



There are no other words



A new paper supporting the rationale of the TRACS trial!!!

Emergent CS is 0.25%

Despite ECS outcomes are poor

-In-hospital death 48%

-1-year death 68.3%



Remember!



**IT'S OPEN
ENROLLMENT TIME!**

CENTER2 Study: Surgical Bailout in Transfemoral TAVR

Study Characteristics



Patient-level data
10 clinical studies



Contemporary cohort
2007-2022



Transfemoral TAVR
24,010 patients



Women
13,415 (56%) patients

Results

Surgical bailout
125 (0.52%) patients



Incidence over time
2007-2010 0.84%
2019-2022 0.25%

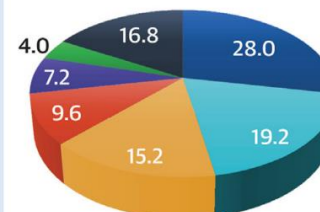
P (for trend) <0.05

Survival after surgical bailout
In-hospital survival 52.0%
1-year survival 31.7%



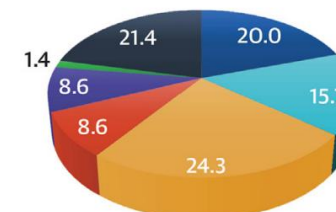
Reasons for Surgical Bailout

All patients



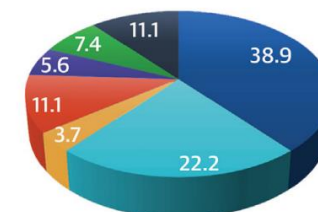
Ventricular perforation Valve malpositioning

Patients treated with balloon-expandable valves (%)



Annular rupture Aortic regurgitation Aortic dissection

Patients treated with self-expandable valves (%)



Coronary obstruction Other reasons

- Surgical bailout is infrequent and decreasing over time
- Ventricular perforation was the most prevalent reason for surgical bailout (28%)
- Mortality risk after surgical bailout is very high, but diminishes over time; patients surviving the first 90 days had similar mortality risk to those who did not undergo surgical bailout (HR: 2.19, 95% CI: 0.91-5.27; *P* = 0.08)