TriGUARD 3 TransCranial Doppler (TCD) Ultrasound Study: A prospective, randomized, real-time evaluation of blood filtration with the TriGUARD 3 Embolic Protection Device Using TCD During Transcatheter Aortic Valve Implantation (TAVI).

Published: 24-03-2020 Last updated: 10-04-2024

To demonstrate that the Cerebral Embolic Protection Device (TriGUARD*3) in patients undergoing Transcatheter Aortic Valve Implantation (TAVI) leads to less brain injury as assessed by transcranial Doppler measurements.

Ethical review Approved WMO **Status** Will not start

Health condition type Cardiac valve disorders

Study type Interventional

Summary

ID

NL-OMON49111

Source

ToetsingOnline

Brief title

Triguard 3 - TCD study

Condition

Cardiac valve disorders

Synonym

paralysis, Stroke

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Research involving

Human

Sponsors and support

Primary sponsor: Keystone Heart

Source(s) of monetary or material Support: Industrie

Intervention

Keyword: embolic protection device, stroke, TAVI

Outcome measures

Primary outcome

Primary endpoint:

* High-intensity transient signals detected by transcranial Doppler (TCD), during the procedure.

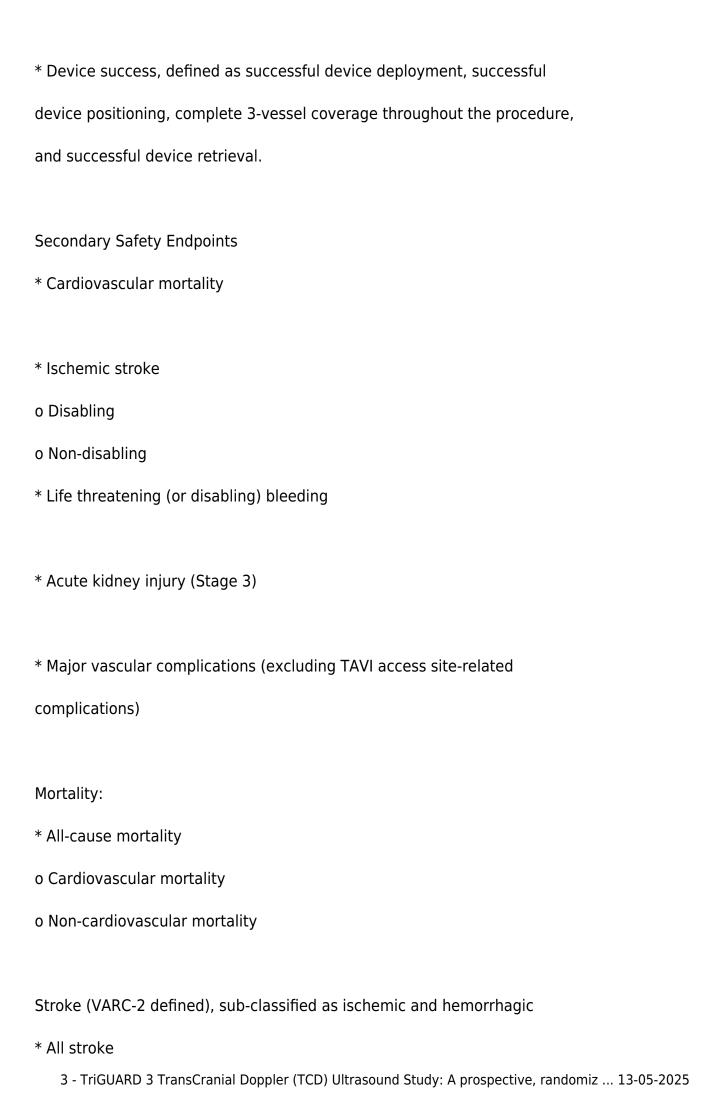
Secondary outcome

Secondary Performance Endpoints:

- * Successful device deployment, defined as ability to access the aortic arch with the TriGUARD* 3 delivery catheter and deploy the device from the delivery catheter into the aortic arch.
- * Successful Device positioning, defined as ability to position the

TriGUARD* 3 device in the aortic arch to cover all major cerebral arteries

* Successful device retrieval, defined as ability to retrieve the TriGUARD* 3 device and remove the intact delivery system



* Transient ischemic attack (1	ΊΑ)

Bleeding Complications:

- * Life-threatening bleeding (VARC-2)
- * Major bleeding related to TriGUARD 3

Acute Kidney Injury (AKI Classification):

Vascular Complications:

- * Major vascular complications related to TriGUARD 3
- * Major vascular complications related to TAVI

Study description

Background summary

The high incidence of strokes, new embolic lesions and the increased neurologic deficits associated with TAVI indicated a need for improved prevention from any brain damage. Addressing these neurological complications is necessary to optimize outcomes and fully realize the potential of TAVI to treat patients with severe and potentially intermediate and moderate Aortic Stenosis.

Prior designs of Keystone TriGuard cerebral embolic protection devices have shown significant clinical benefits especially in patients with full coverage of all three cerebral branches. The TriGUARD* 3 device is a technological advancement of the TriGuard cerebral embolic protection family. The performance of the TriGUARD* 3 should be improved through better coverage of all three cerebral branches in the majority of TAVI patients by increasing the surface area of the frame and allowing it to conform to the anatomy. The deployment and positioning of the TriGUARD* 3 is now anatomy independent due to the elimination of the lower and upper stabilizers. In addition, by eliminating the upper and lower stabilizers and designing it to self-position, the TriGUARD* 3

should have improved safety since it will be able to position with minimal manipulation, reduce/eliminate interaction with calcification in the innominate artery, and deploy consistently in the desired location. The current study is designed to assess the proof of concept of the next generation TriGUARD* 3 device.

TriGUARD* 3 embolic protection device is a new generation device that is designed to be an improvement in ease of use and extent of coverage over the current CE-mark TriGuard* HDH. The TriGuard HDH device and the TriGUARD* 3 device share the same basic principles of operation and intended use and are manufactured under the same Quality System. Design changes between the TriGuard HDH and TriGUARD* 3 are expected to improve device safety, effectiveness, performance, and ease of use.

Study objective

To demonstrate that the Cerebral Embolic Protection Device (TriGUARD*3) in patients undergoing Transcatheter Aortic Valve Implantation (TAVI) leads to less brain injury as assessed by transcranial Doppler measurements.

Study design

Prospective, single center, randomized study enrolling up to 30 patients at a single investigational site in the Netherlands. Patients meeting eligibility criteria for TAVI and none of the exclusion criteria will be enrolled to receive either the Embolic Protection Device throughout the duration of the TAVI procedure or the standard care (1:1 randomization).

Intervention

Standard of care TAVI procedure, during the procedure the Triguard 3 protection device will be placed.

Study burden and risks

The potential foreseeable risks and discomforts that may be specifically associated with the study device or procedure and any known or expected occurrence rate are explained below. There may be other risks that are not yet known.

- * Allergic reaction to nitinol
- * Dissection of the innominate artery by improper manipulations, disruption or migration of the TriGUARD 3 device due to passage of other instrumentation, e.g.: balloon, valve, catheter, wire.
- * Blue toe syndrome or blue discoloration of a toe
- * Femoral bleeding at the access site
 - 5 TriGUARD 3 TransCranial Doppler (TCD) Ultrasound Study: A prospective, randomiz ... 13-05-2025

- * Local trauma to the aortic wall due to the TriGUARD 3 migration
- * Livedo reticularis of a mottled skin pattern or a lace-like purplish discoloration of the lower extremities

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

- 1. The patient must be * 18 years of age.
- 2. The patient meets indications for TAVI procedure.
- 3. The patient has been informed of the nature of the study, agrees to its provisions and has been provided written informed consent, approved by the appropriate Medical Ethics Committee (EC)
- 4. The patient is willing to comply with specified follow-up evaluations.

Exclusion criteria

- 1.Patients undergoing TAVI via the trans-axillary, transapical, subclavian, or direct aortic route
- 2 Patients with impaired renal function (estimated Glomerular Filtration Rate [eGFR] <30, calculated from serum creatinine by the Cockcroft-Gault formula).
- 3. Patients with a history of a stroke or transient ischemic attack (TIA) within the prior 6 months.
- 4. Patients with severe peripheral arterial disease that precludes the delivery sheath vascular access.
- 5. Patients who have a planned treatment with any other investigational device or procedure during the study period.
- 6.Patients planned to undergo any other cardiac surgical or interventional procedure during the TAVI procedure (e.g., concurrent coronary revascularization or within 10 days prior to the TAVI procedure. NOTE: Diagnostic cardiac catheterization is permitted within 10 days prior to the TAVI procedure.
- 7 Patients who have closed temporal window(s).
- 8. Patients with scheduled valve-in-valve procedure

Study design

Design

Study phase: 2

Study type: Interventional

Intervention model: Parallel

Allocation: Randomized controlled trial

Masking: Single blinded (masking used)

Primary purpose: Treatment

Recruitment

NL

Recruitment status: Will not start

Enrollment: 30

Type: Anticipated

Medical products/devices used

Generic name: TriGuard 3: embolic protection device

Registration: No

Ethics review

Approved WMO

Date: 24-03-2020

Application type: First submission

Review commission: MEC-U: Medical Research Ethics Committees United

(Nieuwegein)

Approved WMO

Date: 27-10-2020

Application type: Amendment

Review commission: MEC-U: Medical Research Ethics Committees United

(Nieuwegein)

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 NL70891.100.19