

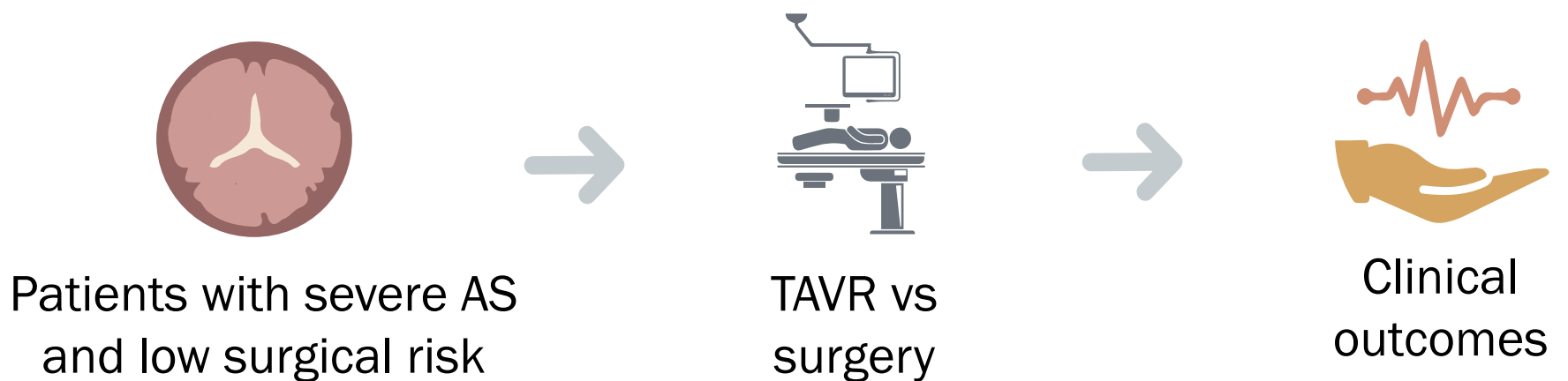
# PARTNER 3: Transcatheter Aortic-Valve Replacement With a Balloon-Expandable Valve in Low-Risk Patients



AMERICAN COLLEGE of CARDIOLOGY

Multicenter, parallel-group, randomized controlled trial

Objective: To compare outcomes with TAVR vs. surgical AV replacement in patients with severe AS and low surgical risk



**1000** patients (mean age, 73 years), male population (69.3%), with lower STS-PROM scores (mean 1.9%) and fewer comorbidities (low-risk surgical candidates)



TAVR  
(n=503)



Surgery  
(n=497)



Mean follow-up: 1 year

## Primary Outcome

Composite of death from any cause, stroke, or rehospitalization

8.5%

P<0.001 for noninferiority,  
P=0.001 for superiority

15.1%

## Secondary Outcome

Stroke at 30 days

0.6%

HR 0.25; 95% CI, 0.07 to 0.88; P=0.02

2.4%

Death or stroke at 30 days

1.0%

HR 0.30; 95% CI, 0.11 to 0.83; P=0.01

3.3%

New-onset AFib

5%

HR 0.10; 95% CI, 0.06 to 0.16; P<0.001

39.5%

Among patients with severe AS who were at low surgical risk, the rate of the composite of death, stroke, or rehospitalization at 1 year was significantly lower with TAVR than with surgery.