



Stroke and pacemaker rates in the SHARE-TAVI registry in low TAVI-volume centres in the resource-constrained economy of South Africa

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Abstract # Euro19A-POS267

AIMS

- Access to tertiary cardiac services is limited in South Africa due to funding constraints, particularly in the resource-constrained State sector, serving 80% of the population.
- SHARE-TAVI, a prospective multi-centre observational registry, captures data for all SA TAVI patients and reports outcomes according to VARC-2 criteria.

RISK PROFILE

- 745 implants entered, patients risk profiles similar to comparable registry and trial populations (GARY, SOURCE 3, US Corevalve Pivotal).

Risk Profile (n=748)	Private	State
Dialysis	3.77%	0%
Prior CVA/TIA	8.66%	2.88%
Frailty	28.30%	20.14%

30d OUTCOMES

Outcomes at 30d (n=728)	Private	State
Procedural success	93.70%	93.60%
Mean ICU stay (d)	4.91±4.63	5.00±4.20
Mean Length of stay (d)	2.57±4.01	1.23±1.34
New PPM at 30 d	7.3% n=53	
Stroke at 30 d	3.3% n=24	

DEMOGRAPHICS

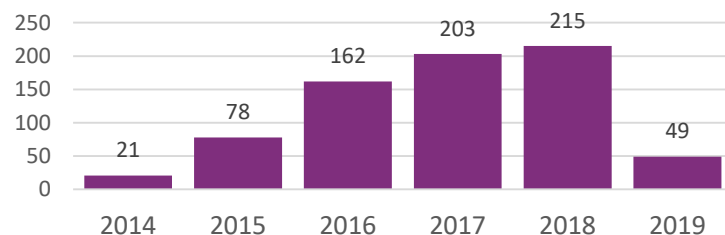
- 1045 patients From Sept 2014 – April 2019 were evaluated for TAVI
- Volumes low due to restrictive funding
- 154 still await funding decisions
- Decision time frames range from 2-1185d, average wait is 91 days
- 22 patients died while waiting for funding decisions.
- 32% of patients declined funding died within the first year (n=21/65)
- 9 teams working across 12 units did 215 implants in 2018.
- 3 State sector teams do 15% of all TAVIs nationally.
- Only 2 teams do >40 implants annually, 3 teams do <15 each p.a.
- 7 teams can plant 1 valve type only, 2 teams can do 2 types of valves



RESULTS

- All-cause mortality of 10.27% (n=53/516) at 1-year compares favourably to published TAVI populations.
- Outcomes at 1-year showed 26% of strokes occurred in patients with previously known arrhythmia.
- Diabetes and chronic lung disease history were additional stroke risk factors, contributing to 55% & 35% of strokes.
- Extracardiac arteriopathy in 20% of patients was a greater stroke risk factor than previous CVA/TIA (10%) or dialysis (5%).

of TAVI Nationally



CONCLUSIONS

- Referral & evaluation protocols are more restrictive in State
- Cumbersome TAVI funding processes, & funding resistance, contributes to mortality in appropriately selected patients.
- TAVI at State and Private centres compares favourably to international best practice standards.
- Stroke rates are comparable to other registries, but peak postoperatively >72 hours
- Procedural success and Stroke rates are both independent of centre volume.

OUTCOMES at 1-year

New PPM at 1-year	10.1% n=52	
Stroke at 1-year	3.88% n=20	
Time frames for PPM and Stroke	PPM	Stroke
PPM perioperatively (<72hours)	44%	25%
PPM postoperatively (>72hours)	29%	40%
Post discharge <30 d	0%	30%
>30d to <1 year	17%	5%