BHF PROTECT-TAVI



The results from The PROTECTED TAVR Study have been published in the NEJM* and presented at TCT. What are the results, impact and implications for BHF PROTECT-TAVI?

RESULTS:

PROTECTED TAVR (n=3000) found no evidence that routine cerebral embolic protection (CEP) reduces the primary outcome of stroke at 72 hours (34 (2.3%) CEP vs. 43 (2.9%) control, difference -0.6% (95% confidence interval -1.7 to 0.5%), p=0.30). However, there was a suggestion that CEP might reduce the secondary outcome of disabling stroke (8 (0.5%) CEP vs. 20 (1.3%) control, difference -0.8% (95% confidence interval -1.5 to -0.1%)). CEP was confirmed to be safe.

IMPACT ON CLINICAL PRACTICE:

At present there is insufficient evidence to recommend routine use of CEP in TAVI but PROTECTED TAVR does suggest that the approach might reduce the risk of disabling stroke. Larger randomised trials are needed to tell us whether routine use of CEP brings benefit.

IMPLICATIONS FOR BHF PROTECT-TAVI:

- There remains an urgent need for BHF PROTECT-TAVI to complete timely recruitment and assess the effectiveness of routine use of CEP in TAVI to prevent stroke.
- BHF PROTECT-TAVI will recruit 7730 patients to provide this evidence and is the only ongoing trial addressing this question as well as assessing the cost-effectiveness of CEP use in the UK.
- BHF PROTECT-TAVI and PROTECTED TAVR have agreed, in advance of any unblinding of results, to combine data to provide further insights into the use of CEP in TAVI.