

TAVI “Actualidad Argentina”

Matias Sztejfman

Jefe de Hemodinamia Sanatorio Finochietto

Jefe dto de Cardiopatía Estructural Sanatorio Guemes

Buenos aires, Argentina

Objetivos de la Presentacion

- Revisión de Guidelines
- Revisión de Data en Registro LATAM
- Situación en otros países.
- TAVR distribución por dispositivos en ARG,
- Problemática y desafíos del TAVR en ARG.

Guidelines Internacionales

- Las Guidelines son Guidelines.
- Las Guidelines.
 - No son documentos legales.
 - No son documentos inflexibles y mandatorios.
 - Siempre deben estar por debajo del criterio clínico

FLEXIBILIDAD



Ultimas actualizaciones

JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY
© 2020 BY THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION AND THE
AMERICAN HEART ASSOCIATION, INC.
PUBLISHED BY ELSEVIER

CLINICAL PRACTICE GUIDELINE: FULL TEXT

2020 ACC/AHA Guideline for the Management of Patients With Valvular Heart Disease

A Report of the American College of Cardiology/American Heart Association Clinical Practice Guidelines

Writing Committee Members*

Catherine M. Otto, MD, FACC, FAHA, *Co-Chair*
Rick A. Nishimura, MD, MACC, FAHA, *Co-Chair*

Robert O. Bonow, MD, MS, MACC, FAHA
Blase A. Carabello, MD, FACC, FAHA
John P. Erwin III, MD, FACC, FAHA
Federico Gentile, MD, FACC
Hani Jneid, MD, FACC, FAHA
Eric V. Krieger, MD, FACC
Michael Mack, MD, MACC

Revised 2020

ESC
European Society
of Cardiology

European Heart Journal (2021) 00, 1–72
doi:10.1093/eurheartj/ehab395

ESC/EACTS GUIDELINES

Revised 2021

2021 ESC/EACTS Guidelines for the management of valvular heart disease

Developed by the Task Force for the management of valvular heart disease of the European Society of Cardiology (ESC) and the European Association for Cardio-Thoracic Surgery (EACTS)

Authors/Task Force Members: Alec Vahanian ¹ (ESC Chairperson) (France), Friedhelm Beyersdorf¹ (EACTS Chairperson) (Germany), Fabien Praz (ESC Task Force Coordinator) (Switzerland), Milan Milojevic¹ (EACTS Task Force Coordinator) (Serbia), Stephan Baldus (Germany), Johann Bauersachs (Germany), Davide Capodanno (Italy), Lenard Conradi¹ (Germany), Michele De Bonis¹ (Italy), Ruggero De Paulis¹ (Italy), Victoria Delgado (Netherlands), Nick Freemantle¹ (United Kingdom), Martine Gilard (France), Kristina H. Haugaa (Norway), Anders Jeppsson¹ (Sweden), Peter Jüni (Canada), Luc Pierard (Belgium), Bernard D. Prendergast (United Kingdom), J. Rafael Sádaba¹ (Spain), Christophe Tribouilloy (France), Wojtek Wojakowski (Poland), ESC/EACTS Scientific Document Group

Que dicen las Guías

SAVR o TAVI para EAo Severa

○ Heart

Deci

○ SAVR

○ TAVI

TAVI o SAVR

○ Pacie

○ Pacientes < 75 años de riesgo

intermedio

Aortic Stenosis

- SAVR preferred:
 - Any indication for AVR, but unsuitable anatomy for trans-femoral TAVI
- TAVI preferred:
 - Patients of any age with high or prohibitive surgical risk
- Neither TAVI nor SAVR in patients with predicted life expectancy <12 months

	AMERICAN COLLEGE of CARDIOLOGY American Heart Association.	ESC European Society of Cardiology
	class I A	class I B
	class I A	class I A
	class I C	---
	---	Class I B

Que dicen las Guías

Latin America - SOLACI/SIAC 2021

Main recommendation

Conditional recommendation, based on moderate certainty of evidence ⊕⊕⊕○



For patients with severe symptomatic aortic stenosis from 75 years of age eligible for transfemoral approach



Panel **suggests** the use of TAVI over SAVR

Recommendation meaning

Transfemoral TAVI is the best course of action for most elderly patients with severe symptomatic aortic stenosis in Latin America, while SAVR may be considered a better course of action in some scenarios or patients

Conditional recommendations highlight the importance of being familiarized with:

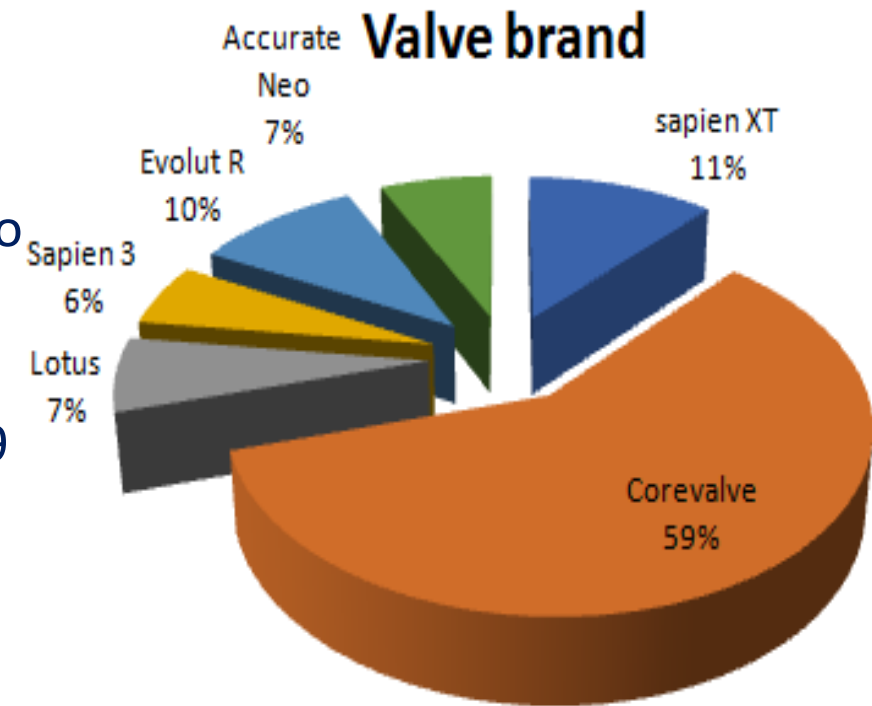
- The evidence supporting this recommendation
- Expert or Heart Team discussion of TAVR candidates
- Integrating patients values and preferences through shared decision-making

Context-specific costs considerations play an important role in the final decision

TRYTOM registry

Minimalistic Approach versus Standar Approach in Transcatheter Aortic Valve Implantation. Insights from a Latin-American Registry

- We aim to compare safety and efficacy of patients undergoing transfemoral TAVI (TF-TAVI) with Minimalistic Approach (MA) to those with Standar Approach(SA).
- 1133 patients from 4 Latam Countries and 7 centers, from 2009 to 2020.
- Safety and efficacy outcomes were evaluated at 30-days according to *VARC-2 criteria*

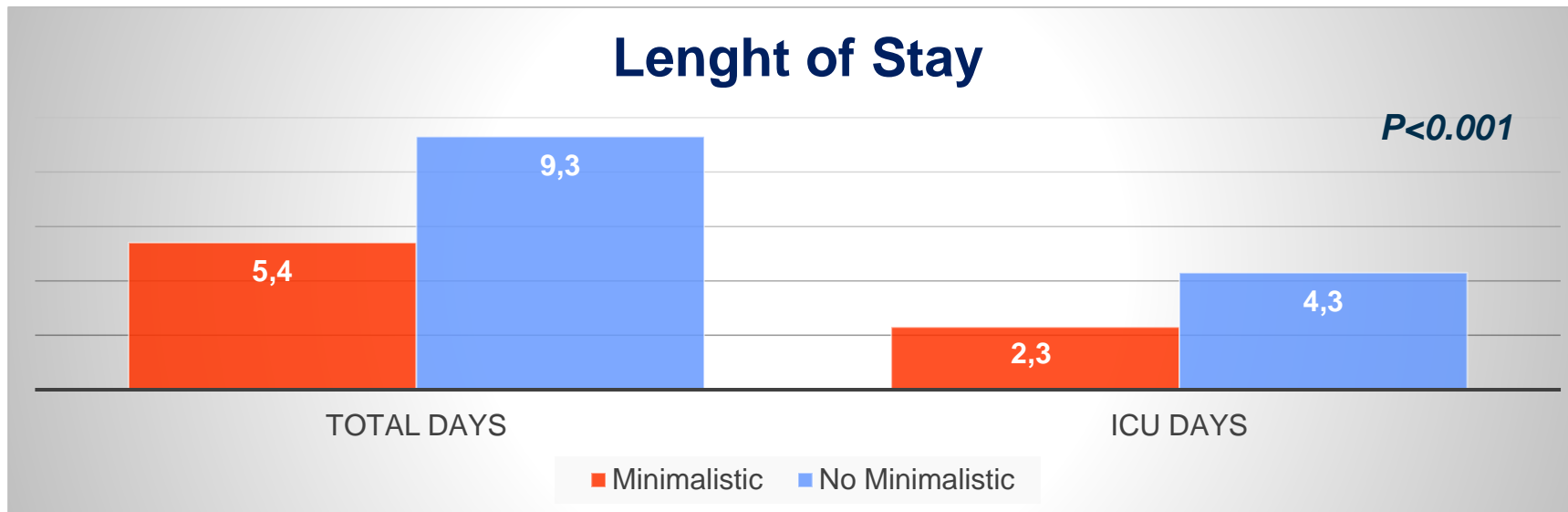


RESULTADOS

	MA n = 576	SA n = 557	PValue
Age, yrs \pm SD	79.4 \pm 7.03	80.4 \pm 7.38	0.016
STS risk score	5.36	6.0	0.08
Emergency procedures (%)	0,5	16	0.0001
NYHA IV (%)	76 (13,2)	118 (21.2)	0.0001
Use of vasoactive drugs	10.6%	11.8%,	0.682
Device success	93.3%	93%	0.884
Moderate to severe AR	7.9%	6.3%	0.61
30-day mortality rates	4.3%	5.2%	0.494
Major bleeding	5.6%	9.4%	0.036
Major vascular complications	4.7%	8.5%	0.011

RESULTADOS

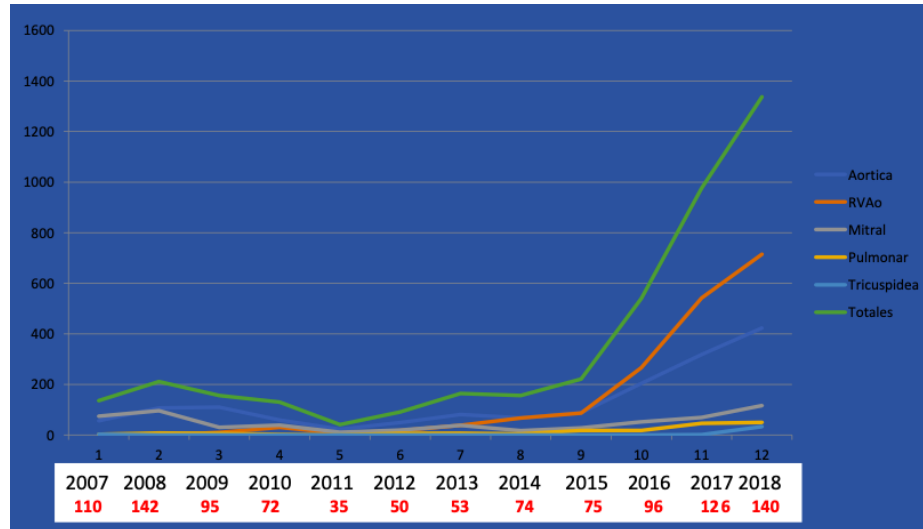
	MA n = 576	SA n = 557	PValue
Permanent Pacemaker	25.4%	24.4%	0.87
Echo Guided Procedure	56.1%	52.9%	0.377
Transesophageal Echo	12.9%	72.9%,	0.0001



Procedimientos Valvulares CACI

REGISTRO VOLUNTARIO CACI
PROCEDIMIENTOS GENERALES
AÑO 2018

TERAPEUTICA EN VALVULOPATIAS ADQUIRIDAS					
Aortica	RVAo	Mitral	Pulmonar	Tricuspidea	Totales
56	0	74	3	3	136
107	0	96	8	0	211
110	10	30	6	0	156
59	30	39	2	0	130
23	7	11	0	0	41
49	17	19	6	0	91
81	38	38	7	0	164
68	67	17	4	0	156
88	87	28	18	0	221
204	266	52	18	0	540
318	542	69	46	1	976
423	715	116	50	33	1337



2019: 1516 TAVI

28 / 1.000.000 habitantes

2021: 1561 TAVI


29 / 1.000.000 habitantes



TAVR en Otros Países de LATAM

EDITORIAL

Transcatheter implantation of aortic valve bioprosthesis: changing paradigms

 Fábio Sândoli de Flávio

In Brasil, aortic valve implantations by catheter started being used in January 2008 and, despite the lack of coverage by public and private health systems, we have seen a significant increase in the use of this treatment in the country. It is estimated that, in 2019, approximately 2,000 TAVIs will be conducted in Brasil. This number, which represents approximately ten TAVIs for every million inhabitants per year, is still minimal compared to some European countries or the United States, where 100 to 150 for every million inhabitants take place per year. This represents a considerable challenge, since the vast majority of institutions in Brasil have less than ten procedures per year and, therefore, are still learning the method. In a recent international multicenter publication that included Brazilian data, we found that for an institution can achieve excellence, at least 50 cases per year are required.³ Less than five medical centers in Brasil have that number.

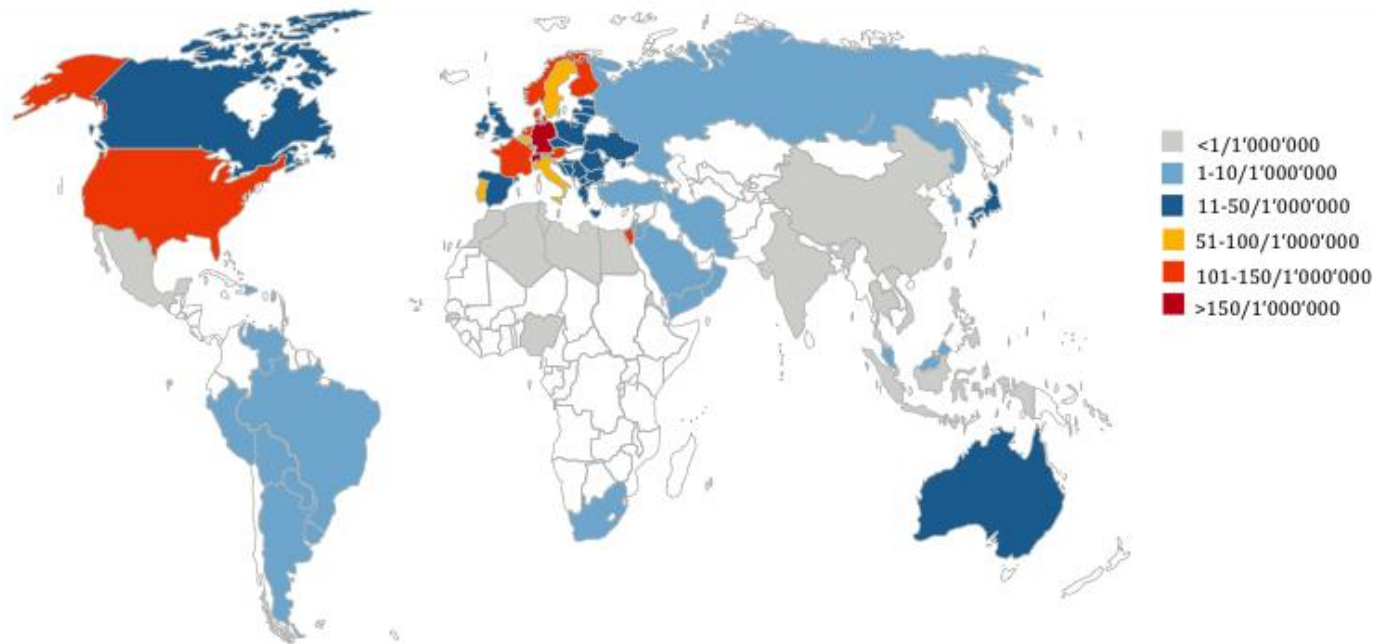
TAVR en Europa y USA

Expansion of transcatheter aortic valve implantation: new indications and socio-economic considerations

Thomas Pilgrim and Stephan Windecker*

TAVR Procedure Volumes In the Unites States

The annual volume of TAVR has increased each year and in 2019 TAVR volume (72,991) exceeded all forms of SAVR (57,626), coinciding with the U.S. Food and Drug Administration (FDA) approval of TAVR for low-risk patients. The number of TAVR procedures performed per site varies, but as the number of sites performing TAVR has increased, the total annual volume has increased. In 2019 sites performed 84 TAVR procedures on average with 161 sites performing less than 50 cases. An expert consensus document published by stakeholders — including the ACC and STS — included a recommendation of a 50-case annual threshold minimum for sites performing TAVR.



USA 222 / 1.000.000 habitantes

Take home figure Geographical dispersion of TAVI. TAVI implantation per 1 000 000 inhabitants. Estimates for Q1–Q4 2017 (Western Europe) or Q4 2016–Q3 2017 (all other regions) including moving annual total (MAT) data. Data are subject to end of year adjustment. Source: BIBA Medical.

CENTROS DE TAVR EN ARGENTINA

Argentinean Registry TAVR: 35 Institutions

CORDOBA

- SANATORIO ALLENDE
- HOSPITAL PRIVADO DE LA COMUNIDAD
- FUSAVIM
- HOSPITAL DE CORDOBA
- SANATORIO VELEZ SARSFIELD
- CLINICA SUCRE

SANTA FE

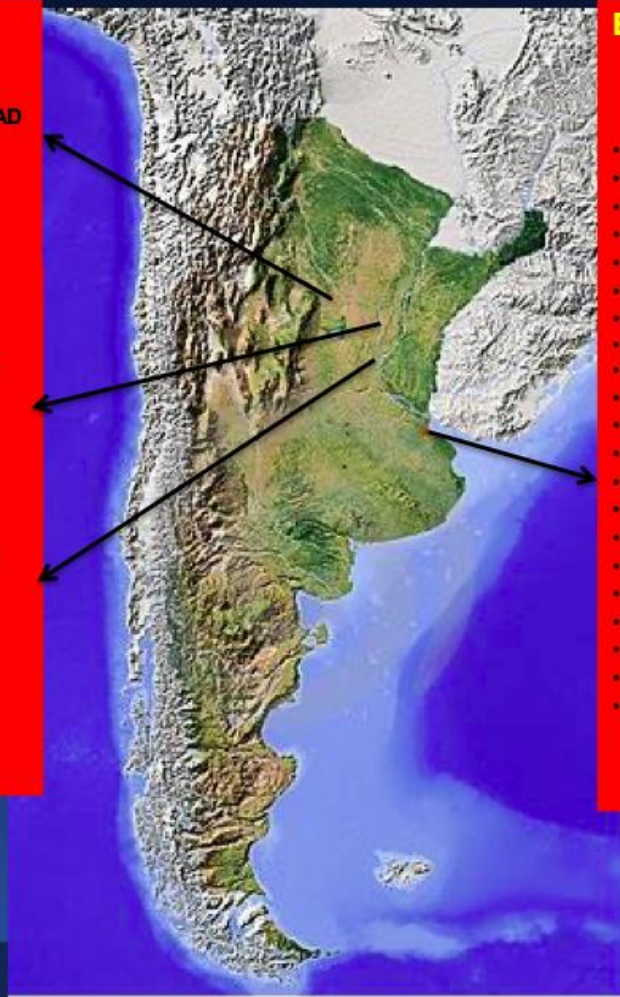
- INSTITUTO DE DIAGNOSTICO SANTA FE
- SANATORIO GARAY

ROSARIO

- INSTITUTO CARDIOVASCULAR ROSARIO
- SANATORIO PLAZA
- HOSPITAL ITALIANO

CORRIENTES

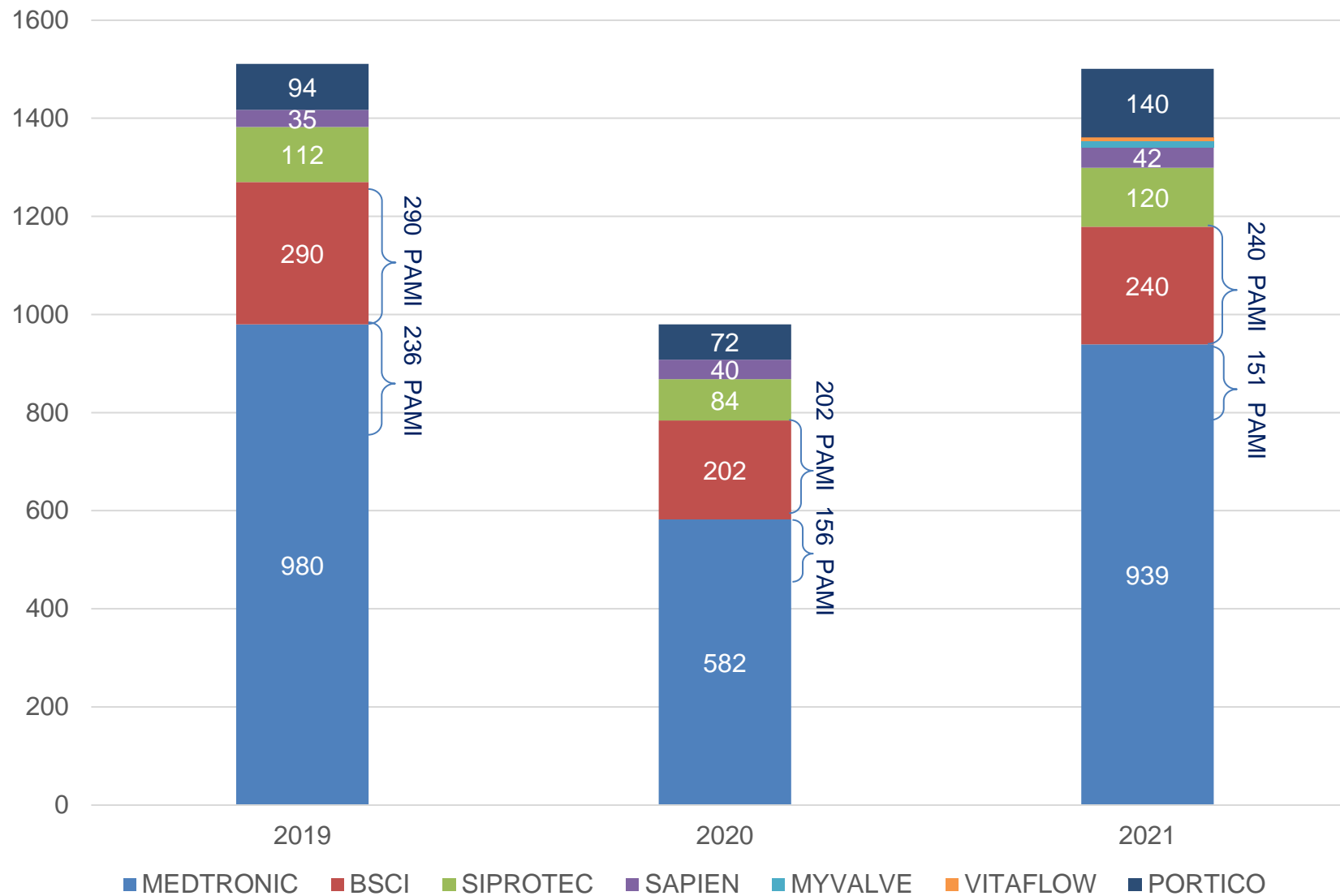
- INSTITUTO DE CARDIOLOGIA CABRAL



BUENOS AIRES

- FUNDACION FAVALORO
- HOSPITAL ALEMAN
- HOSPITAL BRITANICO DE BS AS
- HOSPITAL ESPAÑOL DE BS AS
- HOSPITAL ESPAÑOL DE LA PLATA
- HOSPITAL JUAN A FERNANDEZ
- HOSPITAL ITALIANO DE BS AS
- INSTITUTO CADIOVASCULAR DE BS AS
- INSTITUTO MOD. DE ALTA COMPLEJIDAD
- ANATORIO BURZACO
- SANATORIO GUEMES
- SANATORIO OTAMENDI
- HOSPITAL DEL CRUCE
- HOSPITAL DEL SUR BAHIA BLANCA
- CLINICA SAN CAMILO
- CLINICA ADVENTISTA
- CLINICA SAGRADA FAMILIA
- INSTITUTO FLENI
- SANATORIO LAS LOMAS
- SANATORIO TRINIDAD PALERMO
- HOSPITAL UNIVERSITARIO UAI

CANTIDAD DE TAVR EN ARGENTINA



CANTIDAD DE TAVR Distribución x centro

83 centros informaron haber realizado TAVI en 2018
54,6% de los centros participantes en el Registro

Número de TAVI 2018	Número de Centros
1 - 5	48
6 - 10	16
11 - 20	08
21 - 40	07
> 41	04

Problemáticas del TAVI en Argentina

- Escasa penetración de la práctica en relación a otras regiones, a pesar de un fuerte cuerpo de evidencia.
- Escaso reconocimiento por parte de las autoridades sanitarias del impacto clínico del TAVI.
- Numerosos centros con escaso volumen de procedimientos. Tecnologías y resultados dispares.
- Ausencia de datos que reflejen los resultados clínicos del TAVI a nivel nacional.
- Costo de los dispositivos en nuestro país.



Desafíos del TAVI en Argentina

- Instrumentar las herramientas que faciliten el acceso a TAVI a un número de pacientes significativamente mayor.
- Proporcionar a las autoridades sanitarias, financiadores de salud, auditores, resultados clínicos del TAVI en nuestro país. (Registros)
- Promover políticas para reducir los impuestos a las prótesis TAVI.
- Concientizar sobre los costos asociados a la cirugía de RVAo, (internaciones prolongadas, rehabilitación cardiovascular, reinternaciones)

Muchas Gracias