

## **Results of PARTNER II QUALITY OF LIFE** study presented

1 November 2016

Patients with severe aortic stenosis (AS) at intermediate surgical risk, and who are treated with (transapical or transaortic) access (p transcatheter aortic valve replacement (TAVR) had improved health status at one month compared with surgical aortic valve replacement (SAVR) but two-year quality of life outcomes were similar. Prior studies have shown that TAVR results in an early quality of life (QoL) benefit in patients at high surgical risk; however, the effect of TAVR versus. SAVR on QoL in intermediate risk patients was unknown prior to this study.

Findings from the PARTNER II QUALITY OF LIFE study were reported today at the 28th annual Transcatheter Cardiovascular Therapeutics (TCT) scientific symposium. Sponsored by the Cardiovascular Research Foundation (CRF), TCT is the world's premier educational meeting specializing in interventional cardiovascular medicine.

Between 2011 and 2013, 2,032 intermediate risk patients with severe AS were randomized to TAVR with the SAPIEN XT valve (n=1,011) or SAVR (n=1.021) in the PARTNER II Trial. Quality of life was assessed on all patients at baseline, one, 12 and 24 months using the Kansas City Cardiomyopathy Questionnaire (KCCQ), SF-36 and EQ-5D.

The study found that at two year follow-up, both TAVR and SAVR were associated with clinically and statistically significant improvements in disease-specific and generic QoL measures as compared with baseline. The two year change in KCCQ Overall Summary Score was 19.2 points with TAVR compared with 18.3 points for SAVR. Similarly, the two year change in the SF-36 Physical Component Summary Score was 3.0 points with TAVR versus 2.7 points with SAVR. In contrast, at one month, TAVR was associated with significantly better QoL than SAVR, but this difference was restricted to patients who were treated via transfemoral (TF) access and was not

seen in patients that were treated via alternative



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