

# Structural Integrity of the Medtronic Corevalve System after Transcatheter Aortic Valve Implantation

Published: 04-12-2013

Last updated: 22-04-2024

Knowledge about long-term structural integrity of the MCS may support the current trends to expand TAVI technology to lower risk patient populations with longer life expectancy.

|                              |                         |
|------------------------------|-------------------------|
| <b>Ethical review</b>        | Approved WMO            |
| <b>Status</b>                | Recruitment stopped     |
| <b>Health condition type</b> | Cardiac valve disorders |
| <b>Study type</b>            | Observational invasive  |

## Summary

### ID

NL-OMON38983

### Source

ToetsingOnline

### Brief title

TACT study

### Condition

- Cardiac valve disorders

### Synonym

corevalve function deformation

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Erasmus MC, Universitair Medisch Centrum Rotterdam

**Source(s) of monetary or material Support:** Medtronic, Medtronic Trading NL BV

## Intervention

**Keyword:** aortic valve, Echography, MSCT scan

## Outcome measures

### Primary outcome

- TTE, MSCT and Rotational Angiography protocols are used to assess
  - o Identify fractures in the MCS framework
  - o Determine diameter of MCS inflow, outflow and valve functioning segment and assess circularity
  - o Determine changes in diameters with previous follow up MSCT/rotational angiography when available
  - o Determine Inflow and constraint segment perimeter and area
  - o Depth of implantation/evidence for Corevalve migration over time

### Secondary outcome

- o Transprosthetic gradient as assessed by Doppler TTE
- o Progression of (paravalvular) aortic regurgitation by Doppler TTE
- o Assess LV diameters/volumes
- o Changes in the parameters above over time

## Study description

### Background summary

Symptomatic severe aortic valve stenosis (AS) has a dismal prognosis. Surgical aortic valve replacement (SAVR) is the standard treatment of care. The first Transcatheter aortic valve implantation (TAVI) for the treatment of AS was conducted in 2002. The Tavi technology is reserved for patients with severe AS and a (very) high surgical risk.

From trans-thoracic ultrasound after 2 years it becomes clear that at very high risk patients, the implantation of the TAVI has been very successful. In the long term, the durability of the transcatheter system has to be demonstrated by evaluating the overall integrity of the system before to fit in patients with lower risk and longer life expectancy. MSCT scan, transthoracic echo and rotational angiography may serve to evaluate the structural integrity by looking at stent fractures, expansion and eccentricity after four years

### **Study objective**

Knowledge about long-term structural integrity of the MCS may support the current trends to expand TAVI technology to lower risk patient populations with longer life expectancy.

### **Study design**

This is a single center study. Patients will be invited to the Thoraxcenter for a one-day visit to undergo 1) transthoracic echocardiography; 2) MSCT scan (without contrast); 3) Rotational Angiography.

Previous follow up TTE and MSCT will be used for comparison whenever available.

Survival status will be confirmed in the Civil Registry. Prof. Dr. de Jaegere will call the patients personally and explain the study design. If the patient agrees to participate, a patient information form including a consent form will be sent to the patient's home address. After the patient will have sent back the signed informed consent form, the patient becomes eligible for the study and will be invited for a visit to the Thorax Center.

### **Study burden and risks**

not applicable

## **Contacts**

### **Public**

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## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

Patients who underwent TAVI at least 4 years earlier will be approached by telephone to ask for participation in this study. Afterwards a formal invitation letter will be sent out.

### Exclusion criteria

- 1) GFR < 40 mL/min
- 2) No written informed consent
- 3) Previous stroke with residual neurological symptoms or dementia
- 4) Not native Dutch speaking

## Study design

### Design

**Study type:** Observational invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Treatment

## Recruitment

NL  
Recruitment status: Recruitment stopped  
Start date (anticipated): 12-08-2014  
Enrollment: 25  
Type: Actual

## Ethics review

Approved WMO  
Date: 04-12-2013  
Application type: First submission  
Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam (Rotterdam)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

| Register | ID             |
|----------|----------------|
| CCMO     | NL45502.078.13 |