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Valvular Heart Disease

CAN THE SURTAVI MODEL FACILITATE RISK ASSESSMENT FOR TRANSCATHETER AORTIC VALVE IMPLANTATION: TIME TO RETHINK

Poster Contributions

Poster Sessions, Expo North

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Session Title: Valvular Heart Disease: Clinical III - Aortic Valve Stenosis

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Background: A new concept of risk stratification for patients with aortic stenosis, based upon age combined with a fixed number of predefined risk factors, was proposed during the design of SURTAVI trial. The purpose of this study was to compare the SURTAVI model with surgical risk scores i.e. logistic EuroSCORE (LES), EuroSCORE II (ES II) and STS score in patients selected by the "Heart Team" for TAVI after formal surgical turn down.

Methods: Eighty eight consecutive patients underwent TAVI via trans-femoral, trans-apical and other approaches. LES, ES II and STS score were calculated retrospectively. Patients were classified into low (≥ 70 yrs and < 2 risk factors, ≥ 75 yrs and no risk factor), intermediate (≥ 70 yrs and 2-3 risk factors, ≥ 75 yrs and 1-2 risk factors, ≥ 80 yrs and ≤ 1 risk factor) and high risk (≥ 70 yrs and > 3 risk factors, ≥ 75 yrs and > 2 risk factors, ≥ 80 yrs and > 1 risk factor) groups according to SURTAVI model and surgical risk scores (LES < 10 , 10 - 20, $> 20\%$, ES II < 4 , 4 - 10, $> 10\%$ and STS < 4 , 4 - 10, $> 10\%$ respectively) and actual 30-day and 1-year mortality was compared.

Results: are summarised in the table below.

Table: Actual 30-day and 1-year mortality (%) according to risk groups.

30- day mortality				
Groups	LES	ESII	STS-score	SURTAVI model
Low Risk	8.33	5.88	10.00	16.66
Intermediate Risk	11.43	11.11	8.16	11.11
High Risk	4.88	5.71	5.26	6.25
p - Value	0.562	0.875	1.0	0.376
1-year mortality				
Low Risk	25.00	23.53	10.00	16.66
Intermediate Risk	22.86	19.44	30.61	11.11
High Risk	26.83	31.43	26.32	29.68
p - Value	0.943	0.502	0.203	0.254

Conclusion: SURTAVI model was no better than other risk scores in predicting mortality, both at 30 days and 1 year, in patients undergoing TAVI after formal surgical turn down. This highlights deficiencies of the proposed SURTAVI risk model and thus emphasises on the role of a multidisciplinary "Heart Team" in risk assessment.