

TCTAP 2023 What are the Current Optimal Antithrombotic Therapies After TAVR?

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Disclosure

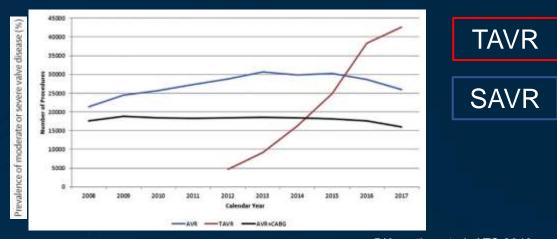
• I have nothing to disclose.



Introduction

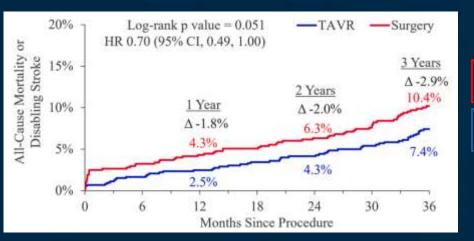
The number of TAVR procedure is increasing worldwide.

"Number of AVR Procedures in the U.S."



D'Agostino et al. ATS 2019.

"Evolut low risk trial"



Forrest, et al. JACC 2023.



SAVR

TAVR

Remaining challenges in TAVR

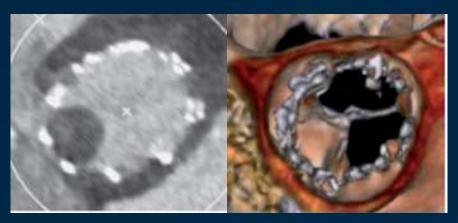
- Antithrombotic therapy after TAVR
- Leaflet thrombosis
- Structural valve deterioration (SVD)
- Valve in valve (TAV in SAV/ TAV in TAV)
- Permanent pacemaker implantation

Why do we need to administer antithrombotic therapy after TAVR?

What is the role/significance of antithrombotic therapy?

- Prevention of the cardiovascular events.
- Prevention of leaflet thrombosis.
- Maintaining the valve function.

"HALT"



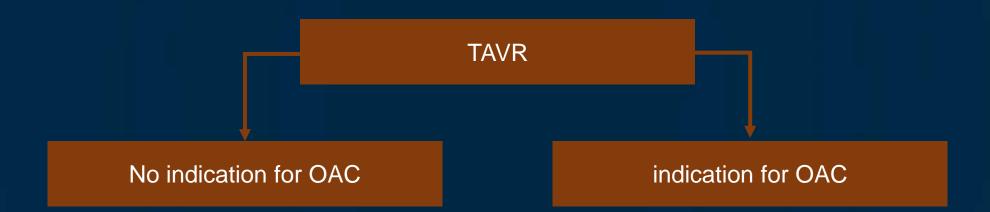
Previous guideline recommendation

- DAPT was "empirically" recommended.
- ✓ Based on the PCI field.
- ✓ No clear classification between those who have indication for OAC or not.

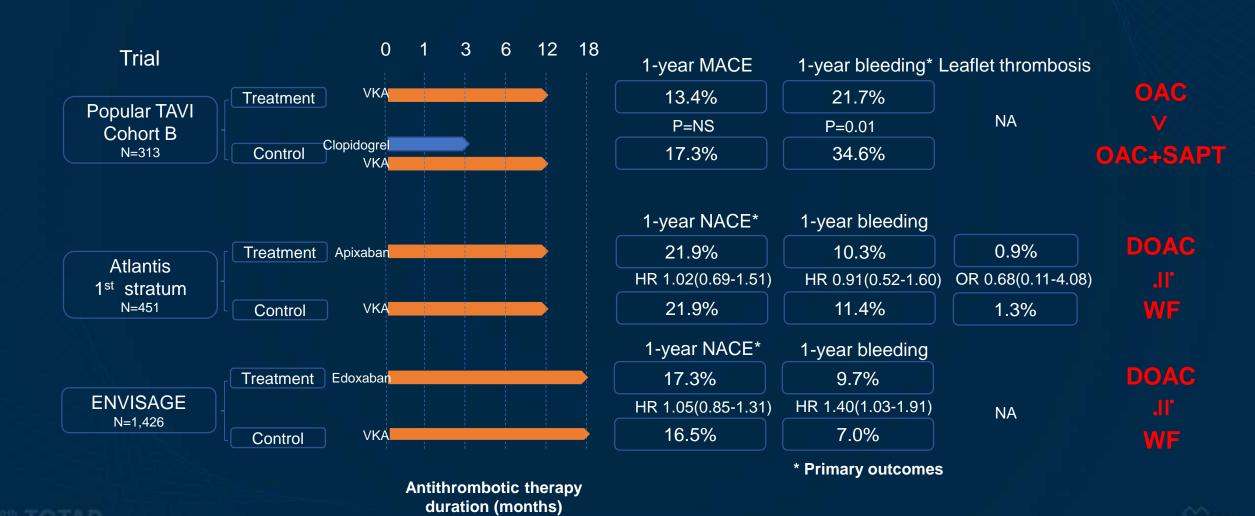
→ Robust evidence are warranted.



The concept of antithrombotic therapy after TAVR



Those who have indication for OAC



Those who have indication for OAC

DOAC = VKA

No need for additional SAPT

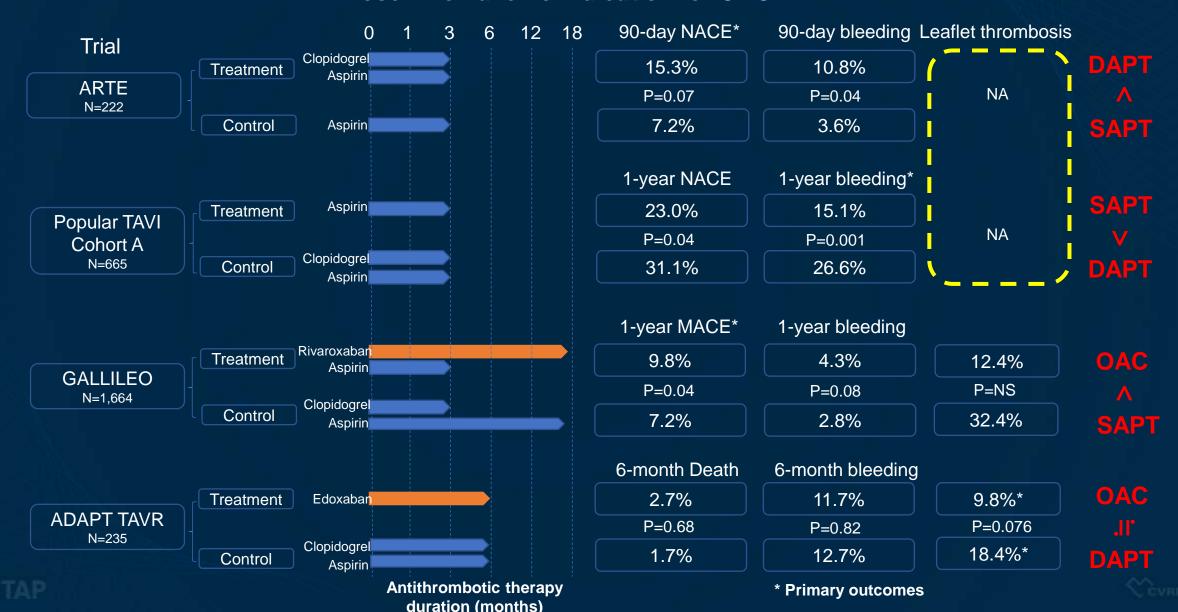


Those who have no indication for OAC

DAPT vs. SAPT SAPT vs. OAC



Those who have no indication for OAC

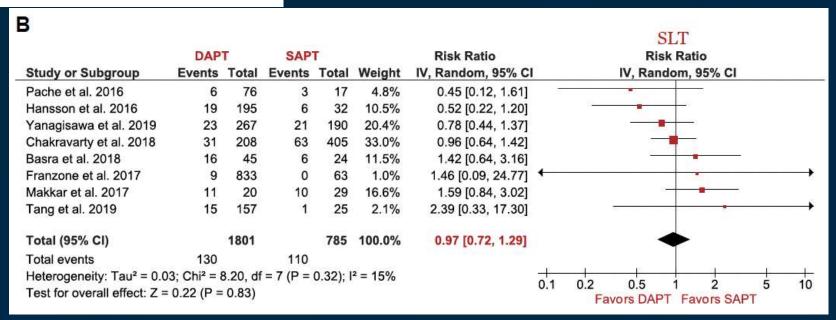


Incidence of leaflet thrombosis in SAPT/DAPT.

Subclinical Leaflet Thrombosis After Transcatheter Aortic Valve Replacement



A Meta-Analysis



Bogyi, et al. J Am Coll Cardiol Intv 2021.





Recent recommendation

Bleeding: DAPT < SAPT

HALT: DAPT = SAPT

DAPT < SAPT



What is the optimal SAPT? ASA vs Clopidogrel.

Circulation: Cardiovascular Interventions

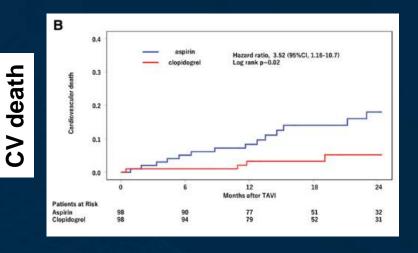
ORIGINAL ARTICLE

Aspirin Versus Clopidogrel as Single Antithrombotic Therapy After Transcatheter Aortic Valve Replacement

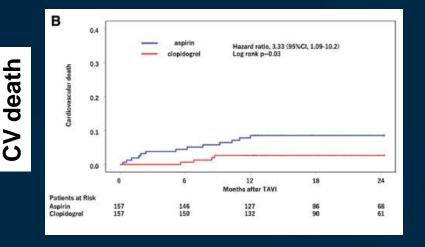
Insight From the Optimized Transcatheter Valvular Intervention Registry

- ✓ Clopidogrel > Aspirin
- ✓ Low incidence of ischemic events

No indication for OAC



indication for OAC



Aspirin
Clopidogrel

Kobari, et al. Circ Cardiovasc Interv, 2021

What is the optimal SAPT? ASA vs Clopidogrel.

"Aspirin v.s. Clopidogrel after TAVR"

Official Title: Aspirin Versus Clopidogrel for Leaflet Thrombosis Prevention in Patients Undergoing Transcatheter Aortic Valve Replacement: ACLO-TAVR Trial

Study Design

Study Type 1: Interventional (Clinical Trial)

Estimated Enrollment 6: 230 participants

Allocation: Randomized

Intervention Model: Parallel Assignment

Masking: None (Open Label)

Primary Purpose: Treatment

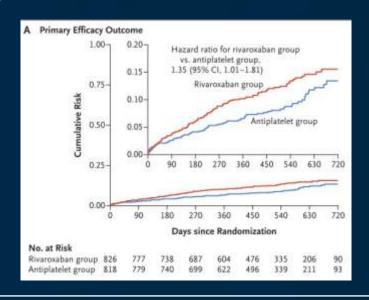
Estimated Study Start Date 1: September 15, 2022

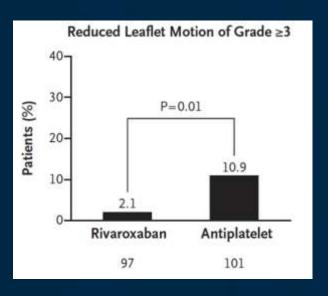
Estimated Primary Completion Date 1 : July 2024
Estimated Study Completion Date 1 : July 2025



DO we have to treat HALT?

"GALLILEO trial"





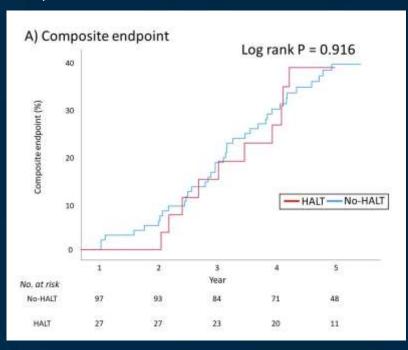
Ischemic events: APT > OAC

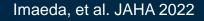
Bleeding events: APT> OAC

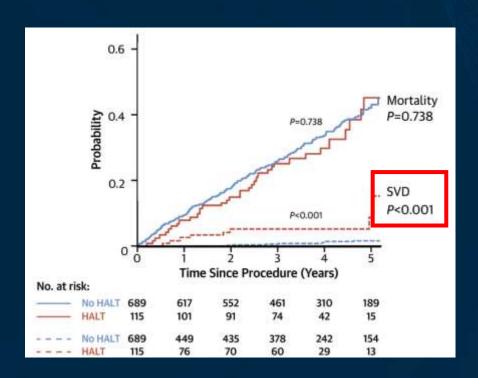
HALT: APT < OAC

DO we have to treat HALT?

Composite of all-cause death, HF readmission and stroke



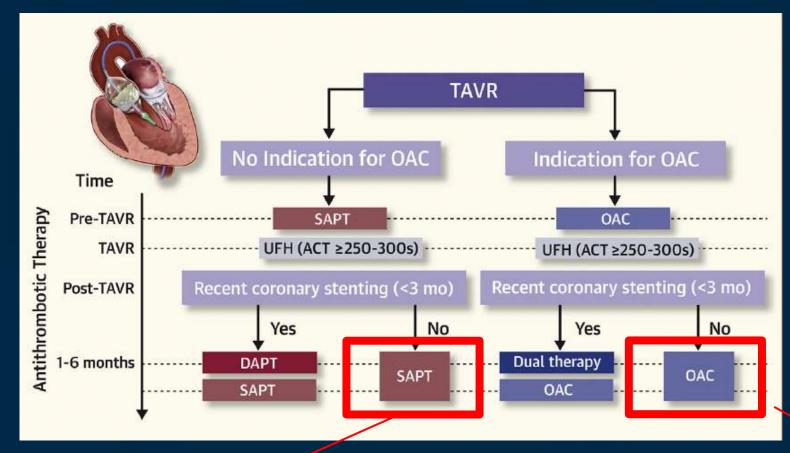




Hein M, et al. J Am Coll Cardiol Intv. 2022

Summary of the current recommendation

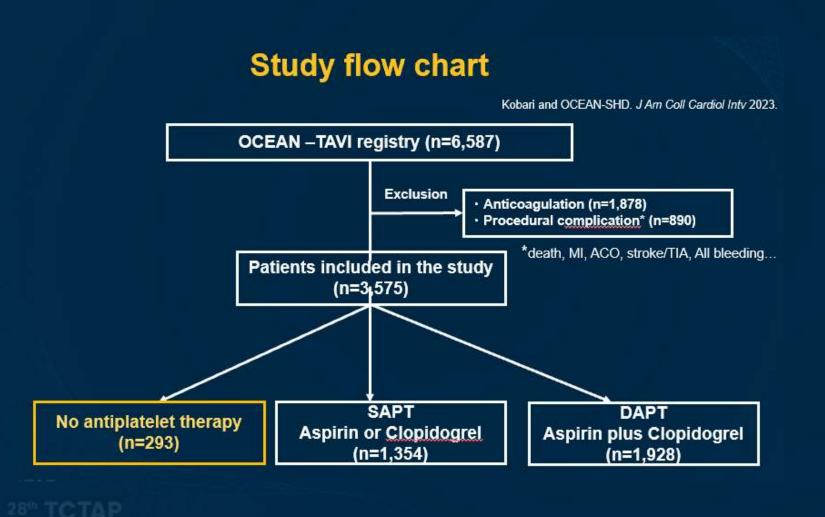
ESC Guideline, 2022

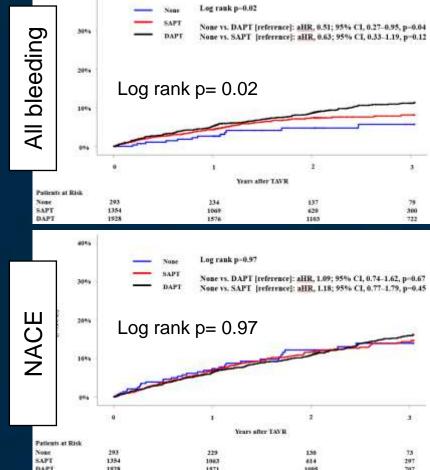


DOAC ≒ VKA

Antithrombotic therapy for patients with high bleeding risk

Antithrombotic therapy might not be needed in patients with high bleeding after TAVR.



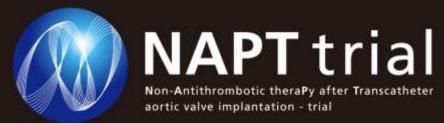


Kobari, et al. J Am Coll Cardiol Intv 2023.

Ongoing randomized control trials from OCEAN-TAVI registry

Study proposal





No antithrombotic therapy

- 1. Cardiovascular event
 - &
- 2. Leaflet thrombosis

&

3. QOL

Exclusion:

Procedural complications &

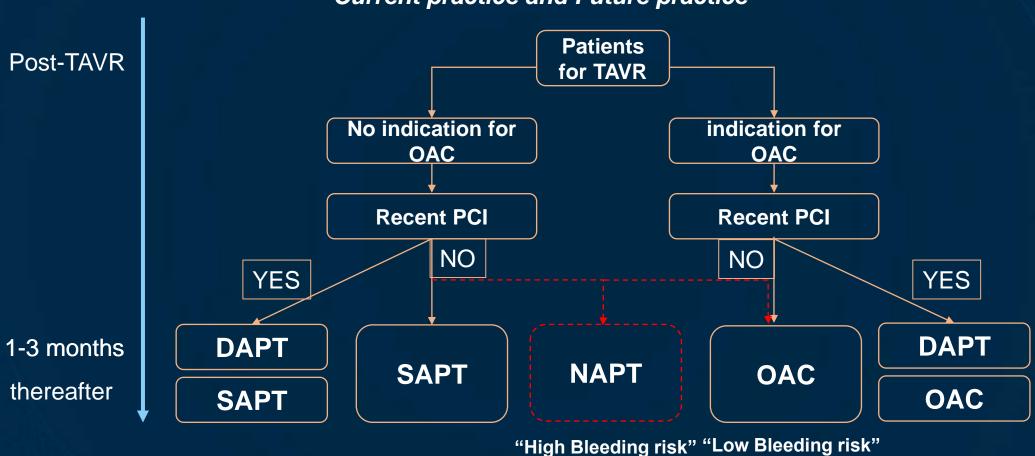
Indication for SAPT

SAPT



Summary of recommendations

Current practice and Future practice



"Current" practice "Future" practice?

Conclusion

- SAPT is recommended for patients without indication for OAC
- OAC is recommended for patients with indication for OAC.
- Routine use of OAC for the prevention of the leaflet thrombosis is not advised.
- OAC may still play a role in reducing SVD.
- Further research is needed to establish an optimal antithrombotic regimen for this procedure.