Registry Confirms TAVI Efficacy and Safety in Asian Patients

European Society of Cardiology

Transcatheter aortic valve implantation (TAVI) is effective and safe in Asian patients, according to early experience based on first results from a multicentre Asian registry reported at EuroPCR 2013.

"TAVI has become a treatment option for selected patients with symptomatic severe aortic stenosis. But current data are virtually all from North American or European centres," Paul Chiam, senior consultant cardiologist at the National Heart Center, Singapore, told the conference. He explained that it is unknown whether the smaller average physique in Asian patients may affect outcomes after TAVI.

To answer this question, Chiam and colleagues started an investigator-driven registry, collecting data on clinical outcomes from patients undergoing TAVI at 14 centres across Asia. These centres are in China, Hong Kong, Malaysia, the Philippines, Singapore, South Korea, Taiwan and Thailand. Patient demographics, clinical characteristics, procedural and 30-day outcomes were recorded and analysed for 253 patients undergoing TAVI between February 2009 and August 2012.

"Procedural success was reported for 97% of Asian patients undergoing TAVI," said Chiam. Major vascular complications occurred in only 4% of patients by 30 days after their procedure. The 30-day mortality was very low (3%), as was the stroke rate (1.6%). Mean NYHA class at 30 days was 1.4+0.6 and 9% of patients required a permanent pacemaker at this time point. There were no difference in clinical outcomes between the two devices except for significantly more patients requiring a pacemaker after undergoing TAVI with a CoreValve device compared to those where a Sapien device was used (15.7% vs 0.9%, $p<0.0001$).

Commenting on the implications of the study findings, Chiam concluded, "Early experience suggests that TAVI appears feasible and safe in a physically smaller Asian population, with low stroke and mortality rates and without an increase in vascular complications."

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