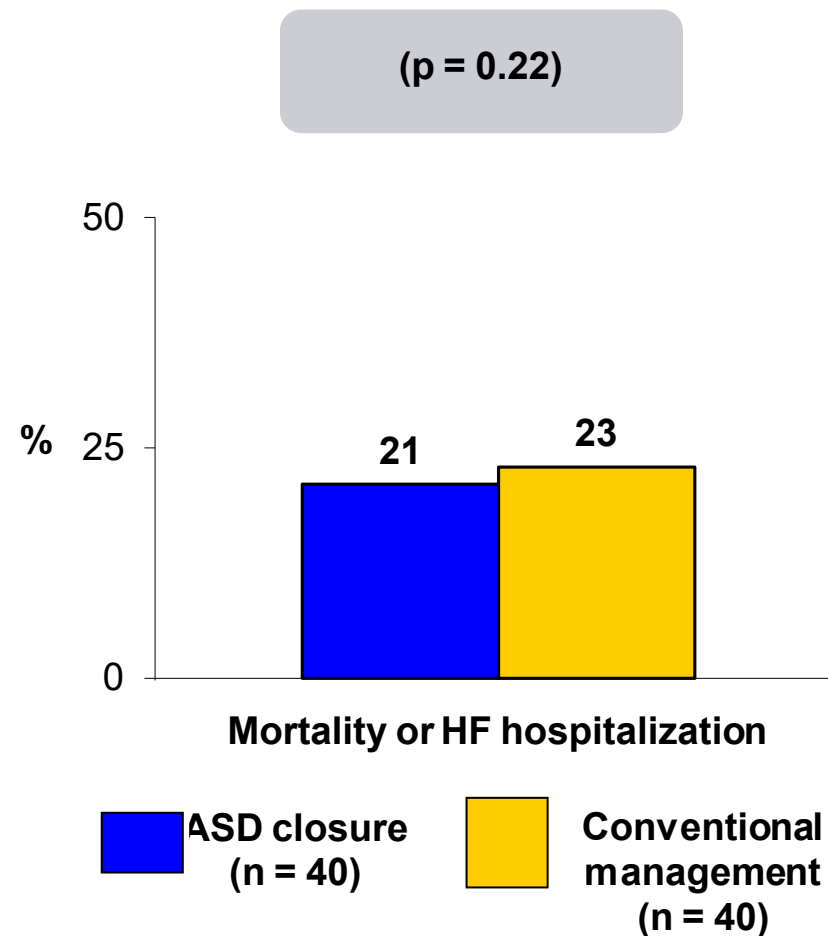


Trial Description: Patients with persistent iatrogenic ASD and relevant L-R-shunting ($Q_p:Q_s \geq 1.3$) 1 month post-transcatheter mitral valve repair (TMVr) were randomized in an open-label 1:1 fashion to either percutaneous ASD closure or control.



RESULTS

- Primary endpoint, change in 6-minute walk distance at 5 months: ASD closure vs. conservative management: 5 vs. -1 m (p = 0.76)
- Change in NT-proBNP from baseline: -846 vs. -279 pg/ml (p = 0.44)
- Change in $Q_p:Q_s$ from baseline: -0.5 vs. -0.2 (p = 0.02)
- Mortality or HF hospitalization at 1 year: 21% vs. 23% (p = 0.22)

CONCLUSIONS

- Routine closure of iatrogenic ASDs post-TMVr does not result in improved 6-minute walk distance or improvement in mortality/HF hospitalization compared with conservative management, despite normalization in $Q_p:Q_s$ (baseline $Q_p:Q_s \geq 1.3$)
- This is a helpful trial despite its small sample size since it addresses a commonly encountered clinical scenario