PRESENTE Y FUTURO DEL TAVI

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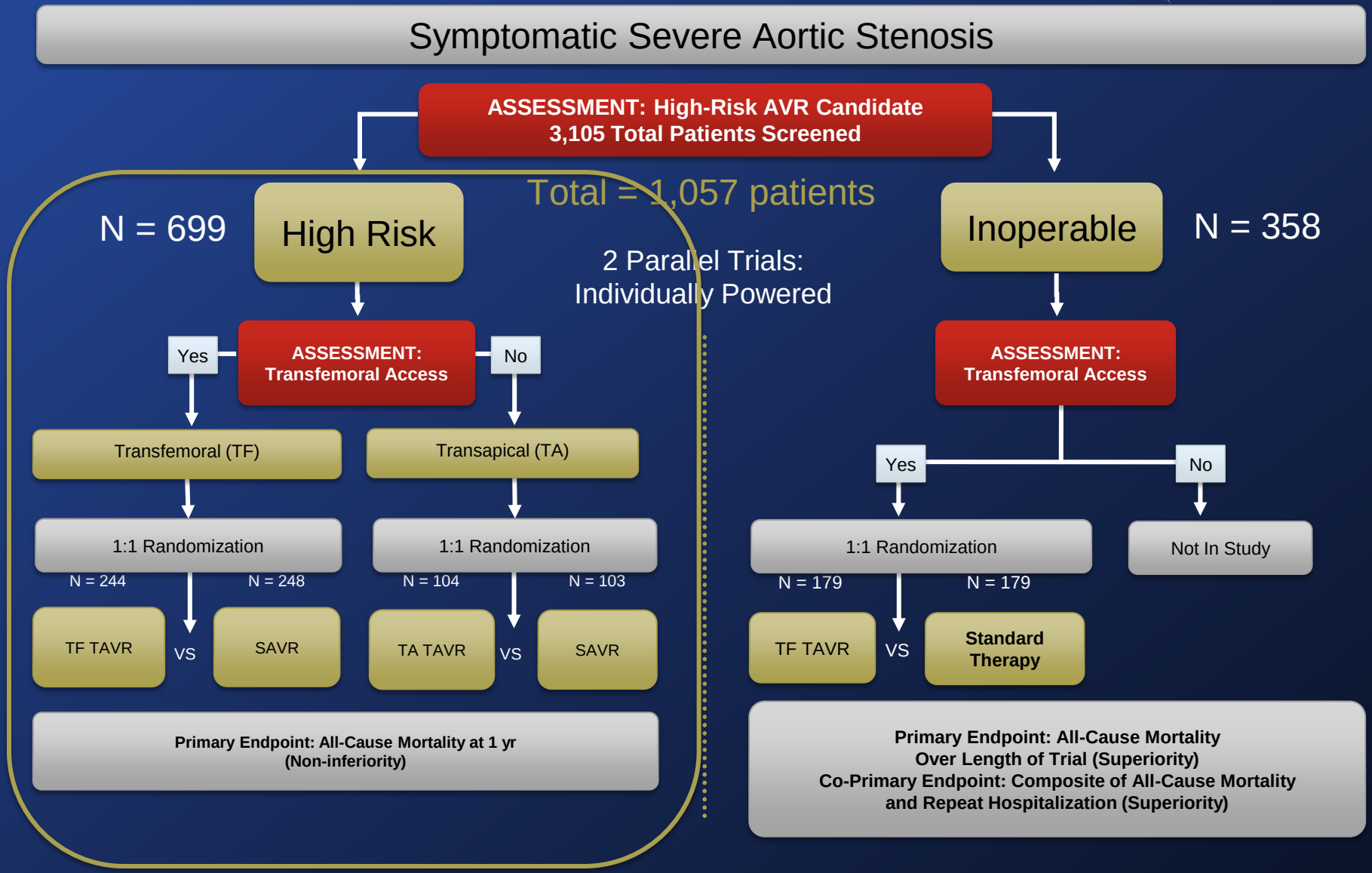
NOVEDADES EN 2015. ESTADO ACTUAL

PARTNER 1. 5 años de seguimiento

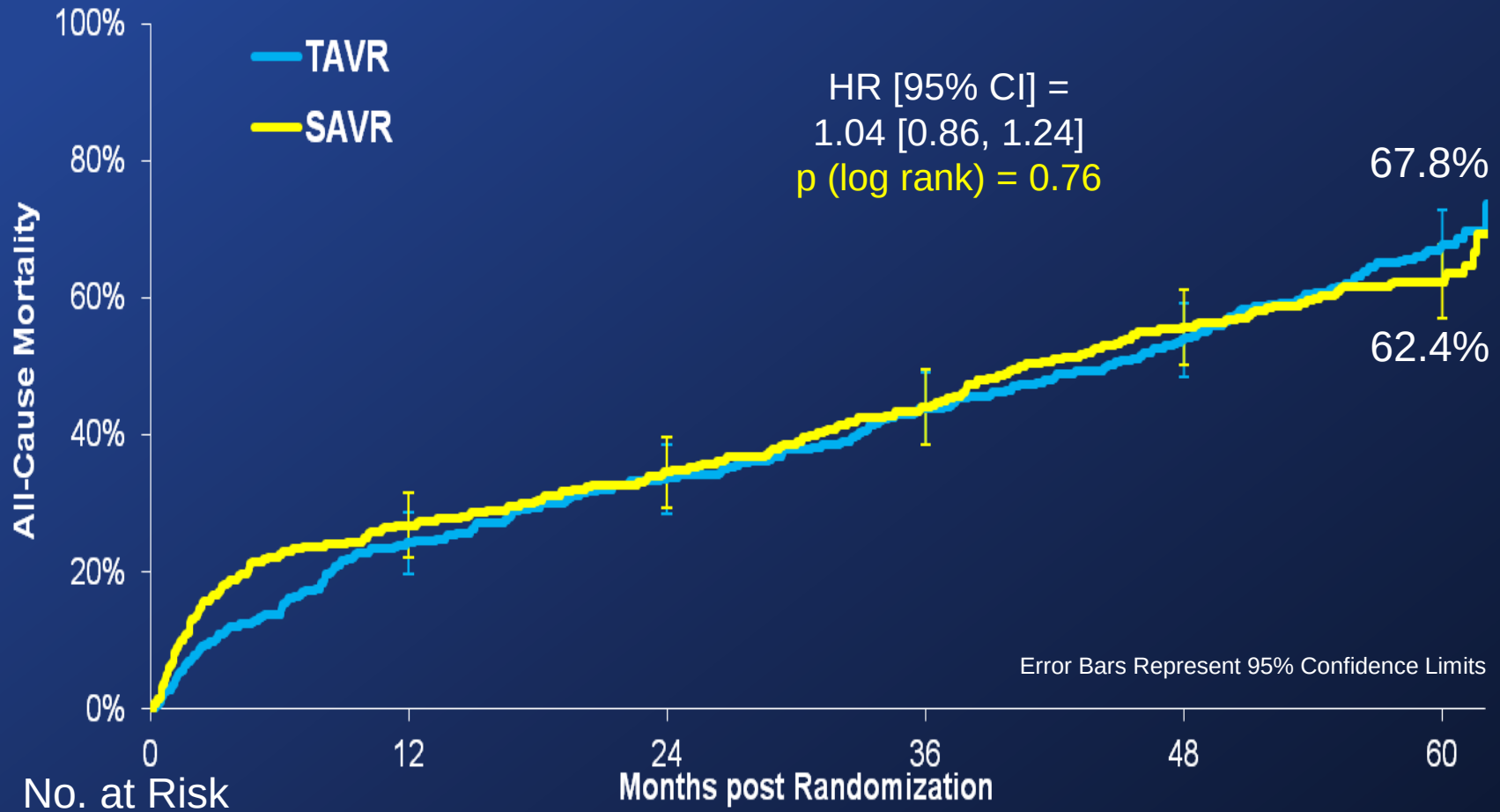
THE PARTNER TRIAL



All-Cause Mortality (ITT)

All Patients

THE PARTNER TRIAL

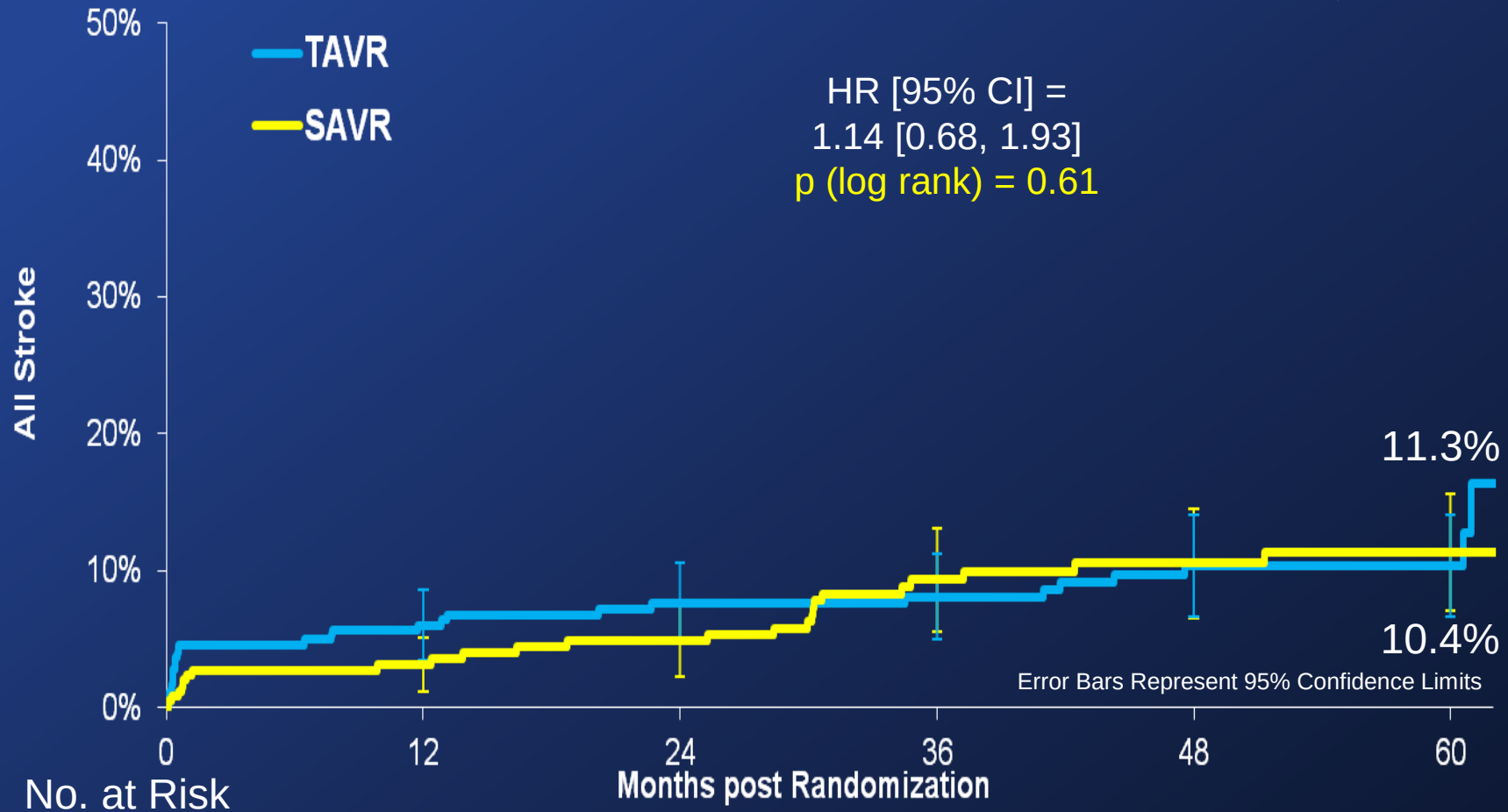


No. at Risk

TAVR	348	262	228	191	154	61
SAVR	*351*	*236*	*210*	*174*	*131*	*64*

All Stroke (ITT)

All Patients

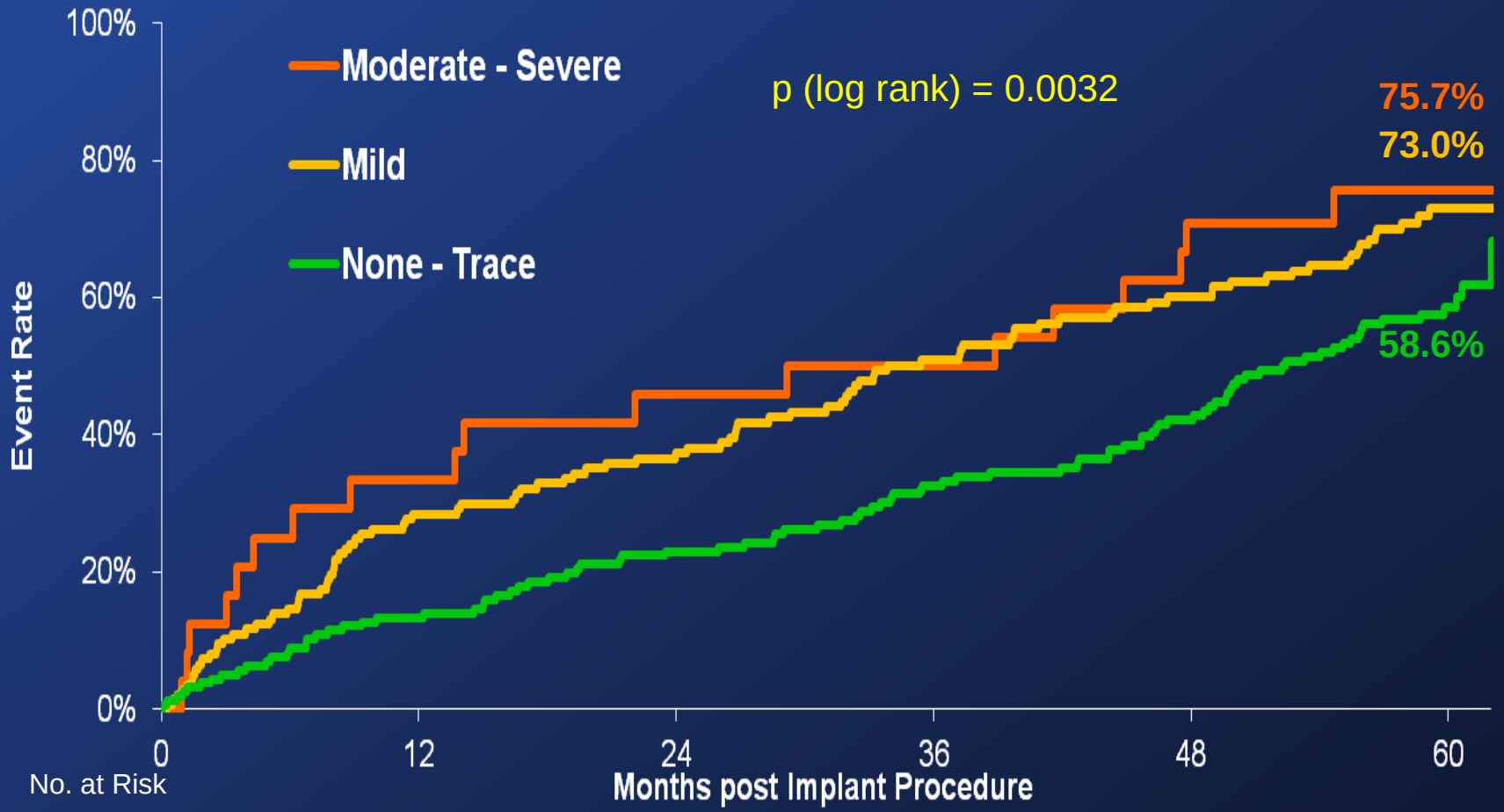


No. at Risk

TAVR	348	251	217	181	144	57
SAVR	*351*	*230*	*205*	*169*	*128*	*64*

Mortality and Post Procedural PVL

TAVR Patients



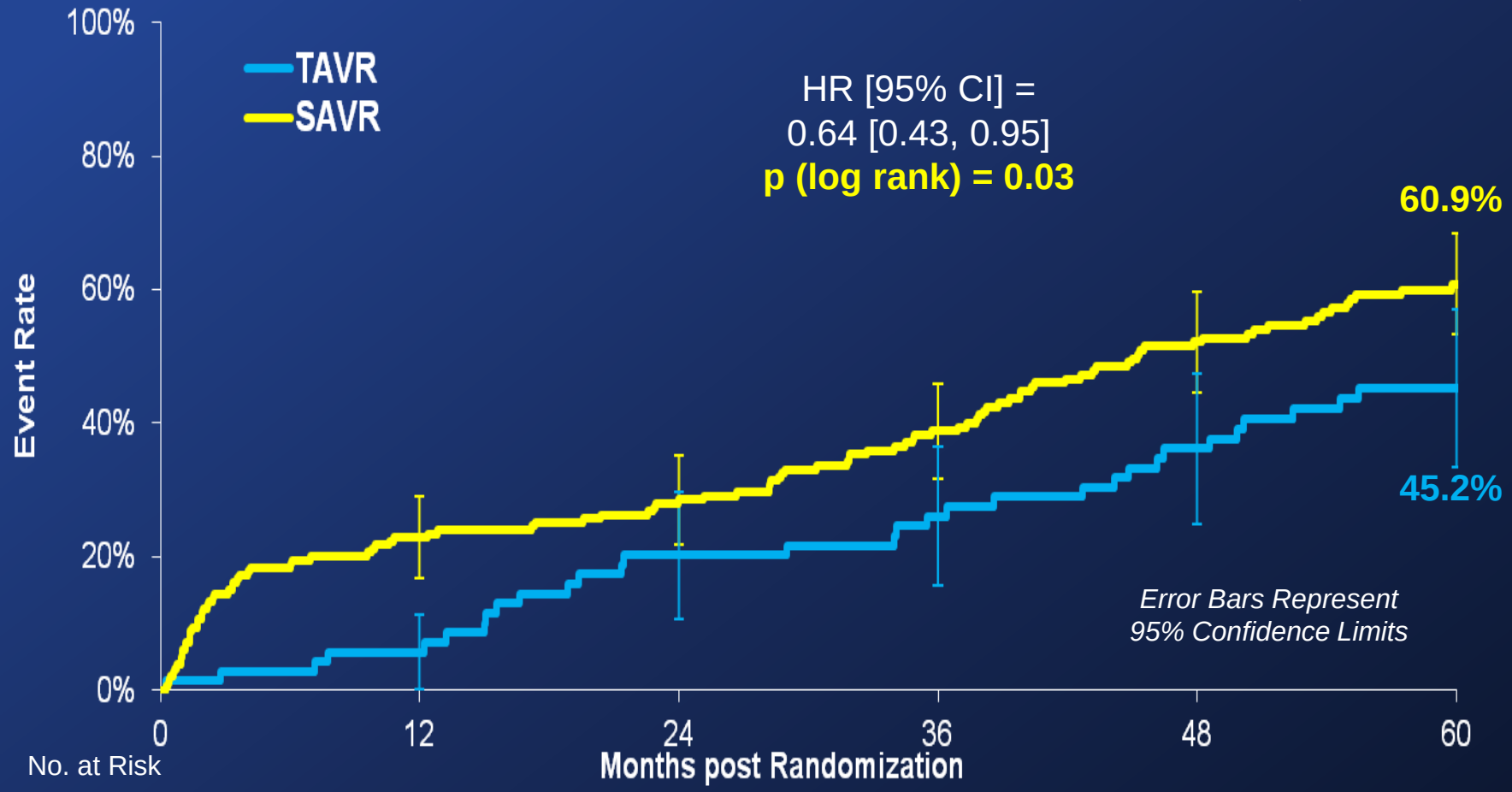
No. at Risk

M-S	24	16	13	12	7	2
Mild	137	98	84	65	52	11
N-T	158	135	120	105	88	34

Mortality and None-Trace Total AR

Transfemoral Patients

THE PARTNER TRIAL



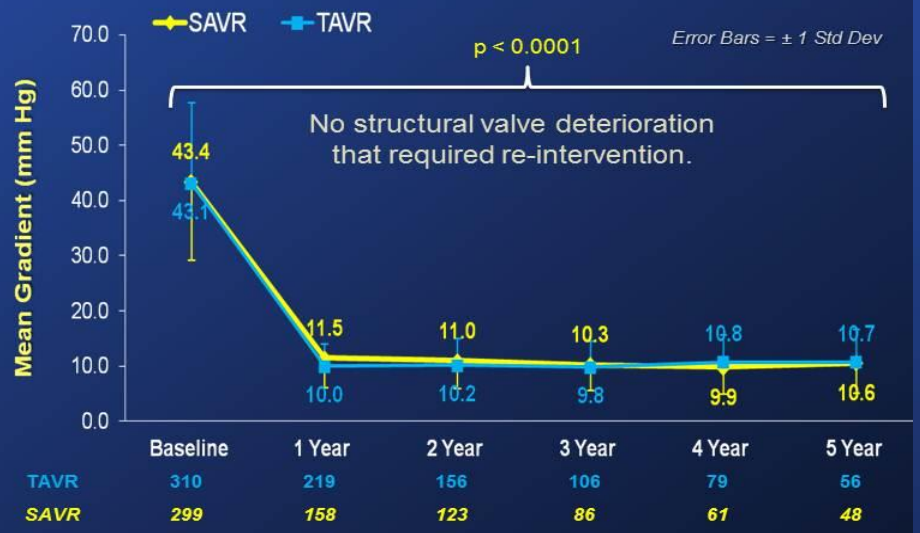
No. at Risk

TAVR	70	65	55	51	43	19
SAVR	181	137	126	105	78	36

Echocardiographic Results

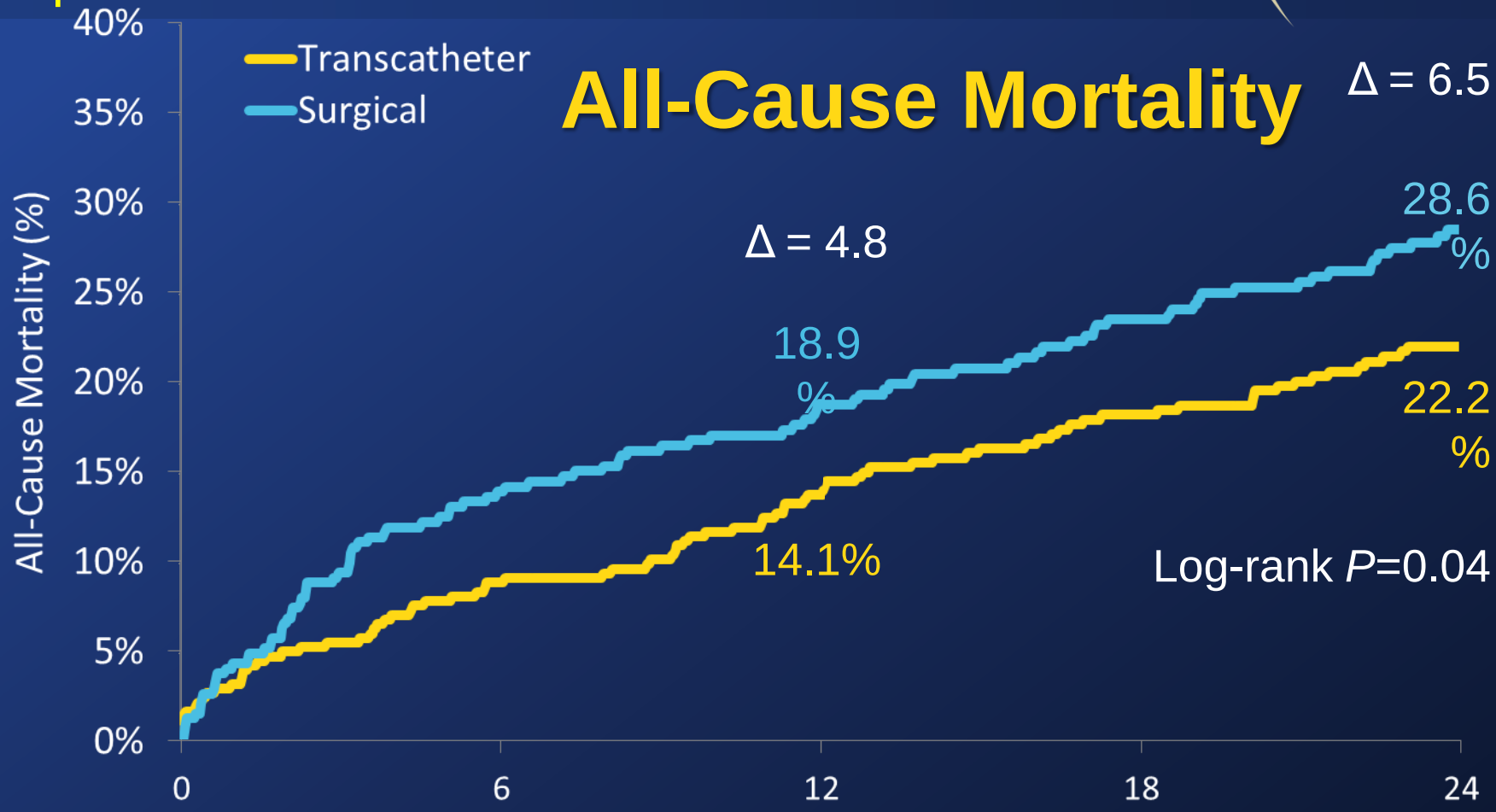
THE PARTNER TRIAL

Aortic Valve Mean Gradient



Aortic Valve Area

COREVALVE US Pivotal Trial. 2 years follow up

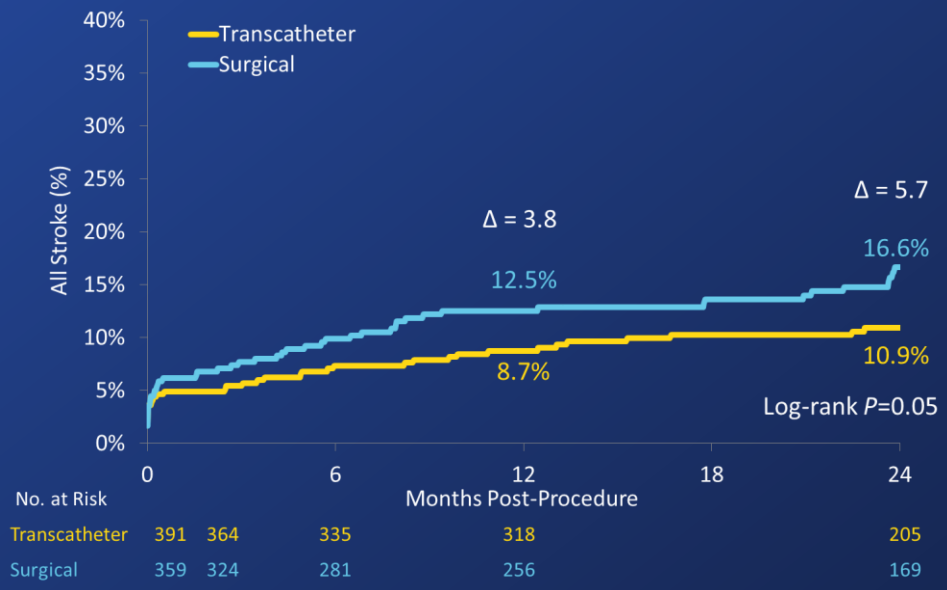


No. at Risk					
Transcatheter	391	378	354	334	219
Surgical	351	343	304	282	191

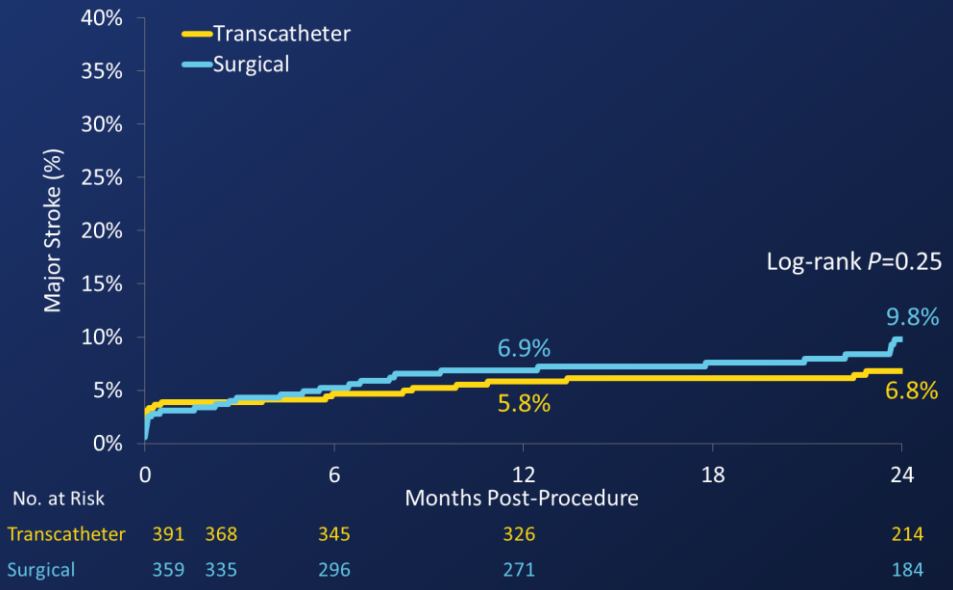
Stroke

THE PARTNER TRIAL

All Stroke



Major Stroke

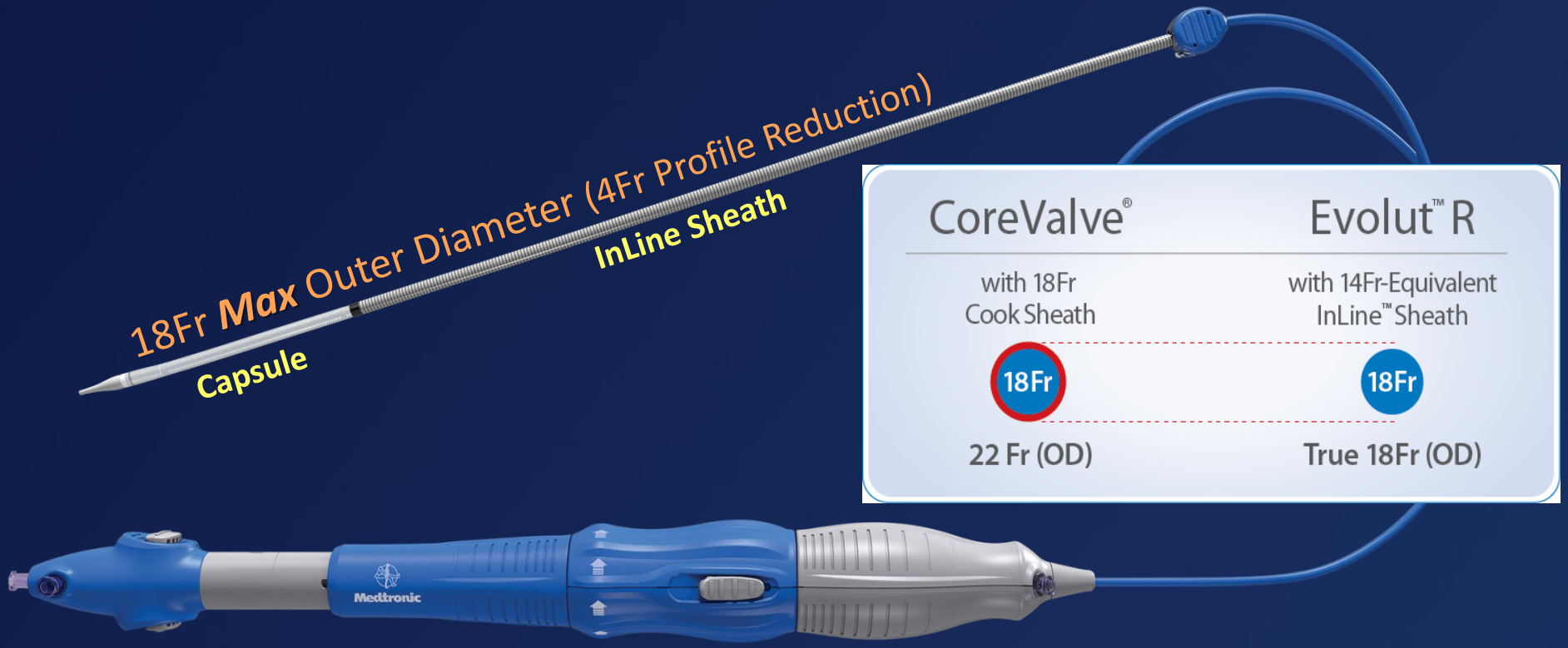


Early Procedural Results From the CoreValve Evolut R CE Study

Lowest Delivery Profile, 14Fr-Equivalent System with InLine Sheath across All Valve Sizes

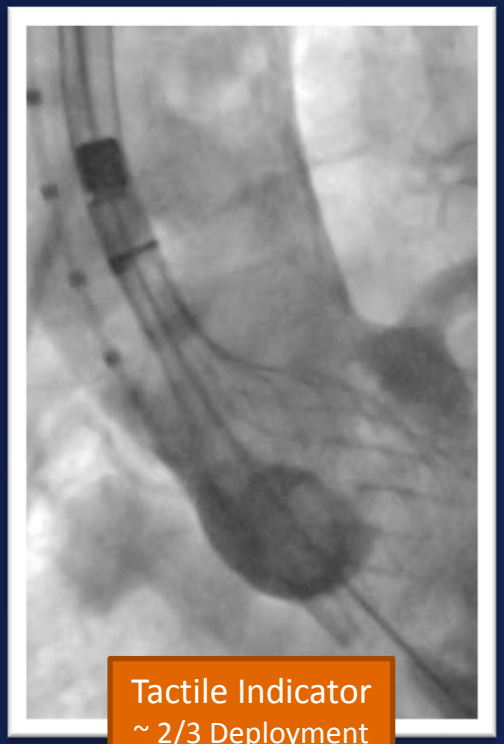
*Improves Access and Reduces Risk of Major Vascular Complications**

NOW Indicated for Minimum Transarterial Access Vessel Diameters ≥ 5.0 mm!

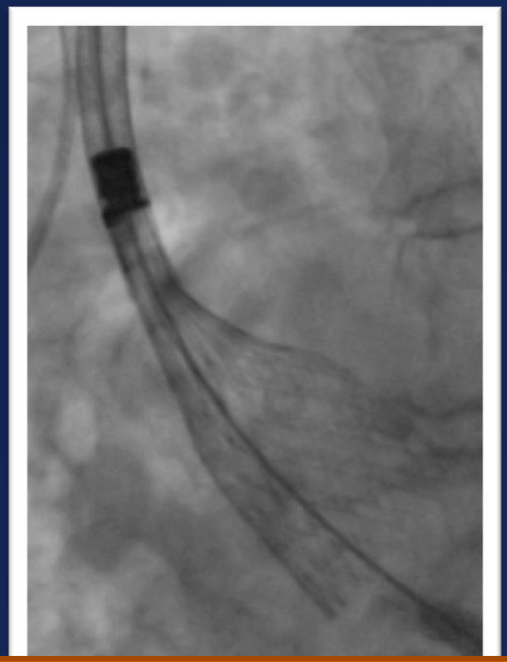


- Sheath to Femoral Artery Ratio (SFAR) great than 1.05 predicted higher rates of VARC major vascular complications. Hayashida K, et al. Transfemoral aortic valve implantation. JACC Intv 2011;4(8):851-8.

Positioning Accuracy: Ability to Recapture and Reposition



Tactile Indicator
~ 2/3 Deployment



Just Prior to Point of No Recapture
~ 80% Deployment*

* Up to 80% deployment

Clinical Performance

Event, %	N=60
Absence of procedural mortality	100.0 (60/60)
Correct positioning of 1 valve in proper location	98.3 (59/60)
Mean gradient < 20 mm Hg or peak velocity < 3m/sec	98.3 (59/60)

* Effective orifice area could not be determined in 5 patients to calculate patient prosthesis mismatch.
† First time reporting of device success according to VARC-2 criteria

Outcomes

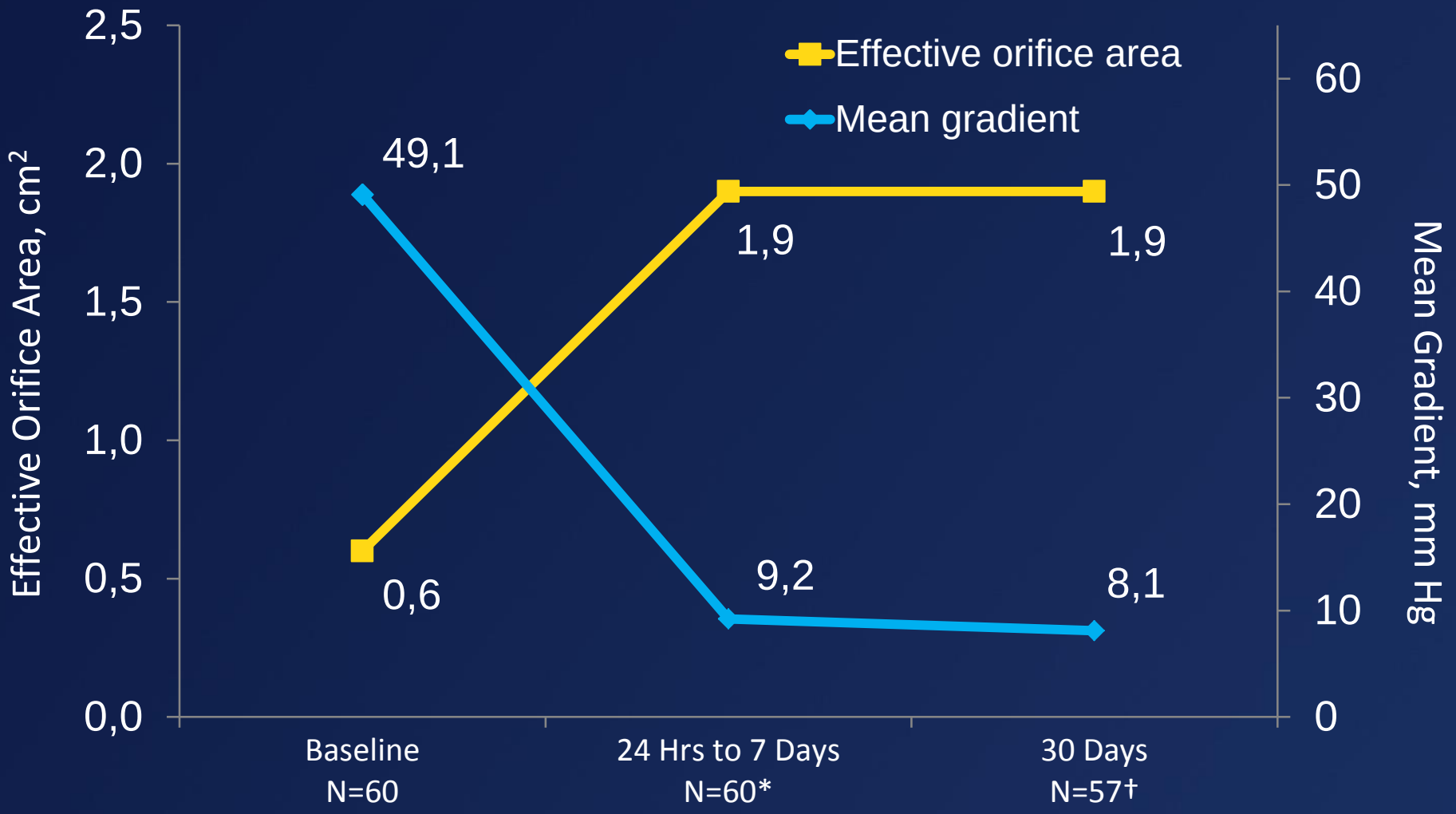
Procedural Event Rates (%)*	N=60
Annular rupture†	0.0
Coronary artery obstruction requiring intervention†	0.0
Valve dysfunction requiring reintervention	0.0
Device embolization	0.0

30 Day Event Rates (%)*	
All-cause mortality	0.0
All stroke	0.0
Moderate or severe PVL	3.4
Permanent pacemaker implantation	11.7

* Percentages obtained from Kaplan Meier estimates

† Medtronic data on file.

Valve Performance



*Mean AV gradient was available in 60 patients; EOA in 55

†AV gradient available in 57 patients, EOA in 54

En resumen….

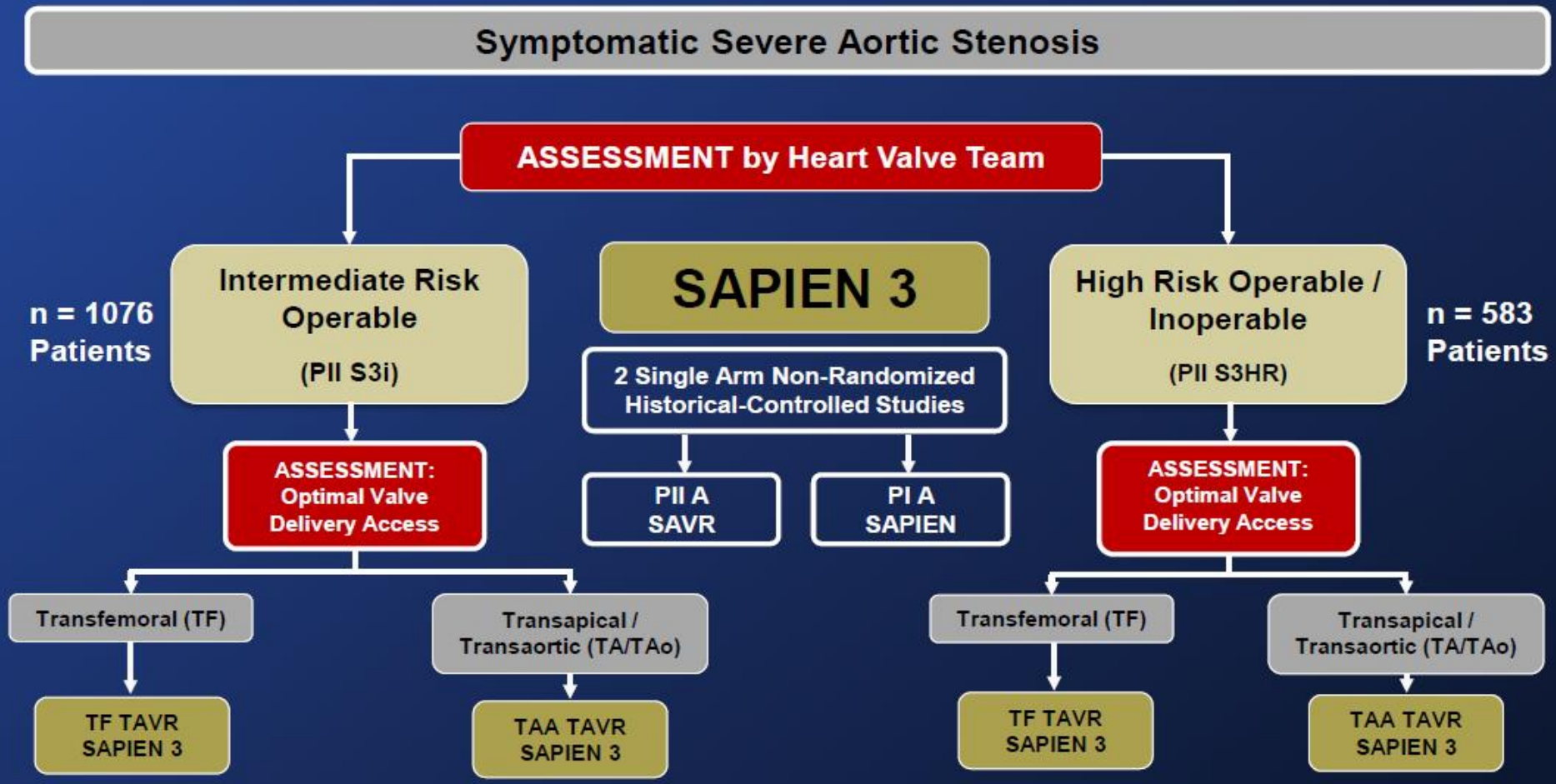
ACC.15
TCT@ACC.i2 | innovation in intervention
64th Annual Scientific Session & Expo
March 14 – 16, 2015 • San Diego

- PARTNER 5 años: la primera generación de la Sapien tiene resultados similares a la cirugía en pacientes de alto riesgo quirúrgico. La función valvular se mantiene a los cinco años sin deterioro
- CoreValve High-Risk 2 años:
  - TAVI se maniene superior a cirugía (mortalidad a 2 años)
  - Menor tasa de ACV con TAVI, si bien los ACV graves son similares en ambos grupos
  - La hemodinámica valvular es superior en la válvula percutánea que en la quirúrgica a los 2 años, sin datos de disfunción
- Evolut R: Los resultados clínicos a 30 días demuestran ausencia de mortalidad y ACV un porcentaje bajo de insuficiencia aórtica paravalvular moderada o severa y marcapasos

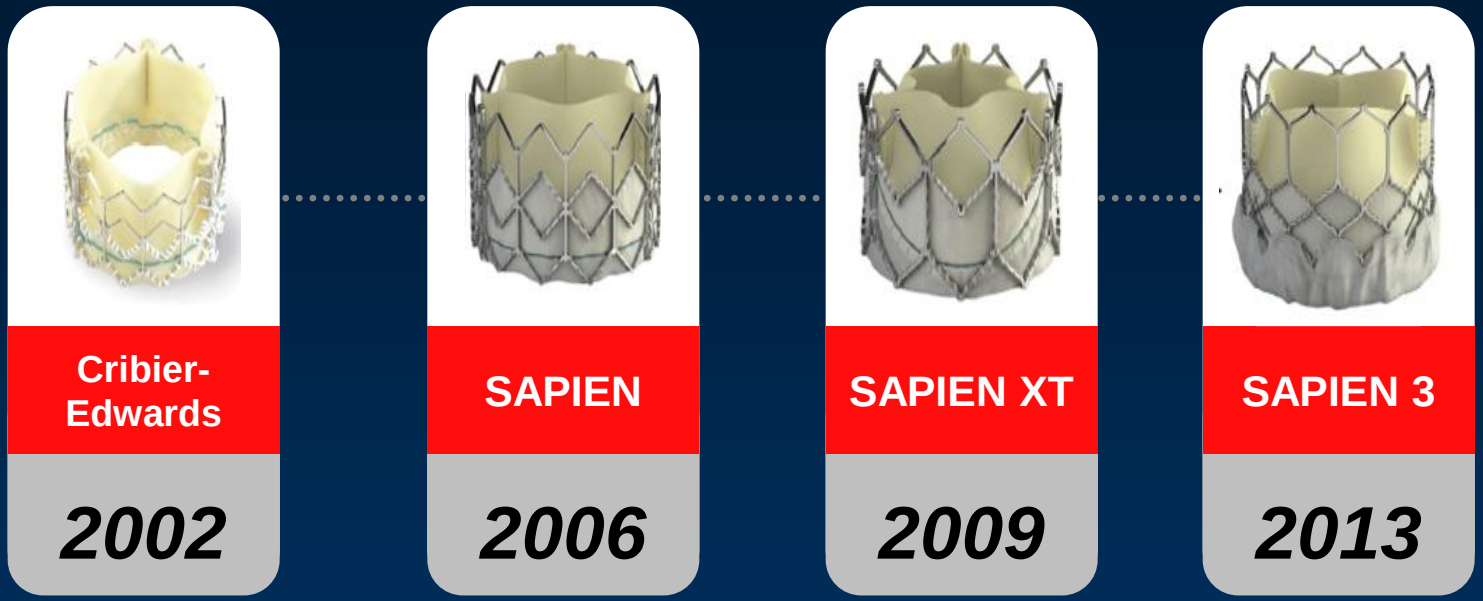
The PARTNER II S3 Trial

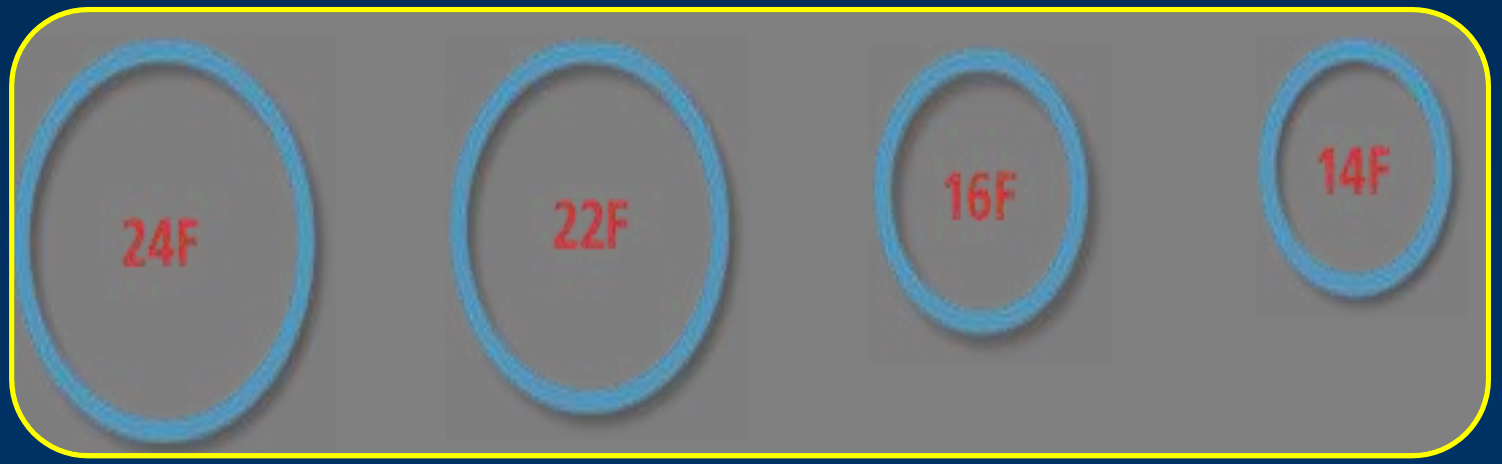
Study Design

THE PARTNER II TRIAL



Evolution of the Edwards Balloon-Expandable Transcatheter Valves





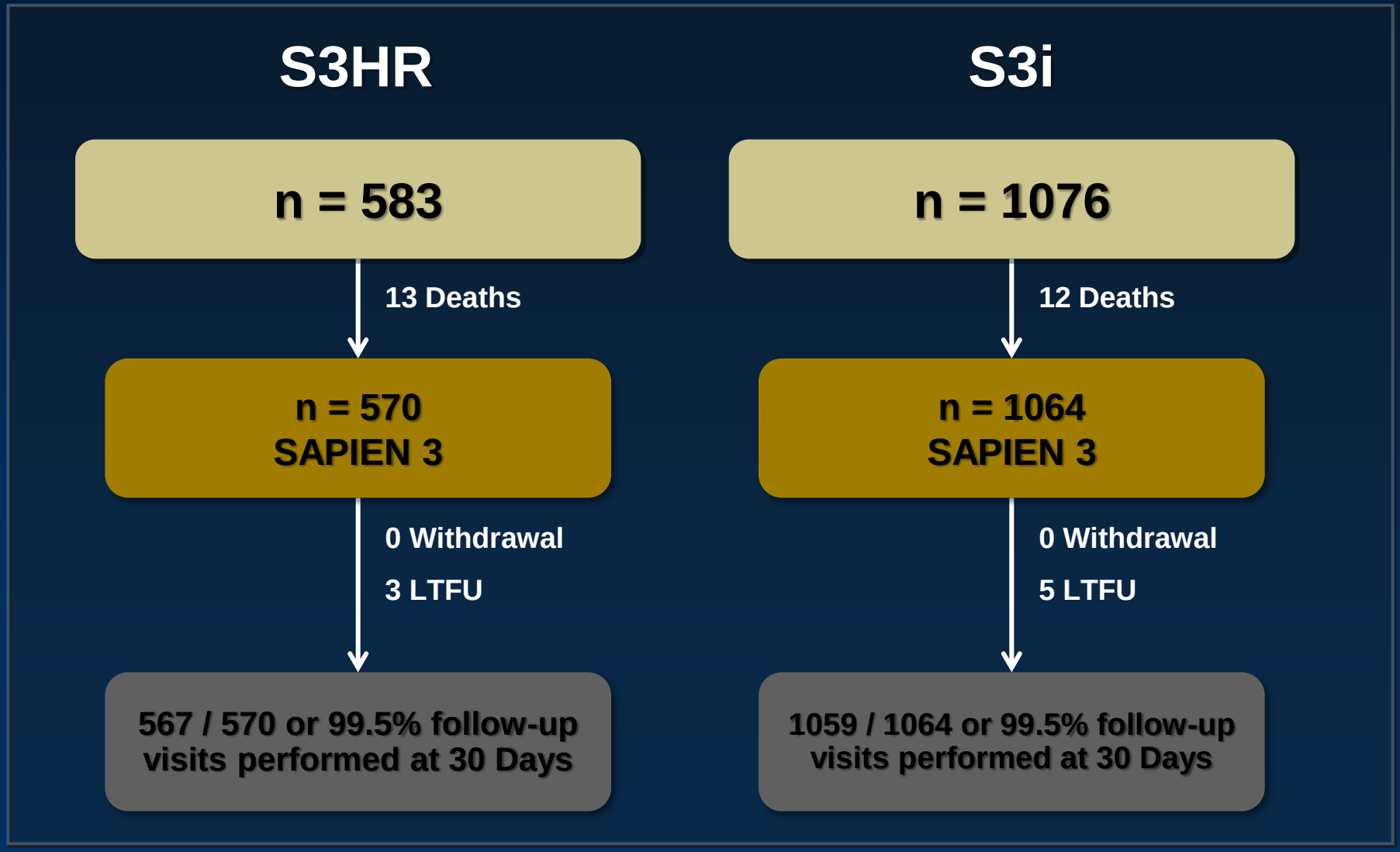
** Sheath compatibility for a 23 mm valve*

Key Inclusion Criteria

THE PARTNER II TRIAL

- Risk determined by STS score and heart team:
  - **High Risk / Inoperable (S3HR):** STS score > 8 or heart team determination
  - **Intermediate Risk (S3i):** STS score between 4 and 8 or heart team determination
- Severe aortic stenosis determined by echocardiography:
  - Valve area < 0.8 cm^2 or Valve area index < 0.5 cm^2/m^2 ***and*** mean gradient > 40mmHg or peak velocity > 4 m/s

Study Flow: S3HR & S3i
30 Day Patient Status



Baseline Patient Characteristics

S3HR Patients

N = 583

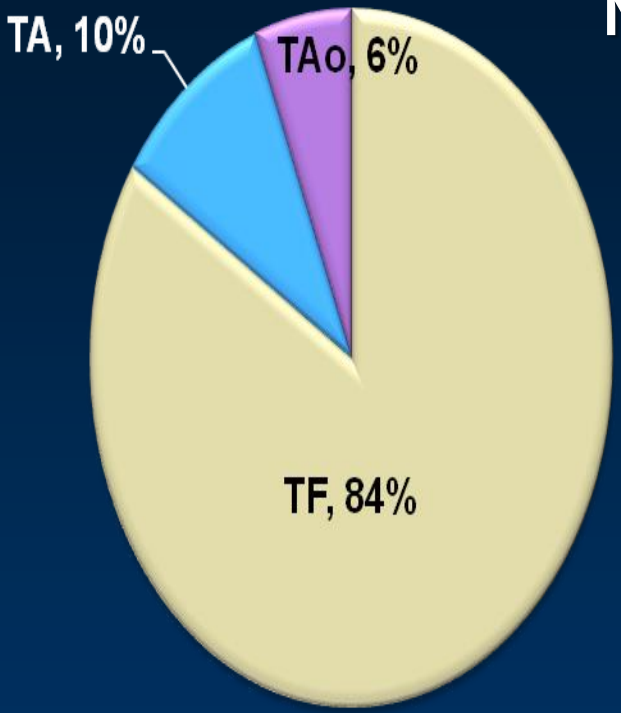
Average STS =

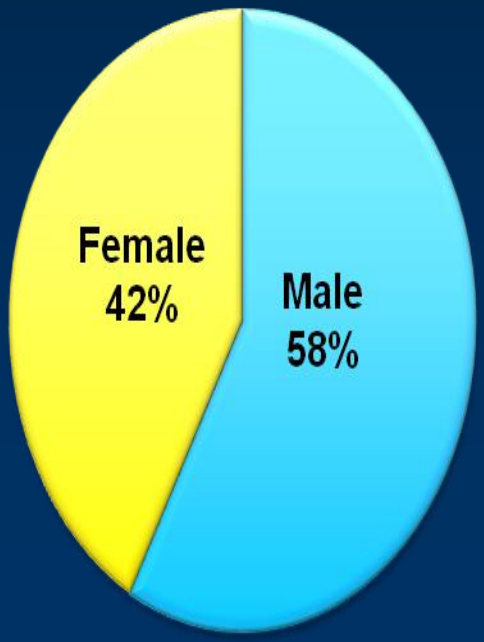
8.6%

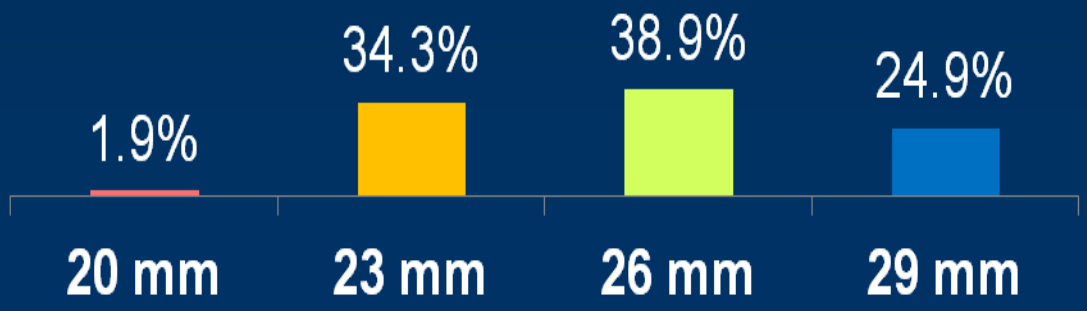
(Median 8.4%)

Average Age =

82.6yrs







Baseline Patient Characteristics

S3i Patients

Average STS =

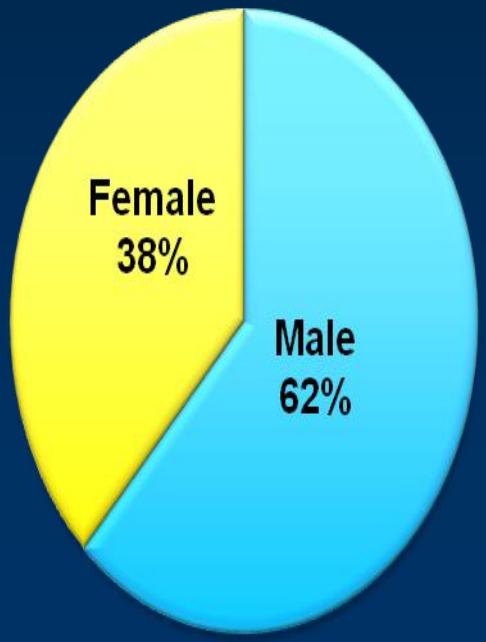
5.3%

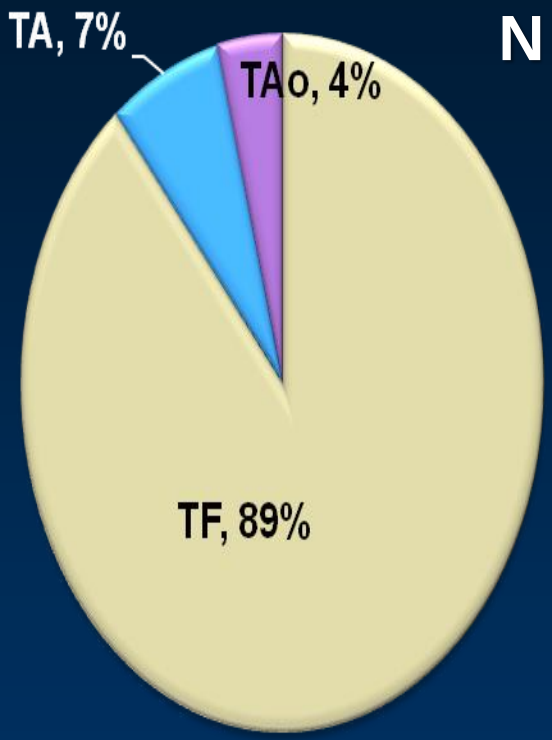
(Median 5.2%)

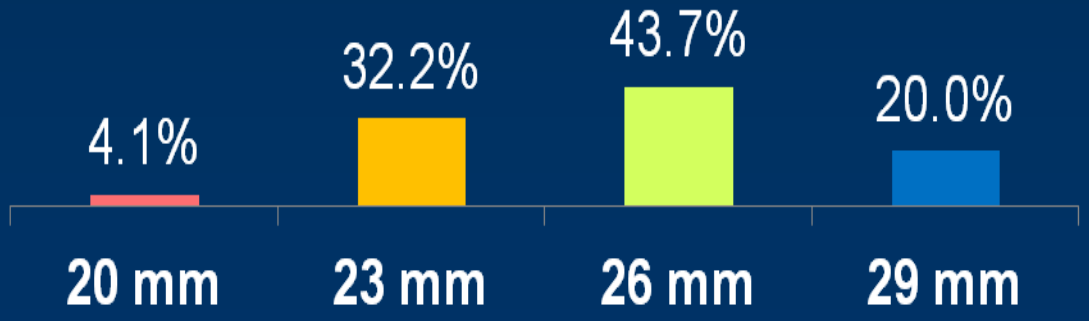
Average Age =

81.9yrs

N = 1076

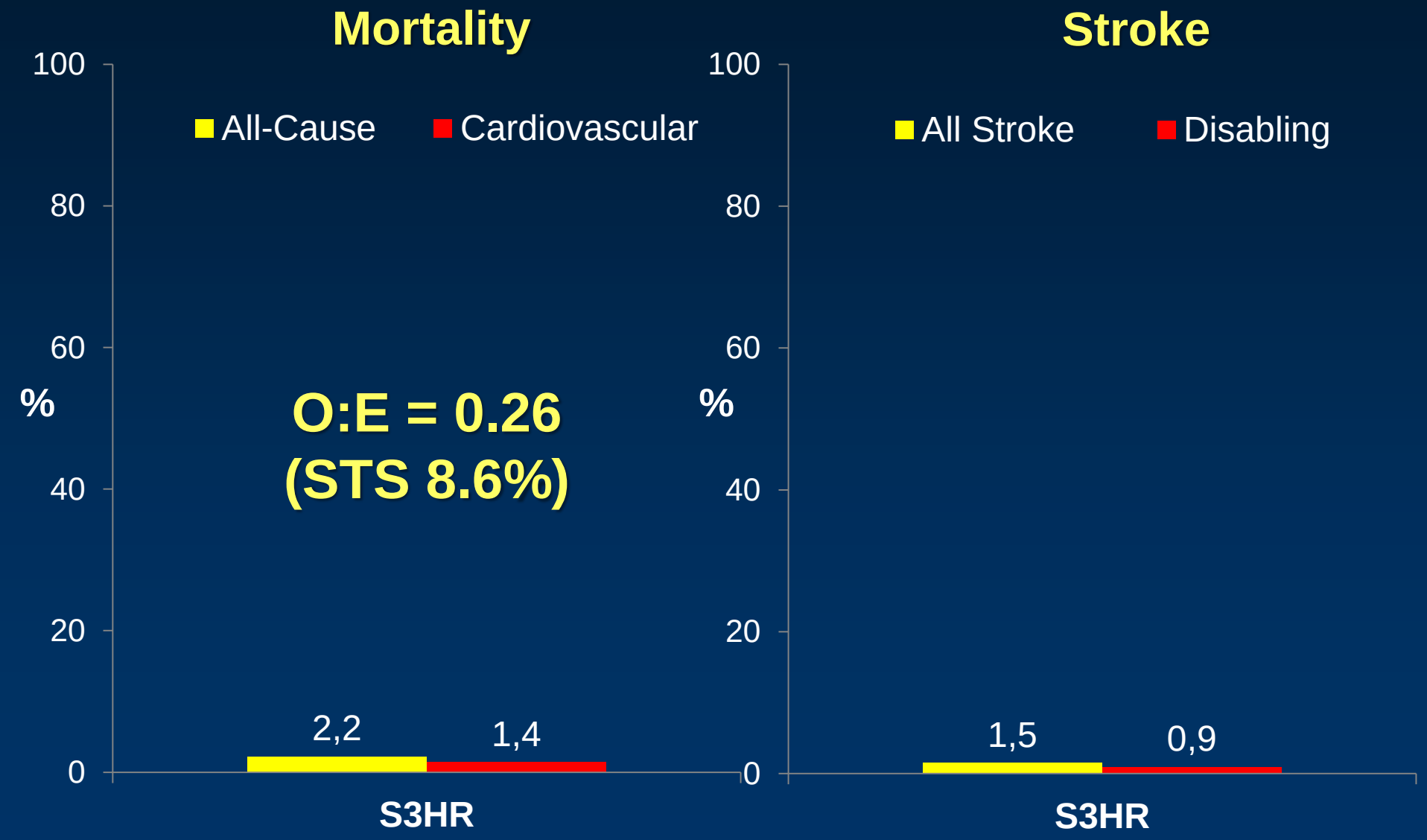






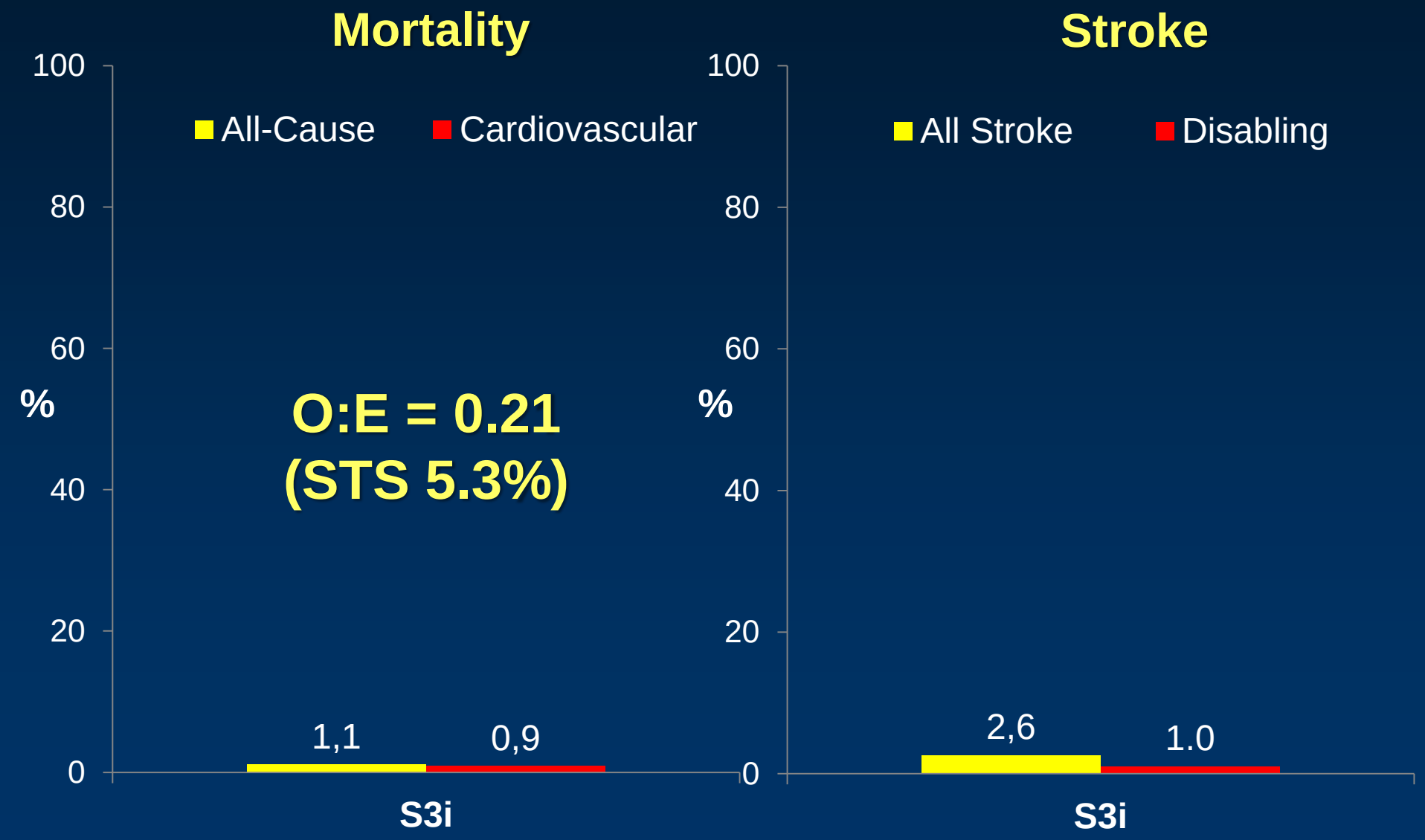
Mortality and Stroke: S3HR

At 30 Days (As Treated Patients)



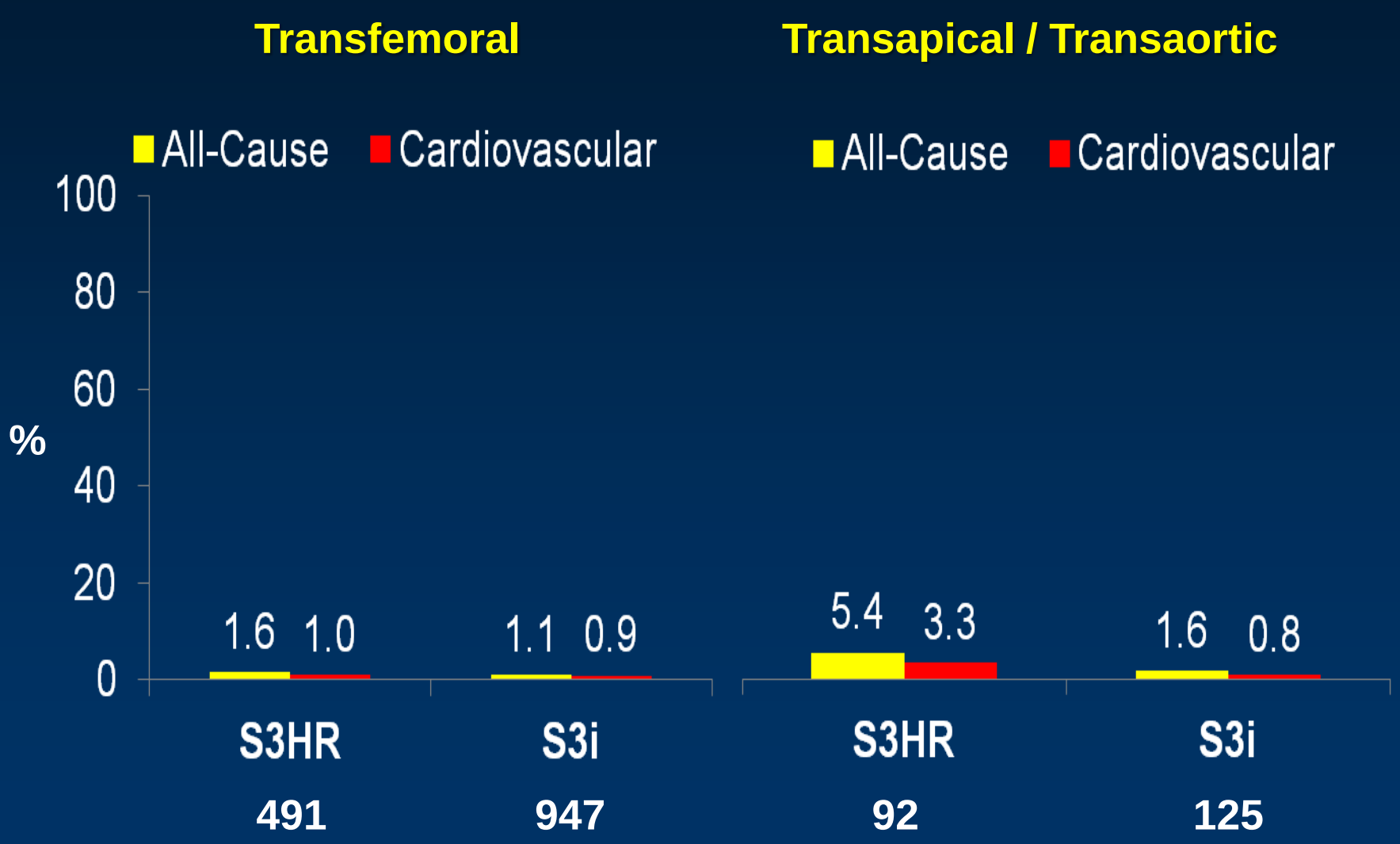
Mortality and Stroke: S3i

At 30 Days (As Treated Patients)



Mortality: S3HR & S3i

At 30 Days (As Treated Patients)

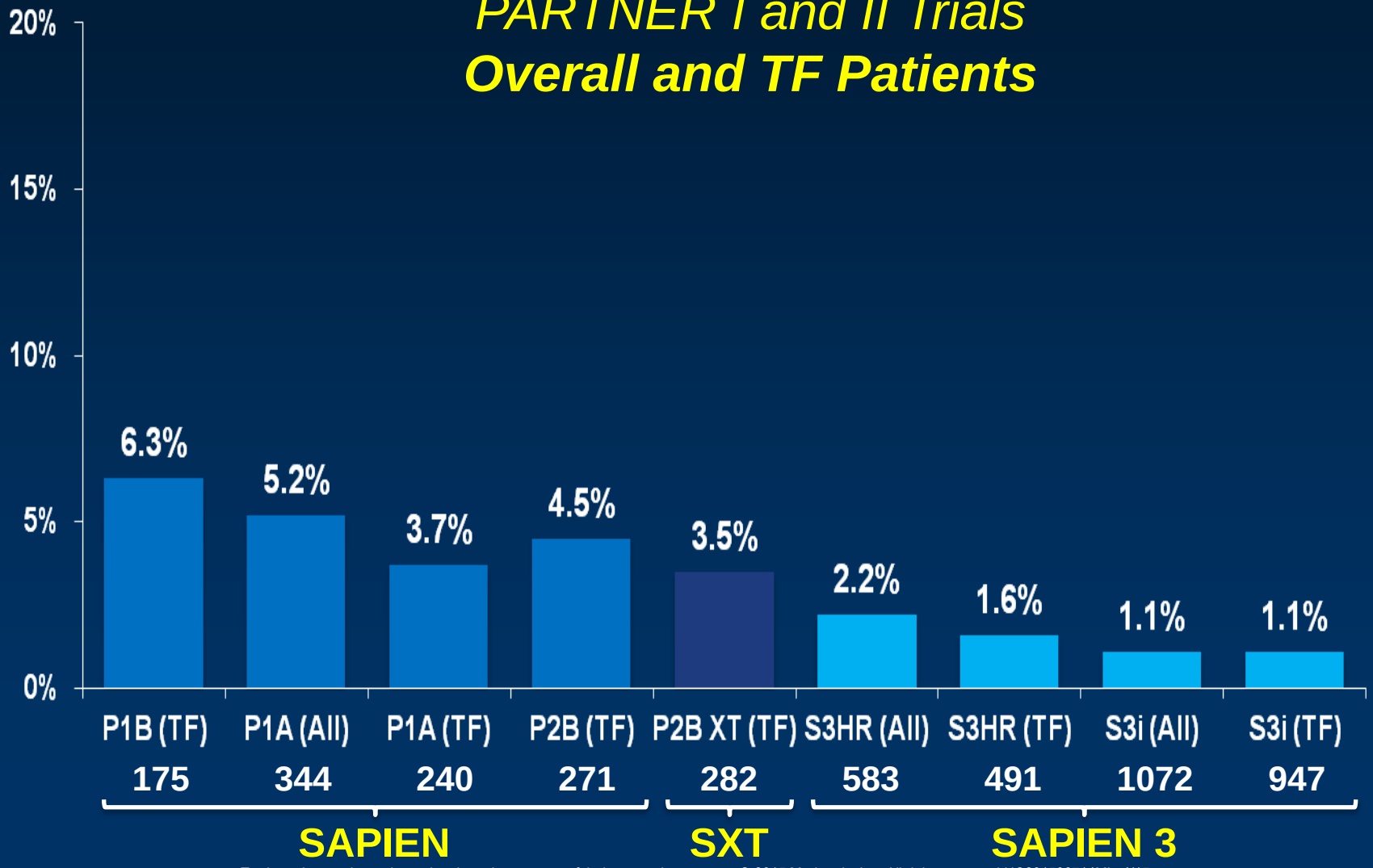


All-Cause Mortality at 30 Days

Edwards SAPIEN Valves (As Treated Patients)

PARTNER I and II Trials

Overall and TF Patients



Conclusiones PARTNER 2

- En pacientes de alto riesgo o inoperables la válvula SAPIEN 3 (S3HR), muestra baja mortalidad y ACV a 30 días
  - Mortalidad: 2.2% (TF 1.6%, TA/TAo 5.4%)
  - ACV grave: 0.9%
- En pacientes de riesgo intermedio SAPIEN 3 se asoció a menores tasas de mortalidad y ACV a 30 días(S3i):
  - Mortalidad: 1.1% (TF 1.1%, TA/TAo 1.6%)
  - ACV grave: 1.0%

Implications

- **The rapid evolution of balloon-expandable TAVR, both procedural developments and technical enhancements, represented in the SAPIEN 3 clinical and echo results, indicates at least parity with the best surgical outcomes in comparable patients.**
- ***SAPIEN 3 TAVR should now be considered as an alternative to surgery, even in lower risk patients with aortic stenosis.***

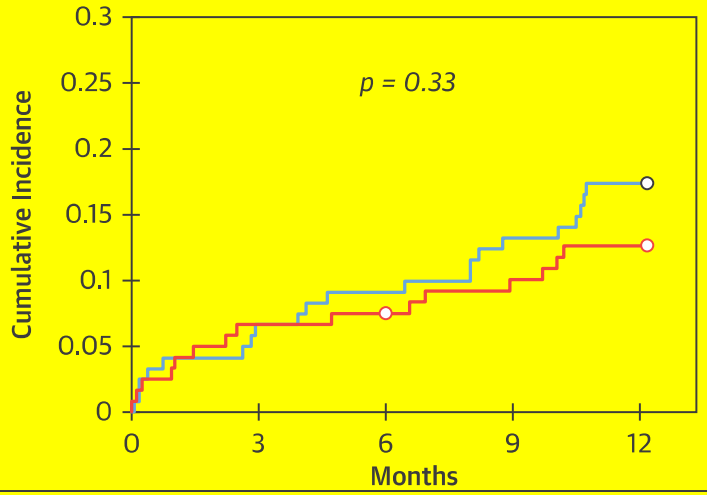
TAVI
¿Es una válvula superior a otra?

1-Year Outcomes After Transcatheter Aortic Valve Replacement With Balloon-Expandable Versus Self-Expandable Valves

Results From the CHOICE Randomized Clinical Trial

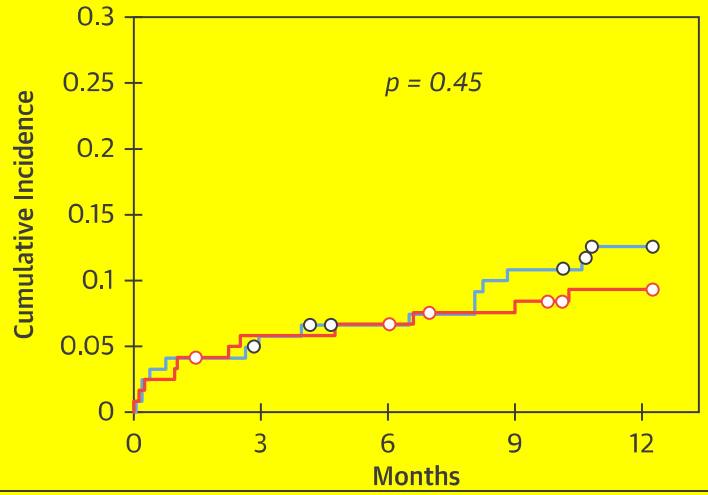
241 Transfemoral TAVR patients enrolled and randomized

A



No. at risk					
Balloon-expandable	121	114	111	106	100
Self-expandable	120	113	111	106	102

B



No. at risk					
Balloon-expandable	121	114	111	106	100
Self-expandable	120	113	111	106	102

Balloon-expandable Self-expandable

Withdrawal = 0

100% Clinical follow-up

Withdrawal = 3

97% Clinical follow-up

TABLE 2 Clinical Outcom

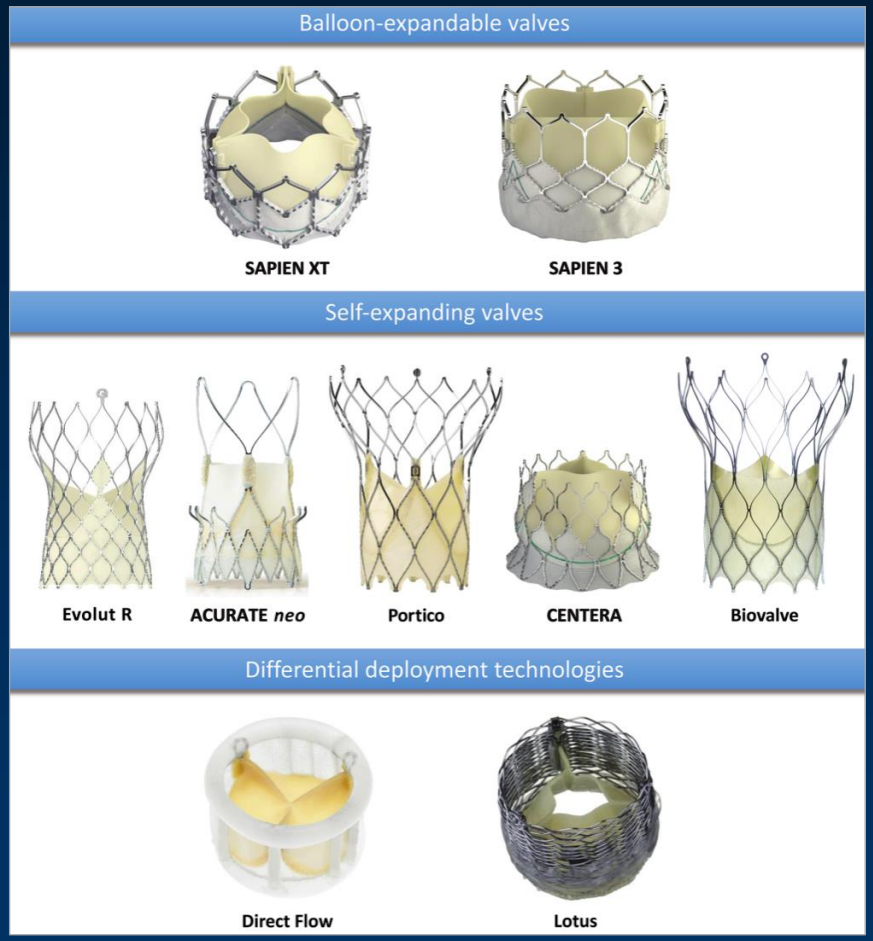
				(95% CI)	p Value
Death					
Of any cause				0.73–2.50)	0.37
Of cardiovascular causes				0.63–2.75)	0.54
Stroke				0.87–8.12)	0.11
Major stroke				0.51–5.63)	0.54
Minor stroke				–	0.12
Ischemic stroke				0.60–6.25)	0.38
Hemorrhagic stroke				–	0.25
Repeat hospitalization for h				0.26–1.27)	0.19
Myocardial infarction				0.06–15.28)	1.00
Bleeding					
Life threatening				0.57–2.09)	0.85
Major				0.85–2.58)	0.18
Minor				0.62–3.14)	0.50
Vascular complications					
Major				0.48–1.94)	1.00
Minor				0.48–12.22)	0.45
Endocarditis				.18–20.81)	1.00
Valve thrombosis				–	0.12
Repeat procedure for valve-				.11–3.79)	0.68
New pacemaker				.41–0.94)	0.02
New-onset atrial fibrillation				.41–2.63)	1.00
Combined efficacy endpoint				0.47–1.18)	0.22
MACCE				0.68–3.65)	0.36
NYHA functional class impr				0.87–1.07)	0.66
Quality-of-life score				–	0.49

TABLE 4 Echocardiographic Follow-Up at 1 Year

	Balloon-Expandable Valve	Self-Expandable Valve	p Value
Number of patients	69	66	
Effective orifice area, cm^2	1.7 ± 0.4	1.8 ± 0.6	0.34
Number of patients	68	66	
Indexed effective orifice area, cm^2/m^2	0.9 ± 0.2	1.0 ± 0.3	0.16
Number of patients	79	81	
Mean gradient, mm Hg	9 (7–12)	8 (5–11)	0.004
Number of patients	88	91	
Transvalvular aortic regurgitation			0.44
None/trace	86 (97.7)	86 (94.5)	
Mild	2 (2.3)	5 (5.5)	
Moderate	0 (0)	0 (0)	
Severe	0 (0)	0 (0)	
Number of patients	89	91	
Paravalvular aortic regurgitation			0.01
None/trace	52 (58.4)	44 (45.6)	
Mild	36 (40.4)	36 (39.6)	
Moderate	1 (1.1)	11 (12.1)	
Severe	0 (0)	0 (0)	
Number of patients	89	92	
Total aortic regurgitation			0.03
None/trace	51 (57.3)	42 (45.6)	
Mild	37 (41.6)	38 (41.3)	
Moderate	1 (1.1)	11 (12.0)	
Severe	0 (0)	1 (1.1)	
Left ventricular ejection fraction, %	58.9 ± 10.9	57.3 ± 11.8	0.37
Left ventricular end-systolic dimension, mm	32.6 ± 8.8	34.6 ± 8.1	0.10
Left ventricular end-diastolic dimension, mm	46.1 ± 8.1	48.2 ± 7.4	0.16
Systolic pulmonary artery pressure, mm Hg	28.4 ± 10.5	32.3 ± 13.0	0.06
Moderate/severe mitral regurgitation	13/88 (14.8)	28/90 (31.1)	0.01
Moderate/severe tricuspid regurgitation	12/85 (14.1)	20/88 (22.7)	0.14

TAVI
¿Qué aportan las nuevas válvulas?

TAVI. Nuevos dispositivos

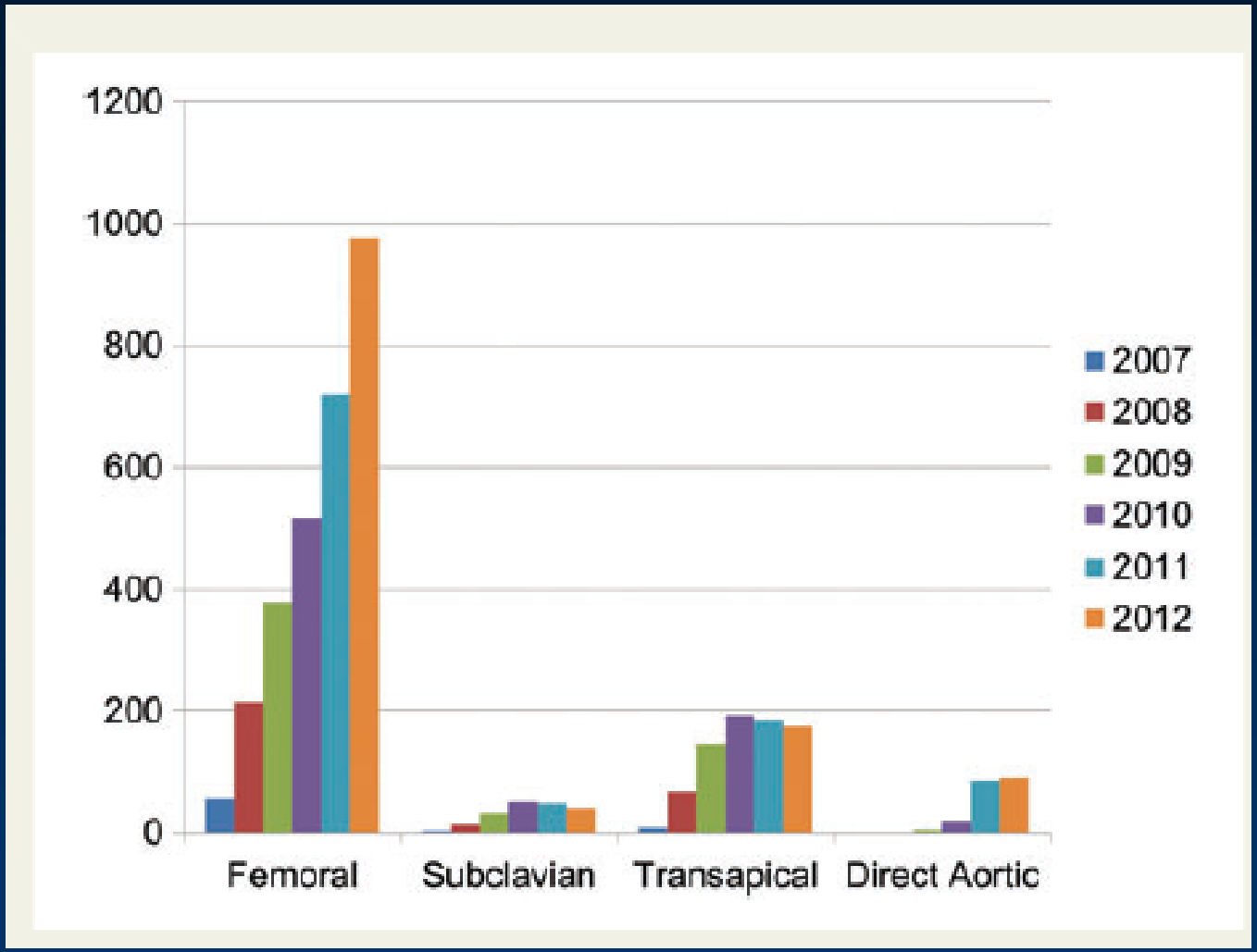


TAVI: NUEVOS DISPOSITIVOS (PCR 2014/ACC 2015)

	LOTUS	DIRECT FLOW	PORTICO	SAPIEN 3	SAPIEN 3 (APICAL)
Pacientes	120	75	83	96	54
Edad	84,4	83,1	83,8	83,6	
Euroscore	STS 7,1	23,5	16,3	19,8	24,9
Mortalidad (30 días) %	4,2	1,3	3,6	2,1	11,1
ACV (%)	5,8 (1,8)	4	3,6 (2,6)	1	5,6
MP (%)	29,4	17	10,8	12,5	14,8
IAO ≥ 2 (%)	2	2	5	2,6	5,1
IAM		1,3	1,2	2,1	
2ª Válvula	0	0		1	
Balón post	0	0		3,3	

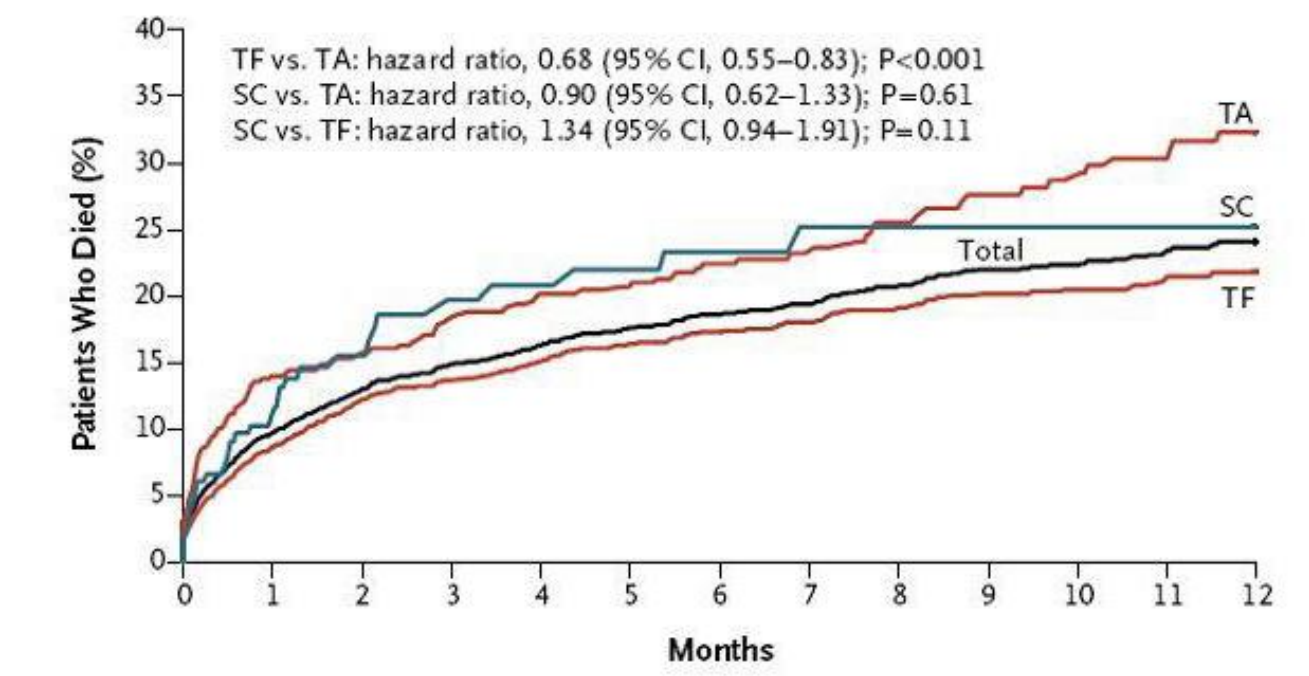
TAVI
Vía de abordaje

Vía de abordaje



Eur Heart J. 2014;35:2639–265

Mortalidad en función del tipo de acceso
Registro Francés 2



N Engl J Med 2012;366:1705-15

Predictive factors of early mortality after transcatheter aortic valve implantation: individual risk assessment using a simple score

Table 3 Predictive factors of early (30-day or in-hospital) mortality after TAVI

	Adjusted OR (95% CI)	p Value	Points for score (/21)
Age (years)			
<90	1		0
≥90	1.53 (1.02 to 2.30)	0.04	1
Body mass index (kg/m²)			
≥30	1		0
18.5–29.9	1.51 (1.01 to 2.27)	0.047	1
<18.5	2.27 (1.09 to 4.74)	0.03	3
NYHA class IV	1.79 (.26 to 2.54)	0.001	2
Pulmonary oedema (APE)			
<2 APE last year	1		0
≥2 APE last year	1.61 (1.12 to 2.30)	0.01	2
Pulmonary hypertension (systolic PAP ≥60 mm Hg)	1.45 (1.08 to 1.94)	0.01	1
Critical state*	2.39 (1.42 to 4.02)	0.001	3
Respiratory insufficiency†	1.64 (1.22 to 2.20)	0.001	2
Dialysis	2.88 (1.46 to 5.66)	0.002	4
Approach			
Transfemoral or subclavian	1		0
Transapical	2.02 (1.47 to 2.78)	<0.0001	2
Other	2.18 (1.11 to 4.28)	0.02	3

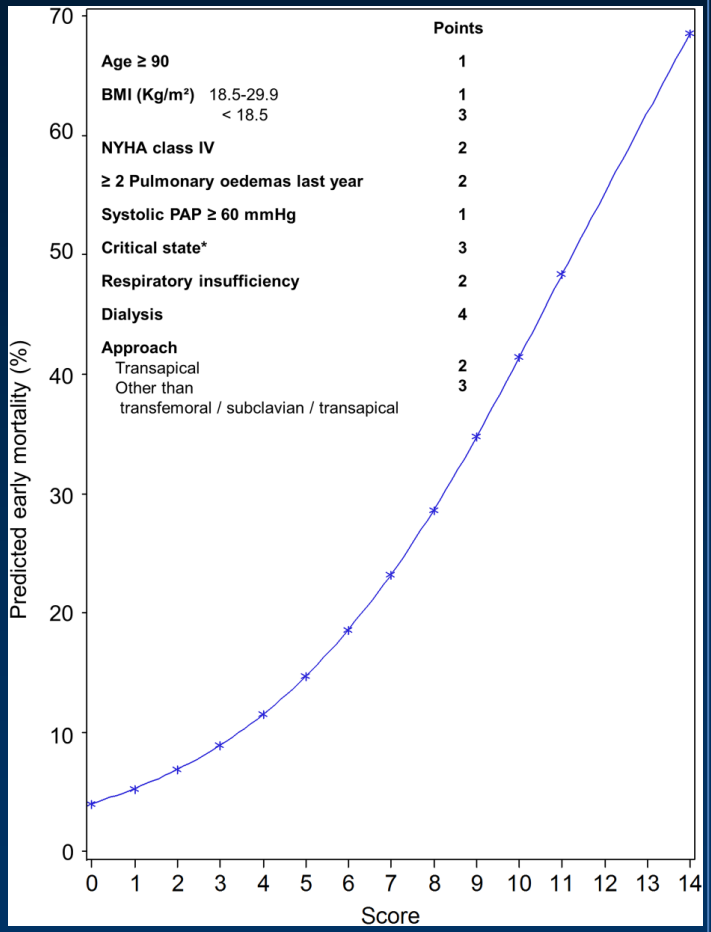
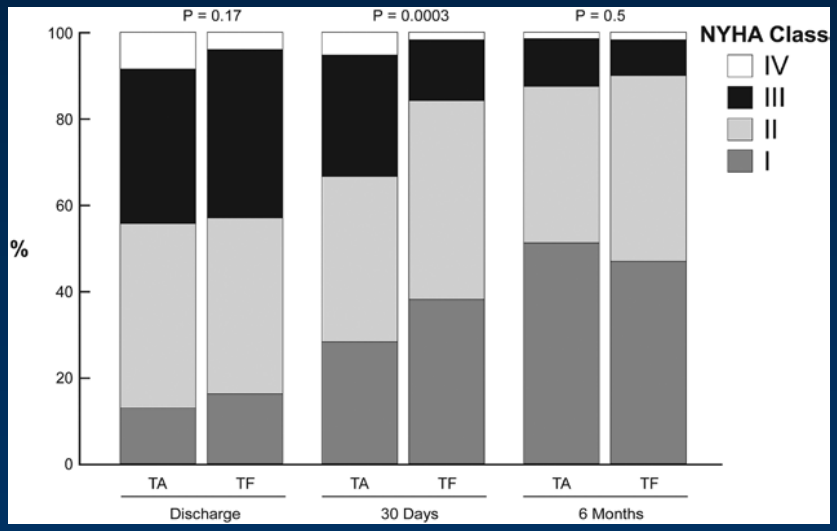


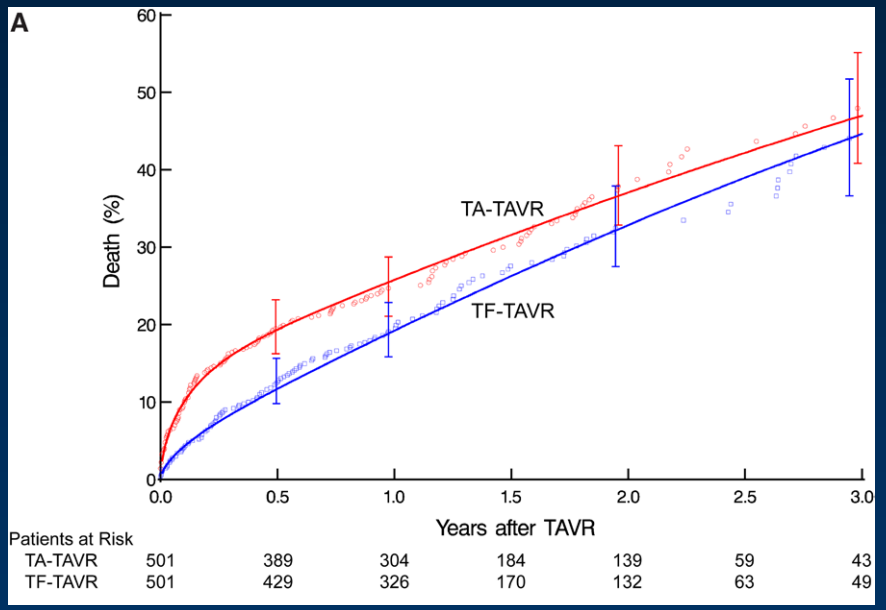
Figure 1 Relationship between the score value and predicted early mortality after transcatheter aortic valve implantation.

Propensity-Matched Comparisons of Clinical Outcomes After Transapical or Transfemoral Transcatheter Aortic Valve Replacement

A Placement of Aortic Transcatheter Valves (PARTNER)-I Trial Substudy

Eugene H. Blackstone, MD; Rakesh M. Suri, MD, DPhil; Jeevanantham Rajeswaran, PhD; Vasilis Babaliaros, MD; Pamela S. Douglas, MD; William F. Fearon, MD; D. Craig Miller, MD; Rebecca T. Hahn, MD; Samir Kapadia, MD; Ajay J. Kirtane, MD, SM; Susheel K. Kodali, MD; Michael Mack, MD; Wilson Y. Szeto, MD; Vinod H. Thourani, MD; E. Murat Tuzcu, MD; Mathew R. Williams, MD; Jodi J. Akin, MSN; Martin B. Leon, MD; Lars G. Svensson, MD, PhD





Mortalidad 6 meses 19% TA, 12% TF , p< 0,001

RESULTADOS

Hospital Universitario Virgen de la Victoria

DEMOGRAPHICS

April 2008-Septiembre 2015
N= 490 patients

Corevalve first generation
125 p (25,5%)

Accutrak
310 p (63.25%)

Evolut R
65 p (12,25%)

Mortalidad TAVI 30 días
Hospital Universitario Virgen de la Victoria

	2008	2009	2010	2011	2012	2013	2014	2015	ALL
N	25	48	71	86	75	67	69	50	490
Edad	76.2±9	80.7±5	80.1±5	78.6±6	79.6±6	78.8±5	78.9±9	79.2±6	79,2±6
EuroScore	16.2±10	24.9±18	19.7±11	18.2±10	17.9±12	12.5±7	14.5±8	14,8±7	17.6±1
Mortalidad 30 días	4%	2.1%	5.6%	7%	4%	1.5%	1.4%	2%	3.4%

FIRST GENERATION

ACCUTRAK

EVOLUT R

Insuficiencia aórtica tras TAVI

4.4. IAO tras TAVI con la prótesis CoreValve

2ª Válvula	22 (5,5%)
Post-dilatación con balón	111 (27,8%)
IAO final en la aortografía (Sellers)	
- 0	157 (39,6%)
- 1	138 (34,8%)
- 2	95 (24,0%)
- 3	5 (1,3%)
- 4	1 (0,3%)
IAO en la ecocardiografía prealta	
- Ausente	186 (48,3%)
- Leve	135 (35,1%)
- Moderada	62 (16,1%)
- Severa	2 (0,5%)

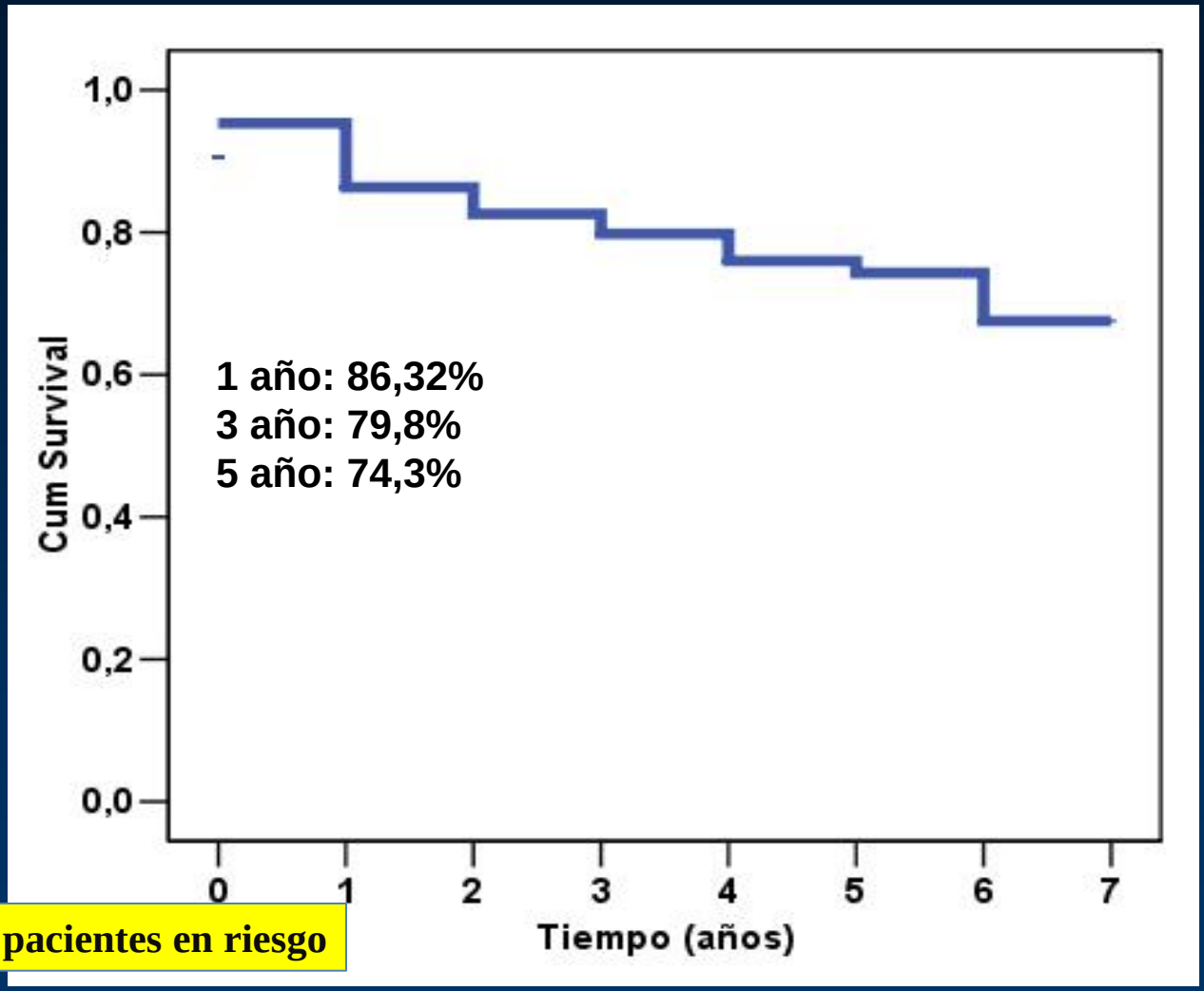
4.4. IAO tras TAVI con la prótesis CoreValve

Pacientes	1-100	101-200	201-300	301-399	
Valvuloplastia posTAVI	21%	29%	32%	29,3%	p=0,164
IAO final en aortografía					
- 0	28,6%	32%	50,5%	47,5%	
- 1	40,8%	39%	28,3%	31,3%	
- 2	30,6%	28%	19,2%	18,2%	p=0,008
- 3	0%	1%	1%	3%	
- 4	0%	0%	1%	0%	
IAO en ecocardiografía					
- Nada	32,7%	41,7%	58,3%	61,1%	
- Leve	43,9%	42,7%	29,2%	24,2%	
- Moderada	23,5%	15,6%	11,5%	13,7%	p=0,001
- Severa	0%	0%	1%	1,1%	

Seguimiento

Resultados en el Tratamiento de la Estenosis Aórtica

Abril 2008-Diciembre 2014, 441 pacientes TAVI



Nº pacientes en riesgo

441	333	254	177	105	45	11	1

Mortalidad tardía
Hospital Universitario Virgen de la Victoria.

Causas de mortalidad

Causes of mortality	Patients (n = 12)	Time (m)
Cardiac failure (depressed ejection fraction)	2 (16.7%)	5 and 17
Neoplasias	3 (25%)	
Spinocellular	1	11
Pancreas	2	5 and 11
Respiratory	2 (16.7%)	3 and 5
Sudden death	1 (8.4%)	3
Stroke	1 (8.4%)	5
Multiorgan failure due to	2 (16.7%)	
Chronic renal failure	1	18
Sepsis	1	8
Gastrointestinal		
Acute biliary pancreatitis	1 (8.4%)	15

Predictores de mortalidad tardía

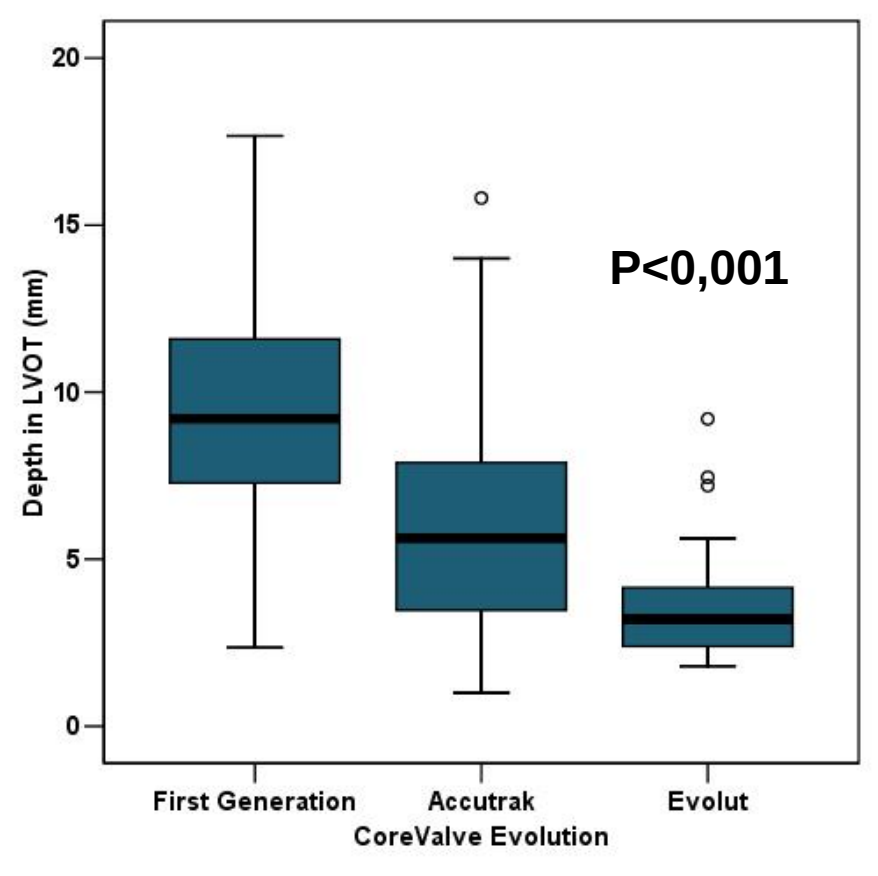
	Hazard ratio (95% CI)	P
Charlson index	1.439 (1.091-1.899)	<.010
Karnofsky	0.958 (0.925-0.994)	.021
Barthel post	0.978 (0.936-1.022)	.327
Barthel pre	1.030 (0.990-1.072)	.145
Depth	0.950 (0.757-1.191)	.655
Ejection fraction	1.008 (0.968-1.050)	.689
Vascular complications	5.264 (0.457-60.674)	.183
Frailty	1.022 (0.215-4.857)	.978

Muñoz García AJ. Am Heart J 2012.

RESULTADOS

EVOLUT R

Depht in the left ventricular outflow (LVOT) mm

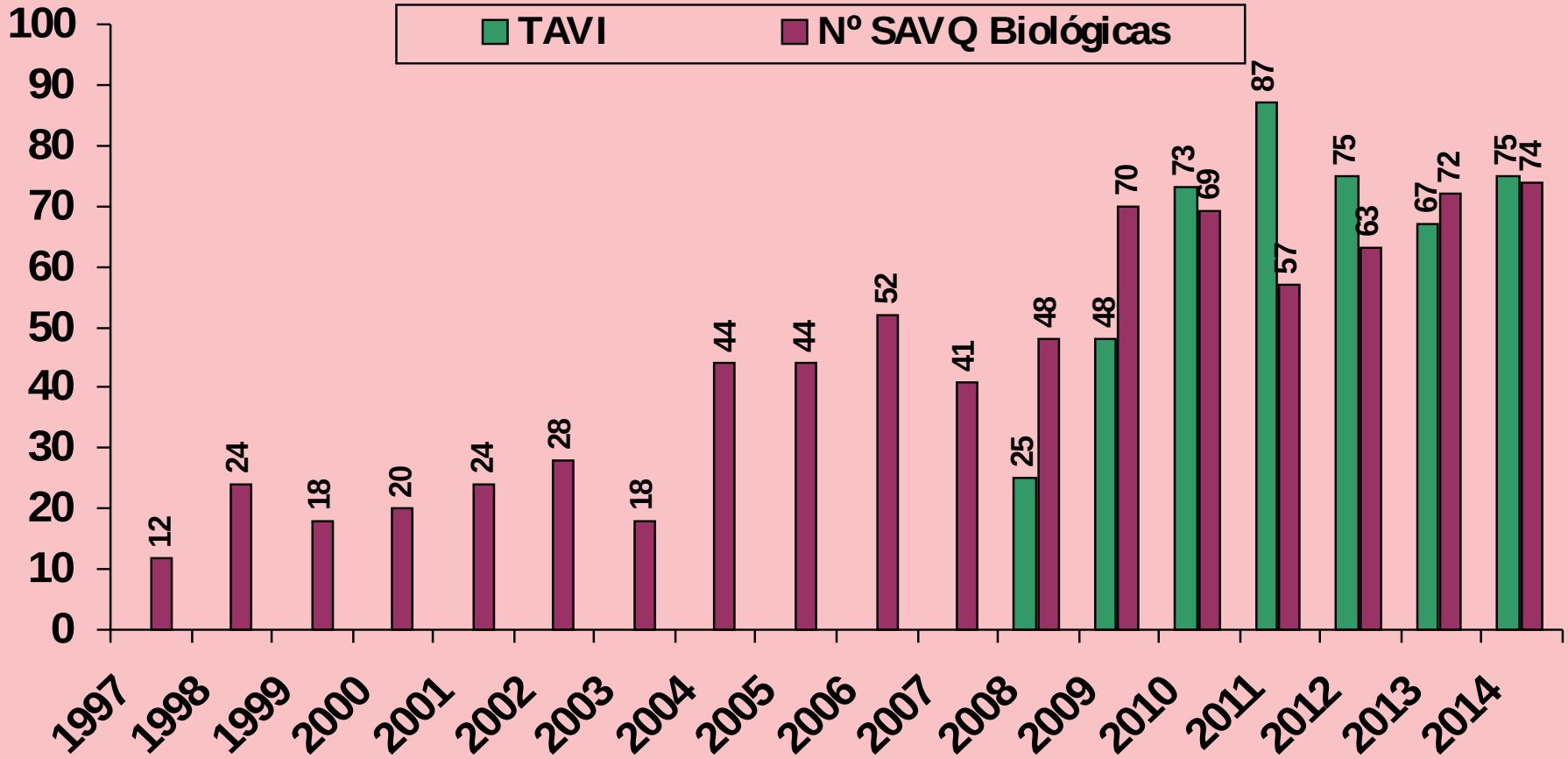


Corevalve first generation	**9.5 ± 3.2 mm**	
Accutrak	**6.36 ± 5 mm**	**P<0,001**
Evolut R	**3.6 ± 1.7 mm**	

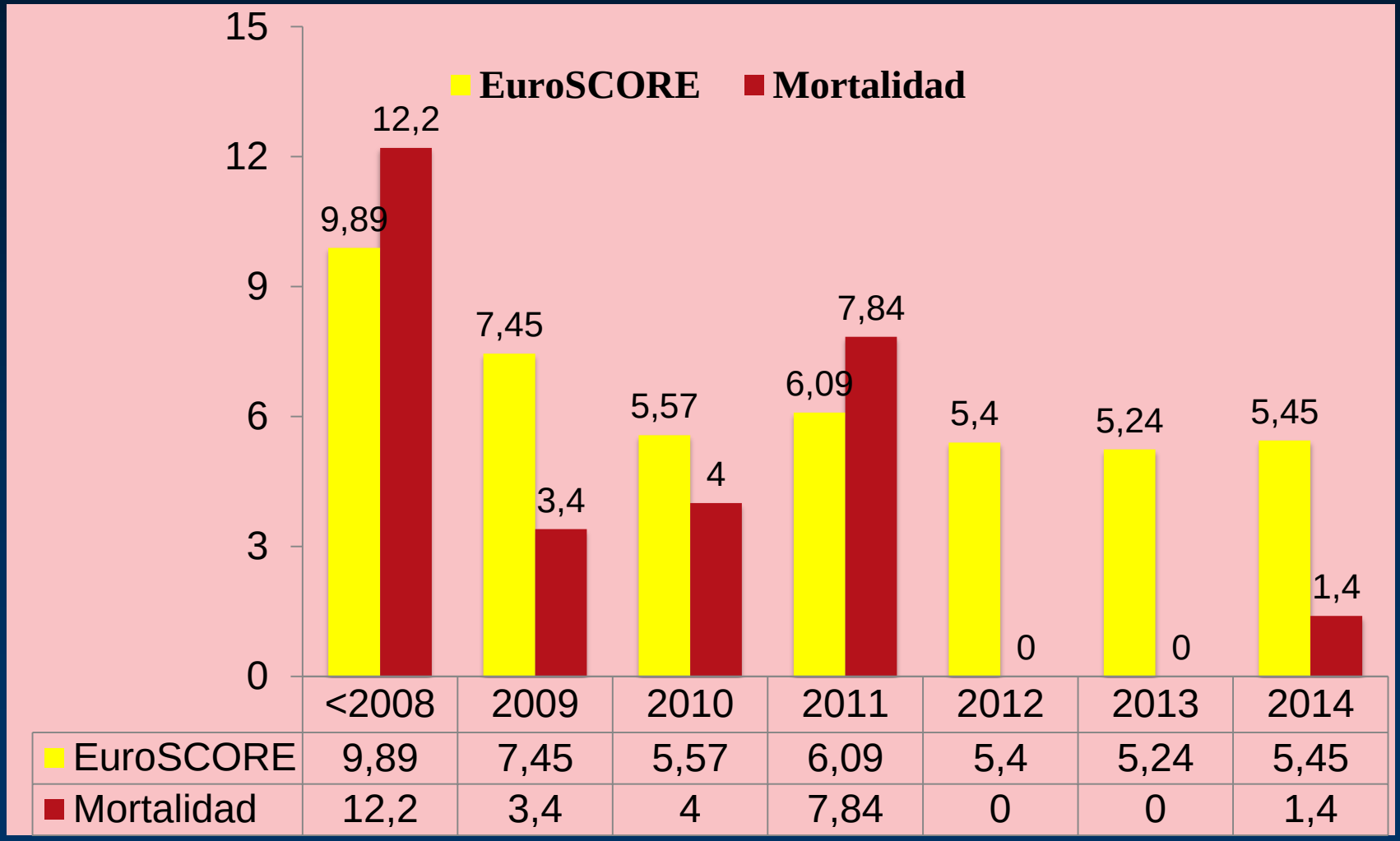
	Corevalve First (125)	Accutrak (310)	Evolut R (65)	p
AV BLOCK (procedure)	24.1%	18.2%	10.3%	0.069
VALVE IN VALVE	5 (4%)	19 (6.1%)	0%	0.938
AORTIC REGURGITATION				
0	42 (34.1%)	163 (54.7%)	39 (60,2%)	0.023
1	50 (40.7%)	95 (31.9%)	24 (36.7%)	
2	31 (25.2%)	36 (12.1%)	2 (3.1%)	
3	0	2 (0.7%)	0	
4	0	2 (0.7%)	0	
PACEMAKER	39 (33.3%)	67 (23.7%)	3 (10%)	0.005

Impacto del TAVI en la Cirugía Cardiaca

Impacto del TAVI en la Cirugía Cardiaca



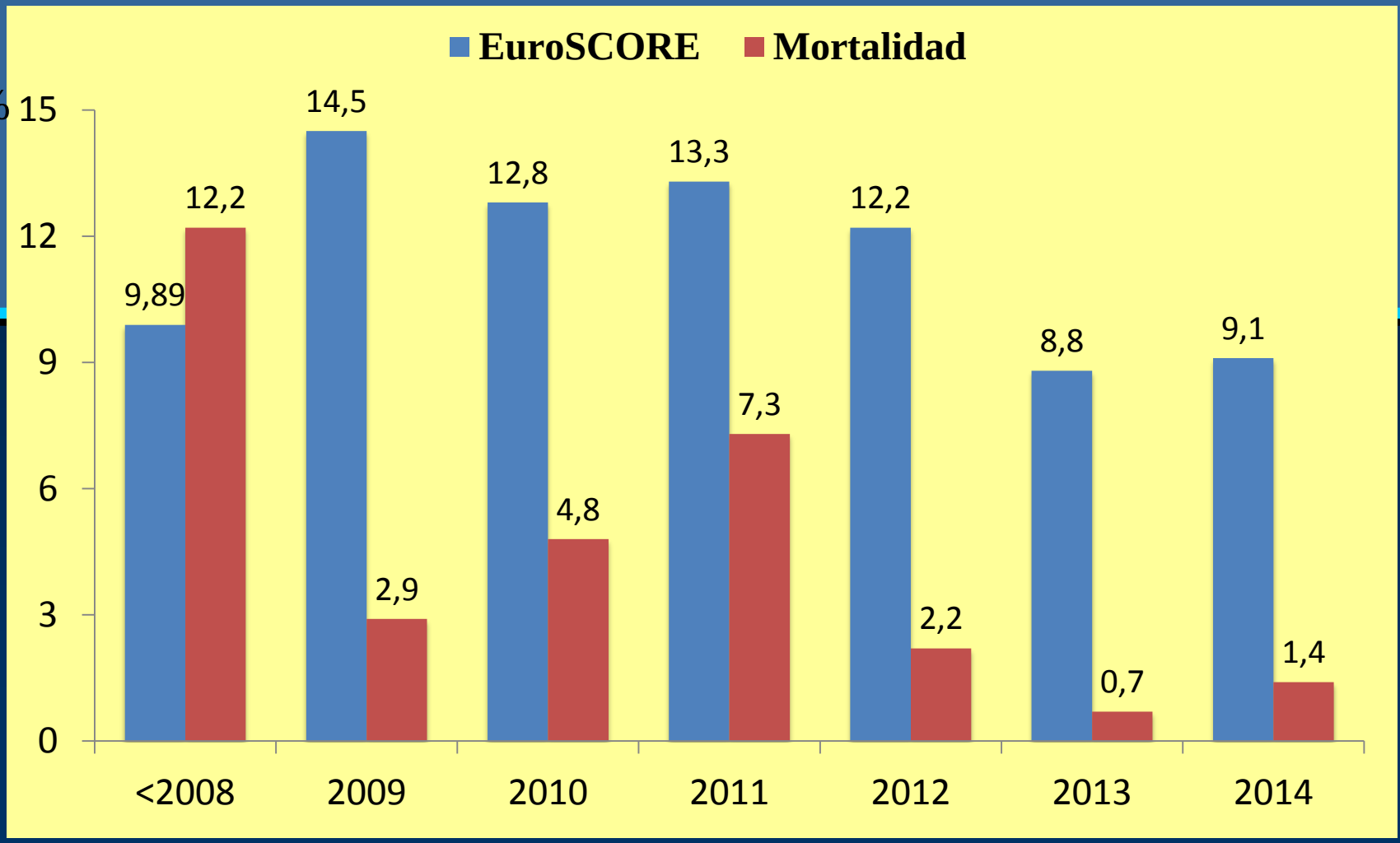
MORTALIDAD DE LA CIRUGIA CARDIACA : ESTENOSIS AÓRTICA



	<2008	2009	2010	2011	2012	2013	2014
EuroSCORE	9,89	7,45	5,57	6,09	5,4	5,24	5,45
Mortalidad	12,2	3,4	4	7,84	0	0	1,4

Impacto del TAVI en la Cirugía Cardiaca

CIRUGÍA CARDIACA + TAVI



TAVI. Cuestiones pendienes. Futuro

TAVI en pacientes de riesgo intermedio o bajo

Disminución del French y las complicaciones vasculares

Reducción del "stroke"

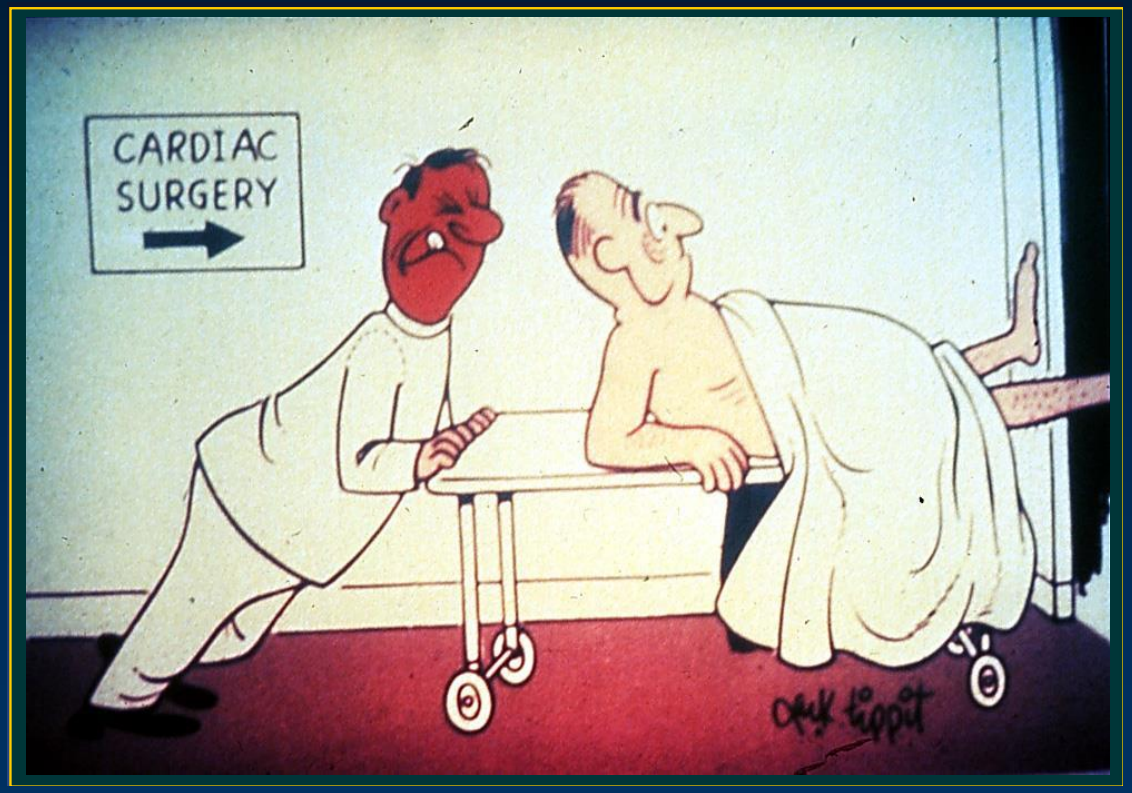
Disminución de los "leaks" paravalvulares

Integración de nuevas tecnologías

TAVI en otras indicaciones: válvula bicúspide, Regurgitación aórtica, "valve in valve"

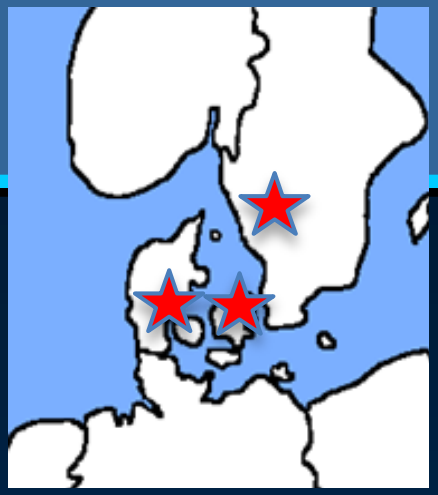
TAVI "ad hoc" en el mismo procedimiento diagnóstico

TAVI EN PACIENTES CON RIESGO INTERMEDIO O BAJO



The NOTION Trial

An All-comers Randomized Clinical Trial Comparing Transcatheter with Surgical Aortic Valve Replacement in Patients with Aortic Valve Stenosis

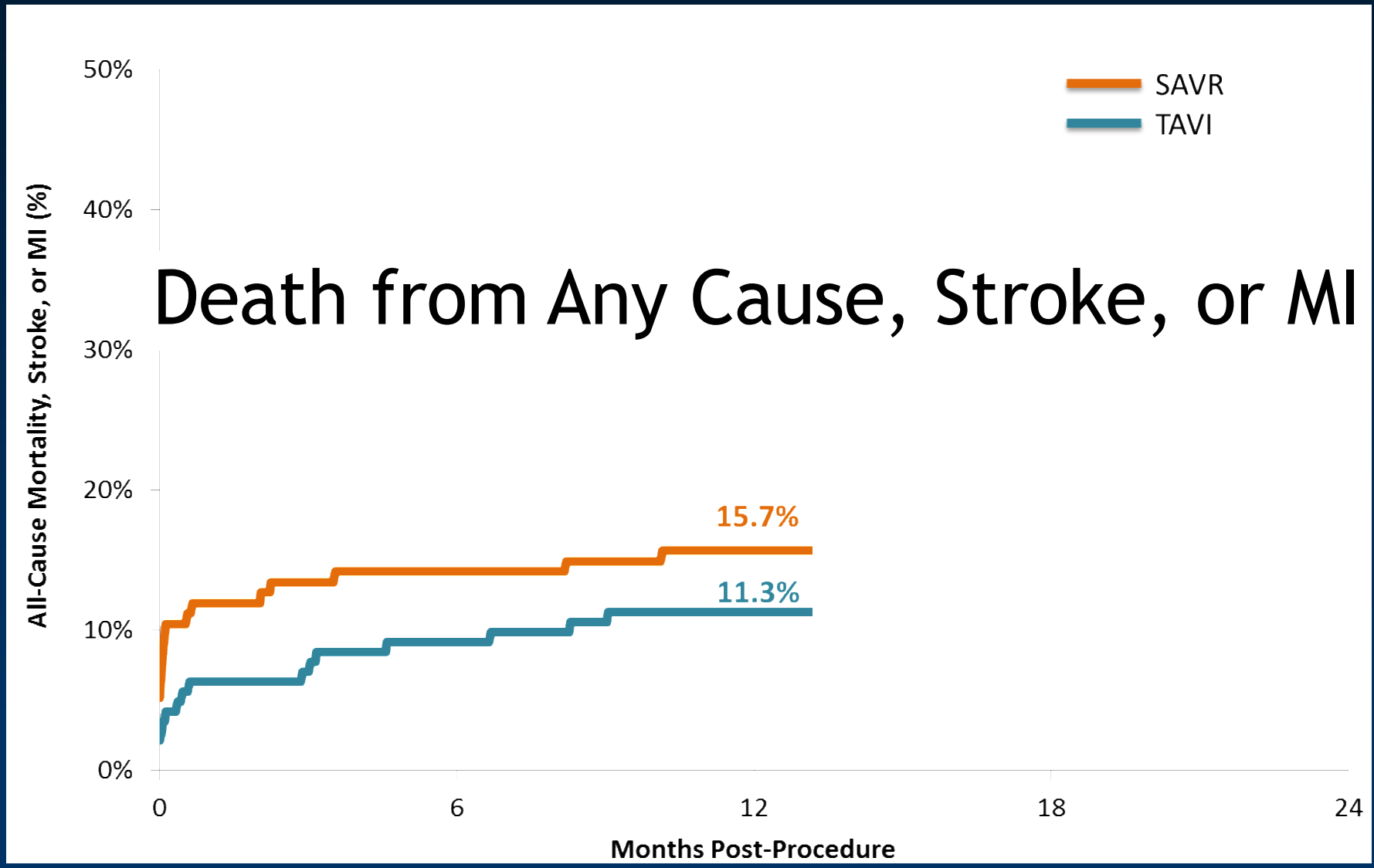


Main inclusion criteria

- Severe AS
-
-
-

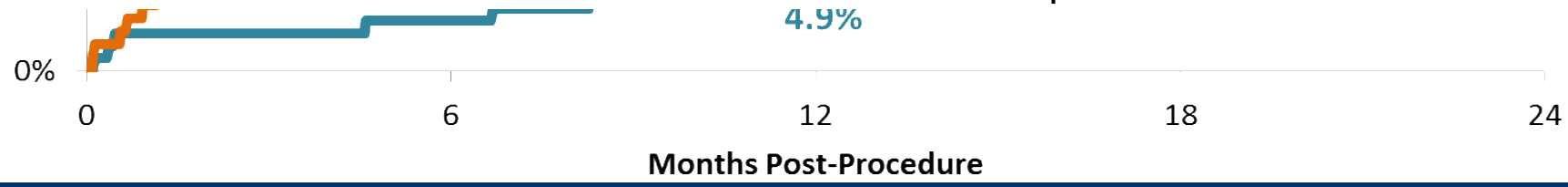
Characteristic, % or mean ± SD	TAVI n=145	SAVR n=135	p-value
Age (yrs)	79.2 ± 4.9	79.0 ± 4.7	0.71
Male	53.8	52.6	0.84
STS Score	2.9 ± 1.6	3.1 ± 1.7	0.30
STS Score < 4%	83.4	80.0	0.46
Logistic EuroSCORE I	8.4 ± 4.0	8.9 ± 5.5	0.38

The NOTION Trial

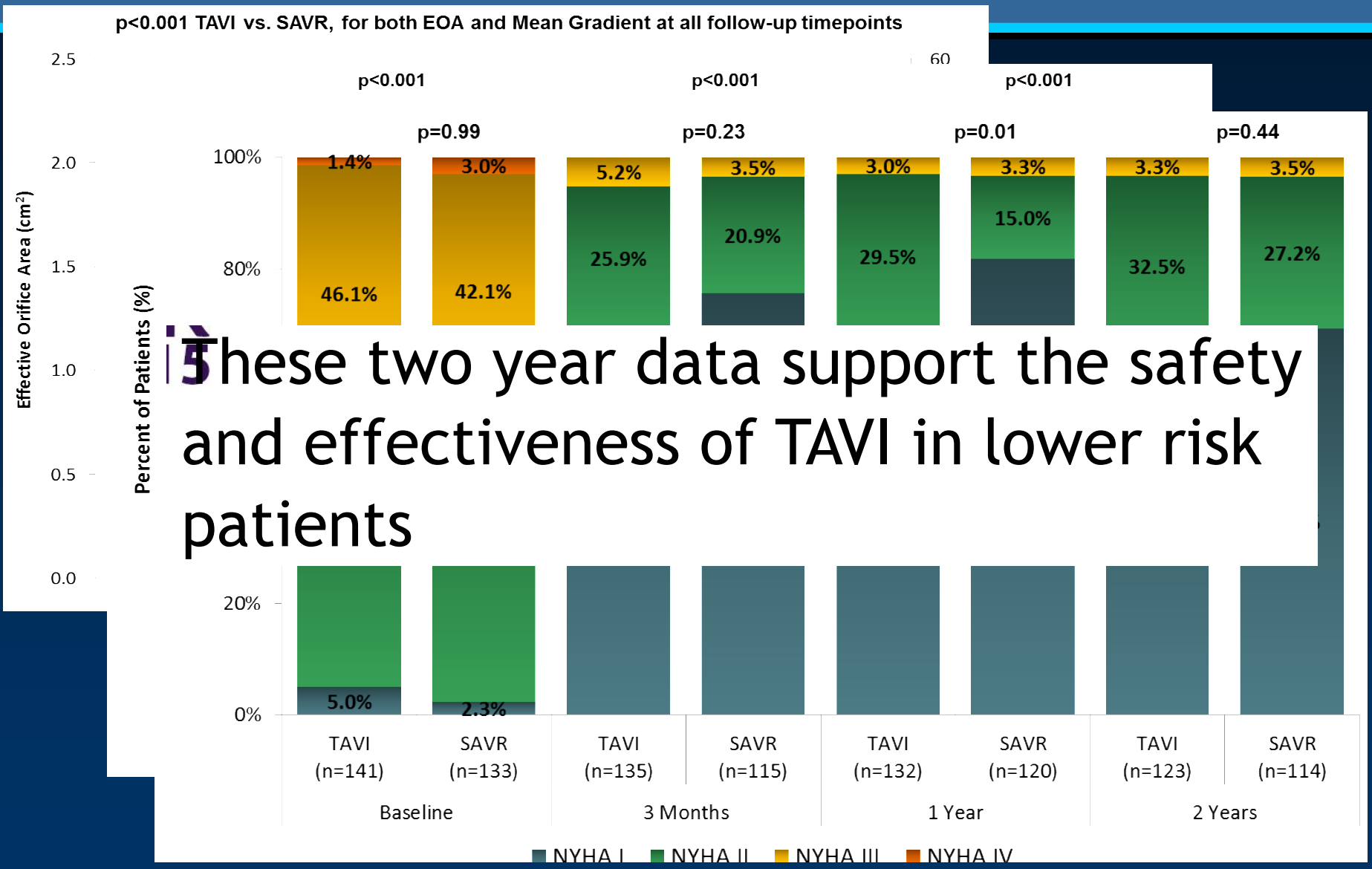


The NOTION Trial

	1 Year			2 Years		
Outcome, %	TAVI	SAVR	p-value	TAVI	SAVR	p-value
Death, any cause	4.9	7.5	0.38	8.0	9.8	0.54
Death, cardiovascular	4.3	7.5	0.25	6.5	9.1	0.40
Stroke	2.9	4.6	0.44	3.6	5.4	0.46
TIA	2.1	1.6	0.71	6.0	3.3	0.30
Myocardial infarction	3.5	6.0	0.33	5.1	6.0	0.69
Atrial fibrillation	21.2	59.4	<0.001	22.7	60.2	<0.001
Pacemaker	38.0	2.4	<0.001	41.3	4.2	<0.001
Aortic valve re-intervention	0.0	0.0	na	0.0	0.0	na

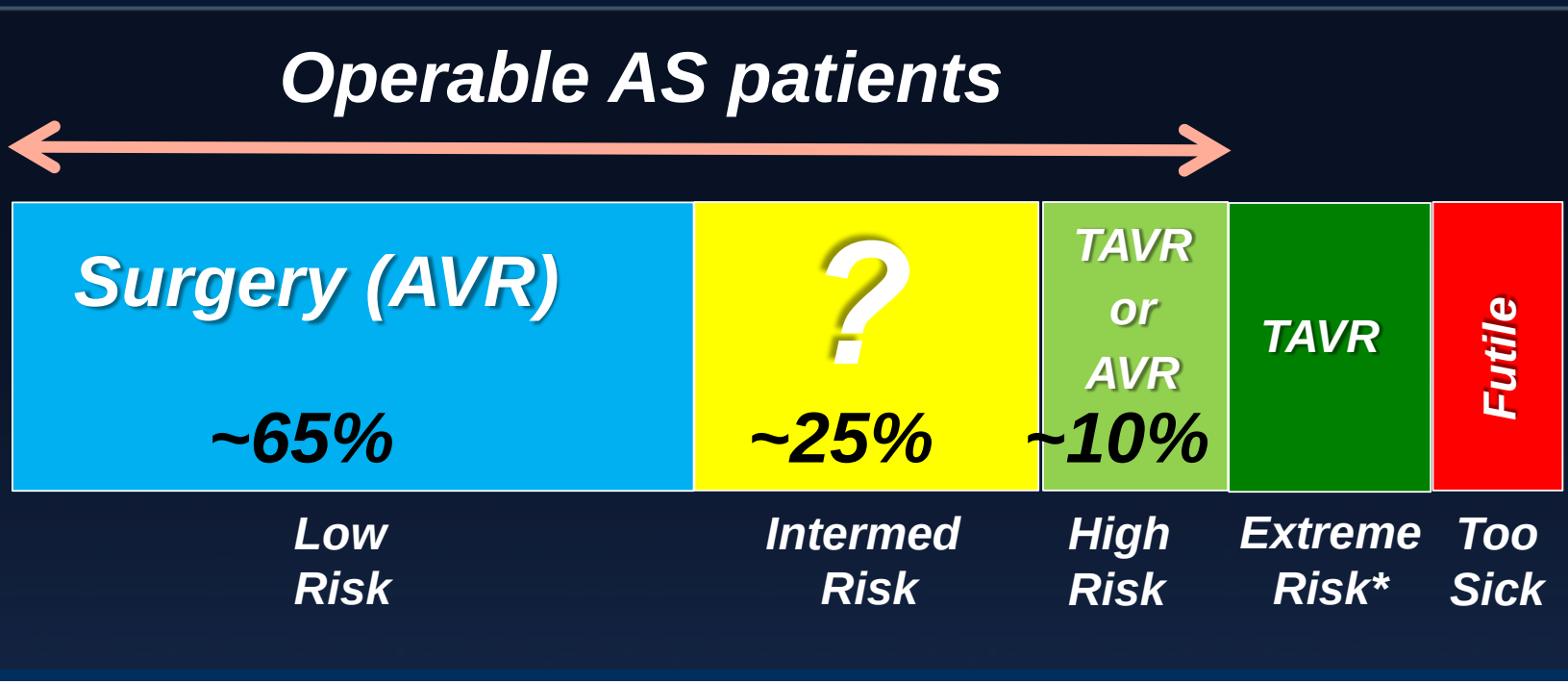


The NOTION Trial



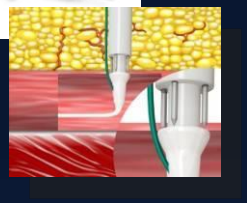
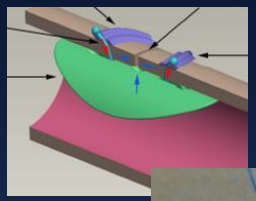
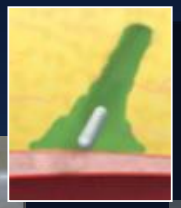
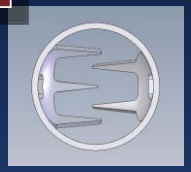
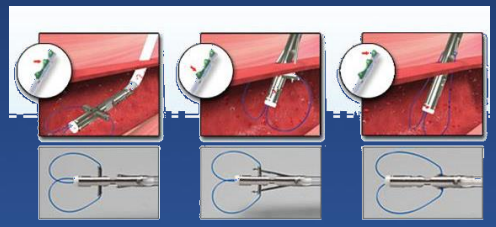
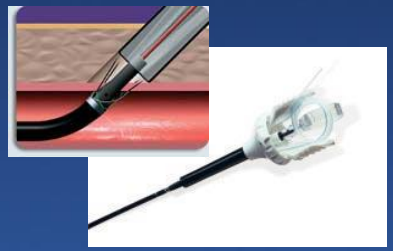
These two year data support the safety and effectiveness of TAVI in lower risk patients

TAVI Y CIRUGIA EN 2015



Aún no	Equilibrado	Preferible	No

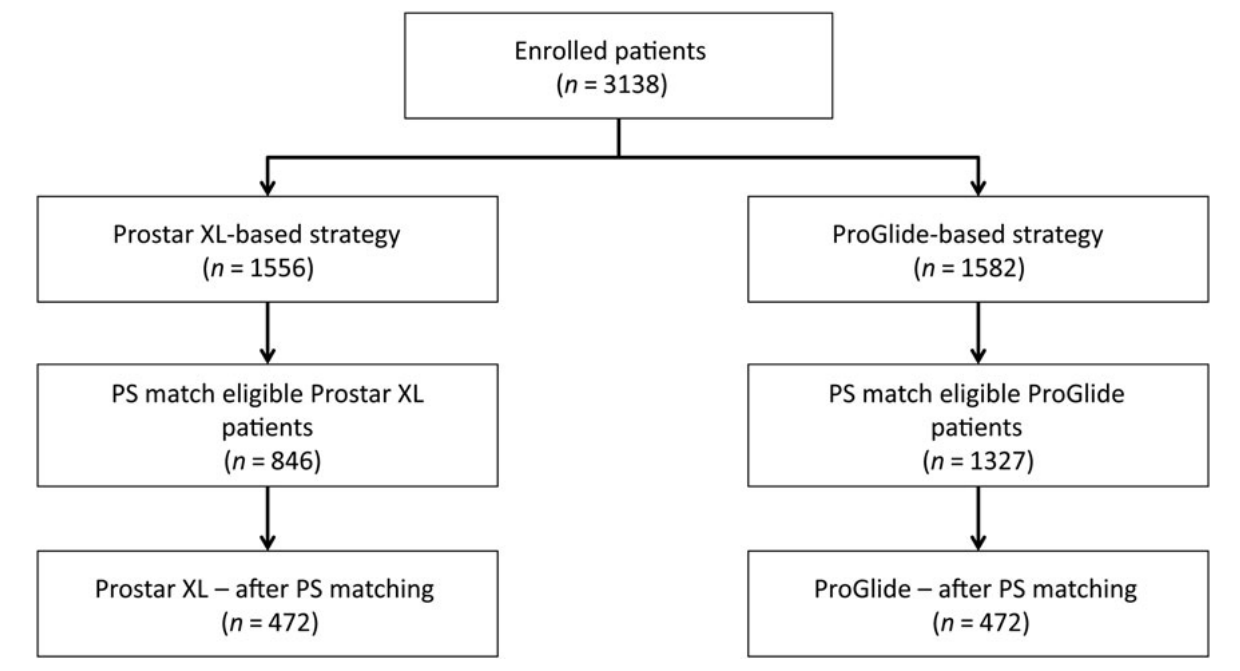
Large Vessel Closure Landscape

Category	Company	Technology
Emerging Suture Based Technologies	Interventional Therapies	    
	MediGlobe	
	SpiRx	
	Vivasure	
	ePacing	
Emerging Patch or Plug Technologies	Sealing Solutions	   
	Vascular Closure Systems	
	Apica Cardiovascular	
Strategic Players	*Medtronic, Inc.*	
	Abbott Vascular	
	St. Jude Medical	
	Cook/Cardica	COOK MEDICAL cardica

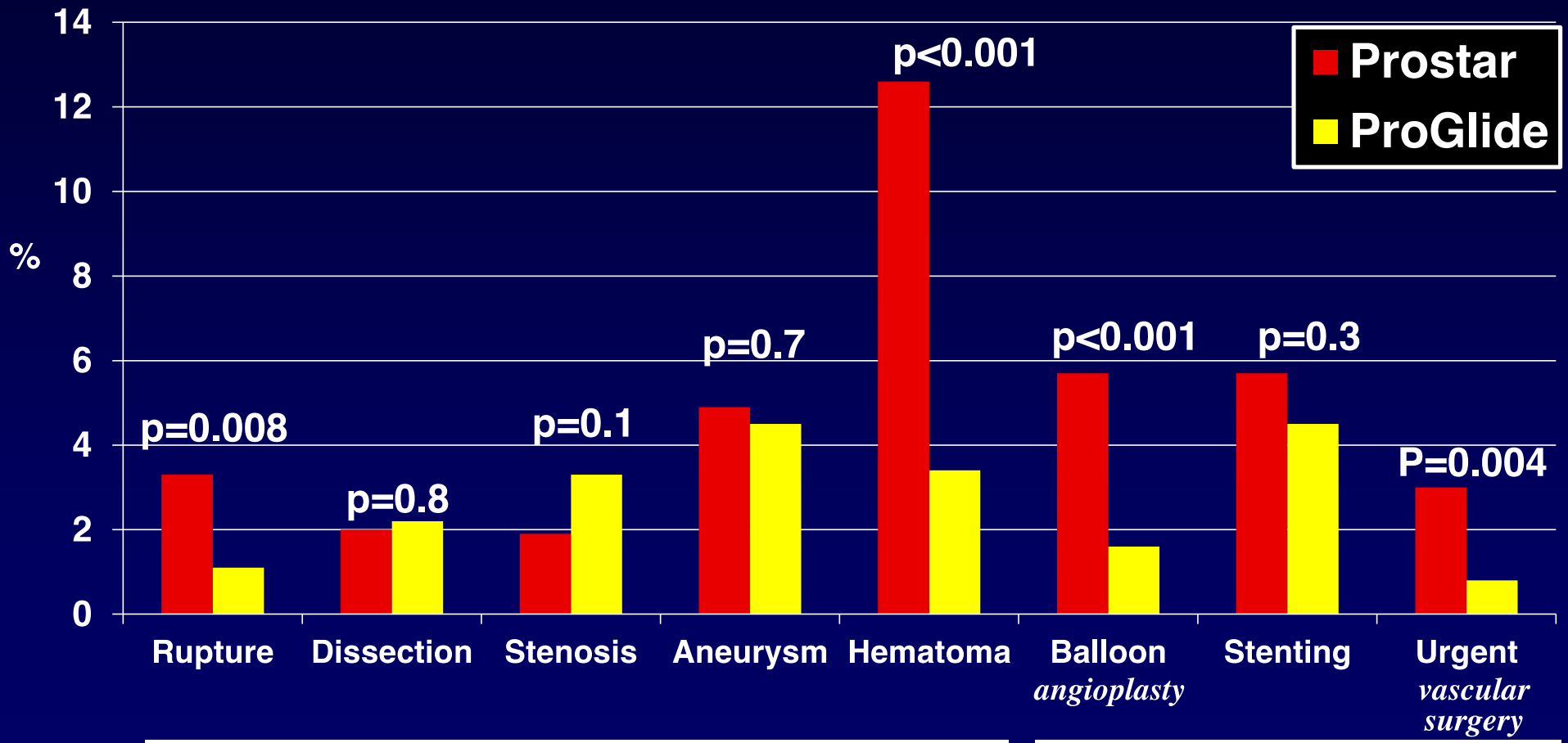
Comparison of vascular closure devices for access site closure after transfemoral aortic valve implantation

To compare the efficacy of a Prostar XL- vs. Perclose ProGlide-based vascular closure strategy.

The ClOsure device iN TRansfemoral aOrtic vaLve implantation (CONTROL) multi-center study



DISPOSITIVOS DE CIERRE VASCULAR



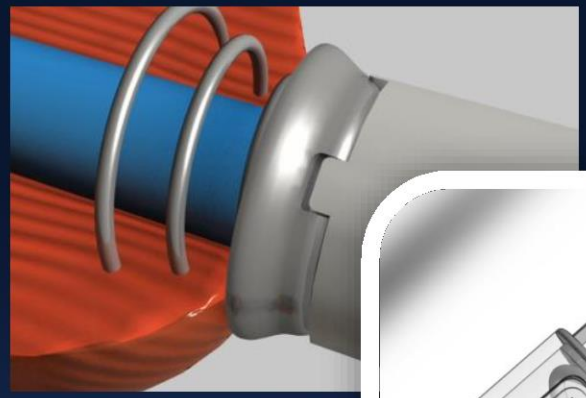
suture failure

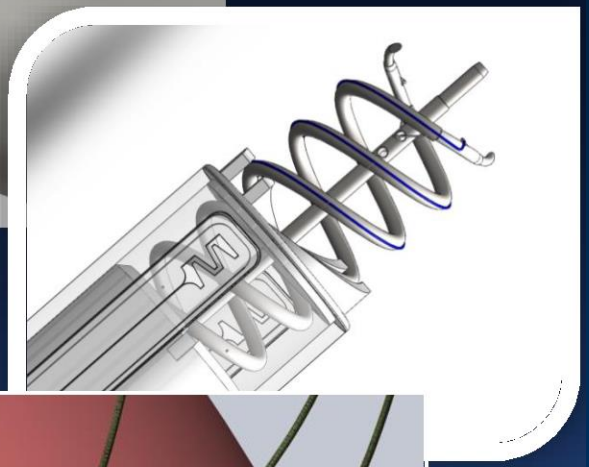
- *Higher likelihood of single*

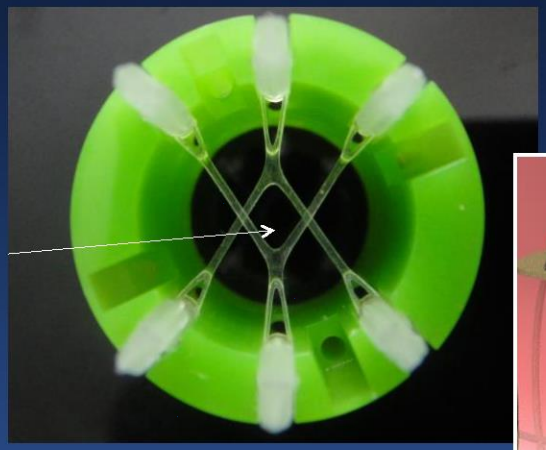
European Heart Journal
doi:10.1093/eurheartj/ehv417

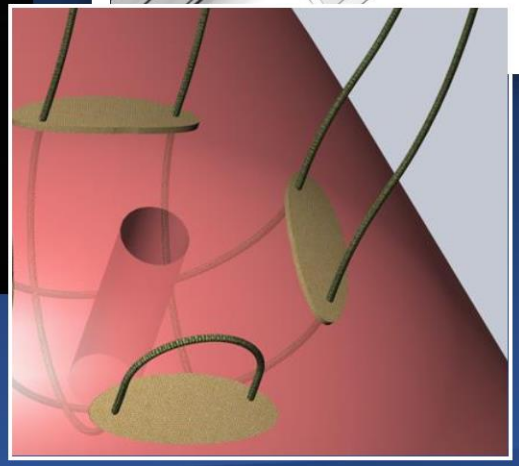
Transcutaneous Ventricular Access and Closure (TVAC)

- *Apica*
- *Entourage CardioClose*
- *MID Permaseal*
- *Novogate*
- *SpiRx*
- *Cardiapex*





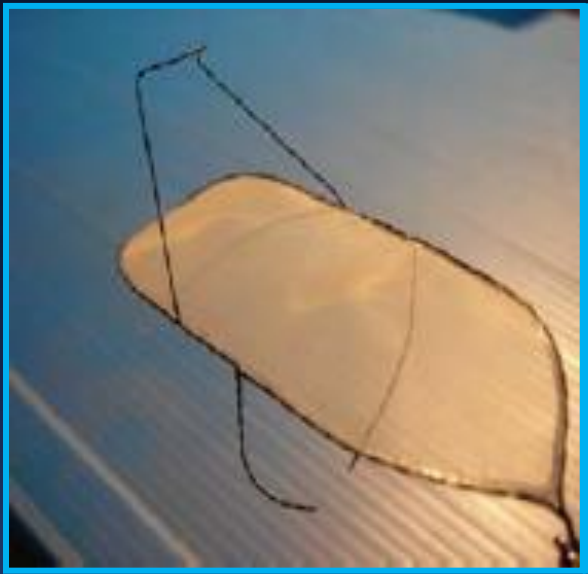




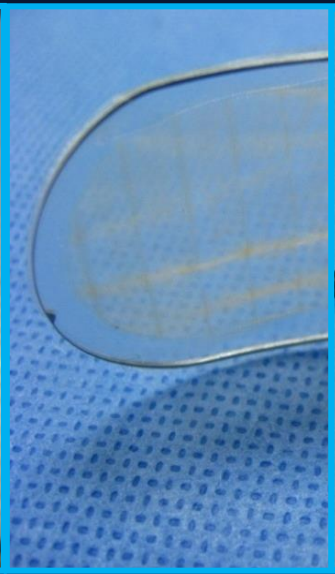
ACCIDENTE CEREBROVASCULAR "STROKE"

Cerebral Embolic Protection Devices

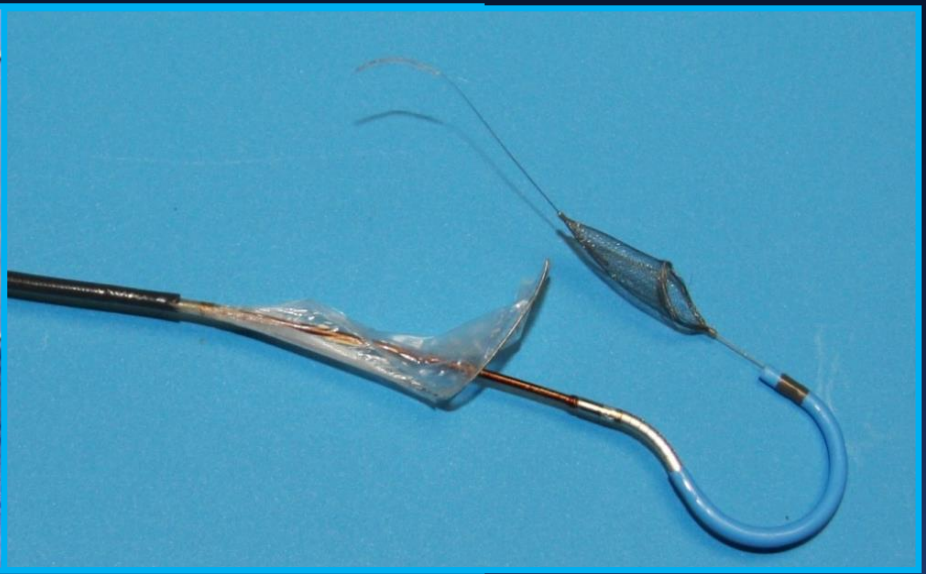
Deflectors and Filters



Keystone



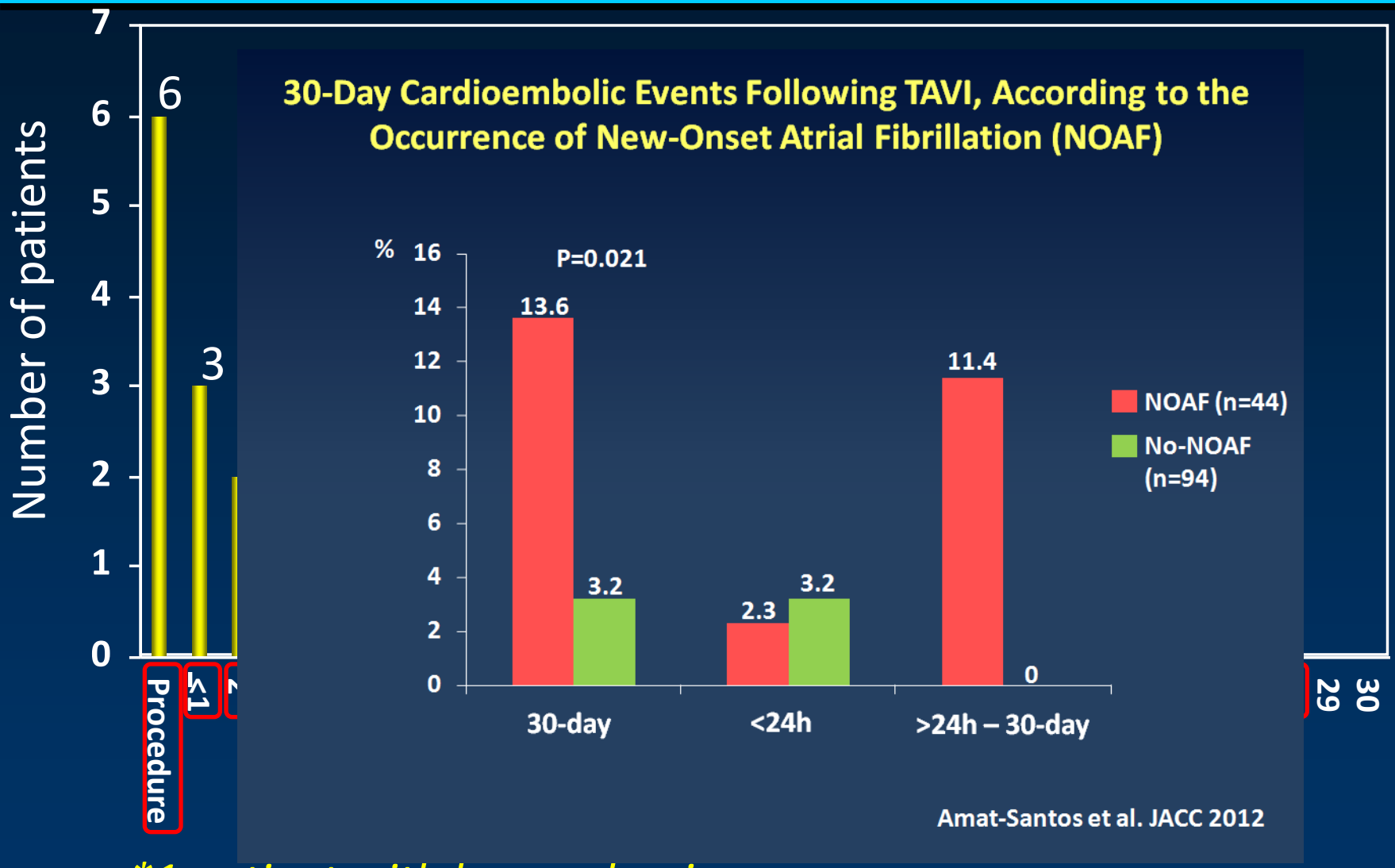
Embrella



Claret

Stroke post-TAVI (30 days)

Canadian Experience and PARTNER cohort B (22 patients)



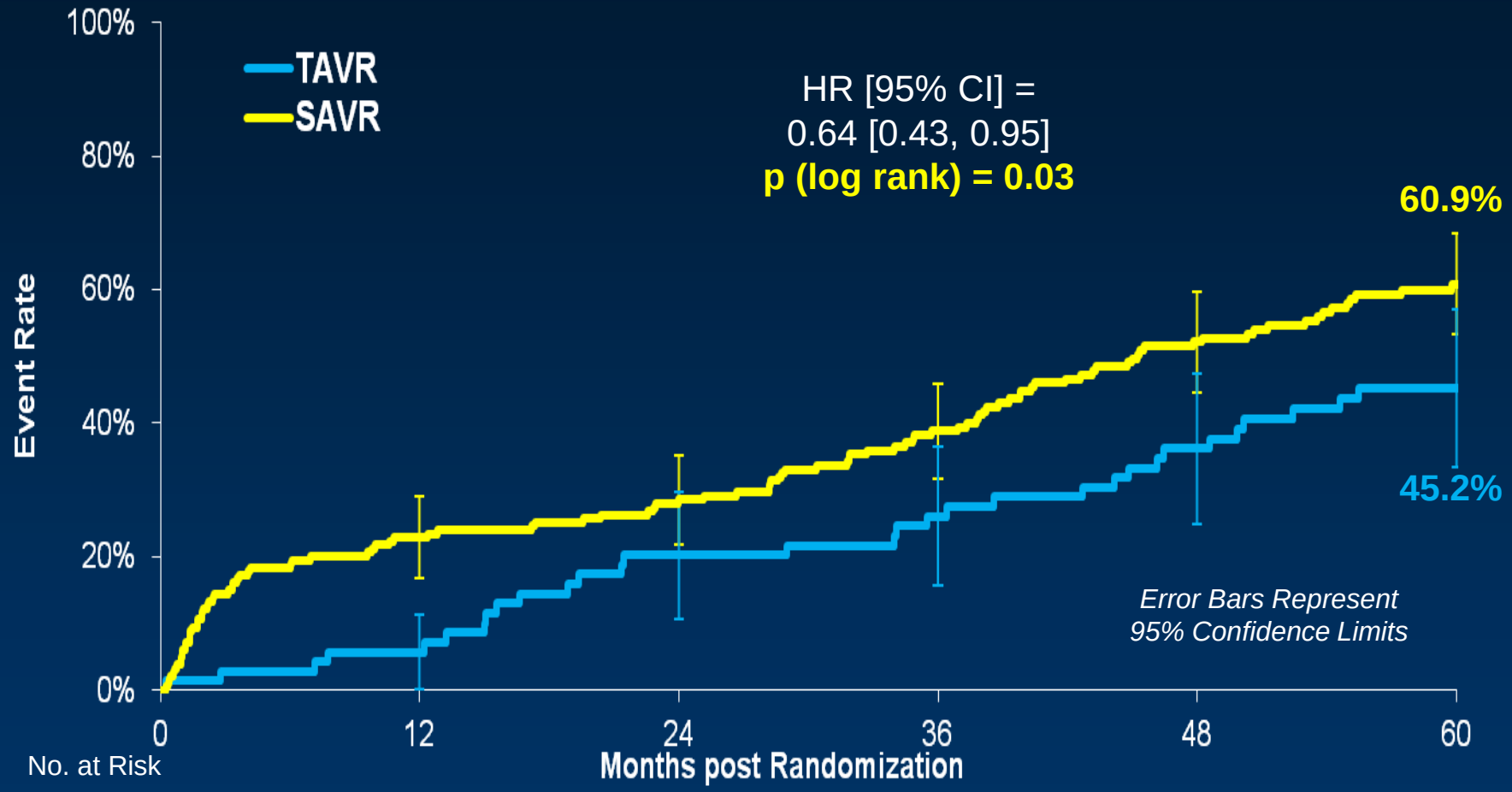
30-Day Cardioembolic Events Following TAVI, According to the Occurrence of New-Onset Atrial Fibrillation (NOAF)

Amat-Santos et al. JACC 2012

**1 patient with hemorrhagic stroke*

Heynes B, Rodes-Cabau J. Annals NYAS 2012

Mortality and None-Trace Total AR
Transfemoral Patients



No. at Risk

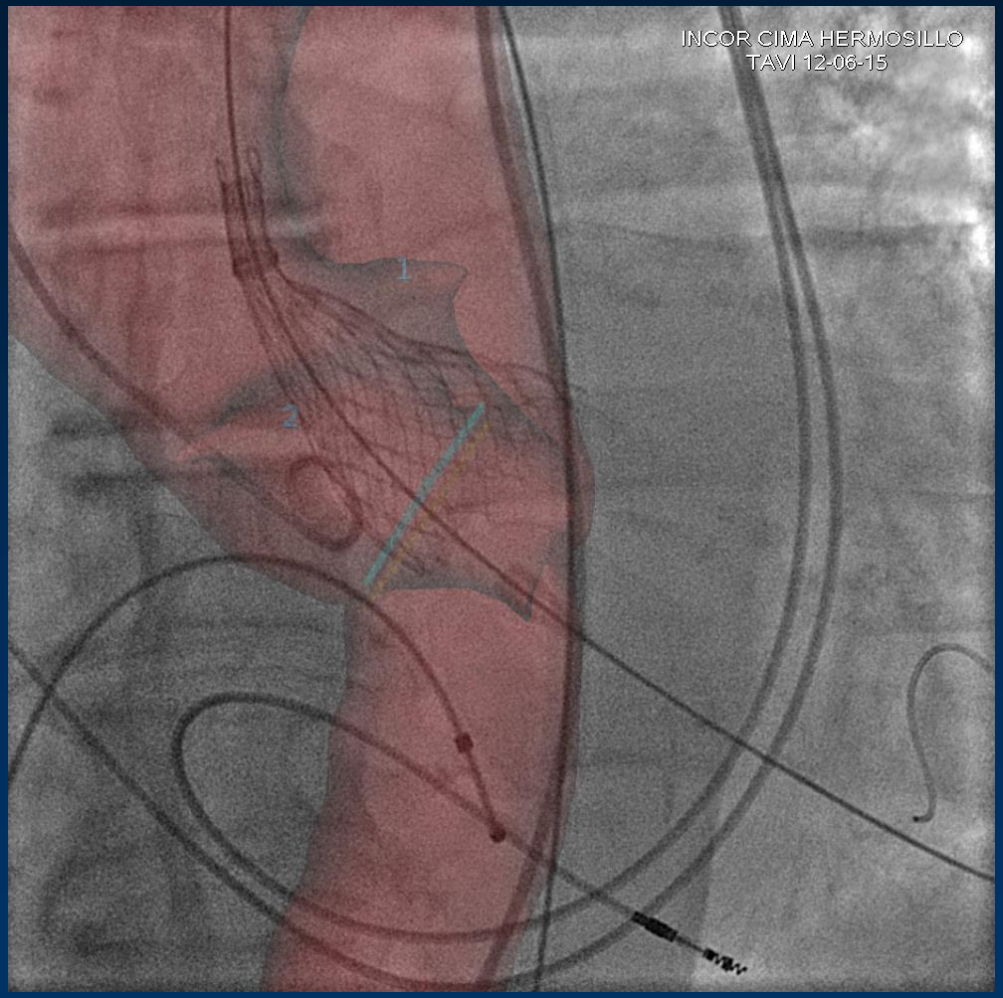
TAVR	70	65	55	51	43	19
SAVR	181	137	126	105	78	36

TAVI: NUEVOS DISPOSITIVOS (PCR 2015/ACC 2015)

	LOTUS	DIRECT FLOW	PORTICO	SAPIEN 3	EVOLUT - R
Pacientes	120	75	83	96	100
Edad	84,4	83,1	83,8	83,6	81
Euroscore	STS 7,1	23,5	16,3	19,8	16,7
Mortalidad (30 días) %	4,2	1,3	3,6	2,1	0
ACV (%)	5,8 (1,8)	4	3,6 (2,6)	1	0
MP (%)	29,4	17	10,8	12,5	11,7
IAO ≥ 2 (%)	2	2	5	2,6	3,7
IAM		1,3	1,2	2,1	0
2ª Válvula	0	0		1	
Balón post	0	0		3,3	

INTEGRACIÓN DE NUEVAS TECNOLOGÍAS

INTEGRACIÓN DE NUEVAS TECNOLOGÍAS



CONCLUSIONES: ESTADO ACTUAL

La mortalidad del implante percutáneo de una válvula aórtica ha disminuido con la experiencia y la mejora en los dispositivos

Hay datos que sugieren que puede expandirse la técnica a pacientes de menor riesgo

La incidencia de insuficiencia aórtica y marcapasos disminuye con la experiencia y con los nuevos diapositivos

Hay datos consistentes de la durabilidad a cinco años, con áreas valvulares mayores y gradientes menores por el menor "mismatch"

La incidencia de ACV es igual o menor que con la cirugia

La introducción de un programa TAVI mejora los resultados de la cirugía, al derivar a TAVI los de mayor riesgo quirúrgico, sin disminuir el número de intervenciones

Evolutio

Surgery is

Surge

S
i