¿Qué es lo siguiente en el cierre de orejuela?

Dr García Touchard

Cardiología intervencionista

Hospital Puerta de Hierro Majadahonda

Left Atrial Appendage Closure Through the Years

PLAATO Device First in Human 2001



Amplatzer Cardiac Plug CE Mark 2008



Amplatzer
Amulet Device
CE Mark 2013
FDA Approval 2021



2000 2005 2010 2015 2020



Legacy WATCHMAN CE Mark 2005 FDA Approval 2015 WATCHMAN FLX CE Mark 2019 FDA Approval 2020



Challenges of Older Generation Left Atrial Appendage Closure Devices Presence of Peri-Device Leak

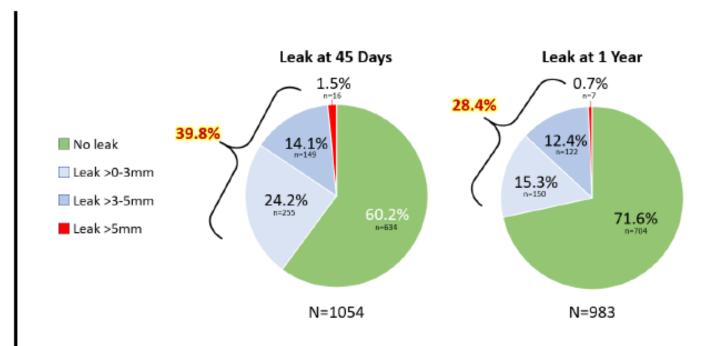
NCDR LAAO Data¹ Legacy WATCHMAN Patients

Leak Prevalence a	at 45 Days
-------------------	------------

Leak Size	N = 51,333	
No Leak	37,696 (73.4%)	
Leak >0-5mm	13,258 (25.8%)	26.5%
Leak >5mm	370 (0.7%)	20.376

Clinical Trial Data²

Composite of Legacy WATCHMAN Patients in PROTECT AF, PREVAIL, and CAP2

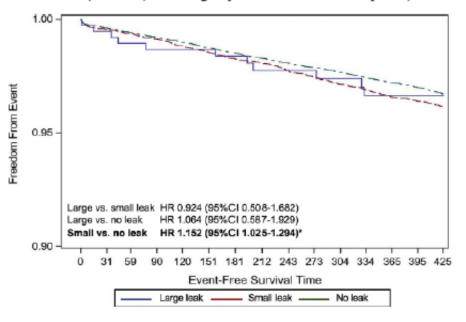


Challenges of Older Generation Left Atrial Appendage Closure Devices

Impact of Peri-Device Leak on Thromboembolic Events

Leak presence at 45 days or one year has an impact on long-term thromboembolic events

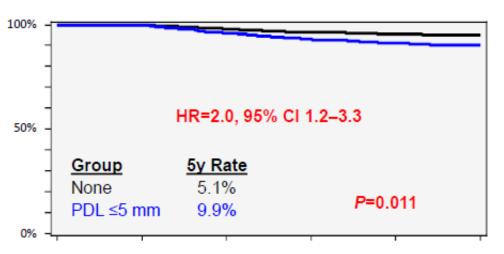
Any Stroke, TIA, Systemic Embolism by Leak at 45 Days¹ No (0 mm) leak vs small (>0-5mm) leak vs large (>5mm) leak (N = 51,333 Legacy WATCHMAN subjects)



Statistically significant

Adjusted 5-Year Rates of Ischemic Stroke/SE by Leak at 1 Year² None vs PDL ≤5 mm[§]

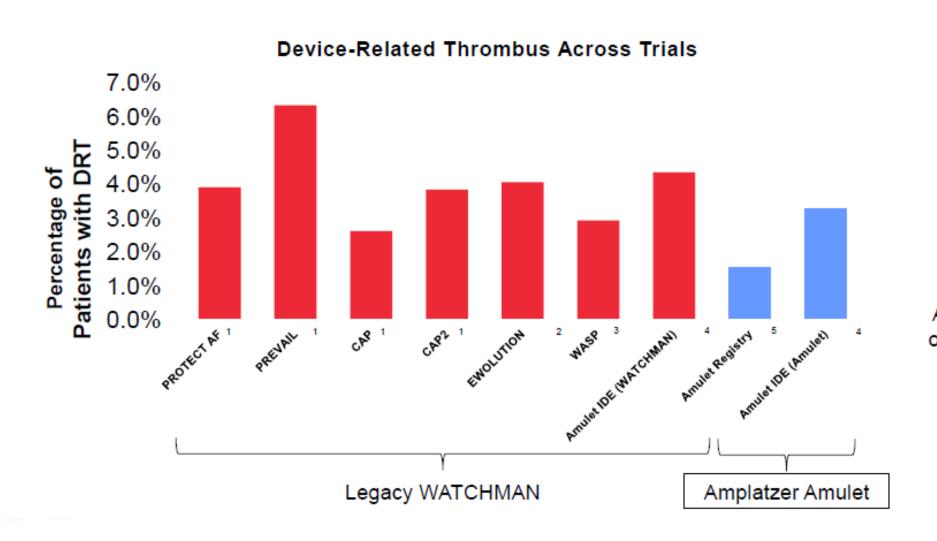
(N=976 Legacy WATCHMAN subjects; excludes leaks >5mm)



§ Landmark analysis from the time of leak assessment (1 year). Between-group differences in baseline patient
demographics, medical history, bleeding/stroke risk factors, and LAA size/complexity were assessed.

Outcomes were adjusted for mortality using stepwise procedure in a Cox proportional hazards regression
model for univariate variables with P ≤ 0.2.

Challenges of Older Generation Left Atrial Appendage Closure Devices Device-Related Thrombus Prevalence



Across nine trials, DRT was observed in 3.4% of patients

Addressing Leak and Device-Related Thrombus

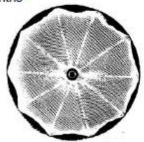
Device structural changes

Legacy WATCHMAN



10 strut frame

71.6% of subjects had complete closure at 12 months¹

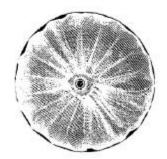


3.74% of subjects had device-related thrombus reported through 60 months of follow-up²

WATCHMAN FLX

18 strut frame Designed for conformability to appendage and improved sealing





Less exposed metal on the threaded insert

Designed to reduce device-related thrombus

PINNACLE FLX
Results

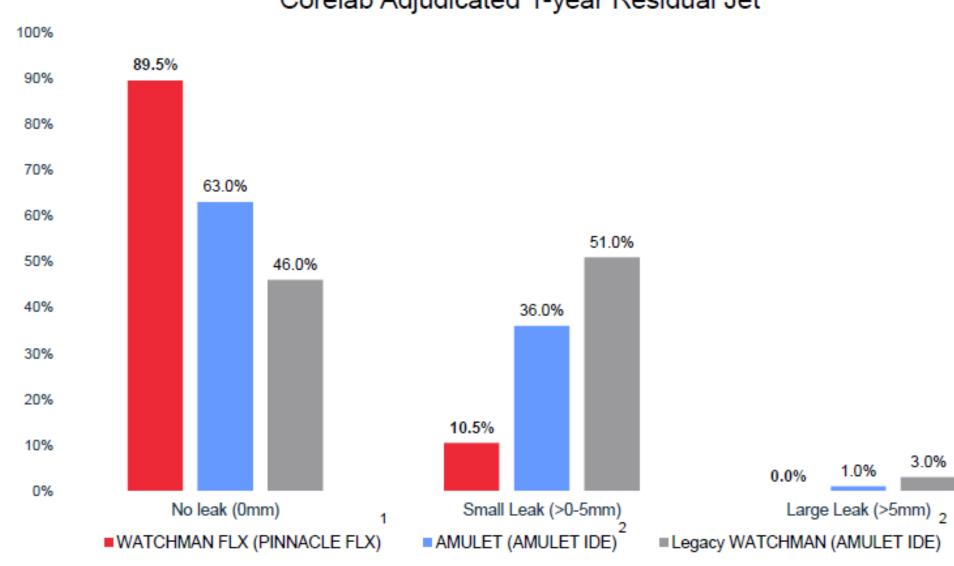
89.5% Of subjects had complete closure at 12 months³

1.8% Of subjects had a devicerelated thrombus reported through 24 months of follow-up⁴

Improvements in Leak Across Device Iterations

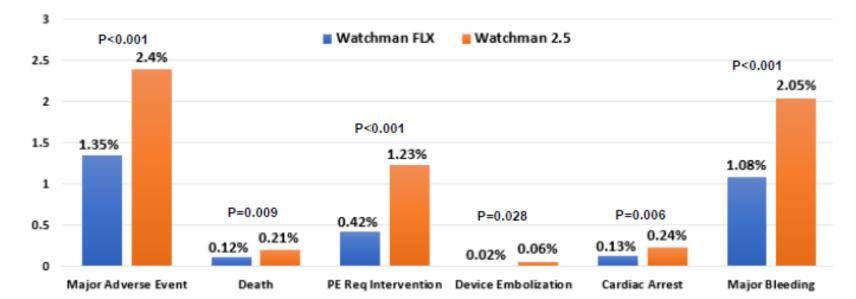
Newer devices have less leak than previous generations

Corelab Adjudicated 1-year Residual Jet



Newer devices are associated with fewer in-hospital major adverse events and shorter procedure times

In-Hospital Major Adverse Events*



*Composite of death, cardiac arrest, stroke, TIA, ICH, SE, major bleeding, major vascular complication, MI, pericardial effusion requiring intervention, and device embolization

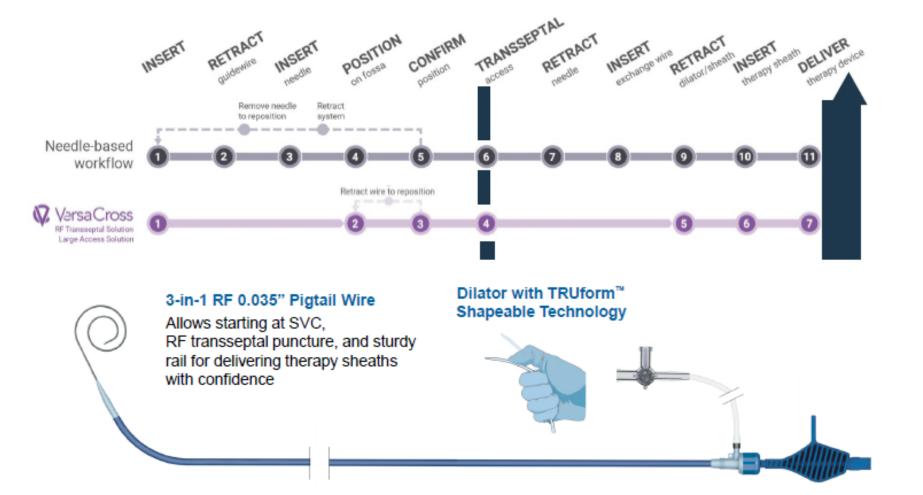
Procedure Duration

WATCHMAN 2.5: 87 minutes

WATCHMAN FLX: 83 minutes

- The procedure start time is the time that the patient entered the location in which the procedure is intended to be performed
- The procedure stop time is the time when the operator breaks scrub at the end of the procedure (NCDR data dictionary)

Advancements in transseptal technology have also lead to reduced complications and greater efficiency

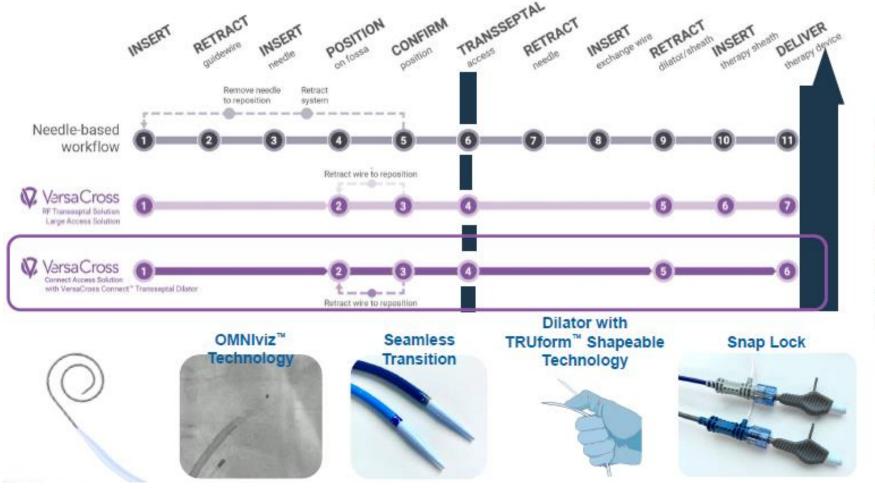


NRG® RF needle reduced incidence of tamponade vs. mechanical needle (p=0.031)³

Compared with needle-based workflow, the VersaCross® RF System results in:

- 2X faster WATCHMAN sheath delivery (6.7 ± 2.4 min vs. 13.4 ± 5.4 min (p=0.002))¹
- 13% faster time to final implant release (p=0.03)²
- 67% lower fluoroscopy dose (p=0.006)²

VersaCross® Connect Transseptal Dilator: Zero-Exchange WATCHMAN Sheath Delivery



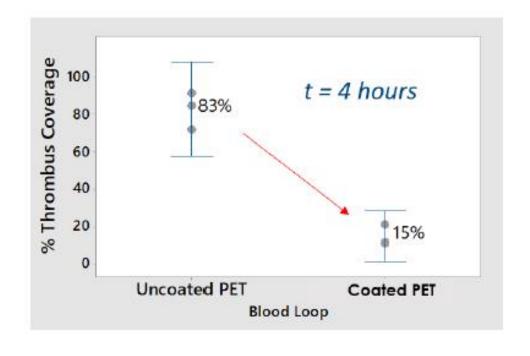
Streamlined LAAC workflow eliminates unnecessary device exchanges

Reduced exchanges, device manipulation and procedure time may lead to reduced risk of embolic events^{4,5}

Next Steps in Device Design:

Hemocompatible device coatings may further reduce thrombogenicity and improve endothelialization

Blood Tests	Bovine Blood	Human Blood Loop
Materials	Fabric	Full Device
Time	10 minutes	4 hours



Results: Increased hemocompatibility of the coated fabric resulted in less acute thrombus

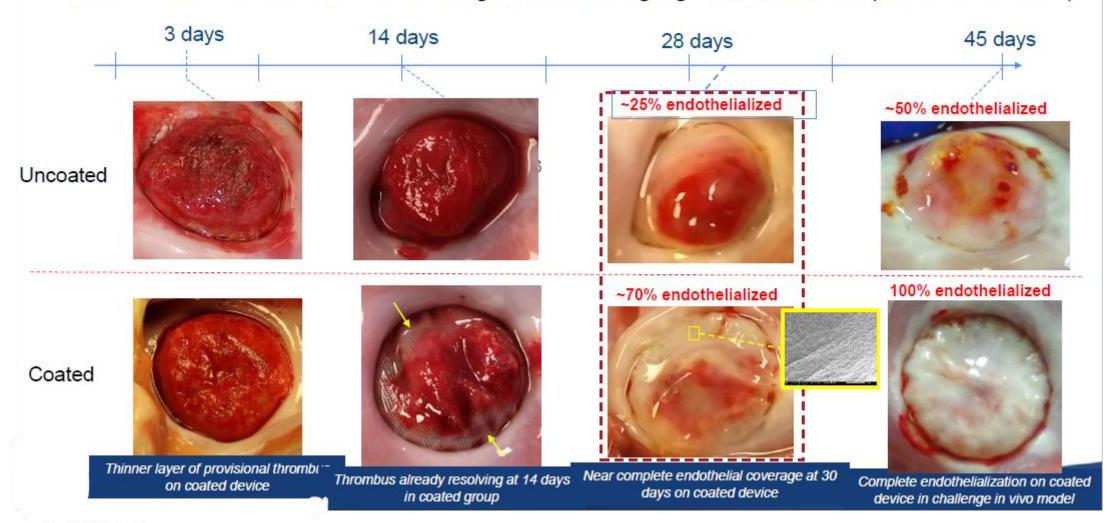
Next Steps: Coatings tested in challenging canine studies

Utilization of a challenging canine pre-clinical model for thrombogenicity to evaluate the hemocompatibility of different candidate designs

Study Design Study Results Unresolved 45 Day Explants Histology 14 Days thrombus Less activation of coagulation N = 12 canines system (D-Dimer) in coated group Control (Uncoated) 6 in the uncoated [Same animal, D-Dimer Elevation device arm different time points] D-Dimer Elevation (ng/ml) 6 in the coated device --- Uncoated arm Coated Coated Canines were given no OAC or APT for the [Same animal, different time duration of the study Time Post-Implant (Days) points] Complete endothelialization *Surface thrombus highlighted in red

Stages of Healing: A timeline

Coated devices showed faster healing in a challenging canine model (no OAC or APT)

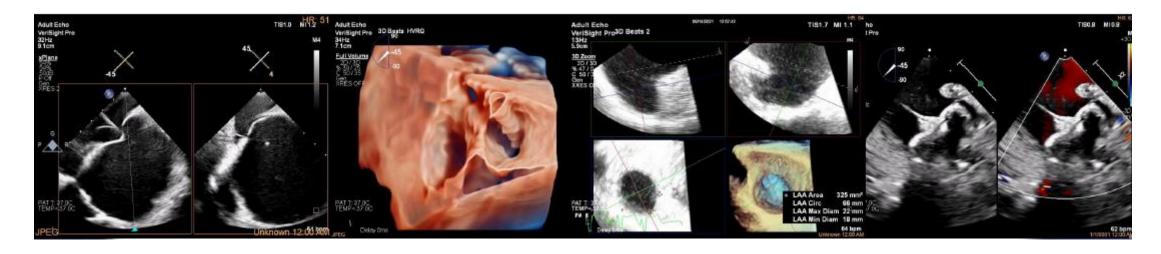


Summary of Results

- Blood Loop Results: Increased hemocompatibility led to less acute thrombus in the coated fabric group
- Canine Results: Better performance in the coated group across multiple measures of healing including d-dimer, surface thrombus, and endothelialization

Is a conscious sedation 4D ICE guided procedure the future?

- Current ICE allows non-GA single operator procedure, but imaging is suboptimal potential compromising procedural quality / safety
- Next generation ICE has TEE like resolution, X-plane with color, 3D recon, and MPR reconstruction which may allow an ICE guided procedure without imaging compromises



Conclusions

- LAAC technology continues to advance to optimize procedural and long-term outcomes
 - Innovations in device design and TS technology have improved safety and efficiency
 - Innovations in device design have reduced leaks and improved efficacy
 - Hemocompatibility technology is promising to reduce DRT