



Transcatheter Edge-to-Edge Repair in Patients with Severe Mitral Regurgitation and Cardiogenic Shock: Insights from the TVT Registry

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Disclosure Statement of Financial Interest

Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below.

Affiliation/Financial Relationship

Grant/Research Support

Consultation fees

Company

Boston Scientific, Philips

Abbott, Biosense Webster, Philips,

Boston Scientific





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Cardiogenic Shock Basic Facts

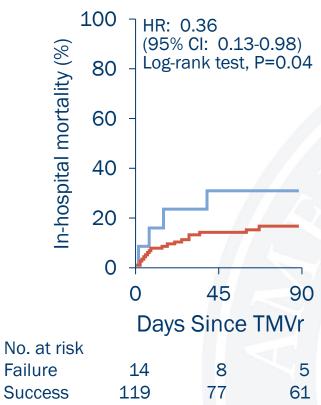
- Continues to have a persistently high mortality¹
- Few interventions have improved its prognosis¹
- There is an increasing complexity & multi-morbidity of patients with CS (e.g., more non-AMI related CS)¹⁻³
- Moderate-severe MR is present in up to 1 in 5 patients admitted with CS & it increases mortality risk by 60%¹⁻³

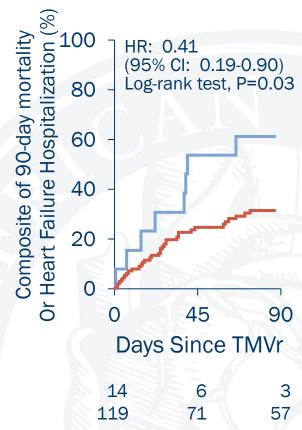




Cardiogenic Shock & Mitral Regurgitation Data on the Role of TEER are Limited

- Multicenter registry
 (n=141 patients with CS)
- Procedural success
 (≤2+ MR) was 88.7%
- TEER success was associated with lower short-term mortality
 & HF admissions



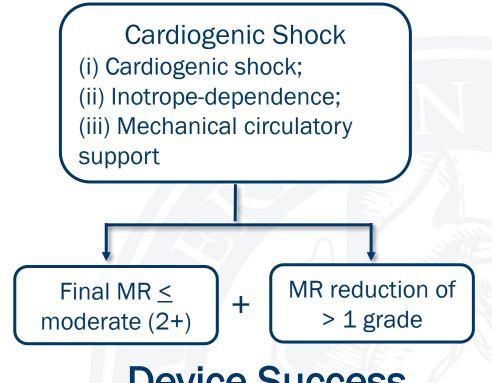






TEER for MR and Cardiogenic Shock Insight From the ACC/TVT/STS Registry

- Patients with CS undergoing TEER between Nov 2013 to Dec 2021
- Objectives:
 - Describe risk profile & device success rates
 - Assess association of device success with 1-year outcomes



Device Success

at 30 days



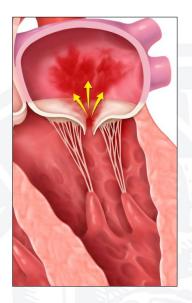


^{*}Excluded combined procedures and patients with missing CS, inotrope dependence, MCS prior to procedure status

TEER for MR and Cardiogenic Shock Baseline Characteristics

- 3,797 patients were included
- Mean age was 73.0 ± 11.9 years
- 59.9% of patients were males
- 82.7% were of White race
- STS risk of mortality for MVr was:
 - -14.9 ± 15.3 (Mean \pm SD)
 - 9.5/4.8-19.1 (Median/25th-75th)
- 90.5% in NYHA III/IV prior 2 weeks





DMR 53.4%

FMR 27.5%

LVEF= $41.1 \pm 17.5\%$ LVEDD= 5.6 ± 1.1 cm





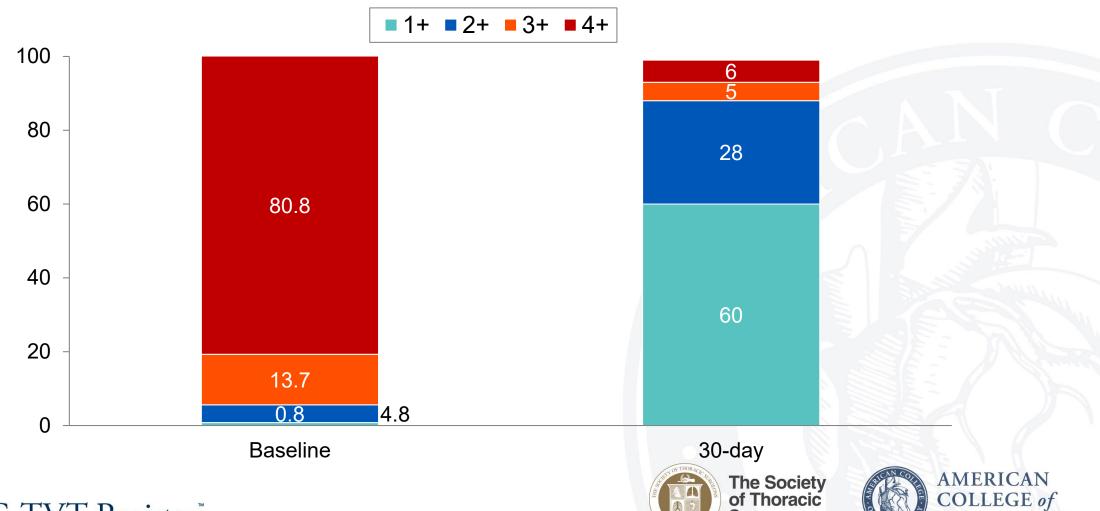
TEER for MR and Cardiogenic Shock Procedural Characteristics

- Time from admission to TEER (Mean 5.6±8.1, Median 2.7 [0.2, 7.9] days)
- 47.8% >1 clip implanted (93.9% A2-P2)
- Complications:
 - VARC major bleed 3.6%, life threatening/disabling bleed 4.0%
 - Stroke 1.6%
 - SLDA 1.3%
 - Conversion to surgery 0.6%
- Non-home discharge 25.8%
- Length of stay (Mean 12.5 ± 15.0, Median 9.0 [2.0, 17.0] days)



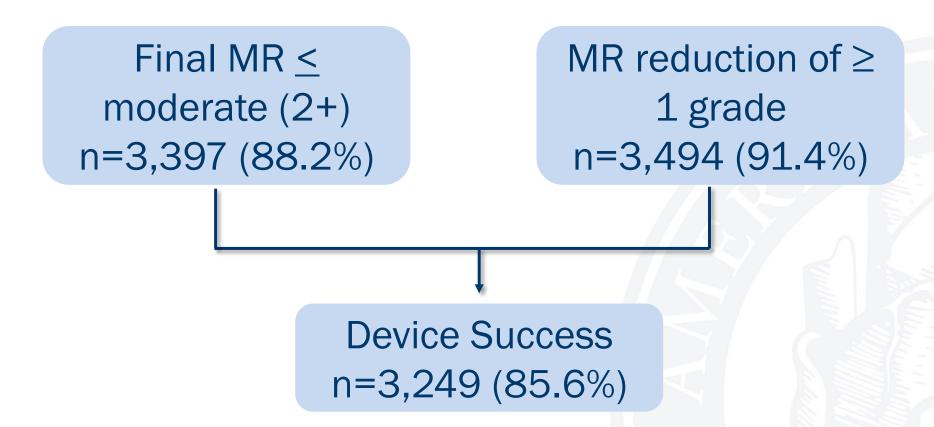


TEER for MR and Cardiogenic Shock Echocardiographic Outcomes



Surgeons

TEER for MR and Cardiogenic Shock Device Success







TEER for MR and Cardiogenic Shock Device Success vs Device Failure Groups

Patient Characteristics	Device Success n=3249	Device Failure n=548	P value
Age (mean ± SD)	73.2±11.8	71.9±12.7	0.03
Male (%)	60.3%	54.7%	0.01
STS PROM (mean ± SD)	14.8±15.3	15.0±15.4	0.97
LVEF (mean ± SD)	40.7±17.5	42.9±17.4	0.009
MR ≥3+ (%)	96.1%	84.9%	<.001
Degenerative MR (%)	52.3%	60.4%	0.004





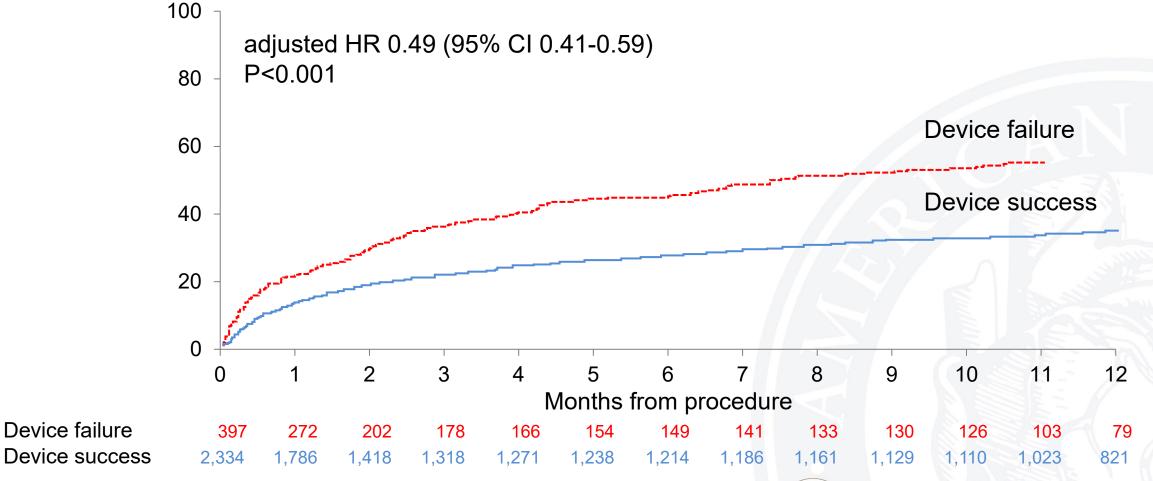
TEER for MR and Cardiogenic Shock 30-Day Mortality

Device Failure 30-day Mortality		Device Success 30-day Mortality			
STS- Expected	Observed	Observed Expected	STS- Expected	Observed	Observed Expected
15.0%	23.0%	1.53	14.9%	13.1%	0.88





TEER Device Success and 1-Year Outcomes All-cause Mortality



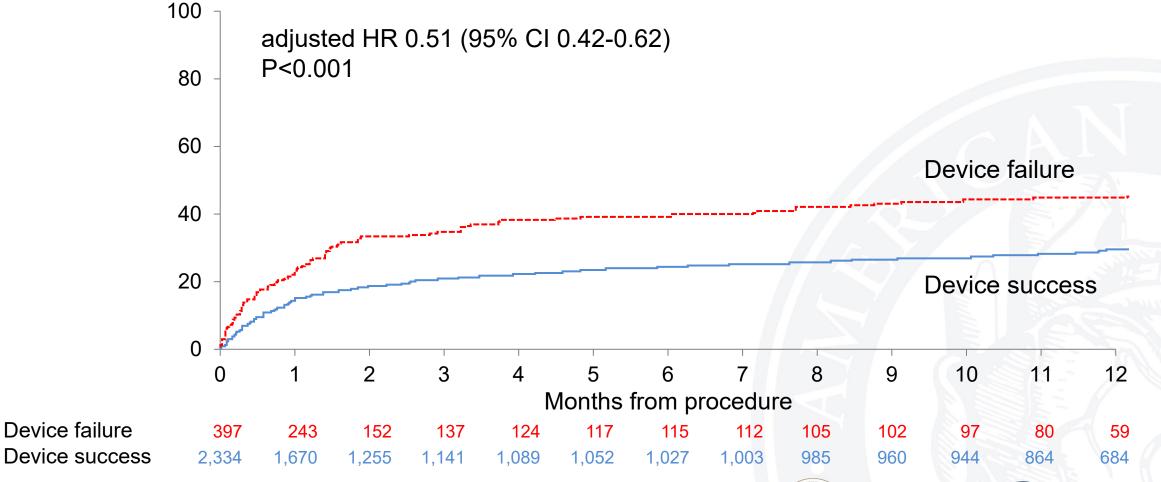
^{*} IPW used to account for missing mortality (26%) and HF admission data (25%) at 1 year

STS/ACC TVT Registry





TEER Device Success and 1-Year Outcomes Mortality or HF Admission



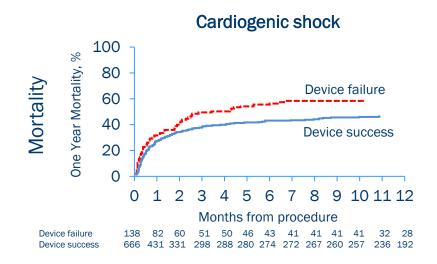
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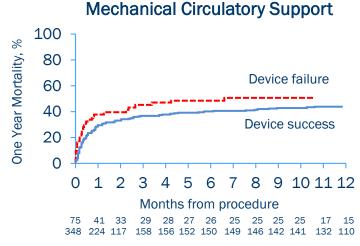
STS/ACC TVT Registry

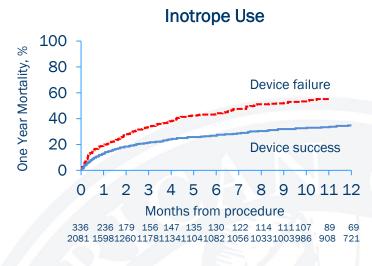


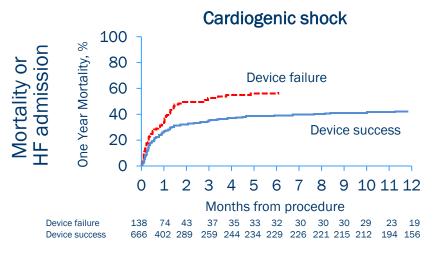


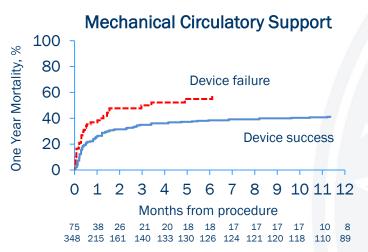
Device Success and Outcomes by CS Definition

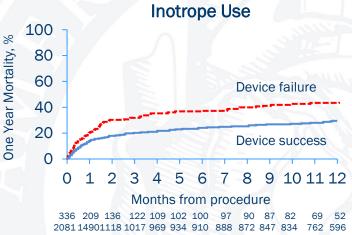








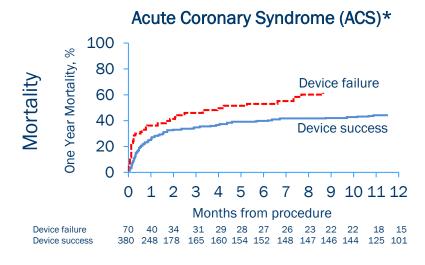


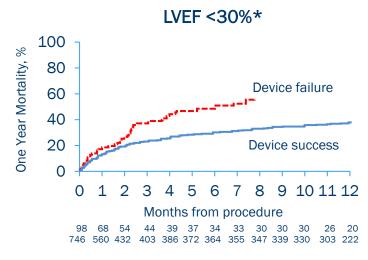


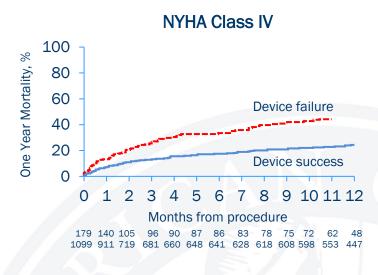


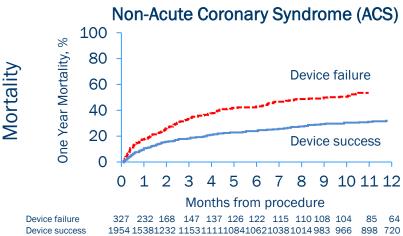


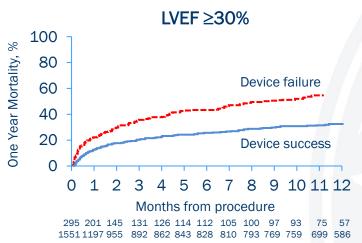
Device Success and Outcomes by Presentation

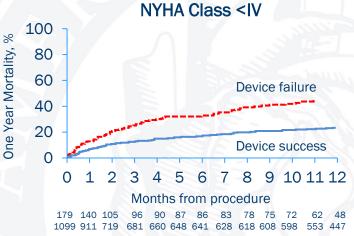








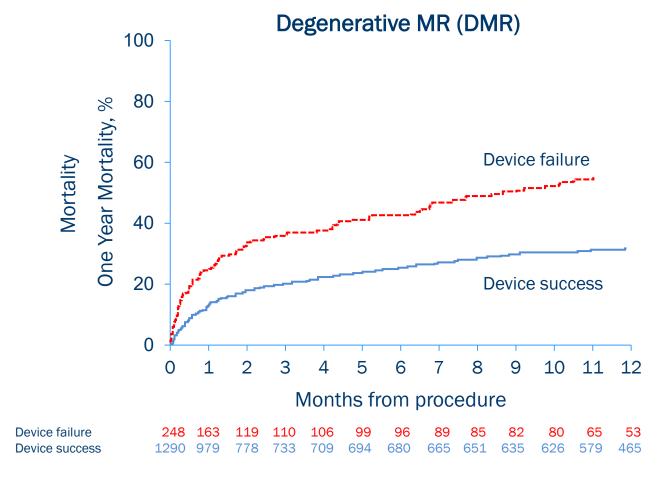


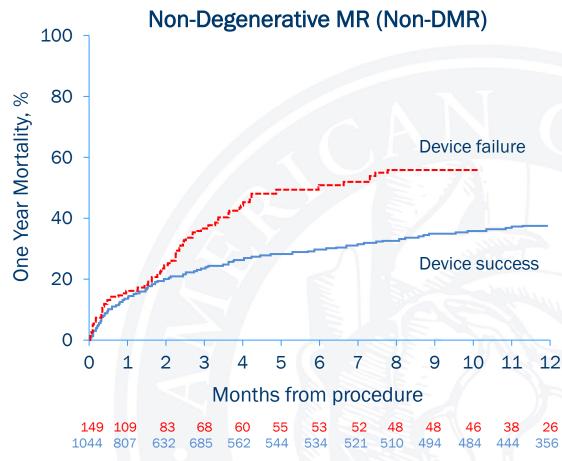






Device Success and Outcomes by MR Etiology









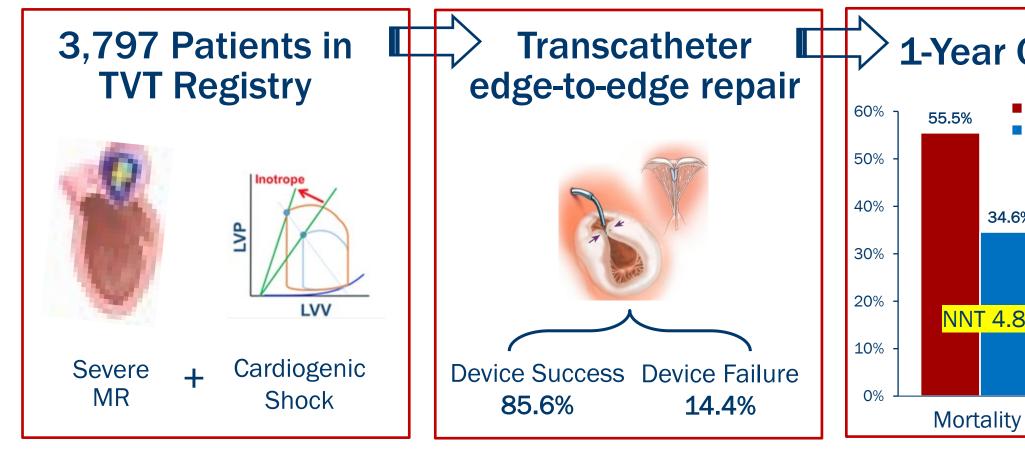
TEER for MR and Cardiogenic Shock Limitations

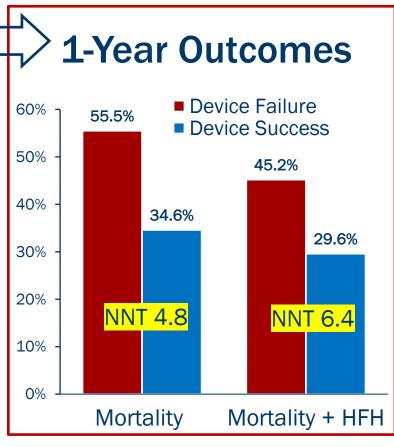
- Reporting/coding cardiogenic shock
- Selection and immortal time bias
- No control arm (device failure used as control)
- Outcomes are site reported and not adjudicated
- Association with lower mortality ≠ causal effect of TEER





Conclusions





- ☐ Successful MR reduction is achievable in most patients with CS and is associated with significantly lower mortality and HF hospitalization at 1-year.
- ☐ Randomized trials to clarify the role of TEER in CS are needed.



QUESTIONS & ANSWERS



