

Ten year follow-up of patients treated with transcatheter aortic valve implantation

Janarthanan Sathanathan MBChB, MPH¹, Sandra Lauck PhD¹, Jopie Polderman BSN¹, Gnalini Sathanathan MD¹, Dale Murdoch MD¹, Mark Hensey MB BCh BAO¹, Uri Landes MD¹, Abdullah Alkhodair MD¹, Robert Moss MD¹, Anson Cheung MD¹, Jian Ye MD¹, Philipp Blanke MD¹, Jonathon Leipsic MD¹, David A Wood MD¹, John G Webb MD¹

Centre for Heart Valve Innovation, Vancouver, Canada



Centre for
Heart Valve Innovation
St. Paul's Hospital, Vancouver



Speaker's name : Janarthanan Sathananthan

I have the following potential conflicts of interest to declare:

Receipt of honoraria or consultation fees: Edwards Lifesciences

Speaking fees: Edwards Lifesciences



- The long term performance of transcatheter heart valves is poorly understood
- There are no reports of long term follow-up of TAVI patients to 10 years
- As TAVI expands to lower risk patients, durability is of increasing importance



Study cohort:

- Patients with ≥ 10 years survival following TAVI
- Index TAVI procedure between 2005 - 2009
- Native aortic or aortic VIV TAVI

Outcomes

1. Rate of reintervention and structural valve deterioration
2. Quality of life

Structural valve deterioration

- As per EAPCI consensus statement on standardized definitions of structural deterioration and valve failure*
- Recent echocardiogram performed >8 years after procedure date. In-hospital or home visit



Quality of life

- Telephone/in-person delivered interview with patient, family member or caregiver

What are the essential findings?

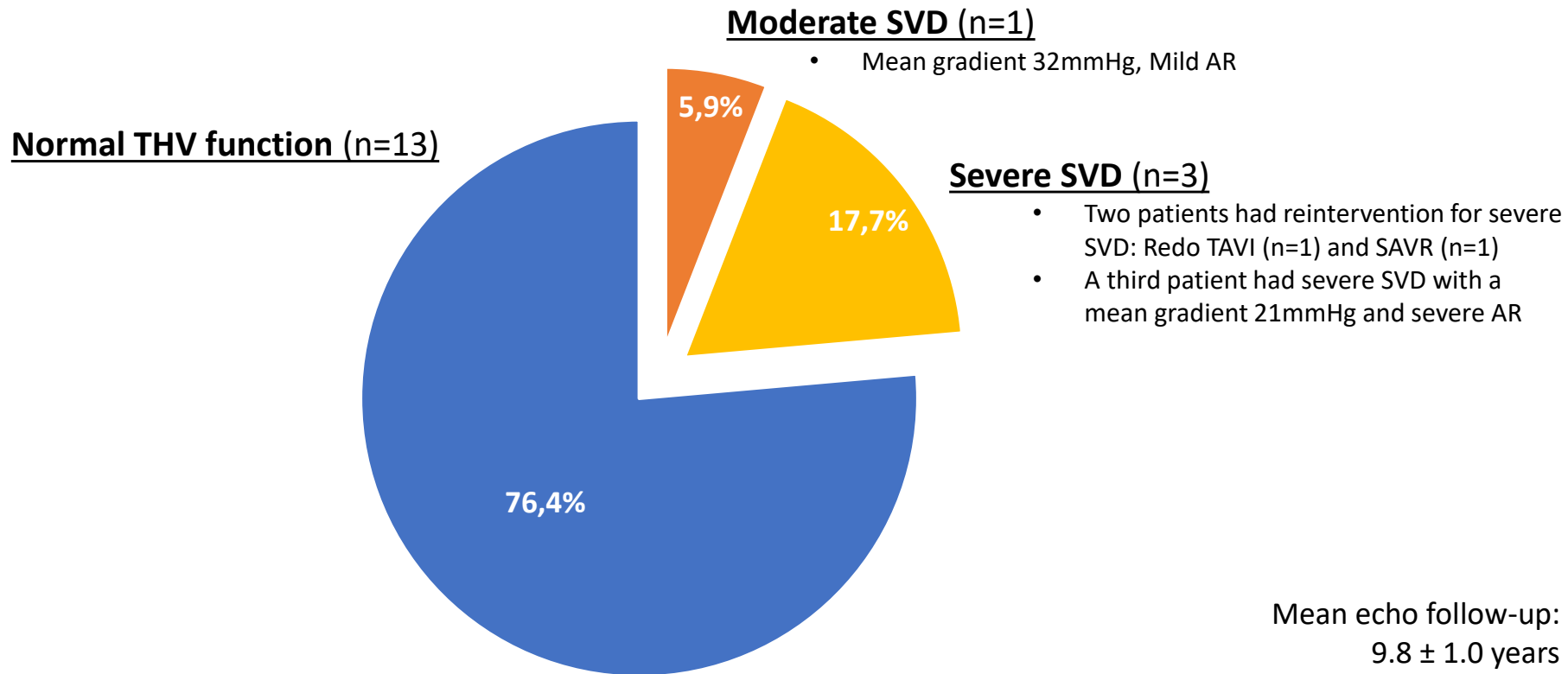


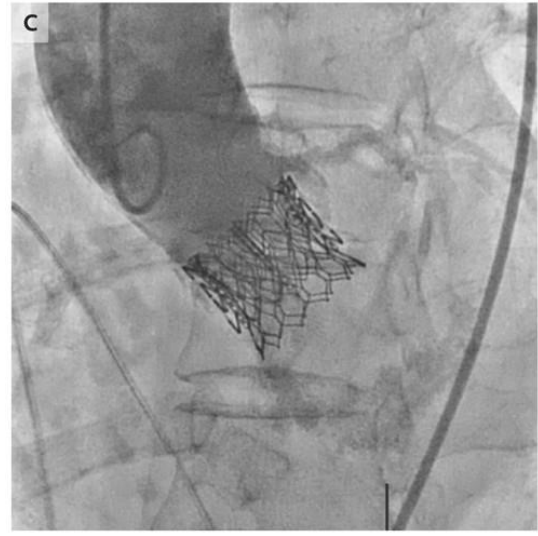
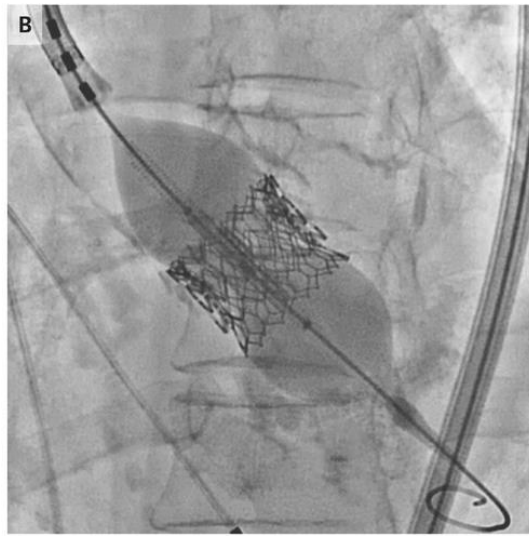
Between 2005 - 2009, 287 patients underwent TAVI with 19 patients (6.6%) surviving 10-years post procedure.

Baseline and procedural characteristics at time of TAVI

Baseline characteristic (n=19)	
Age (years)	78.2 ± 11.0
Age (years) at 10 years follow-up	88.5 ± 11.2
Gender (female)	73.7%
Hypertension	73.7%
Diabetes mellitus	10.5%
Peripheral vascular disease	26.3%
Renal failure (GFR <60cc/min)	31.6%
Atrial fibrillation	42.1%
Previous myocardial infarction	42.1%
Previous stroke	10.5%
COPD	21.1%
Permanent pacemaker	5.3%
Previous cardiac surgery	15.8%
Porcelain aorta	26.3%
STS score >8	42.1 %

Procedural characteristics	
THV type	Edwards SAPIEN (89.5%) Cribier Edwards (10.5%)
Device size	
• 23mm	47.4%
• 26mm	52.6%
Access	
• Transfemoral	73.7%
• Transapical	26.3%
General anesthesia	100%
Native valve	84.2%
Valve-in-valve	15.8%





14mmHg

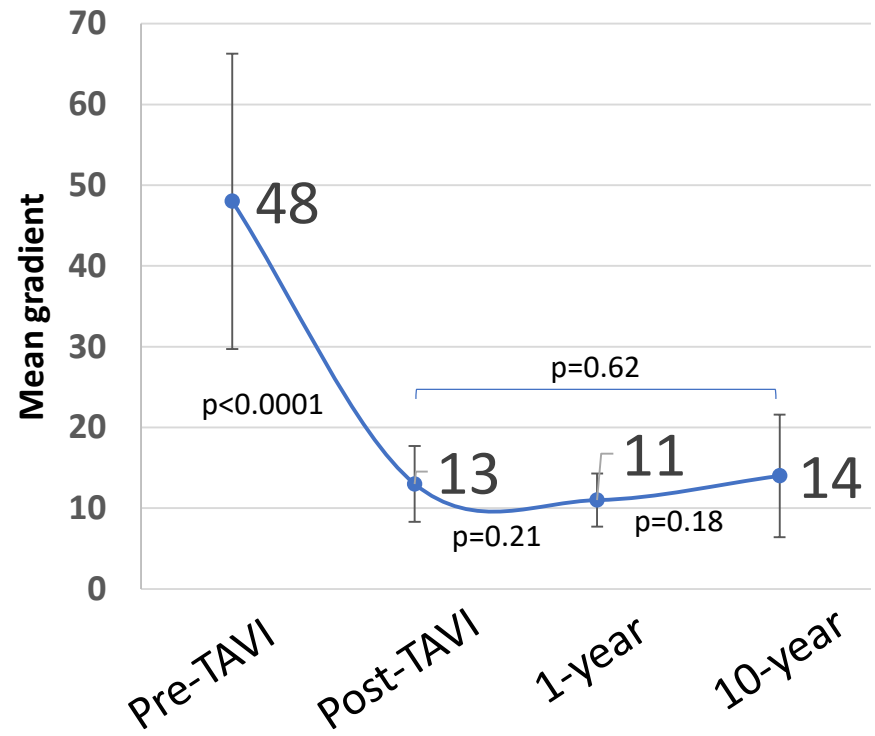


10 years later

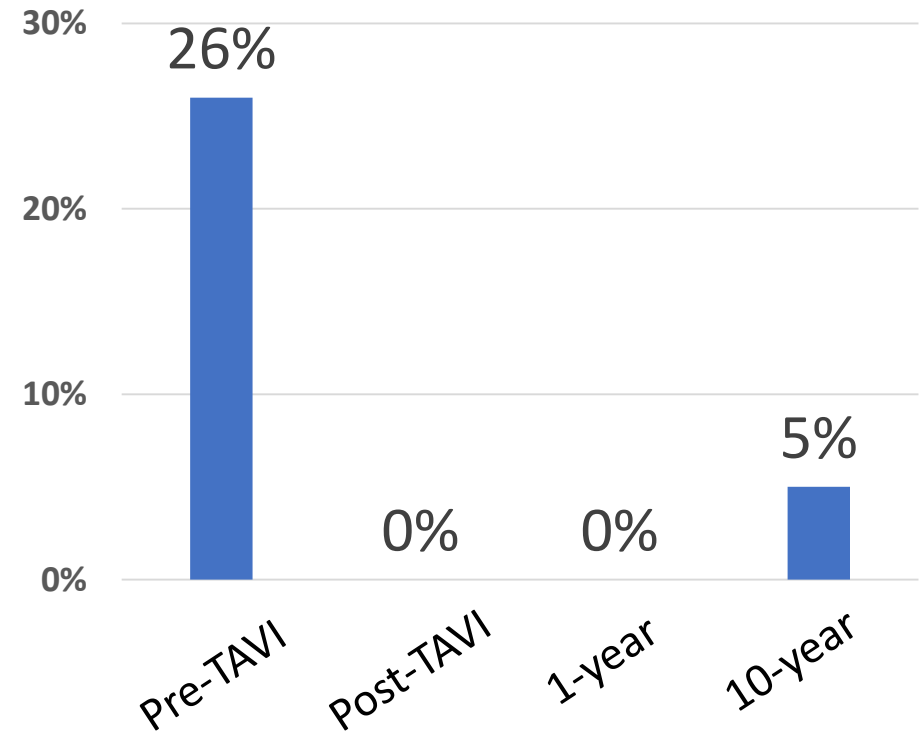
14mmHg

Murdoch et al, NEJM

Mean Gradient

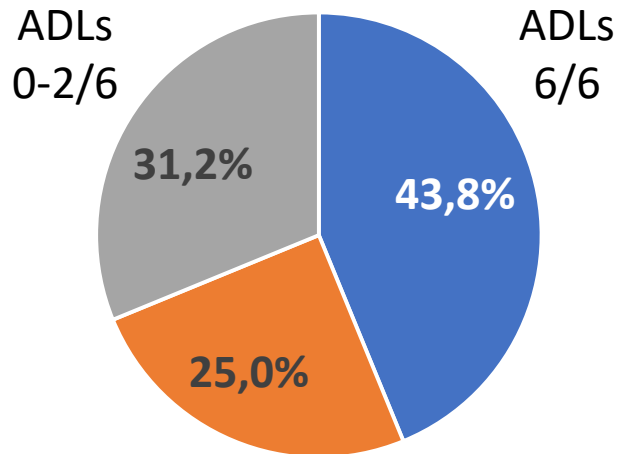


Transvalvular aortic regurgitation ≥ moderate



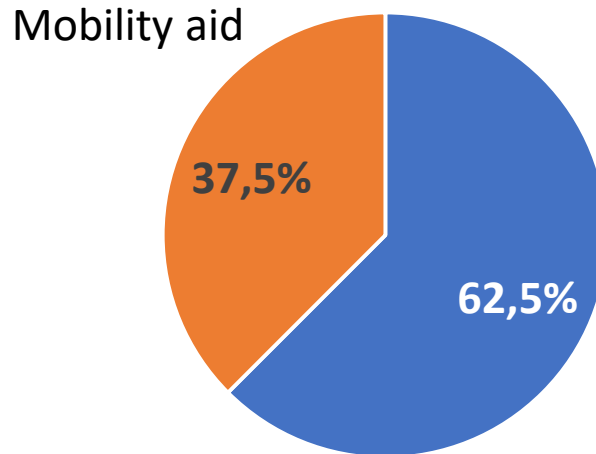


Quality of life variables



ADLs
3-5/6

Activities of daily living



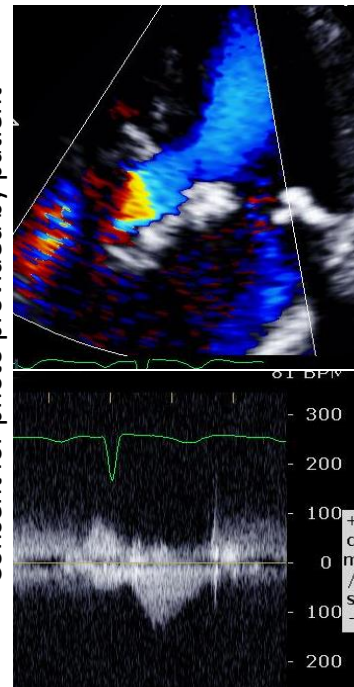
No mobility aid

Mobility

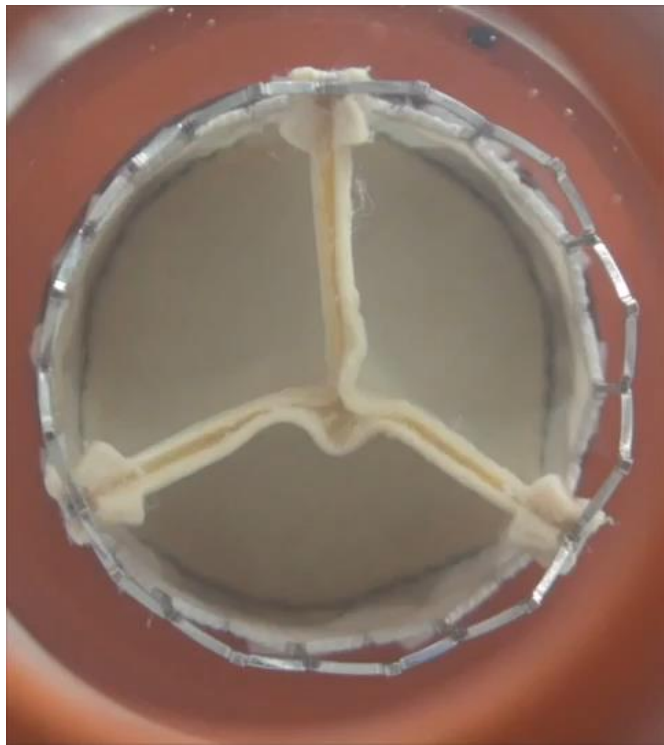
- First ten year report of patients following TAVI
- This study provides important insights into the long term durability of transcatheter heart valves
- Durability will be an important consideration as TAVI expands to lower risk patients



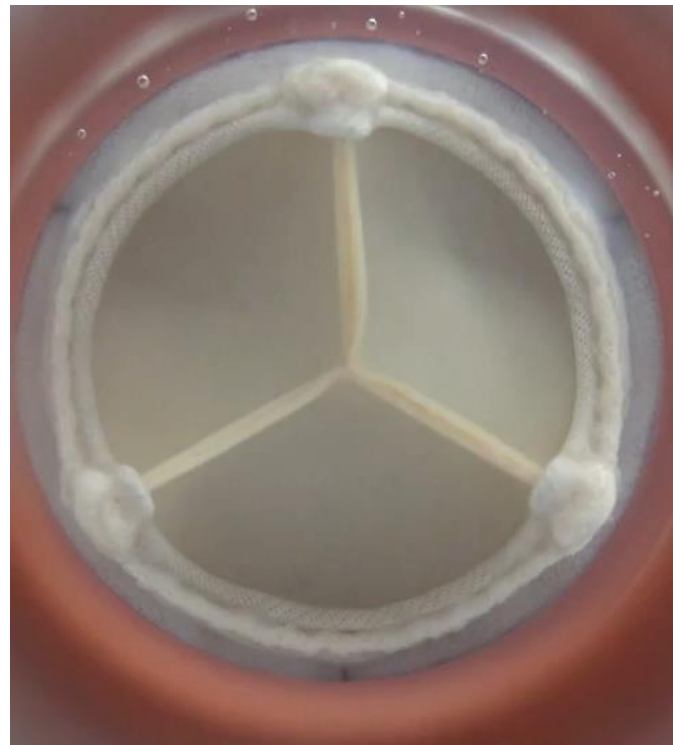
Consent for photo provided by patient



- Mrs GM. 102 years old. Independent ADLs
- Echo 11 years post TAVI: mean gradient 7mmHg, trivial PVL



S3



Magna Ease



Why?

- The long term performance of transcatheter heart valves is unknown

What?

- We identified patients with ≥ 10 years survival following TAVI

How?

- In-hospital/home visit echocardiograms and telephone interviews for quality of life assessment

What are the results?

- In 19 patients with 10 year survival, 76.5% had freedom from moderate/severe SVD and 89.5% had freedom from reintervention. Majority of patients had indicators of reasonable quality of life.

Why is this important?

- Provides important insights into the long term durability of transcatheter heart valves, and patients self-reported derived benefits