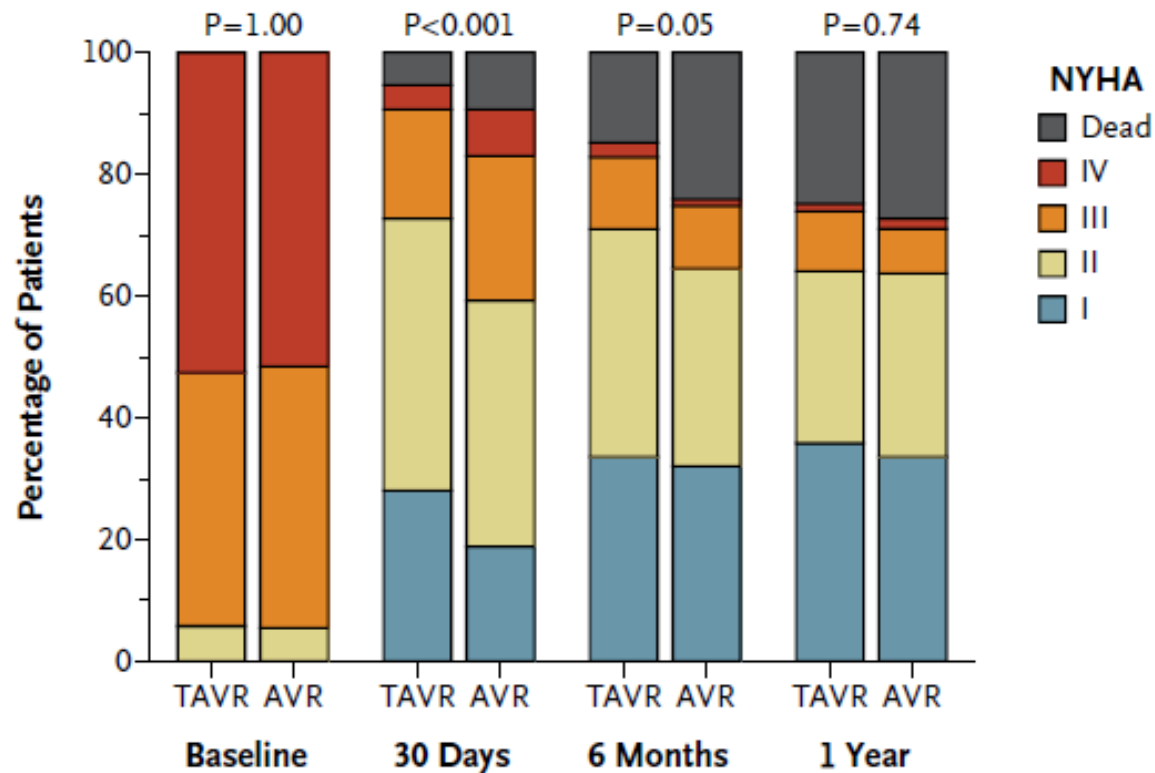


Figure 4. Symptom Status.

Shown is the New York Heart Association (NYHA) functional status (according to time point) for 697 of 699 patients who were randomly assigned to undergo either transcatheter aortic-valve replacement (TAVR) or surgical aortic-valve replacement (AVR).

PARTNER trial

- In conclusions, in patients with AS who are at high risk for operative complications and death, surgical aortic valve replacement and balloon-expandable transcatheter replacement were associated with similar mortality at 30 days and 1 year and produced similar improvements in cardiac symptoms
- Transcatheter replacement is an alternative to surgical replacement in a well chosen, high-risk subgroup of patients with aortic stenosis



AMC experience



Patient population

- 1998.1 – 2010.12
- Isolated AVR for aortic stenosis
- Exclusion
 - : multiple valve surgery
 - : CABG
 - : severe AR
- 464 patients underwent isolated AVR for aortic stenosis



Demographic data

	Total (n=464)	Low Risk (Euroscore<10) (n=433)	High Risk (Euroscore>10)	P-value
Age	63.4±11.0	62.7±10.6	72.5±11.9	<0.001
Sex (Male)	262 (56.5%)	242 (55.9%)	20 (64.5%)	0.349
Euroscore	3.71±4.61	2.7±2.0	18.1±6.3	<0.001
DM	50 (10.8%)	45 (10.4%)	5 (16.1%)	0.320
HTN	77 (16.6%)	71 (16.4%)	6 (19.4%)	0.669
COPD	69 (14.9%)	54 (12.5%)	15 (48.4%)	<0.001
Creatinine	1.05±1.14	1.0±0.5	1.9±2.2	0.024
Dialysis dependent CRF	11 (2.4%)	6 (1.4%)	5 (16.1%)	<0.001



Pre-op hemodynamic data

	Total (n=464)	Low Risk (Euroscore<10)	High Risk (Euroscore>10)	P-value
LVEF	58.3±12.5	59.8±11.1	38.2±13.1	<0.001
LVI Ds	32.3±9.2	31.7±8.5	41.7±13.2	<0.001
LVI Dd	50.0±8.8	49.7±8.3	54.0±13.0	0.082
ESV	46.9±32.0	43.8±28.2	90.5±48.0	<0.001
EDV	107.1±45.6	104.7±43.8	140.6±56.9	0.002
Pulmonary HTN	27 (5.8%)	12 (2.8%)	15 (48.4%)	<0.001

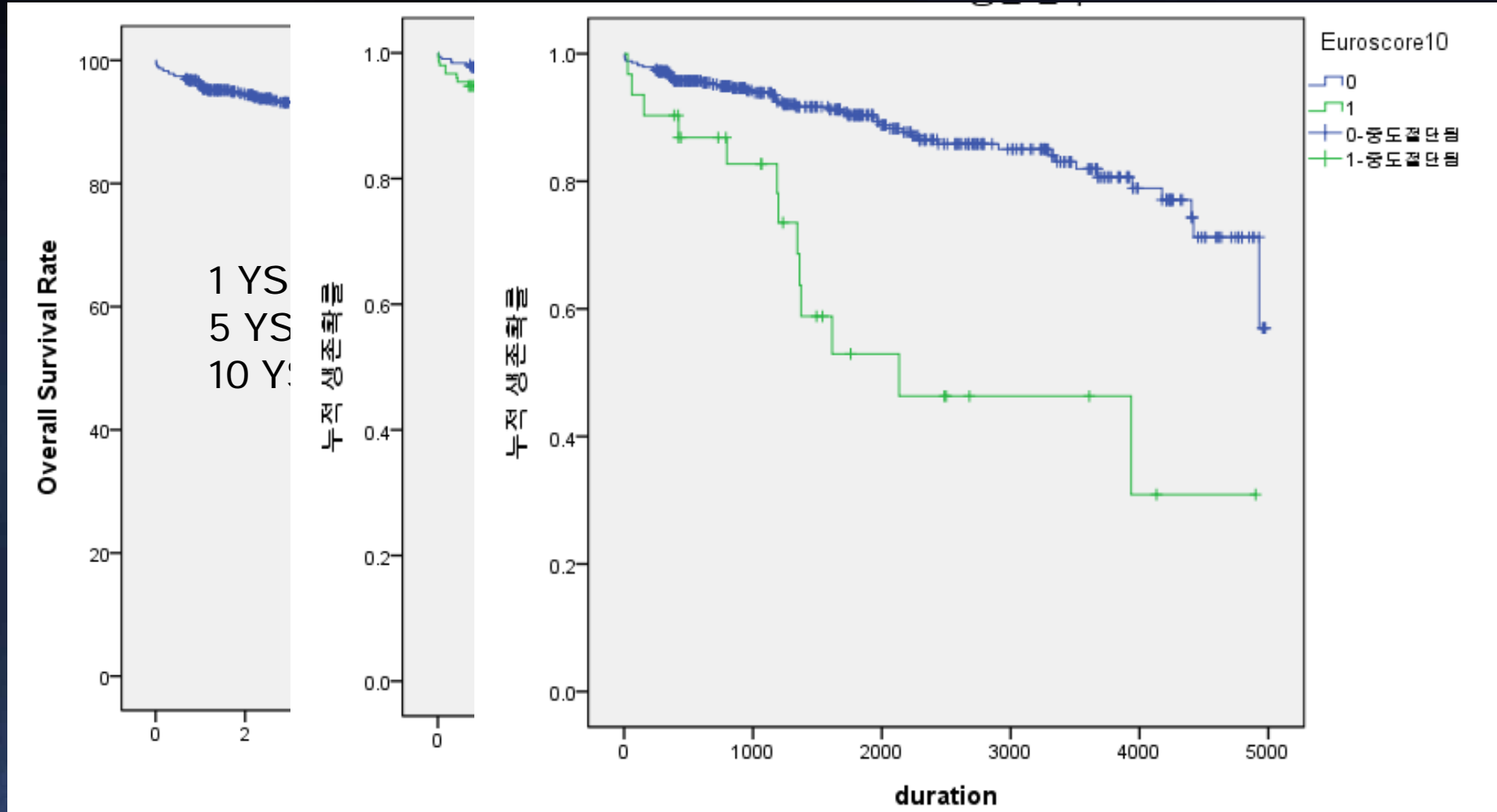


Operative data

	Total (n=464)	Low Risk (Euroscore<10) (n=433)	High Risk (Euroscore>10) (n=31)	P-value
CPB time	109.1±39.3	108.2±36.7	122.5±65.8	0.246
ACC time	71.1±26.4	70.6±25.0	78.0±41.3	0.341
Tissue valve	187 (40.3%)	162 (37.4%)	25 (80.6%)	<0.001
Post-op bleeding	19 (4.1%)	18 (4.2%)	1 (3.2%)	1.000
Sternal wound problem	6(1.3%)	6 (1.4%)	0	1.000
30-day mortality	6 (1.3%)	5 (1.2%)	1 (3.2%)	0.341
1-year mortality	19 (4.1%)	16 (3.7)	3 (9.7%)	0.126
5-year mortality	44 (9.5%)	33 (7.6%)	11 (35.5%)	<0.001



Survival Rate



Conclusions

- About 30% patients of severe Aortic stenosis refuse the surgical treatment
- TAVI might be good treatment modality in these patients
- Surgical results of Isolated AVR for Aortic stenosis was acceptable
- Therefore, selection of candidates for TAVI should be performed carefully




Thank you



UNIVERSITY OF ULSAN
COLLEGE OF MEDICINE

EuroSCORE system

Patient Factors		Change sheet to change language 
Age	55yr	
Sex	<input type="checkbox"/> Female	
Chronic pulmonary disease	<input type="checkbox"/> Yes	
Extracardiac arteriopathy	<input type="checkbox"/> Yes	
Neurological dysfunction	<input type="checkbox"/> Yes	
Previous cardiac surgery	<input type="checkbox"/> Yes	
Serum creatinine >200 µmol/ L	<input type="checkbox"/> Yes	
Active endocarditis	<input type="checkbox"/> Yes	
Critical preoperative state	<input type="checkbox"/> Yes	
Cardiac Factors		
Unstable angina	<input type="checkbox"/> Yes	
LV dysfunction moderate or LVEF 30-50%	<input type="checkbox"/> Moderate O	
Lv dysfunction poor or LVEF<30	<input type="checkbox"/> Poor	
Recent myocardial infarct	<input type="checkbox"/> Yes	
Pulmonary hypertension	<input type="checkbox"/> Yes	
Operation Factors		
Emergency	<input type="checkbox"/> Yes	
Other than isolated CABG	<input type="checkbox"/> Yes	
Surgery on thoracic aorta	<input type="checkbox"/> Yes	
Postinfarct septal rupture	<input type="checkbox"/> Yes	
Additive EuroSCORE	0	
Logistic EuroSCORE (mortality %) =	0.88%	

For the latest information on EuroSCORE visit <http://www.euroscore.org>

Φ	β_i	X_i
0	0.0666354	1
1	0.3304052	FALSE
1	0.4931341	FALSE
2	0.6558917	FALSE
2	0.841626	FALSE
3	1.002625	FALSE
2	0.6521653	FALSE
3	1.101265	FALSE
3	0.9058132	FALSE
2	0.5677075	FALSE
1	0.4191643	FALSE
3	1.094443	FALSE
2	0.5460218	FALSE
2	0.7676924	FALSE
2	0.7127953	FALSE
2	0.5420364	FALSE
3	1.159787	FALSE
4	1.462009	FALSE

Additive euroSCORE = $\sum \Phi$
 Logistic euroSCORE =
$$e^{(-4.789594 + \sum \beta_i X_i)} / 1 + e^{(-4.789594 + \sum \beta_i X_i)}$$

To download the latest version of this calculator visit

www.euroscore.org/calculators

