

GARY

Deutsches Aortenklappenregister German Aortic Valve Registry

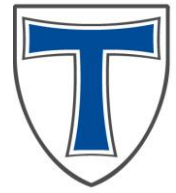


Deutsches
Aortenklappenregister

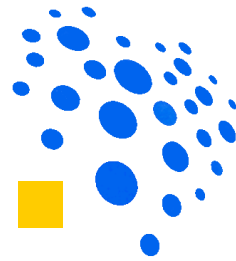
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R. Zahn, S. Sack, G. Schuler, T. Walther, F. Beyersdorf,
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Board

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Disclosures



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KERCKHOFF HERZ- UND THORAXZENTRUM

Speaker's name: Christian W. Hamm

I have the following potential conflicts of interest to report:

Affiliation/Financial Relationship

Company

- | | |
|--|---|
| 1. Honoraria for lectures | Medtronic, Edwards |
| 2. Honoraria for advisory board activities | Medtronic |
| 3. Participation in clinical trials | Medtronic, Edwards, Symetis, Jena Valve |
| 4. Financial shares and options: | no |

- Nationwide complete survey of patients with aortic valve stenosis undergoing invasive procedures:
 - surgical (AVR),
 - catheter-based (TAVI) transfemoral ,
 - catheter-based (TAVI) transapical,
 - valvuloplasty.
- To evaluate catheter-based procedures in comparison to surgical aortic valve replacement.
- Develop criteria for an adequate patient selection of best treatment modality.

- Prospective, controlled, multicenter registry.
- All patients undergoing an invasive therapy for acquired aortic valve disease consecutively included.
- The only exclusion criterion: no informed consent.
- Follow-up: in-hospital, 30 days, 1,3, 5 years.

- Data management:

BQS – Institut für Qualität & Patientensicherheit.



- Sponsorship:

Investigator initiated study with unrestricted grant from:
Edwards, Medtronic, Symetis, Jena Valve, St Jude, Sorin

- Support:

German Cardiac Society (DGK)

German Society for Thoracic and Cardiovascular Surgery

Inclusion from 01/01/2011 to 31/12/2011

53 cardiac surgery units

69 cardiology units

13.860 patients

6.523 surgical AVR
without CABG

3.462 surgical
AVR with CABG

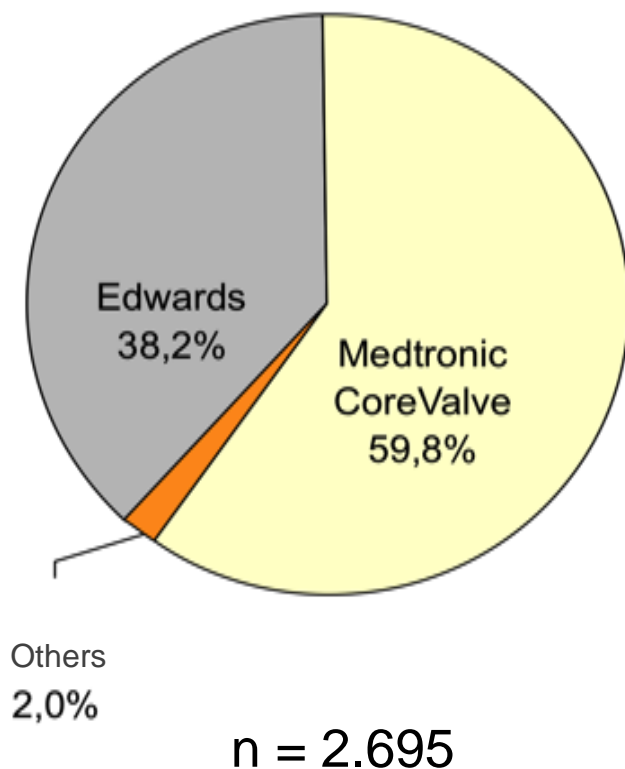
2.694 transvascular
TAVI

1.181 transapical
TAVI

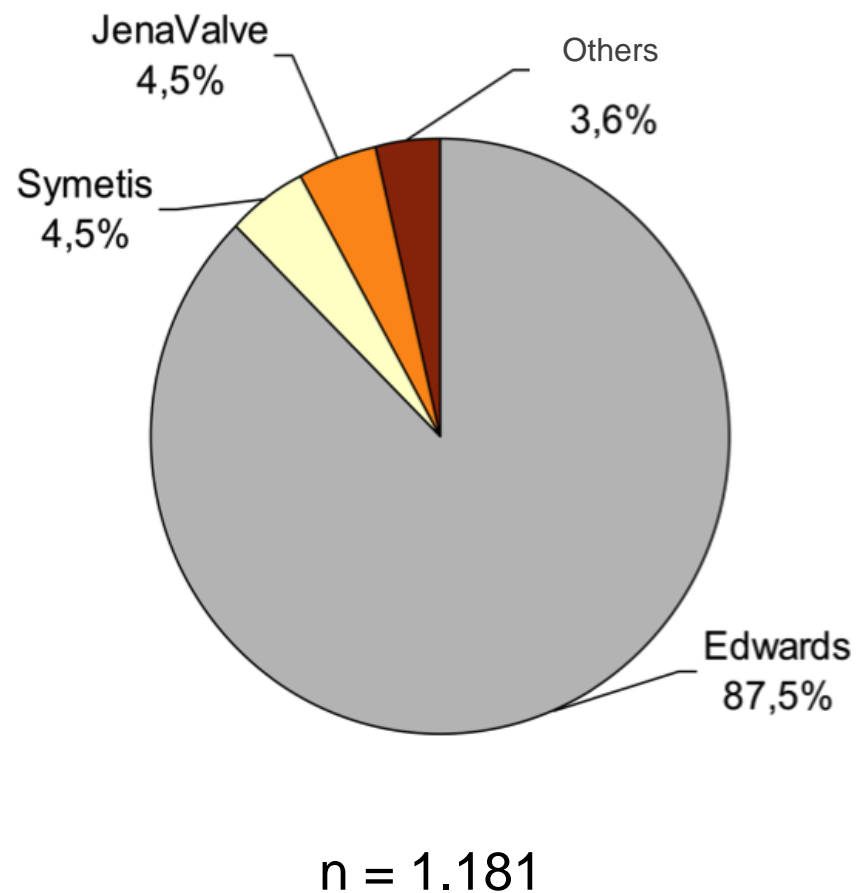
	AVR without CABG	AVR with CABG	Transvasc. TAVI	Transapical TAVI
CAD	18.6	97.1	53.6	56.1
LV-EF <30%	3.1	5.1	9.3	7.5
A. fib.	15.9	15.0	28.9	29.5
Art. HT	79.5	86.1	86.4	90.0
Pulm. HT	10.8	11.1	39.8	23.4
COPD	10.0	12.2	19.8	20.5
IDDM	8.2	12.9	13.3	17.5

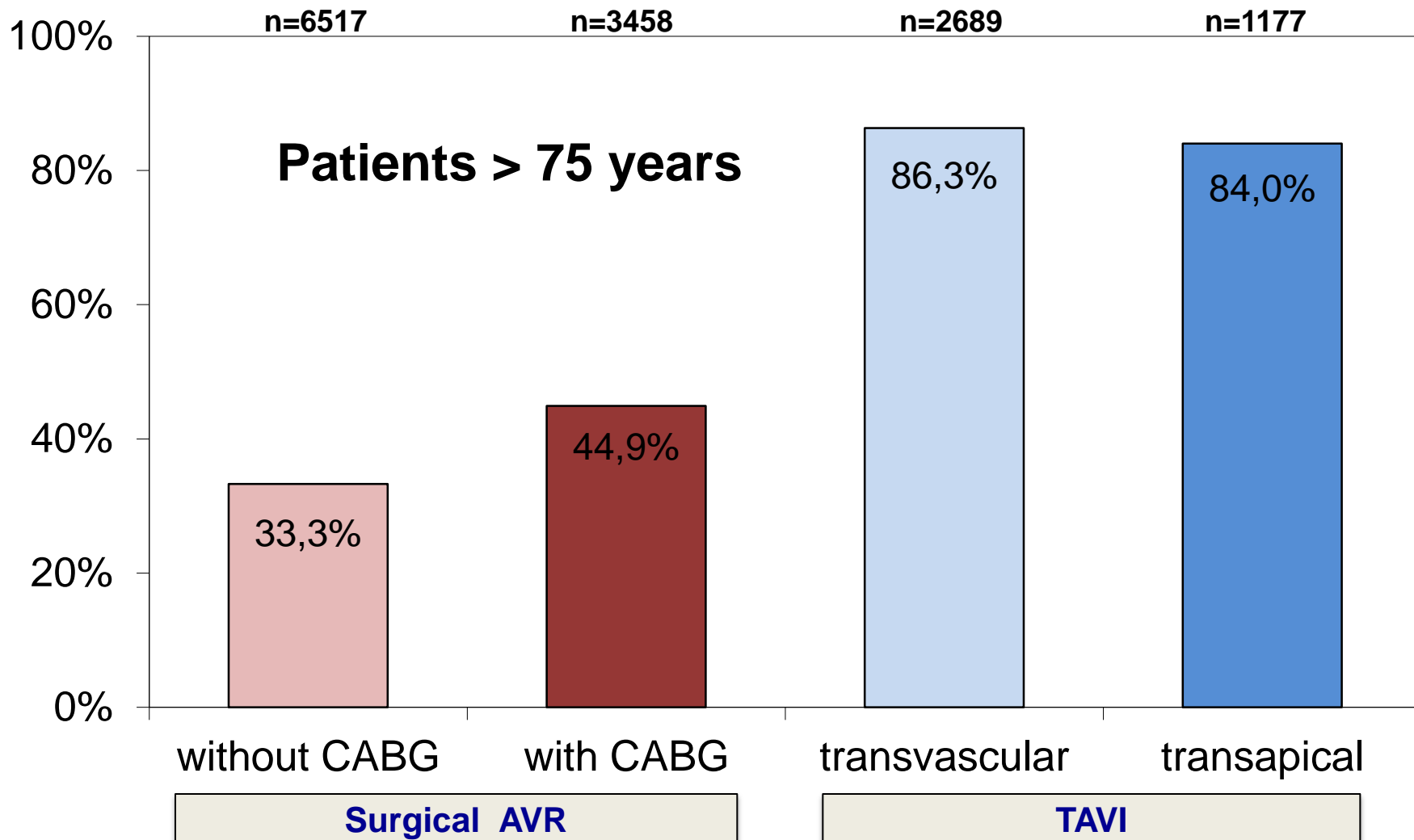
all p<0.001

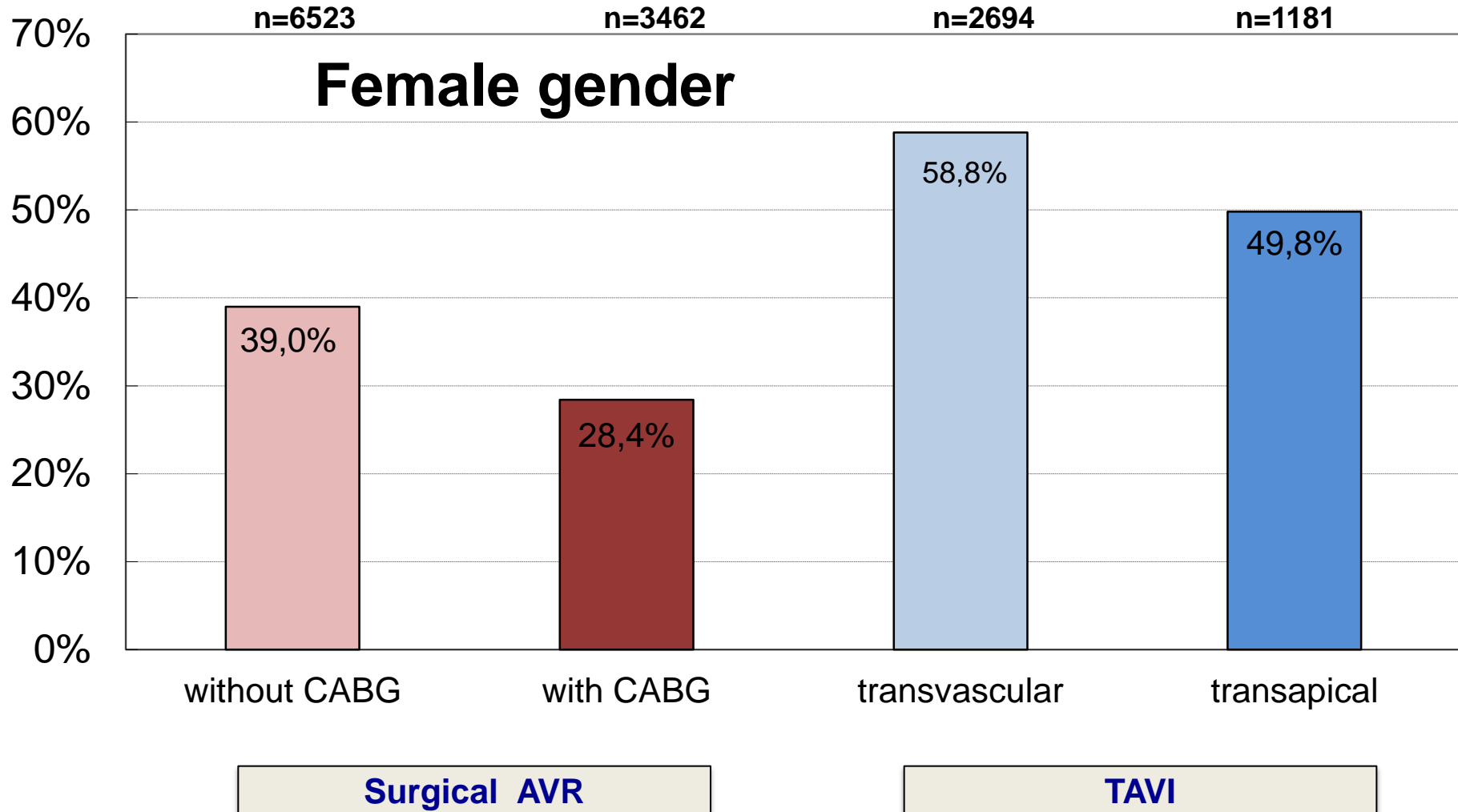
transvascular



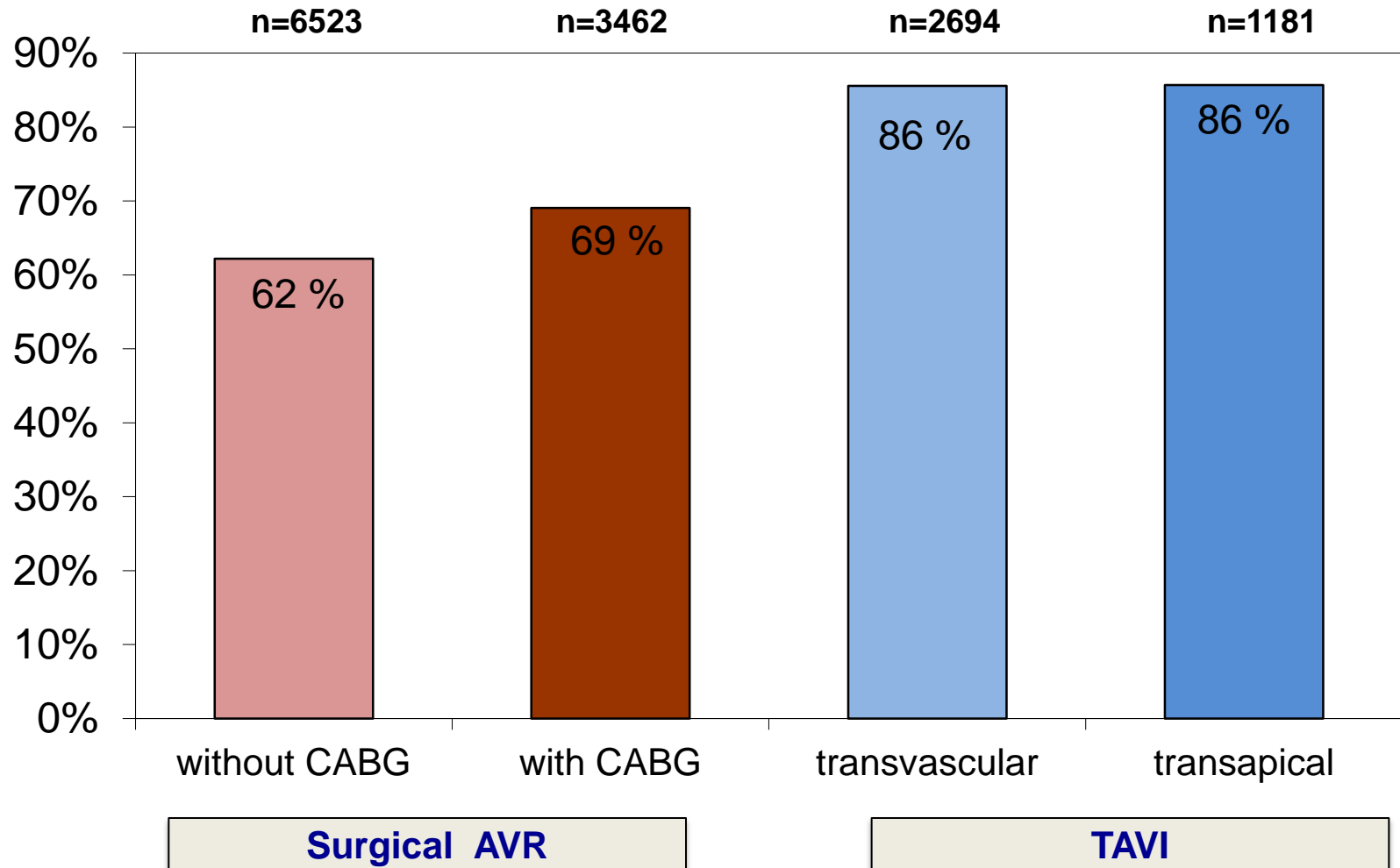
transapical

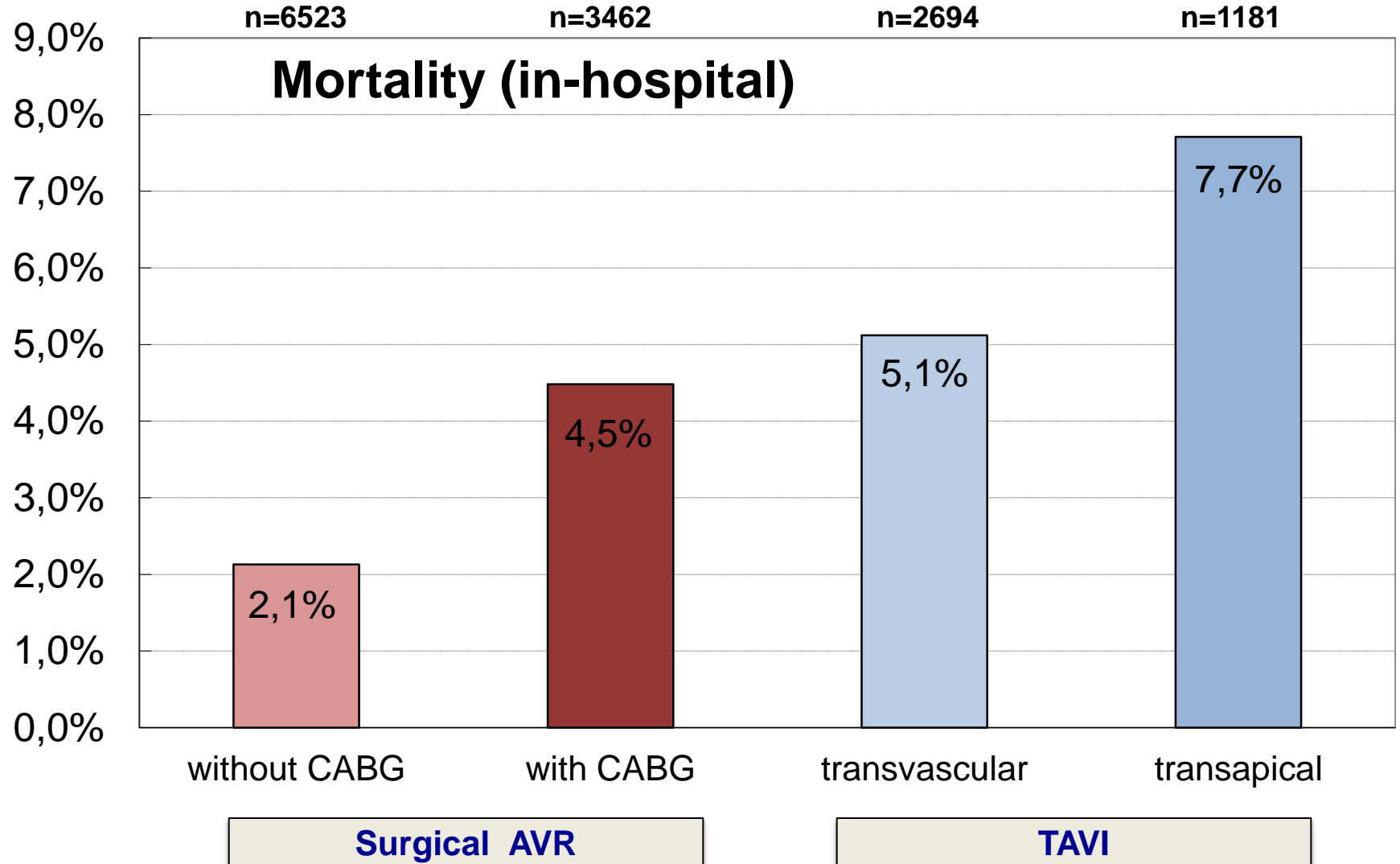




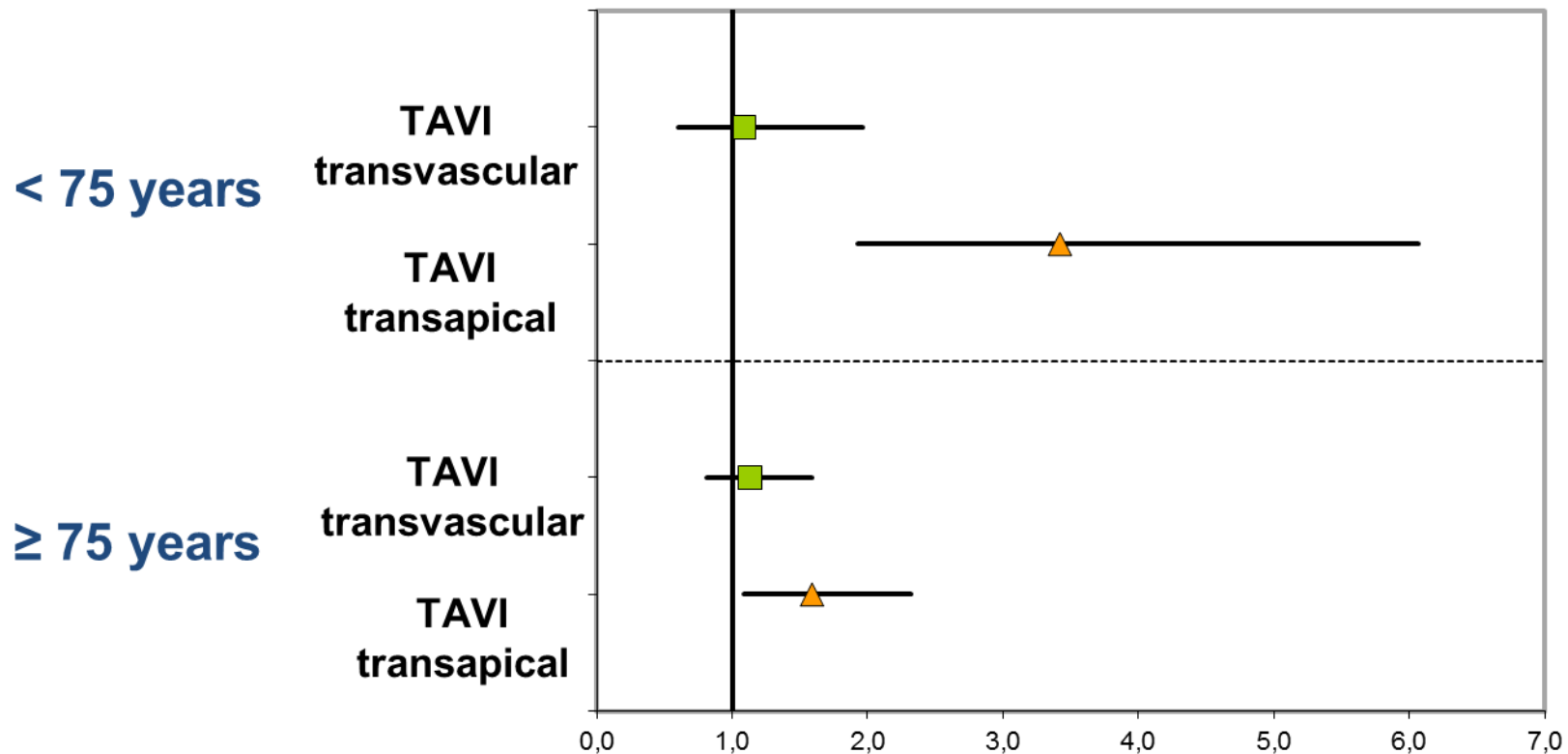


Heart failure (NYHA III/IV)

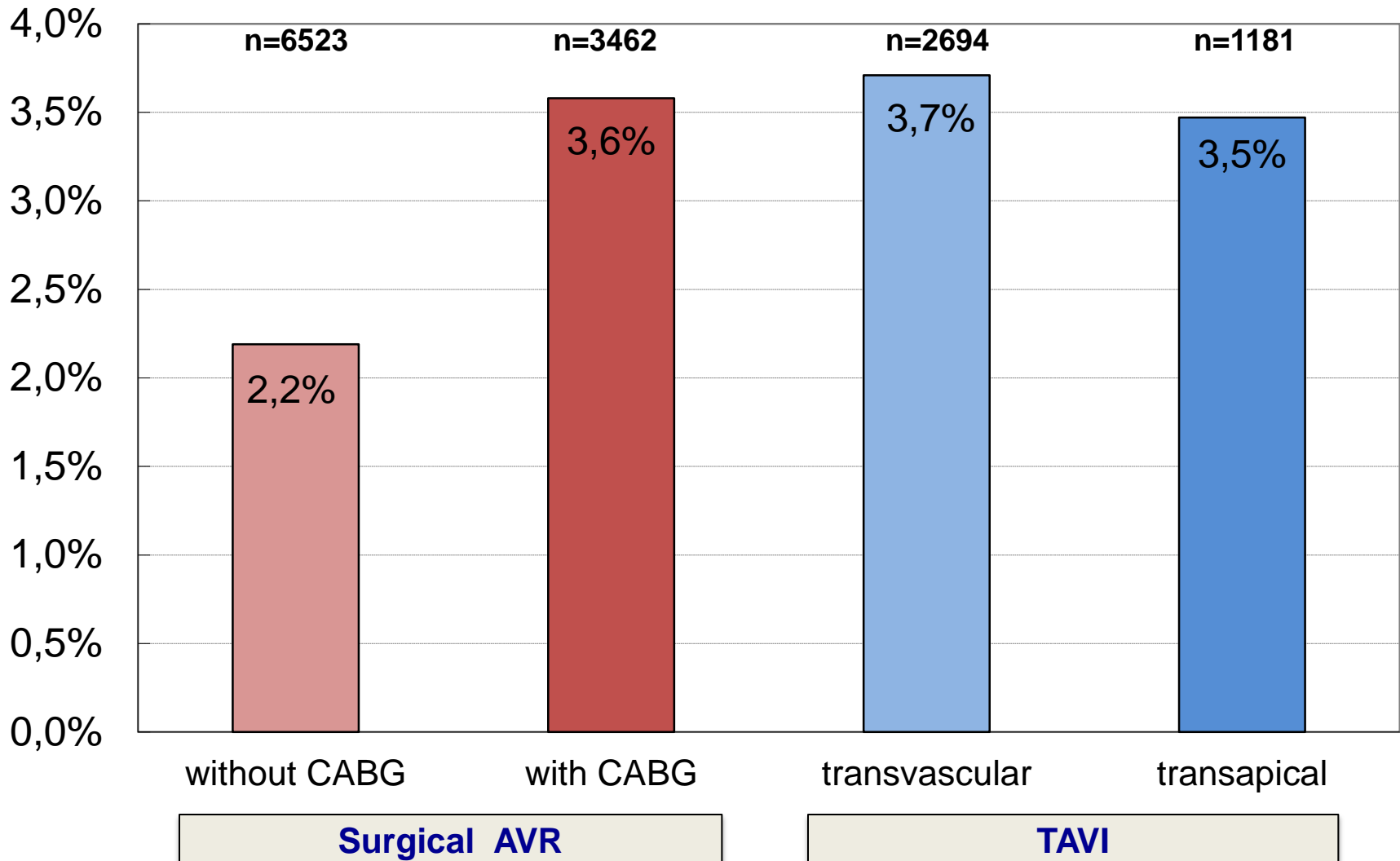




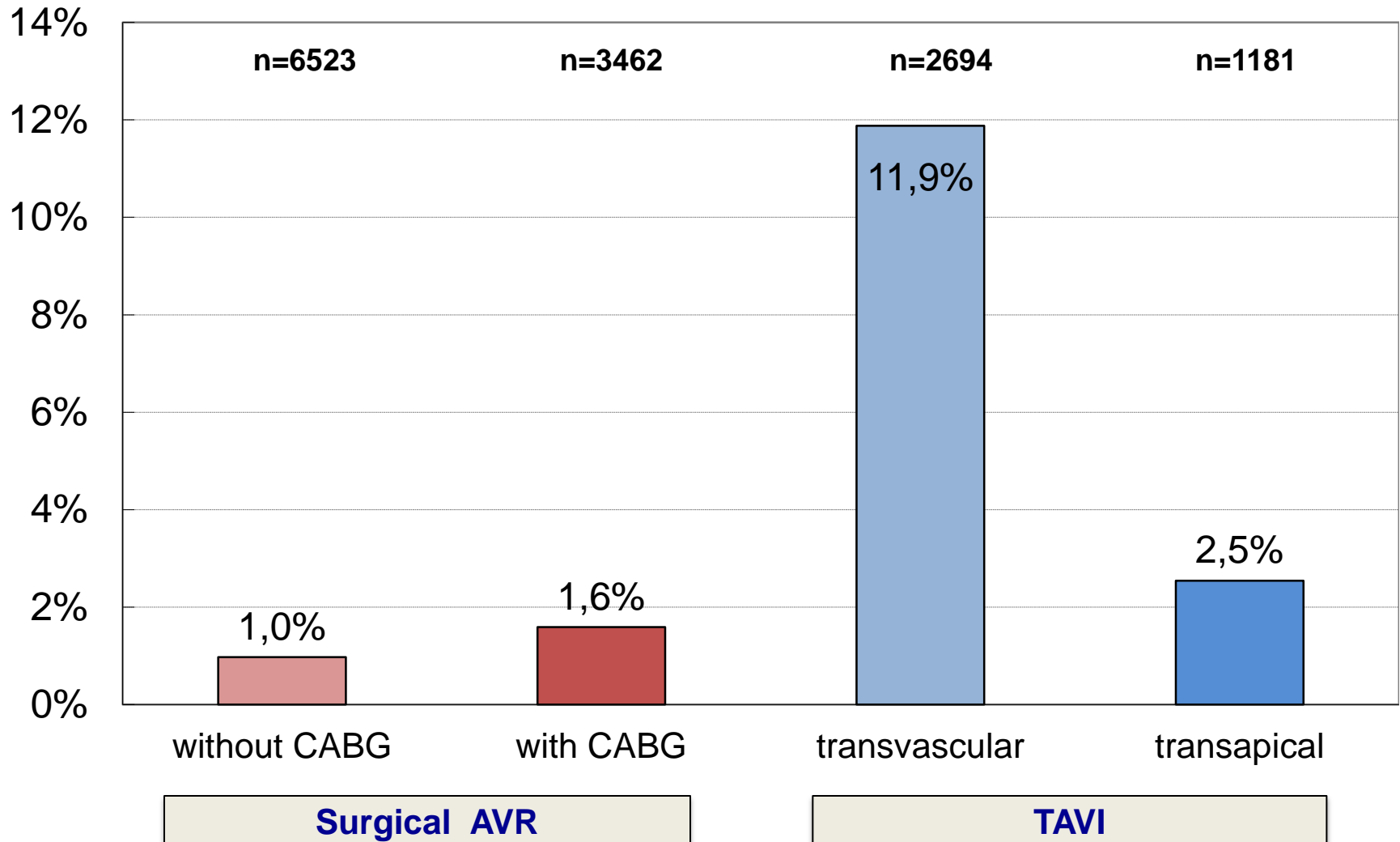
Reference: AVR without CABG



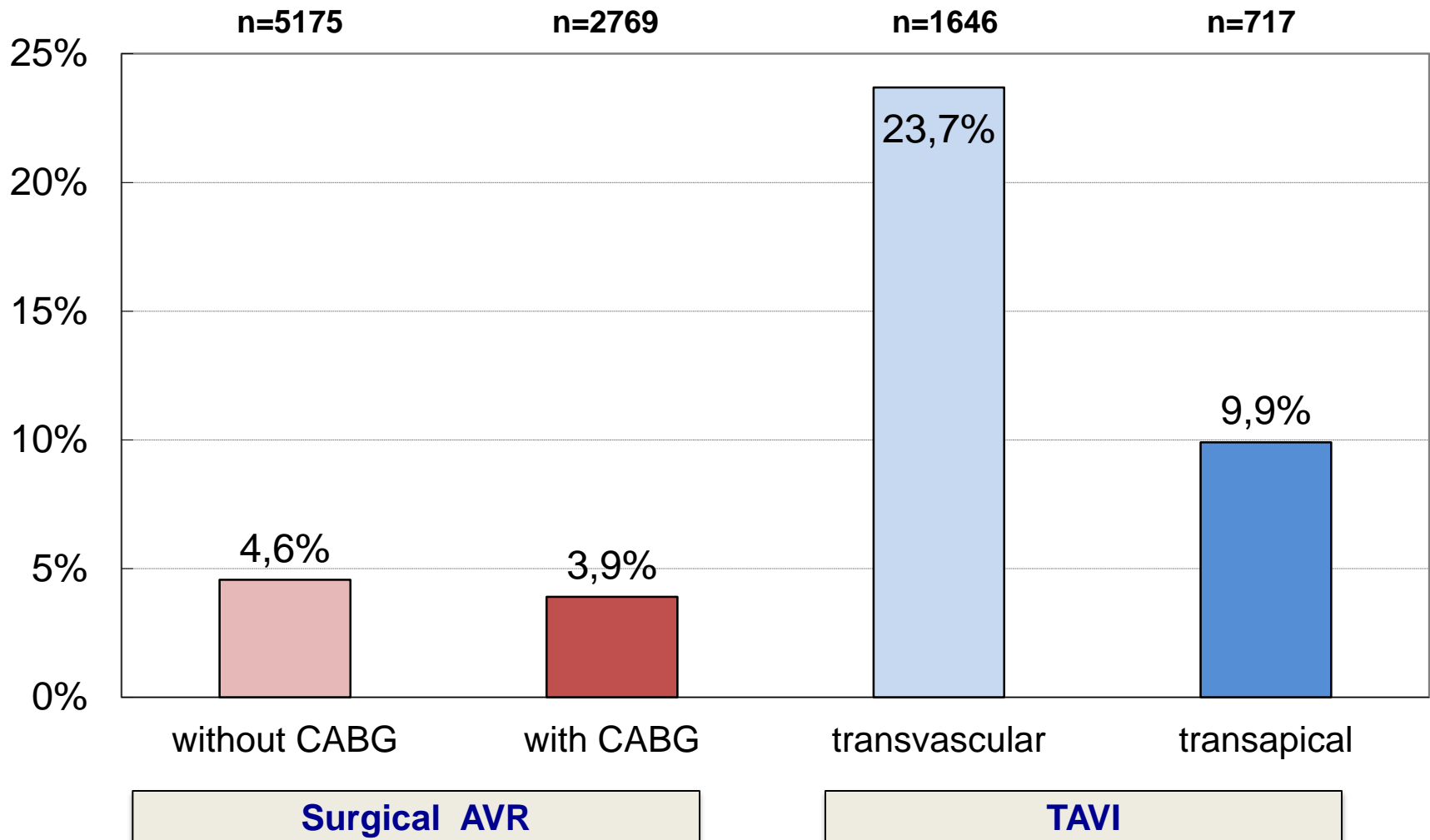
Cerebrovascular Events



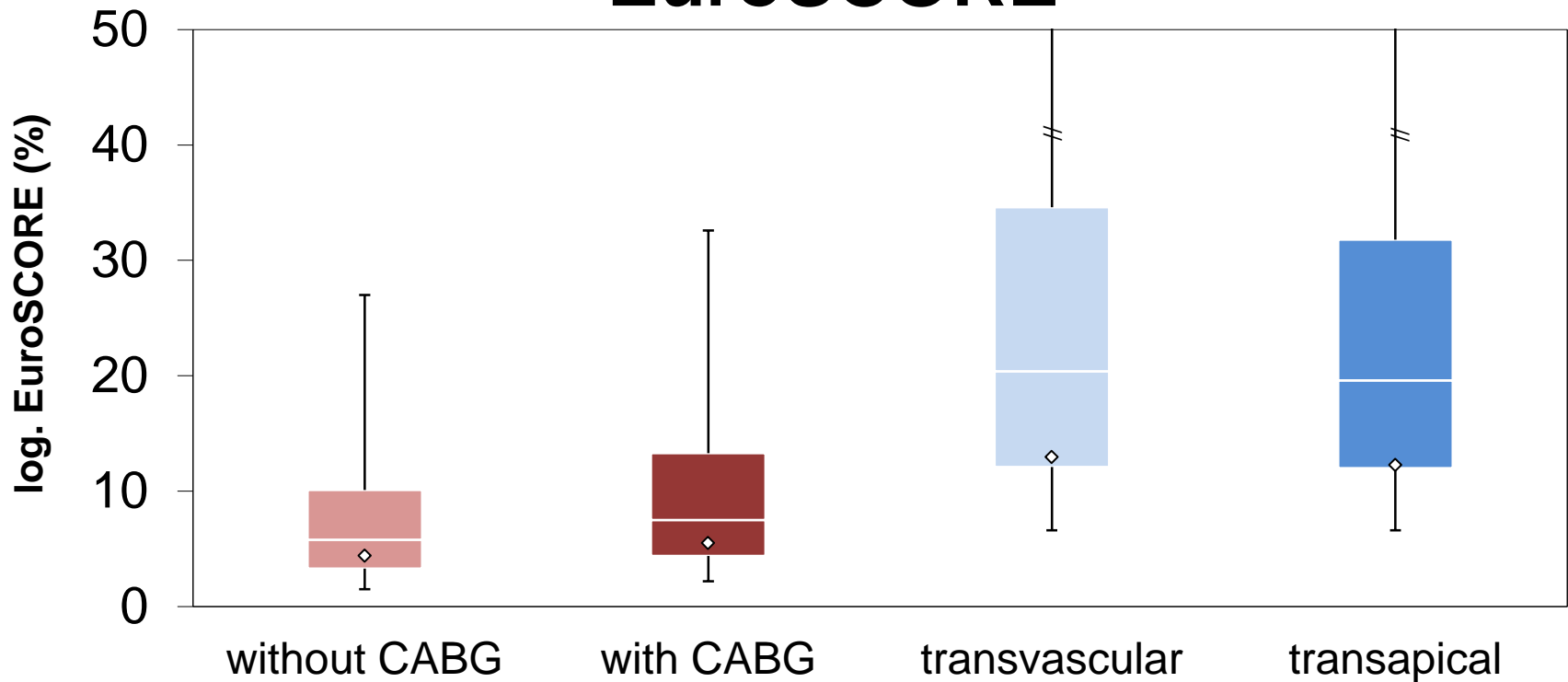
Vascular complications



New Pacemaker



EuroSCORE



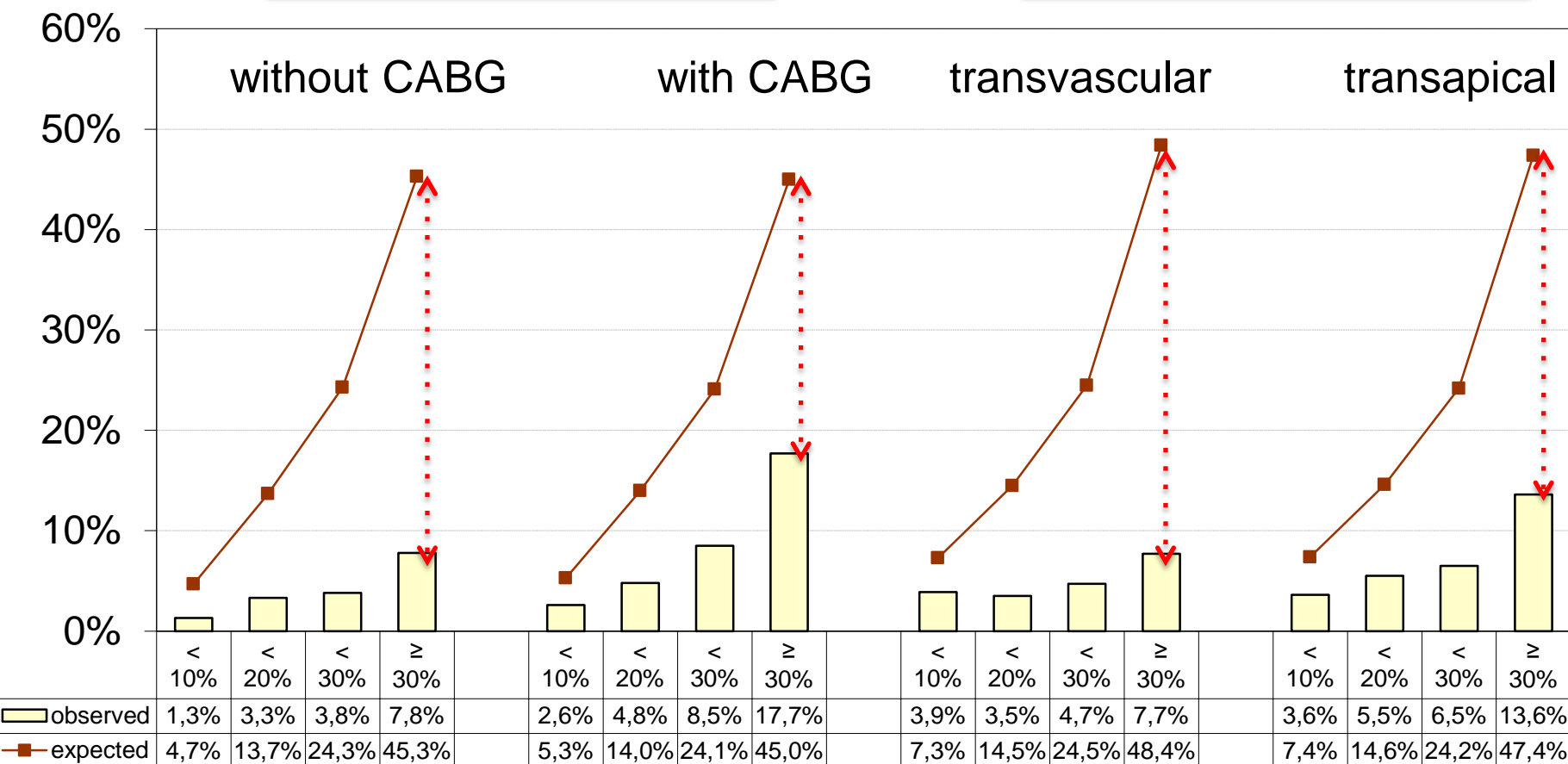
Surgical AVR

TAVI

Euro-Score in-hospital mortality

Surgical AVR

TAVI

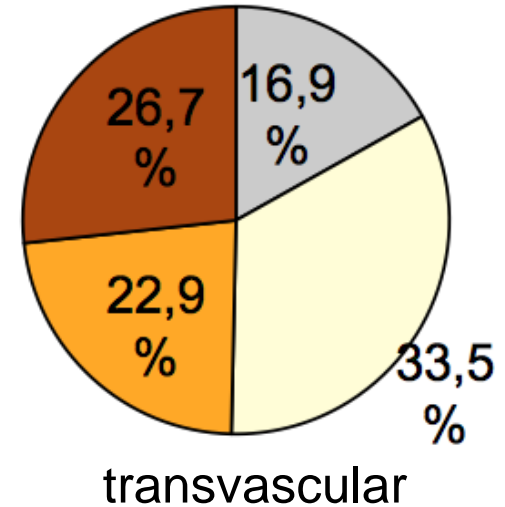
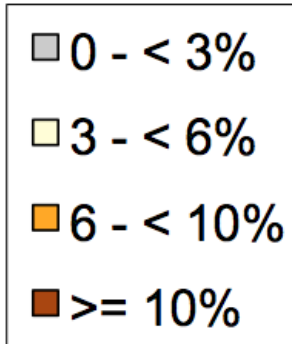
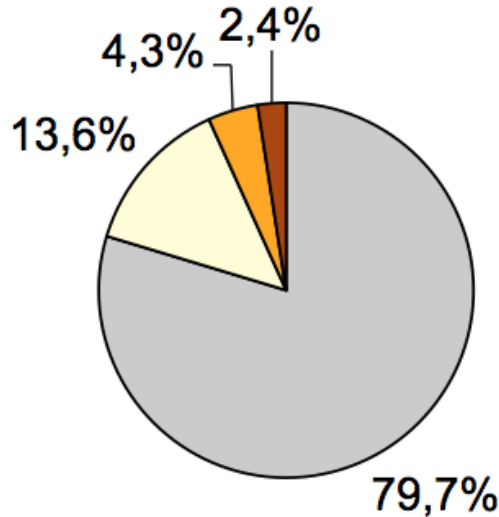


Age (5 risk classes)	LV-EF (2 risk classes)
Gender (female)	Redo-procedure
Body mass index (2 risk classes)	Infection (endocarditis)
Heart failure (NYHA)	Peripheral arterial disease
Myocardial infarction within last three weeks	Chronic obstructive lung disease (2 risk classes)
Critical preoperative status	Renal failure
Pulmonary hypertension	Emergency
Rhythm (no sinus rhythm)	

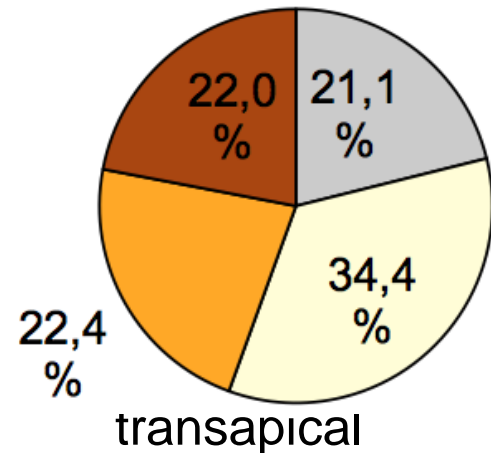
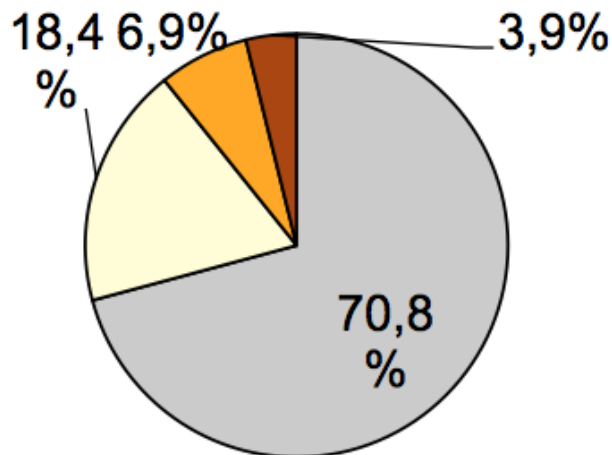
Surgical AVR

TAVI

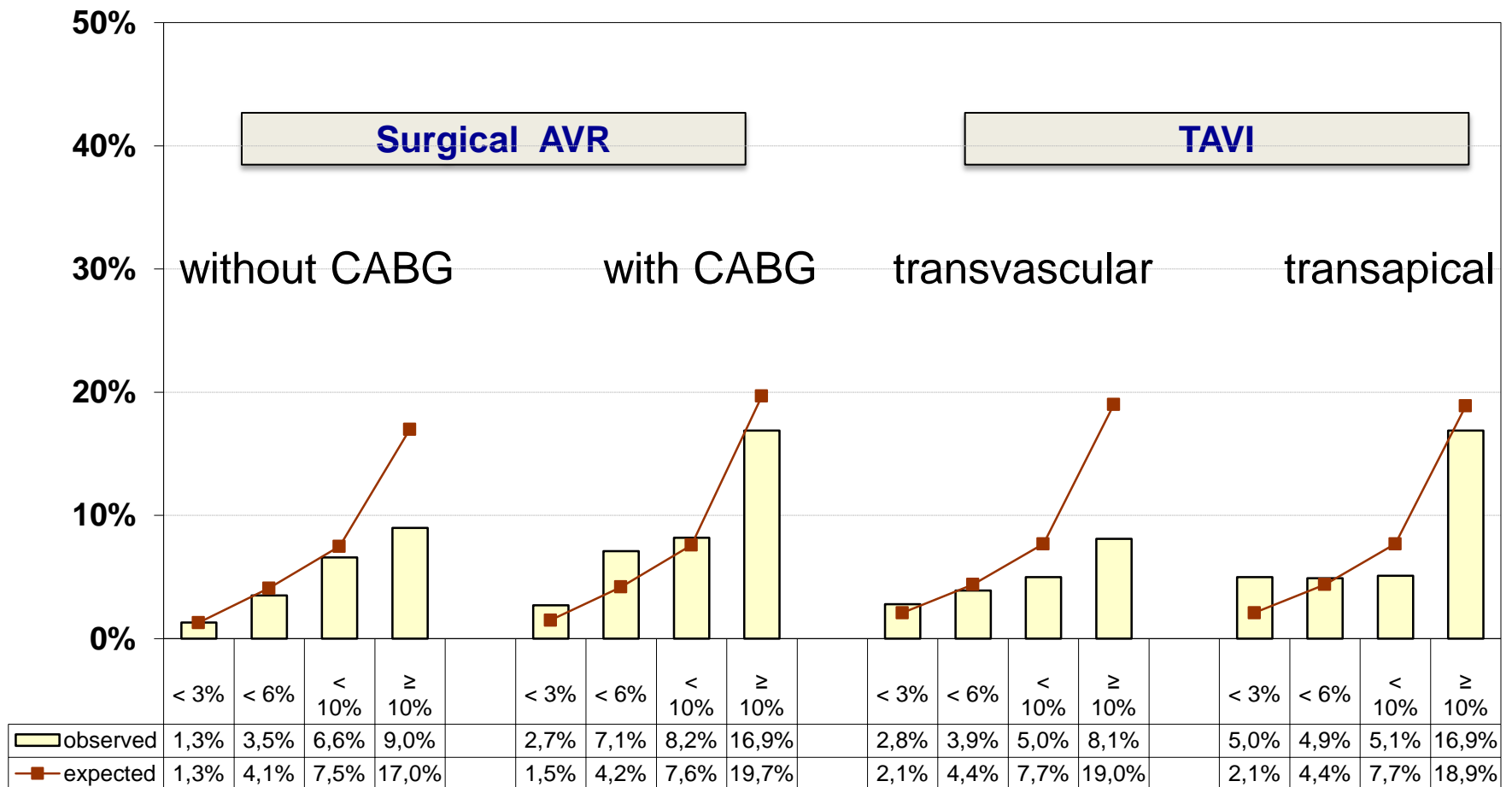
Without
CABG



With
CABG



AKL-Score in-hospital mortality



- First large scale registry on surgical & catheter based procedures.
- TAVI performed predominantly in high risk patients.
- AKL score better reflects outcome than EuroScore.
- In-hospital mortality and complications comparable to randomized controlled studies.
- In high risk patients in-hospital mortality with TAVI at least as good as with surgical AVR.

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Thank you!