



That this House believes AVR/TAVI should be offered without waiting for symptoms in severe AS.

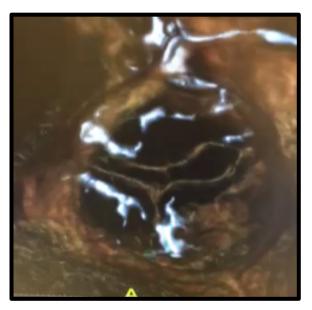


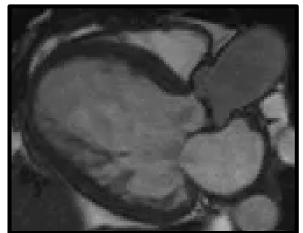


Aortic Valve Replacement (AVR /TAVI)

OF:





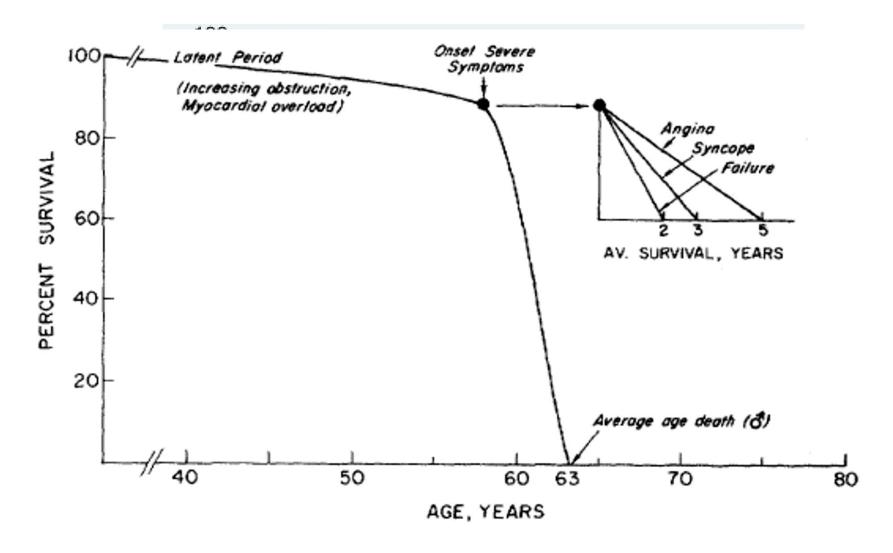


When should we offer valve intervention? Aortic stenosis progression **OPTIMAL** TOO LATE **TOO EARLY TIMING UNECESSARY EXPOSURE TO RISK IRREVERSIBLE DAMAGE TO THE JUST AS LEFT** MYOCARDIUM: Complications of surgery / TAVI Sudden cardiac death **VENTRICULAR** Living with a prosthetic valve **DECOMPENSATION** Increased peri-operative risk Anticoagulation IS STARTING TO Heart failure Repeat intervention for **Hospital admissions DEVELOP** structural valve deterioration Increased mortality Major financial burden



Symptoms & Aortic Stenosis







Despite AVR Patients with LV Decompensation Do Badly

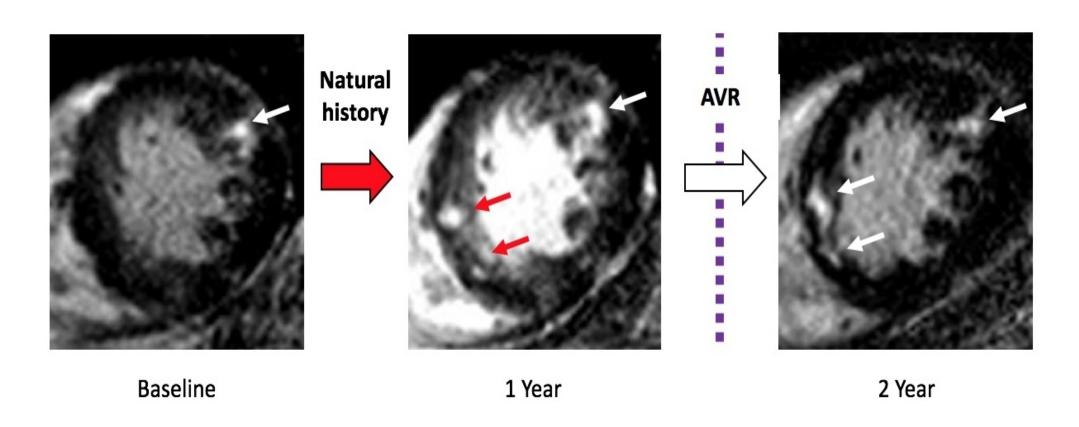




Kaplan-Meier Curve Low risk LV decompensation 100 Survival Free from CVS mortality + Heart Intermediate risk High risk decompensation 80 Failure Admission 60 40 20 Low risk LV decompensation Intermediate risk Log rank test P<0.001 High risk decompensation 0 8 Follow up (Years)



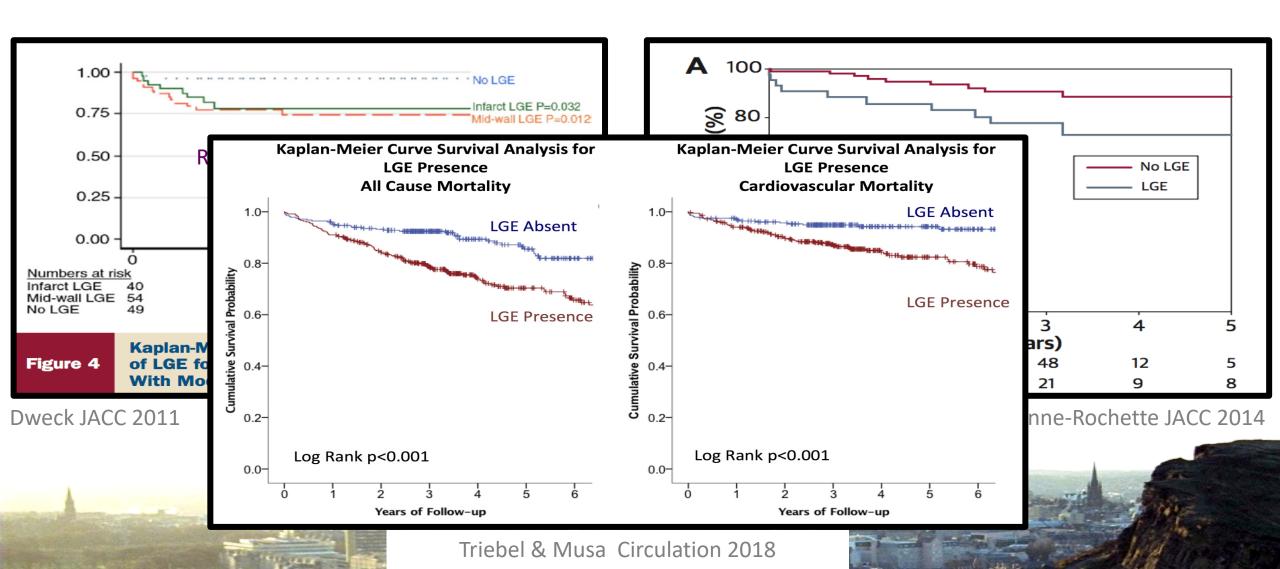
Progresses with time and irreversible post-AVR





Mid Wall Fibrosis & Adverse Prognosis



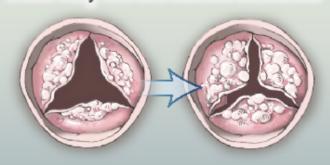


Early Surgery or Conservative Care for Aortic Stenosis

MULTICENTER, OPEN-LABEL, RANDOMIZED TRIAL

145 Asymptomatic Patients

with very severe aortic stenosis



Early Surgery



Conservative Care



Operative mortality or death from cardiovascular causes

At 4 yr 1%

At 8 yr 1%

At 4 yr 6%

At 8 yr 26%

HR, 0.09; 95% CI, 0.01-0.67; P=0.003

Early surgical intervention was associated with lower incidence of operative mortality or cardiovascular death

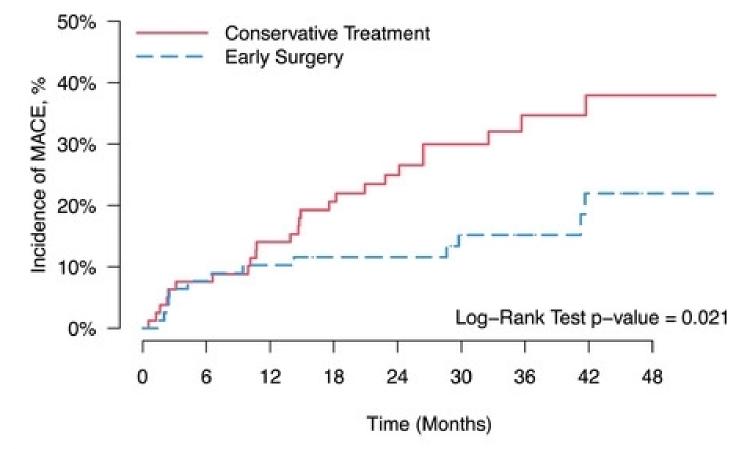


AVATAR TRIAL



Banovic Circulation 2021

- -157 patients with severe asymptomatic AS
- -Primary endpoint of death, MI, stroke, unplanned heart failure hospitalisation
- -39 events: 13 in the early surgery and 26 in the watchful waiting group



Patients, n Conservative Treat. 79 Early Surgery 78



On Going RCTs











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