

Five-Year Outcomes From the All-Comers Nordic Aortic Valve Intervention Randomized Clinical Trial in Patients with Severe Aortic Valve Stenosis

H. Gustav Hørsted Thyregod, MD, PhD

Department of Cardiothoracic Surgery
Copenhagen University Hospital, Denmark

On behalf of the NOTION Investigators



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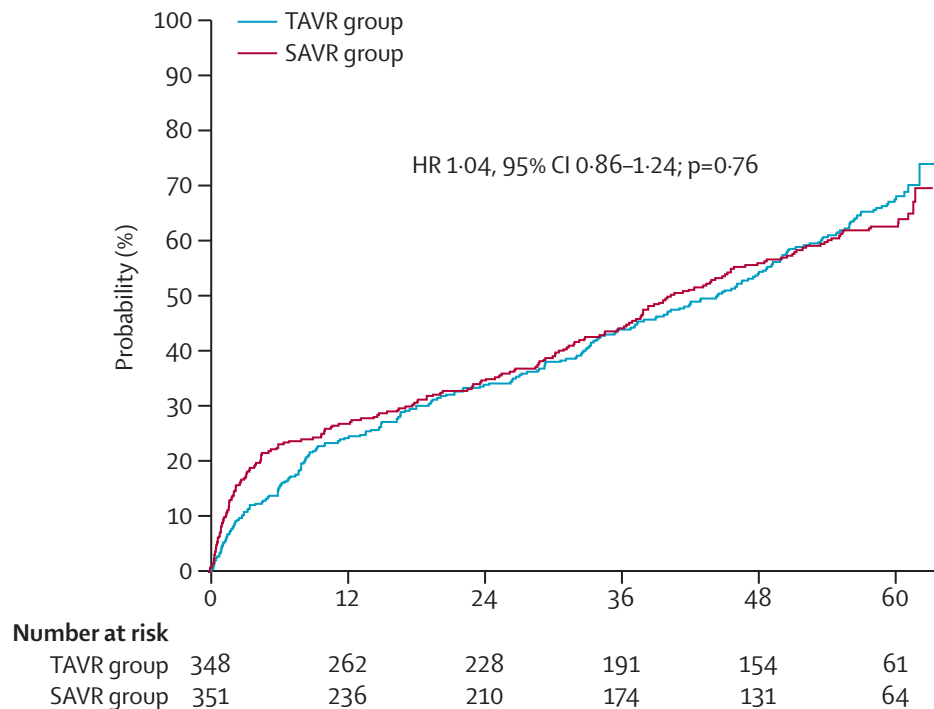
Funding

- The Danish Heart Foundation
- Statistical support by Medtronic



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TAVR vs. SAVR in High-Risk Patients



All-cause death after 5 years

PARTNER 1

Mack MJ et al, Lancet 2015



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Nordic Aortic Valve Intervention (NOTION) Trial

Objective:	To compare TAVR vs. SAVR in patients ≥ 70 years eligible for surgery (all-comers population/consecutive recruitment)
Primary outcome:	Composite rate of all-cause mortality, stroke or myocardial infarction at 1 year (VARC II-defined)
Secondary outcomes:	Safety and efficacy (NYHA), echocardiographic outcomes (VARC II-defined)
Design:	Prospective, multicenter, non-blinded, randomized trial
Enrollment period:	December 2009 - April 2013



Participating Centers

Rigshospitalet,
Copenhagen
University
Hospital,
Denmark



Sahlgrenska
University Hospital,
Gothenburg,
Sweden



Odense University Hospital,
Denmark



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Investigators and CEC

Principal Investigators

Hans Gustav Hørsted Thyregod
Lars Søndergaard

Clinical Events Committee

Kristian Thygesen, cardiologist
Bo Norrving, neurologist
Torben Schroeder, vascular surgeon

Co-Investigators

- Daniel Andreas Steinbrüchel
- Peter Skov Olsen
- Nikolaj Ihlemann
- Olaf Walter Franzen
- Thomas Engstrøm
- Peter Clemmensen
- Peter Bo Hansen
- Lars Willy Andersen
- Henrik Nissen
- Bo Juel Kjeldsen
- Petur Petursson



Enrollment Criteria

Main inclusion criteria

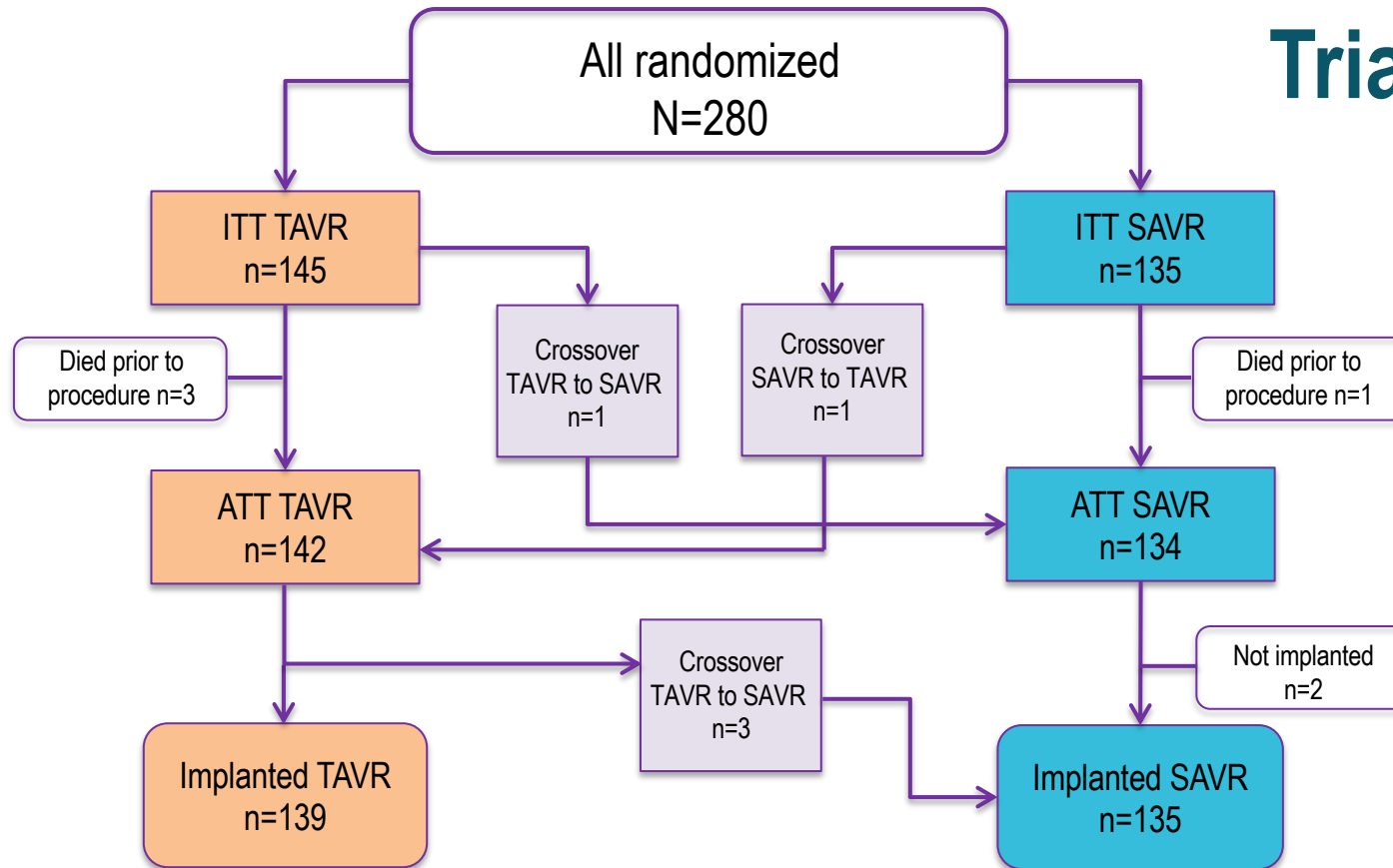
- Severe aortic valve stenosis
- Age ≥ 70 years
- Life expectancy ≥ 1 year
- Suitable for self-expanding TAVR and SAVR

Main exclusion criteria

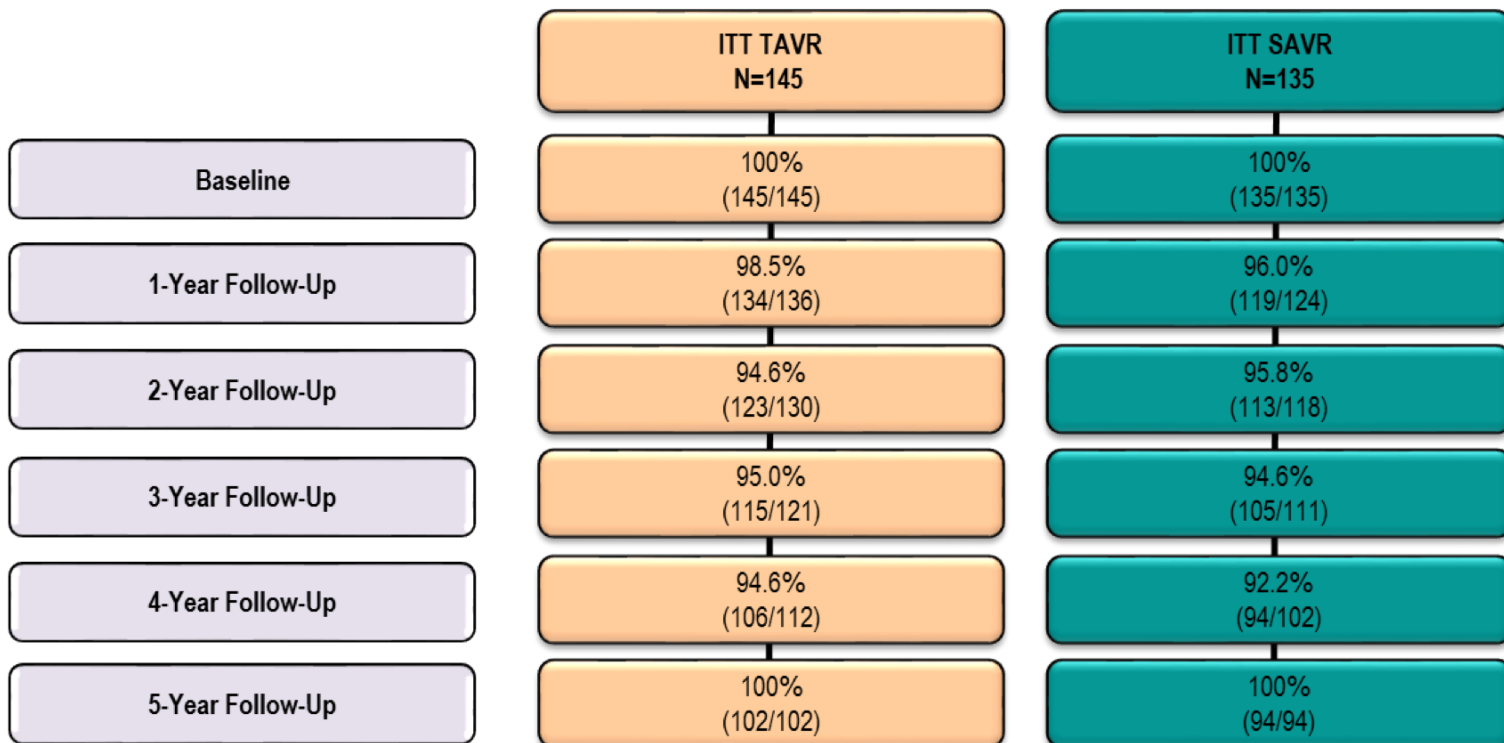
- Severe CAD
- Severe other valve disease
- Prior heart surgery
- Need for acute treatment
- Recent stroke or myocardial infarction
- Severe lung disease
- Severe renal disease



Trial Flow



Compliance



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Baseline Characteristics

Characteristic, % or mean \pm SD	TAVR n=145	SAVR n=135	p-value
Age (yrs)	79.2 \pm 4.9	79.0 \pm 4.7	0.71
Male	53.8	52.6	0.84
STS score	2.9 \pm 1.6	3.1 \pm 1.7	0.30
STS score < 4%	83.4	80.0	0.46
Logistic EuroSCORE I	8.4 \pm 4.0	8.9 \pm 5.5	0.38
NYHA class III or IV	48.6	45.5	0.61

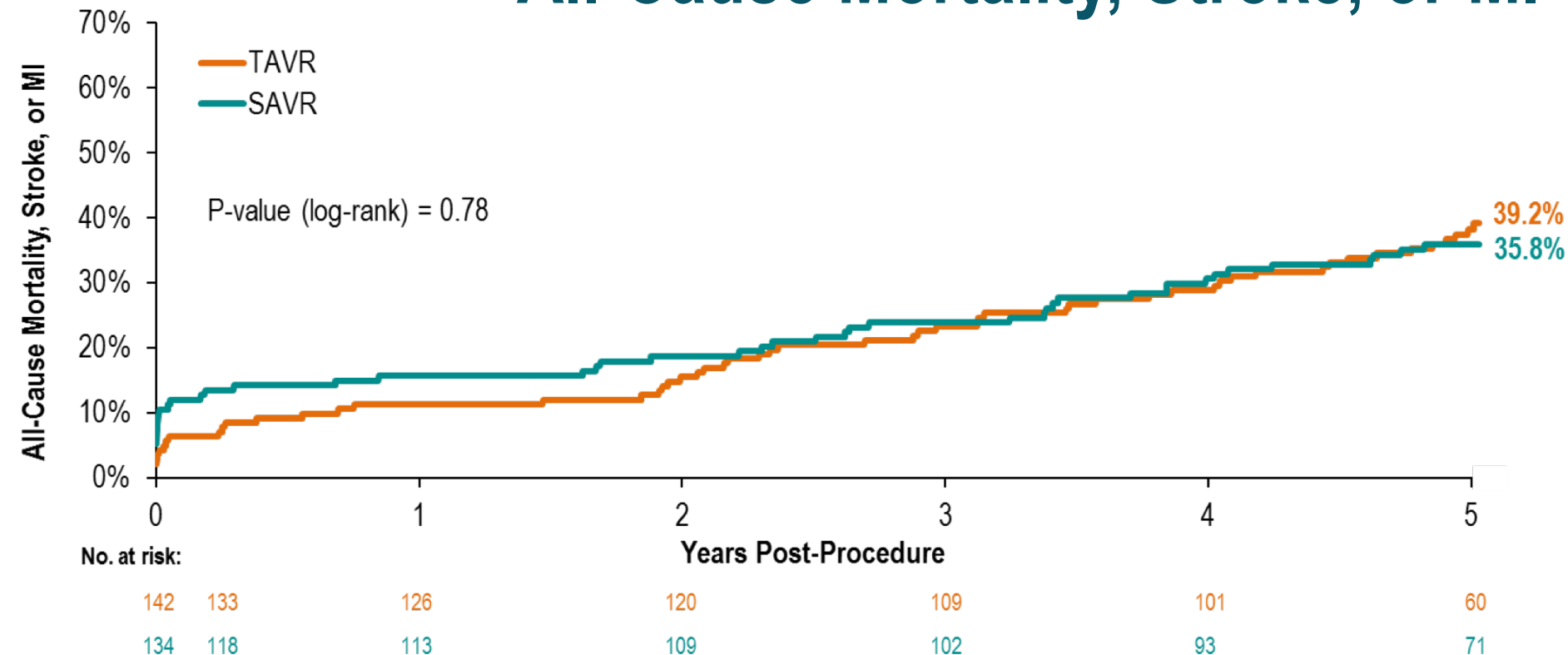


Baseline Characteristics

Characteristic, %	TAVR n=145	SAVR n=135	p-value
Diabetes	17.9	20.7	0.55
Peripheral vascular disease	4.1	6.7	0.35
Prior stroke	6.2	9.6	0.29
COPD	11.7	11.9	0.97
Creatinine > 2 mg/dl	1.4	0.7	>0.99
Prior myocardial infarction	5.5	4.4	0.68
Prior PCI	7.6	8.9	0.69

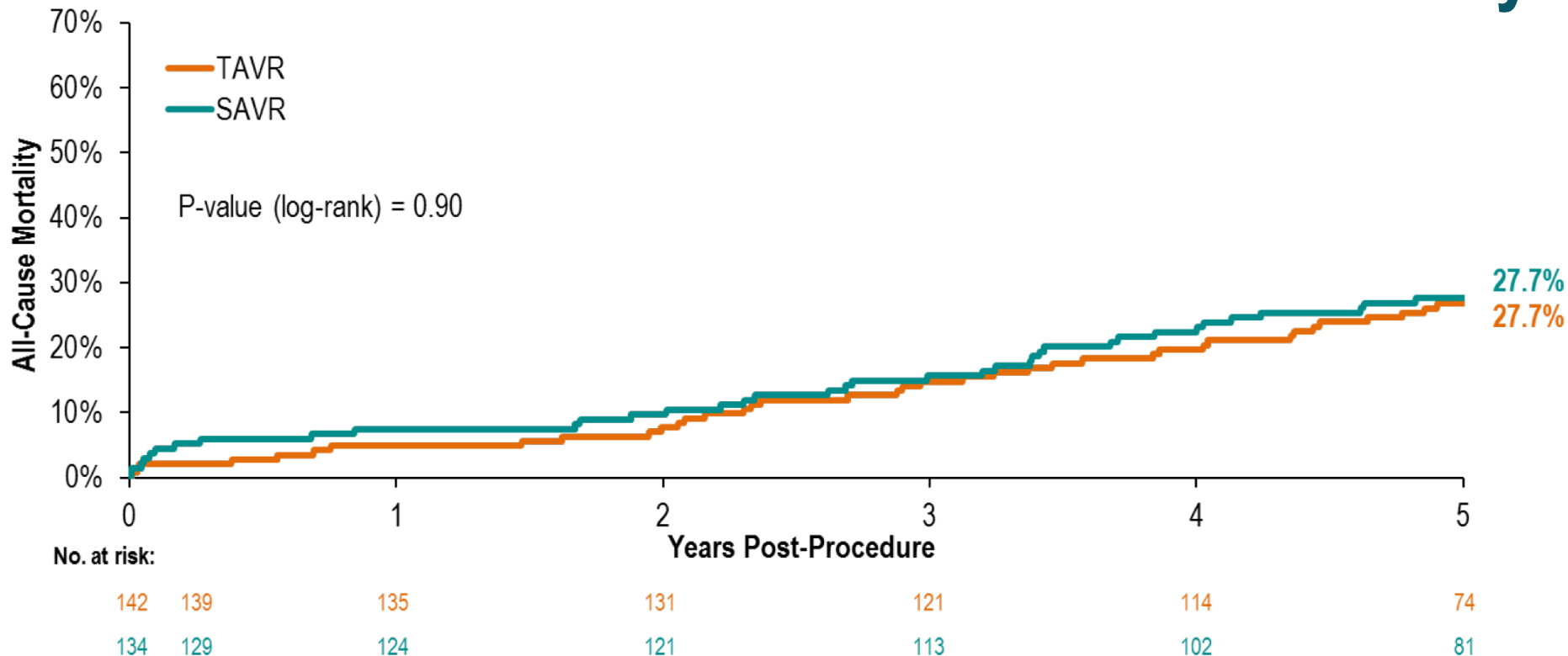


All-Cause Mortality, Stroke, or MI



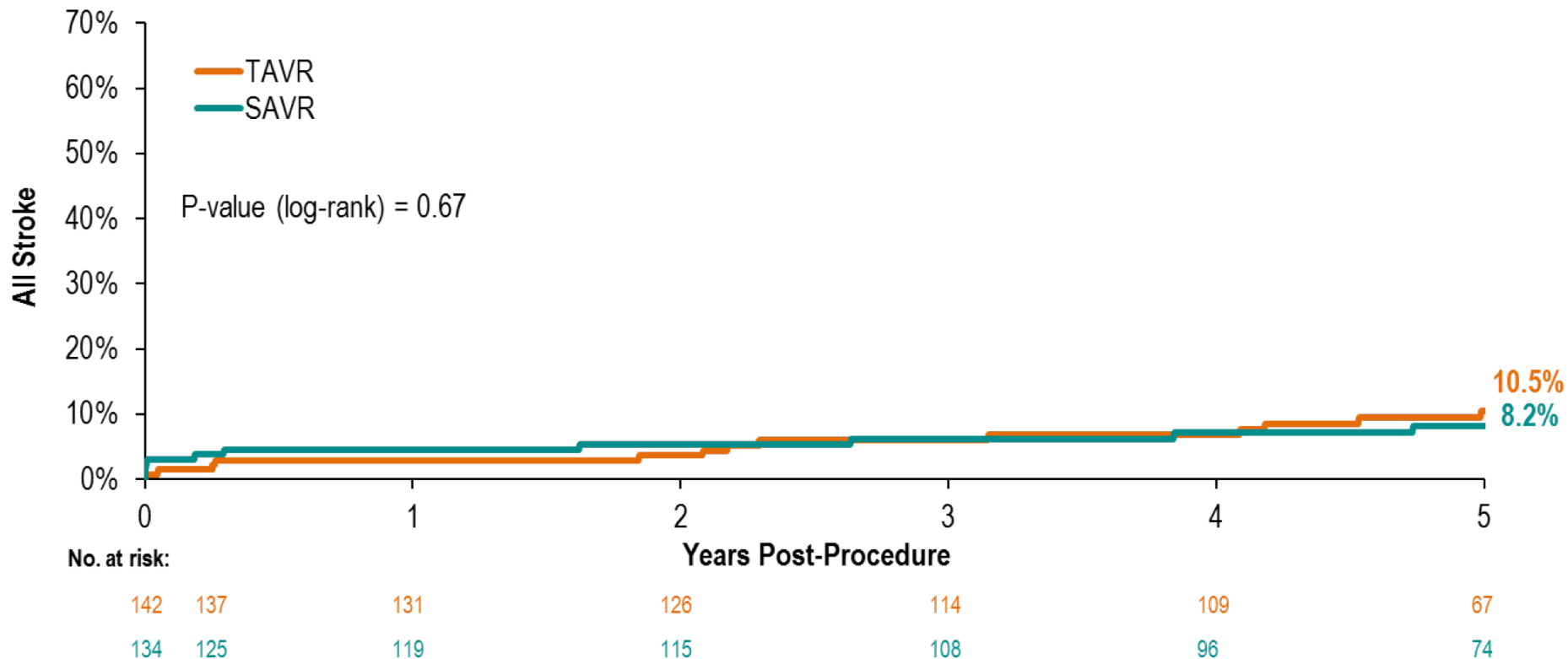
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All-Cause Mortality



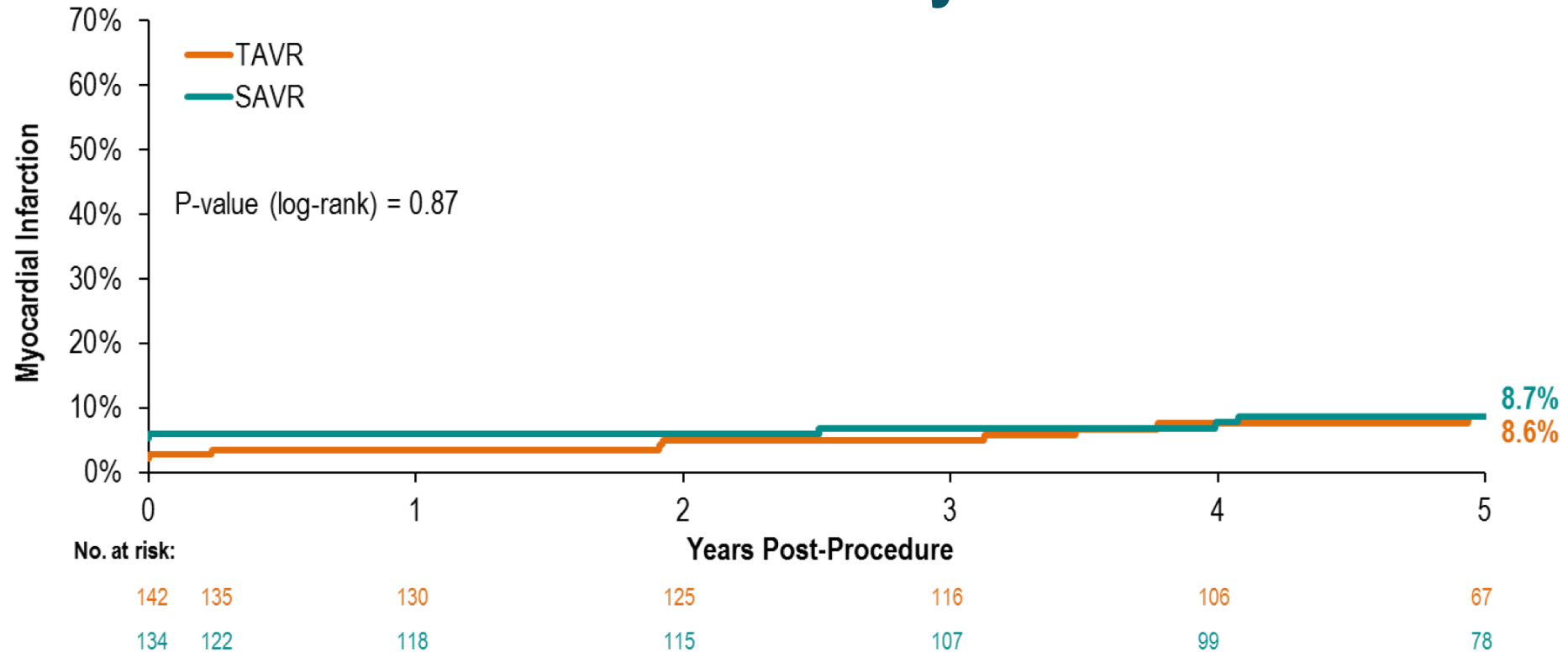
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Stroke



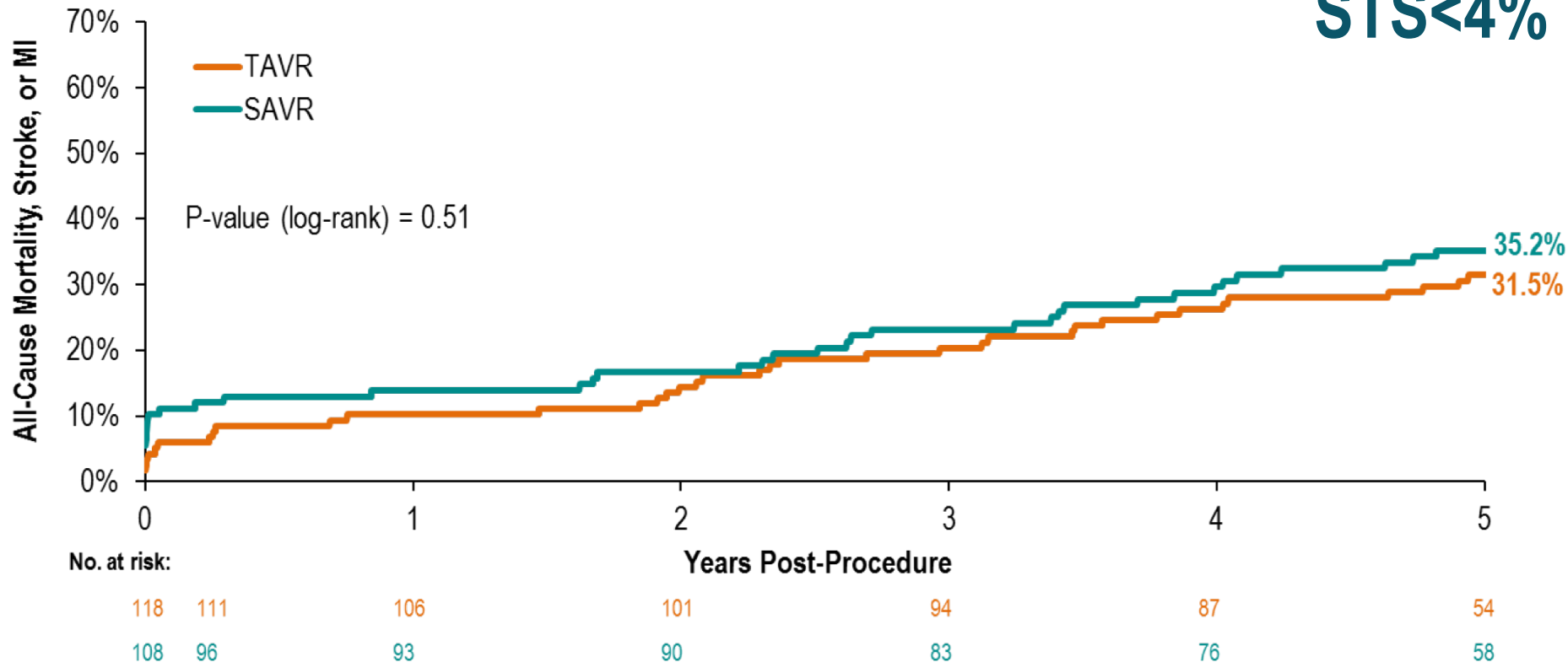
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Myocardial Infarction



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All-Cause Mortality, Stroke, or MI: STS<4%



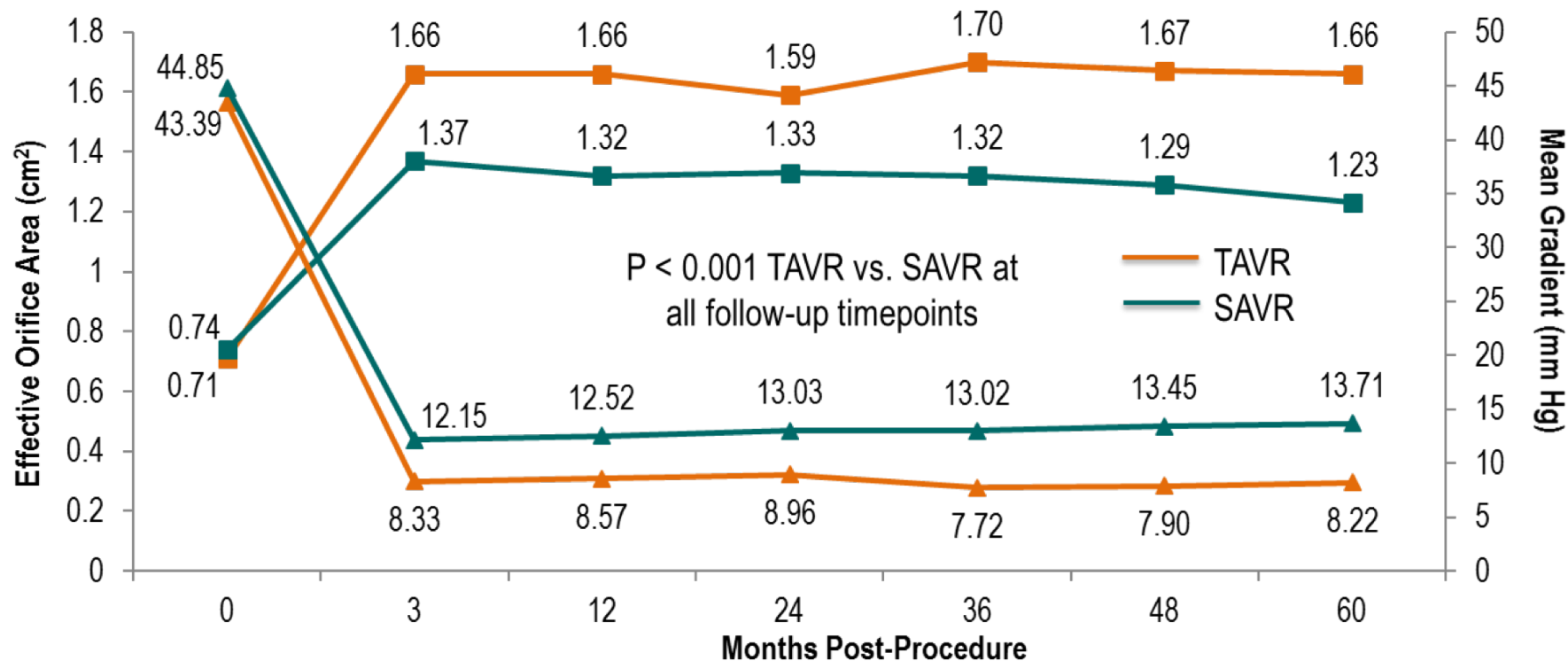
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Secondary Outcomes

5-Year Outcome, Kaplan-Meier %	TAVR	SAVR	p-value
Death, any cause	27.7	27.7	0.90
Death, cardiovascular	21.0	22.5	0.75
Stroke	10.5	8.2	0.67
TIA	6.8	4.1	0.35
Myocardial infarction	8.6	8.7	0.87
Atrial fibrillation	25.2	62.2	<0.001
Pacemaker	41.8	8.4	<0.001
Aortic valve re-intervention	2.5	0.0	0.09
Valve endocarditis	11.3	5.8	0.10

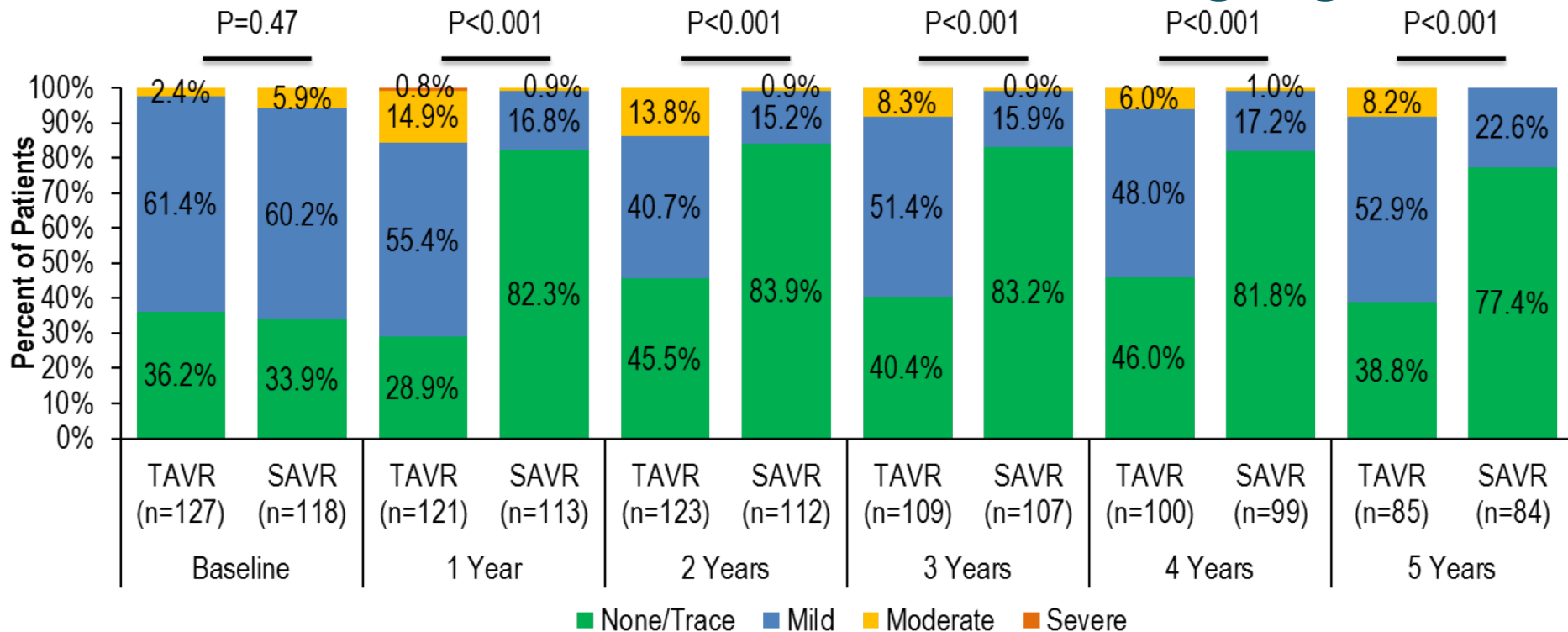


Aortic Valve Performance



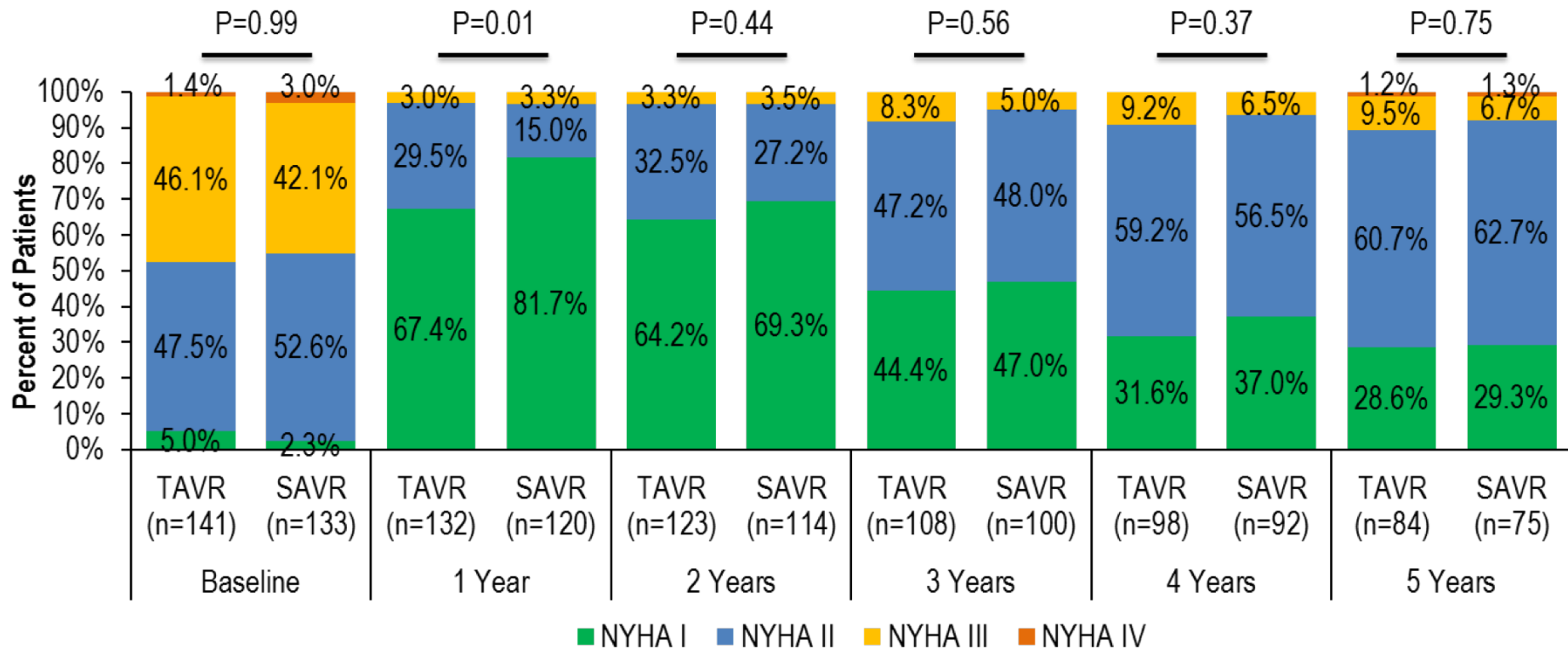
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Aortic Valve Regurgitation



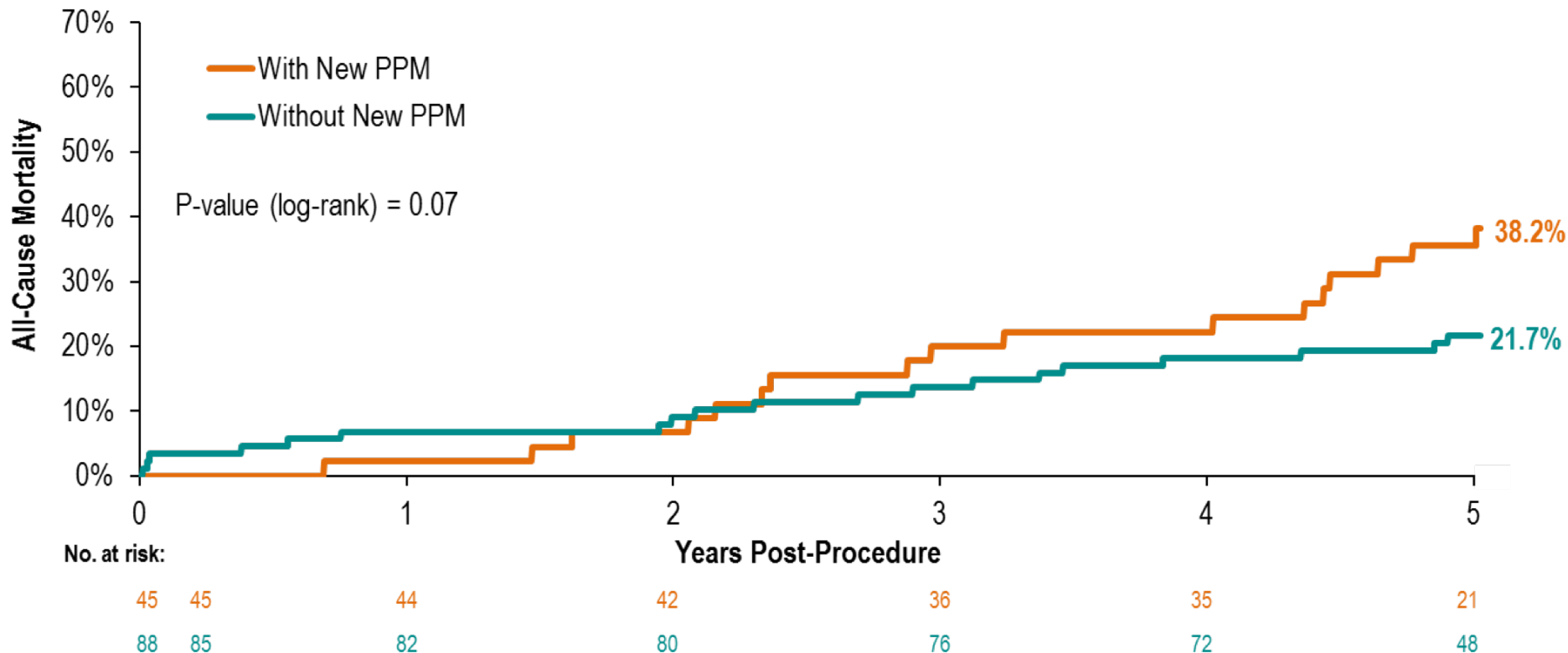
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NYHA Class



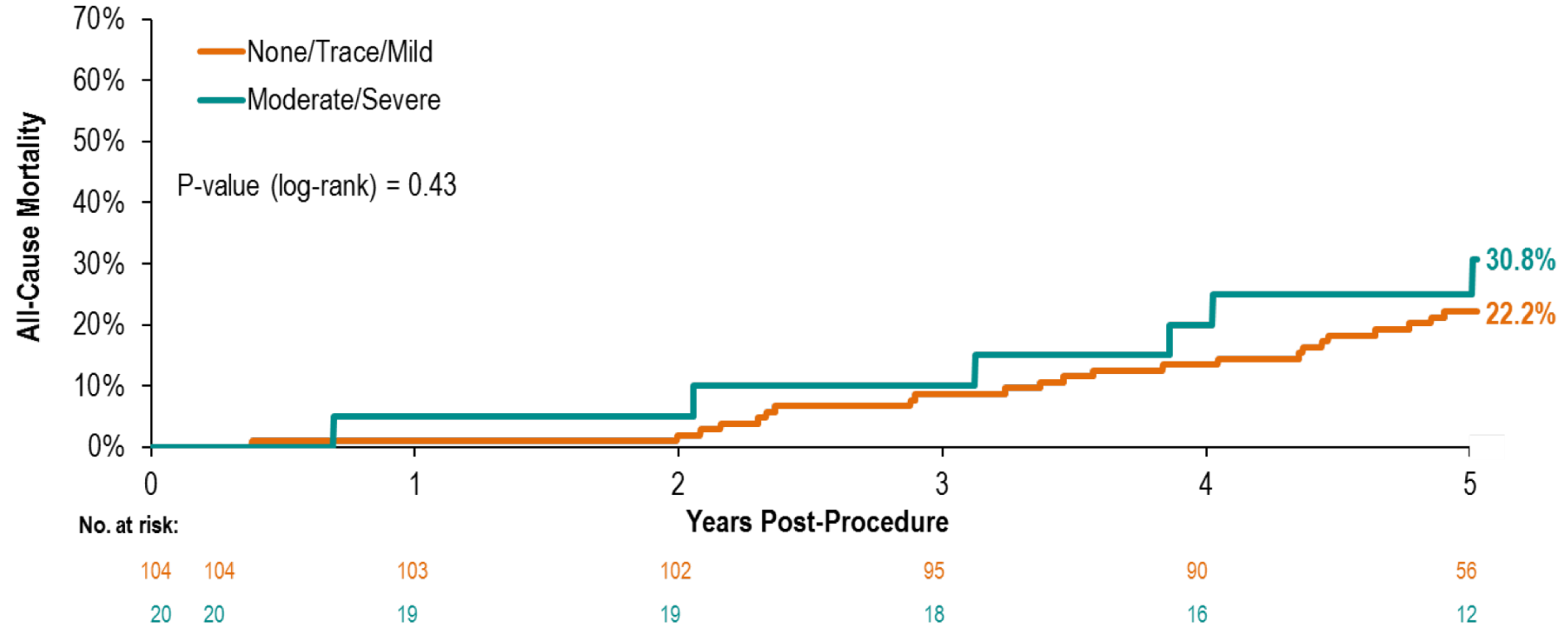
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Association of New Pacemaker with Mortality for TAVR



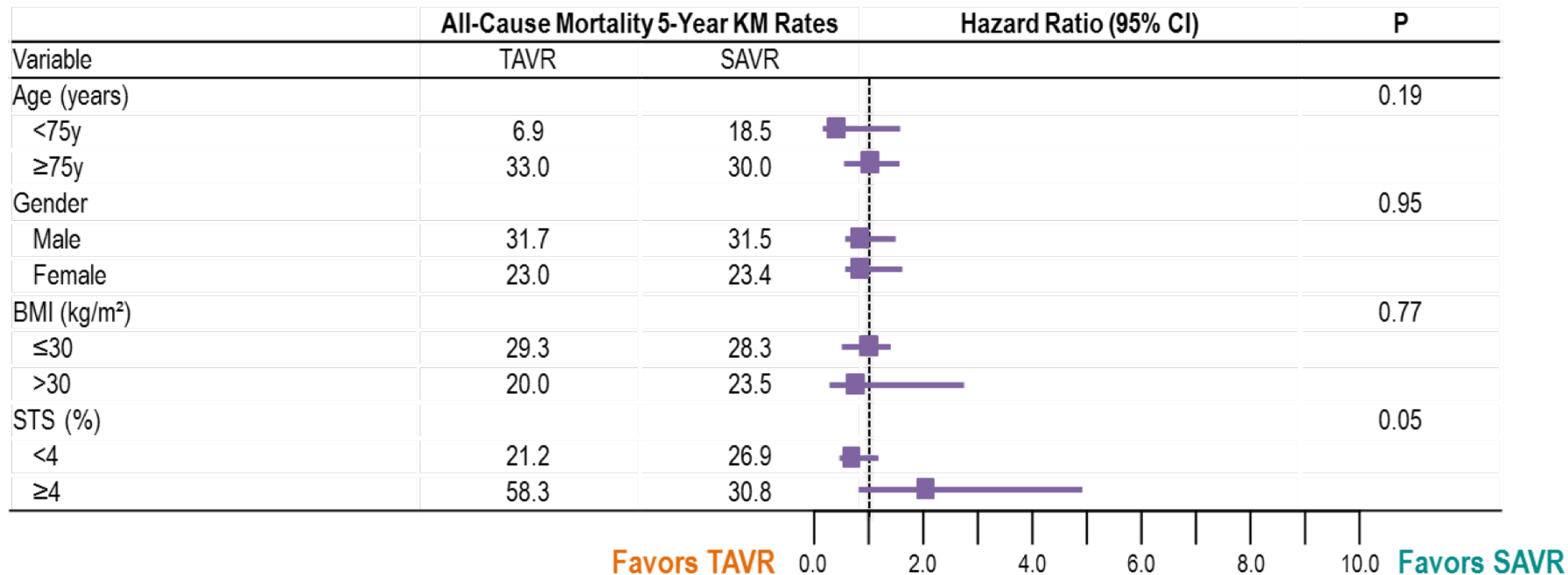
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All-Cause Mortality by 3-Month AR Severity



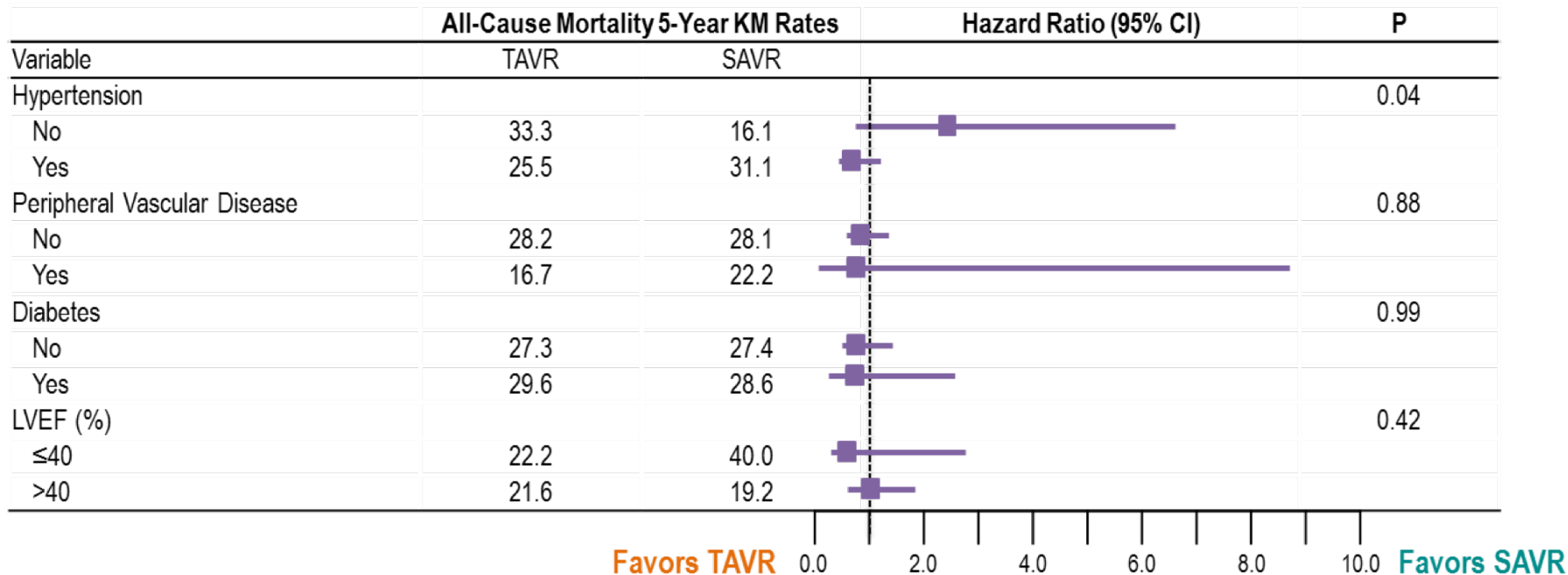
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Subgroup Analysis for 5-Year Mortality



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Subgroup Analysis for 5-Year Mortality



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Conclusions

- NOTION is the first trial to report on 5-year outcomes after TAVR vs. SAVR in lower risk patients (82% with STS < 4%)
- After 5 years, there were no differences in all-cause mortality, stroke, myocardial infarction, or these combined
- There was no difference in prosthetic valve re-intervention
- Prosthetic opening area was larger and mean gradient lower for TAVR and remained unchanged over time
- TAVR continued to have more mild/moderate prosthetic regurgitation
- New pacemaker implantation after TAVR trended to be associated with increased mortality
- Determining the longevity of TAVR prostheses will require longer term follow-up

