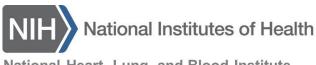
SURGICAL TREATMENT OF MODERATE ISCHEMIC MITRAL REGURGITATION: THE CARDIOTHORACIC SURGICAL TRIALS NETWORK

Robert E. Michler, M.D.

For the CTSN Investigators

AHA Late Breaking Clinical Trials November 18, 2014







The Many Faces of MR

- Primary MR
 - Structural (degenerative) valve and sub-valvular disease
- Secondary MR
 - Functional Impairment of the LV
 - Ischemic
 - Non-Ischemic



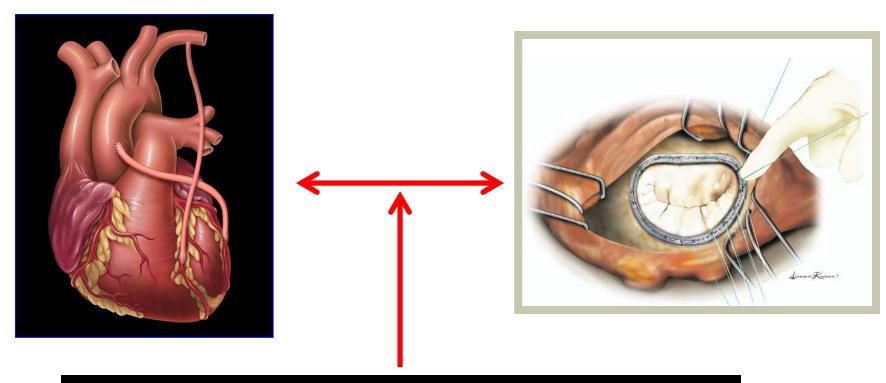
Epidemiology of Ischemic MR

 50% of MI's are associated with some degree of ischemic MR

10% of MI's are associated with moderate ischemic MR

 Ischemic MR is associated with reduced event-free survival

Surgical Treatment Options



Considerations:

CABG alone: improves LV function and MR CABG + MVr: persistent adverse consequences of MR



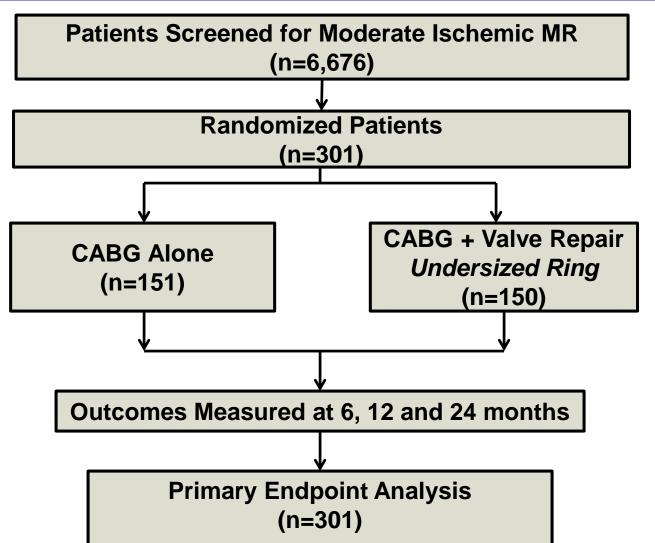
2014 AHA/ACC Guidelines Chronic Moderate Secondary MR

Recommendations	COR	LOE
MV repair may be considered for patients with chronic moderate secondary MR (stage B) who are undergoing other cardiac surgery	IIb	С

J Am Coll Cardiol. 2014;63(22):e57-e185. doi:10.1016/j.jacc.2014.02.536



CTSN Moderate MR Trial Design





Primary Endpoint

 Degree of left ventricular reverse remodeling as measured by changes in LVESVI

 Powered (90%) to detect a decrease in LVESVI of 12 mL/m2 with repair compared to CABG alone at 12 months



Secondary Endpoints

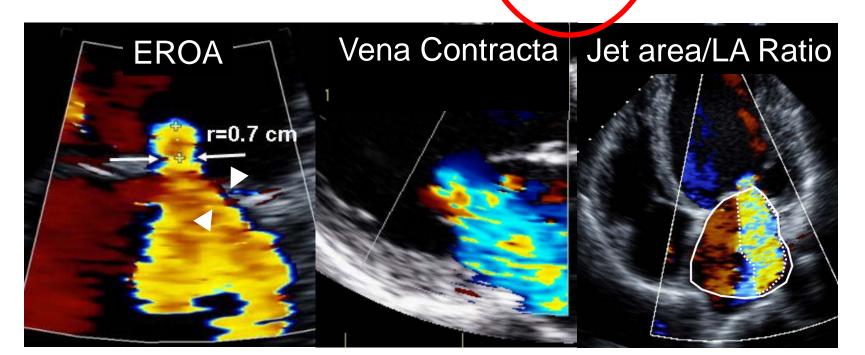
- MACCE
- Mortality
- Residual MR
- Serious adverse events
- Hospitalizations
- Quality of life



Integrative Method of MR Grading

(ASE Guidelines: Zoghbi W. et al. JASE 2003; 16:777-802)

Parameter	Mild	Moderate	Severe
EROA(cm ²)	<0.2	0.2 - 0.39	≥0.4
VC width (mm)	<3	3 - 6.9	≥7
Jet/LA area	<20%	20-39%	≥ 40%

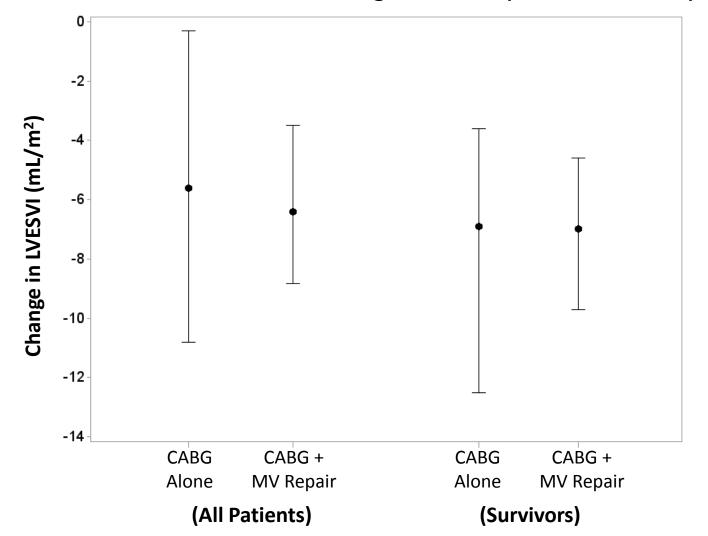


Baseline Characteristics

	CABG Alone (N=151)	CABG + Repair (N=150)
Male -no. (%)	99 (65.6)	106 (70.7)
Age (yr)	65.2 ± 11.3	64.3 ± 9.6
White -no. (%)	122 (80.8)	115 (76.7)
Hispanic-no. (%)	14 (9.3)	12 (8.0)
Diabetes -no. (%)	66 (43.7)	76 (50.7)
Medical and Surgical History -no. (%)		
Renal Insufficiency	28 (18.7)	24 (16.0)
Prior CABG	4 (2.8)	4 (2.8)
Prior PCI	24 (15.9)	26 (17.3)
Heart Failure	76 (50.3)	82 (54.7)
Myocardial Infarction	97 (64.2)	103 (68.7)
Atrial Fibrillation	35 (23.3)	19 (12.8)
ICD	6 (4.0)	6 (4.0)
Stroke	9 (6.0)	15 (10.0)

Change in LVESVI at 1 Year

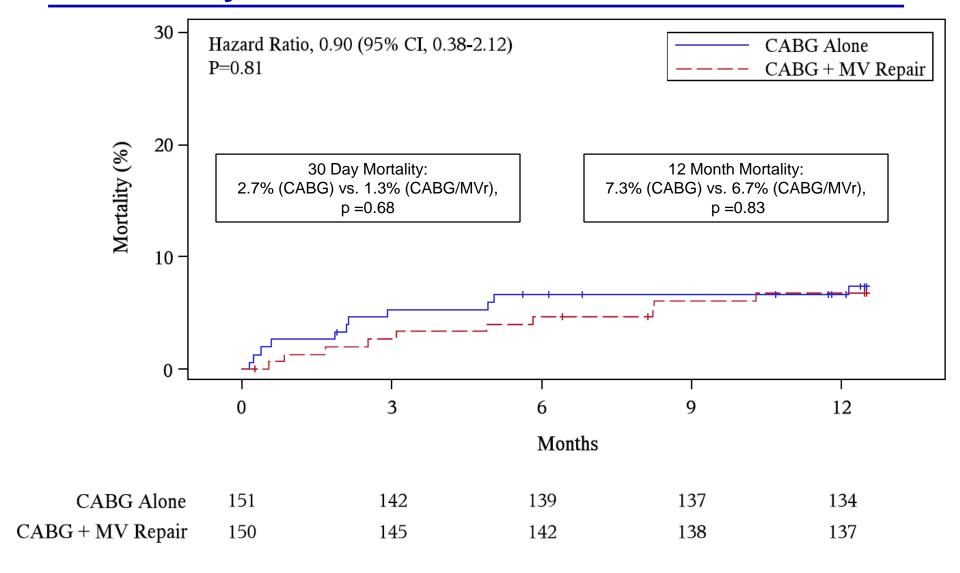
Median with 95% CI for change in LVESVI (1 Year – baseline)



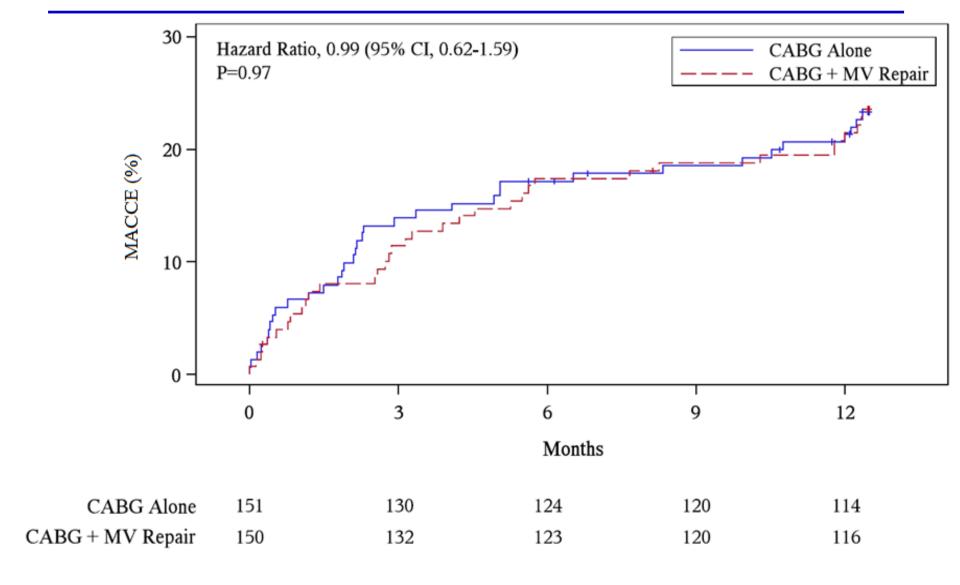
Z=0.50, p=0.61 (All patients)



Mortality



MACCE at 12 Months

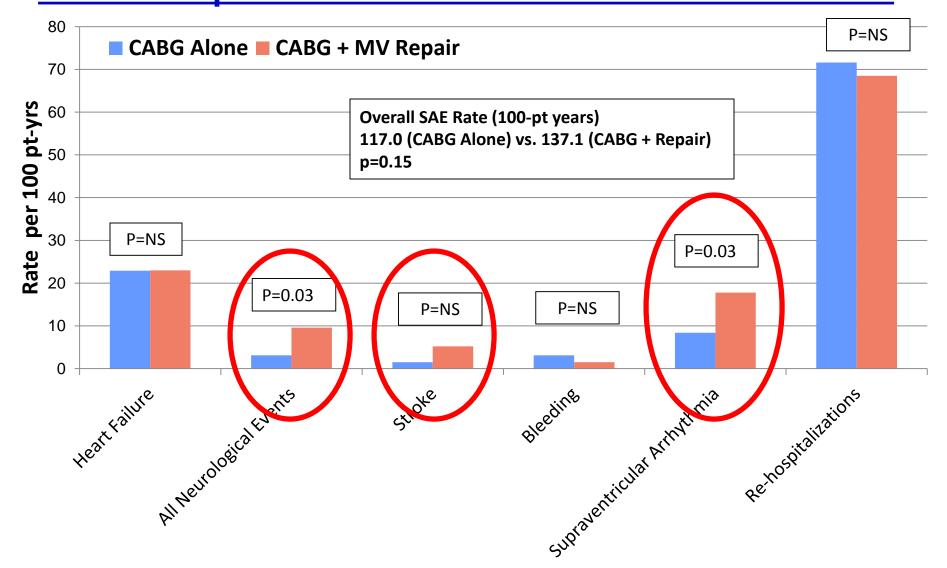


Operative Conduct and Length of Stay

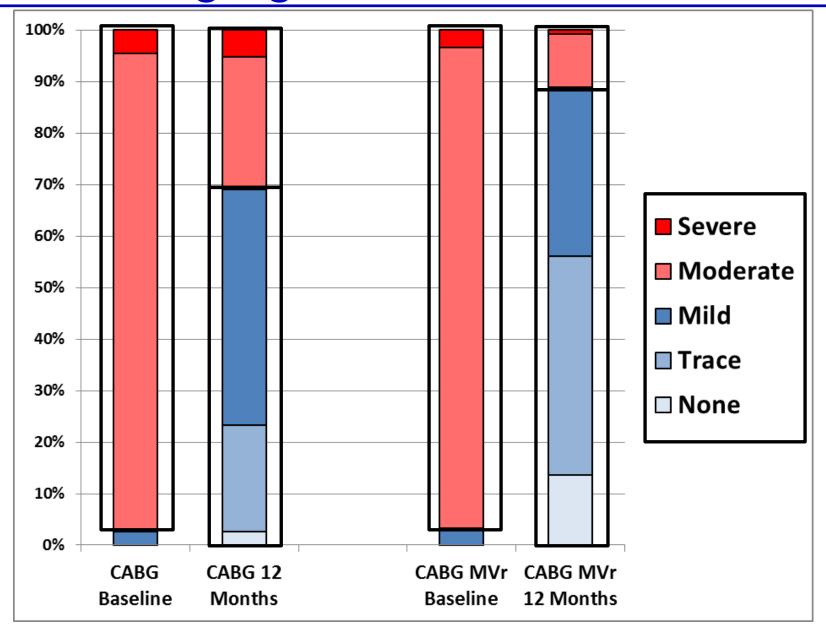
	CABG Alone	CABG + MV Repair	P-value
No. of Grafts	3.3±0.9	3.2±0.9	NS
Aortic XClamp (min)	74.7±36.7	117.2±35.4	<0.001
CPB time (min)	106.8±49.7	163.1±54.9	<0.001
ICU stay	4.0±5.7	4.8±6.1	0.006
Postoperative LOS	9.4±5.9	11.3±8.2	0.002



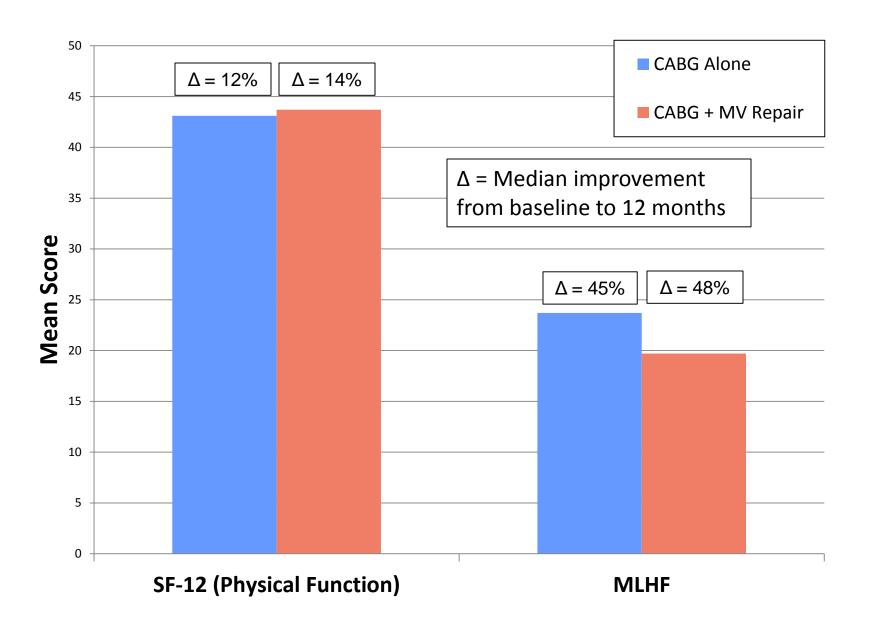
Rates of Serious Adverse Events and Re-hospitalization



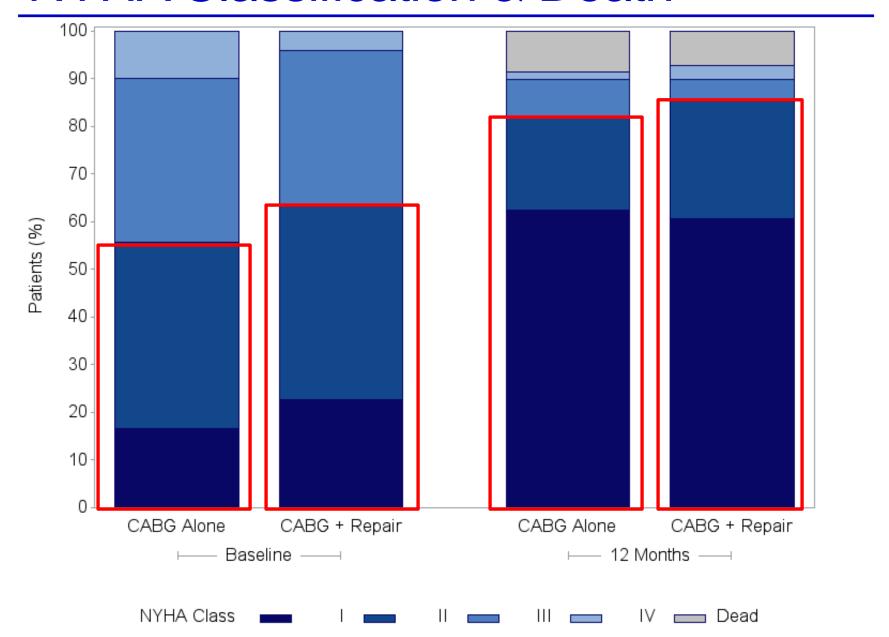
Mitral Regurgitation



Quality of Life at 1 year



NYHA Classification & Death



Unique Features

- MR was consistently measured using an integrative method in an echo core lab
 - Trial represents a study population with Moderate Ischemic MR

30 day and 1 year mortality excellent



Limitations

- Primary end point not a clinical endpoint
 - Trial with mortality endpoint would require several thousand patients and multiple years of follow up
- Only 1 year results reported
 - 2 year follow up pending



Summary

- No difference at 1 year:
 - in the degree of reverse remodeling
 - in mortality
 - in MACCE, hospital readmission, or QOL
- CABG + MV repair associated with more:
 - neurologic events
 - increased cross clamp and cardiopulmonary bypass time
 - Ionger ICU and hospital LOS
- At 1 year, higher degree of moderate and severe MR in the CABG alone group



Conclusion

 The trial did not demonstrate a clinically meaningful advantage to the routine addition of MVr to CABG

- Longer-term follow-up is ongoing
 - Will the lower incidence of moderate or severe MR at one-year translate into a net clinical benefit for patients undergoing CABG + mitral repair?

MMR Investigators

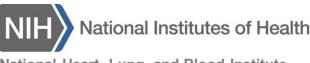
- Data Coordinating Center: InCHOIR
- Montefiore Einstein
- Emory University
- Duke University
- Hôpital Laval
- University of Virginia Health System
- Montreal Heart Institute
- University of Pennsylvania
- Columbia University Medical Center
- Cleveland Clinic Foundation
- University of Maryland
- Brigham and Women's Hospital
- Sacré-Cœur de Montréal
- Ohio State University Medical Center

- East Carolina Heart Institute
- Wellstar / Kennestone
- Baylor Research Institute
- University of Southern California
- St. Michael's Hospital
- Toronto General Hospital
- Mission Hospital
- NIH Heart Center at Suburban Hospital
- Inova Heart & Vascular Institute
- University of Alberta Hospital
- Centre Hospitalier de l'Université de Montréal
- Sunnybrook Health Sciences Centre
- Aarhus University



Acknowledgements

- Supported by U01 HL088942 Cardiothoracic Surgical Trials Network (CTSN)
- Funding Agencies:
 - National Heart, Lung, and Blood Institute
 - National Institute of Neurological Disorders and Stroke
 - Canadian Institutes for Health Research







The NEW ENGLAND JOURNAL of MEDICINE

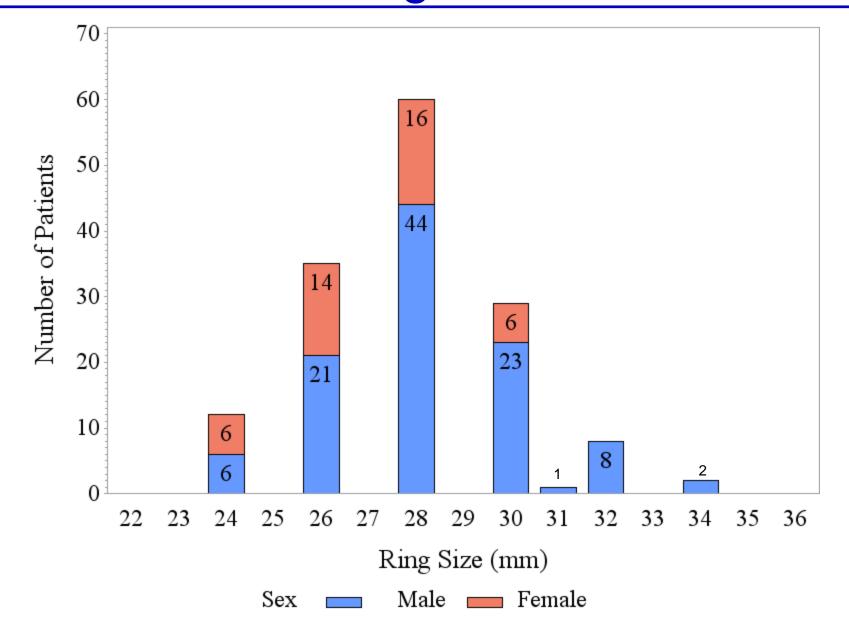
ORIGINAL ARTICLE

Surgical Treatment of Moderate Ischemic Mitral Regurgitation

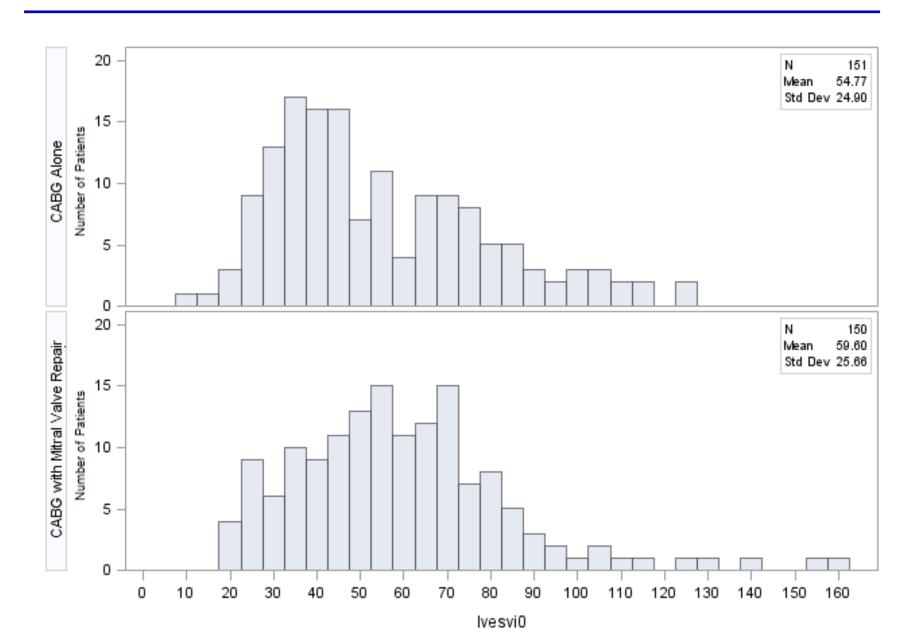
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Distribution of Ring Size



LVESVI Distribution at Baseline



History of MI and LVESVI Change

		12 Month LVESVI – Baseline LVESVI					
		N	Mean	Std	Median	Min	Max
History of MI	Randomization Assignment						
No	CABG Alone	45	-11.31	22.46	-8.90	-78.80	40.10
	CABG with Mitral Valve Repair	38	-5.75	17.12	-4.30	-44.10	32.80
Yes	CABG Alone	72	-7.93	23.39	-5.55	-78.90	71.80
	CABG with Mitral Valve Repair	88	-11.05	25.51	-8.85	-96.20	133.00

MR at 1 Year and LVESVI Change

			N	Mean	Std	Median	Min	Max
	MR at 12 Months							
CABG Alone	None, Trace or Mild	Baseline LVESVI	80	59.62	26.30	55.80	16.00	124.90
		12 Month LVESVI	80	44.48	19.68	40.50	17.40	104.50
		Change (12 Month – Baseline)	80	-15.14	22.53	-10.40	-78.90	21.40
	Moderate or Severe	Baseline LVESVI	36	46.48	19.34	41.60	10.20	115.60
		12 Month LVESVI	36	50.44	26.71	47.70	14.00	141.00
		Change (12 Month – Baseline)	36	3.97	18.65	0.50	-16.20	71.80
CABG with Mitral Valve Repair	None, Trace or Mild	Baseline LVESVI	111	56.92	24.00	54.10	19.00	139.10
		12 Month LVESVI	111	45.08	21.39	39.60	15.00	121.50
		Change (12 Month – Baseline)	111	-11.84	19.93	-7.90	-96.20	32.80
	Moderate or Severe	Baseline LVESVI	14	73.33	32.72	68.05	33.90	161.00
		12 Month LVESVI	14	82.62	66.53	63.20	33.70	294.00
		Change (12 Month – Baseline)	14	9.29	38.21	0.50	-32.20	133.00