

Five-year Echocardiographic Outcomes From The PARTNER 3 Low-risk Randomized Trial



Rebecca T. Hahn, MD & Philippe Pibarot, DVM, PhD

on behalf of the PARTNER 3 Trial Investigators



Disclosures: Rebecca Hahn, MD TCT 2023 · San Francisco, CA · Oct. 23-26

Within the past 36 months, I or my spouse/partner has had a financial interest/arrangement or affiliation with the organization(s) listed below.

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- Institutional Research Support
- Consulting Fees
- Speaker

Other

Company

None

None

Abbott Structural, Boston Scientifice, Edwards Lifescience, Medtronic, Philips

Healthcare

Echo Core Lab for Edwards Lifescience

Trials (no direct compensation)



Background

- The PARTNER 3 trial compared TAVR with the SAPIEN 3 valve to surgery in patients with severe, symptomatic aortic stenosis who were at low surgical risk.
- At 1 year, post-AVR valvulo-arterial impedance (Zva) and reduced tricuspid annular plane systolic excursion (TAPSE) were associated with a higher rate of the composite primary endpoint of death, stroke, or rehospitalization;
 - Post-AVR ≥ moderate PVR, severe PPM, or high residual gradient were not associated with a higher rate of the composite primary endpoint.



Purpose

- To compare echocardiographic findings in low-risk patients with severe aortic stenosis following TAVR or surgery at 5 years
- To examine any associations between 30-day echocardiographic parameters in the PARTNER 3 trial and clinical outcomes at 5 years



Echo Follow-up to 5 Years

TAVR – Valve Implanted N = 495

Surgery – Valve Implanted N = 453

Echocardiographic Follow-up

2 Deaths

5 Deaths 3 Withdrawals 2 Lost to f/u

30-day follow up N = 99.8% (492/493) 30-day follow up N = 97.5% (432/443)

3 Deaths 1 Withdrawal 6 Deaths 12 Withdrawals

1-year follow up N = 97.8% (478/489) 1-year follow up N = 92.5% (393/425)

44 Deaths 20 Withdrawals 2 Lost to f/u 23 Deaths 38 Withdrawals 4 Lost to f/u

5-year follow up N = 78.7% (333/423) 5-year follow up N = 78.9% (284/360)



Baseline Echo Characteristics

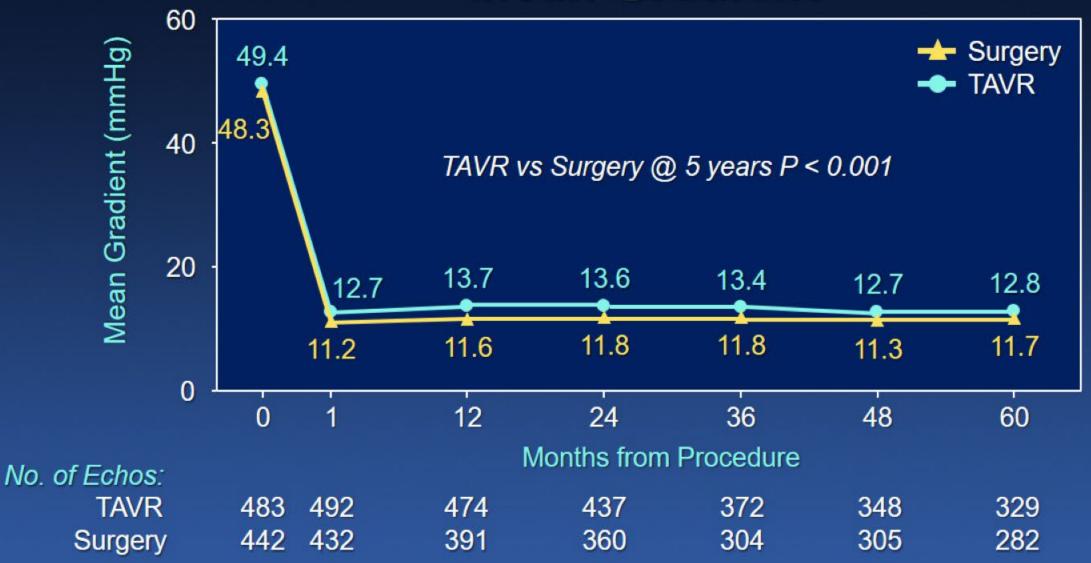
% or mean ± SD

Key Echo Characteristics	TAVR (N=496)	Surgery (N=454)	Key Echo Characteristics	TAVR (N=496)	Surgery (N=454)
Mean gradient (mmHg)	49.4 ± 0.6	48.3 ± 0.6	LV Mass Index (g/m²)	104.6 ± 1.2	101.5 ± 1.2
AVA (cm ²)	0.77 ± 0.01	0.77 ± 0.01	LVEF < 50%	4.7%	4.8%
DVI	0.19 ± 0.002	0.20 ± 0.002	SVI < 35 mL/m ² (low flow)	23.4%	27.1%
≥ Moderate AR	3.9%	2.5%	TAPSE < 1.6 cm	10.2%	8.1%
≥ Moderate MR	1.3%	3.2%	PASP ≥ 35 mmHg*	43.4%	55.2%
≥ Moderate TR	1.7%	2.3%	TAPSE/PASP < 0.50	26.3%	29.3%

^{*}P < 0.05



Valve Hemodynamics Mean Gradient



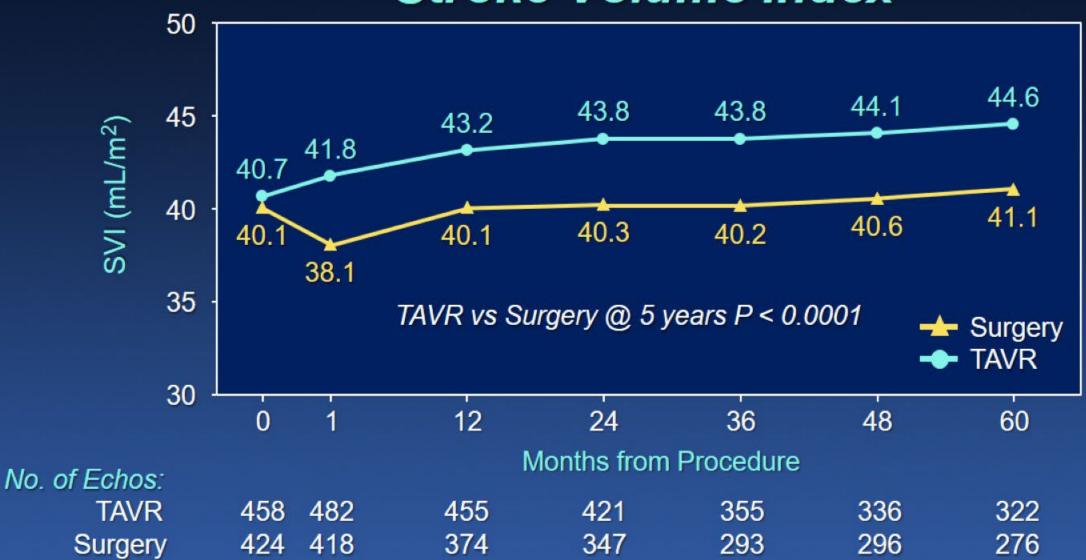


Valve Hemodynamics Aortic Valve Area





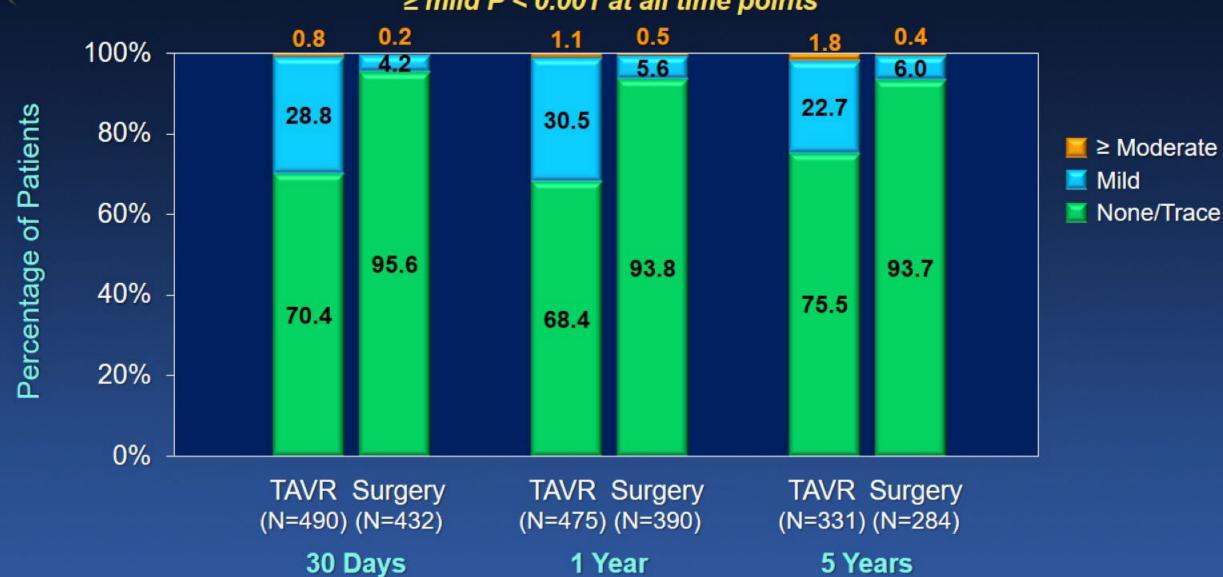
Left-ventricular Function Stroke Volume Index





Total Aortic Regurgitation

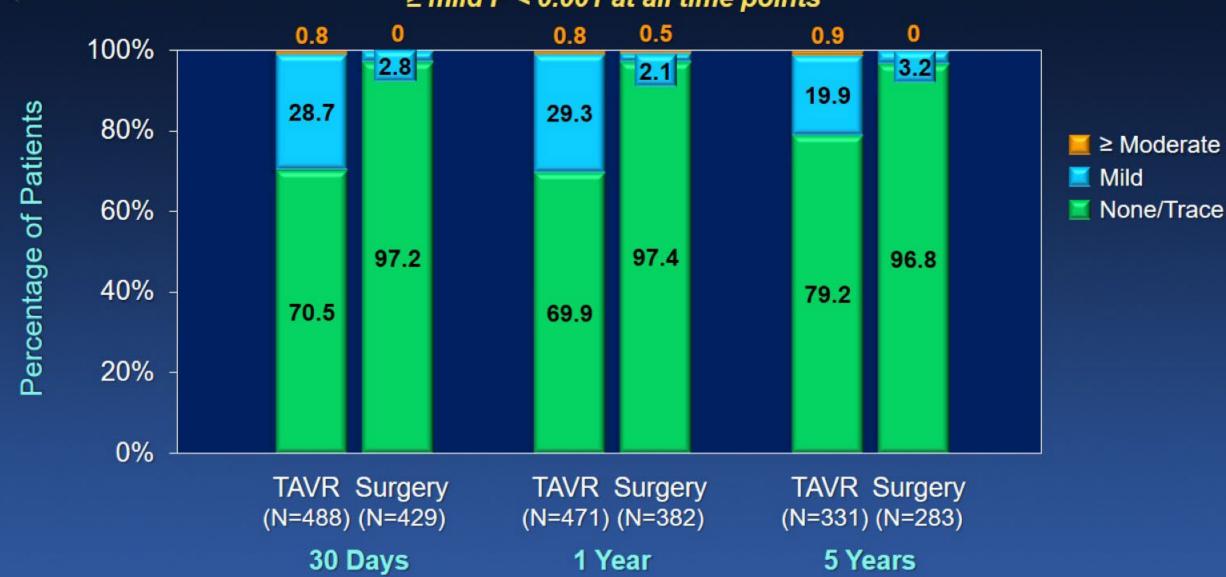
≥ mild P < 0.001 at all time points





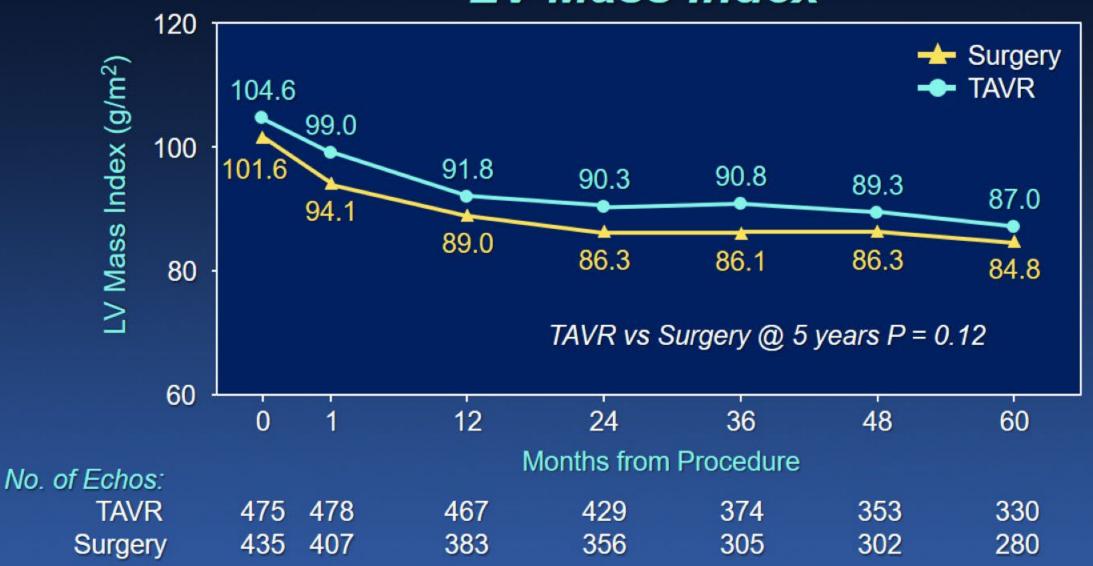
Paravalvular Regurgitation

≥ mild P < 0.001 at all time points



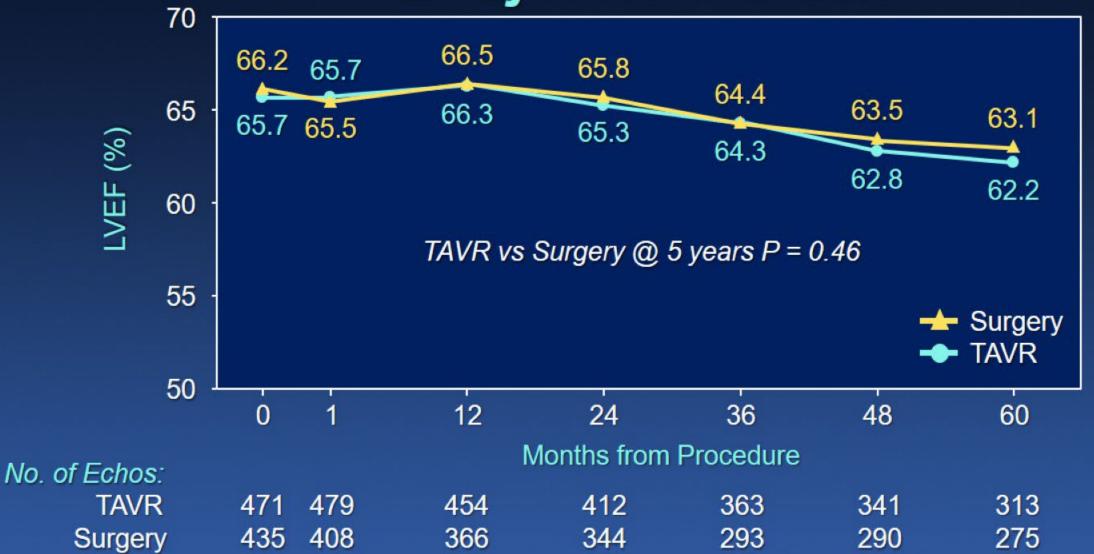


Left-ventricular Function LV Mass Index



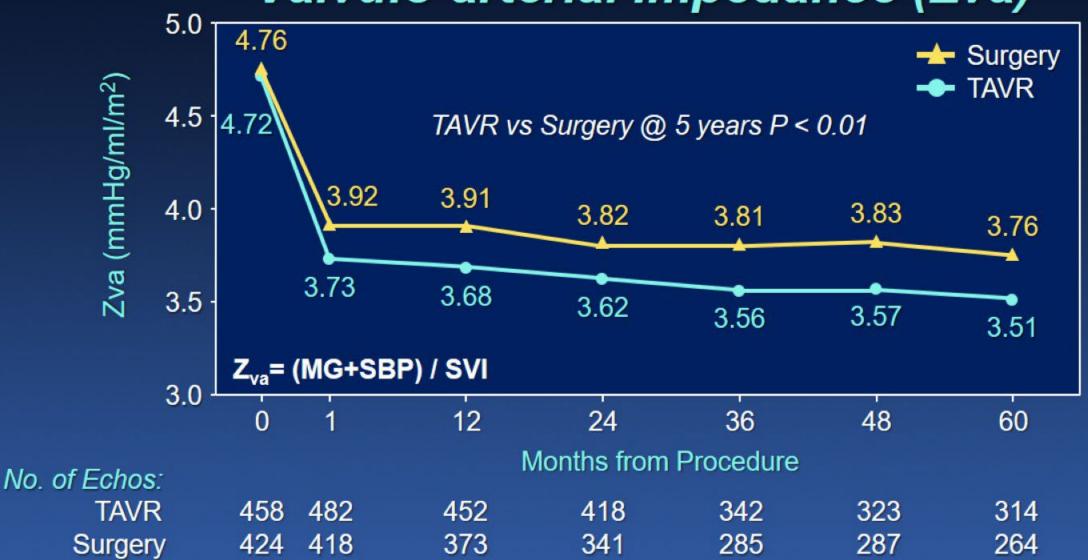


Left-ventricular Function LV Ejection Fraction



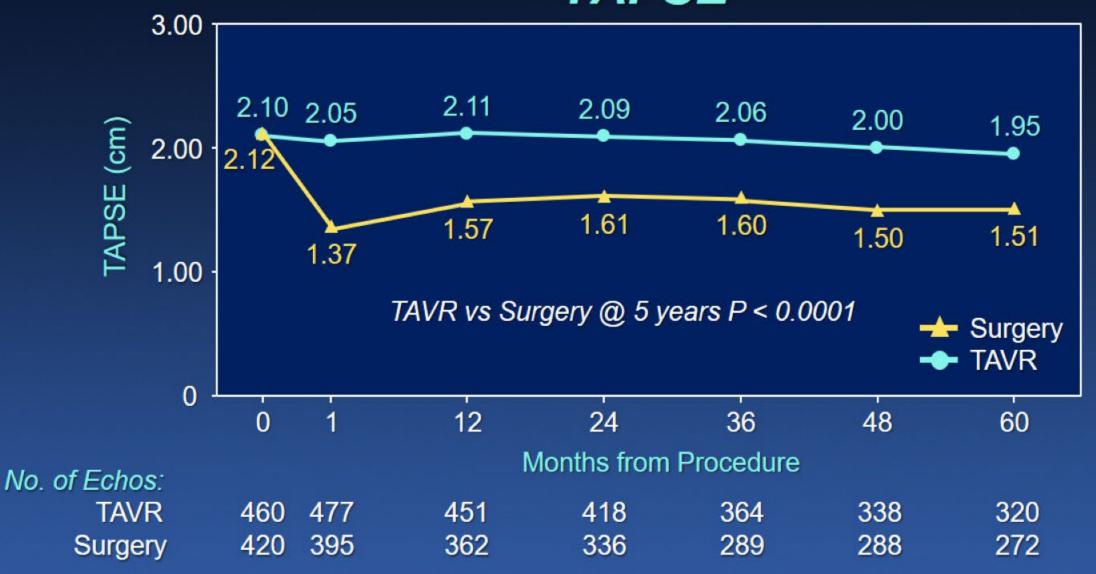


Left-ventricular Function Valvulo-arterial Impedance (Zva)



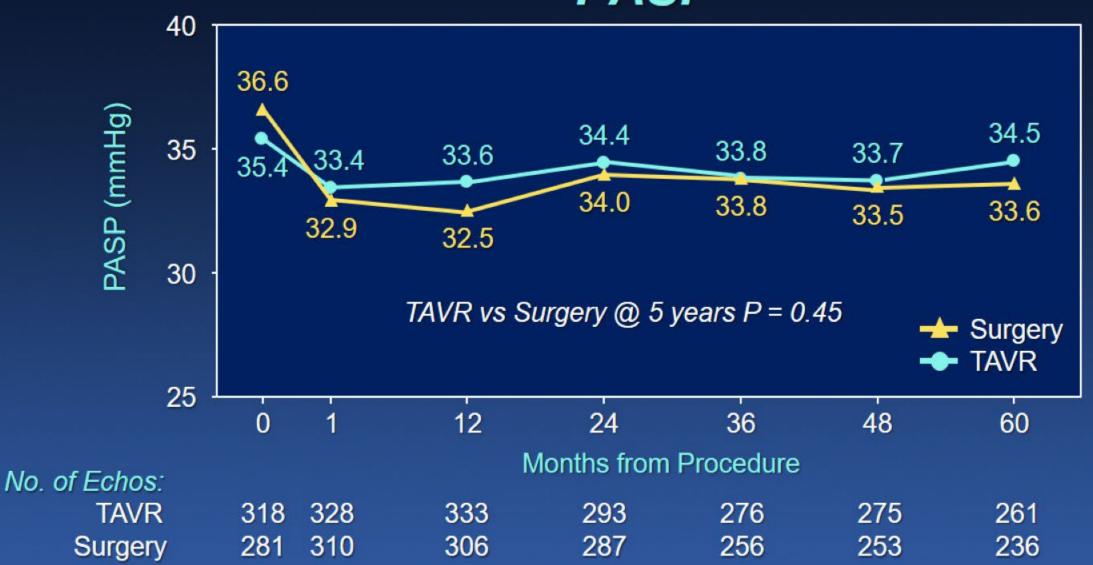


Right-ventricular Function TAPSE



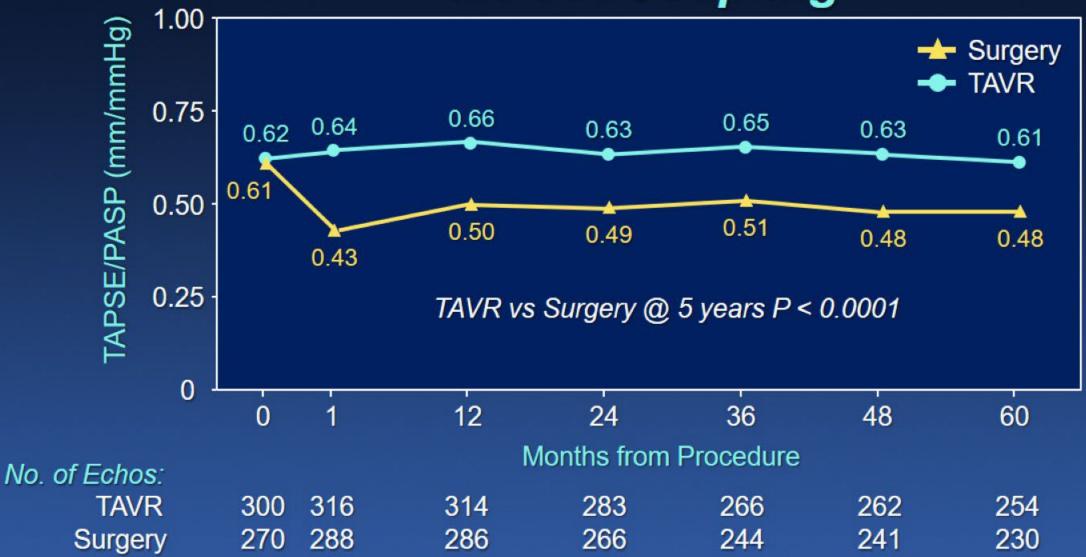


Right-ventricular Function PASP





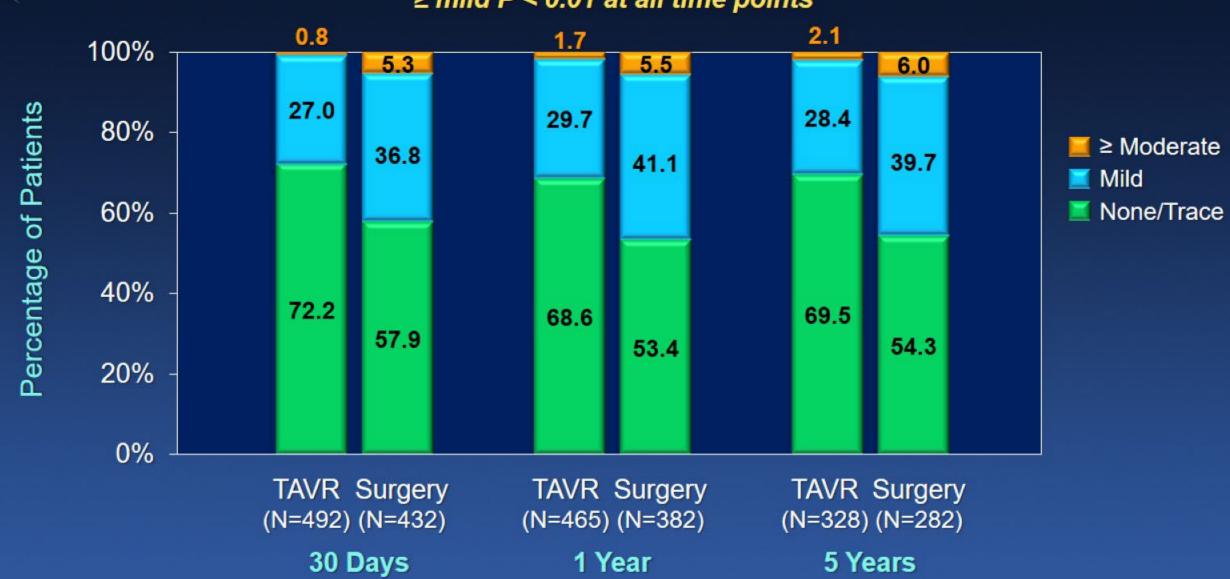
Right-ventricular Function RV-PA Coupling





Tricuspid Regurgitation

≥ mild P < 0.01 at all time points



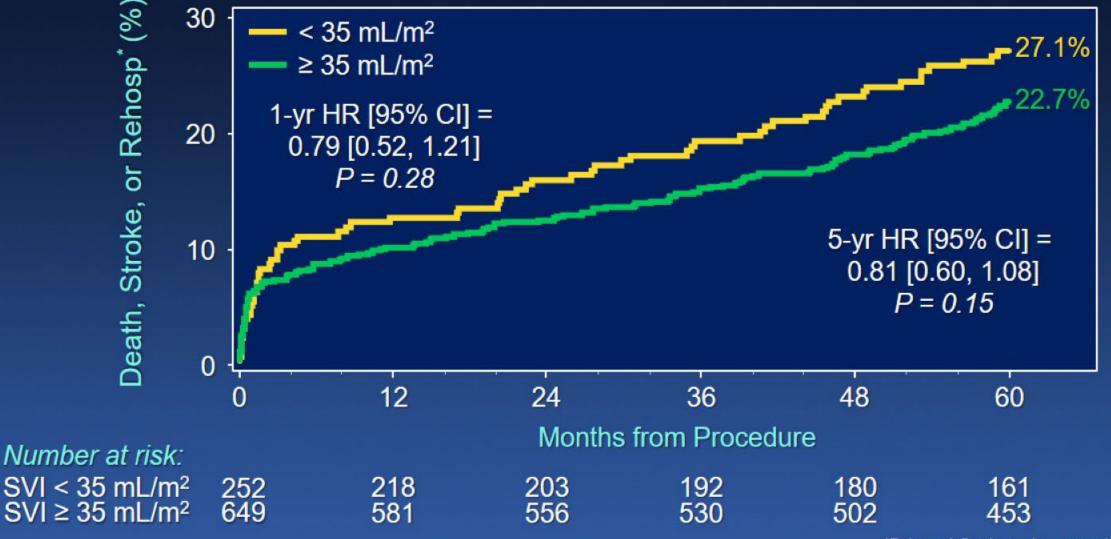


Composite Primary Endpoint By 30-day PVR (TAVR + Surgery)



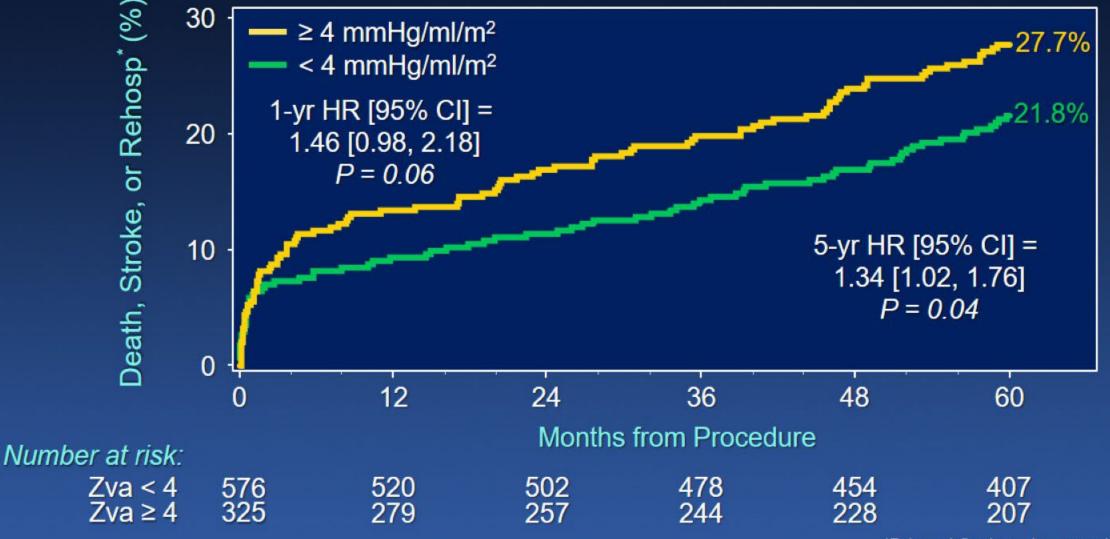


Composite Primary Endpoint By 30-day SVI (TAVR + Surgery)





Composite Primary Endpoint By 30-day Zva (TAVR + Surgery)





Additional Endpoints of Interest By 30-day Zva (TAVR + Surgery)

Endpoint of	KM Rate	at 5 Years		
Interest	Zva < 4 Zva ≥ 4 mmHg/ml/m²		HR [95% CI]	P value
All-cause Death	7.7%	9.9%	1.31 [0.82, 2.09]	0.26
CV Death	4.1%	5.7%	1.41 [0.75, 2.66]	0.28
Stroke	6.1%	5.5%	0.93 [0.52, 1.67]	0.81
Rehospitalization*	12.5%	19.9%	1.67 [1.19, 2.36]	0.003

^{*}Rehosp defined as valve-, procedure-, or HF-related



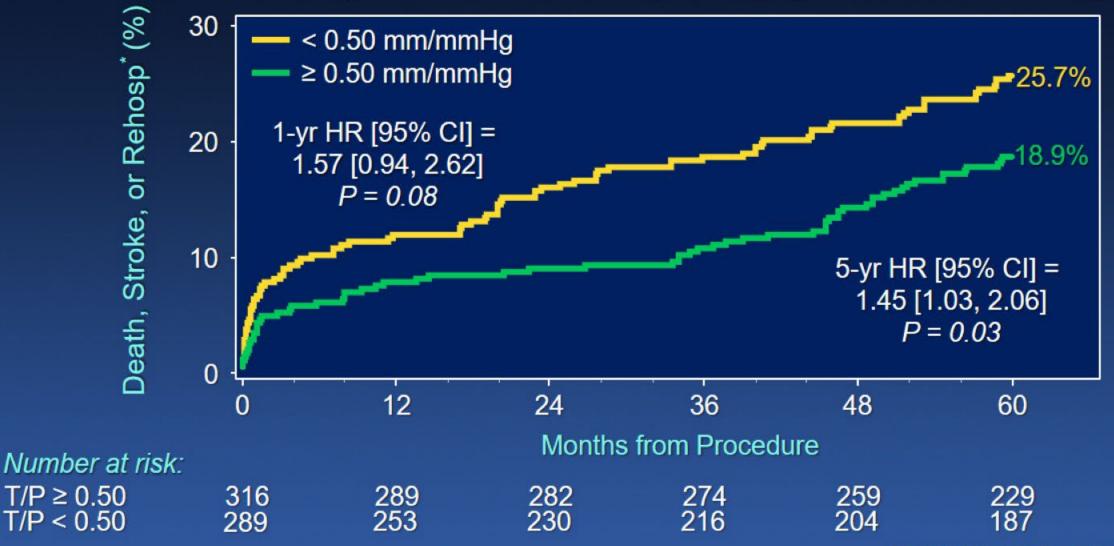
Additional Endpoints of Interest By 30-day Zva (TAVR + Surgery)

Endpoint of Interest	KM Rate at 5 Years			
	Zva < 4 mmHg/ml/m²	Zva ≥ 4 mmHg/ml/m²	HR [95% CI]	P value
All-cause Death	7.7%	9.9%	1.31 [0.82, 2.09]	0.26
CV Death	4.1%	5.7%	1.41 [0.75, 2.66]	0.28
Stroke	6.1%	5.5%	0.93 [0.52, 1.67]	0.81
Rehospitalization*	12.5%	19.9%	1.67 [1.19, 2.36]	0.003

^{*}Rehosp defined as valve-, procedure-, or HF-related



Composite Primary Endpoint By 30-day RV-PA Coupling (TAVR + Surgery)



By 30-day RV-PA Coupling (TAVR + Surgery)

Endpoint of Interest	KM Rate at 5 Years			
	T/P ≥ 0.50 mm/mmHg	T/P < 0.50 mm/mmHg	HR [95% CI]	P value
All-cause Death	5.6%	9.0%	1.67 [0.90, 3.11]	0.10
CV Death	2.4%	6.8%	3.03 [1.26, 7.25]	0.01
Stroke	3.7%	7.8%	2.24 [1.08, 4.64]	0.03
Rehospitalization*	11.7%	15.7%	1.38 [0.88, 2.15]	0.15

^{*}Rehosp defined as valve-, procedure-, or HF-related



By 30-day RV-PA Coupling (TAVR + Surgery)

Endpoint of Interest	KM Rate at 5 Years			
	T/P ≥ 0.50 mm/mmHg	T/P < 0.50 mm/mmHg	HR [95% CI]	<i>P</i> value
All-cause Death	5.6%	9.0%	1.67 [0.90, 3.11]	0.10
CV Death	2.4%	6.8%	3.03 [1.26, 7.25]	0.01
Stroke	3.7%	7.8%	2.24 [1.08, 4.64]	0.03
Rehospitalization*	11.7%	15.7%	1.38 [0.88, 2.15]	0.15



Conclusions

- Following TAVR with the SAPIEN 3, there was sustained improvement in mean transaortic gradient and aortic valve area to 5 years, which was similar to surgery
- At 5 years there was no significant difference in LV remodeling between TAVR and surgery; however, the surgical cohort had significantly lower TAPSE and RV-PA coupling, with greater incidence of ≥mild TR
- There was a significant association between the composite primary outcomes and Zva, driven by rehospitalization
- There was a significant association between the composite primary outcomes and RV-PA coupling, driven mainly by CV death and stroke



Clinical Implications

- Despite the similar hemodynamic benefit of TAVR and surgery in patients with symptomatic, severe AS, there is a significant reduction in longitudinal RV function and RV-PA coupling following surgery
- In patients treated with TAVR or surgery, post-intervention valvuloarterial impedance and RV-PA coupling are associated with worse 5-year outcomes
- Parameters of Ventricular/Valvular/Arterial coupling, such as Zva or TAPSE/PASP, should be considered as key endpoints to compare different types of AVR in future RCTs, and should be considered in clinical practice to enhance risk stratification and therapeutic decision making



See you at the Deep-Dive Sessions!

3:30pm Perspectives on Mortality in the PARTNER 3 5-Year Study

Vinod H. Thourani

3:45pm Important Secondary Endpoints from the PARTNER 3 5-Year Study

Raj Makkar

4:00 pm An Echo Deep Dive of the PARTNER 3 5-Year Study

Philippe Pibarot

4:15 pm Importance of Patient Reported Outcomes

David J. Cohen