

3 groups, respectively. The rate of new permanent pacemaker implantation after TAVR was numerically higher in the Evolut Series and Sapien 3 groups (14.47% and 13.33%, respectively) than in the Myval THV Series group (10.67%), but the difference was not statistically significant ($P = 0.7732$). Only 4 cases of moderate paravalvular regurgitation (PVR) were reported: 1 in the Myval THV Series, 1 in the Evolut Series, and 2 in the Sapien 3 group. All other cases of PVR were mild or trace/absent.

CONCLUSION The tri-match analysis of the THV devices showed that the performance of the Myval THV Series is comparable to the other established contemporary valves in terms of safety and efficacy.

CATEGORIES STRUCTURAL: Valvular Disease: Aortic.

TCT-933

Win Ratio Analysis of the LANDMARK Trial: Myval Transcatheter Heart Valve vs Contemporary Standard Valves (Sapien and Evolut) in Patients With Severe Aortic Stenosis



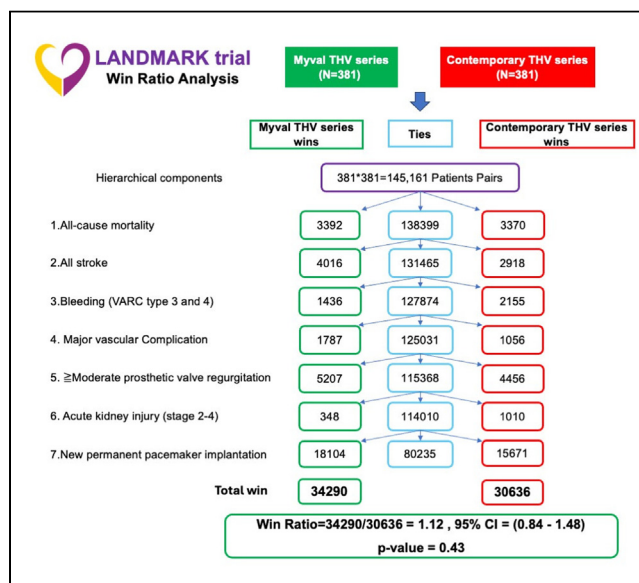
Akihiro Tobe,¹ Niels van Royen,² Ignacio Jesús Amat Santos,³ Martin Hudec,⁴ Matjaz Bunc,⁵ Alexander Ijsselmuiden,⁶ Liesbeth Rosseel,⁷ Amr Gamal,⁸ Angela McNerney,⁹ Scot Garg,¹⁰ Osama Soliman,¹ Yoshinobu Onuma,¹¹ Andreas Baumbach,¹² Patrick Serruys¹

¹University of Galway, Galway, Ireland; ²Radboud University Medical Center, Nijmegen, the Netherlands; ³University Clinical Hospital of Valladolid, Madrid, Spain; ⁴SUSCCH, Banska Bystrica, Slovakia; ⁵University Medical Center Ljubljana, Ljubljana, Slovenia; ⁶Maastricht University Medical Center/Zuyderland Hospital, Maastricht, the Netherlands; ⁷Algemeen Stedelijk Ziekenhuis, Aalst, Belgium; ⁸Blackpool Victoria Hospital, Preston, United Kingdom; ⁹Department of Cardiology, Saolta Group, Galway University Hospital, Galway, Ireland; ¹⁰University of Central Lancashire, Blackburn, United Kingdom; ¹¹National University of Ireland Galway, Galway, Ireland; ¹²Department of Cardiology, Barts Heart Centre, Barts Health NHS Trust, London, United Kingdom

BACKGROUND The LANDMARK trial reported the noninferiority of the Myval transcatheter heart valve (THV) compared with the contemporary standard THVs (Sapien and Evolut) regarding a 30-day composite endpoint in patients with severe aortic stenosis.

METHODS The LANDMARK was a multicenter, randomized, non-inferiority trial comparing the Myval series and the contemporary THV series. From January 2021 to December 2023, 768 patients were randomized 1:1 to Myval or contemporary THV group. This substudy aimed to compare the 2 groups using a win ratio analysis. A consensual ranking order of severity of the 7 items of the primary composite endpoint was obtained among 10 cardiologists by means of the Delphi method and became all-cause death, all stroke, VARC type 3 or 4 bleeding, major vascular complication, \geq moderate prosthetic valve regurgitation (PVR), acute kidney injury (AKI) stage 2-4, and new permanent pacemaker implantation (PPI).

RESULTS In the win ratio analysis with 145,161 unmatched patient pairs, five events (death, stroke, vascular complications, \geq moderate PVR, and PPI) numerically favored the Myval group, and 2 (bleeding and AKI) the contemporary group (Figure 1). Overall, there were 34,290 wins in the Myval and 30,636 in the contemporary group, such that the win ratio was not statistically significant (34,290/30,636 = 1.12; 95% CI: 0.84-1.48; $P = 0.43$).



CONCLUSIONS The win ratio of the primary composite endpoint was not statistically significant, and consistent with the primary analysis of noninferiority of the Myval series to the contemporary THV series at 30 days.

CATEGORIES STRUCTURAL: Valvular Disease: Aortic.

Session: TAVR vs TAVR - 2

TCT-158

Comparative Efficacy and Safety of Self-Expanding Versus Balloon-Expandable TAVR in Patients With Aortic Stenosis: A Systematic Review and Meta-Analysis



Maryam Adnan,¹ Muzamil Akhtar,² Muhammad Usman,³ Mohammad Hamza,⁴ Muhammad Irtaza Bakhtiar,⁵ Warda Zaheer,⁶ Aroma Saleem,⁵ Hamza Naveed,⁷ Mahboob Alam⁸
¹Gujranwala Medical College, Lahore, Pakistan; ²Quetta, Pakistan; ³University of Health Sciences, Gujranwala, Pakistan; ⁴Guthrie Medical Group, Cortland, New York, USA; ⁵Gujranwala Medical College, Gujranwala, Pakistan; ⁶Lahore, Pakistan; ⁷University of Houston/HCA Kingwood Hospital, Houston, Texas, USA; ⁸Baylor College of Medicine, Houston, Texas, USA

BACKGROUND Patients with aortic stenosis have a high mortality risk. New self-expanding valves (SEV) and balloon expandable valves (BEV) are used in transcatheter aortic valve replacement (TAVR). We performed a systematic review and meta-analysis to compare the clinical outcomes of efficacy and safety of these 2 valves in patients of aortic stenosis.

METHODS A systematic search of PubMed, Embase, and Cochrane was conducted from inception to June 2024. Randomized controlled trials that included adult human patients with aortic stenosis undergoing TAVR comparing clinical outcomes of efficacy and safety between SEV and BEV were eligible. Random effects meta-analysis using the inverse variance method was employed. Quality appraisal was done using Cochrane Risk of Bias 2 Tool. This review was registered with PROSPERO, CRD4202456362.

RESULTS We identified 8 RCTs and data from 2,779 patients was analyzed. Random effects analysis showed that SEV when compared with BEV significantly increased risk of all-cause mortality RR: 1.84 (95% CI: 1.11-3.04), cardiovascular mortality RR: 2.00 (95% CI: 1.05-3.83), and permanent pacemaker implantation RR: 1.67 (95% CI: 1.22-2.28) at 30 days. However, these outcomes were not statistically significant at 1 year. Other assessed outcomes like stroke, acute kidney injury, and myocardial infarction also did not have statically significant results