

What have we learned from the U.S. TAVR Registry?

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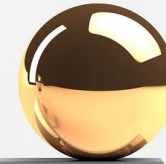
Professor of Medicine, University of Colorado School of Medicine



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Medical device approval and surveillance

Access



Safety and
Effectiveness



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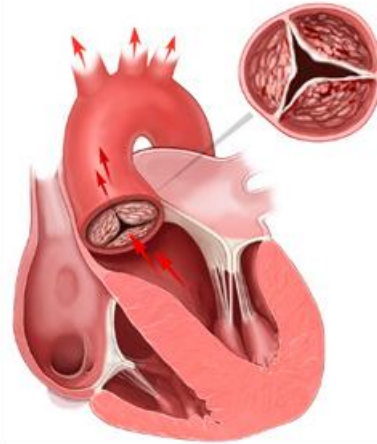
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Critics Assail F Slow Review Time

[Stephen Barlas](#)

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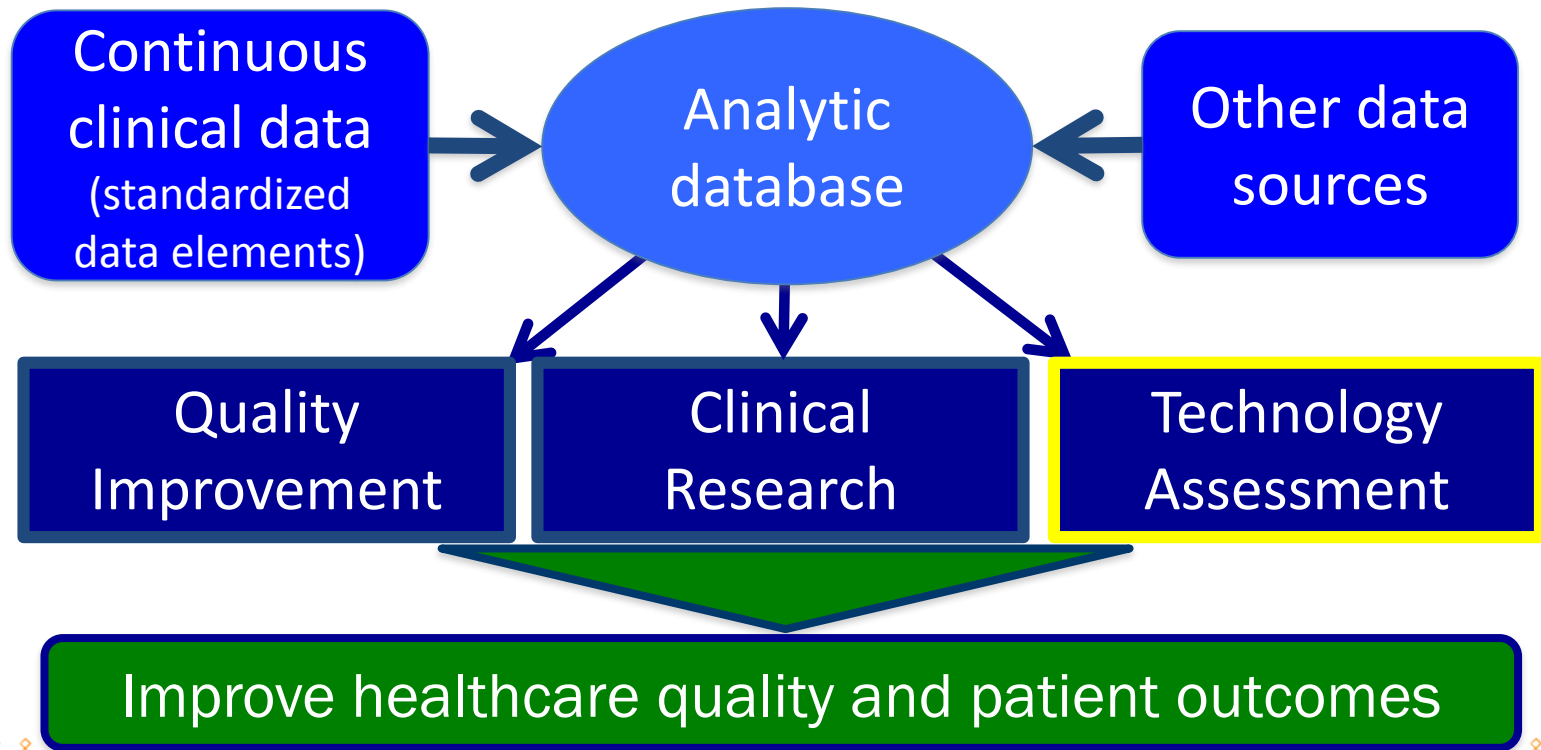
First U.S. feasibility trial =
4 years after approval in Europe
First FDA approval in US in 2011 =
43rd country to approve

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Can clinical registry programs help?





Transcatheter Valvular Therapeutics (TVT) Registry

- Developed with U.S. Food and Drug Administration, Medicare (primary payer), and industry
- 470 hospitals
- >75,000 TAVR cases
- Peri-procedure, 30-day, and 1-year outcomes data (including quality of life)



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Outcomes similar to clinical trials

Original Investigation

Outcomes Following Transcatheter Aortic Valve Replacement in the United States

Michael J. Mack, MD; J. Matthew Brennan, MD, MPH; Ralph Brindis, MD, MPH; John Carroll, MD; Fred Edwards, MD; Fred Grover, MD; David Shahian, MD; E. Murat Tuzcu, MD; Eric D. Peterson, MD, MPH; John S. Rumsfeld, MD, PhD; Kathleen Hewitt, MSN; Cynthia Shewan, PhD; Joan Michaels, RN; Barb Christensen, RN; Alexander Christian; Sean O'Brien, PhD; David Holmes, MD; for the STS/ACC TVT Registry

Table 5. In-Hospital and 30-Day Mortality in the STS/ACC TVT Registry Compared With Previous Studies

Mortality, No./Total (%)												
	STS/ACC TVT Registry			PARTNER Trial ^{5,6}			SOURCE ²⁰			GARY ²¹		UK SATIRE ²²
	Inoperable		High-Risk	Inoperable		High-Risk						
	TF	TA		TF	TA		TF	TA	TF	TA		
	TF	TF	TA	TF	TF	TA	FRANCE 2 ¹⁹	TF	TA	TF	TA	
In-hospital	61/139 (5.4)	146/3833 (3.8)	190/2318 (8.2)	NR	NR	NR	NR	NR	NR	138/2694 (5.1)	62/870 (7.1)	NR
30-Day	30/489 (6.1)	77/1687 (4.6)	112/1147 (9.8)	9/179 (5.0)	9/244 (3.7)	9/104 (8.7)	293/3195 (9.2)	29/463 (6.3)	59/575 (10.3)	NA	NA	91/1181 (7.1)

Abbreviations: NR, data not reported; STS/ACC TVT, Society of Thoracic Surgeons/American College of Cardiology Transcatheter Valve Therapy; TA, transapical; TF, transfemoral.

Registry data support expanded indications

FDA NEWS RELEASE

For Immediate Release: Sept. 23, 2013

Media Inquiries: Susan Laine, 301-796-5349, susan.laine@fda.hhs.gov

Consumer Inquiries: 888-INFO-FDA

FDA approval expands access to artificial heart valve for inoperable patients

“To support the labeling change, Edwards Lifesciences Corp. submitted data from the Transcatheter Valve Therapy Registry (TVTR) in the United States”



Original Investigation

Clinical Outcomes at 1 Year Following Transcatheter Aortic Valve Replacement

CONCLUSIONS AND RELEVANCE Among patients undergoing TAVR in US clinical practice, at 1-year follow-up, overall mortality was 23.7%, the stroke rate was 4.1%, and the rate of the composite outcome of death and stroke was 26.0%. These findings should be helpful in discussions with patients undergoing TAVR.

Home > News/Media > Cardiology Magazine > 2014 > 03 > TVT Registry: One-Year Results Show Real-World TAVR Procedures Consistent With Clinical Trials

TVT Registry: One-Year Results Show Real-World TAVR Procedures Consistent With Clinical Trials

March 31, 2014



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Recently approved for the treatment of severe, symptomatic aortic stenosis in patients



Print



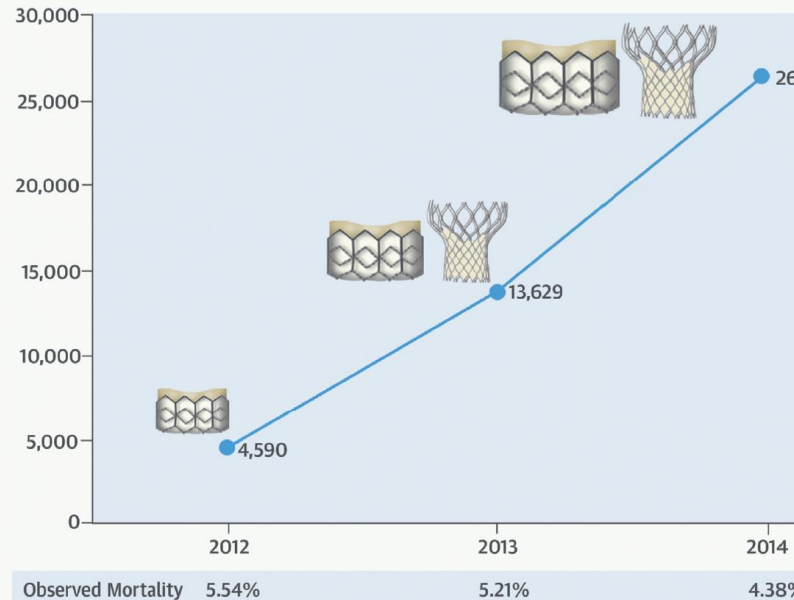
Comments



Annual Outcomes With Transcatheter Valve Therapy

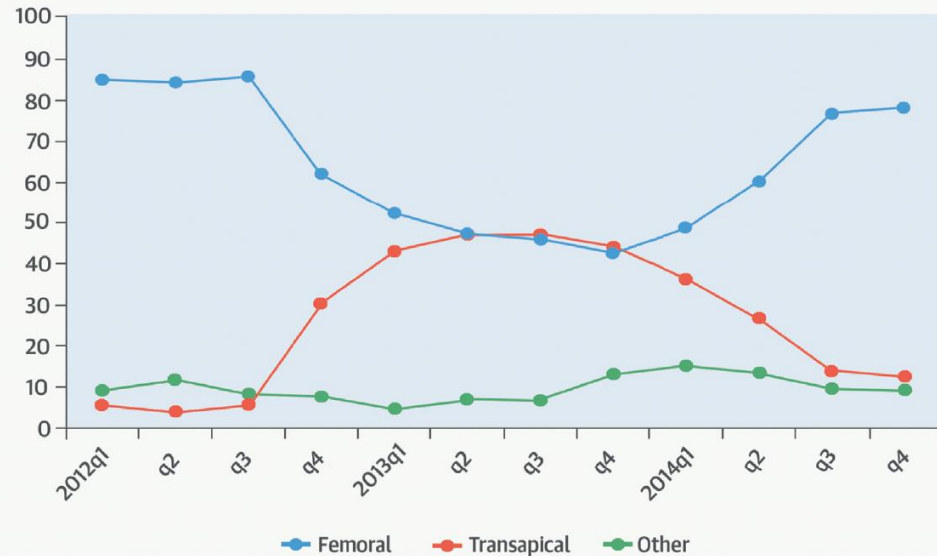
From the STS/ACC TVT Registry

A Increase in Procedural Performance and Outcome of TAVR since FDA Approval



B

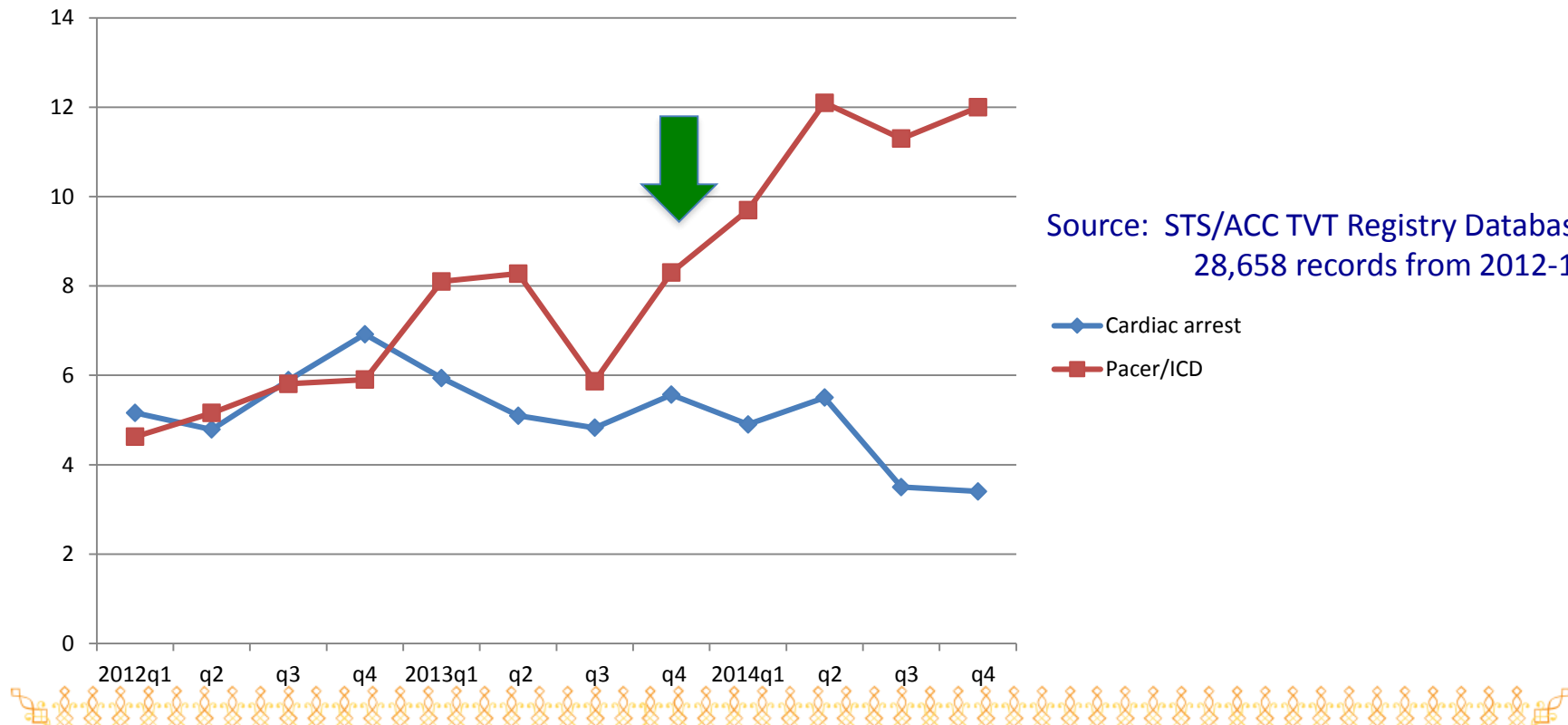
Valve Sheath Access Site of Patients Undergoing TAVR



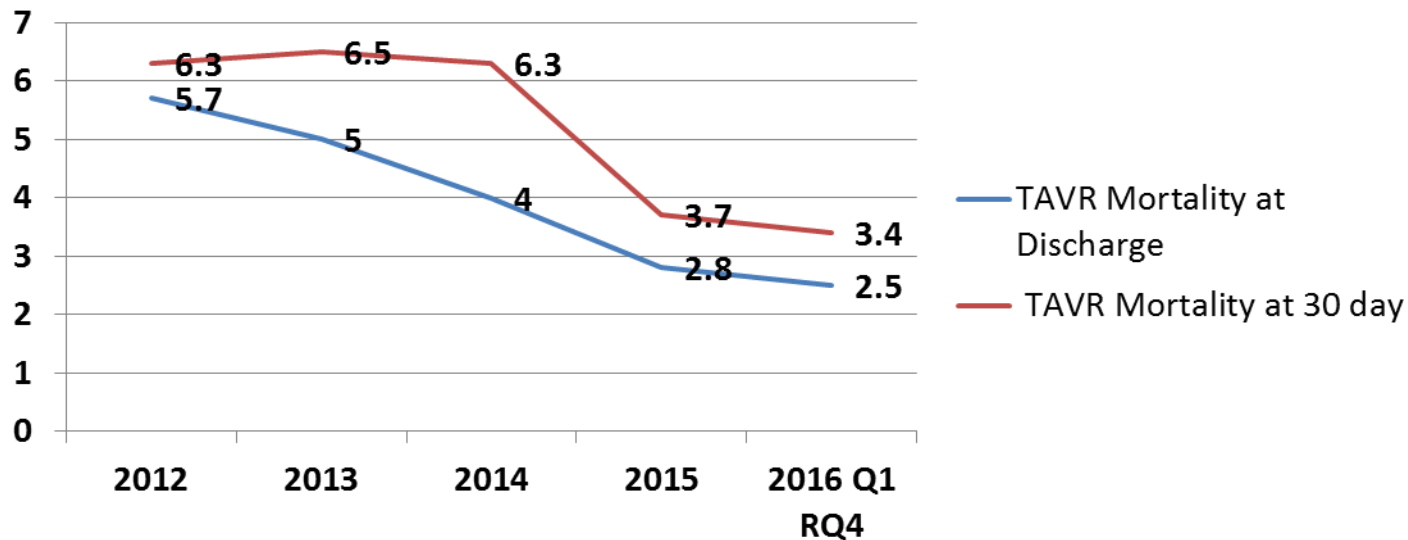
Device complications

Device complication (any)	2.0
Device migration	0.3
Device embolization, left ventricle	0.3
Device embolization, aorta	0.3
Device recapture or retrieval	0.4
Other device-related event	1.0

U.S. TAVR Outcomes (in-hospital)



TAVR Mortality at Discharge and 30 Days



SOURCE: STS/ACC TVT REGISTRY DATABASE AS OF JUL 15, 2016

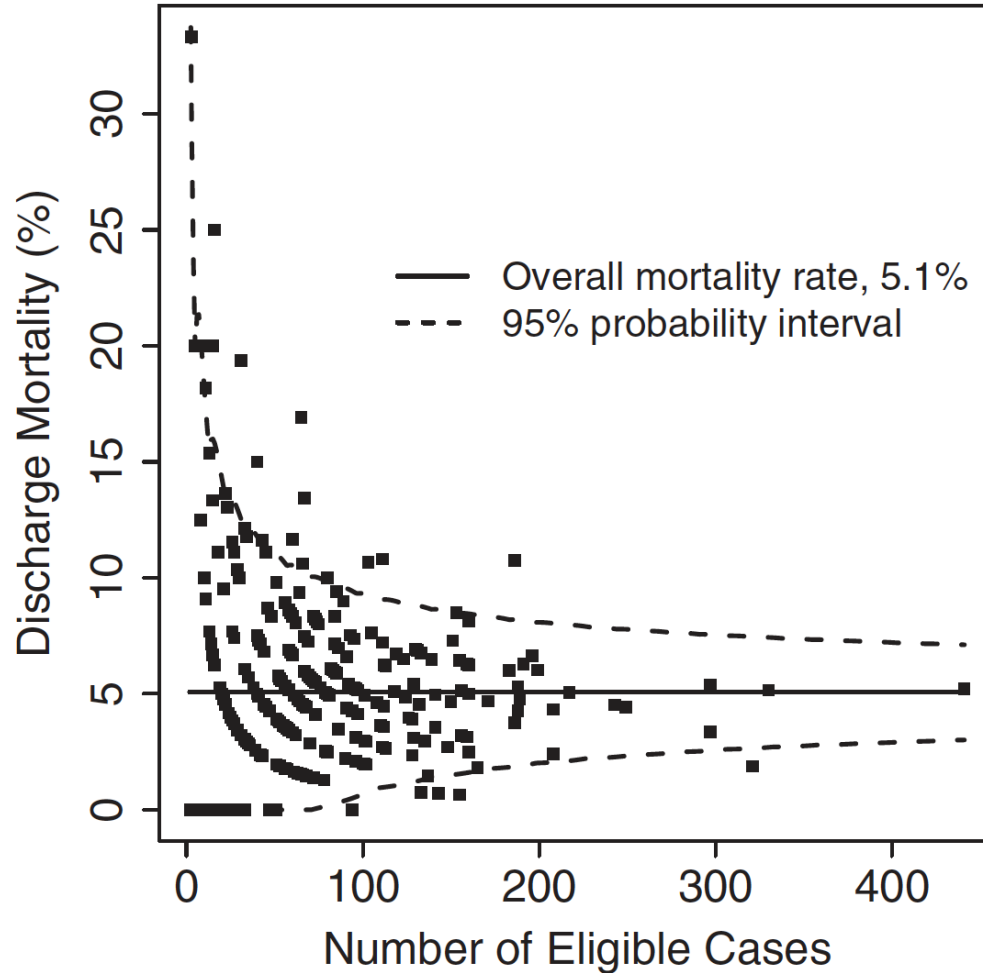


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Variation Follow

A Report of

Sean
J. Ma
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Eric D. Pe



7 Rates ement

n College ry

PhD;
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Registry

Is treatment effective in subgroups?



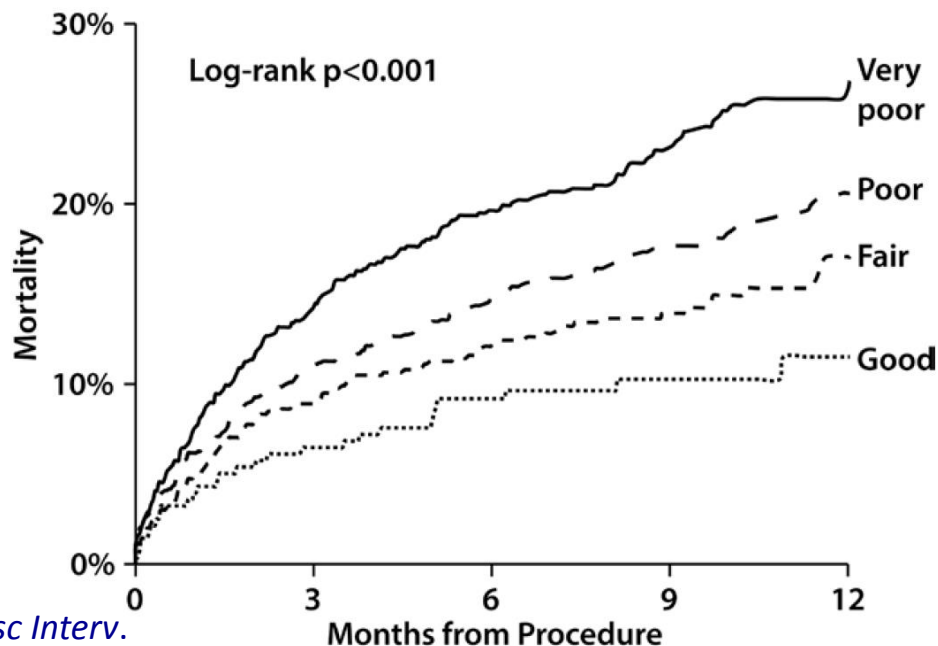
Should TAVR be Performed in Nonagenarians? Insights from the STS/ACC TVT Registry

CONCLUSIONS In current U.S. clinical practice, approximately 16% of patients undergoing TAVR are ≥ 90 years of age. Although 30-day and 1-year mortality rates were statistically higher compared with younger patients undergoing TAVR, the absolute and relative differences were clinically modest. TAVR also improves quality of life to the same degree in nonagenarians as in younger patients. These data support safety and efficacy of TAVR in select very elderly patients. (J Am Coll Cardiol 2016;67:1387-95) © 2016 by the American College of Cardiology Foundation.

Structural Heart Disease

Association of Patient-Reported Health Status With Long-Term Mortality After Transcatheter Aortic Valve Replacement

Report From the STS/ACC TVT Registry



**Adjusted HR 2.00;
95% CI 1.58–2.54**

**Adjusted HR 1.54;
95% CI 1.22–1.95**



Health Services and Outcomes Research


Gait Speed Predicts 30-Day Mortality After Transcatheter Aortic Valve Replacement


Results From the Society of Thoracic Surgeons/American College of Cardiology Transcatheter Valve Therapy Registry

- Each 0.2-m/s lower gait speed corresponded to 11% higher 30-day mortality.
- The slowest walkers had 35% higher 30-day mortality than normal walkers, with significantly longer hospital stays and a lower probability of being discharged to home.



Individual patient risk

**AMERICAN COLLEGE of CARDIOLOGY**

The Society of Thoracic Surgeons

TAVR In-Hospital Mortality Risk Calculator

Calculate Risk

Predicted Risk

This risk-adjusted mortality estimate is recommended to be used for guidance in the overall conversation about the TAVR procedure and not as a recommendation for or against any medical procedure.

Predicted Risk

* All parameters

Patient

Age (18-100)

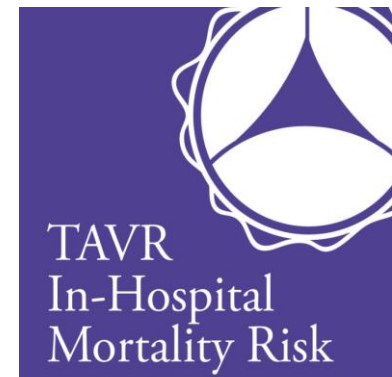
Patient

Adjusted TAVR In-Hospital Mortality Risk

[Click here for info about this risk model](#)

Patient's Risk 2.7%	National Average 4% as of May 2015	In the United States, the average mortality of all patients undergoing this procedure is 4% . Taking into account the patient's specific clinical condition, the statistical estimate that she might not survive the procedure is 2.7% . This means that for every 100 patients having a similar clinical makeup, there would be 2.7 who did not survive.
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The model provides an objective risk-adjusted estimate of in-hospital mortality which has real value for both patient and provider. It should be considered as one element in the evaluation process, to be considered along with the other traditional factors that determine whether the patient is an appropriate candidate for the procedure.



What have we learned from the U.S. TAVR Registry?

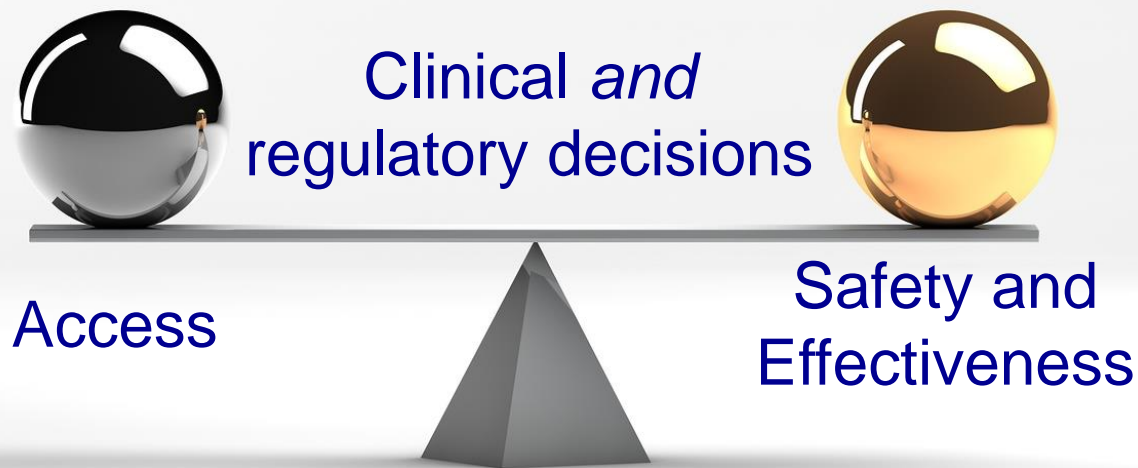
“Science tells us what we can do;
Guidelines tell us what we should do;
Registries tell us what we’re actually doing.”

– Lukas Kappenberger, MD



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Better health outcomes



Clinical registry programs



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Thank you



Denver, Colorado



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jrumfeld@acc.org