

Stratégie d'optimisation du traitement anti-thrombotique

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Je n'ai pas de lien d'intérêt potentiel à déclarer

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TAVI : Stratégie d'optimisation du traitement ambulatoire

Je mettrai de l'aspirine

Et pourquoi pas les deux !

Moi du plavix





ESC

European Society of Cardiology

European Heart Journal (2021) 00, 1–72

doi:10.1093/eurheartj/ehab395

ESC/EACTS GUIDELINES

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

Transcatheter aortic valve implantation		
OAC is recommended lifelong for TAVI patients who have other indications for OAC. ^{501 f}	I	B
Lifelong SAPT is recommended after TAVI in patients with no baseline indication for OAC. ^{495,496,521}	I	A
Routine use OAC is not recommended after TAVI in patients with no baseline indication for OAC. ⁴⁹⁷	III	B

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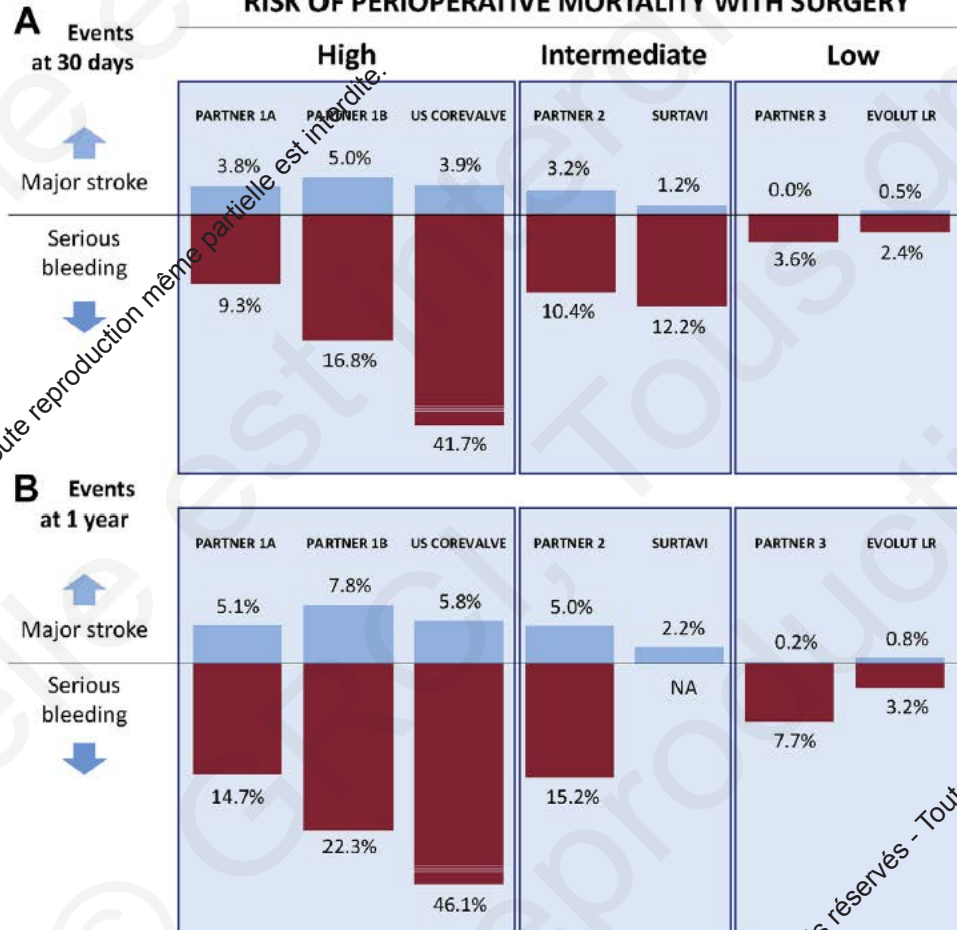
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RISK OF PERIOPERATIVE MORTALITY WITH SURGERY



The bar charts summarize the 30-day (A) and 1-year (B) risks for major stroke and serious bleeding in regulatory trials of transcatheter aortic valve replacement across the spectrum of surgical risk. Risk is defined by categories of Society of Thoracic Surgeons Predicted Risk of Mortality score (low risk defined as $\leq 4\%$, intermediate risk defined as 5%-8%, high risk defined as $> 8\%$). EVOLUT LR = Evolut Low Risk; NA = not available; PARTNER = Placement of Aortic Transcatheter Valve; SURTAVI = Safety and Efficacy Study of the Medtronic CoreValve® System in the Treatment of Severe, Symptomatic Aortic Stenosis in Intermediate Risk Subjects Who Need Aortic Valve Replacement.

Capodanno, D. et al. J Am Coll Cardiol Interv. 2021;14(15):1688-703.

Stratégie d'optimisation du traitement anti-thrombotique

I - Absence d'indication d'anticoagulation

DAPT vs SAPT

ARTE

POPULAR TAVI cohort A

OAC vs SAPT

GALILEO

ATLANTIS stratum 2

II - Indication d'anticoagulation

POPULAR TAVI cohort B

ATLANTIS stratum 1

ENVISAGE TAVI

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Indication d'anticoagulation

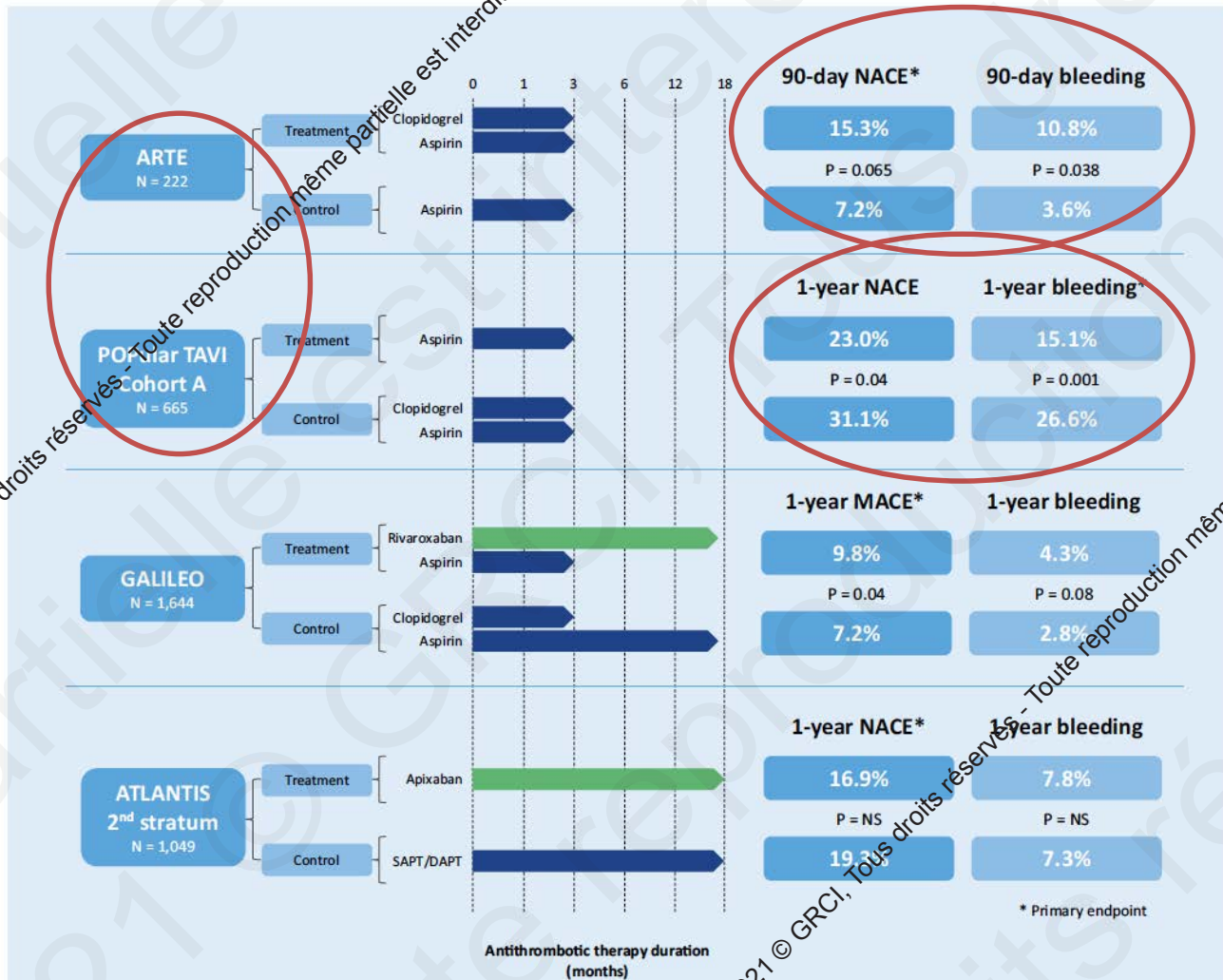
POPULAR TAVI cohort B

ATLANTIS stratum 1

ENVISAGE TAVI

Absence d'indication d'OAC

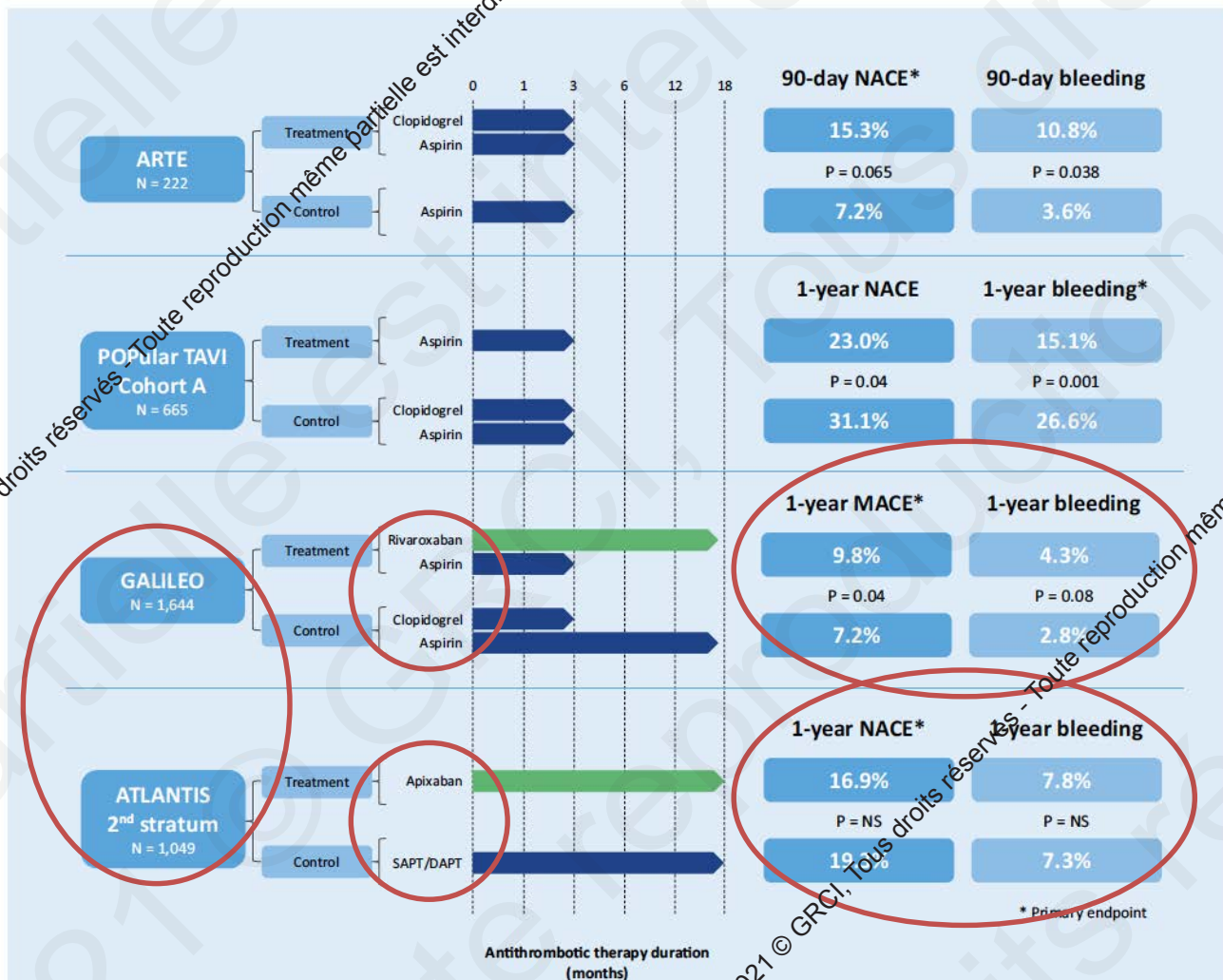
FIGURE 2 Design and Selected Outcomes of Clinical Trials of Antithrombotic Therapy for Transcatheter Aortic Valve Replacement Patients With No Need for Chronic Anticoagulation



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Absence d'indication d'OAC

FIGURE 2 Design and Selected Outcomes of Clinical Trials of Antithrombotic Therapy for Transcatheter Aortic Valve Replacement Patients With No Need for Chronic Anticoagulation



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ATLANTIS 2nd stratum



Outcomes in stratum 2 (post-hoc)



No need for oral anticoagulation

	Apixaban (n=526)	Standard of Care (n=523)	Hazard ratio (95% CI)
Primary outcome	89 (16.9%)	101 (19.3%)	0.88 (0.66-1.17)
Secondary efficacy outcomes			
Death, MI, any stroke/TIA	50 (9.5%)	35 (6.7%)	1.48 (0.96-2.30)
Death, any stroke/TIA or systemic embolism	50 (9.5%)	33 (6.3%)	1.56 (1.01-2.43)
Death	31 (5.9%)	18 (3.4%)	1.86 (1.04-3.34)
• Cardiovascular death	17 (3.2%)	13 (2.5%)	1.42 (0.69-2.94)
• Non cardiovascular death	14 (2.66%)	5 (0.96%)	2.99 (1.07-8.35)
Safety outcomes			
Primary safety endpoint†	41 (7.8%)	38 (7.3%)	1.09 (0.69-1.69)
Minor bleeding (BARC 2 or 3a)	49 (9.3%)	51 (9.7%)	0.96 (0.65-1.42)
Any bleeding	115 (21.0%)	112 (21.8%)	1.04 (0.80-1.35)
Any Valve Thrombosis**	6 (1.1%)	32 (6.1%)	0.19 (0.08-0.47)

*death, stroke, MI, systemic emboli, intracardiac or valve thrombosis, DVT/PE, major bleedings; †Life-threatening (including fatal) or disabling or major bleeding (BARC 4, 3a, b and 3c), as defined by Valve Academic Research Consortium-2 (VARC-2); ** Any evidence for valve thrombosis including HALT %.

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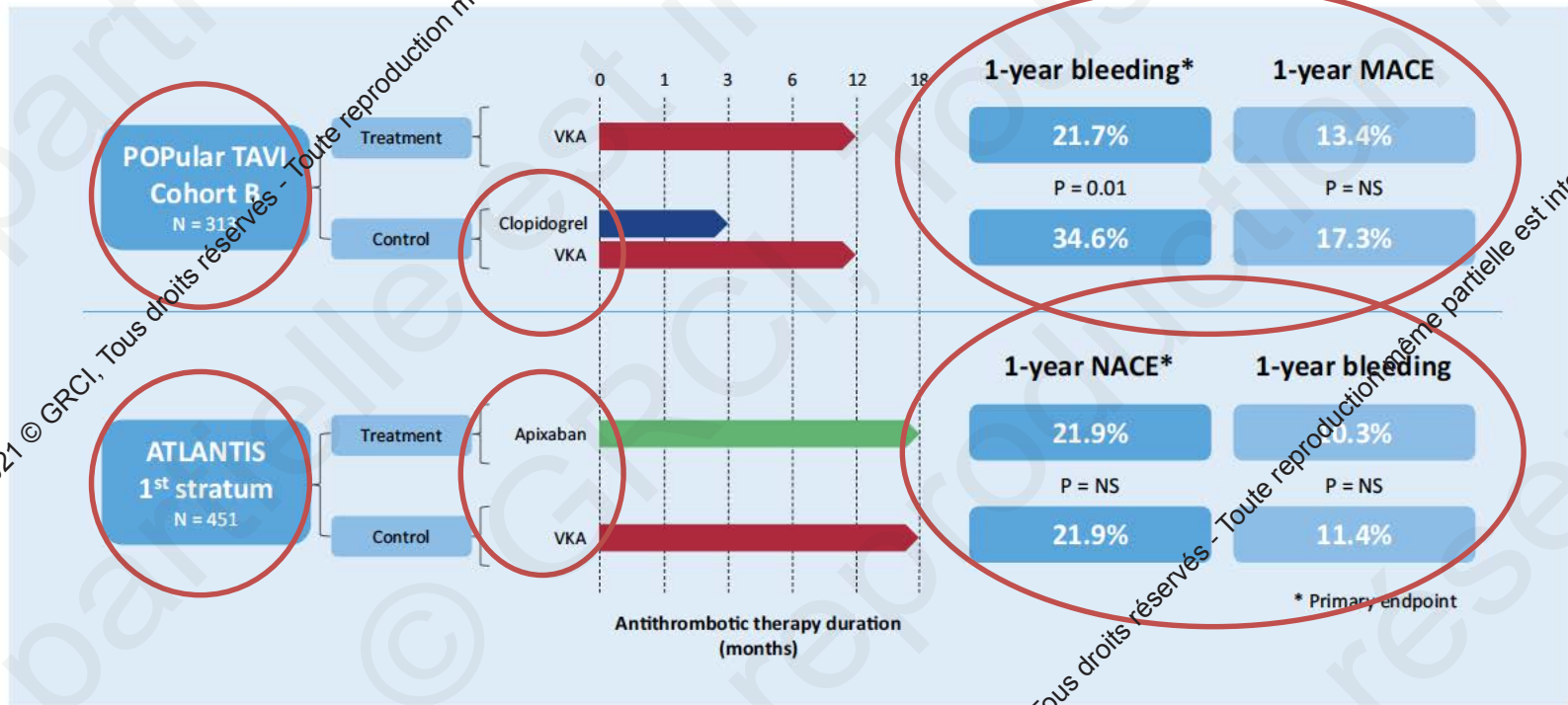
POPULAR TAVI cohort B

ATLANTIS stratum 1

ENVISAGE TAVI

Indication d'OAC

FIGURE 3 Design and Selected Outcomes of Clinical Trials of Antithrombotic Therapy for Transcatheter Aortic Valve Replacement Patients With Need for Chronic Anticoagulation



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Edoxaban versus Vitamin K Antagonist for Atrial Fibrillation after TAVR

N.M. Van Mieghem, M. Unverdorben, C. Hengstenberg, H. Möllmann, R. Mehran, D. López-Otero, L. Nombela-Franco, R. Moreno, P. Nordbeck, H. Thiele, I. Lang, J.L. Zamorano, F. Shawl, M. Yamamoto, Y. Watanabe, K. Hayashida, R. Hambrecht, F. Meincke, P. Vranckx, J. Jin, E. Boersma, J. Rodés-Cabau, P. Ohlmann, P. Capranzano, H.-S. Kim, T. Pilgrim, R. Anderson, U. Baber, A. Duggal, P. Laeis, H. Lanz, C. Chen, M. Valgimigli, R. Veltkamp, S. Saito, and G.D. Dangas, for the ENVISAGE-TAVI AF Investigators*

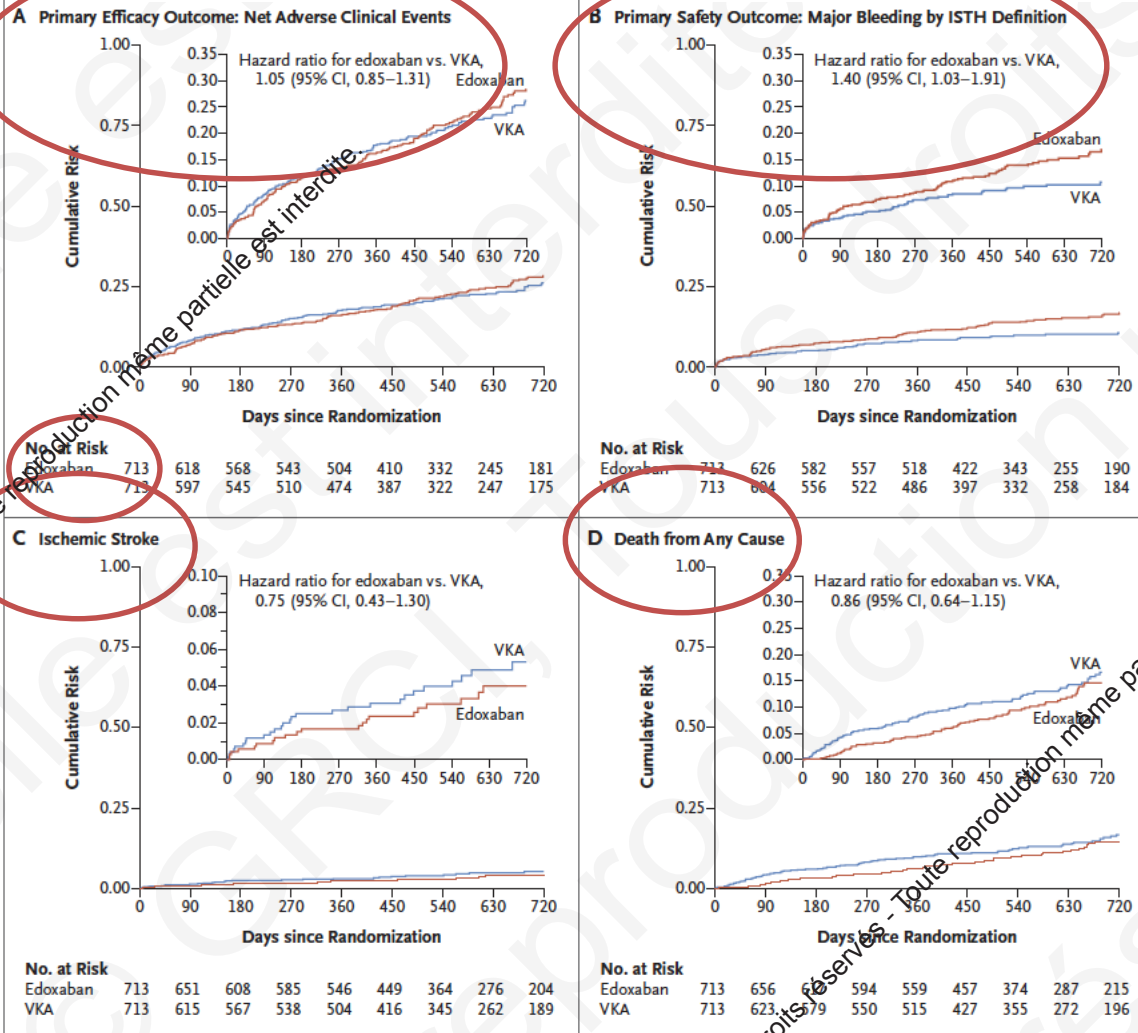
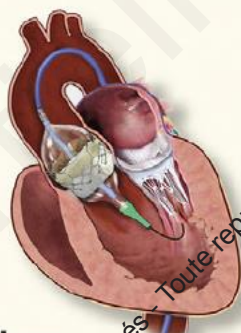


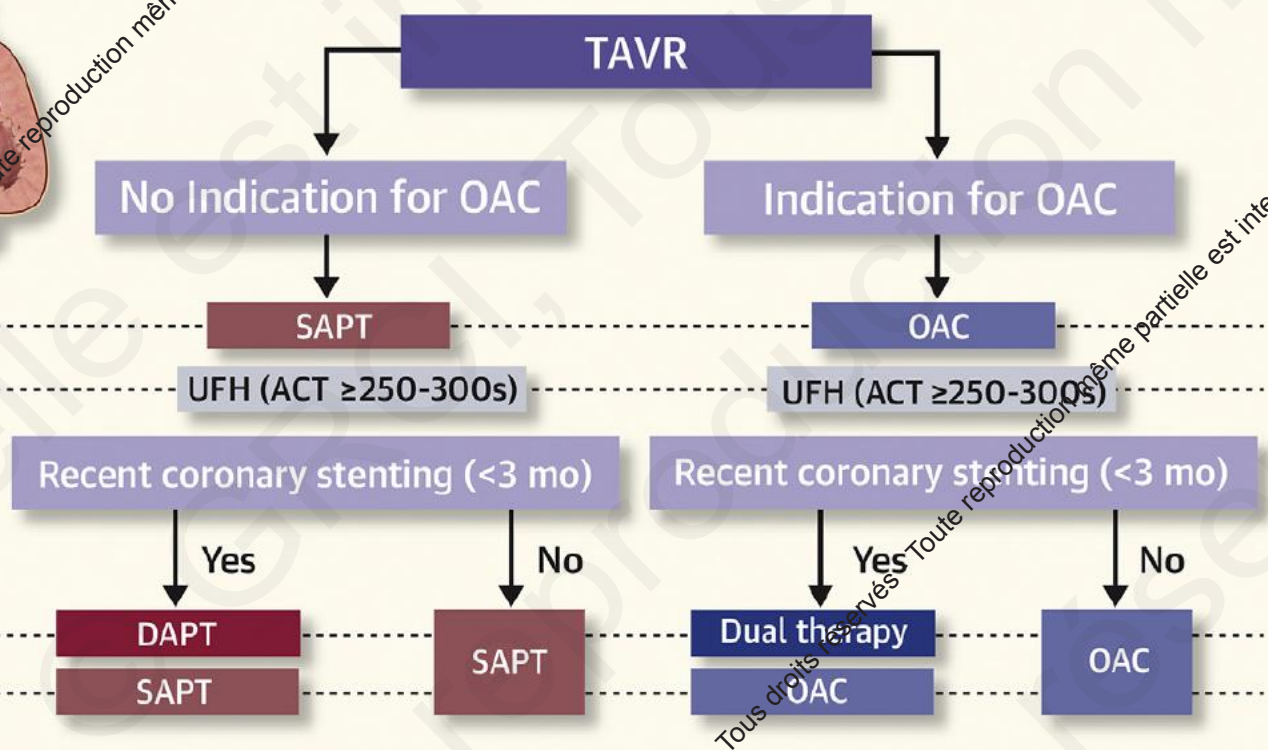
Figure 2. Kaplan–Meier Curves for the Primary Outcomes and Other Outcomes (Intention-to-Treat Population).

Net adverse clinical events were defined as a composite of death from any cause, myocardial infarction, ischemic stroke, systemic thromboembolic event, valve thrombosis, or major bleeding (International Society on Thrombosis and Haemostasis [ISTH] definition). Insets show the same data on an enlarged y axis.



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Time
Pre-TAVR
TAVR
Post-TAVR
1-6 months
Antithrombotic Therapy



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