

Intermediate-risk patients have similar five-year outcomes with transcatheter or surgical aortic valve replacement

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New five-year data from the SURTAVI trial found that there was no

difference in all-cause mortality or stroke between patients at intermediate surgical risk who had transcatheter aortic valve replacement (TAVR) or surgery. Although there were initially more reinterventions after TAVR, the rates were similar after two years and key clinical endpoints were also similar.

Findings were reported today at TCT 2021, the 33rd annual scientific symposium of the Cardiovascular Research Foundation (CRF).

Early randomized TAVR trials enrolled patients at high operative [risk](#) with reserved long-term prognosis.

TAVR with balloon-expandable valves in intermediate-risk patients at five years was associated with higher rates of readmission and similar hemodynamics compared to [surgery](#). Limited long-term data exists comparing surgery with self-expanding supra-annular TAVR.

A total of 1,660 intermediate-risk patients (risk of operative mortality $\geq 3\%$ to

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