

***Highlights Session 4. Valve Session (July 7, 2020)***

**TAVR Long-Term Durability:  
*Is it a concern for late catch-up  
in PARTNER 3?***

**Martin B. Leon, MD**

Columbia University/NYP Hospital  
Cardiovascular Research Foundation  
New York City

10 mins

# Disclosures - Martin B. Leon, MD

## *TCTAP & AP Valves 2020 Online; July 7, 2020*

Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below.

### **Financial Relationship**

- Research Support
- Consulting Activities\*
- Equity

### **Company**

Abbott, Boston Scientific,  
Edwards Lifesciences, Medtronic

Abbott, Boston Scientific, Edwards  
Lifesciences, Gore, Medtronic

Ancora, Claret (BSC), Conveyor,  
Valve Medical

\*Medical or scientific advisory boards (no direct physician payments)

*Highlights Session 4. Valve Session (July 7, 2020)*

**TAVR Long-Term Durability:  
*Is it a concern for late catch-up  
in PARTNER 3?***

**YES... TAVR long-term durability  
is always a concern!**

10 mins

# TAVR Long-Term Durability

## *Lecture Agenda*

Clinical Catch-up

Structural Valve Deterioration

# TAVR Long-Term Durability

## *Clinical Catch-up*

- In earlier TAVR vs. Surgery RCTs with at least 5 years follow-up, in patients at high or intermediate-risk profiles, including either balloon-expandable or self-expanding valves, there are no indications of late clinical catch-up favoring Surgery.

# Five-year Outcomes from the PARTNER 2A Trial: Transcatheter vs. Surgical Aortic Valve Replacement in Intermediate-Risk Patients

**Vinod H. Thourani, MD**

on behalf of The PARTNER Trial Investigators

TCT | San Francisco | September 28, 2019



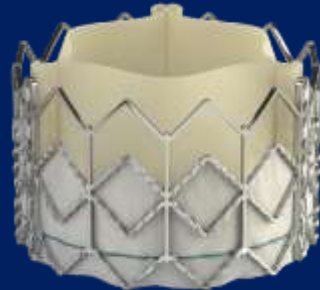
# PARTNER SAPIEN Platforms

## Device Evolution



Valve Technology

SAPIEN



SAPIEN XT



SAPIEN 3



Sheath Compatibility

22-24F



16-20F



14-16F



Available Valve Sizes



23 mm



26 mm



23 mm



26 mm



29 mm\*

\*First Implant Oct 30, 2012



20 mm



23 mm



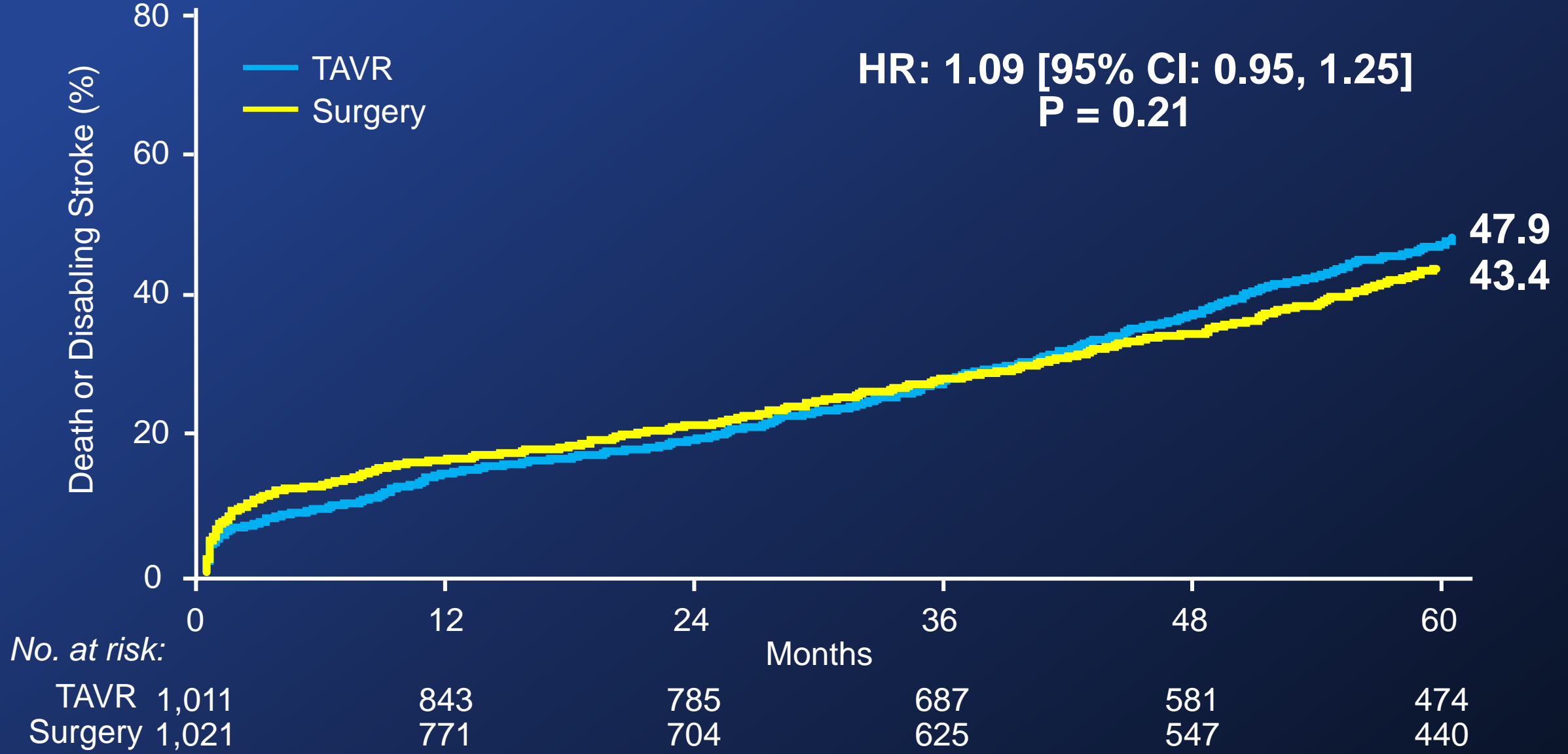
26 mm



29 mm



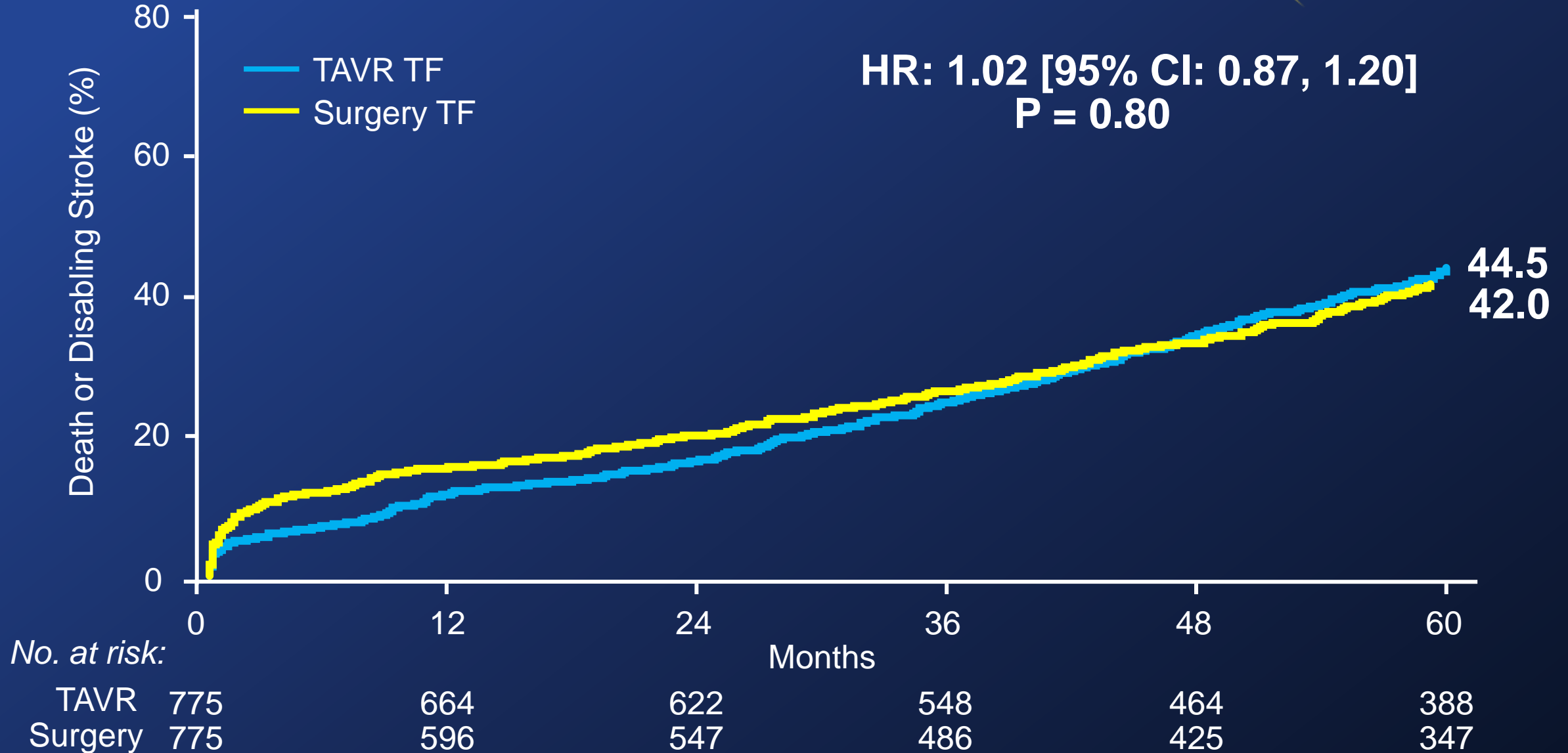
# Primary Endpoint ITT Population





# Primary Endpoint

## Transfemoral Cohort



# TAVR Long-Term Durability

## *Clinical Catch-up*

- In earlier TAVR vs. Surgery RCTs with at least 5 years follow-up, in patients at high or intermediate-risk profiles, including either balloon-expandable or self-expanding valves, there are no indications of late clinical catch-up favoring Surgery.
- The most recent (TVT 2020) propensity-matched analysis of Sapien 3 vs. Surgery in intermediate-risk patients with 5-year follow-up, also showed no late catch-up.

# **SAPIEN 3 Transcatheter Aortic Valve Replacement Compared with Surgery in Intermediate-risk Patients: A Propensity-Matched Analysis of 5-year Outcomes**

**Susheel K. Kodali, MD**

on behalf of The PARTNER Trial Investigators

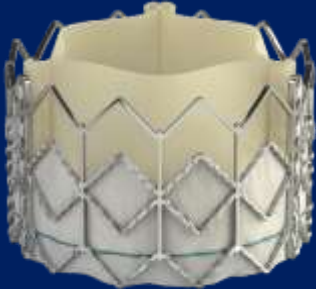














TVT | June 21, 2020



# PARTNER SAPIEN Platforms

## Device Evolution

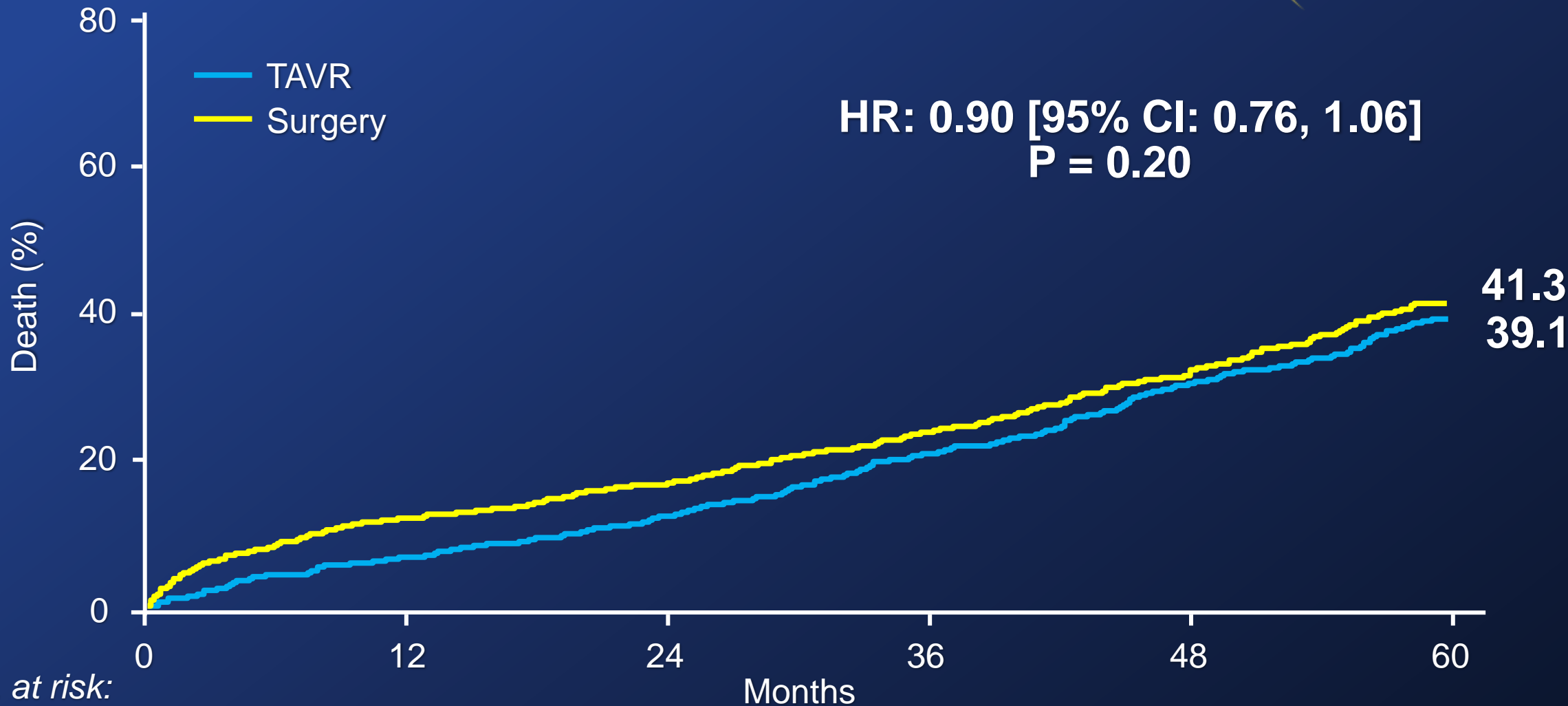


	SAPIEN	SAPIEN XT	SAPIEN 3
<b>Valve Technology</b>			
<b>Sheath Compatibility</b>			
<b>Available Valve Sizes</b>	  23 mm      26 mm	   23 mm    26 mm <b>29 mm*</b>	    20 mm    23 mm    26 mm    29 mm
		<b>*First Implant Oct 30, 2012</b>	

# All-Cause Death Matched Cohort



**HR: 0.90 [95% CI: 0.76, 1.06]**  
**P = 0.20**



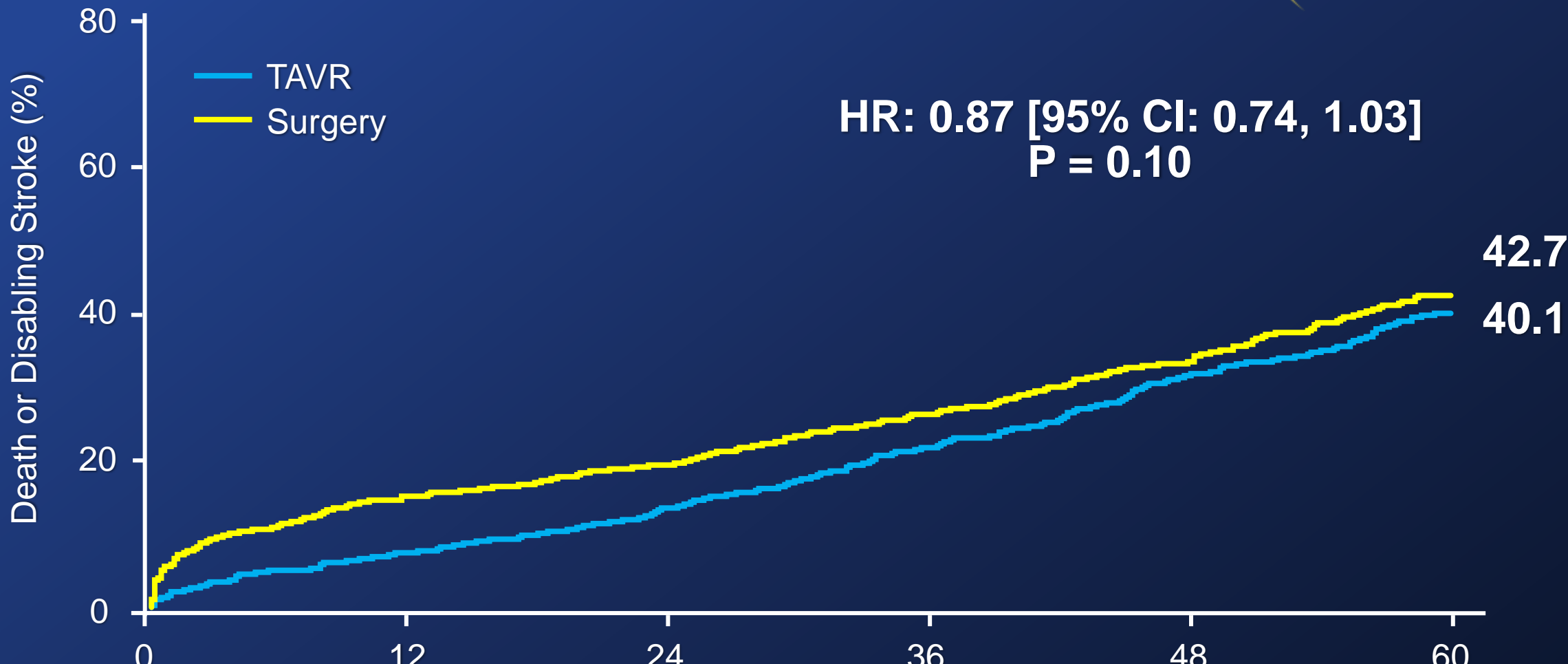
No. at risk:

TAVR	783	715	650	569	459	354
Surgery	783	667	613	544	472	376

# Death or Disabling Stroke Matched Cohort



**HR: 0.87 [95% CI: 0.74, 1.03]**  
**P = 0.10**



No. at risk:

	0	12	24	36	48	60
TAVR	783	709	642	561	450	348
Surgery	783	645	593	525	458	367



# TAVR Long-Term Durability

## *Clinical Catch-up*

- In earlier TAVR vs. Surgery RCTs with at least 5 years follow-up, in patients at high or intermediate-risk profiles, including either balloon-expandable or self-expanding valves, there are no indications of late clinical catch-up favoring Surgery.
- The most recent (TVT 2020) propensity-matched analysis of Sapien 3 vs. Surgery in intermediate-risk patients with 5-year follow-up, also showed no late catch-up.
- The recent (ACC 2020) 2-year follow-up from PARTNER 3 (Sapien 3 vs. Surgery in low-risk patients) indicated narrowing of death/stroke endpoints (still favoring TAVR) and increased TAVR valve thrombosis between 1 and 2 years.



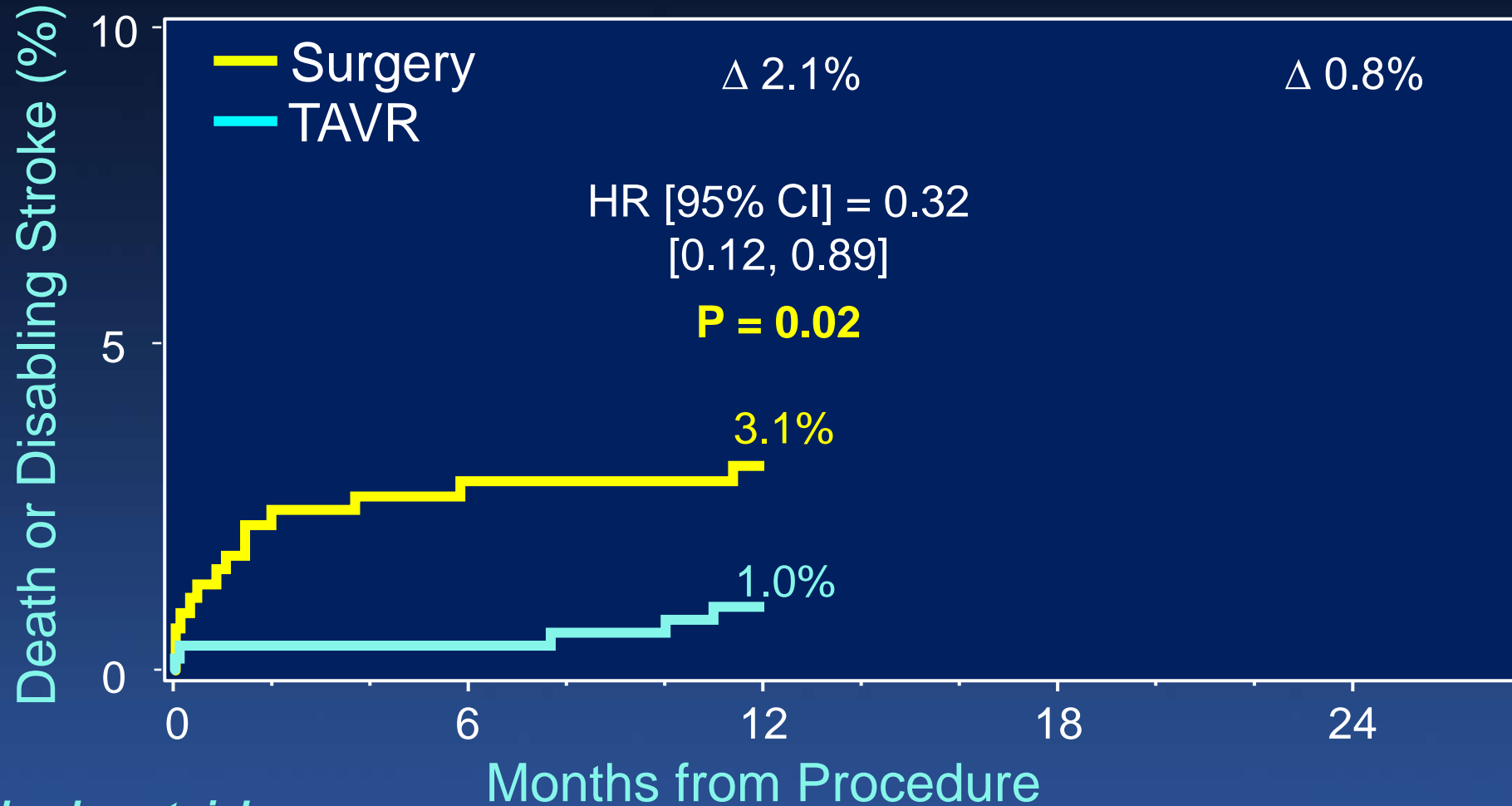
# Two-year Clinical and Echocardiographic Outcomes from the PARTNER 3 Low-risk Randomized Trial



**Michael J. Mack, MD &  
Martin B. Leon, MD**

on behalf of the PARTNER 3 Trial Investigators

# Death or Disabling Stroke



*Number at risk:*

Surgery	454	430	423	406	395
TAVR	496	493	489	475	463

# Valve Thrombosis to 2 Years

Outcomes	TAVR (N=496)	Surgery (N=454)	P-value
<b>Valve Thrombosis</b>	2.6% (13)	0.7% (3)	<b>0.02</b>
Mean Gradient > 20mmHg and ↑ > 10mmHg	53.8% (7)	0% (0)	
Mean Gradient > 20mmHg and ↑ < 10mmHg	30.7% (4)	100.0% (3)	
↑ transvalvular AR (mild) with no change in mean gradient	7.7% (1)	0% (0)	
CT findings with no change in hemodynamics	7.7% (1)	0% (0)	

CEC adjudicated valve thrombosis per VARC 2 (all patients received anticoagulation). Valve thrombosis events are Kaplan-Meier estimate [% (no. of subjects with event)] and P-value is based on Log-Rank test; all other event rates are incidence [% (no. of subjects with event)]

# TAVR Long-Term Durability

## *Structural Valve Deterioration*

- Earlier definitions of valve durability focused on ‘soft’ clinical endpoints (re-operation or presumed valve-related death) which clearly underestimated the true frequency of structural valve deterioration (SVD).
- Recently, standardized definitions have been developed focusing on prosthesis-centered and patient-centered outcomes, using serial echocardiography and longitudinal follow-up, to report valve durability and accounting for competing risk (e.g. EAPCI/ESC/EACTS and VARC 3).

# TAVR Long-Term Durability

## EAPCI/ESC/EACTS Definitions

 European Heart Journal (2017) 38, 1-16  
doi:10.1093/eurheartj/ehx440

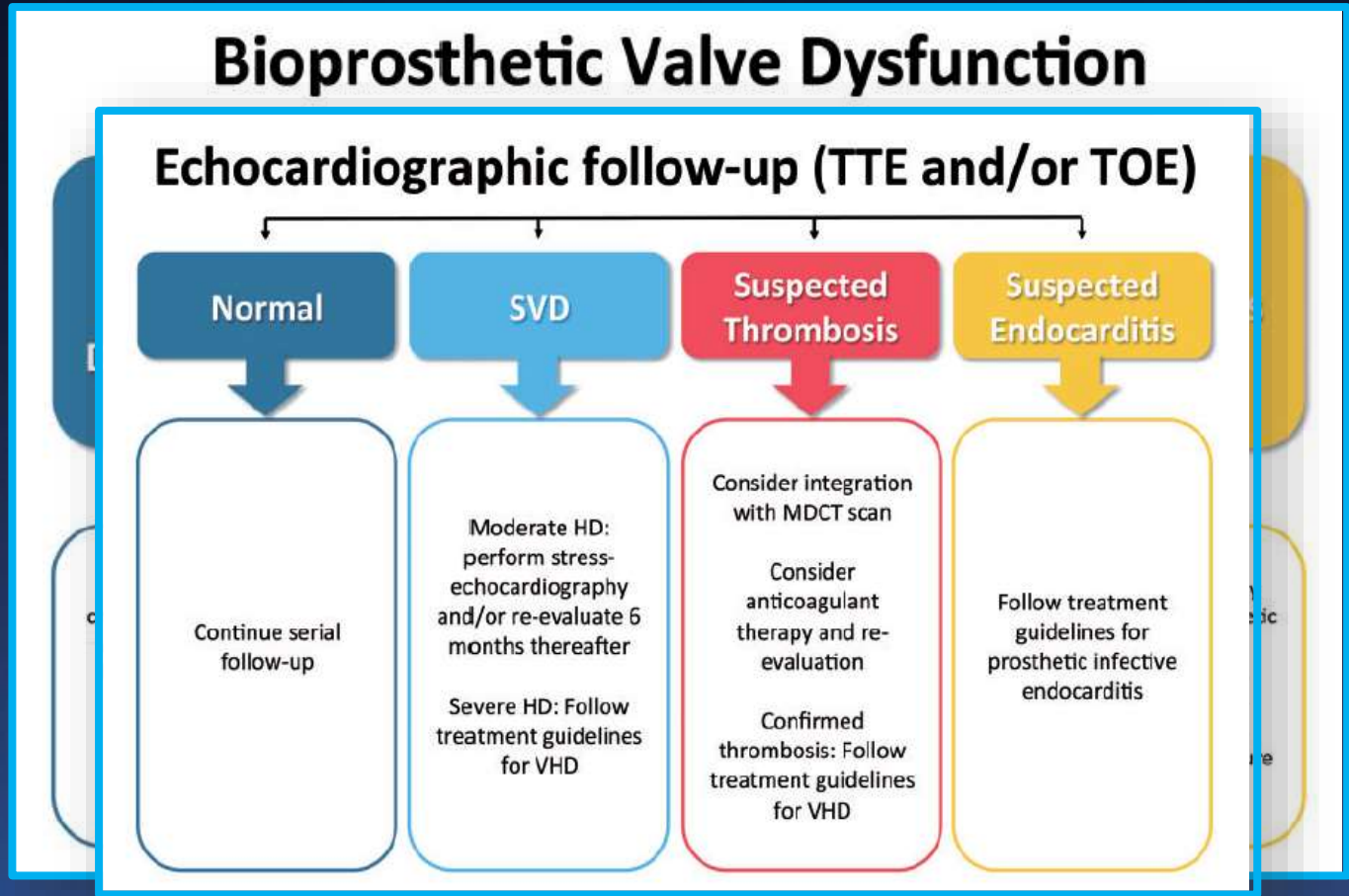
**SPECIAL ARTICLE**

**Standardized definitions of structural deterioration and valve failure in assessing long-term durability of transcatheter and surgical aortic bioprosthetic valves: a consensus statement from the European Association of Percutaneous Cardiovascular Interventions (EAPCI) endorsed by the European Society of Cardiology (ESC) and the European Association for Cardio-Thoracic Surgery (EACTS)**

**Davide Capodanno<sup>1</sup>\*, Anna S. Petronio<sup>2</sup>, Bernard Prendergast<sup>3</sup>, Helene Eltchaninoff<sup>4</sup>, Alec Vahanian<sup>5</sup>, Thomas Modine<sup>6</sup>, Patrizio Lancellotti<sup>7</sup>, Lars Sondergaard<sup>8</sup>, Peter F. Ludman<sup>9</sup>, Corrado Tamburino<sup>10</sup>, Nicolò Piazza<sup>11</sup>, Jane Hancock<sup>12</sup>, Julinda Mehilli<sup>13</sup>, Robert A. Byrne<sup>14</sup>, Andreas Baumbach<sup>15</sup>, Arie Pieter Kappetein<sup>16</sup>, Stephan Windecker<sup>17</sup>, Jeroen Bax<sup>18</sup>, and Michael Haude<sup>19</sup>**

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# TAVR Long-Term Durability

## *Structural Valve Deterioration*

- Earlier definitions of valve durability focused on ‘soft’ clinical endpoints (re-operation or presumed valve-related death) which clearly underestimated the true frequency of structural valve deterioration (SVD).
- Recently, standardized definitions have been developed focusing on prosthesis-centered and patient-centered outcomes, using serial echocardiography and longitudinal follow-up to report valve durability and accounting for competing risk (e.g. EAPCI/ESC/EACTS and VARC 3).
- Applying standardized definitions for SVD and bioprosthetic valve failure, recent analyses of Sapien 3 vs. Surgery through 5 years follow-up in various patient groups have shown no important differences.

# Incidence, Predictors, and Outcome of Structural Valve Deterioration in Transcatheter versus Surgical Aortic Valve Replacement: 5 Year Follow-up from the PARTNER 2 Trials – Intermediate risk

*Philippe Pibarot, DMV, PhD & Rebecca Hahn, MD*  
on behalf of The PARTNER Trial Investigators

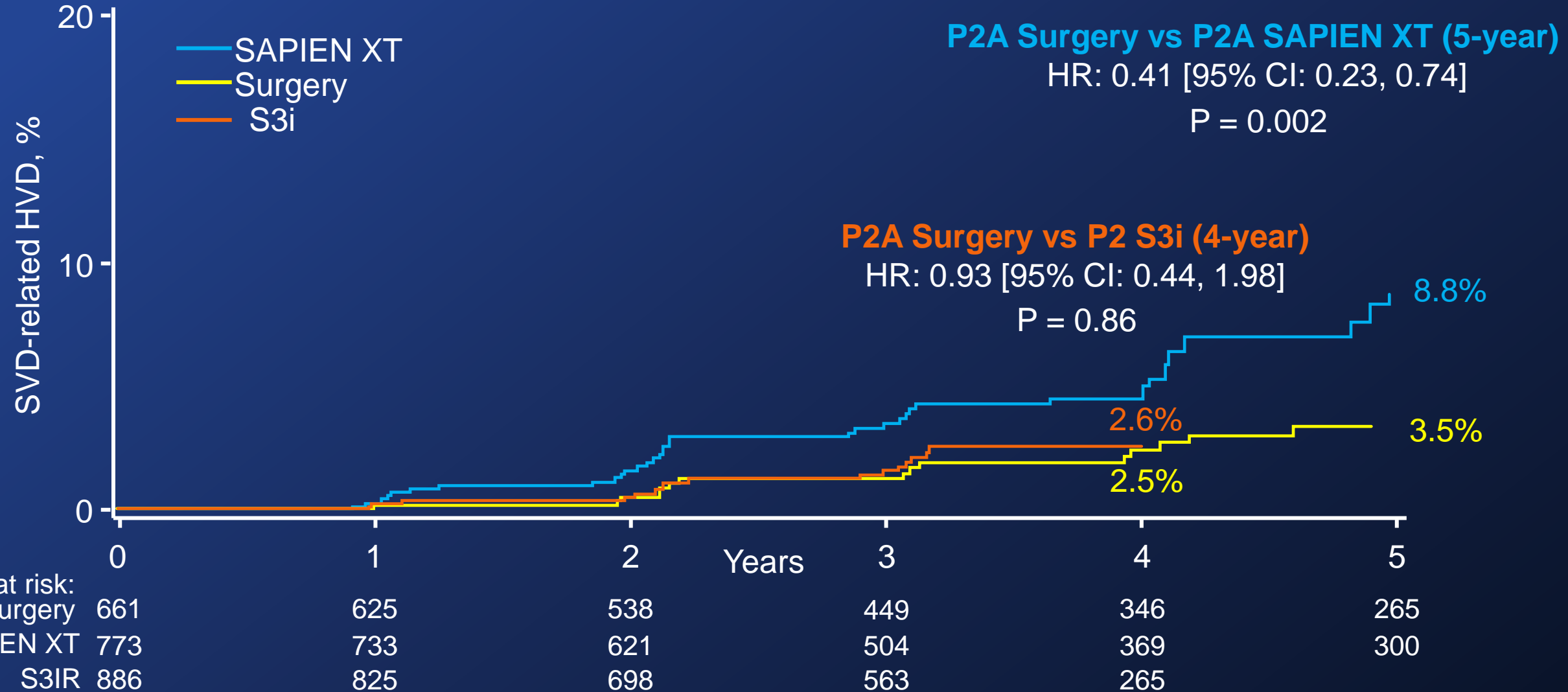
London Valves | London | November 18, 2019





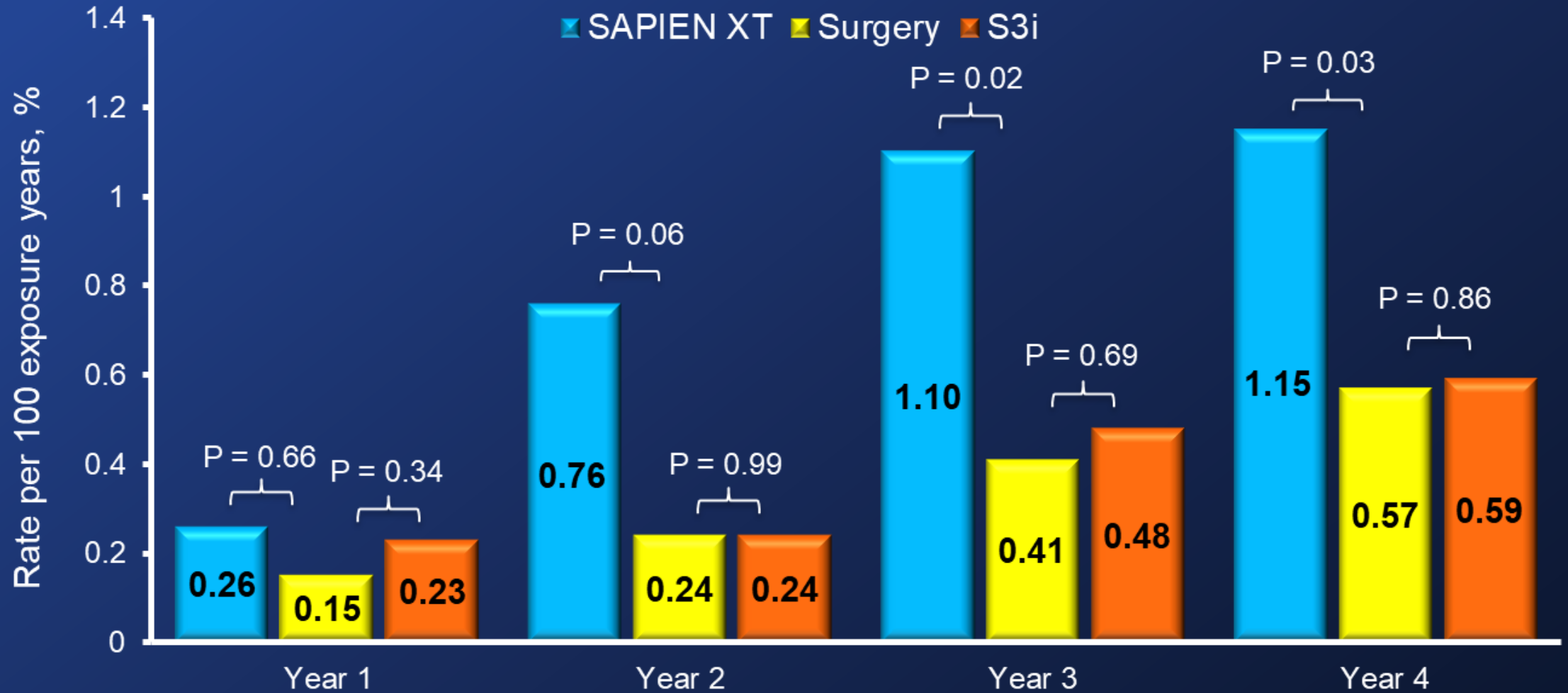
# SVD-related HVD

## P2A Surgery, P2A SAPIEN XT, & P2 S3i



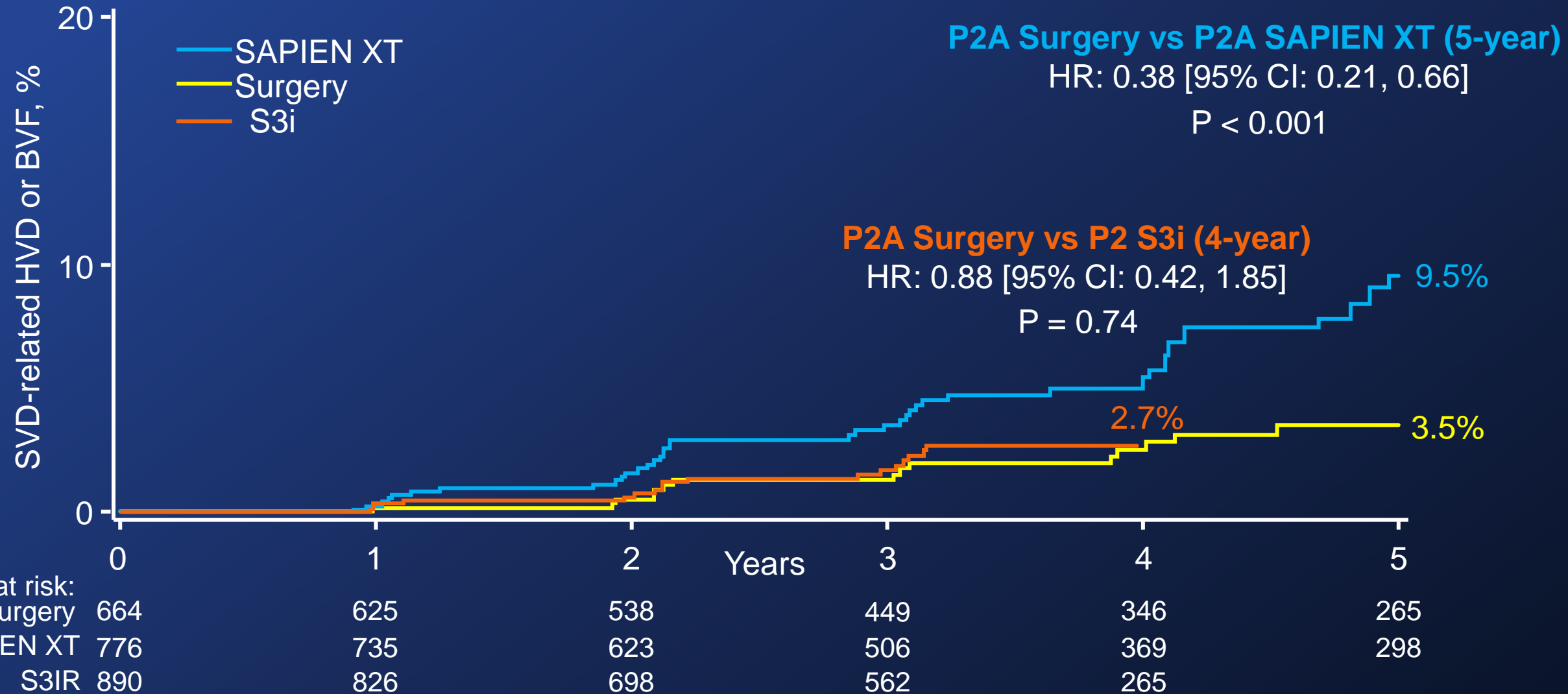
# SVD-related HVD

## P2A Surgery, P2A SAPIEN XT, & P2 S3i



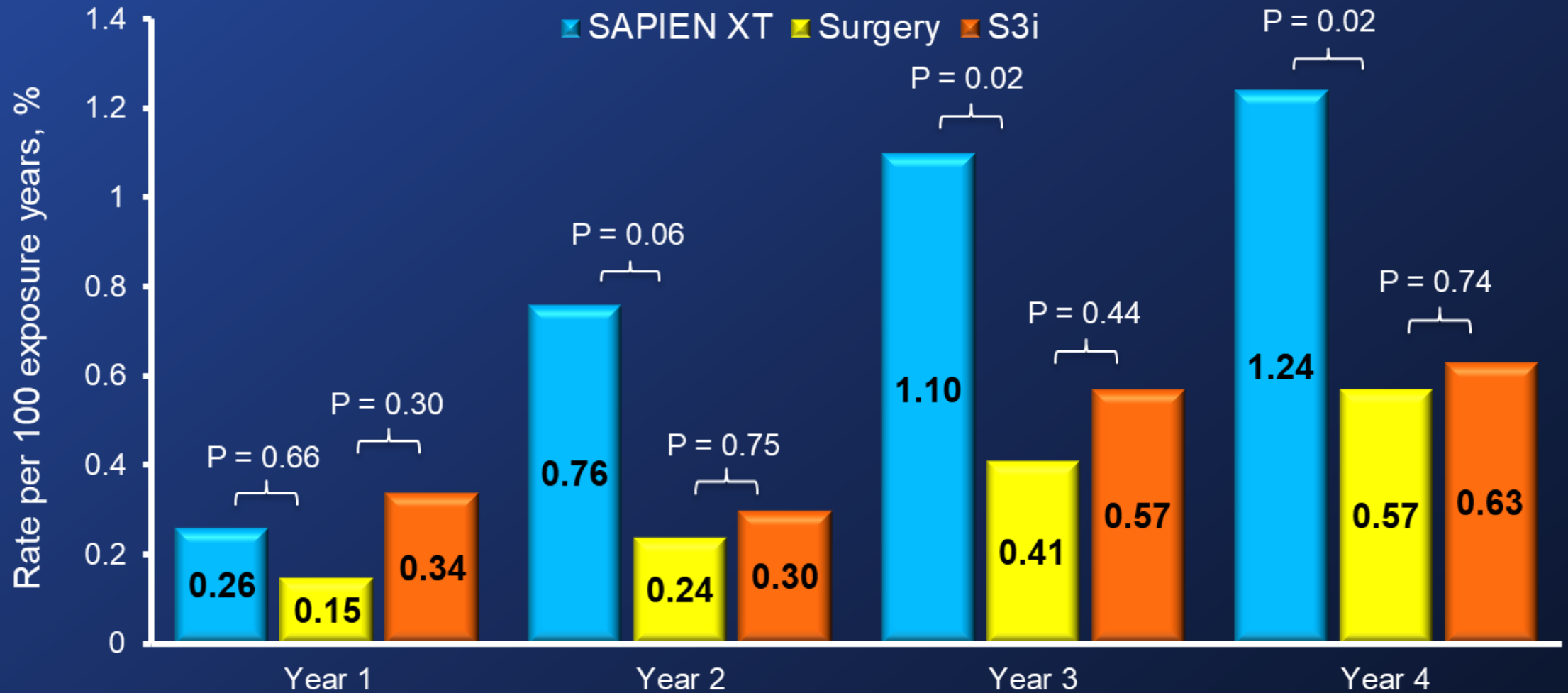
# SVD-related HVD or BVF (Overall SVD)

## P2A Surgery, P2A SAPIEN XT, & P2 S3i



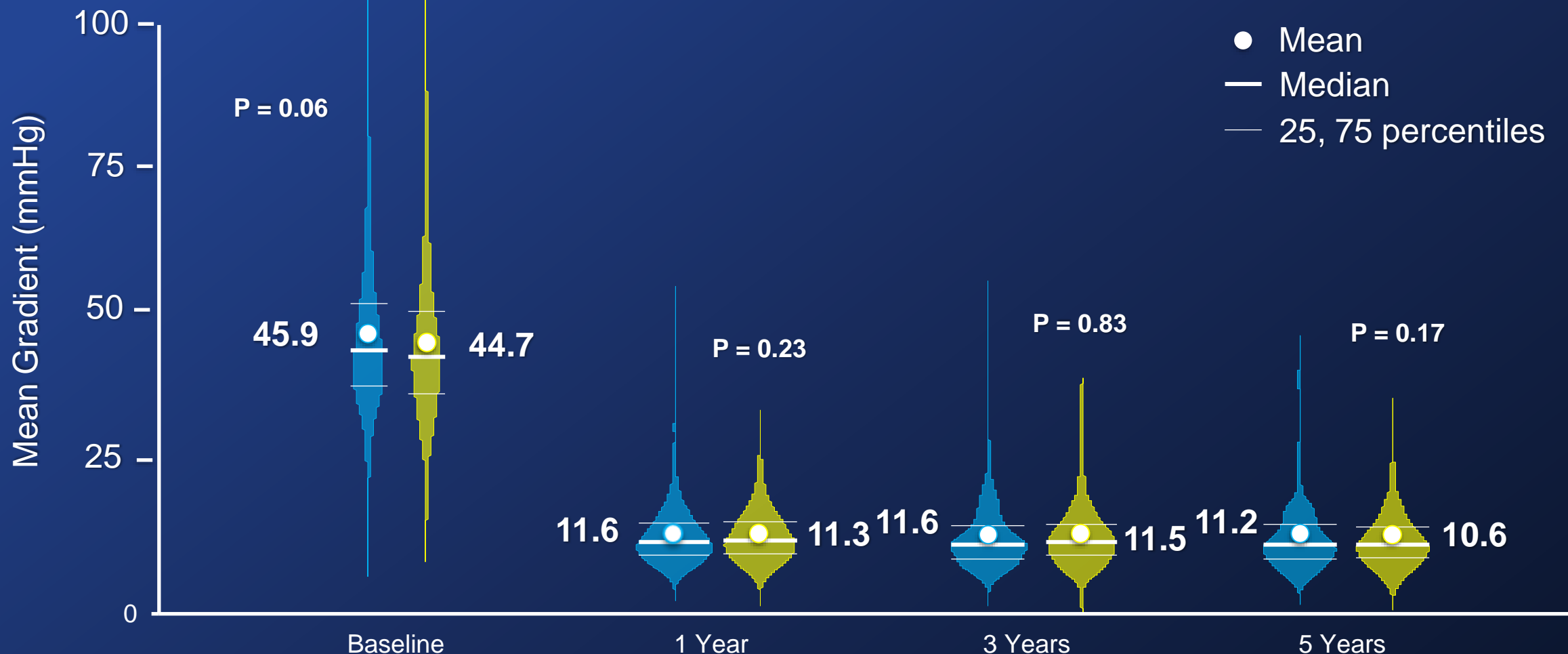
# SVD-related HVD or BVF (Overall SVD)

## P2A Surgery, P2A SAPIEN XT, & P2 S3i



# Mean Aortic Valve Gradient

## P2A Matched Cohort



No. of Echos:

TAVR  
Surgery

769  
767

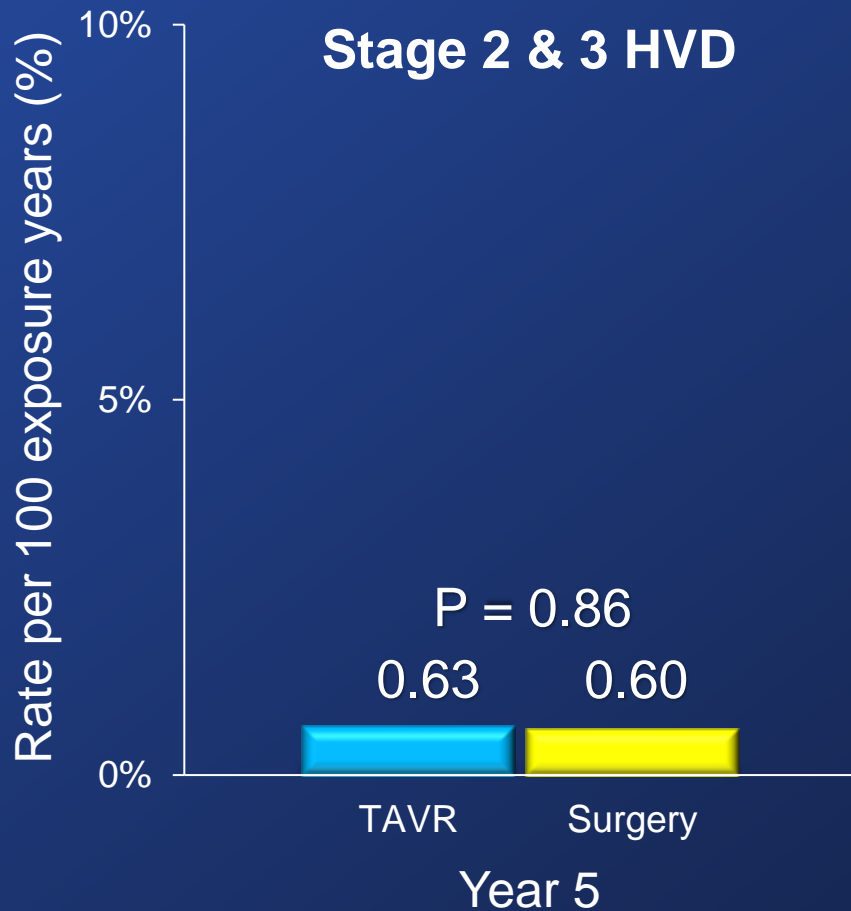
648  
535

457  
384

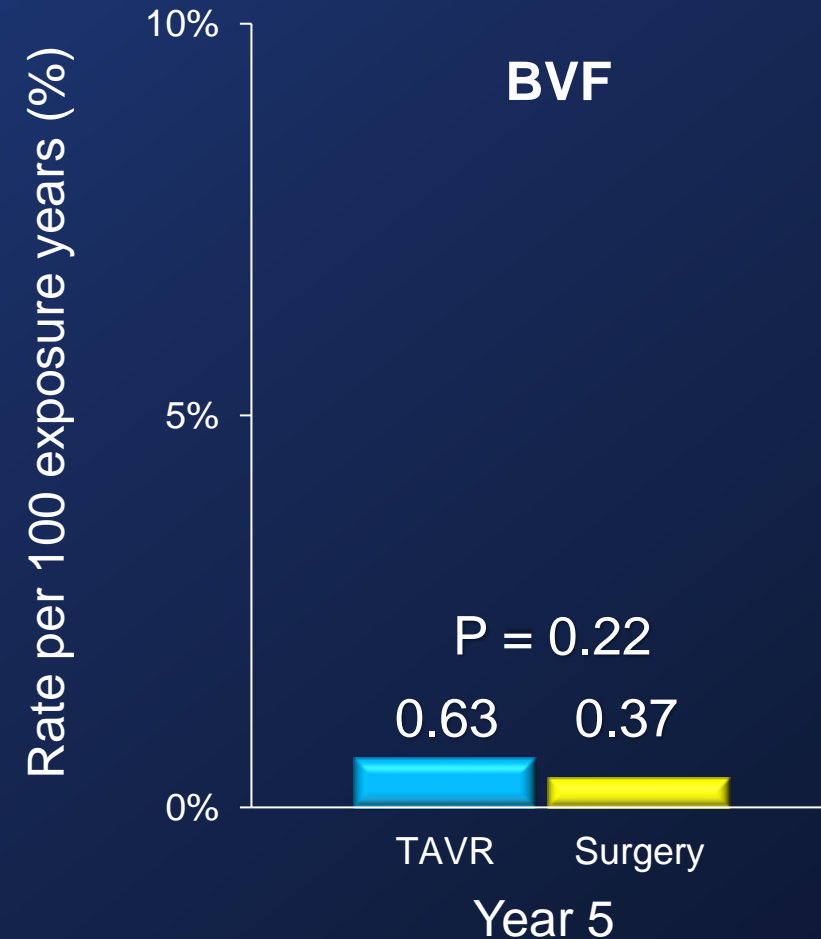
277  
248

Core lab adjudicated

# Hemodynamic Valve Deterioration & Bioprosthetic Valve Failure



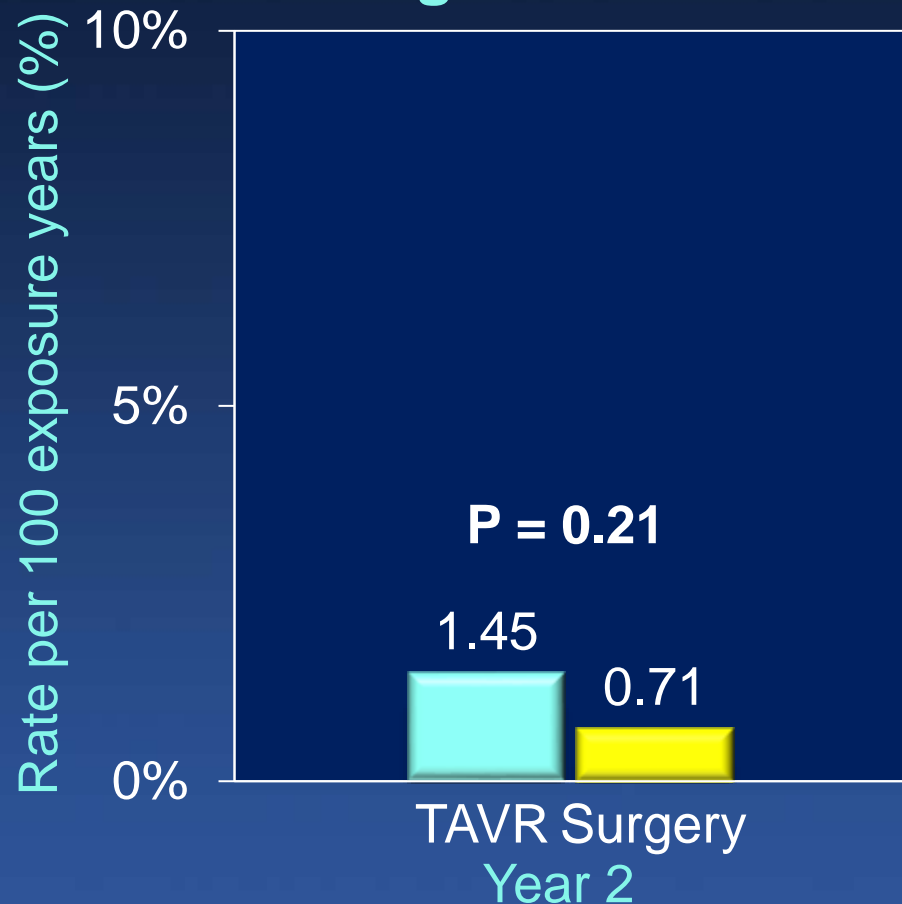
**Stage 2 & 3 HVD:**  $+\Delta$  mean gradient  $\geq 10$  mmHg and  $-\Delta$  AVA  $\geq 0.3$  cm<sup>2</sup> or  $\geq 25\%$ ,  $-\Delta$  DVI  $\geq 0.1$  or  $\geq 20\%$ , AND/OR  $\geq 1$  grade  $\Delta$  transvalvular AR with final grade  $\geq$  moderate



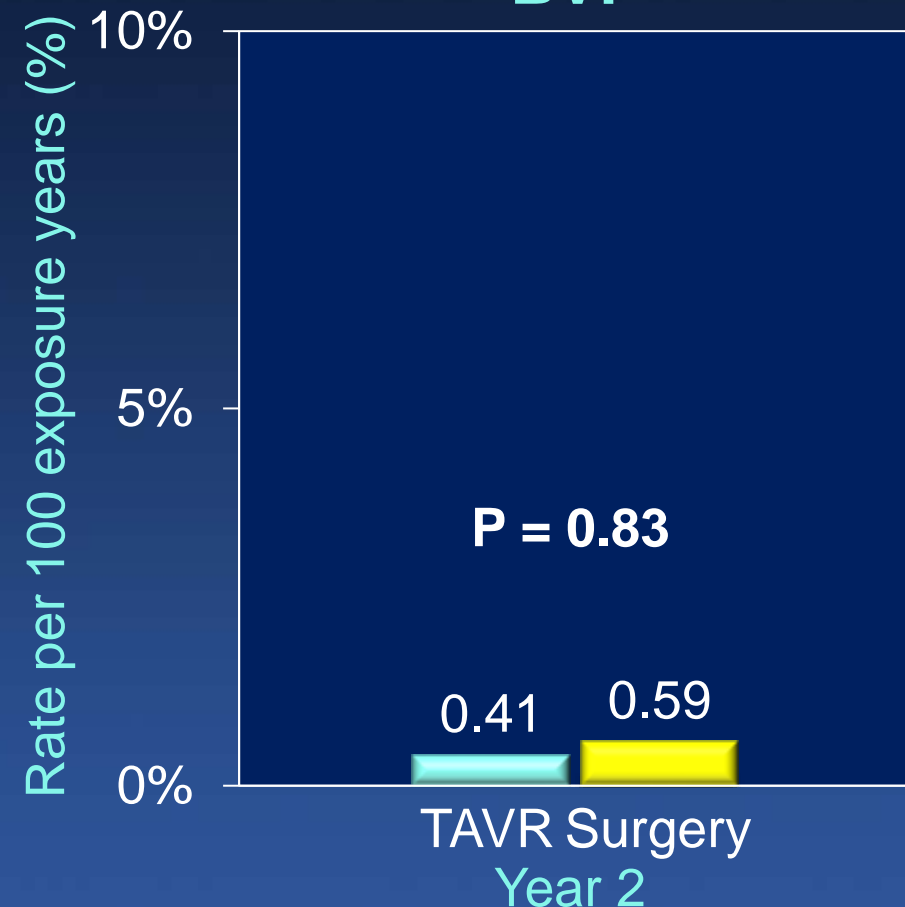
**BVF:** Re-intervention or death related to valve dysfunction OR Severe (Stage 3) SVD-related HVD

# Hemodynamic Valve Deterioration & Bioprosthetic Valve Failure (VARC 3/EACTS-EAPCI) through 2 years

Stage 2 & 3 HVD



BVF





# TAVR Long-Term Durability

## *Final thoughts...*

- There is **NO EVIDENCE** of important clinical ‘catch-up’ favoring surgery through 5 years follow-up with Sapien 3 TAVR!
- Using standardized definitions and serial echos, there is also **NO EVIDENCE** of increased SVD or BVF associated with Sapien 3 TAVR compared to surgery (5 yrs intermediate-risk and 2 yrs low-risk)
- Nevertheless, late (> 10 yrs) follow-up is not available and even mid-term (> 1 yr) follow-up in low-risk patients is very limited. **PLEASE STAY TUNED**, as it will require at least another 5 years follow-up to have sufficient data to make meaningful inferences re: Sapien 3 durability!