

STROKE

SOLACI

OCTOBER 30, 2014 - CALI

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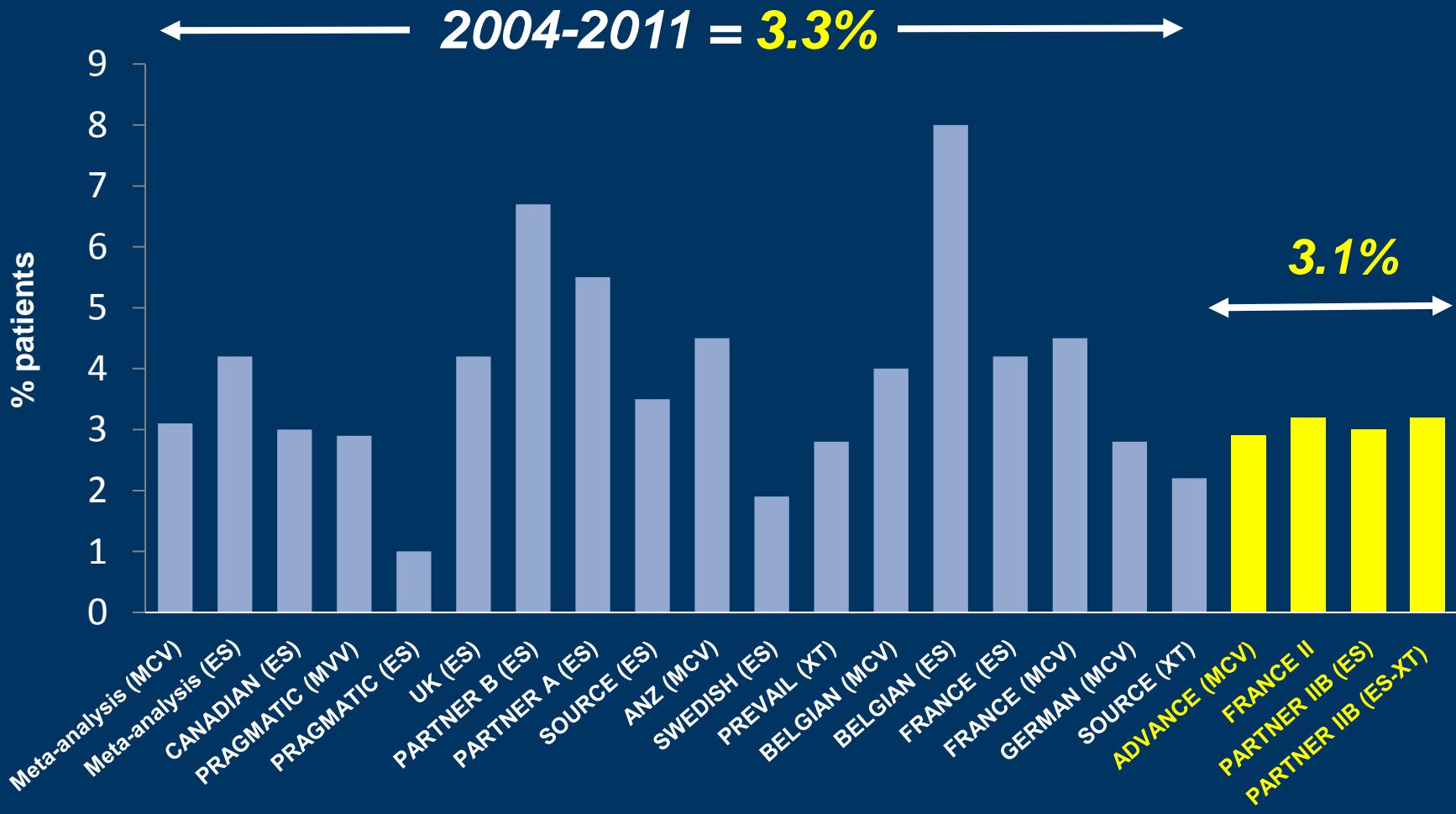
Department of Cardiology

Thoraxcenter Rotterdam, Netherlands

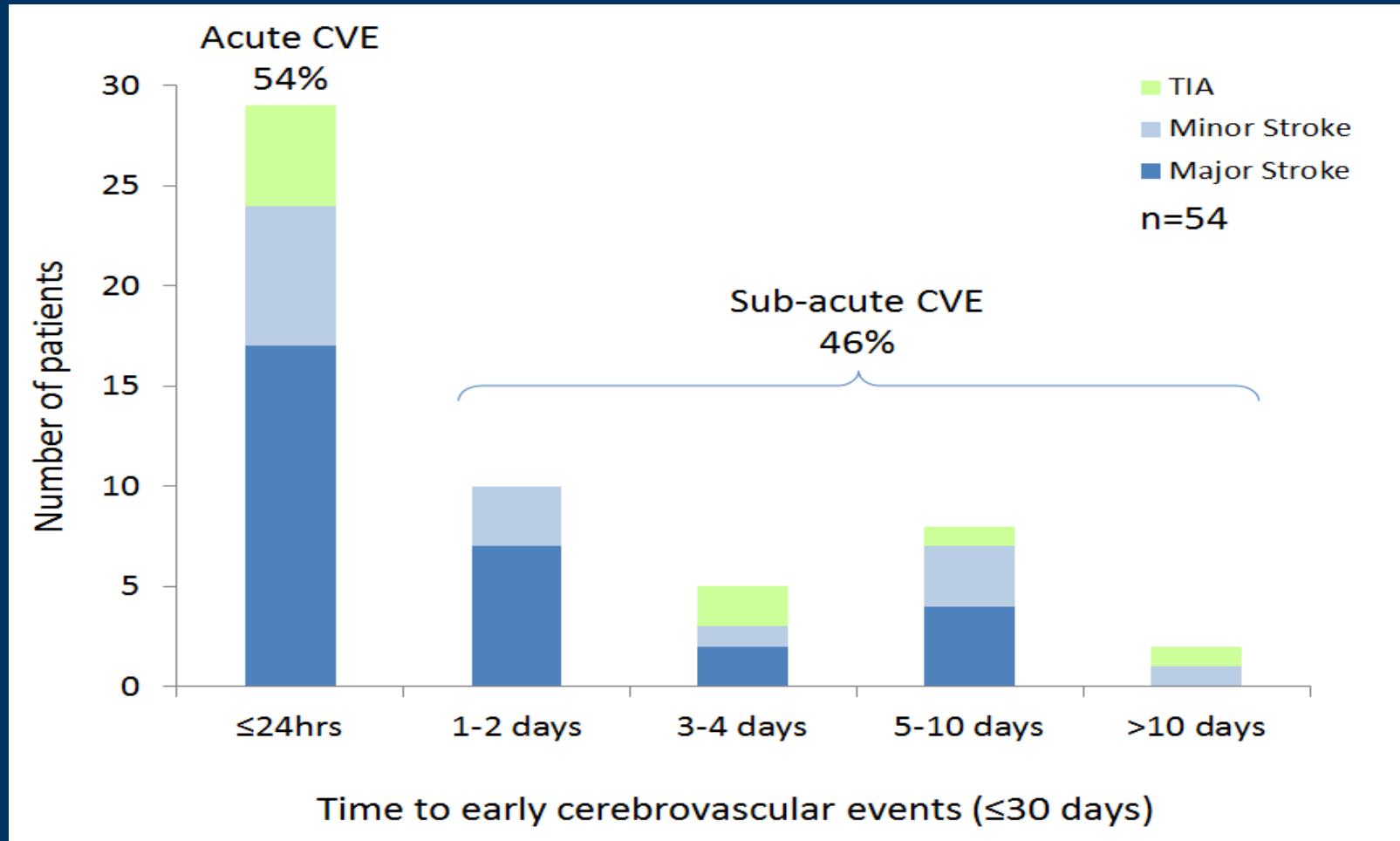
Overview

1. *Frequency?*
2. *Mechanisms?*
3. *Can Embolic Protection Devices Help?*

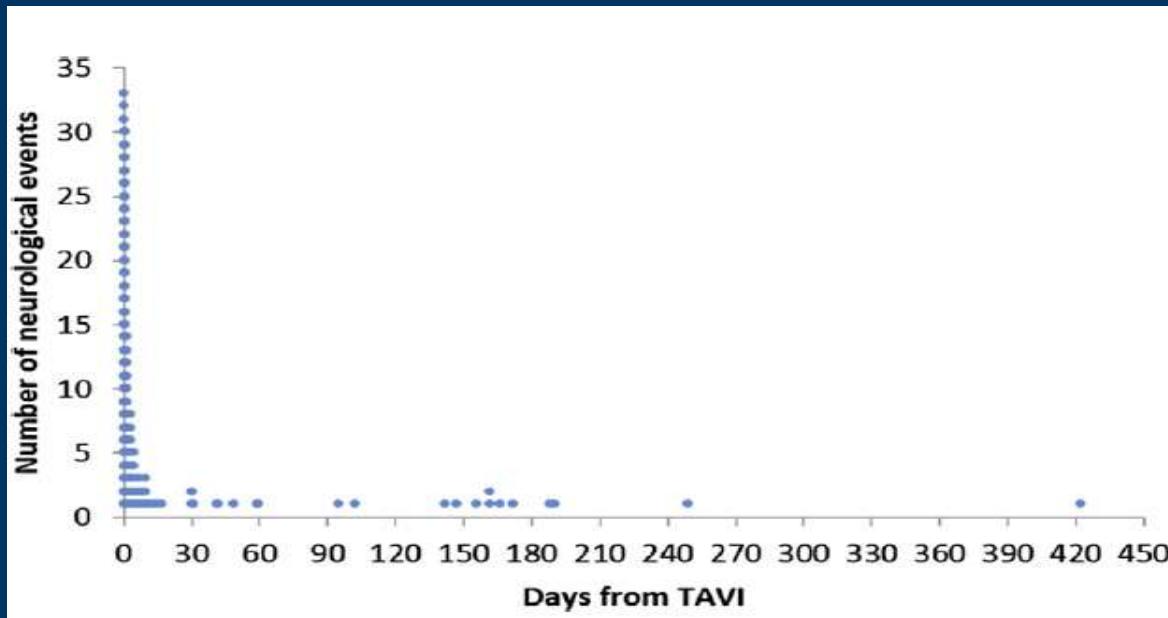
Stroke Frequency (30 days)



Timing of stroke (54 / 1016 pts)



Timing of stroke (3.191 pts)



3.98% Stroke

50% Acute Stroke

Majority of major strokes present acutely

TABLE 2 Timing of the Occurrence of CVEs (Number of Days From the Index Procedure)

Time From Date of Valve Placement (in Calendar Days)	No.	Mean	SD	Median	Range
Overall	131	22.9	59.5	2	0-422
Major stroke	72	21.3	52.8	1	0-249
Minor stroke	19	28.2	96.3	2	0-422
Transient ischemic attack	40	23.1	48.8	2	0-188

Reporting Stroke



Stroke After Aortic Valve Surgery: Results From a Prospective Cohort

Steven R. Messé, Michael A. Acker, Scott E. Kasner, Molly Fanning, Tania Giovannetti, Sarah J. Ratcliffe, Michel Bilello, Wilson Y. Szeto, Joseph E. Bavaria, W. Clark Hargrove, III., Emile R. Mohler, III, and Thomas F. Floyd

for the Determining Neurologic Outcomes from Valve Operations (DeNOVO) Investigators

Circulation. 2014;129:2253-2261; originally published online April 1, 2014;

- **Stroke rate after surgical AVR assessed by NEUROLOGISTS and DW MRI**

- Clinical strokes in-hospital: 17%
- Moderate / severe: 4%

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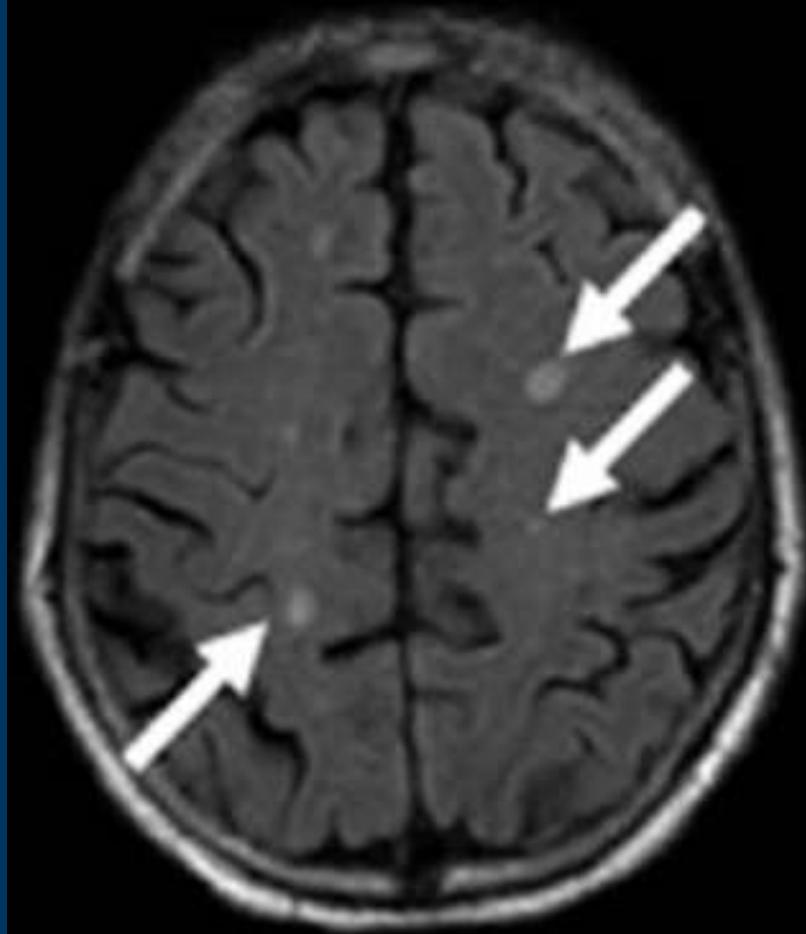
Circulation. 2014;129:2253-2261; originally published online April 1, 2014;

- **Stroke rate after surgical AVR assessed by NEUROLOGISTS and DW MRI**
- Clinical strokes in-hospital: 17% (in national registry: 7%)
- Moderate / severe: 4%

Stroke Frequency?

1. *Clinically apparent stroke is reported in 3%*
2. *The true stroke frequency is likely higher*
3. *Major strokes typically occur early after TAVI*

Acute (<24 hrs) – **EMBOLIC**

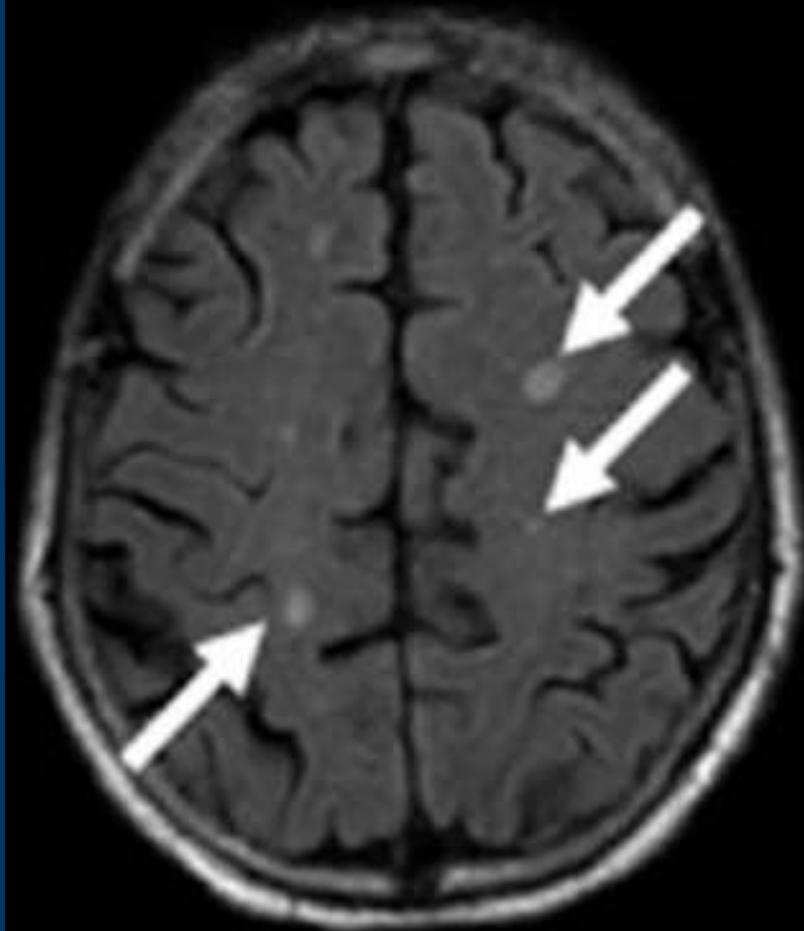


DW-MRI studies *

*“...new micro-infarcts detected
in 73-95% of pts....”*

* Kahlert 2010, Ghanem 2011, Astarci 2011, Stolz 2004, Rodes-Cabau 2011

Acute (<24 hrs) – **EMBOLIC**



DW-MRI studies *

*“...new micro-infarcts detected
in 73-95% of pts....”*

Nombela-Franco. 2012

*“... predictors of acute stroke were
balloon post-dilation and valve
dislodgement..”*

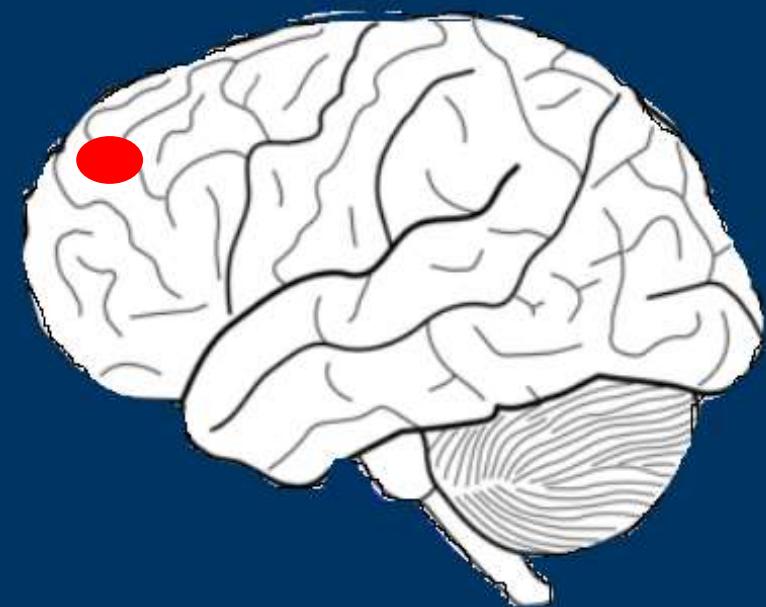
* Kahlert 2010, Ghanem 2011, Astarci 2011, Stoltz 2004, Rodes-Cabau 2011

Acute (<24 hrs) – **NON-EMBOLIC**

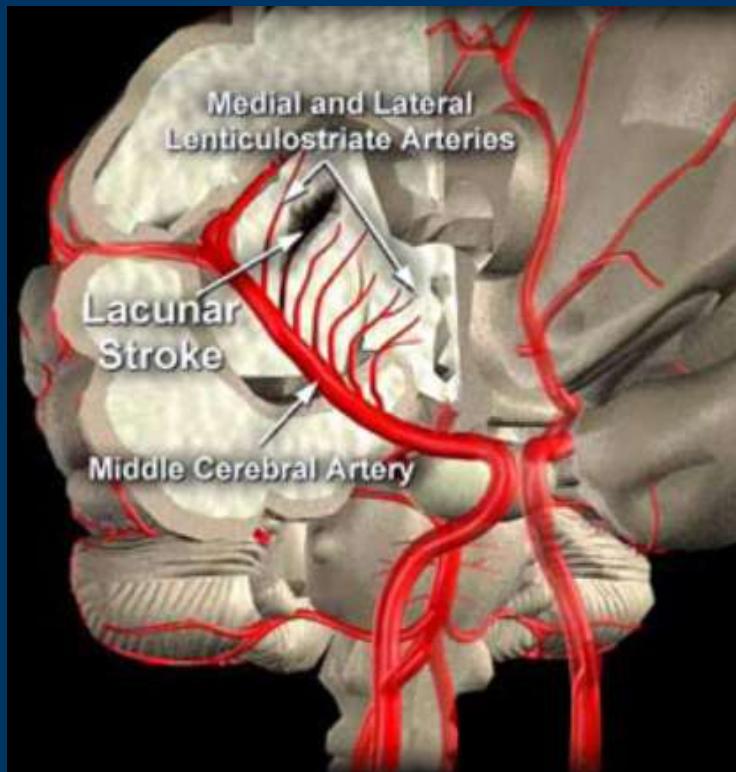
*Regional Oxygen Saturation in frontal lobes
is reduced during:*

(i) Predilation : - 6 %

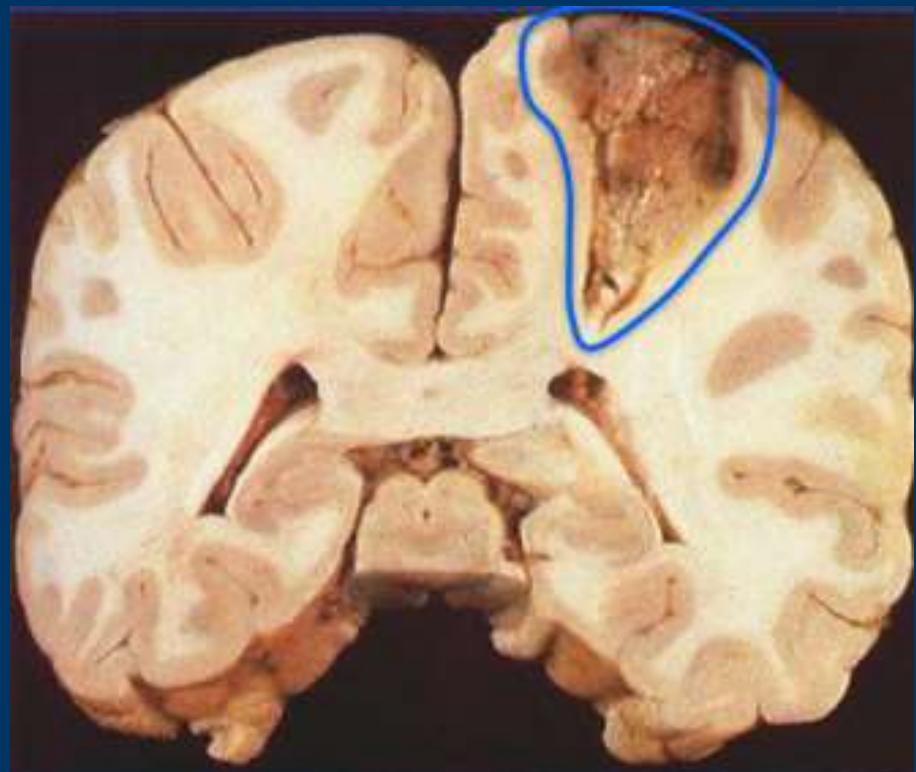
(ii) Valve deployment : - 3.5 %



Acute (<24 hrs) – ***NON-EMBOLIC***



Lacunar infarct (26%)



Watershed infarct (10%)

Sub-Acute ($1 > \text{days} < 30$)

New-onset atrial fibrillation (NOAF)

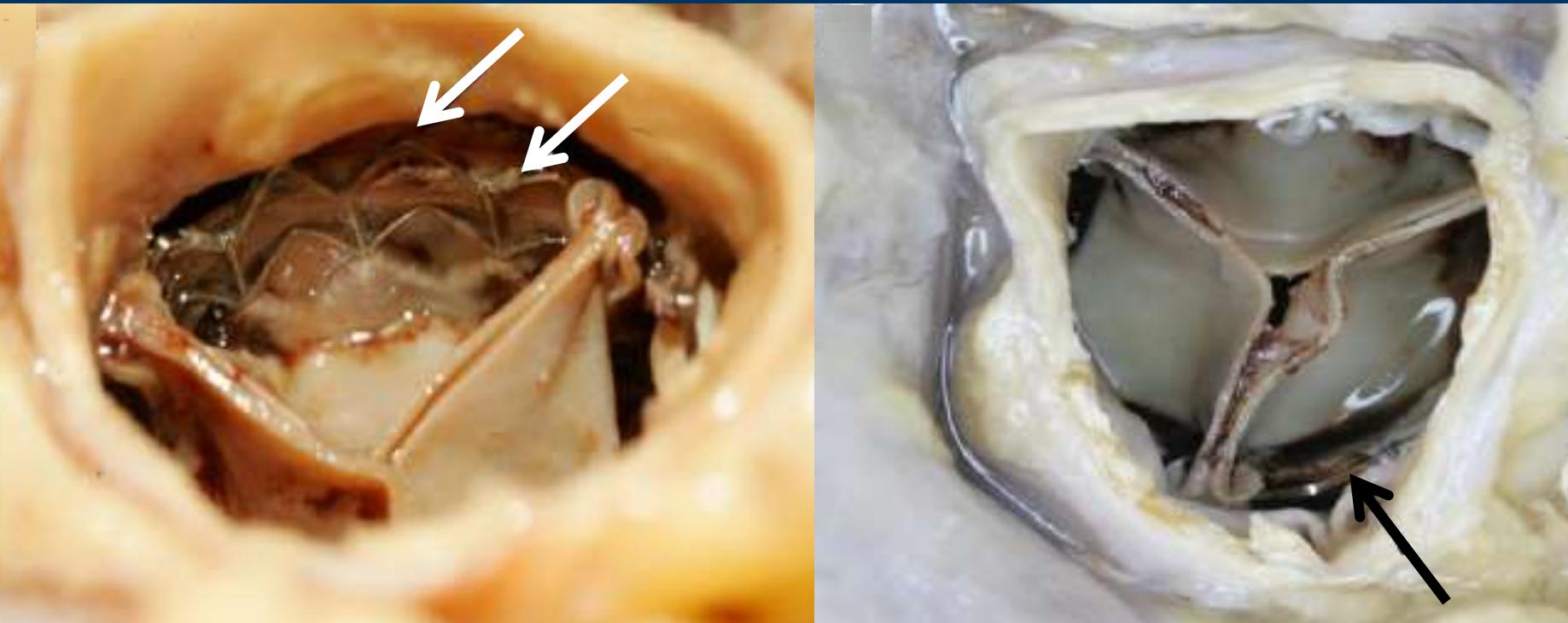
Study	Frequency	Timing (days)	Stroke >24 hr OR (95% CI)
Amat-Santos <i>et al.</i>	32%	2	3.9 (0.9-17.1)
Nombela-Franco <i>et al.</i>	18%	3	2.7 (1.1-6.3)
Nuis <i>et al.</i>	16%	3.5	4.4 (1.2-15.6)

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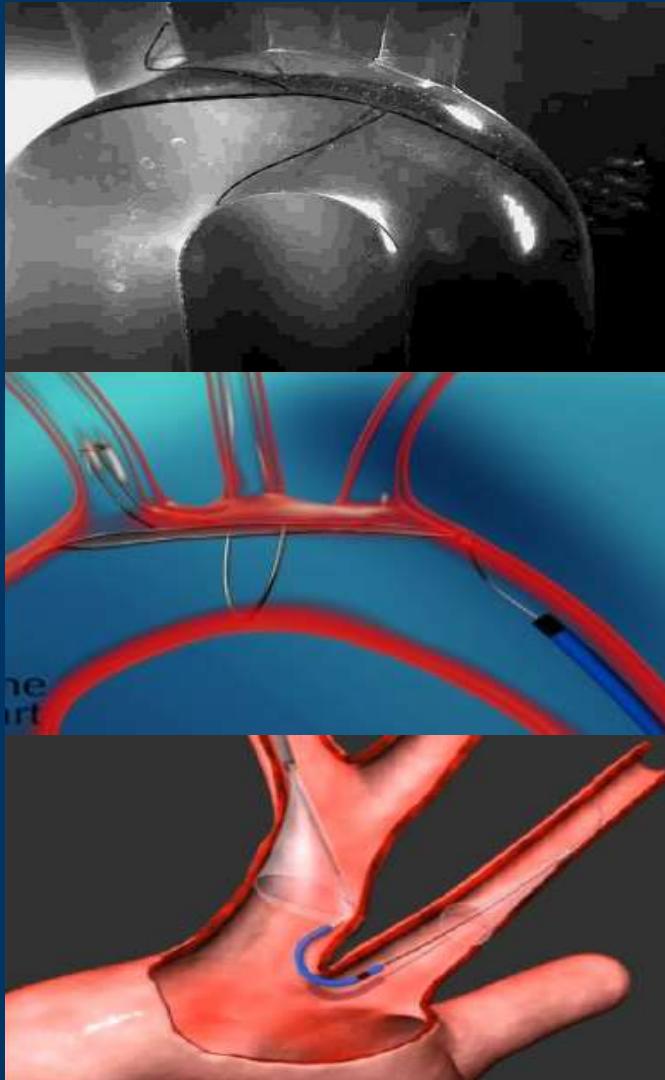
Rotterdam Cohort: in pts with NOAF but without anticoagulation, 40% developed sub-acute stroke



Incomplete endothelialization of prosthesis

*Can Embolic Protection Devices
be helpful ?*

Embolic Protection Devices



Embrella™

Antebrachial

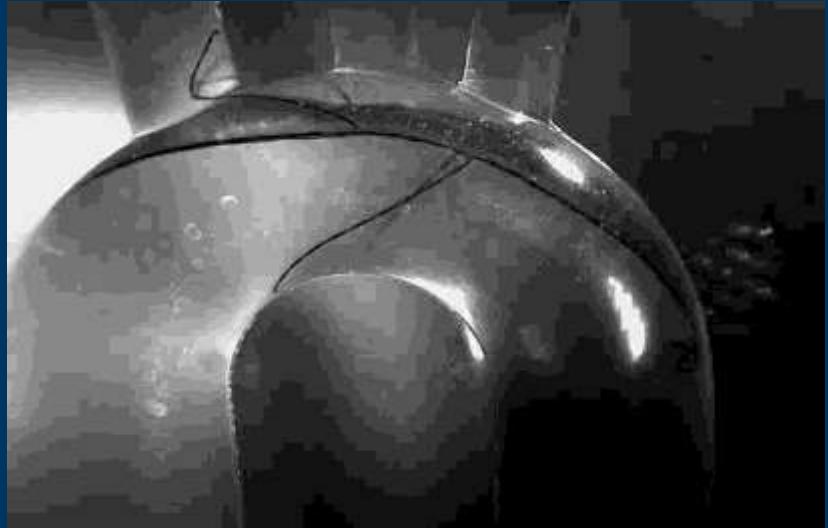
Triguard™

Transfemoral

Claret™

Antebrachial

EMBRELLA (PROTAVI-C trial, n=40)



Results:

- All pts had new lesions
- More lesions in Embrella group
- Smaller volume lesions

TRIGUARD (*DEFLECT –I, MRI study n=28*)

Parameter	DEFLECT-I N=28
% of pts with new lesions	70%
No. of new lesions	5.1
Average new lesion volume (cm ³)	0.12
Max single new lesion volume (cm ³)	0.39
Total new lesion volume (cm ³)	0.70

TRIGUARD (*DEFLECT –I, MRI study n=28*)

Parameter	DEFLECT-I	Historical Data
	N=28	N=150 *
% of pts with new lesions	70%	76%
No. of new lesions	5.1	4.4
Average new lesion volume (cm ³)	0.12	0.34
Max single new lesion volume (cm ³)	0.39	6.45
Total new lesion volume (cm ³)	0.70	1.64

* Kahlert 2010, Ghanem 2011, Astarci 2011, Stolz 2004, Rodes-Cabau 2011

TRIGUARD (*DEFLECT –I*, *MRI study n=28*)

Parameter	DEFLECT-I	Historical Data
	N=28	N=150 *
% of pts with new lesions	70%	= 76%
No. of new lesions	5.1	= 4.4
Average new lesion volume (cm ³)	0.12	0.34
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TRIGUARD (*DEFLECT –I*, *MRI study n=28*)

Parameter	DEFLECT-I N=28	Historical Data	
		N=28	N=150 *
% of pts with new lesions	70%	=	76%
No. of new lesions	5.1	=	4.4
Average new lesion volume (cm ³)	0.12	<	0.34
Max single new lesion volume (cm ³)	0.39	<	6.45
Total new lesion volume (cm ³)	0.70	<	1.64

* Kahlert 2010, Ghanem 2011, Astarci 2011, Stolz 2004, Rodes-Cabau 2011

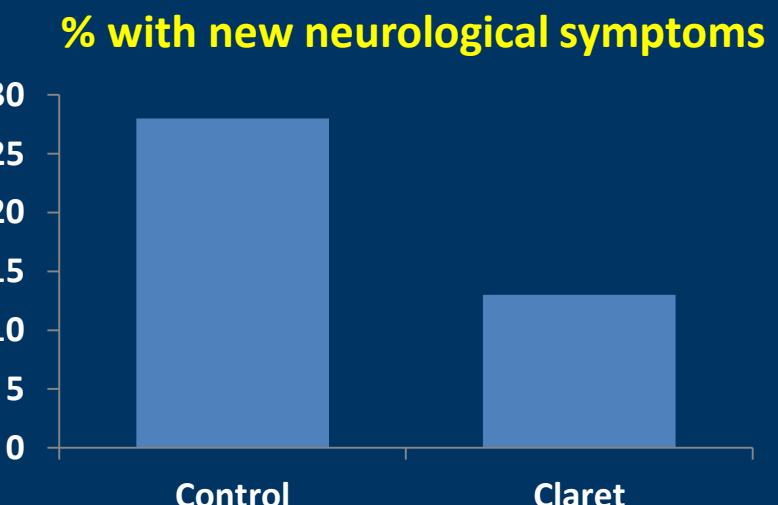
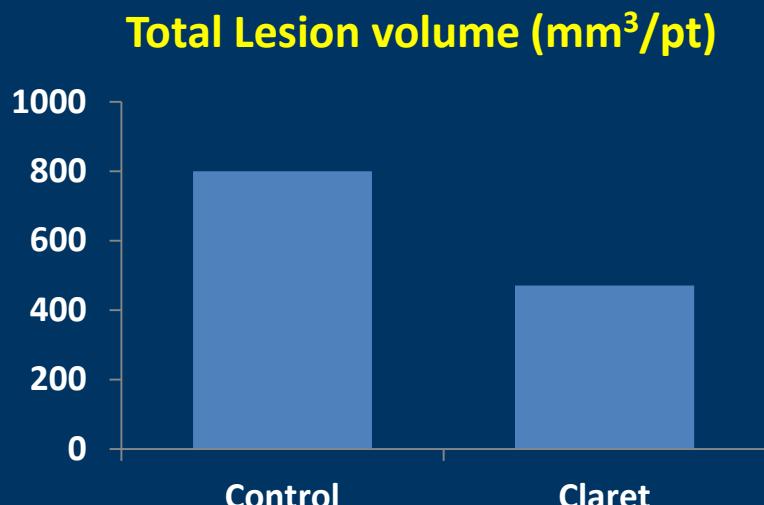
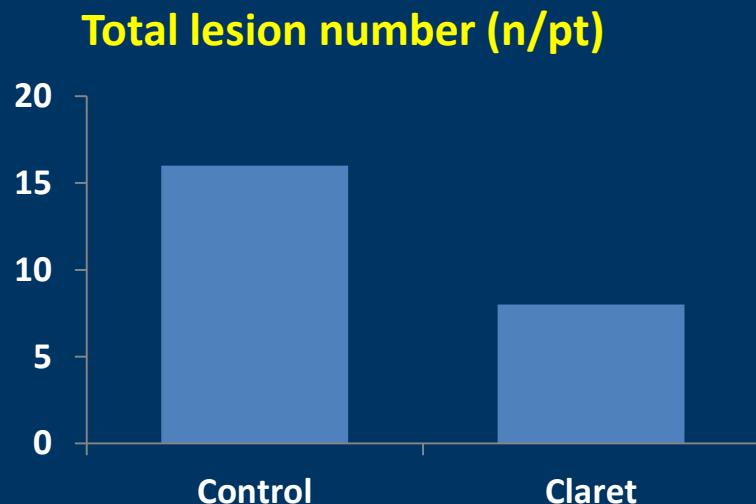
CLARET (*Observational, n=40*)



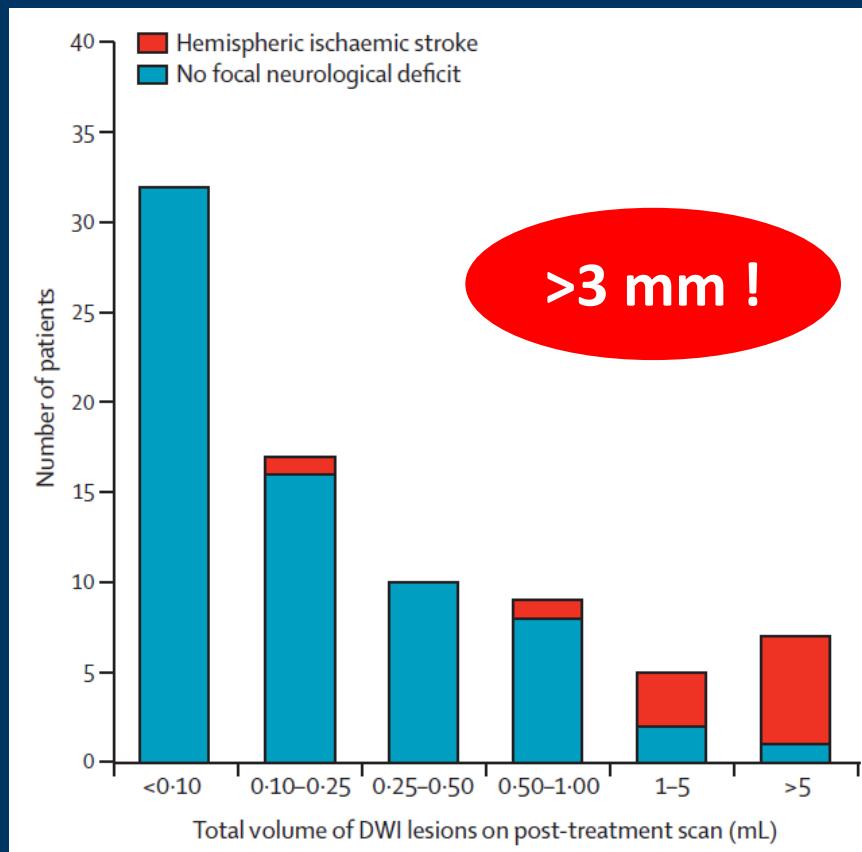
“ Embolic debris travelling to the brain captured in 75% of TAVI procedures ”

Van Mieghem et al. Circulation 2013

CLARET (*CLEAN TAVI RCT*; $n = 78$)



Lesion Volume Matters



“...Larger total DWI lesion volumes are associated with significantly higher risk of clinically evident stroke ($p<0,001$)...”

Summary

The reported stroke rate after TAVI is 3%

Increasing data contribute to our understanding of stroke mechanisms

EPDs may help to reduce stroke

Thank you !