

SAPIEN 3 Transcatheter Aortic Valve Replacement Compared with Surgery in Intermediate-Risk Patients: A Propensity Score Analysis

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on behalf of The PARTNER Trial Investigators

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THE
PARTNER II
TRIAL

Disclosure Statement of Financial Interest



Vinod H. Thourani, MD

Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below.

Affiliation/Financial Relationship

- Grant/Research Support
- Consulting Fees/Honoraria
- Major Stock Shareholder/Equity

Company

- Boston Scientific, Claret Medical, Edwards Lifesciences, Medtronic, St. Jude Medical
- Abbott Vascular, Edwards Lifesciences, St. Jude Medical
- None

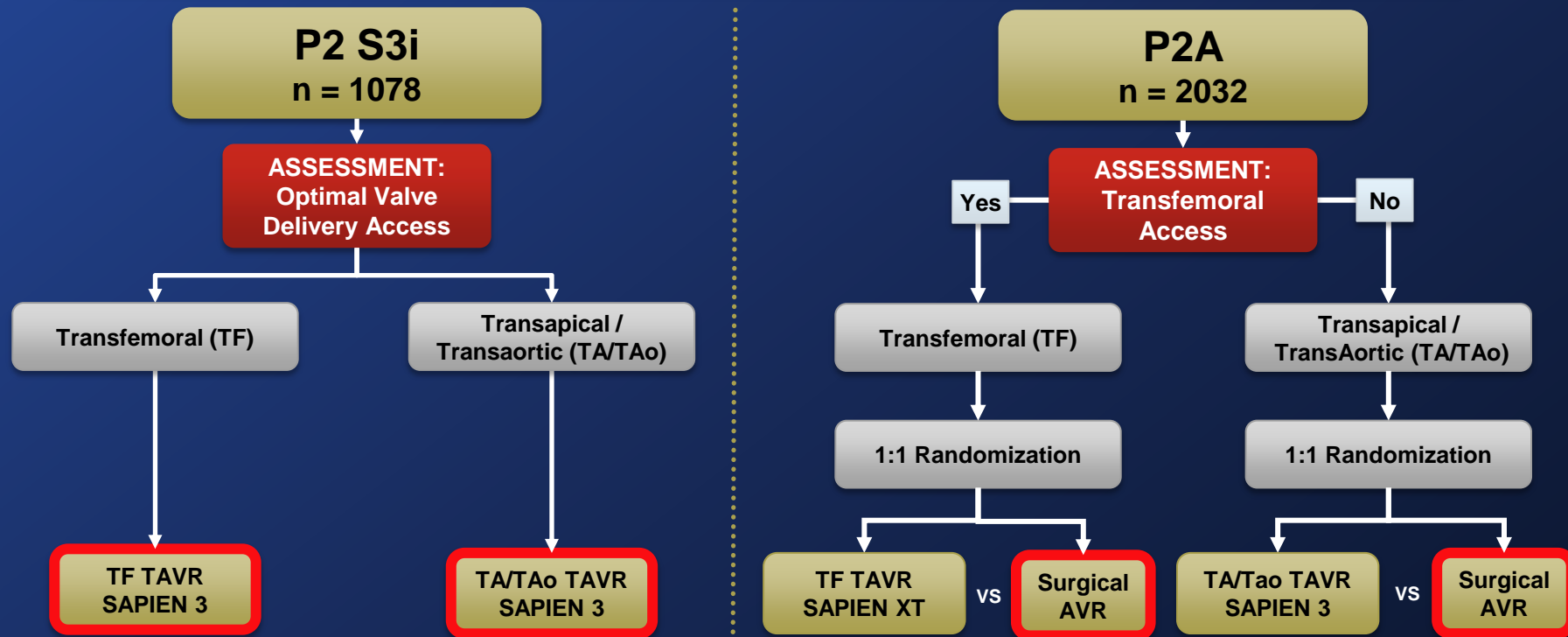
The PARTNER 2A and S3i Trials

Study Design



Intermediate Risk Symptomatic Severe Aortic Stenosis

Intermediate Risk ASSESSMENT by Heart Valve Team



**Primary Endpoint: All-Cause Mortality, All Stroke, or Mod/Sev AR at One Year
(Non-inferiority Propensity Score Analysis)**

Quintile Propensity Score Analysis: Primary Endpoint



Surgery		TAVR			
# Patients	Mortality, Stroke, AR \geq Mod	# Patients	Mortality, Stroke, AR \geq Mod	Proportional Difference	Weighting
191	28.3%	138	13.8%	-14.5%	0.14
175	22.9%	171	9.9%	-12.9%	0.18
147	19.7%	197	10.7%	-9.1%	0.20
126	23.0%	219	14.6%	-8.4%	0.23
108	19.4%	238	15.1%	-4.3%	0.25

Overall weighted
difference of proportions
- 9.2%
[-12.4%,-6.0%] two-sided 90% CI

Primary Endpoint - Non-inferiority

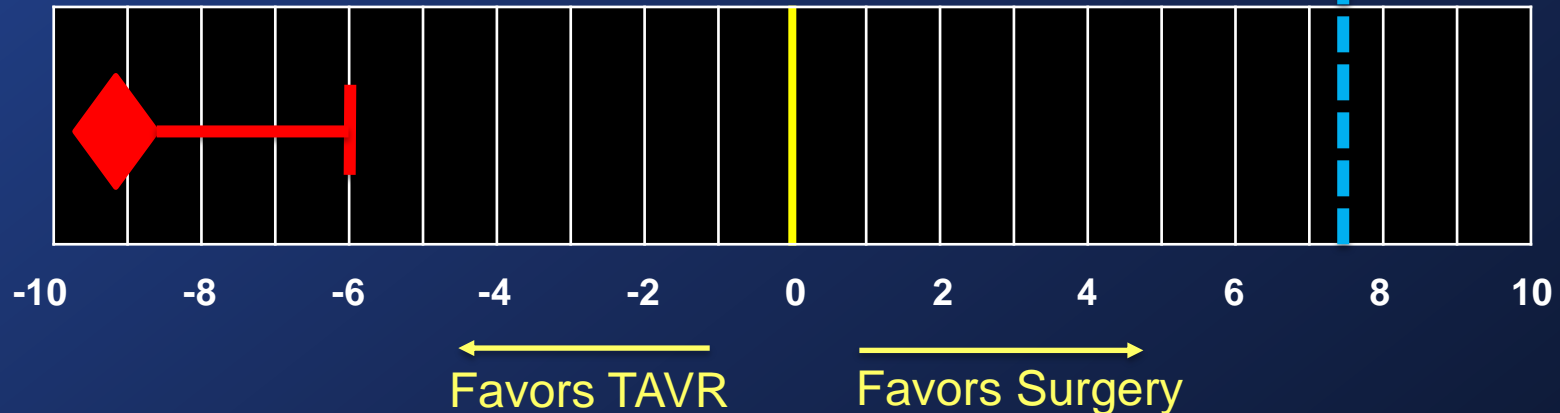
Death, Stroke, or AR \geq Mod at 1 Year (VI)



Weighted Difference -9.2%
Upper 1-sided 95% CI -6.0%

Non-Inferiority
p-value < 0.001

Pre-specified non-inferiority margin = 7.5% →



Primary Non-Inferiority Endpoint Met

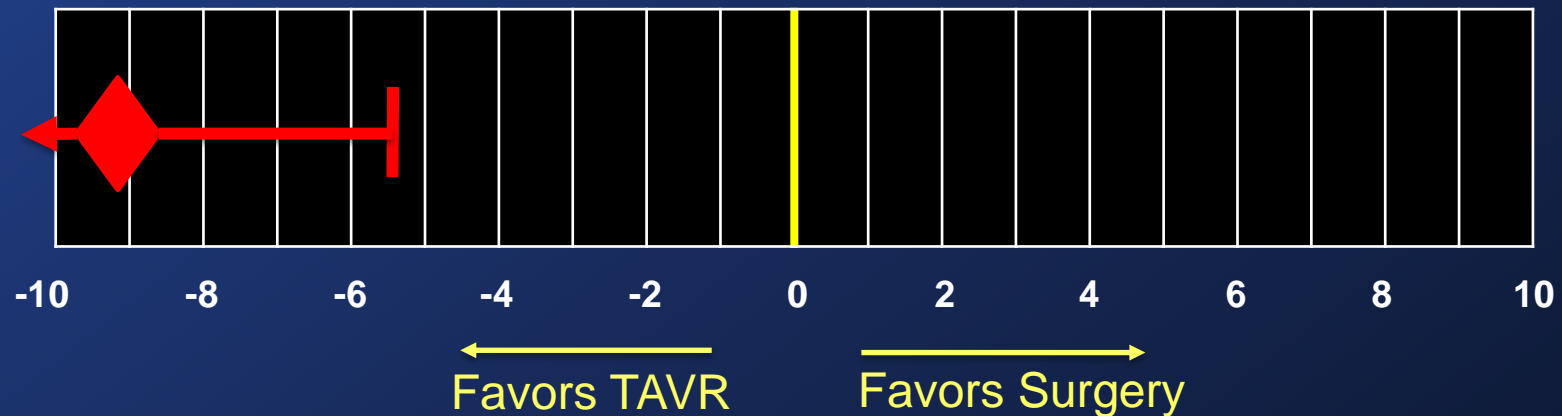
Primary Endpoint - Superiority

Death, Stroke, or AR \geq Mod at 1 Year (VI)



Weighted Difference -9.2%
Upper 2-sided 95.0% CI -5.4%

Superiority Testing
p-value < 0.001



Superiority Achieved

Superiority Analysis

Components of Primary Endpoint (VI)

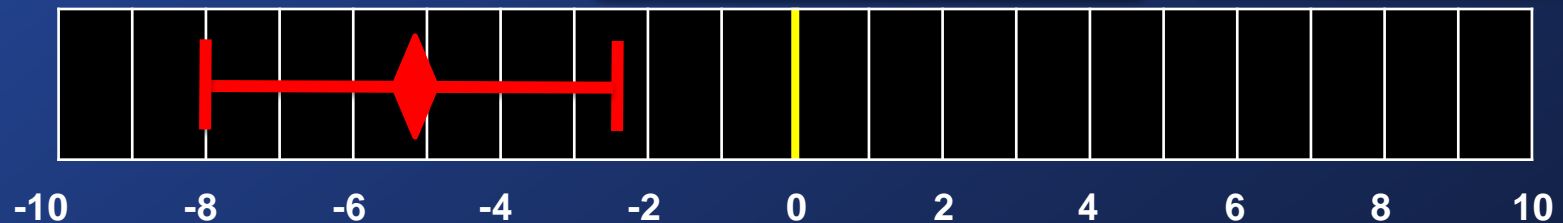


← Favors TAVR Favors Surgery →

Mortality

Weighted Difference -5.2%
Upper 2-sided 95% CI -2.4%

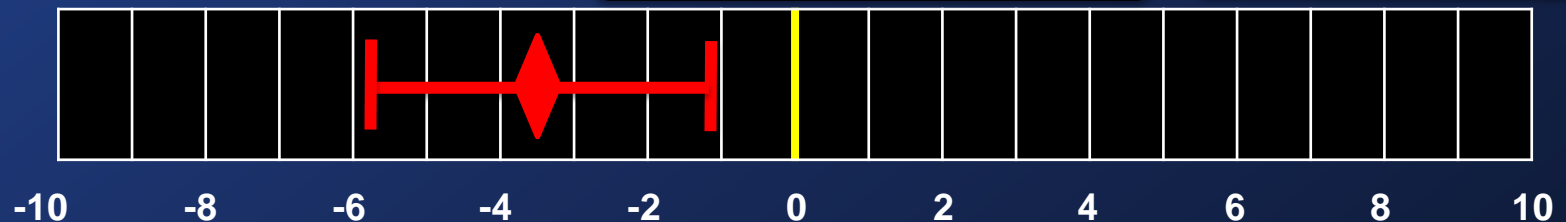
Superiority Testing
p-value < 0.001



Stroke

Weighted Difference -3.5%
Upper 2-sided 95% CI -1.1%

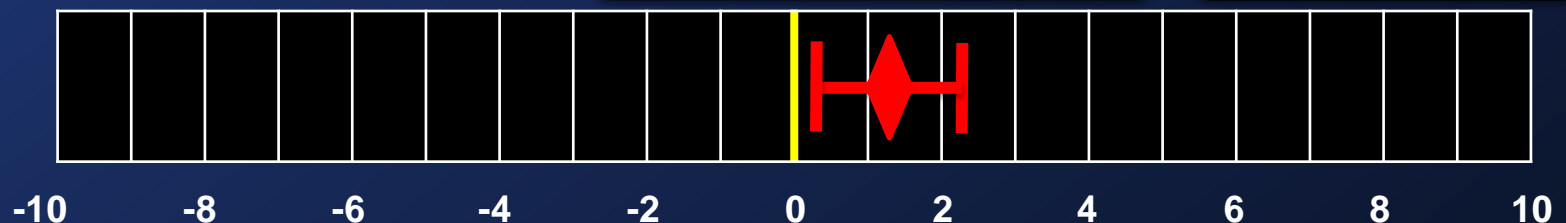
Superiority Testing
p-value = 0.004



AR \geq Moderate

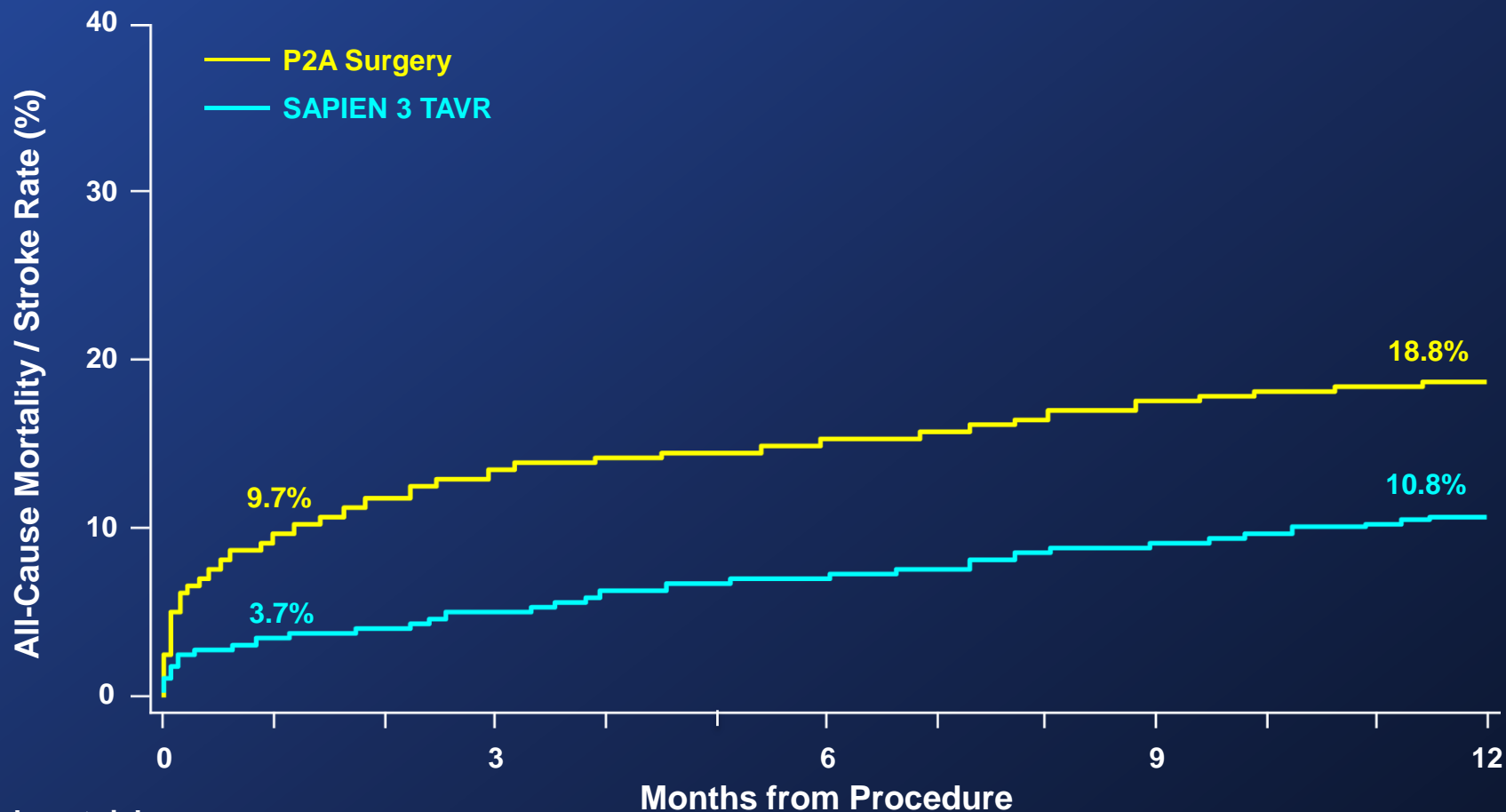
Weighted Difference +1.2%
Lower 2-sided 95% CI +0.2%

Superiority Testing
p-value = 0.0149



Unadjusted Time-to-Event Analysis

All-Cause Mortality and All Stroke (AT)



Number at risk:

P2A Surgery 944

S3 TAVR 1077

805

1012

786

987

757

962

743

930

The PARTNER 2A and S3i Trials

Conclusions



- In intermediate-risk patients, SAPIEN 3 TAVR resulted in low 1-year rates of all-cause mortality (7.4%), all stroke (4.6%), and moderate or severe aortic regurgitation (1.5%)
- A rigorous propensity score analysis comparing SAPIEN 3 TAVR with surgery from PARTNER 2A in intermediate-risk patients at 1 year demonstrated:
 - Non-inferiority for the primary endpoint (composite of all-cause mortality, all stroke, or AR \geq moderate)
 - Superiority of SAPIEN 3 TAVR for the primary endpoint, all-cause mortality, and all stroke
 - Superiority of surgery for AR \geq moderate
- Time-to-event analyses indicated that the benefits of SAPIEN 3 TAVR occurred in the first few months, suggesting procedure-related effects

The PARTNER 2A and S3i Trial

Clinical Implications



- *The conclusions from the PARTNER 2A randomized trial and this propensity score analysis provide strong evidence that in intermediate-risk patients with severe aortic stenosis, SAPIEN 3 TAVR compared with surgery improves clinical outcomes and is the preferred therapy.*