How Do We Interpret Tricuspid TEER Trials and Registries?

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Disclosures

- Consulting or Advisory Board: 4C Medical, Abbott Structural, Adona, Boston Scientific, Edwards Lifesciences, Foldax, GE Medical, HighLife, Laza, Medtronic, Philips, VDyne, WL Gore
- Institutional Research: Abbott Structural, Boston Scientific, Edwards Lifesciences, Medtronic
- National P.I.: EXPAND II, HighLife (US), SOAR EFS, SUMMIT-MAC, TRILUMINATE Pivotal, VDyne



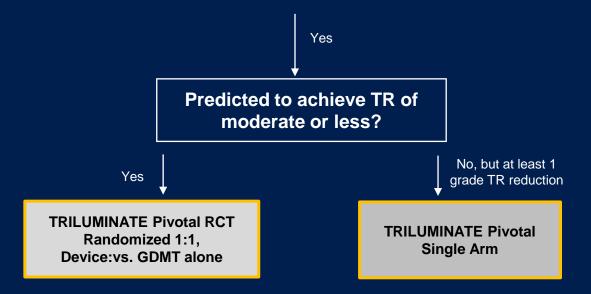


Study Patient Enrollment

TRILUMINATETM Pivotal

Subjects Approved by Eligibility Committees for

- Suitable anatomy
- Adequate management (assessed via RHC)
- No fixed pre-cap PHTN (assessed via RHC)

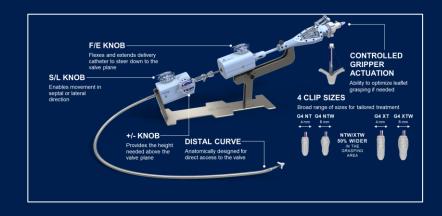


bRIGHT

Per Site Assessment, Subjects Meeting Instructions for Use



bRIGHT Real-World Registry







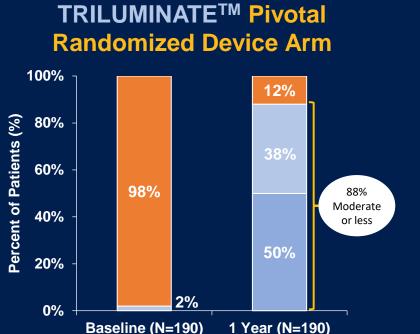
Interpretation #1

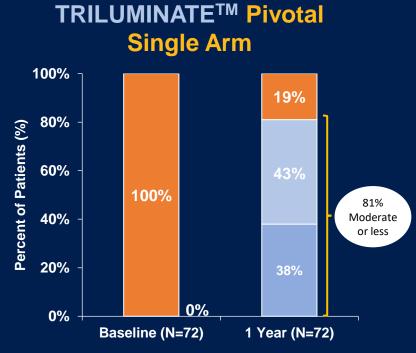
Excellent and Safe TR reduction with TriClip

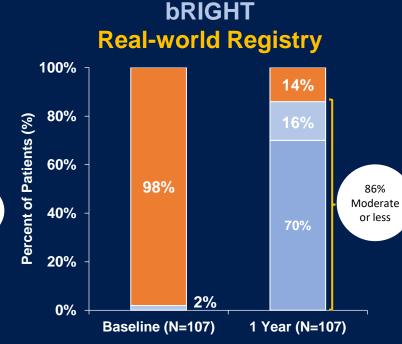




TR Reduction at 1 Year







■ Severe/Massive/Torrential ■ Moderate ■ Trace/Mild

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Torrential TR, 50% CIED leads, 16%

Torrential TR, 74% CIED leads, 35%

Torrential TR, 27% CIED leads, 23%

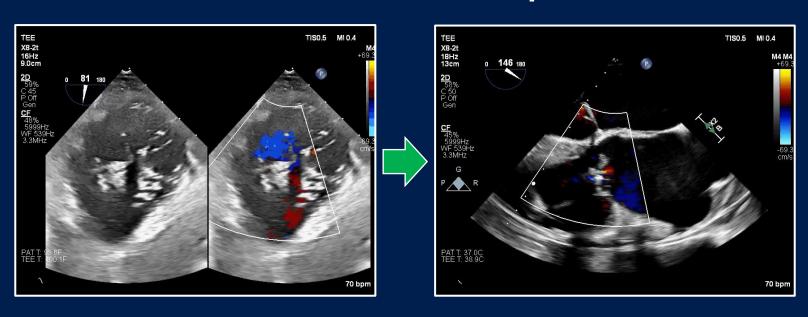




Challenging Anatomy Treated with Early Experience

Case example

Another case example



Median no. enrolled cases per site in RCT = 2







30-day Adverse Events

Variable	TRILUMINATE™ Pivotal RCT (Device Arm) N=172	TRILUMINATE™ Pivotal SA N=99	bRIGHT N=511
All-cause Mortality	0.6%	0%	1.0%
Cardiovascular Mortality	0.6%	0%	0.8%
Endocarditis Requiring Surgery	0%	0%	0%
New-onset Renal Failure	1.2%	0%	1.4%
Non-elective CV Surgery, TVRS For Device-related AE	0%	0%	0.2%
Major Bleeding*	5.1%	5%	7.2%
Single Leaflet Device Attachment (SLDA)	7.0%	7.5%	3.8%
Stroke	0.6%	0%	0.4%
Myocardial Infarction	0%	0%	0%
Device Embolization	0%	0%	0%
Device Thrombosis	0%	0%	0%
New CRT/CRT-D/ICD/Permanent Pacemaker	0.6%	0%	0%

^{*}Defined as bleeding ≥ Type 3 based on a modified Bleeding Academic Research Consortium (BARC) definition





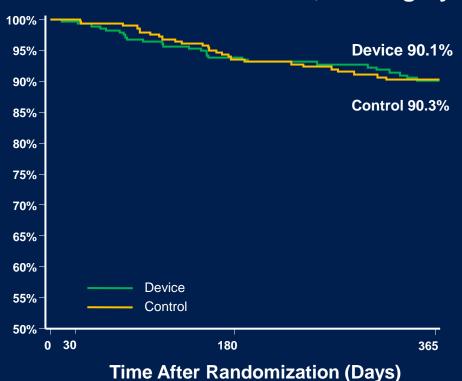
Interpretation #2 No Effect on Early Survival (and we shouldn't have been surprised)



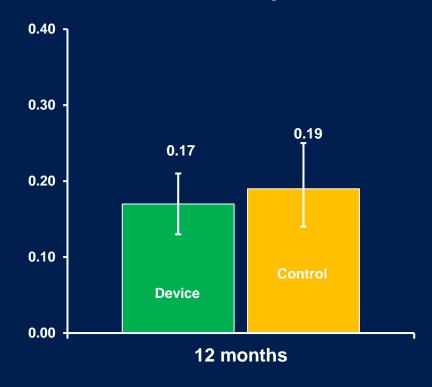


TRILUMINATE RCT at One-year (n=572)

Survival free of death, TV surgery



Annualized HF hospitalization

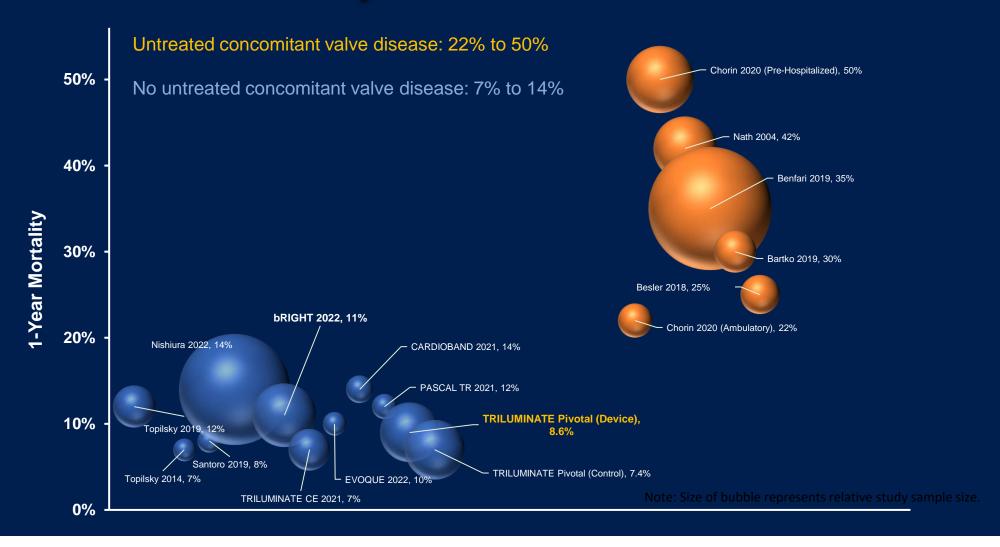


Mortality, 8.6%; HFH, 14.9%





One-Year Mortality for Patients with Severe TR







Interpretation #3

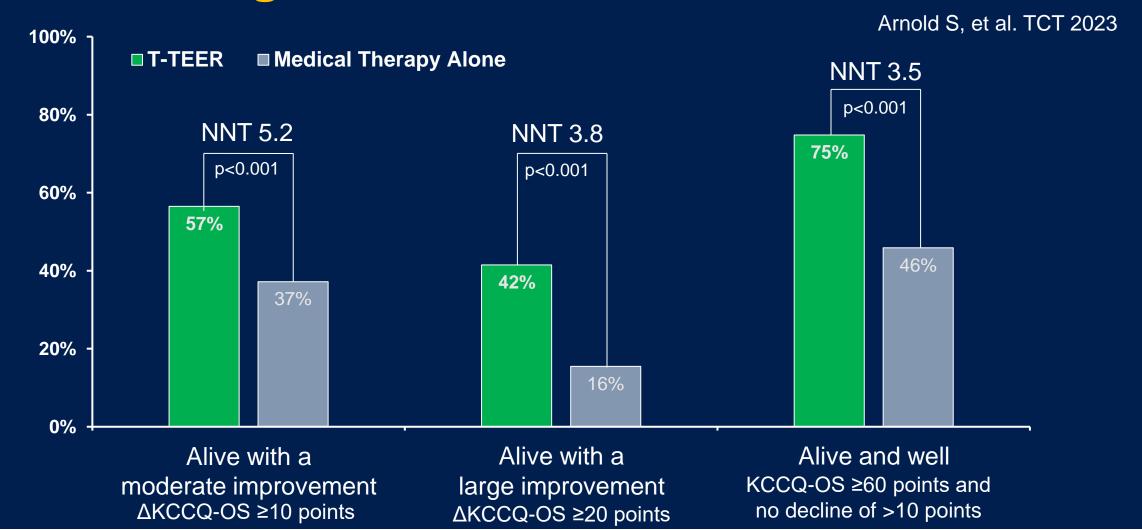
Quality-of-life Benefit is Meaningful







Categorical Outcomes at 1 Year

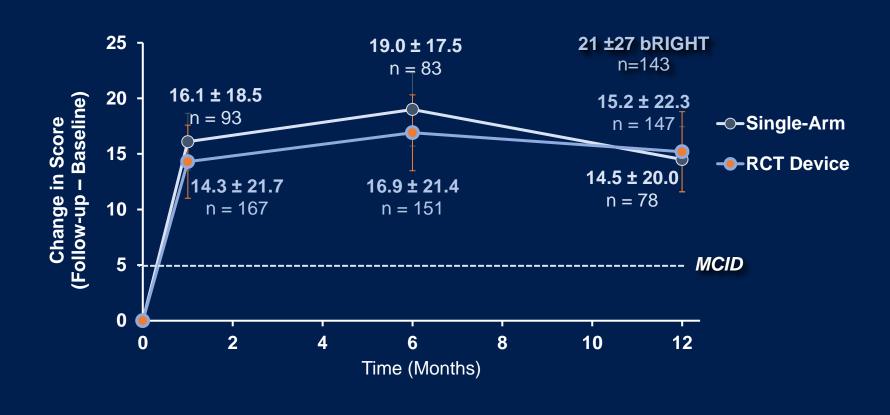








QOL Improvement with TriClip Therapy



High threshold chosen
No waning of effect







Exploratory Analyses Among T-TEER Patients*

Association of KCCQ-OS change with change in TR grade (baseline to 1 year)

Estimate (95% CI)

P-value

Change in KCCQ-OS per 1 grade improvement in TR severity

4.1 (1.8 to 6.5)

0.001

Association of KCCQ-OS change at 1 month with subsequent events

Hazard Ratio (95% CI)
per 10-point increase in KCCQ-OS

0.77 (0.64-0.93)

0.70 (0.58-0.84)

P-value

0.007

<0.001

0.74 (0.65-0.84)

< 0.001

* Including randomized arm, roll-in patients, and those in single-arm trial (n=396)

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Heart failure hospitalization

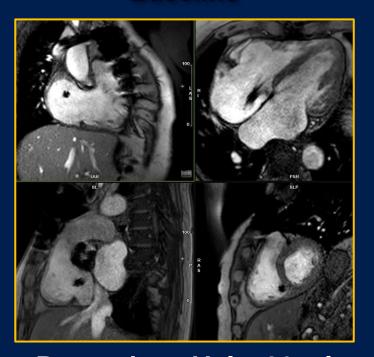
Death or heart failure hospitalization

Death



TriClip Case

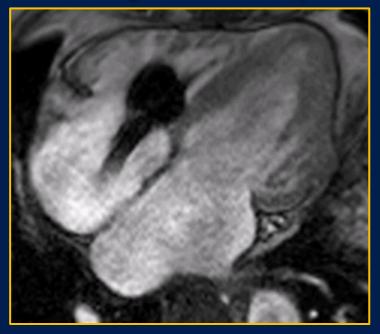
Baseline



Regurgitant Vol = 86 ml RVEDV = 237 ml RV Diameter = 50.1 mm

Images courtesy of Dr. João Cavalcante

30-days after TriClip



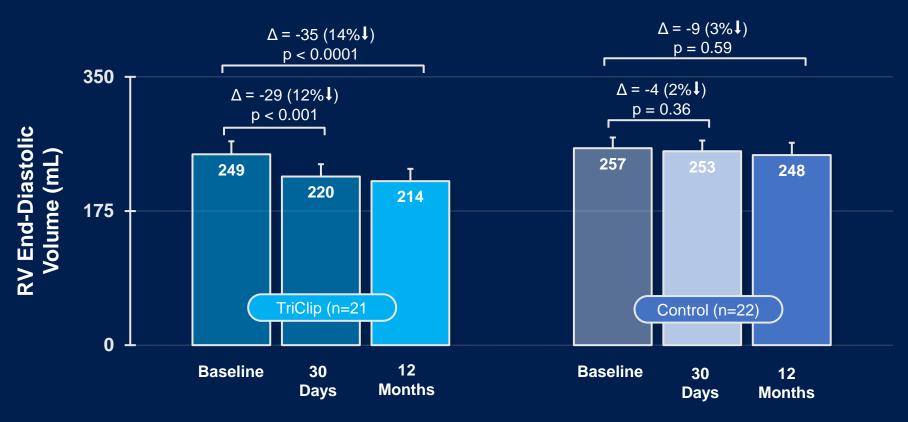
Regurgitant Vol = 2 ml RVEDV = 166 ml RV Diameter = 43.8 mm







RV Volume Reduction (CT) Paired Analysis



(Plot) Mean ± SEM

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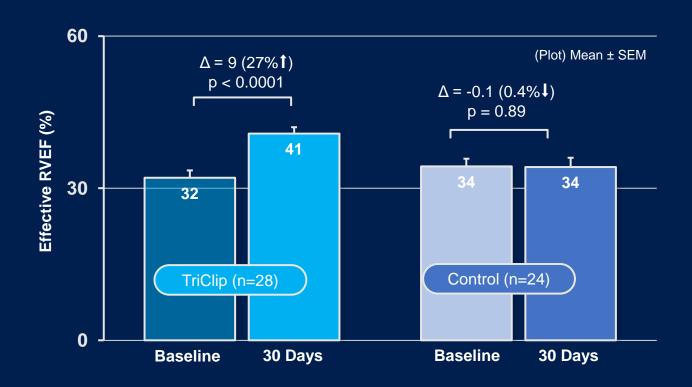






Effective RV Ejection Fraction (MRI) Paired Analysis

Effective RV EF = Forward Stroke Volume / RVEDV



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Summary of TriClip Trials and Registries

- High degree of sustained TR reduction (81-89% moderate or less at 1 year) in RCT, single arm, and real-world
- Low MAE, ~1% at 30 days (death and PPM)
- Survival >90% at 1-yr of isolated TR
- Significant sustained QOL improvement, related to adverse events in post hoc analyses
- Favorable RV remodeling seen in device treated patients





Thank you!

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