AVATAR: Aortic valve replacement versus conservative treatment in asymptomatic severe aortic stenosis



Purpose: To evaluate the safety and efficacy of early surgical aortic valve replacement in asymptomatic patients with severe aortic stenosis (AS) and normal left ventricular ejection fraction.

Trial Design: Physician-initiated, prospective, multicenter/multinational, randomized, controlled, event-driven trial (n=157).

Primary Endpoints: composite outcome comprised of all cause death, acute myocardial infarction, stroke or unplanned hospitalization for heart failure.

Secondary Endpoints: 30-day mortality, major bleeding, thromboembolic complications, repeated MACE.

Key Takeaways for the Clinician: AVATAR suggests that once AS becomes severe, early surgical valve replacement improves outcomes regardless of symptom status.

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	Control	Intervention	HR or OR (95%Cl)	P value
Primary Endpoints				
Composite outcome (all- cause death, AMI, stroke, HF)	26 (32.9%)	13 (16.6%)	0.46 (0.23-0.90)	0.021
Secondary Endpoints				
30-day mortality	1 (4%)	1 (1.4%)	0.34 (0.02- 5.61)	0.42
Thromboembolic complications	2 (2.3%)	2 (2.6%)	1.03 (0.14-7.67)	0.97
Major bleeding	1 (1.3%)	4 (5.1%)	3.52 (0.37-32.68)	0.24
Repeated MACE	7(8.9%)	3 (3.8%)	0.41 (0.10-1.65)	0.49

Results: Asymptomatic AS patients randomized to early surgery had lower incidence of the composite primary outcome.

Results reflect the data available at the time of presentation.