

# Preoperative CT-imaging with patient-specific computer simulation in transcatheter aortic valve replacement: a randomized controlled trial.

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The objective of this randomized controlled trial (RCT) is to evaluate whether pre-operative CT-imaging with advanced computer modelling and simulation (FEops HEARTguide\* (FHG)) adequately predicts procedural outcomes in TAVR procedures, whether it...

|                              |                         |
|------------------------------|-------------------------|
| <b>Ethical review</b>        | Approved WMO            |
| <b>Status</b>                | Recruiting              |
| <b>Health condition type</b> | Cardiac valve disorders |
| <b>Study type</b>            | Interventional          |

## Summary

### ID

NL-OMON56189

### Source

ToetsingOnline

### Brief title

GUIDE-TAVR

### Condition

- Cardiac valve disorders

### Synonym

aortic valve stenosis

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Sint Antonius Ziekenhuis

**Source(s) of monetary or material Support:** ZonMW

## Intervention

**Keyword:** Aortic valve stenosis, Computer simulation, FEops HEARTGuide, Transcatheter aortic valve replacement

## Outcome measures

### Primary outcome

Mild to severe PVR

### Secondary outcome

New CD (new-onset left bundle branch block, new-onset atrioventricular block)

requiring permanent pacemaker (PPM) implantation.

Preoperative and final selected valve size, target and final implantation

depth, change of preoperative decision, failure to implant valve, MACCE

composite endpoint, quality of life, healthcare costs and cost-effectiveness,

FFR measurement (on standard MSCT and CAG).

## Study description

### Background summary

Combining routine preoperative CT imaging with patient-specific computer modelling predicts the interaction between different sizes of transcatheter aortic valve replacement (TAVR) devices at different implantation depths and the patient's unique anatomy (including post-implantation deformation) allowing preoperative evaluation of the risk for paravalvular leakage (PVR) and conduction disorders (CD).

### Study objective

The objective of this randomized controlled trial (RCT) is to evaluate whether pre-operative CT-imaging with advanced computer modelling and simulation (FEops HEARTguide\* (FHG)) adequately predicts procedural outcomes in TAVR procedures, whether it leads to changes of preoperative decisions and whether or not this

leads to improved outcome in TAVR procedures and reduction in health care costs.

## **Study design**

Single center, randomized controlled, open-label, pilot trial.

## **Intervention**

In patients randomized to arm 1, FEops HEARTGuide will be added to routine preoperative CT imaging. Results of the computer modelling will be discussed with TAVR implanting team prior to the procedure. Patients randomized to arm 2 will only have routine preoperative CT imaging.

## **Study burden and risks**

FEops HEARTguide\* is designed to predict the interaction between the TAVR device and the patient's unique anatomy, including post-implantation deformation, allowing physicians to assess the risk for aortic regurgitation and conduction abnormalities. Especially in patients with complex anatomy such as BAV, it could be of great value to be able to predict the possible complications in order to identify patients at risk for these unfavourable outcomes. This additional information may improve the outcomes of the TAVR patients included in the FHG arm of our study population.

Unfortunately, since FEops HEARTGuide is not on the market yet for the SAPIEN transcatheter heartvalves (Edwards) and the PORTICO Valve (Abbott), the patients that are chosen to be more suitable to one of these valves by the physicians will have to be excluded. As a consequence, the findings of our study will not be applicable for all current available TAVR valves.

The risks related to the use of FEops HEARTGuide for TAVR patients are negligible, due to multiple reasons. First of all, the physician chooses the optimal treatment on the basis of both simulation results and clinical aspects. This means that FEops HEARTGuide does not give the \*best option\*, but only simulates the valve type(s) picked by the physician in multiple sizes and for multiple implantation depths per size. After FEops HEARTGuide has provided these options to the physician, they will be evaluated by the physician and valued as acceptable or not. Therefore, FEops HEARTGuide is an add-on to the standard pre-procedural planning and not a replacement.

The only extra burden for each patient consists of the quality of life questionnaires, which will take up to 20 minutes for each patient.

## **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

- Primary symptomatic severe aortic valve stenosis (defined as an aortic valve area of  $<1.0\text{cm}^2$  and either a mean valve gradient of at least 40mmHg or a peak velocity of at least 4.0 m/s)
- Accepted for TAVR, either by transfemoral, transsubclavian or transapical access as determined by the Heart Team and additionally the dedicated TAVR-team.
- Plan to implant one of the following TAVR heart valves for which FEops HEARTguide\* is available:
  - o CoreValve\*, Evolut\* R, and Evolut\* PRO and Evolut\* PRO+ valves (Medtronic)
  - o ACURATE neo\* Aortic Valve System (Boston Scientific) (ACURATE neo 2\* will be available for FHG later this year)
- Informed consent

### Exclusion criteria

- Previous surgical aortic valve replacement

- Permanent pacemaker at baseline
- Emergency procedure
- Poor CT image quality (disabling computer-simulation), for example because of motion artifacts due to the presence of other implanted devices affecting the region of interest
- Patient who did not agree to the informed consent and/or refused to participate
- Patient unable to understand the informed consent/study

## Study design

### Design

|                     |                             |
|---------------------|-----------------------------|
| Study type:         | Interventional              |
| Intervention model: | Parallel                    |
| Allocation:         | Randomized controlled trial |
| Masking:            | Open (masking not used)     |

**Primary purpose:** Diagnostic

### Recruitment

|                           |            |
|---------------------------|------------|
| NL                        |            |
| Recruitment status:       | Recruiting |
| Start date (anticipated): | 26-04-2022 |
| Enrollment:               | 354        |
| Type:                     | Actual     |

### Medical products/devices used

|               |                       |
|---------------|-----------------------|
| Generic name: | FEops HEARTGuide      |
| Registration: | Yes - CE intended use |

## Ethics review

|                    |  |
|--------------------|--|
| Approved WMO       |  |
| Date:              | 17-02-2022                                       |
| Application type:  | First submission                                 |
| Review commission: | MEC-U: Medical Research Ethics Committees United |

(Nieuwegein)

Approved WMO

Date: 21-02-2023

Application type: Amendment

Review commission: MEC-U: Medical Research Ethics Committees United (Nieuwegein)

Approved WMO

Date: 29-08-2023

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

CCMO

#### ID

NL77697.100.21