LA-ACC Annual Meeting
September 20-22, 2019
The Westin Hotel • New Orleans, LA

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Sangeeta Shah, MD, FACC
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Stacey Ducombs, Nurse Practitioner
Kristen Dupre, Pharm D
Moriah Richie, PA-C, MHS

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AGENDA

FRIDAY, SEPTEMBER 20TH
Women in Cardiology Program & Opening Session

1:00 pm Registration
2:00 pm Welcome!
2:00 pm **Negotiation 101: Basements, Bullheadedness, & Other Barriers to Managing Conflict Better**
Erica Howe, MD
4:00 pm **Reduction in the Risk of Stroke & Other Major Cardiovascular Event**
Ian Del Conde Pozzi, MD
5:00 pm Closing Remarks

SATURDAY, SEPTEMBER 21ST
LA-ACC Annual Meeting

7:00 am Registration
7:00 am Breakfast
8:00 am Welcome
Sangeeta Shah
8:15 am **Improving Tranesophageal Consent**
Allyson Judge & Anne Thai
8:30 am **Artificial intellegence in Cardiology**
Matt Hayes, MBA
9:00 am **Redefining the Role of Cardiologists in the Management of Type 2 Diabetes: Best Practices for Cardiovascular Risk Reduction**
Christie Ballantyne, MD & Robert Eckel, MD
10:00 am ***Break***
10:30 am **What is Value in Value-Based Reimursement**
Tim Attebery, DSC, MBA, FACHE, CEO of ACC
11:30 am **Interesting Case Study**
Dr. Sepher Saberian
11:45 am **Interesting Case Study**
Dr. Michael Crawford
12:00 pm Lunch
12:00 pm Council Meeting ***(By Invitation Only)***
12:30 pm **Interesting Case Study**
Dr. Robert Drutel
12:45 pm **Interesting Case Study**
Dr. Ala Mohsen
1:00 pm **Our Louisiana Chapter: Updates**
Sangeeta Shah, MD, FACC, Chapter Governor
1:15 pm **ACC CV Team - What we Have Learned**
Moriah Richie
Kelli Bohannon
1:30 pm **The Forgotten Valve**
Causes of TR
Hamang Patel, MD
1:45 pm **The Forgotten Valve**
Imaging of Tricupsid Valves
Elizabeth Mcllwain, ACS, FASE
2:00 pm **The Forgotten Valve**
Surgical Perspectives
Patrick "Gene" Parrino, MD
2:15 pm **The Forgotten Valve**
Interventional Perspectives
Jorge Castellanos, MD
2:30 pm ***Break***
3:00 pm **Amyloidosis no Longer an Academic Exercise: A Treatable Pandemic**
The Many Faces of Amyloidosis
Frank Smart, MD
3:15 pm **Amyloidosis no Longer an Academic Exercise: A Treatable Pandemic**
Imaging or Biopsy for the Diagnosis of Amyloid
Clement Eiswirth, MD
3:30 pm **Amyloidosis no Longer an Academic Exercise: A Treatable Pandemic**
Treatment
Kristina Dupre, Pharm D
3:45 pm **Amyloidosis no Longer an Academic Exercise: A Treatable Pandemic**
Role of a Nurse
Anne Gullo, RN MBA, BSN, RN

AGENDA *(continued)*

4:00 pm **Exercise in Special Populations**
Promoting Physical Activity and Exercise
Carl "Chip" Lavie, MD

4:30 pm **Exercise in Special Populations**
Anomalous Coronary
Paul Dampf, MD

4:45 pm **Exercise in Special Populations**
Benefits of Exercise Bicycle
Lisa Bienvenu, ACS, SDMS, FASE

5:00 pm **Research Oral Presentation**
LVAD as Bridge-toTranplant Leads to Better Outcomes
When Compared to Transplant-Only Strategy
Baldeep Dhaliwal, MD

5:20 pm **Research Oral Presentation**
Optimizing Cardiovascular Imaging got
Diagnosing Infective Endocarditis
Tripti Gupta, MD

5:40 pm **Research Oral Presentation**
Finding An Optimal Measure of Fitness to
Predict Mortality:
Anaerobic Threshold Versus Oxygen Consumption
Sergey Kachur, MD

6:00 pm **Poster & Cocktail Reception *(Open to All)***

7:30 pm **Closing Remarks**

SUNDAY, SEPTEMBER 22ND
Life After Cardiology Fellowship Symposium

8:00 am Breakfast

8:30 am Welcome

8:40 am **Hybrid Practice**
Gary Rich, MD and Merril Stewart, MD
Ochsner Health Center
New Orleans, LA

9:00 am **Academic Cardiology**
Fadi G Hage, MD
University of Alabama School of Medicine
Birmingham, AL

9:20 am **Medium Size Private Practice**
Karen Engelhardt, CEO od Louisiana Cardiology Associates
Louisiana Cardiology Associates
Baton Rouge, LA

9:40 am **Large Size Private Practice**
Christopher Paris, MD
Cardiovascular Institute of the South
Houma, LA

10:00 am **Transitioning from Fellow to Attending**
Samy Abdelghani MD and Merrill Stewart MD
Ochsner Heart & Vascular Institute
New Orleans, LA

10: 20 am **Panel Q & A**

10:40 am ***Break***

11:00 am **Contracting for Doctors**
Leonard Davis
Attorney At Law
Herman, Herman, and Katz LLC
New Orleans, LA

11:20 am **Financial Planning Basics for Cardiologists**
Norman Pitman CFP and Greg Dorriety, CFA, CFP
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Mobile, AL

11:40 am **FIT Jeopardy**
David Daly, MD
Merril Stewart, MD

12:40 pm **Closing Remarks**

1:00 pm **Meeting Adjourned**
Boxed Lunch To Go

CME INFORMATION

STATEMENT OF NEED

Amyloid CM is an underrecognized cause of heart failure which has a specific workup and treatment as based on the most recent state of the art paper in JACC 2019. Severe tricuspid regurgitation has significant morbidity and mortality discussion of surgical and percutaneous options as most recently discussed in Triluminate Trial.

OVERALL GOAL

The goal of this activity is to improve patient care by increasing learner competence in diagnoses and referral for amyloidosis. There will also be improved awareness of the severe tricuspid regurgitation and guideline based diagnosis and review of current trials for percutaneous treatment.

LEARNER OBJECTIVES

- Identify the role of AI in clinical research and practice
- Identify the newer classes of Diabetes mellitus medication in the care of diabetes and cardiovascular risk mitigation
- Recognize the presence of amyloidosis in patients with HFpEF and perform a workup when appropriate

TARGET AUDIENCE

This course is intended for intermediate cardiovascular physicians, sub-specialists, cardiovascular physician trainees, nurses & clinical nurse specialists, nurse practitioners, physician assistants, pharmacists, primary care physicians, and beginner UGME & CME.

GRANT ACKNOWLEDGEMENT

Educational grant support for this activity provided by: Integrity.

LEARNER BILL OF RIGHTS

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CME INFORMATION *(continued)*

A learning environment that:

- Is based on adult learning principles that support the use of various modalities
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2019 POSTER DISPLAY

Poster #1a
Utility of Cardiac Magnetic Resonance Imaging in the Diagnosis, Surgical Planning for Primary Cardiac Tumors: A Case Report
Author*: Abdulaziz Joury*

Poster #1b
Profound Complete Atrioventricular Block with Lyme Myocarditis
Author*: T. Scott Robbins*

Poster #1c
Unexplained Cardiac Arrest: What Constitutes a Systematic Investigation?
Author*: Thomas Middour*

Poster #2a
When a Music Concert Reverses Your Life, # NOLA
Author*: Ahmad Al Turk*

Poster #2b
Hyperkalemia with Succinylcholine Use in Acute Renal Failure during Peritoneal Dialysis Catheter Placement - T Wave Peaking and Early Sine Waves on an EKG
Author*: MaeLynn La*

Poster #2c
Severe Aortic Insufficiency from Paravalvular Leak from Intuity Valve Treated with Balloon Dilation and Amplatzer Vascular Plug Deployment
Author*: Austin Tutor*

Poster #2d
Takotsubo Cardiomyopathy from Methamphetamine Related Seizure
Author*: Chad Caplan*

Poster #3a
Fetal Outcomes in Uncorrected Tetralogy of Fallot Mothers
Author*: Hanyuan Shi*

SATURDAY, SEPTEMBER 21ST, 2019
6:00-7:30 PM

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2019 POSTER DISPLAY *(continued)*

Poster #3b
A Rare Presentation of Chagasic Cardiomyopathy with Stroke
Author*: Hanyuan Shi*

Poster #3c
A Boulder in the Road
Author*: Hussain Almusawi*

Poster #3d
Successful Reperfusion Through 24-Hour Intracoronary Thrombolysis in ST-Segment Elevation Myocardial Infarction of the Right Coronary Artery
Author*: Ivana Okor*

Poster #4a
Reverse Takotsubo Cardiomyopathy in a Young Woman
Author*: Michael Crawford*

Poster #4b
Reverse Takutsubo Cardiomyopathy In Subararchnoid Hemorrhage After Adderall
Author*: Nicholas Sassen*

Poster #4c
An Unusual Case of Hemoptysis
Author*: Jeong Hwan Kim*

Poster #4d
Uncovering Transthyretin Cardiac Amyloidosis in a "Non-Compliant" Patient
Author*: Jon S. Decuir*

Poster #5a
Unusual Presentation of Vertebrobasilar Dolichoectasia Contributing to Ataxia
Author*: Jonathan Chang*

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2019 POSTER DISPLAY *(continued)*

Poster #5b
A Bullet is Responsible for My Pulmonary Hypertension? A Prior Gunshot Wound Resulted in AV Fistula Formation Causing High Output Cardiac Failure
Author*: Rohini Manaktala*

Poster #5c
Intra-Aortic Balloon Pump to the Rescue: A Case of Cardiogenic Shock due to Failing Bioprosthetic Aortic Valve, Repaired with Valve in Valve TAVR
Author*: Rohini Manaktala*

Poster #5d
Successful Revascularization in a Patient with Severe Chronic Limb Ischemia from Below the Knee Chronic Total Occlusion via the Plantar Arch Using Pedal Access.
Author*: Koyenum Obi*

Poster #6a
An Unusual Presentation of Ventricular Standstill in a 94-year-old female
Author*: Kristina Stang*

Poster #6b
Spontaneous Coronary Artery Dissection Presenting with Ventricular Fibrillation and Cardiogenic Shock in the Peri-Partum Period
Author*: Lina Ya'qoub*

Poster #6c
Coronary Subclavian Steal Syndrome in the Setting of Bilateral Subclavian Stenosis and Presence of Accessory Graft Branch
Author*: Lina Ya'qoub*

Poster #6d
Ivabradine in Chronic Stable Angina-A Systematic Review and Meta-Analysis.
Author*: Aashish Gupta*

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2019 POSTER DISPLAY *(continued)*

Poster #7a
Three-Dimensional Mitral Valve Area in Patients With Mitral Annular Calcification.
Author*: Aashish Gupta*

Poster #7b
Appropriate Telemetry Monitoring Project to Reduce Inappropriate Telemetry Admissions
Author*: Adil Yousuf*

Poster #7c
Incidence of Acute Myocardial Infarction And Hurricane Katrina: Twelve Years after the Storm.
Author*: Asaad Nakhle*

Poster #7d
Perspectives of Emerging Cardiovascular Disease in Developing Nations
Author*: Ayan Ali*

Poster #8a
Tirofiban is a Safe Adjunctive Treatment in Patients Undergoing Percutaneous Interventions for Severe Claudication or Critical Limb Ischemia
Author*: Ayman Nasir*

Poster #8b
Left Ventricular Assist Devices vs. Cardiac Transplantation: The Age Factor
Author*: Baldeep Dhaliwal*

Poster #8c
Exercise Capacity and All-Cause Mortality in Remote Indigenous and Non-Indigenous Populations
Author*: Donald Chang*

Poster #8d
An Examination of Access Site Complications in Transcutaneous Aortic Valve Replacement: Risk Factors, Potential Prevention, and Treatment
Author*: Jayna Kelly*

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2019 POSTER DISPLAY *(continued)*

Poster #9a
Left Atrial Appendage Emptying Velocities Predict Left Atrial Voltage and Atrial Fibrillation Recurrence: A Retrospective Study
Author*: Maria Khan*

Poster #9b
Atrial Voltages in Patients with and without Cancer; A Retrospective Review
Author*: Mazen Iqbal*

Poster #9c
A Reassessment of the Safety of Class 1C Antiarrhythmic Drugs in Coronary Artery Disease
Author*: Peter Pantlin*

Poster #9d
Chemotherapy Responsive Apical Left Ventricular Metastasis from Renal Cell Carcinoma
Author*: Robert Drutel*

Poster #10a
Sudden Cardiac Arrest from Flecainide Toxicity: A Case Report
Author*: Robert Drutel*

Poster #10b
Mortality Benefit of Aspirin in Patients with Congestive Heart Failure: A Meta-analysis
Author*: Sania Jiwani*

Poster #10c
The Maze Procedure is a Risk Factor for Left Atrial Thrombus
Author*: Shourjo Chakravorty*

Poster #10d
Atrial Voltages in Patients with Obstructive Sleep Apnea
Author*: Stefan Sicinschi*

Poster #11a
Quality Care Analysis of the Appropriateness of Veterans Affairs Cardiology Clinic Visits- A Follow Up of Interventions
Author*: Vincent Gacad*

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RESEARCH COMPETITION
ORAL ABSTRACT PRESENTATIONS

FINDING AN OPTIMAL MEASURE OF FITNESS TO PREDICT MORTALITY: ANAEROBIC THRESHOLD VERSUS OXYGEN CONSUMPTION

Authors: Sergey Kachur, MD[1]; Alban DeSchutter, MD[2]; Carl J. Lavie, MD[1]; Andrew Elagizi, MD[1]; Rikin Kadakia[1]; Richard Milani, MD[1]

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[2] *Carson Tahoe Medical Group Cardiology, Carson City, NV*

Category: 18.81 Exercise, Physical Activity, and Rehabilitation

Key Words: Cardiac Rehabilitation, mortality, performance measurement

Hypothesis: Changes in the anaerobic threshold will be a better predictor of fitness changes, and mortality than oxygen consumption alone.

Background: Cardiac rehabilitation (CR) in stable coronary heart disease (CHD) has been shown to improve mortality commensurate with levels of improvement in cardiorespiratory fitness (CRF) as measured by oxygen consumption. Changes in the anaerobic threshold (AT) have likewise been an indicator of CRF, we examine the effect of changes in AT as a predictor of mortality in our CR population.

Methods: 1024 subjects with stable CHD referred for CR between 01/2000 and 06/2013 with a mean follow up of 6.3 years were stratified according to median change in peak oxygen consumption (VO2) and AT measured during maximal cardiopulmonary exercise testing. Mortality differences were adjusted for age, sex, baseline VO2, ejection fraction, and body mass index.
Results: Both changes on VO2 and post-CR VO2 are associated with significant differences in mortality (HR 0.89, p=0.02; HR 0.86, p<0.001). However, changes in the AT during CR have no significant association with mortality differences (HR 0.97, p=0.5) despite the fact that higher AT on completion of CR shows an association with reduced mortality (HR 0.89, p<0.001). When analyzed in the setting of post-CR VO2, post-CR AT no longer has a significant association with changes in mortality (HR 1.1, p=0.14).

Conclusions: In patients with CHD, changes in the anaerobic threshold linked to increased lactate production is not a superior indicator of mortality changes related to fitness in our CR population. Relationships of the AT to mortality appear to be mostly accounted for by levels of VO2 consumption.

RESEARCH COMPETITION
ORAL ABSTRACT PRESENTATIONS

OPTIMIZING CARDIOVASCULAR IMAGING FOR DIAGNOSING INFECTIVE ENDOCARDITIS

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Background: As healthcare shifts from a volume-based to a value-based system, cardiovascular imaging (CVI) can be directed towards promoting optimal utilization of resources rather than absolute volume, where optimal utilization is administration of the right test for the right patient at the right time.

This project aimed to optimize use of CVI in diagnosing infective endocarditis (IE) from staphylococcus aureus bacteremia (SAB) due to its high prevalence, clinical impact and cost. According to Appropriateness Criteria, a TEE is appropriate in all patients with SAB, but are there more specific recommendations in this group of patients?

Methods: A multidisciplinary team of internists, cardiologists and infectious disease physicians systematically reviewed literature. We identified clinical risk factors and sensitivity of TEE vs. TTE. An algorithm (Figure 1) was created to standardize use of CVI to optimize patient outcomes. A retrospective review was done to determine sensitivity of this algorithm in diagnosing IE.

Results: 181 patients, 63% males with mean age 60 years were admitted with SAB between 1/1/13 - 12/31/14. 115 TTE and 55 TEE were ordered, of which 2.6% and 21.8%, respectively, were positive for IE. Importantly, 53.3% patients had initial TTEs negative for IE and subsequent TEEs positive for IE. When the algorithm was applied, it had 100% sensitivity for diagnosing IE with a TEE, while limiting unnecessary imaging in low risk of patients.

Conclusions: Studies have cited higher sensitivity of TEE vs. TTE in diagnosing endocarditis, but in clinical practice, a TEE is often preceded by a TTE. By stratifying patients who are at high and low risk for IE, clinicians can be guided to optimize timing and use of the cardiovascular imaging. This algorithm can be built into an EMR for easy utilization by all users. As delivery of healthcare shifts towards a value-based approach, we need to actively engage in this transition and innovate ways to optimize patient outcomes and costs of resources.

Abbreviations: ID, Infectious Disease; IDSA, Infectious Disease Society of America; TEE, transesophageal echocardiogram

Definitions: ***Hospital acquired bacteremia*** - after healthcare exposure in last 30 days; ***Community acquired bacteremia*** within 48 hours of admission; ***Nosocomial acquired bacteremia*** after 48 hours of admission.

RESEARCH COMPETITION
ORAL ABSTRACT PRESENTATIONS

LVAD AS BRIDGE-TO-TRANSPLANT LEADS TO BETTER OUTCOMES WHEN COMPARED TO TRANSPLANT-ONLY STRATEGY

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Background: Patient who are bridged to transplantation with a left ventricular assist device (LVAD) when compared to primary heart transplantation have had mixed outcomes.

Objective: Compare outcomes between patients who were bridged with an LVAD and those who underwent cardiac transplantation only.

Methods: Single-center study of patients who underwent cardiac transplantation or LVAD implantation. Baseline demographics and outcomes were compared between 3 groups: patients bridged with a LVAD (BTT-LVAD group) prior to cardiac transplantation, patients who underwent primary cardiac transplantation (TX-ONLY group), and patients who underwent LVAD as destination therapy (DT-LVAD group). For the Tx-only group, survival was defined as days alive since cardiac transplantation. For the LVAD-BTT group, survival was defined from time of LVAD implantation and included days alive after cardiac transplantation. In the DT-LVAD group, survival was defined as days alive since LVAD implantation. Kaplan-Meier curves were used to analyze survival between the groups.

Results: A total of 380 patients were included (BTT-LVAD group: 36.3.%; Tx-only group: 26%; DT-LVAD group: 37.6%). At baseline, no significant differences with regards to age and BMI were noted. Male gender and blood type O were more common in the BTT-LVAD group. The DT-LVAD group had a higher proportion of black patients. During the study period, 76% of LVAD-BTT group underwent cardiac transplantation. A high survival rate was observed in the study population at 1-year (92.1%). Non-statistically significant differences in 1-year survival were noted between groups with higher trends of survival observed in the BTT-LVAD group (BTT-LVAD group: 95.7%; Tx-only group: 90.9%; DT-LVAD group: 89.5%, p=0.14). By 2 years, survival rates remained high in all groups with statistically significant differences noted among the groups (BTT-LVAD group: 94.6%; Tx-only group: 85.9%; DT-LVAD group: 81.4%, p=0.01). 3-year survival remained high for both the BTT-LVAD and Tx-only groups however, a decline in survival was noted in the DT-LVAD group (BTT-LVAD group: 93.5%; Tx-only group: 81.6%; DT-LVAD group: 60.8%, p=0.00, LOG RANK=.000). While 5-year survival remained high for the LVAD-BTT group (figure), a further survival decrease was observed in both the Tx-only and DT-LVAD groups (BTT-LVAD group: 84.2%; Tx-only group: 63%; DT-LVAD group: 29.8%, p=0.00).

Conclusions: Our study showed an exceptionally high survival rate in patients bridged to cardiac transplantation with LVAD implantation. These findings also suggest that the use of a LVAD as a BTT may be a better strategy than primary cardiac transplantation as it may add an additional
survival benefit (total support time).

HONORABLE MENTION

CHARACTERIZATION OF MYOCARDIAL BLOOD FLOW IN END STAGE LIVER DISEASE PATIENTS UNDERGOING LIVER TRANSPLANT EVALUATION

Author: Rikin Kadakia

Objective: Stress myocardial blood flow (sMBF) and coronary flow reserve (CFR) by cardiac positron emission tomography (cPET) provide prognostic information supplemental to relative perfusion images. However, myocardial blood flow (MBF) has not been characterized in patients with end stage liver disease (ESLD). Characterization of MBF may provide additional information to further assist with management and risk stratification for patients undergoing liver transplantation.

Methods: A total of 126 patients with ESLD undergoing liver transplant evaluation that underwent rubidium-82 cPET with dipyridamole stress were retrospectively identified. The ESLD patients were compared to 120 age and gender matched controls that underwent cPET stress testing with dipyridamole for clinically indicated purposes. In both groups, studies with significant perfusion abnormalities were excluded.

Results: The median age for ESLD and control patients was 60 years old (IQR: 55-65) and 61 years old (IQR: 54-67), (p=0.894), respectively. There were 64% and 70% males in the ESLD and control group, respectively (p=0.344). The ESLD cohort had lower rates of hypertension (37.3% vs 68.3%, p=<0.001) and hyperlipidemia (11.9% vs 60.0%, p<0.001), while having similar rates of diabetes mellitus type 2 (39.7% vs 39.2%, p=1.000) and tobacco use (7.1% vs 8.3%, p=0.813). The ESLD cohort also had a median lower BMI compared to the control group (28.9 (IQR: 25.1-33.6) vs. 33.5 (IQR: 29.3-39.2), p<0.001). The ESLD patients had higher median resting MBF (rMBF) (1.01 cc/min/g; IQR (0.83-1.33) vs. 0.85 cc/min/g; IQR (0.85-1.10), p<0.001], lower median sMBF [1.46 cc/min/g; IQR (1.21-1.88) vs. 1.71 cc/min/g; IQR (1.42-2.25), p<0.001], and lower median CFR [1.39 (IQR: 1.14-1.74) vs. 2.08 (IQR=1.76-2.44), p<0.001]. This pattern of elevated rMBF, lower sMBF, and lower CFR in ESLD patients remained statistically significant when adjusted for their resting rate pressure products.

Conclusions: Despite having fewer cardiac risk factors, patients with ESLD have higher rMBF, lower sMBF and lower CFR. The mechanism for these findings are unclear, but elevated rMBF could stem from physiologic shunting, while reduced sMBF and CFR may be related to either a resistance to dipyridamole or due to an inability to increase in sMBF and CFR.

HONORABLE MENTION

EFFICACY AND SAFETY OF TRANSCAROTID TRANSCATHETER AORTIC VALVE REPLACEMENT: A COMPREHENSIVE METANALYSIS

Authors: Vijay Nijjar, MD, Tamunoinemi Bob-Manuel, MD, Jose Tafur, MD and Uzoma Ibebuogu,MD

Introduction: In patients who are unsuitable for traditional access routes for transcatheter aortic valve replacement (TAVR) due to severe peripheral vascular disease (PVD) or prohibitive surgical risk, carotid artery (CA) access is an emerging route for TAVR. This study represents the most up to date outcomes on carotid access TAVR.

Methods: A systematic review was conducted as per the Preferred Reporting Instructions for Systematic Reviews and Meta-analysis (PRISMA). We performed a thorough electronic search through Pubmed, SCOPUS and Embase databases. Studies including case series and original articles published between 2012 and 2019 with regards to Transcarotid access TAVR were included. We also analyzed data from alternative access sites (Transaortic and Transapical) for comparison. Only studies reporting data on demographic and procedural characteristics, management and follow up outcomes were analyzed. Statistical analyses were performed using SPSS version 24 (IBM Corporation, Armonk, New York, USA).

Results: A total of 15 non-randomized studies were included in this systematic review comprising of patients that received TAVR via 4 vascular access sites. Transcarotid (TC) (N = 1035), TF (N = 1116), TAP (N = 307), TAO (N = 176) The mean age of included TC TAVR patients was 79.9 ± 9.3 and 56% were male. The mean STS score was 7.7 ± 5.1. Device success was achieved in 98.8% of cases (n=723) 30-day and 1-yr mortality was 5.0% and 10.3% respectively. Major bleeding and vascular complications occurred in 3.7% and 4.2% of patients respectively. 15.3% of patients required new pacemaker implantation. In-hospital stroke or TIA occurred in 4% of cases, 30-day stroke or TIA occurred 5% of cases. There were no hemorrhagic strokes. 30-day Mortality was significantly higher in the Transaortic group (12.1%) compared to the Transcarotid group (2.6%) [RR = 2.93 95% CI = 1.15 -7.58; p = 0.027]. There was no significant difference between TAO and TC in paravalvular leak ≥ 3 post-procedure or 30-day stroke. There was no significant difference between TAP and TC in 30-day mortality or paravalvular leak ≥ 3.

Conclusions: The most contemporary data on Carotid access TAVR shows impressive device success, low rates of stroke and pacemaker implantation and an acceptable 30-day and 1-year mortality. 30-day mortality was significantly lower in TC compared to TAO patients.

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