**Mechanically expanding Lotus valve was noninferior to self-expanding CoreValve for the safety and efficacy endpoints at 1 year among high- and extreme-risk AS patients undergoing TAVR**

Rates of moderate to severe PVL with Lotus were significantly lower, while pacemaker implantation rates were significantly higher.

**Trial design:** High- or extreme-risk patients with severe symptomatic aortic stenosis (AS) undergoing TAVR were randomized in a 2:1 fashion to either TAVR with the Lotus valve or the CoreValve. Patients were followed for 12 months.

**Results**
- Primary safety outcome: mortality/stroke/bleeding/acute kidney injury/major vascular complications at 30 days, for Lotus vs. CoreValve: 20.3% vs. 17.2%, \( p_{\text{non-inferiority}} = 0.003, p_{\text{superiority}} = 0.83 \)
- Primary efficacy outcome: mortality/stroke/paravalvular leak (PVL) at 1 year: 15.4% vs. 25.5%, \( p < 0.001 \); moderate to severe PVL: 0.9% vs. 6.9%, \( p < 0.001 \)
- Permanent pacemaker: 34.2% vs. 18.5%, \( p < 0.05 \)

**Conclusions**
- Mechanically expanding Lotus valve was noninferior to self-expanding CoreValve for the safety and efficacy endpoints at 1 year among high- and extreme-risk AS patients undergoing TAVR
- Rates of moderate to severe PVL with Lotus were significantly lower, while pacemaker implantation rates were significantly higher