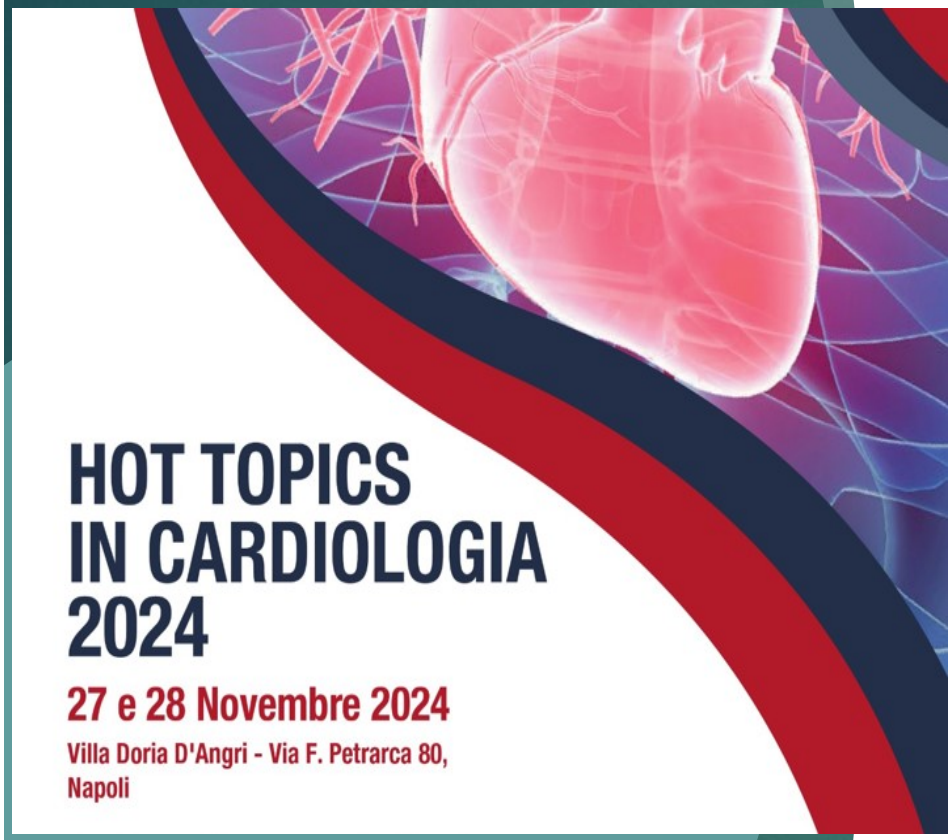

Press Review: Interventistica strutturale

Dott. Fulvio La Rocca

Transcatheter Aortic-Valve Replacement for Asymptomatic Severe Aortic Stenosis

EARLY TAVR Trial Investigators*

Aortic Stenosis (EARLY TAVR) trial is a prospective, multicenter, open-label, randomized, controlled trial in which TAVR with transfemoral placement of a balloon-expandable valve (SAPIEN 3 or SAPIEN 3 Ultra, Edwards Lifesciences) was compared with clinical surveillance among patients with asymptomatic severe aortic stenosis and indications for clinical surveillance according to current guidelines.[3] The protocol (avail-

Patients were assessed for a minimum of 2 years during the period of data collection for this

The primary end point was a composite of death from any cause, stroke, or unplanned hospitalization for cardiovascular causes. Any aortic-valve

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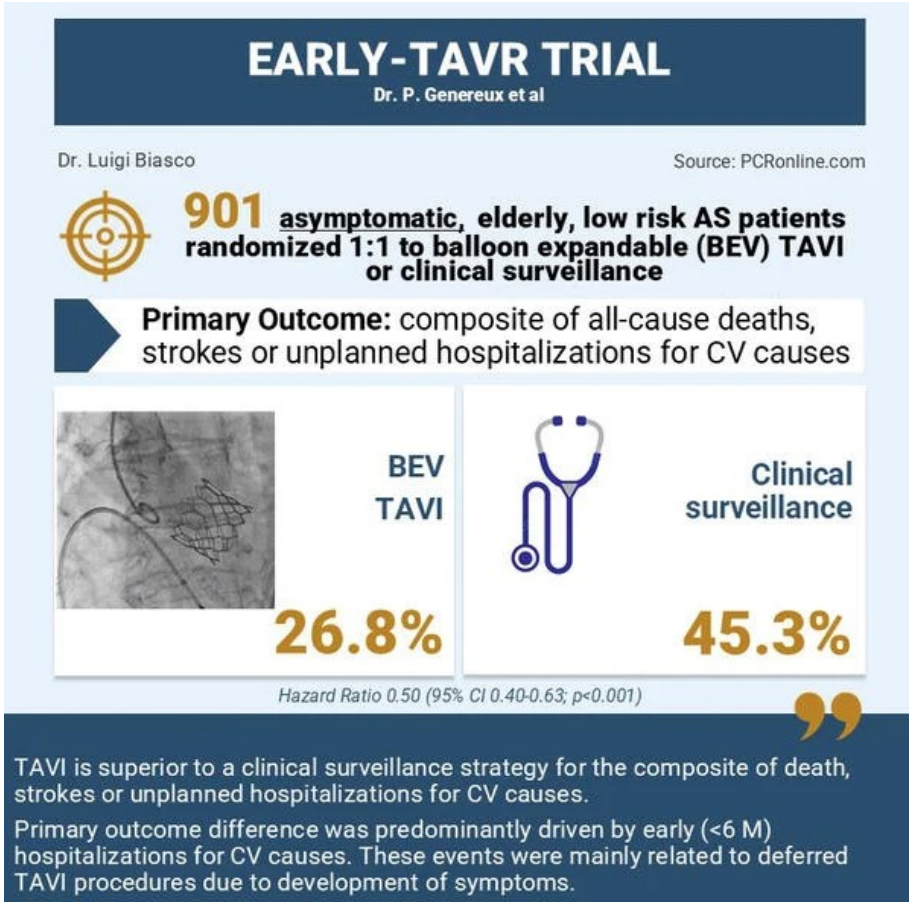
EARLY TAVR Trial Investigators*



Among patients with asymptomatic severe aortic stenosis, a strategy of early TAVR was superior to guideline-recommended clinical surveillance in reducing the composite end point of death, stroke, or unplanned hospitalization for cardiovascular causes.

Comparison of strategies for vascular ACCESS closure after transcatheter aortic valve implantation: the ACCESS-TAVI randomized trial

Brief title: The ACCESS-TAVI Trial

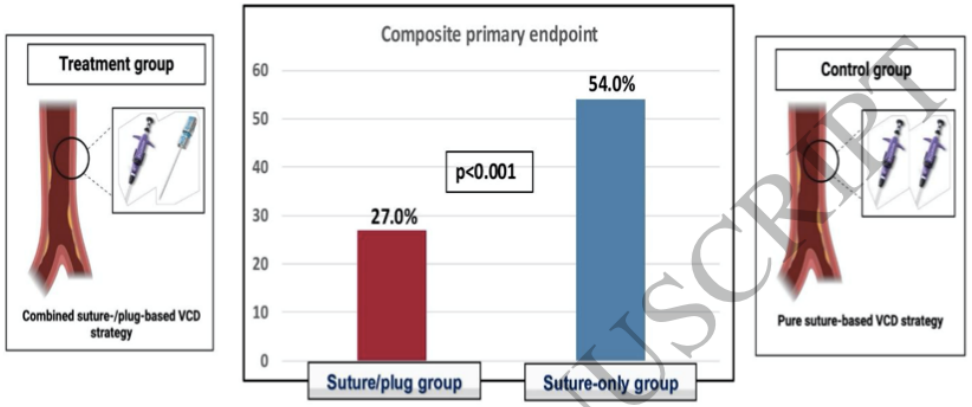
prospective, randomized controlled trial conducted at four sites in Germany. The trial was designed to compare a strategy of a combined suture- and plug-based VCD strategy (suture/plug-group) using a combination of one ProGlide™/ProStyle™ (Abbott Vascular) and one Angio-Seal® (Terumo) versus a suture-based VCD strategy (suture-only group) using two ProGlides™/ProStyles™ to achieve hemostasis following TF-TAVI.

The primary endpoint was a composite of major or minor access site-related vascular complications according to VARC-3 criteria during index hospitalization for TF-TAVI.[14]

Comparison of strategies for vascular ACCESS closure after transcatheter aortic valve implantation: the ACCESS-TAVI randomized trial

Brief title: The ACCESS-TAVI Trial

Comparison of Strategies for Vascular **ACCESS** Closure after **T**ranscatheter **A**ortic **V**alve **I**mplantation: The **ACCESS-TAVI** Randomized Trial



Individual components of primary endpoint		
3.5%	Major access site-related vascular complications	6.7%
23.5%	Minor access site-related vascular complications	47.3%

Conclusions

With regard to the composite of major or minor access-related vascular complications, a combined suture-/plug-based VCD strategy was superior to a suture-based VCD strategy for vascular access closure in patients undergoing transfemoral TAVI.

Left Atrial Appendage Closure after Ablation for Atrial Fibrillation

OPTION Trial I

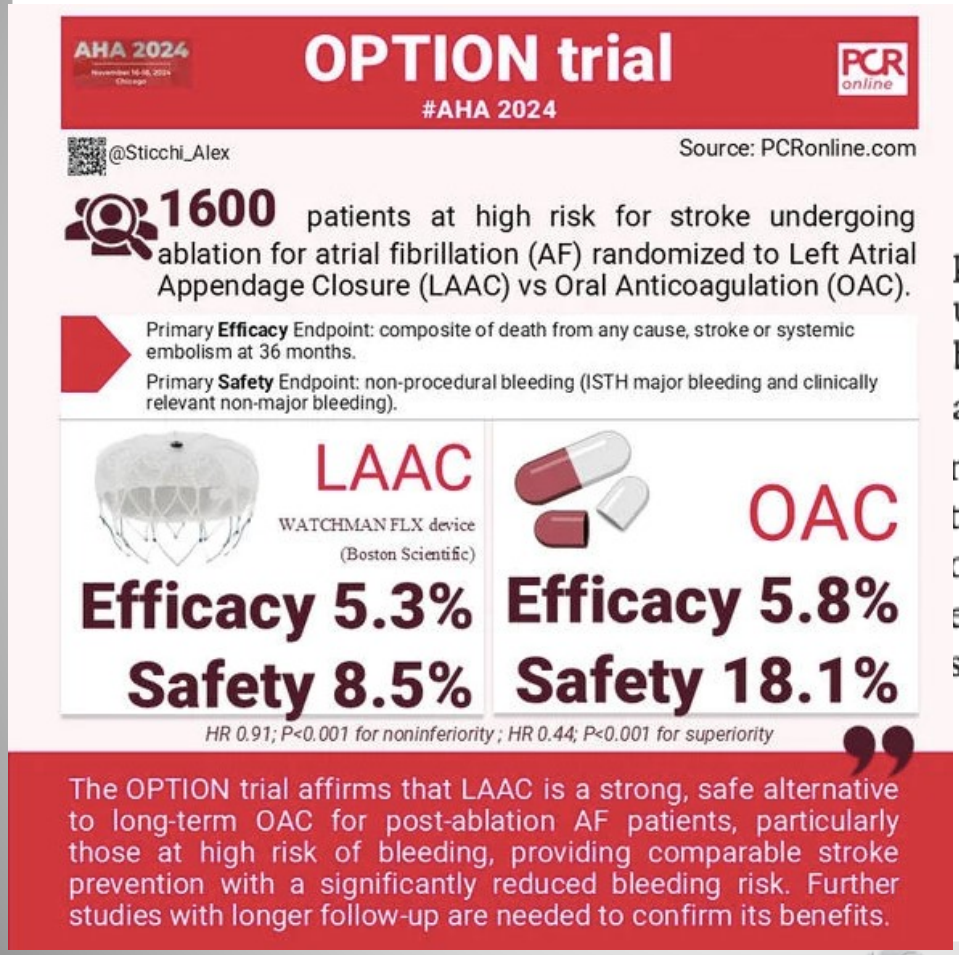
tion (OPTION) trial was designed to determine whether left atrial appendage closure can safely decrease the risk of bleeding associated with oral anticoagulants while maintaining a low risk of stroke among patients with atrial fibrillation who have undergone catheter ablation and are at moderate or high risk for stroke.

The primary safety end point was non–procedure-related bleeding — a combination of major bleeding (as defined by the International Society on Thrombosis and Haemostasis [ISTH]) and clinically relevant nonmajor bleeding (bleeding that required medical intervention, led to hospitalization or increased level of care, or prompted a face-to-face evaluation) — through 36 months (Table S5).[10,11] The primary efficacy end point was a composite of death from any cause, stroke, or systemic embolism at 36 months after randomization.

Follow-up visits occurred at 3, 12, 24, and 36 months after randomization. Clinical informa-

Left Atrial Appendage Closure after Ablation for Atrial Fibrillation

OPTION Trial I



The results of this trial showed that among patients at moderate-to-high risk for stroke who underwent catheter-based ablation for atrial fibrillation, left atrial appendage closure was associated with a lower risk of non–procedure-related major or clinically relevant nonmajor bleeding than oral anticoagulation and was noninferior to oral anticoagulation with respect to a composite end point of death from any cause, stroke, or systemic embolism at 36 months.

Transcatheter Repair versus Mitral-Valve Surgery for Secondary Mitral Regurgitation

MATTERHORN Investigators*

emic Origin (MATTERHORN) trial to determine whether transcatheter edge-to-edge therapy is noninferior to mitral-valve surgery in patients with secondary mitral regurgitation who are at high surgical risk.

The primary efficacy end point was a composite of death from any cause, hospitalization for heart failure, mitral-valve reintervention, implantation of an assist device in the left ventricle, or stroke within 1 year after the procedure. Recurrence of

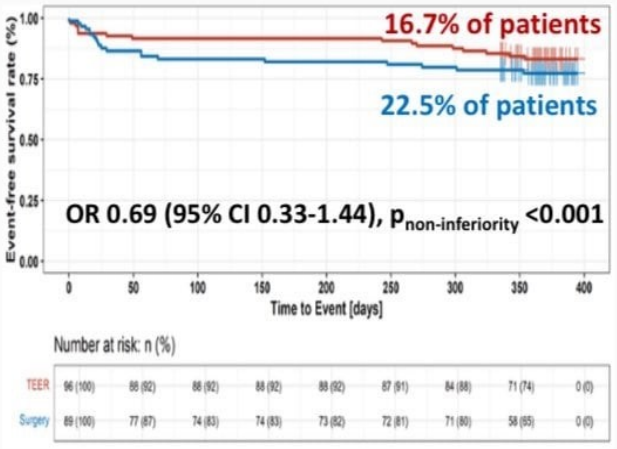
naire. The primary safety end point was a composite of the following major adverse events within 30 days after the procedure: death (from

Transcatheter Repair versus Mitral-Valve Surgery for Secondary Mitral Regurgitation

MATTERHORN Investigators*

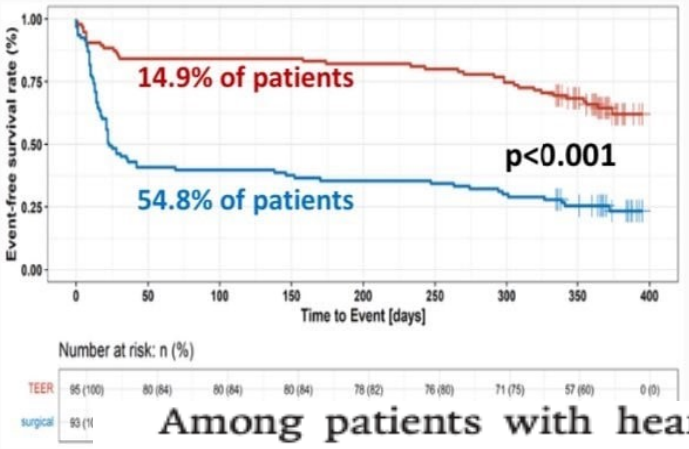
Results

Primary efficacy endpoint



Combination of death, heart failure rehospitalization, mitral reintervention, assist device implantation, stroke

Primary safety endpoint



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Among patients with heart failure and secondary mitral regurgitation who were suitable candidates for isolated mitral-valve surgery according to current practice, transcatheter edge-to-edge repair was noninferior to surgery with respect to a composite of death, hospitalization for heart failure, reintervention, implantation of an assist device, or stroke at 1 year after the procedure


BREAKING NEWS
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