

First results announced for the AVIATOR 2 international multicenter registry

April 27 2018

Results of the AVIATOR 2 international registry are being presented as late-breaking clinical science at the Society for Cardiovascular Angiography and Interventions (SCAI) 2018 Scientific Sessions. The AVIATOR 2 is a multicenter prospective observational study of patients with atrial fibrillation (AF) undergoing percutaneous coronary intervention (PCI) in 11 international sites. The use of a novel smartphone-based survey was used to capture physician and patient perspectives regarding antithrombotic therapies (ATT) after PCI.

AF is one of the most common abnormal heart arrhythmias that affects more than 2.7 million adults in the United States (CDC). PCI is a nonsurgical procedure that improves blood flow to the heart by using a stent to open up blood vessels. Patients with AF undergoing PCI present a particular challenge for ATT selection. Finding the right balance that minimizes bleeding risk and maintains anti-ischemic efficacy remains a complex situation in these unique [patients](#). In the era of novel antithrombotic therapy, the optimal ATT for patients with AF undergoing PCI is undetermined.

The choice of ATT was made by the [physician](#). After PCI, physicians were asked to complete a survey to rate subjective stroke, ischemic risk and bleeding risk in patients. The survey was completed via a smartphone app called AVIATOR, which was developed at the Icahn School of Medicine at Mount Sinai. The calculated risk scores including CHA₂DS₂/VASc/ST/HASBLED were compared against physician rated risks.

A total of 515 patients with AF undergoing PCI were enrolled with a mean age of 73 ± 10 years including 25.8 percent females. Safety (93.8 percent) and efficacy (89.9 percent) were the top two factors physicians reported as the most important factors when making the medication selection. In less than half (49.1 percent) of patients, the physician assessment showed an underestimation of risk in 26.9 percent and overestimation in 22.2 percent of patients when compared to the CHA₂DS₂VASc score. Physician assessment showed an overestimation of ischemic risk for ST in 71.5 percent and an underestimation in 4.6 percent for calculated ST scores. Overall, the assessment between the subjective physician assessed and objective risk scores for stroke, ischemic risk and bleeding varied.

"It is the first time we are collecting subjective risk assessment and comparing it with empiric calculations based on baseline characteristics and known risk calculators," said lead author Roxana Mehran, MD, Director of Interventional Cardiovascular Research and Clinical Trials at the Zena and Michael A. Weiner Cardiovascular Institute at Icahn School of Medicine at Mount Sinai in New York, NY. "It is also the first time we used a smartphone application to gain perspective from both the physicians and the patients. In today's technological landscape, this type of accessible technology allows for the integration of the patient in decision-making and solidify the notion that patient concerns matter."

The authors note that longitudinal follow-up will provide further insights on the correlation between risk estimation and cardiovascular events. The study was conducted by physicians from around the world including Jaya Chandrasekhar, MBBS, MS, Usman Baber, MD, MS, Melissa Aquino, MS, Birgit Vogel, MD, Clayton Snyder, BS Samantha Sartori, PhD, Annapoorna Kini, MD, George Dangas, MD, PhD, Davide Capodanno, MD.

More information: Session Details: "Late-Breaking Clinical Science

II: Discrepancy Between Physician Perception and Objective Assessment of Stroke, Stent Thrombosis and Bleeding Risks in Patients with Atrial Fibrillation Undergoing PCI: Results from the AVIATOR 2 International Registry" [April 27, 2018, 11:00 a.m. - 12:00 p.m. PDT, Seaport DE]

Provided by Society for Cardiovascular Angiography and Interventions

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