

Satellite Symposium

Sapien 3 Higher Standard is Going to Make You An Offer You Can't Refuse
Organized by CVRF and Supported by Educational Grant from Edwards Lifesciences Korea Co., Ltd.

Small Annuli and Sapien 3: Clinical Outcome

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COI Disclosure

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The authors have no financial conflicts of interest to disclose concerning the presentation.

Small Annulus

- There is No clear definition

Annulus into which a surgical prosthesis $> 21\text{mm}$ can't be accommodated

Annular diameter $\leq 23\text{mm}$ ($\leq 21\text{mm}$)



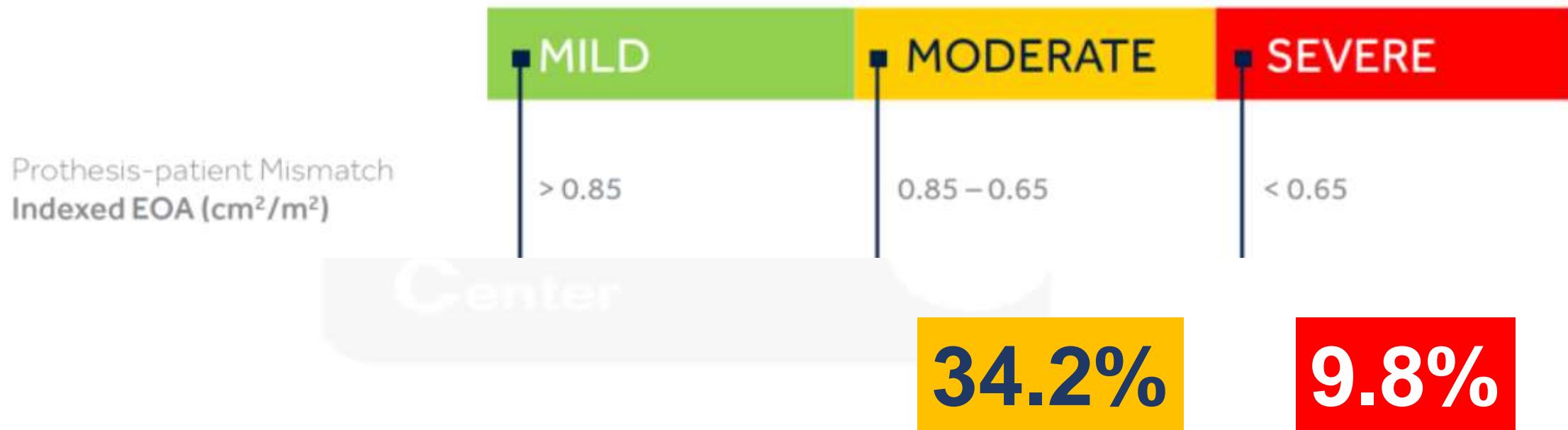
Prosthesis-Patient Mismatch: PPM

PPM occurs when the effective orifice area (EOA) of the implanted prosthesis is too small in relation to the patient's body size, resulting in abnormally high postoperative gradients.



PPM after SAVR

Systematic review and meta-analysis
34 observational studies
(n=27,186)



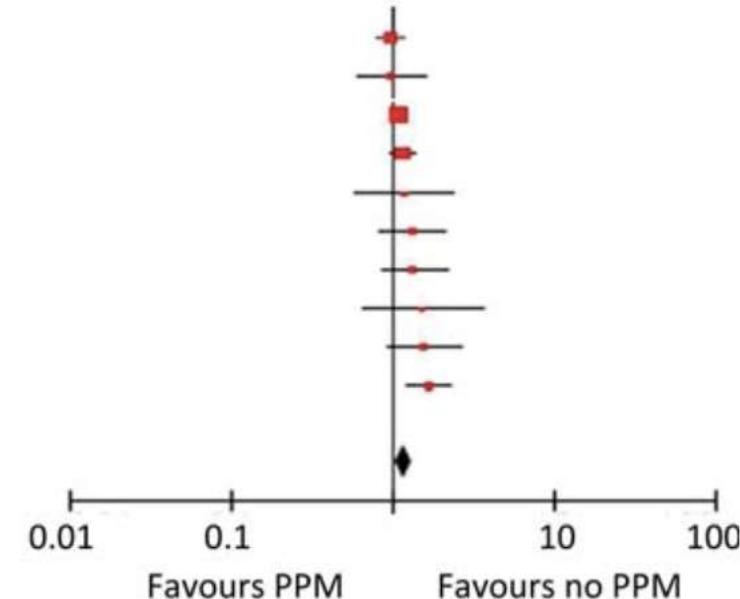
PPM after SAVR

Systematic review and meta-analysis
34 observational studies
(n=27,186)
Follow-up ranged from 2.5 to 7.9 years

PPM is associated with an increase in all-cause and cardiac-related mortality over long-term follow-up.

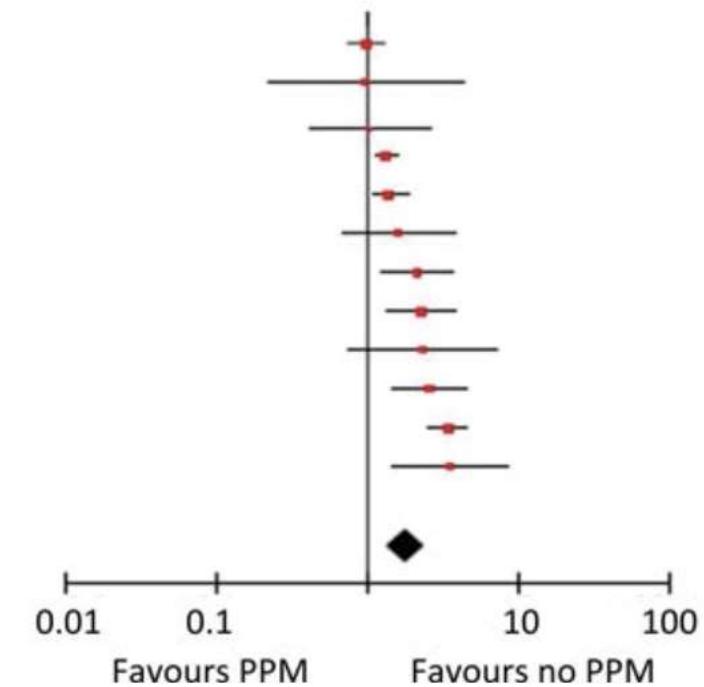
Moderate PPM

Moon 2009	0.99 [0.81, 1.20]
Howell 2006	0.99 [0.61, 1.62]
Jamieson 2010	1.12 [0.99, 1.26]
Mohty 2009	1.19 [0.99, 1.41]
Vicchio 2008	1.21 [0.60, 2.45]
Mrowczynski 2009	1.34 [0.83, 2.14]
Mohty 2006	1.37 [0.86, 2.20]
Milano 2002	1.57 [0.68, 3.64]
Florath 2008	1.59 [0.95, 2.68]
Kohsaka 2008	1.72 [1.25, 2.35]
Total [95% CI]	1.19 [1.07, 1.33]
Heterogeneity: $I^2 = 26\%$	



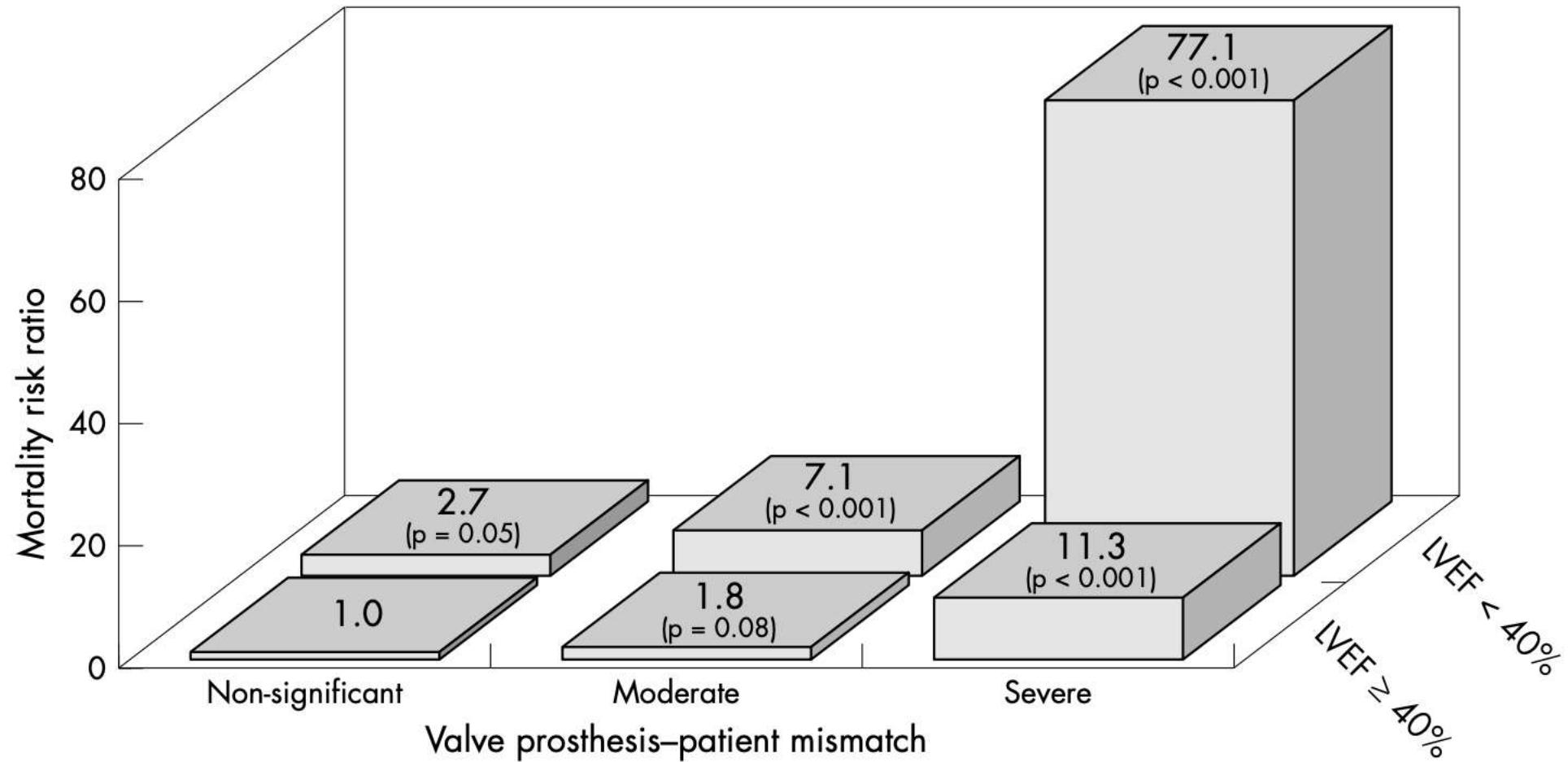
Severe PPM

Moon 2009	0.99 [0.75, 1.30]
Milano 2002	1.00 [0.23, 4.35]
Hanayama 2002	1.03 [0.37, 2.86]
Walther 2006	1.38 [1.15, 1.64]
Jamieson 2010	1.43 [1.09, 1.89]
Mrowczynski 2009	1.63 [0.69, 3.87]
Florath 2008	2.18 [1.28, 3.72]
Mohty 2009	2.31 [1.38, 3.87]
Vicchio 2009	2.39 [0.77, 7.44]
Mohty 2006	2.64 [1.49, 4.66]
Howell 2006	3.49 [2.60, 4.68]
Kohsaka 2008	3.56 [1.47, 8.60]
Total [95% CI]	1.84 [1.38, 2.45]
Heterogeneity: $I^2 = 79\%$	



In which patients PPM affects mortality after SAVR?

Retrospective
Single-center
(n=1,166)



PPM cause early structural valve deterioration (SVD)

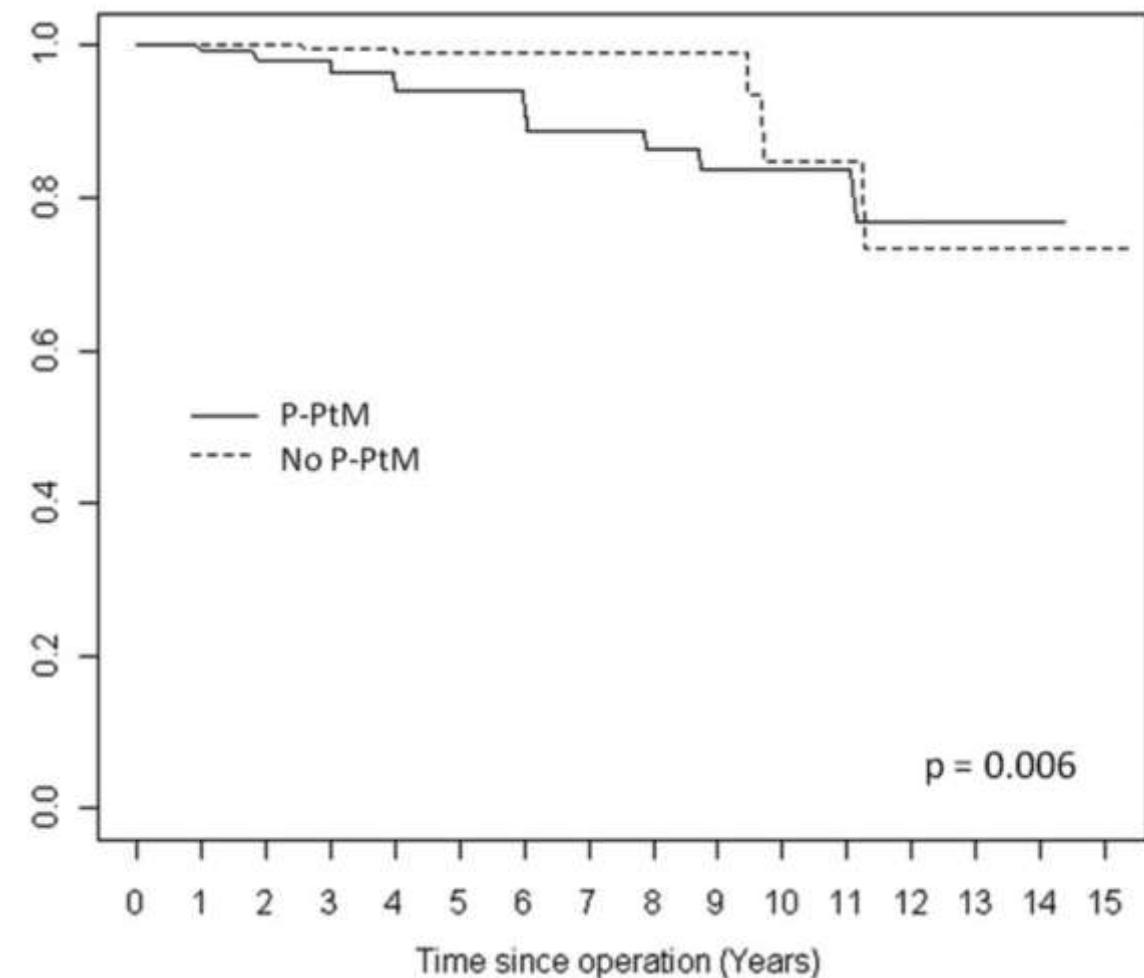
Retrospective
Single-center
(n=564)

Table 4. Multivariable Analysis of SVD (Cox With Multiple Imputation Method)

	Hazard Ratio	95% CI	P
Size ≤21	2.35	1.14–4.85	0.02
Anticalcification treatment	0.34	0.17–0.66	0.002
P-PtM	2.29	1.03–5.06	0.04

CI indicates confidence interval.

In patients with PPM, SVD occurs 2 to 3 years earlier than in patients without PPM.
Smaller valve may be independent predictor of SVD.



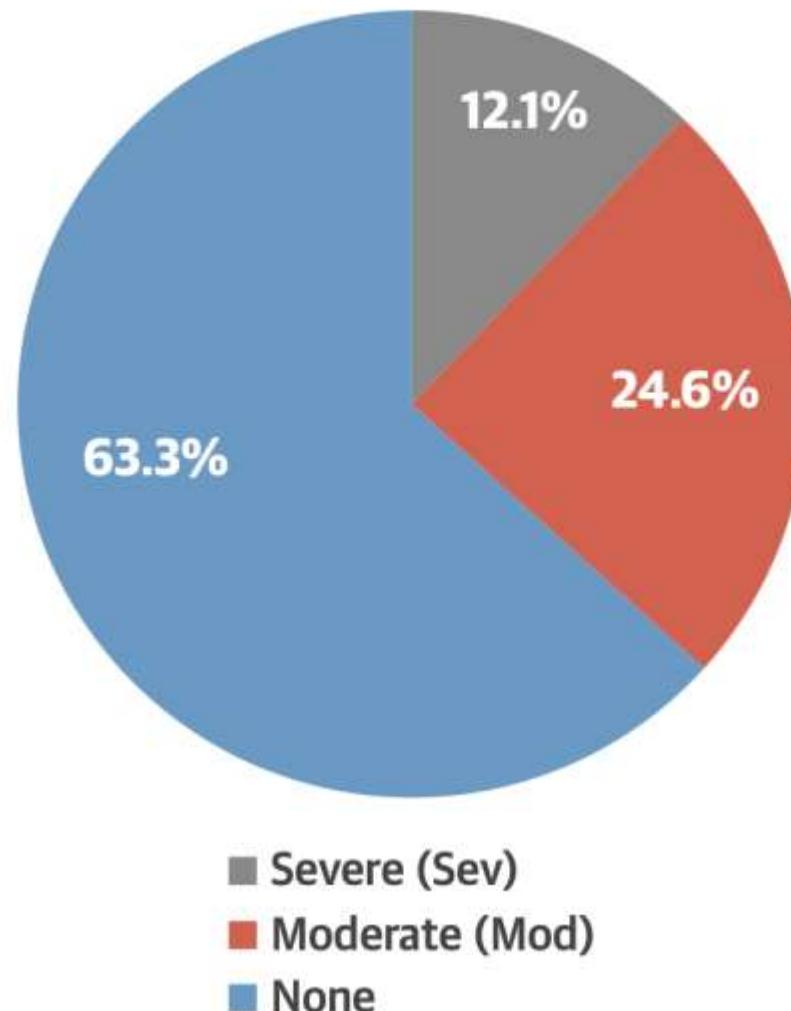
- ✓ Severe PPM definitely affects mortality
- ✓ In patients with low EF, moderate PPM should be avoided
- ✓ PPM may cause early SVD

From SAVR data

PPM after TAVI

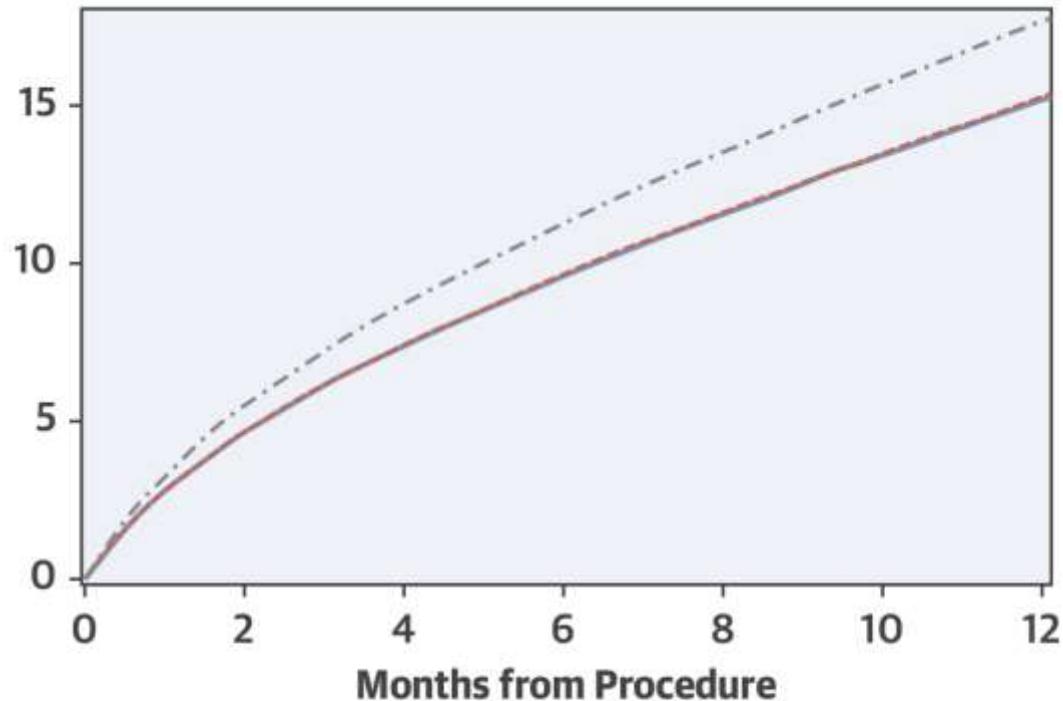
STS/ACC TVT Registry
(n= 62,125)

Prosthesis-Patient Mismatch (PPM)



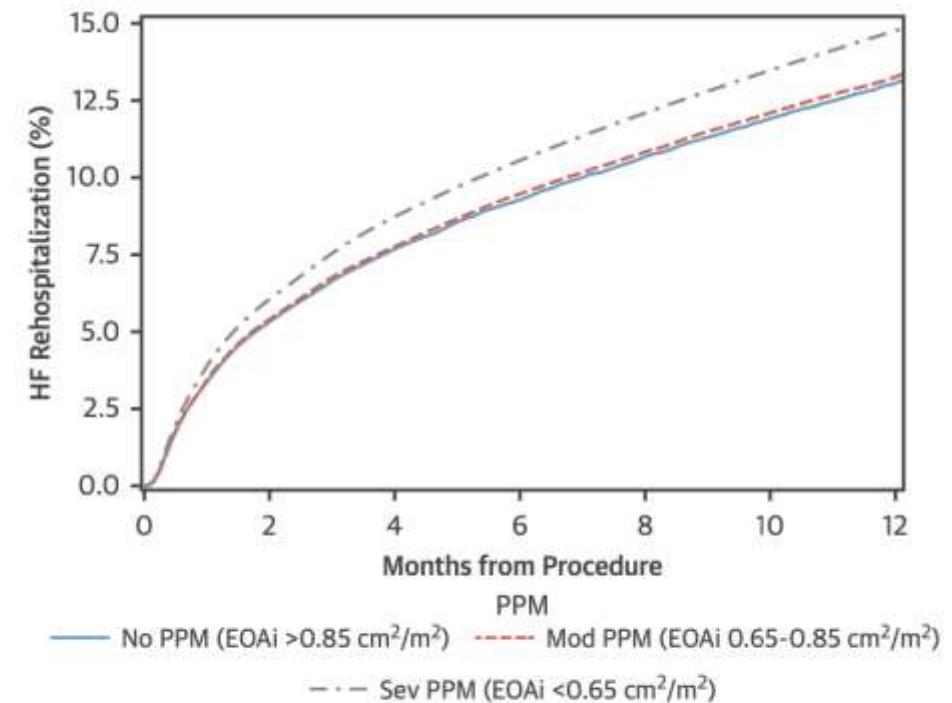
PPM after TAVI

STS/ACC TVT Registry
(n= 62,125)



PPM

- Sev PPM (EOAi <0.65 cm²/m²)
- - Mod PPM (EOAi 0.65-0.85 cm²/m²)
- No PPM (EOAi >0.85 cm²/m²)



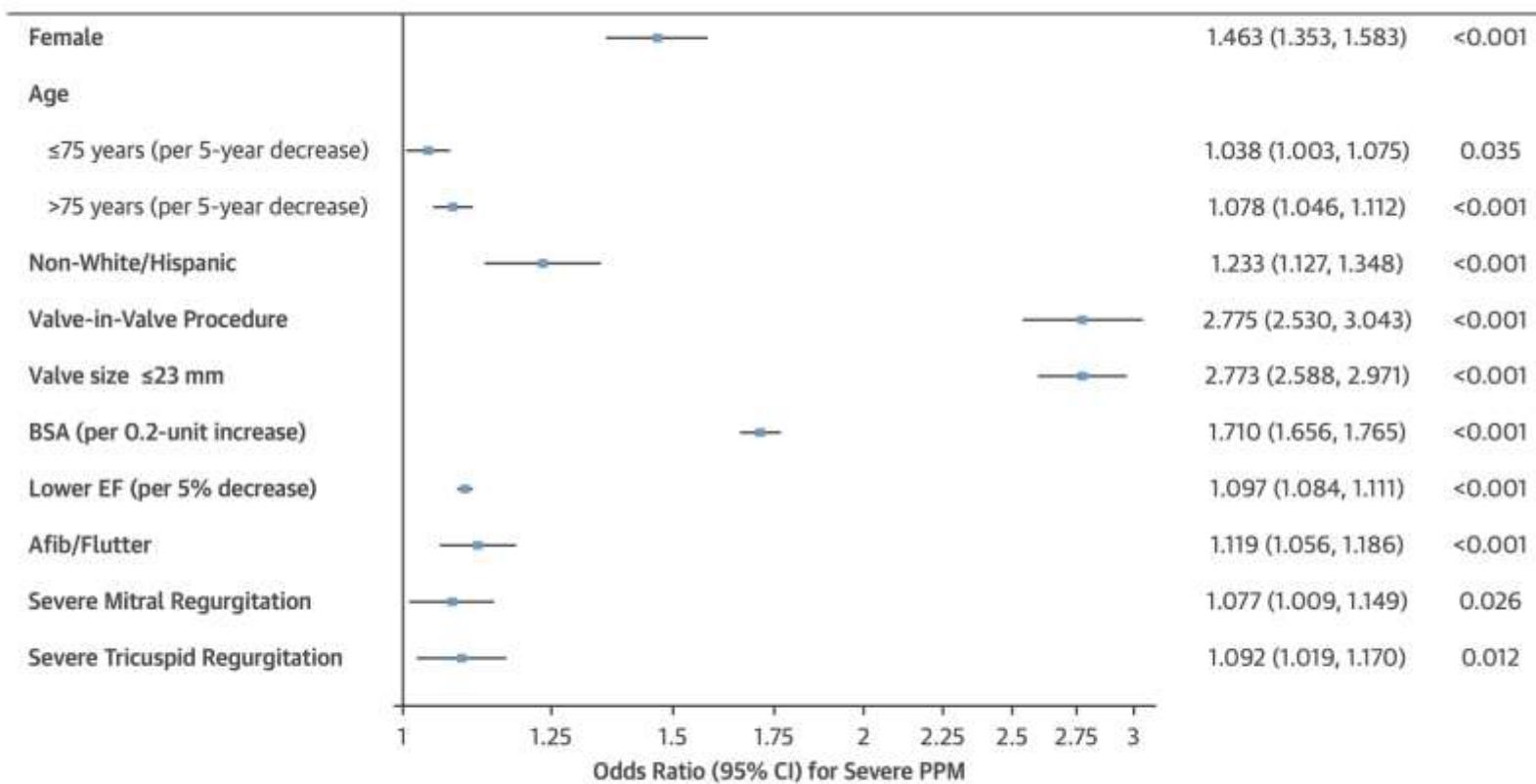
Number at Risk Adjusting for baseline covariates:

	Day 0	Month 4	Month 8	Month 12
No PPM	23,642	19,561	15,086	11,502
Mod PPM	8,986	7,386	5,581	4,183
Sev PPM	4,153	3,328	2,475	1,819

PPM after TAVI

STS/ACC TVT Registry
(n= 62,125)

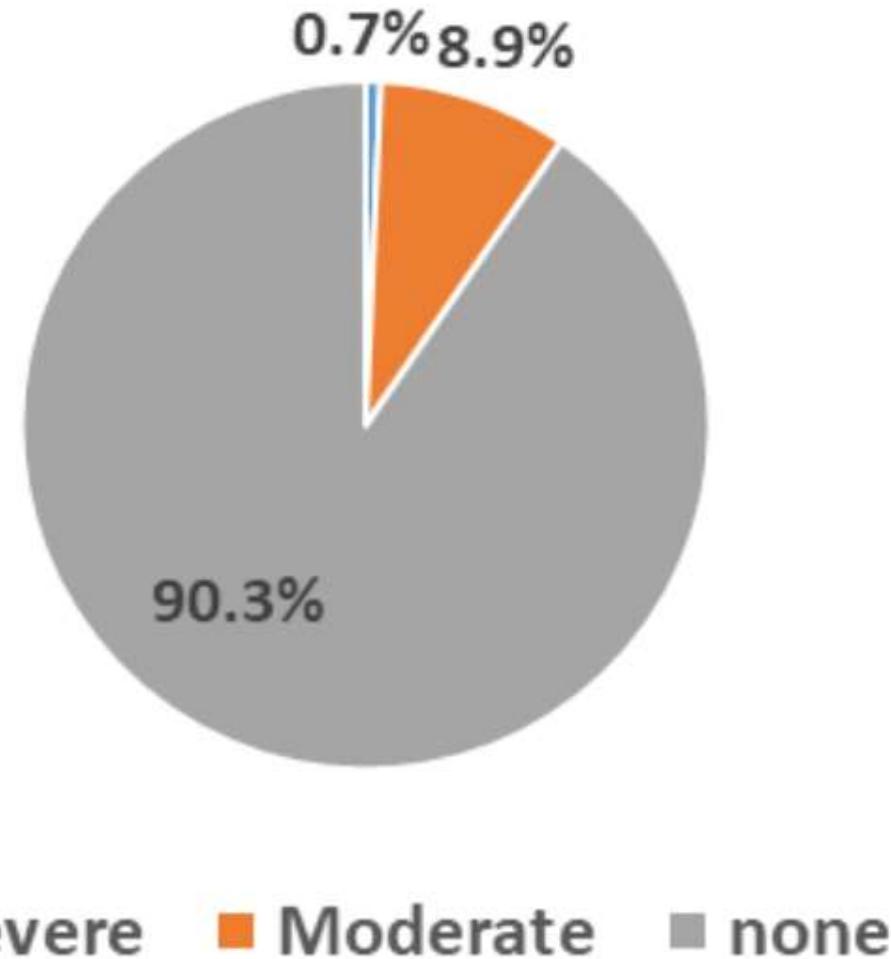
FIGURE 2 Forest Plot of Predictors of Severe PPM



Significant predictors of severe PPM in a multivariate logistic regression model are shown in a Forest plot (values are odds ratios with 95% CI and p values). Afib = atrial fibrillation; BSA = body surface area; CI = confidence interval; EF = ejection fraction; PPM = prosthesis-patient mismatch.

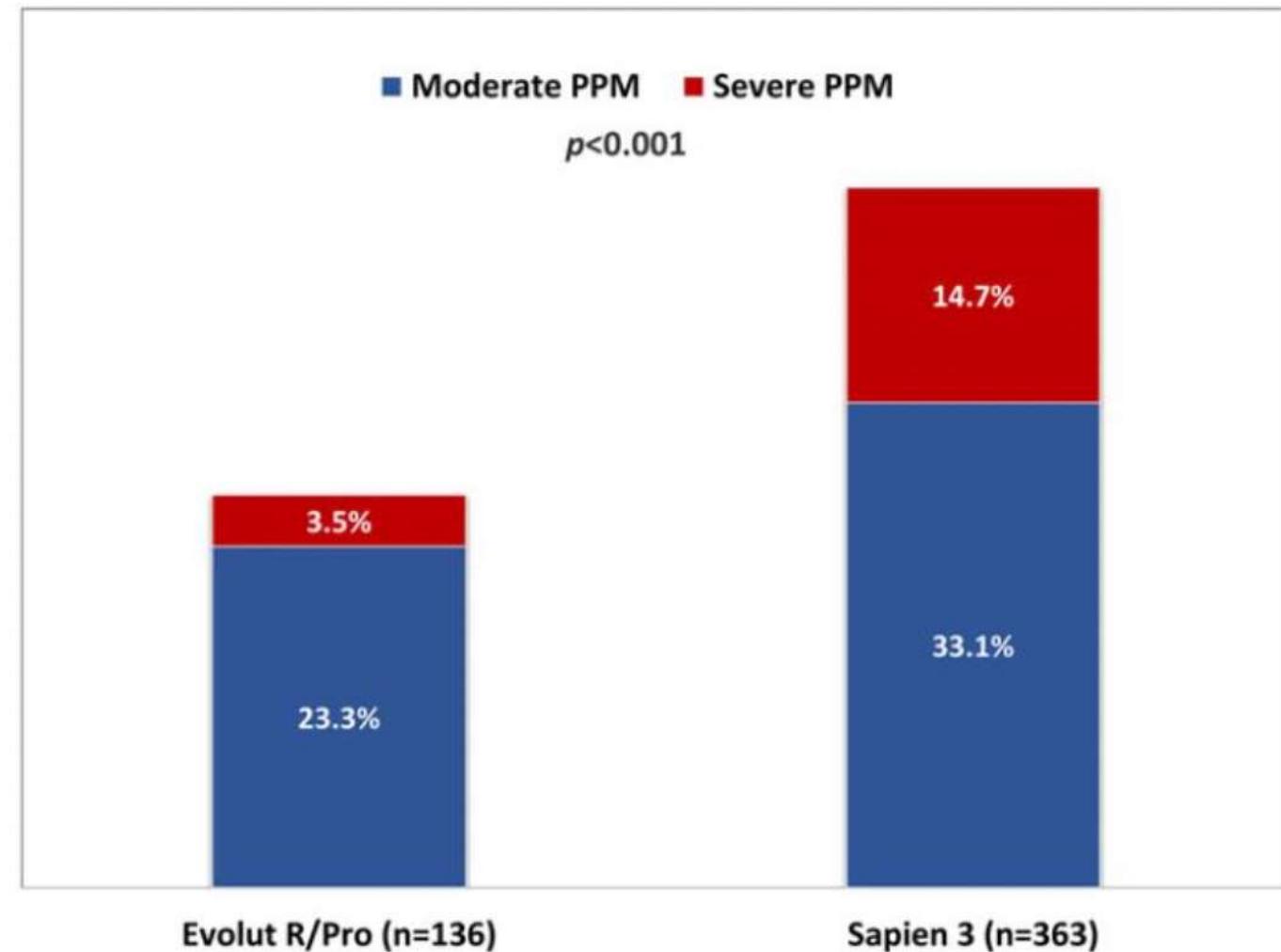
PPM after TAVI in Japanese patients

The OCEAN-TAVI Registry
(n= 1,558)
Female: 70%
BSA: 1.41-1.46m²



PPM after TAVI Evolut vs. Sapien 3

SE-THV vs. BE-THV
· The CHOICE trial
Randomized control trial
· The CHOICE-Extend registry
Prospective registry



PPM after TAVI Evolut vs. Sapien 3

The OCEAN-TAVI Registry (n=1,558)

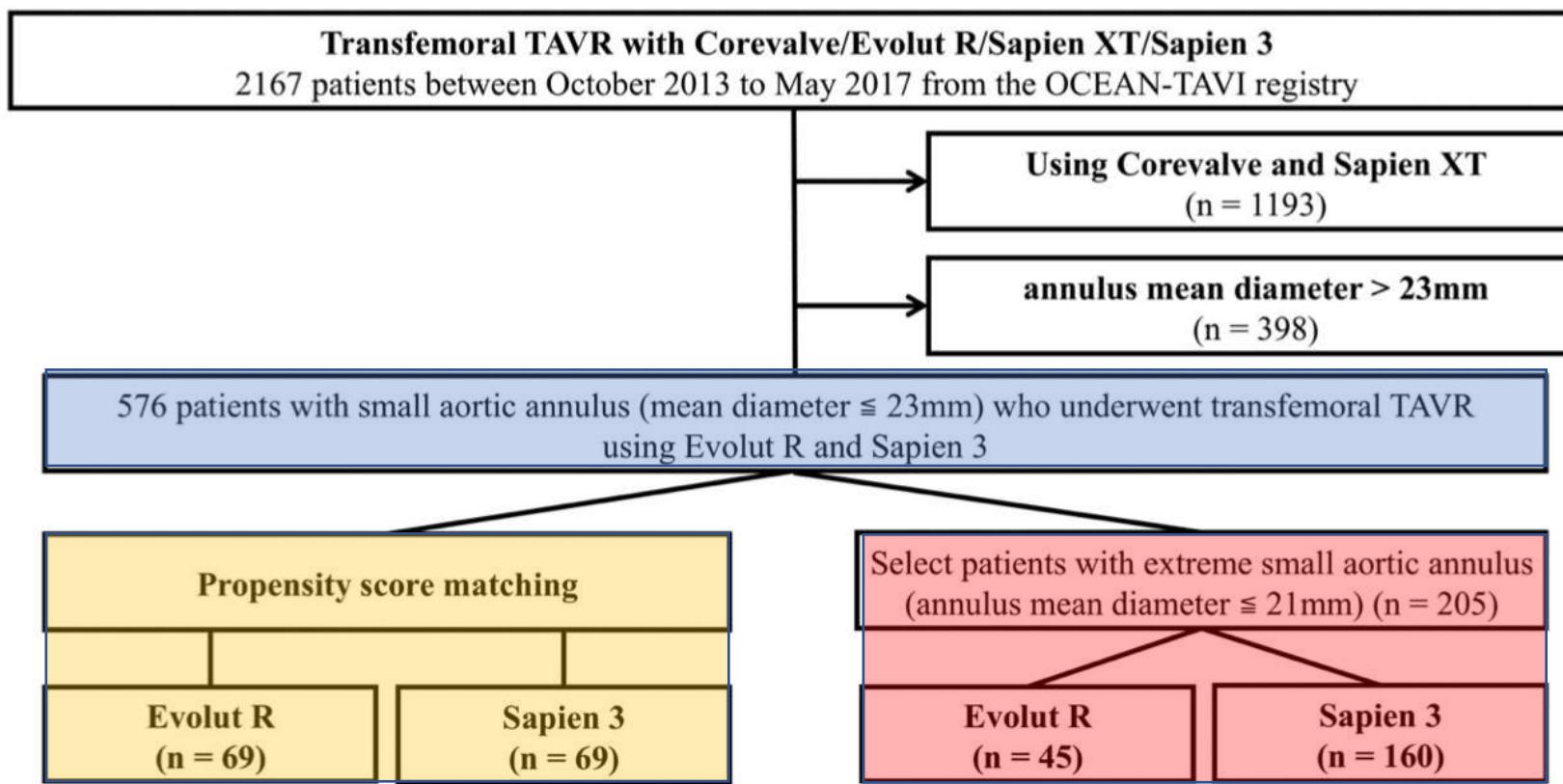
TABLE 4 Multivariate Logistic Regression Analysis for the Predictive Factors of PPM

	Univariate		Multivariate (Model 1)		Multivariate (Model 2)	
	OR (95% CI)	p Value	OR (95% CI)	p Value	OR (95% CI)	p Value
Age, yrs	0.95 (0.92-0.99)	0.004	0.96 (0.93-0.99)	0.01	0.96 (0.93-0.99)	0.01
Body surface area (per 0.1 m ² increase)	1.14 (1.04-1.26)	0.01	1.46 (1.29-1.66)	<0.0001	1.47 (1.29-1.67)	<0.0001
AVA (per 0.1 cm ² increase)	0.83 (0.74-0.92)	0.0004	0.75 (0.67-0.85)	<0.0001	0.76 (0.67-0.85)	<0.0001
Annular area (per 10 cm ² increase)	0.94 (0.91-0.97)	<0.0001	0.90 (0.87-0.93)	<0.0001	0.90 (0.87-0.93)	<0.0001
Balloon post-dilatation	0.47 (0.27-0.76)	0.0015	1.90 (1.16-3.31)	0.01	0.53 (0.30-0.87)	0.01
Device type						
Sapien 3 vs. non-Sapien 3	2.27 (1.39-3.58)	0.0014	2.73 (1.63-4.45)	0.0002	-	-
CoreValve vs. Sapien XT	1.40 (0.77-2.37)	0.25	-	-	1.58 (0.85-2.76)	0.14
Sapien 3 vs. Sapien XT	2.36 (1.44-3.74)	0.0009	-	-	2.88 (1.71-4.73)	0.0001

CI = confidence interval; OR = odds ratio; other abbreviations as in Table 1.

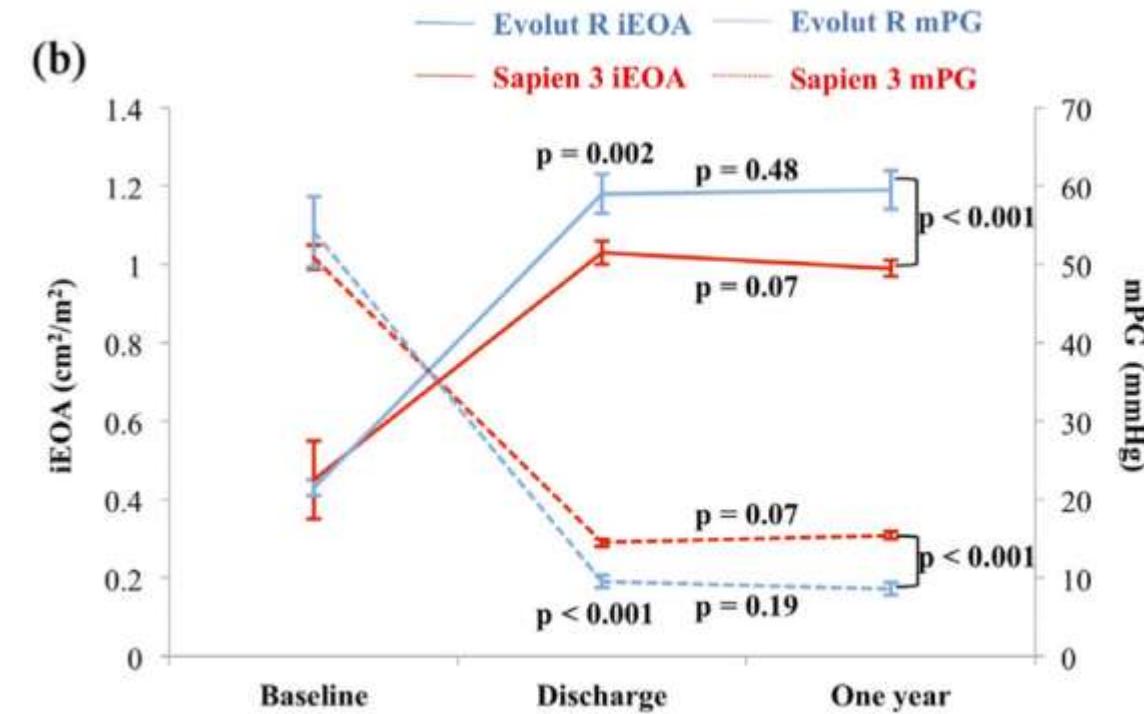
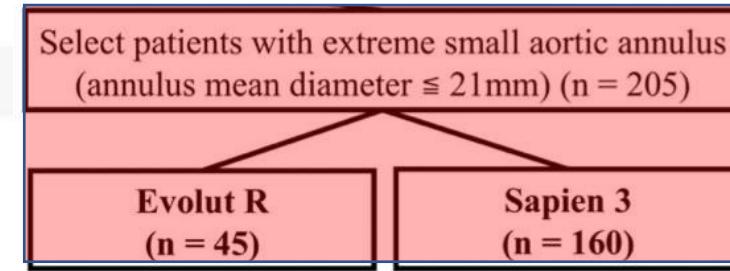
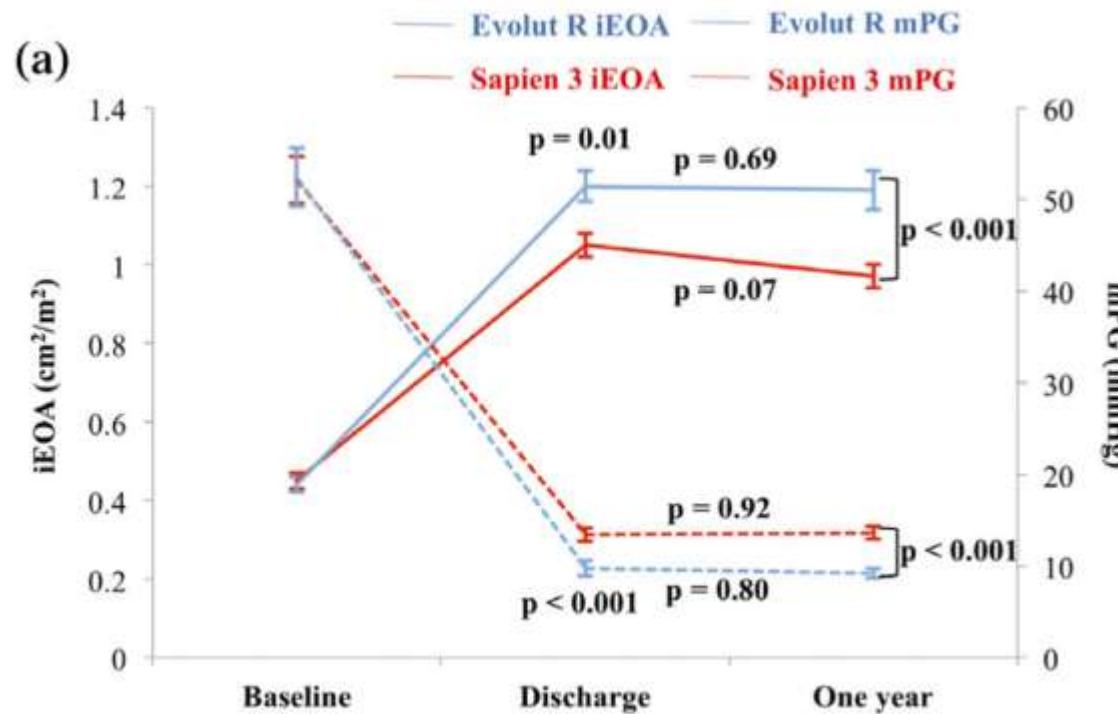
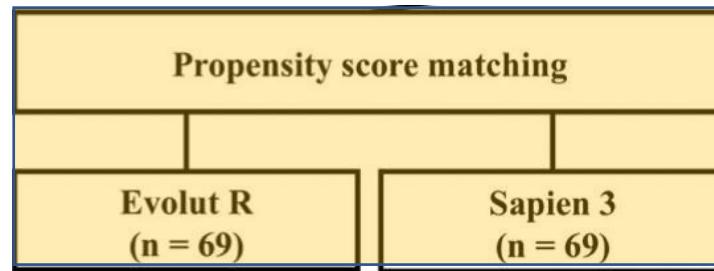
PPM after TAVI Evolut vs. Sapien 3 in small annulus

The OCEAN-TAVI Registry

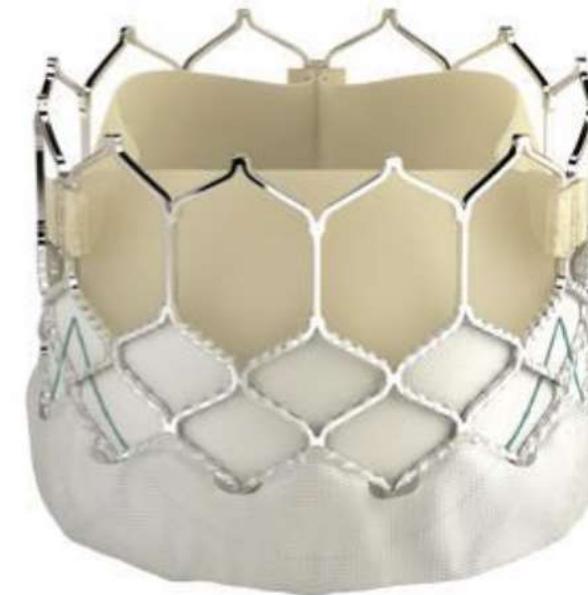


PPM after TAVI Evolut vs. Sapien 3 in small annulus

The OCEAN-TAVI Registry



In small annulus, Evolut may be better than Sapien 3 ??



PPM after TAVI Evolut vs. Sapien 3 in small annulus

OCEAN-TAVI
Registry

Propensity score matching	
Evolut R (n = 69)	Sapien 3 (n = 69)

Select patients with extreme small aortic annulus (annulus mean diameter \leq 21mm) (n = 205)
Evolut R (n = 45)

TABLE 5 Postprocedural echocardiographic data at discharge and at 1 year after TAVR in the matched cohort

	Discharge			p-Value	One year			p-Value
	Overall (N = 138)	Evolut R (N = 69)	Sapien 3 (N = 69)		Overall (N = 97)	Evolut R (N = 47)	Sapien 3 (N = 50)	
Indexed EOA, cm^2/m^2	1.12 (0.95–1.35)	1.20 (1.01–1.46)	1.08 (0.90–1.28)	.01	1.04 (0.87–1.26)	1.21 (0.92–1.35)	0.96 (0.83–1.12)	<.001
Moderate PPM (IEOA \leq 0.85), n (%)	17 (12.9)	5 (7.7)	12 (17.9)	.08	21 (21.6)	7 (14.9)	14 (28.0)	.12
Severe PPM (IEOA \leq 0.65), n (%)	3 (2.3)	1 (1.5)	2 (3.0)	1.00	2 (2.1)	0 (0.0)	2 (4.0)	.50
Mean PG, mmHg	11.0 (8.0–13.8)	9.0 (6.0–12.0)	12.0 (10.0–14.8)	<.001	10.0 (8.0–14.8)	9.0 (6.0–11.9)	12.0 (9.9–16.3)	<.001
AR				.05				.24
None, n (%)	25 (18.5)	15 (22.4)	10 (14.7)		20 (20.6)	11 (23.4)	9 (18.0)	
Trivial, n (%)	52 (38.5)	19 (28.4)	33 (48.5)		38 (39.2)	16 (34.0)	22 (44.0)	
Mild, n (%)	58 (43.0)	33 (49.3)	25 (36.8)		36 (37.1)	17 (36.2)	19 (38.0)	
\geq Moderate, n (%)	0 (0.0)	0 (0.0)	0 (0.0)		3 (3.1)	3 (6.4)	0 (0.0)	

Note: Values are medians (25th–75th percentiles) or n (%).

Abbreviations: AR, aortic regurgitation; EOA, effective orifice area; PG, pressure gradient; PPM, prosthesis-patient mismatch.

TABLE 6 Postprocedural echocardiographic data at discharge and at 1 year after TAVR in the extreme small annulus cohort

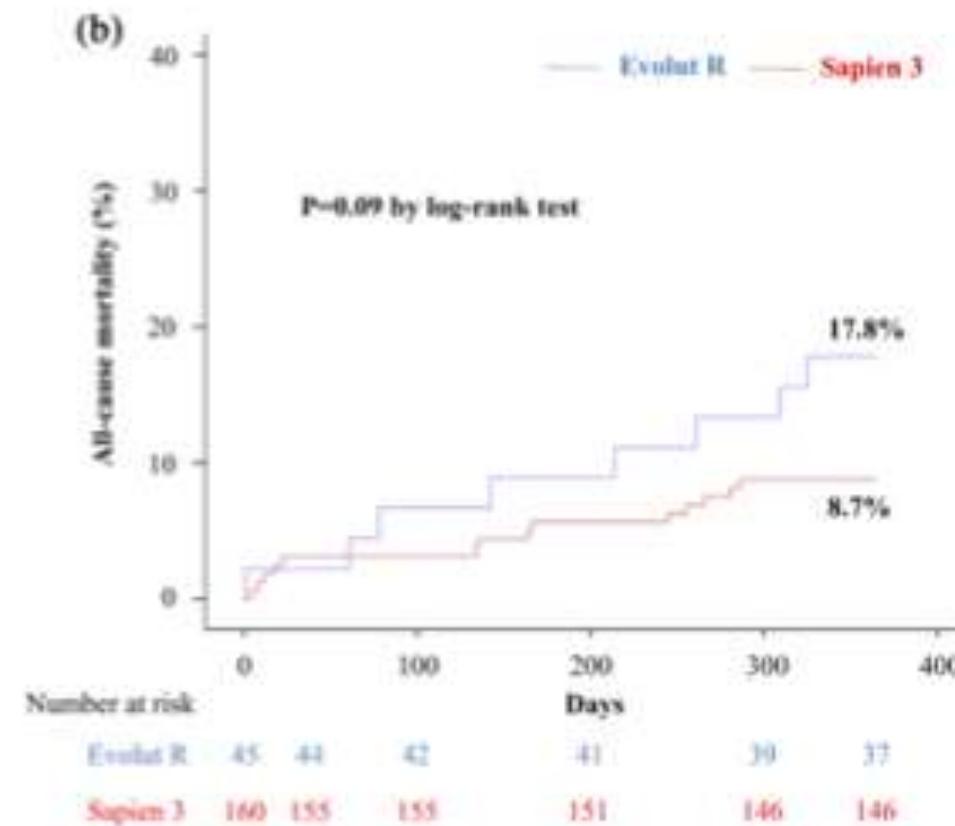
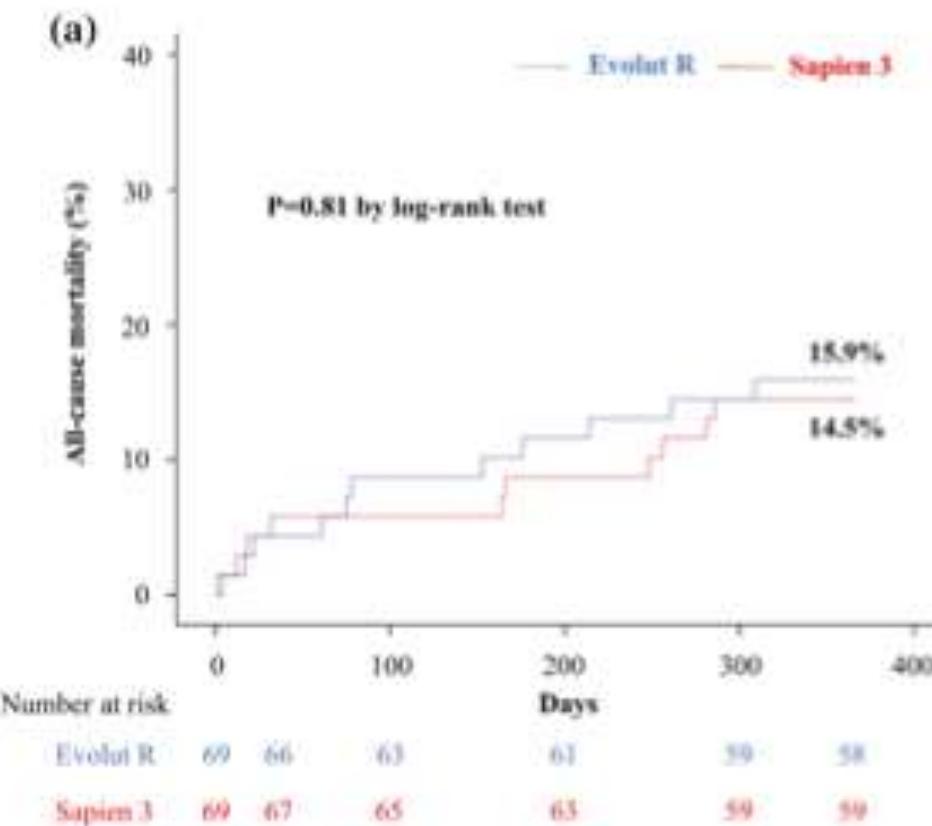
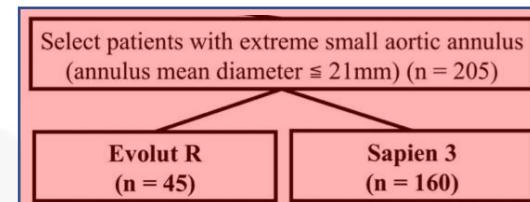
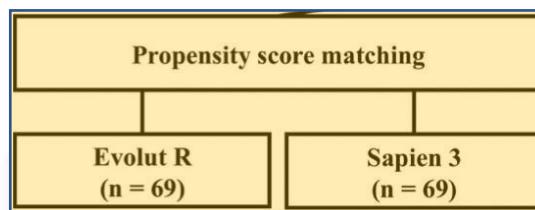
	Discharge			p-Value	One year			p-Value
	Overall (N = 205)	Evolut R (N = 45)	Sapien 3 (N = 160)		Overall (N = 145)	Evolut R (N = 29)	Sapien 3 (N = 116)	
Indexed EOA, cm^2/m^2	1.07 (0.90–1.27)	1.17 (0.99–1.46)	1.04 (0.88–1.18)	.002	1.00 (0.86–1.19)	1.20 (1.01–1.37)	0.97 (0.82–1.14)	<.001
Moderate PPM (IEOA \leq 0.85), n (%)	34 (17.0)	4 (9.1)	30 (19.2)	.11	35 (24.1)	2 (6.9)	33 (28.4)	.015
Severe PPM (IEOA \leq 0.65), n (%)	4 (2.0)	1 (2.3)	3 (1.9)	1.00	5 (3.4)	0 (0.0)	5 (4.3)	.26
Mean PG, mmHg	12.5 (9.0–16.3)	9.0 (6.0–11.0)	13.6 (10.0–16.9)	<.0001	13.1 (10.0–17.8)	8.0 (5.0–11.2)	15.0 (11.3–18.0)	<.001
AR				<.0001				.31
None, n (%)	46 (22.5)	8 (17.8)	38 (23.9)		51 (35.2)	7 (24.1)	44 (37.9)	
Trivial, n (%)	93 (45.6)	13 (28.9)	80 (50.3)		42 (29.0)	9 (31.0)	33 (28.4)	
Mild, n (%)	61 (29.9)	20 (44.4)	41 (25.8)		38 (26.2)	11 (37.9)	27 (23.3)	
\geq Moderate, n (%)	4 (2.0)	4 (8.9)	0 (0.0)		8 (5.5)	2 (6.9)	6 (5.2)	

Note: Values are medians (25th–75th percentiles) or n (%).

Abbreviations: AR, aortic regurgitation; EOA, effective orifice area; PG, pressure gradient; PPM, prosthesis-patient mismatch.

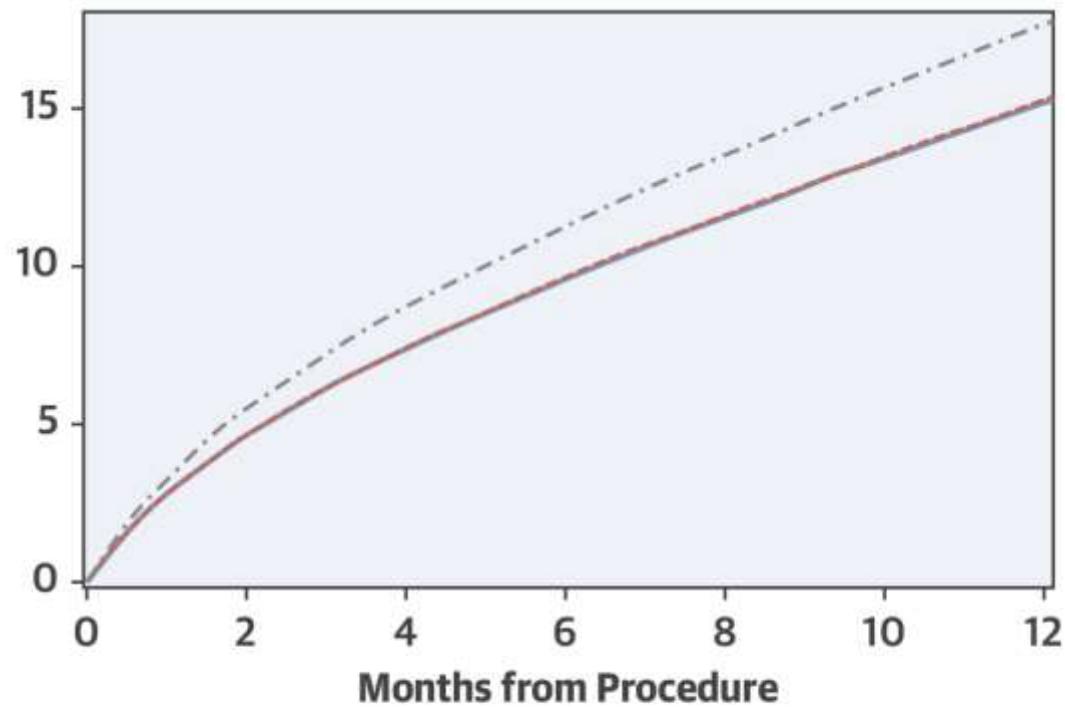
PPM after TAVI Evolut vs. Sapien 3 in small annulus

OCEAN-TAVI
Registry



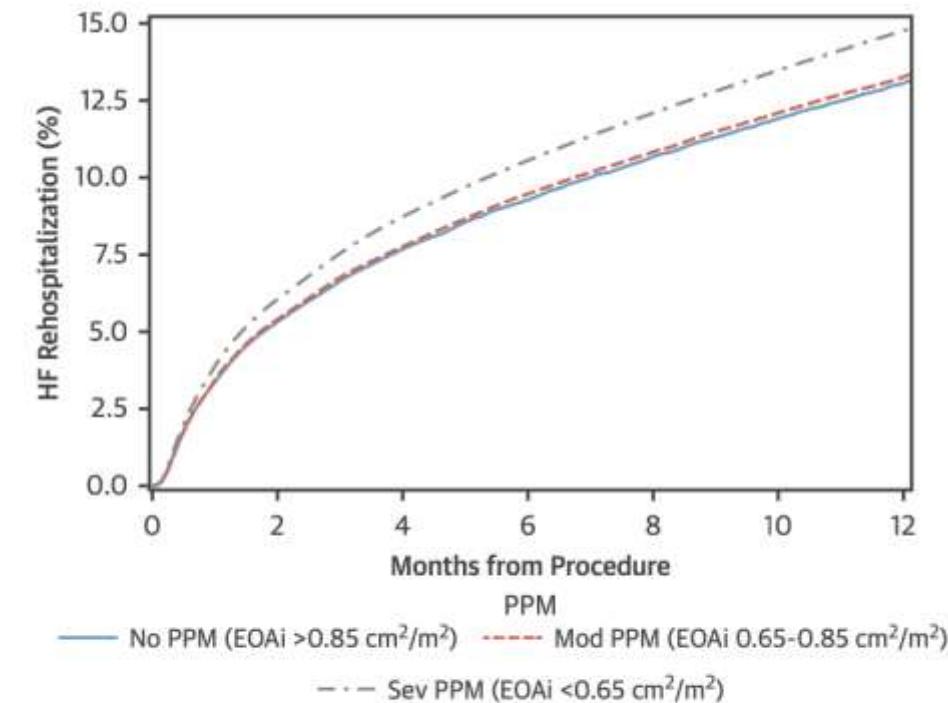
Moderate PPM after TAVI not affect clinical outcomes

STS/ACC TVT Registry
(n= 62,125)



PPM

- Sev PPM (EOAi < 0.65 cm²/m²)
- - Mod PPM (EOAi 0.65-0.85 cm²/m²)
- No PPM (EOAi > 0.85 cm²/m²)



Number at Risk Adjusting for baseline covariates:

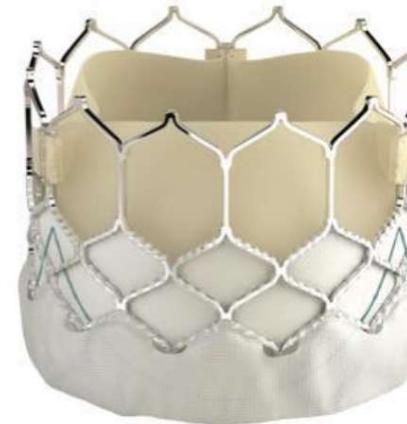
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Mod PPM	8,986	7,386	5,581	4,183
Sev PPM	4,153	3,328	2,475	1,819

2.5-Year mortality of Evolut 23mm and Sapien3 20mm in SCVC



Evolut R or PRO 23mm

1 death/ 15 cases

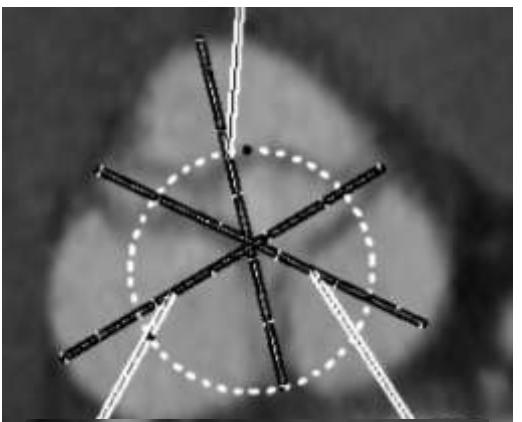


Sapien3 20mm

No death/ 19 cases

/400 cases

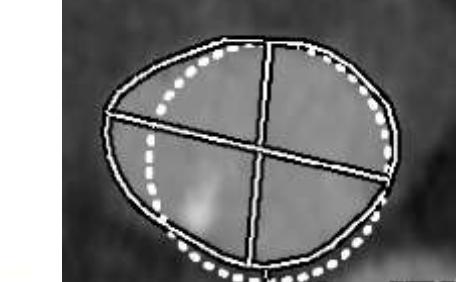
86 year-old female



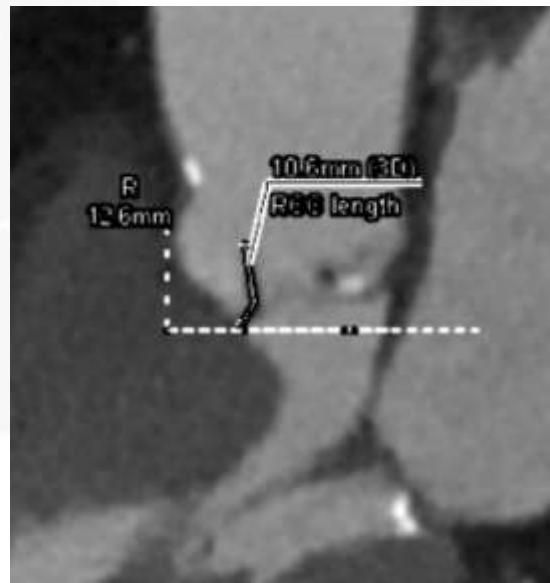
SOV
27.2 (R)
27.2 (L)
28.0 (N)
mm



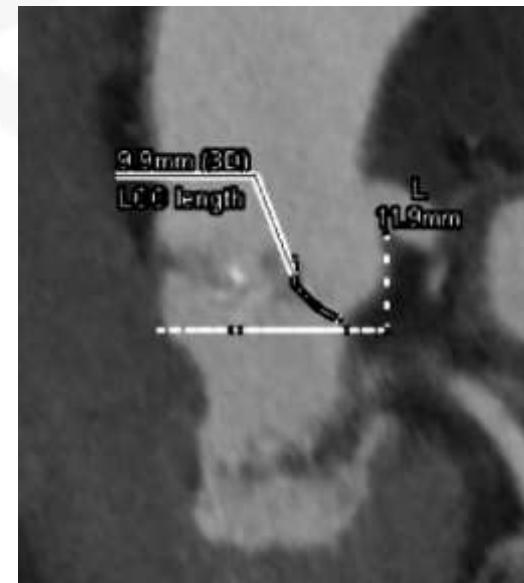
STJ
 24.6×25.8 mm



Annulus
295mm²
perimeter : 62.2mm
 17.3×22.3 mm

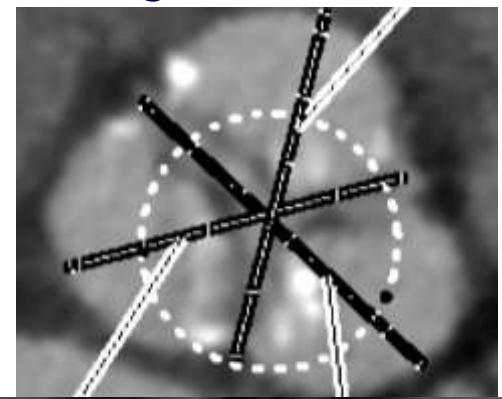


RCA 12.6mm

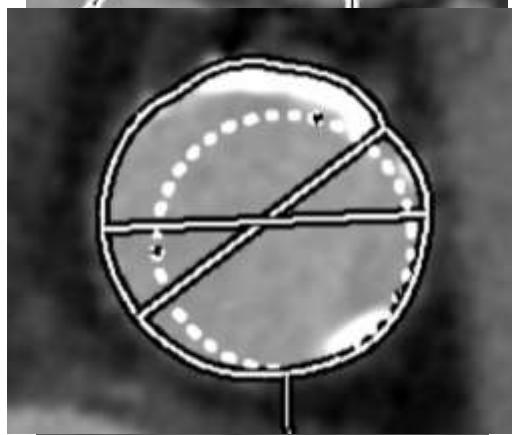


LCA 11.9mm

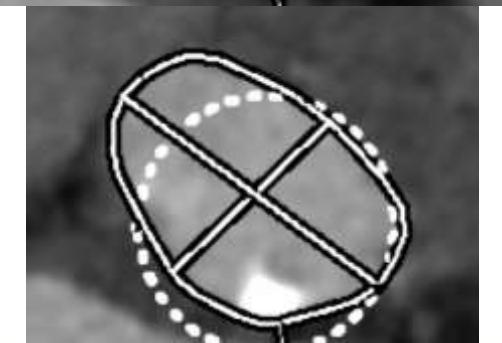
91 year-old female



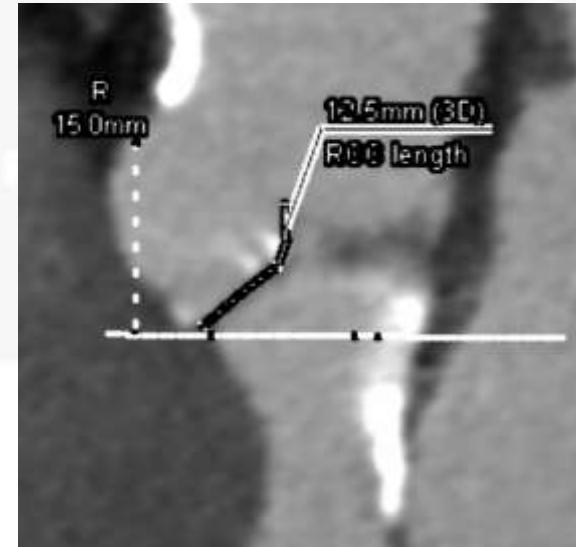
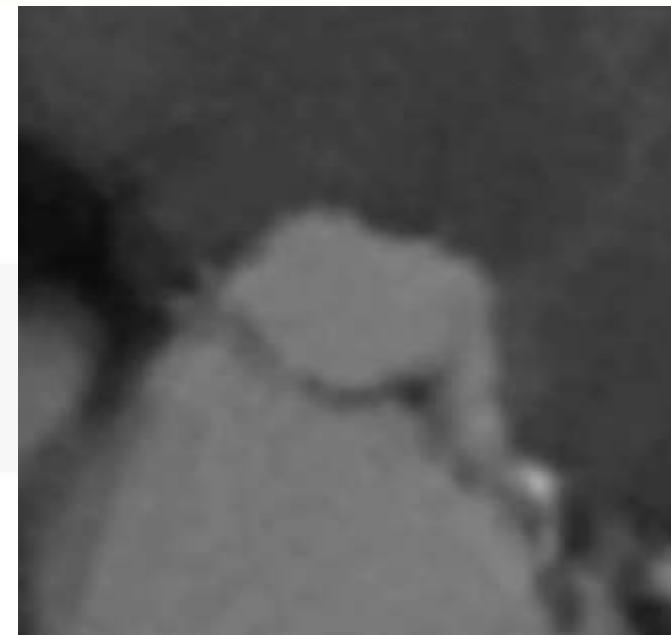
SOV
26.5 (R)
28.4 (L)
25.7 (N)
mm



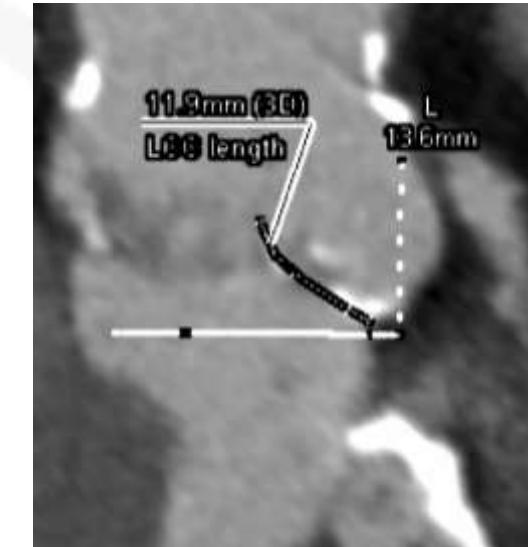
STJ
 23.3×24.4 mm



Annulus
303mm²
perimeter : 64.22mm
 16.2×23.8 mm



RCA 15.0mm



LCA 13.6mm

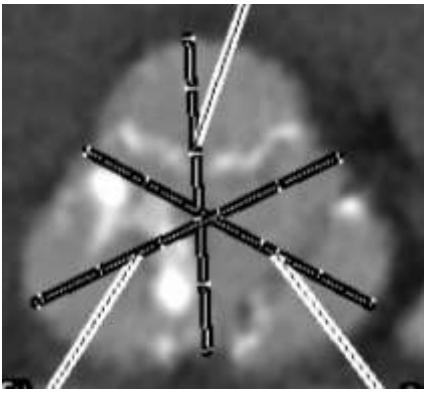


Sapporo Heart Center
Sapporo Cardio Vascular Clinic

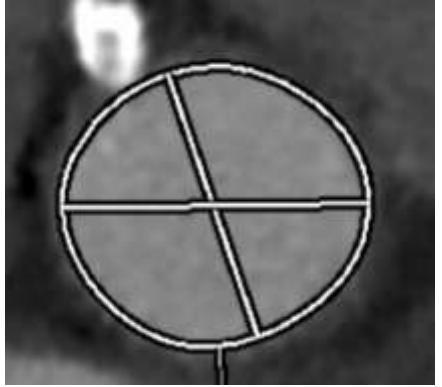


Asia Medical Group
HK - SAPPORO - WUHAN

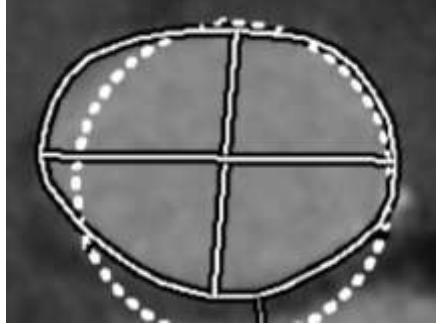
88 year-old female



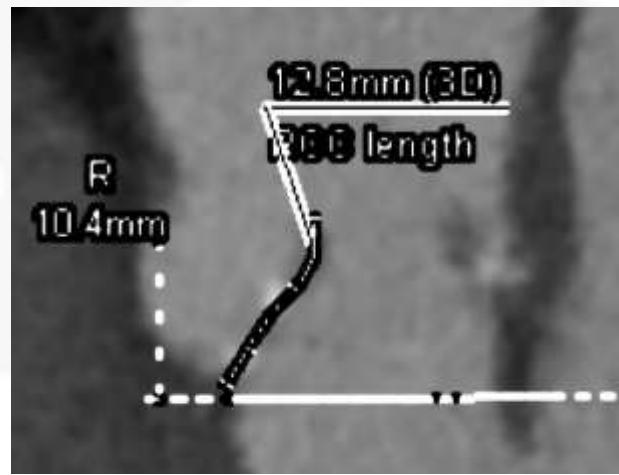
SOV
23.7 (R)
24.5 (L)
25.5 (N)
mm



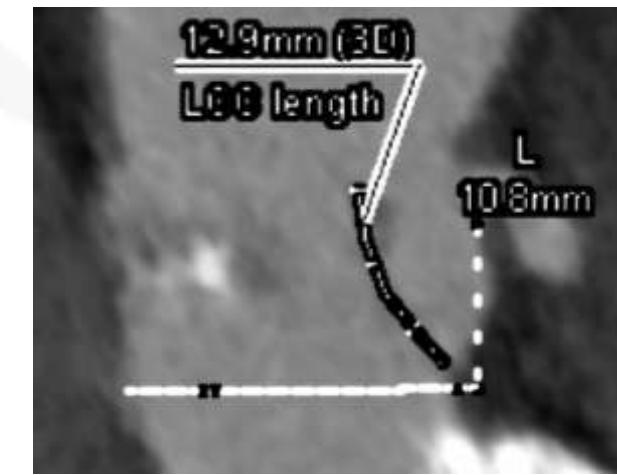
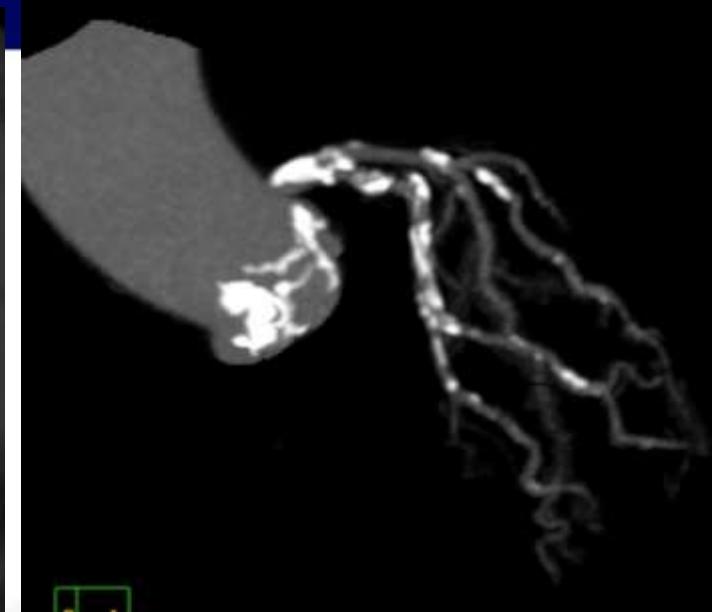
STJ
 $21.0 \times 23.3\text{mm}$



Annulus
 333mm^2
perimeter : 66.2mm
 $17.8 \times 23.8\text{mm}$



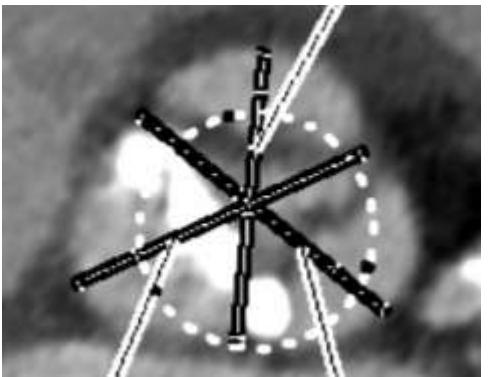
RCA 10.4mm



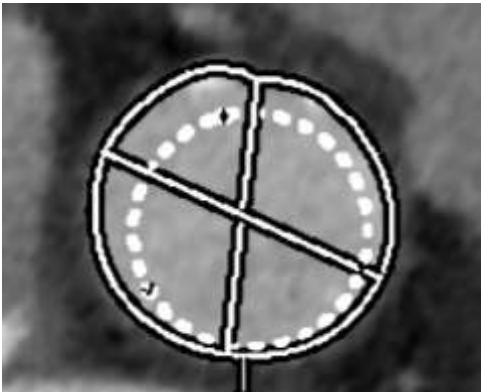
LCA 10.8mm



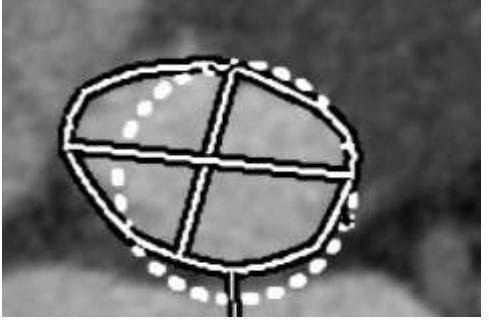
94 year-old female



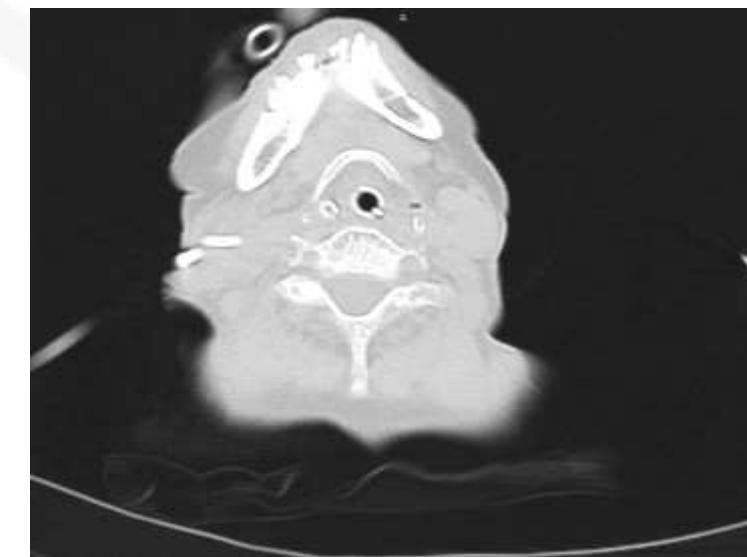
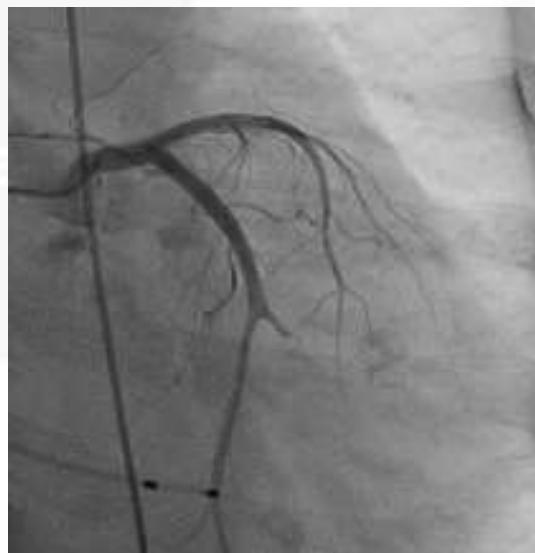
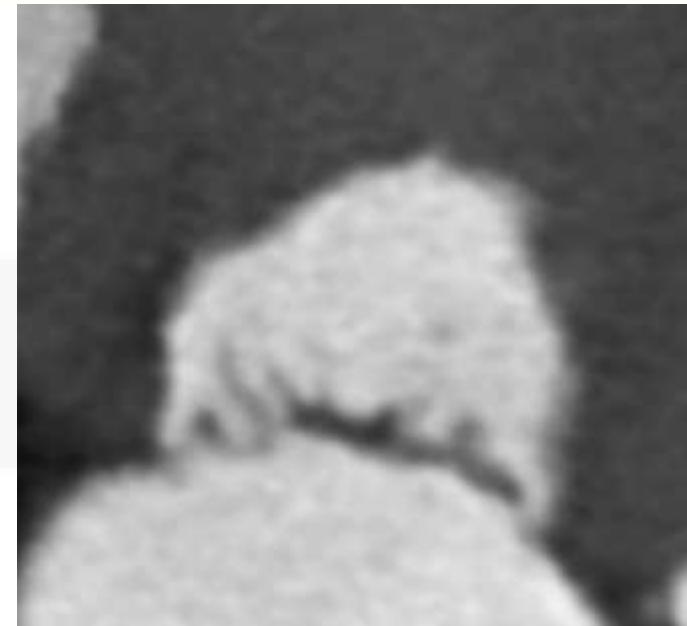
SOV
23.0 (R)
25.0 (L)
25.2 (N)
mm

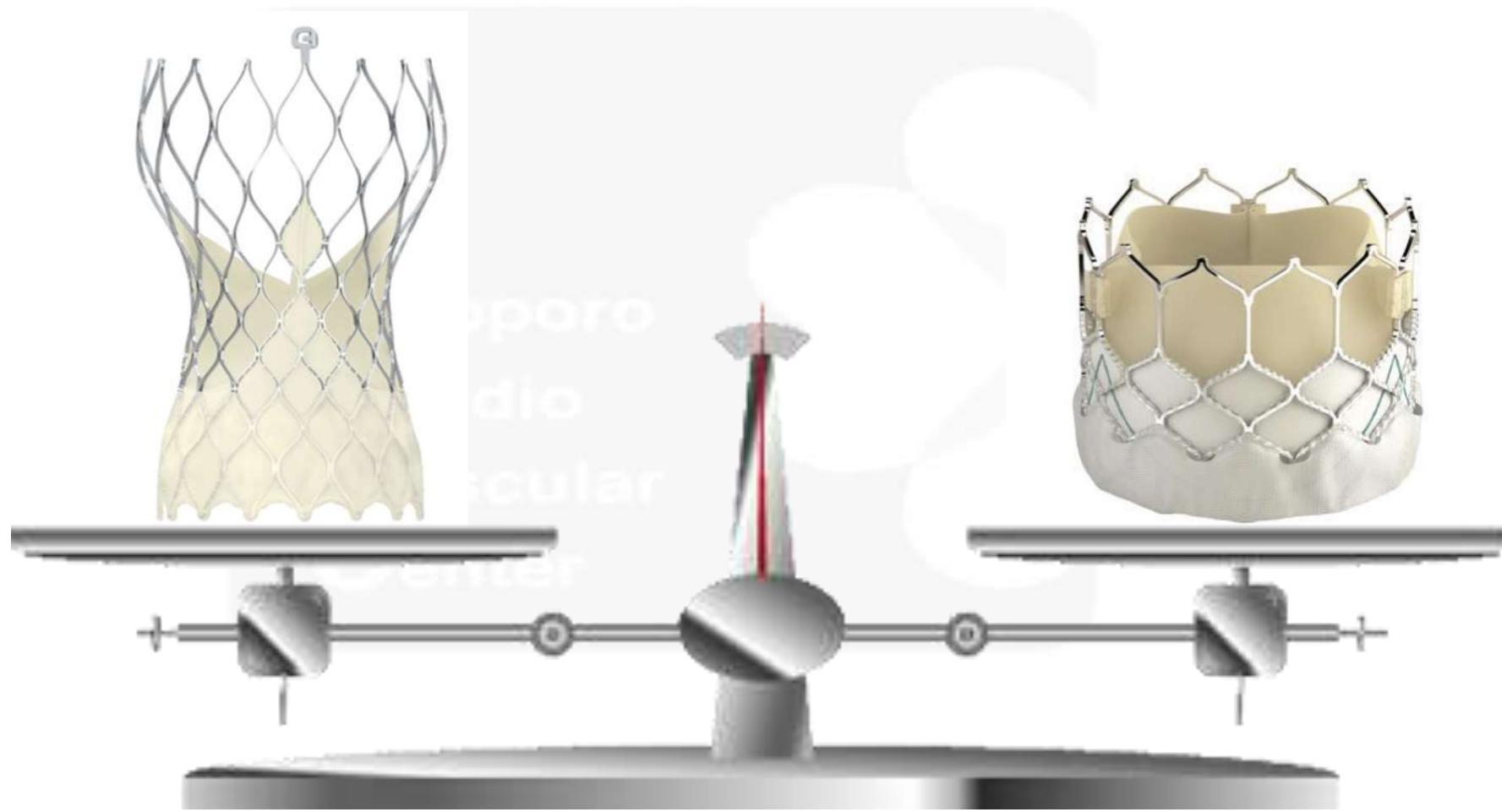


STJ
 22.3×24.5 mm



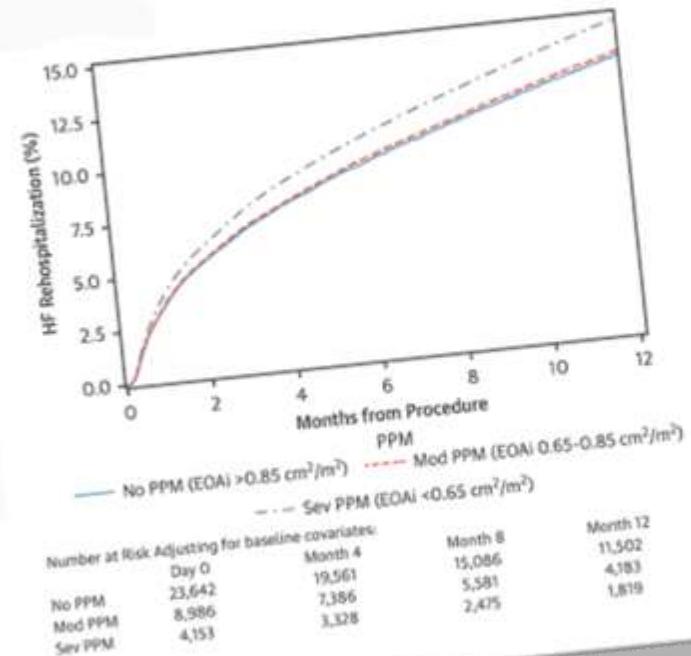
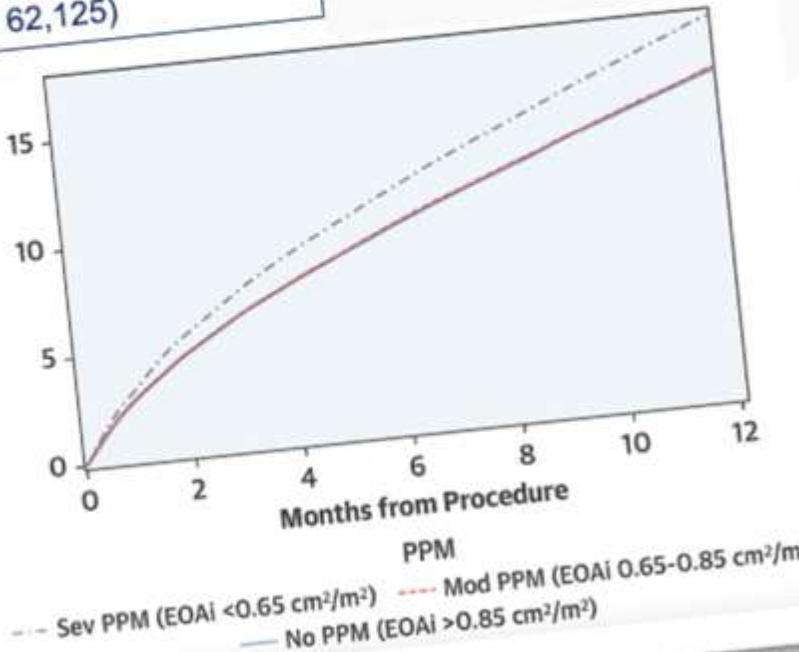
Annulus
291mm²
perimeter : 62.9mm
 15.9×23.3 mm





Moderate PPM after TAVI not affect clinical outcomes

STS/ACC TVT Registry
(n= 62,125)



PPM after TAVI Evolut vs. Sapien 3

SE-THV vs. BE-THV

- The CHOICE trial

Randomized control trial

- The CHOICE-Extend registry

Prospective registry

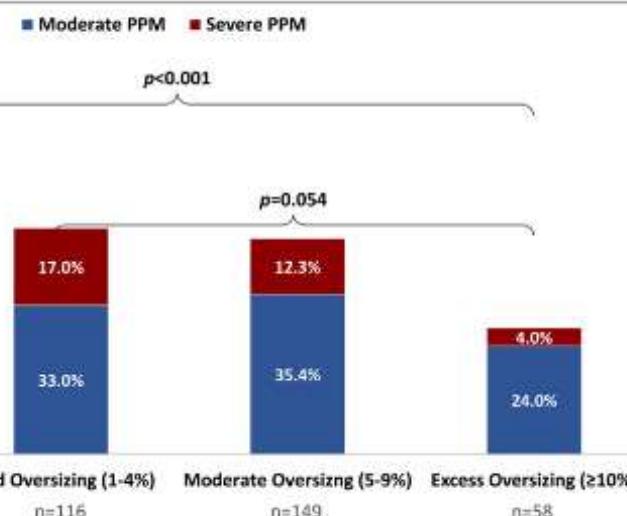


TABLE 2 Regression analysis of the predictors of prosthesis-patient mismatch^a

	Univariable analysis		Multivariable analysis	
	Odds ratio (95% confidence limits)	P value	Odds ratio (95% confidence limits)	P value
STS score	1.061 (1.007-1.119)	0.028	1.004 (0.938-1.074)	0.919
Previous myocardial infarction	1.817 (1.012-3.261)	0.046	2.086 (1.003-4.337)	0.049
Aortic valve area index at baseline (cm ² /m ²)	0.066 (0.012-0.362)	0.002	0.142 (0.020-1.022)	0.053
LV end-diastolic diameter at baseline (mm)	1.031 (1.006-1.057)	0.014	1.014 (0.984-1.046)	0.361
LV ejection fraction at baseline (%)	0.967 (0.951-0.984)	<0.001	0.969 (0.950-0.989)	0.002
Annulus Dmax	0.939 (0.876-1.007)	0.077	0.843 (0.773-0.920)	<0.001
Annulus eccentricity (%)	0.975 (0.948-1.002)	0.067	1.008 (0.552-1.068)	0.782
Sapien 3 THV (vs. Evolut R)	2.454 (1.509-3.991)	<0.001	0.738 (0.283-1.924)	0.534
THV nominal size	0.816 (0.755-0.881)	<0.001	0.914 (0.759-1.099)	0.338
THV area-derived diameter oversizing (%)	0.927 (0.900-0.955)	<0.001	0.902 (0.869-0.936)	<0.001

Abbreviations: Dmax, maximum diameter; LV, left ventricle; STS, Society of Thoracic Surgeons; THV, transcatheter heart valve.

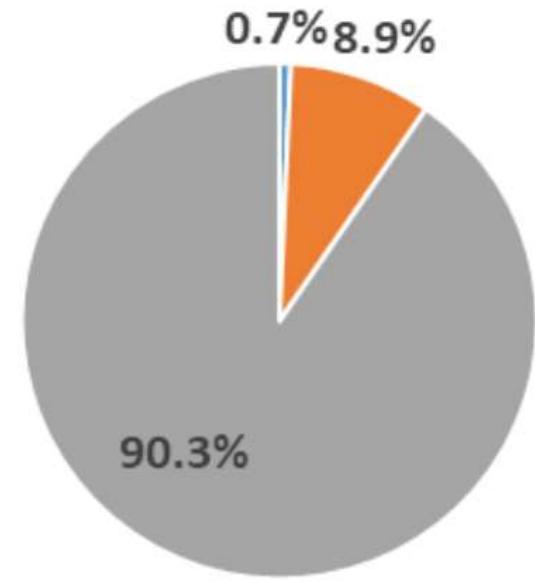
^a Results from the CHOICE-Extend registry.

BSA should be considered before TAVI

The OCEAN-TAVI Registry
(n= 1,558)

Female: 70%

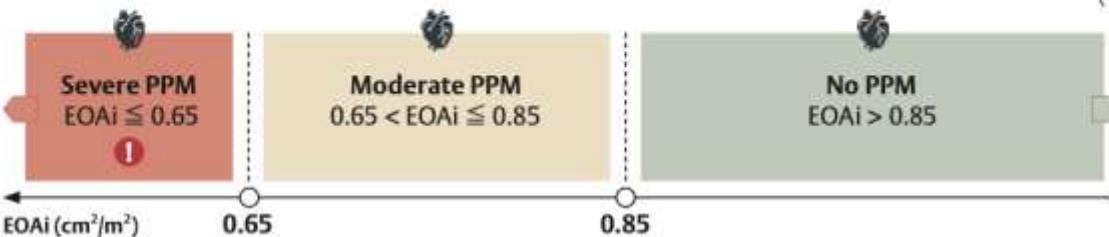
BSA: 1.41-1.46m²



■ Severe ■ Moderate ■ none

Valve Size BSA	20mm	23mm	26mm	29mm
1.0m ²	1.22	1.45	1.74	1.89
1.1m ²	1.11	1.32	1.58	1.72
1.2m ²	1.02	1.21	1.45	1.58
1.3m ²	0.94	1.12	1.34	1.45
1.4m ²	0.87	1.04	1.24	1.35
1.5m ²	0.81	0.97	1.16	1.26
1.6m ²	0.76	0.91	1.09	1.18
1.7m ²	0.72	0.85	1.02	1.11
1.8m ²	0.68	0.81	0.97	1.05
1.9m ²	0.64	0.76	0.92	0.99
2.0m ²	0.61	0.73	0.87	0.95
2.1m ²	0.58	0.69	0.83	0.90
2.2m ²	0.55	0.66	0.79	0.86

(单位 : cm²/m²)



PPM cause early structural valve deterioration (SVD)

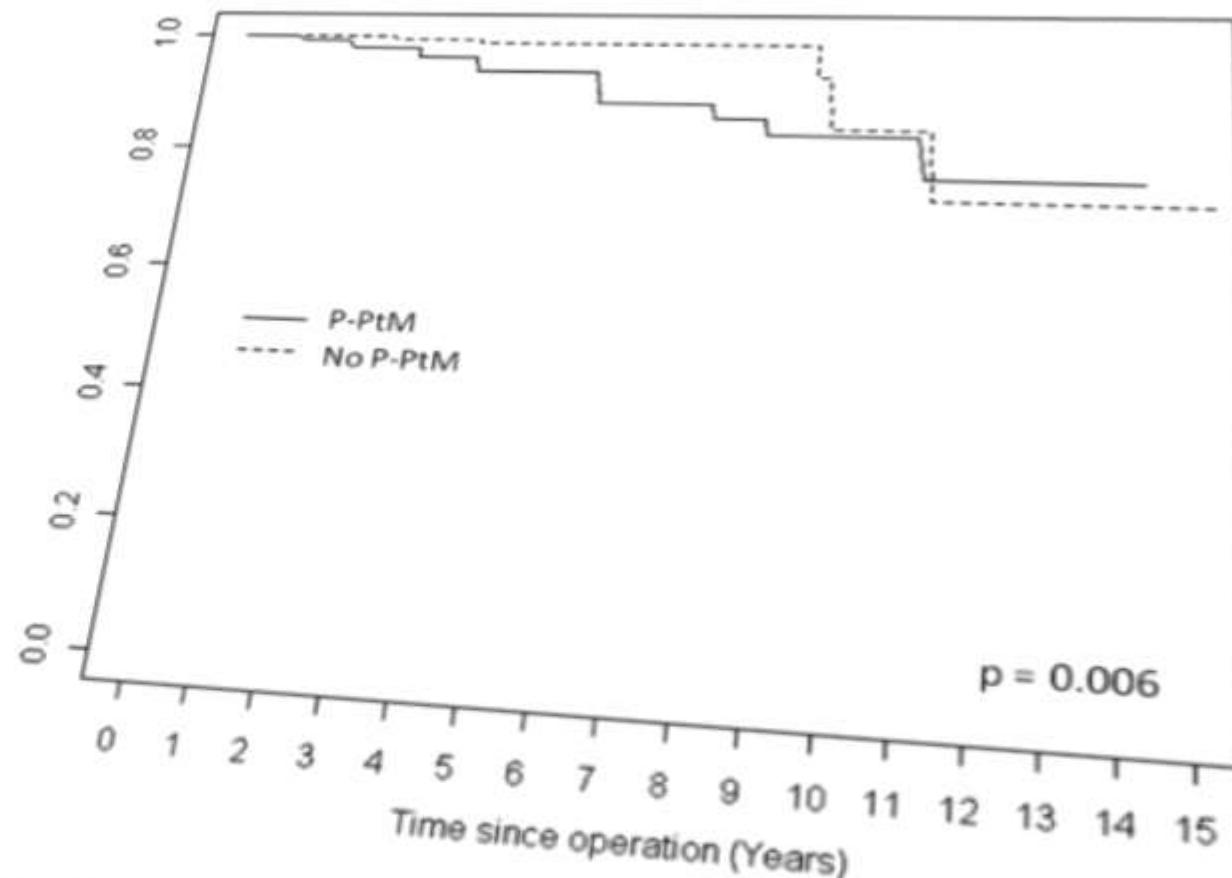
Retrospective
Single-center
(n=564)

Table 4. Multivariable Analysis of SVD (Cox With Multiple Imputation Method)

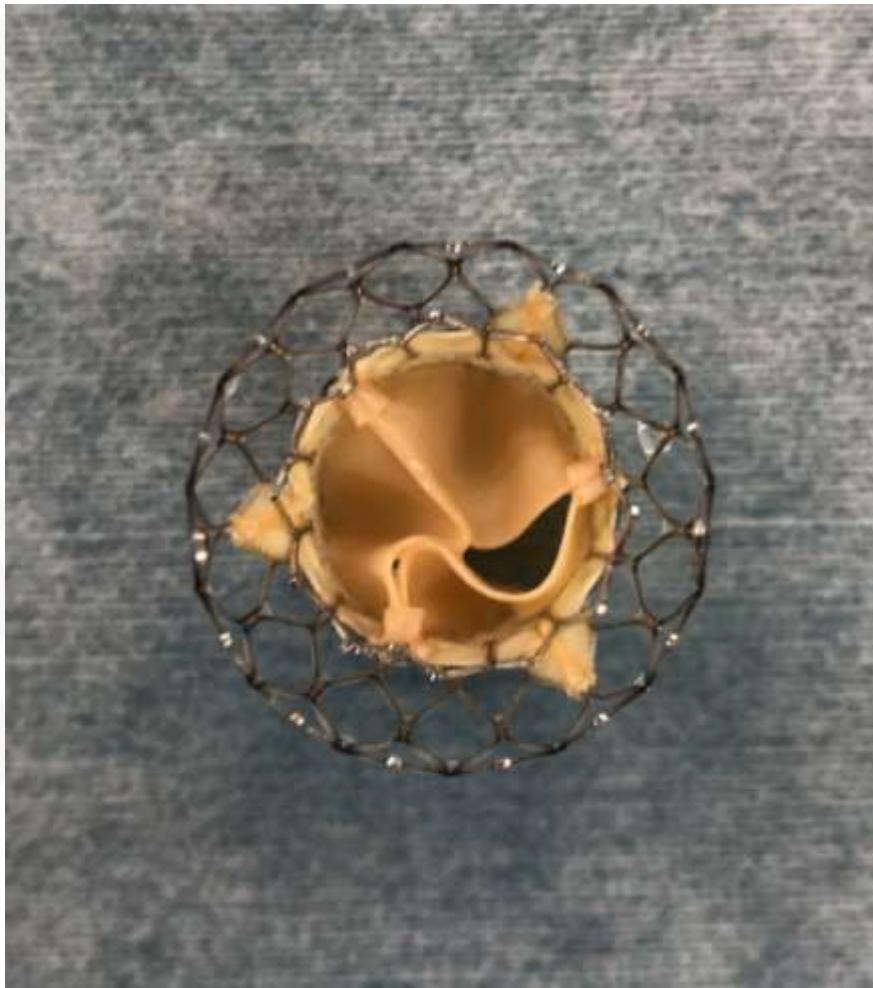
	Hazard Ratio	95% CI	P
Size ≤ 21	2.35	1.14–4.85	0.02
Anticalcification treatment	0.34	0.17–0.66	0.002
P-PtM	2.29	1.03–5.06	0.04

CI indicates confidence interval.

In patients with PPM, SVD occurs 2 to 3 years earlier than in patients without PPM.
Smaller valve may be independent predictor of SVD.



SAPIEN3 26mm in Evolut 26mm



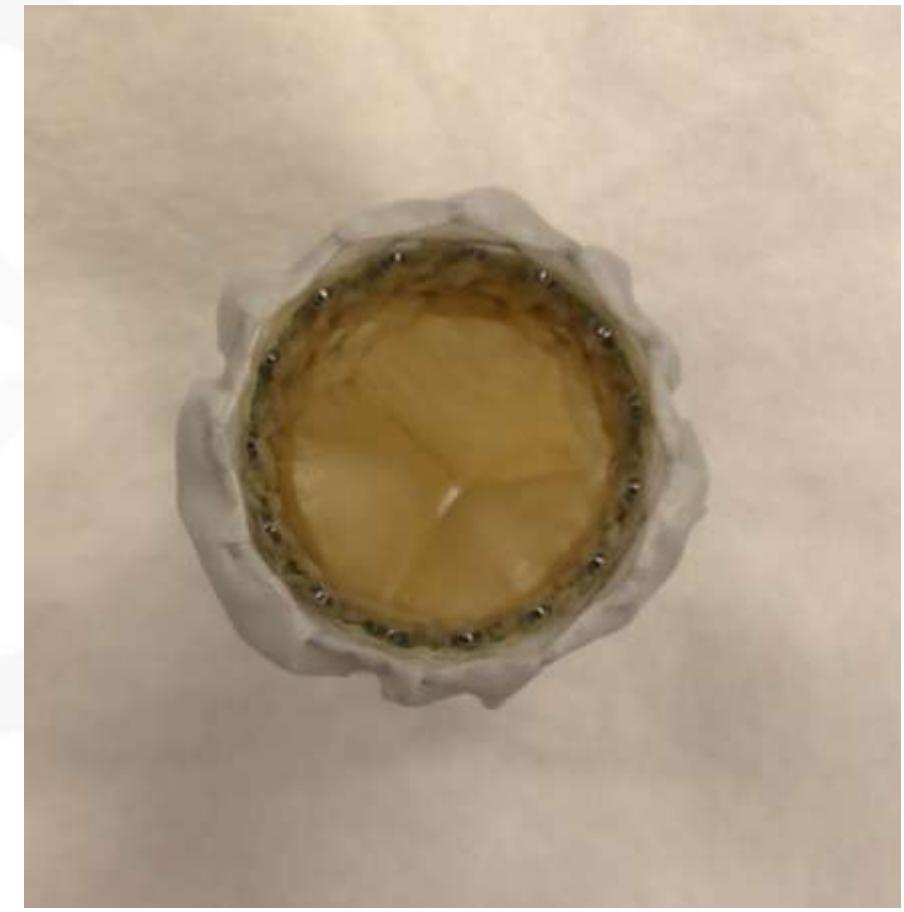
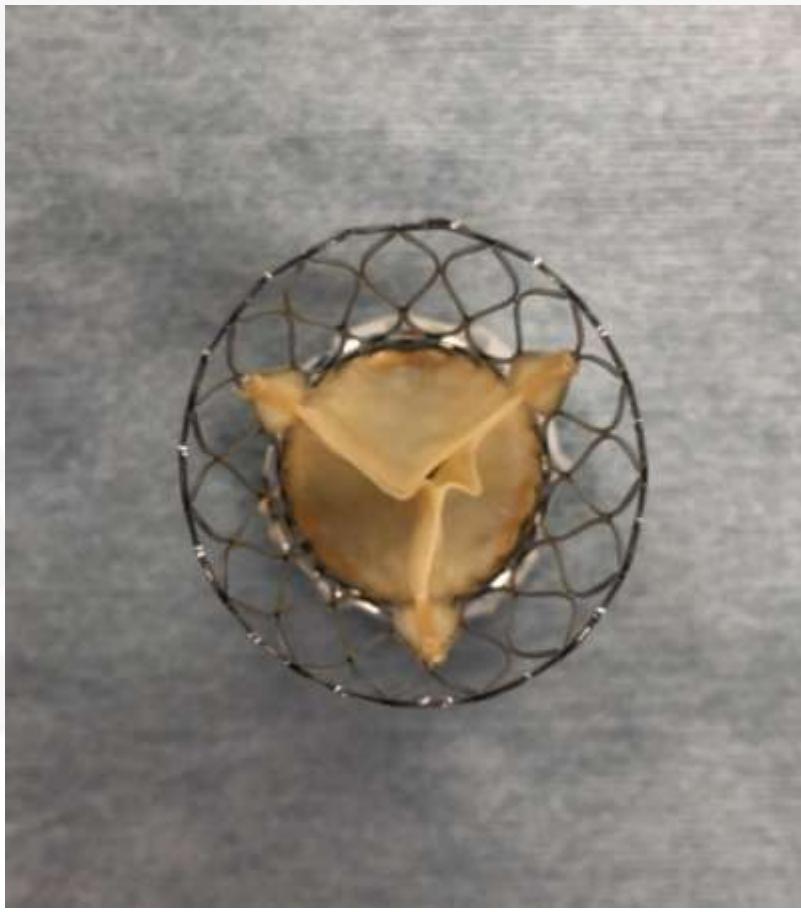
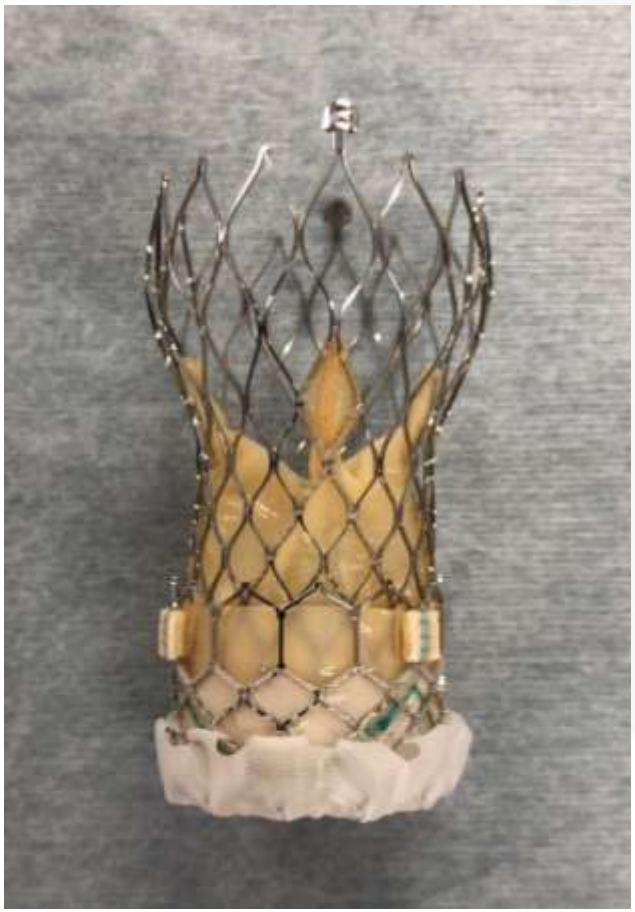
SAPIEN3 26mm in Evolut 29mm



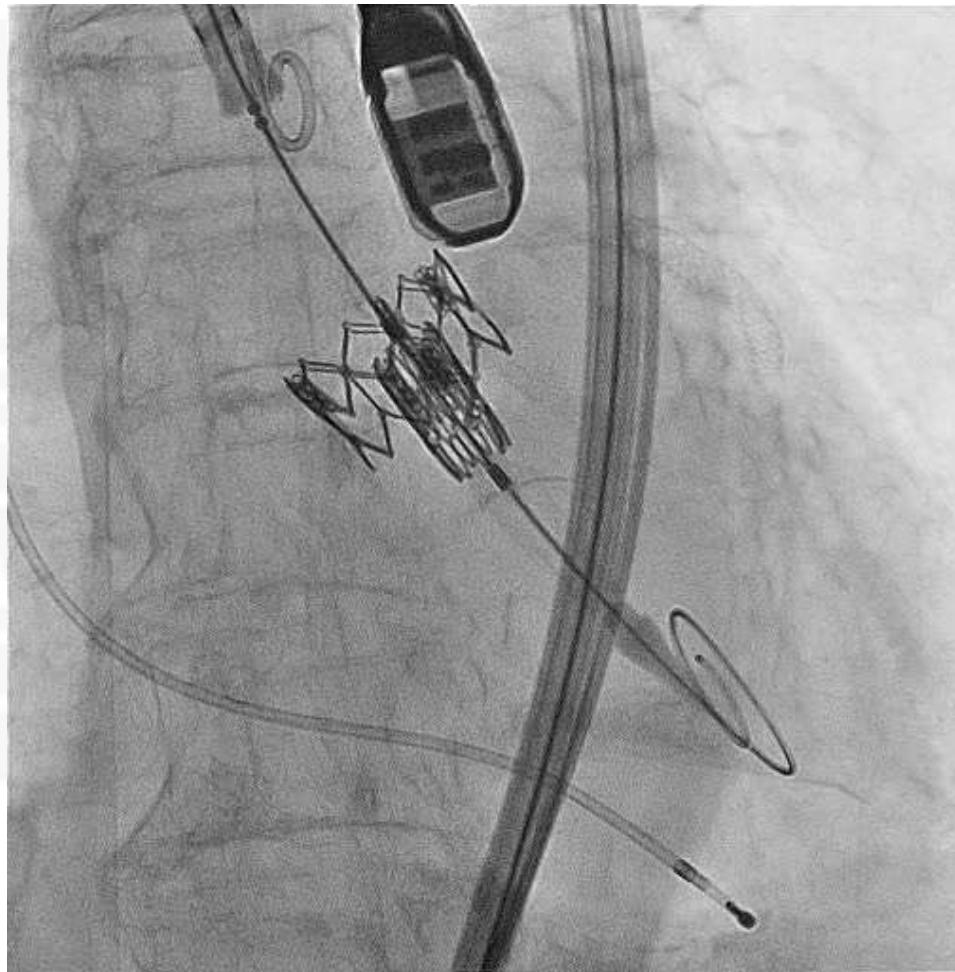
Over dilatation of SAPIEN3 26mm in Evolut 29mm



Evolut 26mm in SAPIEN 3 23mm



SAPIEN *in* SAPIEN



Summary

- Severe PPM after TAVI is associated with increased mortality.
- Moderate PPM after TAVI does not affect clinical outcomes.
- PPM after TAVI in Japanese patients is not often.
- Evolut is hemodynamically better than SAPIEN3 in small annulus, however, which does not affect short-term hard endpoint.
- High PG and low EOA might cause early SVD.
- Adequate sizing should be considered according to patients BSA.
- If SVD occur, TAV in TAVI may be good way to resolve it.
- In the case of SVD of TAVI valve, SAPIEN in SAPIEN or Evolut in SAPIEN might be good option.