



28-30
JANVIER
2026

MARSEILLE
PALAIS DU PHARO

SESSION CORONAIRE

Revascularisation chez les candidats au TAVI

Cédric Delhaye
Lille

DÉCLARATION DE LIENS D'INTÉRÊT AVEC LA PRÉSENTATION

Speaker's name : Cédric DELHAYE, Lille

Je déclare les liens d'intérêt potentiel suivants
:

Consultant : Abbott, Asahi, Medtronic

Maladie coronaire (stable) chez les candidats au TAVI

Prévalence très variable de 80% (extreme risk) à 20% (low-risk).

Associée à un mauvais pronostic à très long terme (> 1an).

D'autant plus marqué que la maladie coronaire est complexe (Syntax ↗).

Doit-on la revasculariser ?

Tarantini G et al. EuroIntervention 2023;19:37-52.
Minten L et al. J Am Coll Cardiol Intv 2022;15:1611–1620.
D'Ascenzo F et al. EuroIntervention 2018;14:e1169-e1177.

Quel bénéfice de l'angioplastie ?

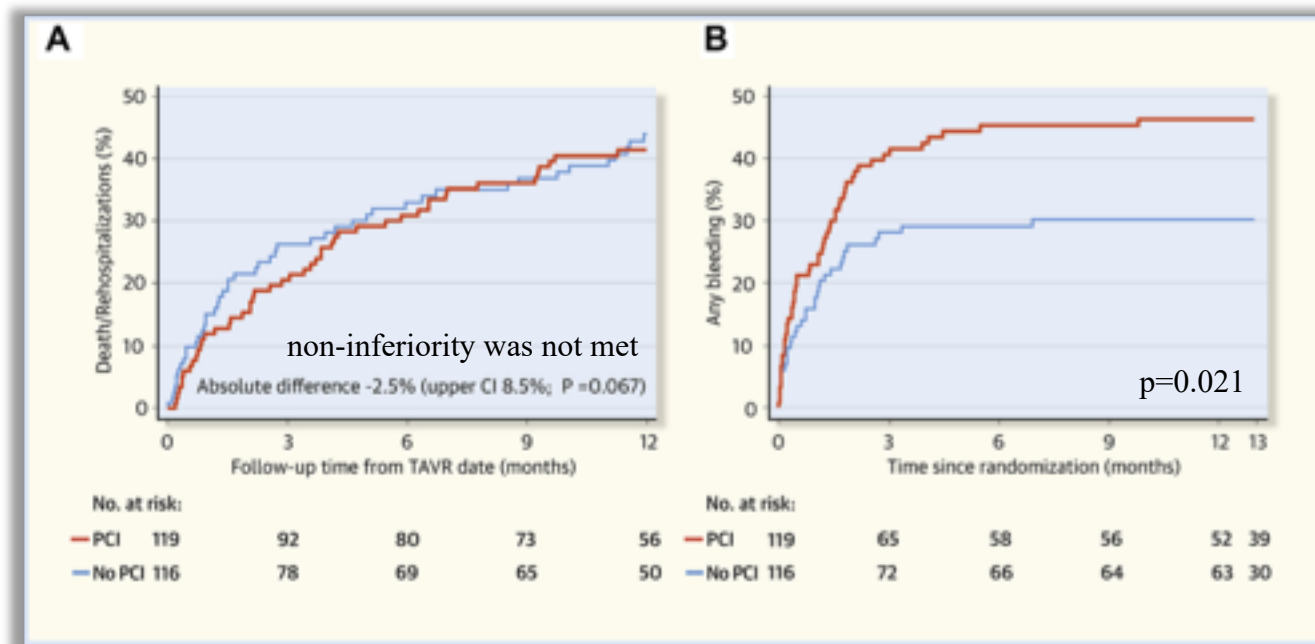
1^{ère} RCT: ACTIVATION Trial

PCI vs. no PCI before TAVI in 235 pts with AS & CAD

DS $\geq 70\%$ (or $\geq 50\%$ if ULM)

Primary Endpoint:
No Benefits in PCI for
Death-Rehospitalization

Significantly increased
bleeding in PCI pts

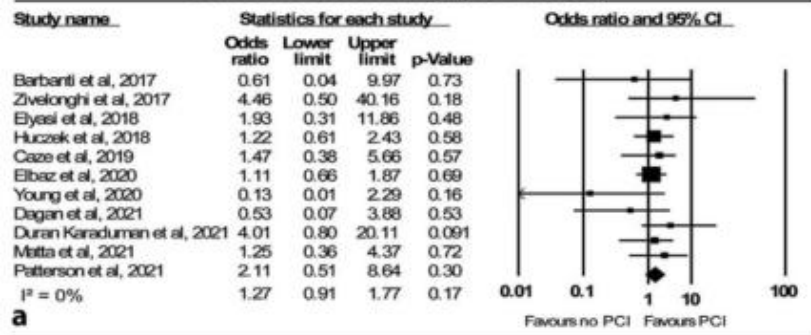


Quel bénéfice de l'angioplastie ?

Meta-analysis (13 observational, 1 RCT, n=3 838 pts)

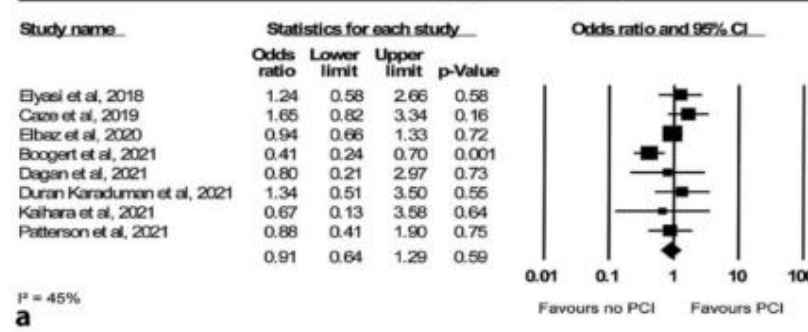
PCI before TAVI vs. TAVI alone

All-cause mortality (≤ 30 days)



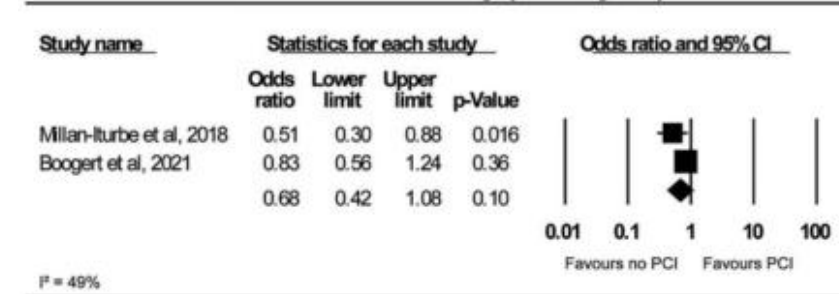
No difference in 30-day mortality

All-cause mortality (≤ one year)



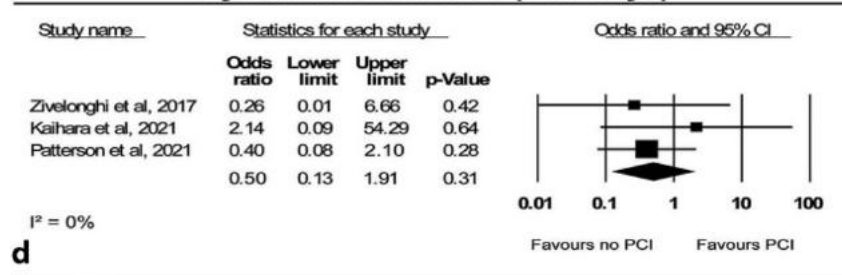
No difference at 1 year

All-cause mortality (> one year)



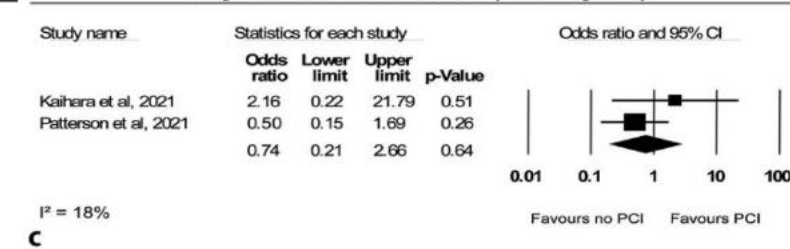
No difference at >1 year

Myocardial infarction (≤ 30 days)



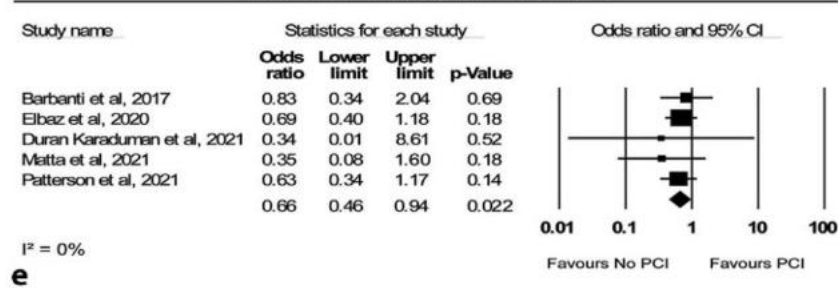
No difference in risk of MI at 30d

Myocardial infarction (≤ one year)



No difference in risk of MI at 1 year

Major bleeding (≤ 30 days)



Higher risk of major bleeding within 30 days after TAVI in PCI gp

Quel bénéfice de l'angioplastie ?

NOTION-3 (2nd RCT)

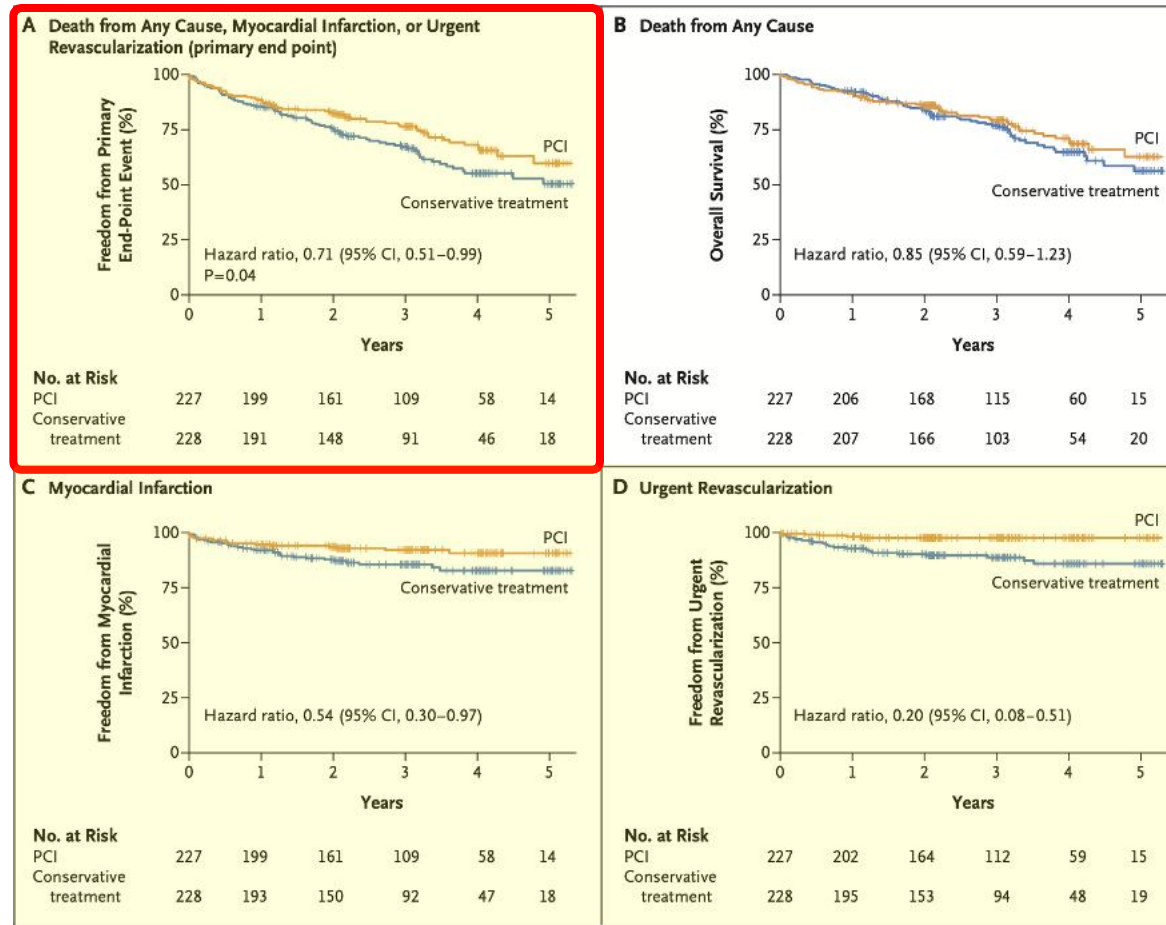
PCI vs. Conservative Treatment in pts undergoing TAVI (n=455)

75% PCI before

TAVI

Criteria for PCI:

1. All lesions DS $\geq 90\%$
2. if FFR ≤ 0.80 in lesions with DS $< 90\%$



Higher rate of any Bleeding event in PCI gp: 28% vs. 20%; HR=1.51 (1.03-2.22)

Quel bénéfice de l'angioplastie ?

NOTION-3 (2nd RCT)

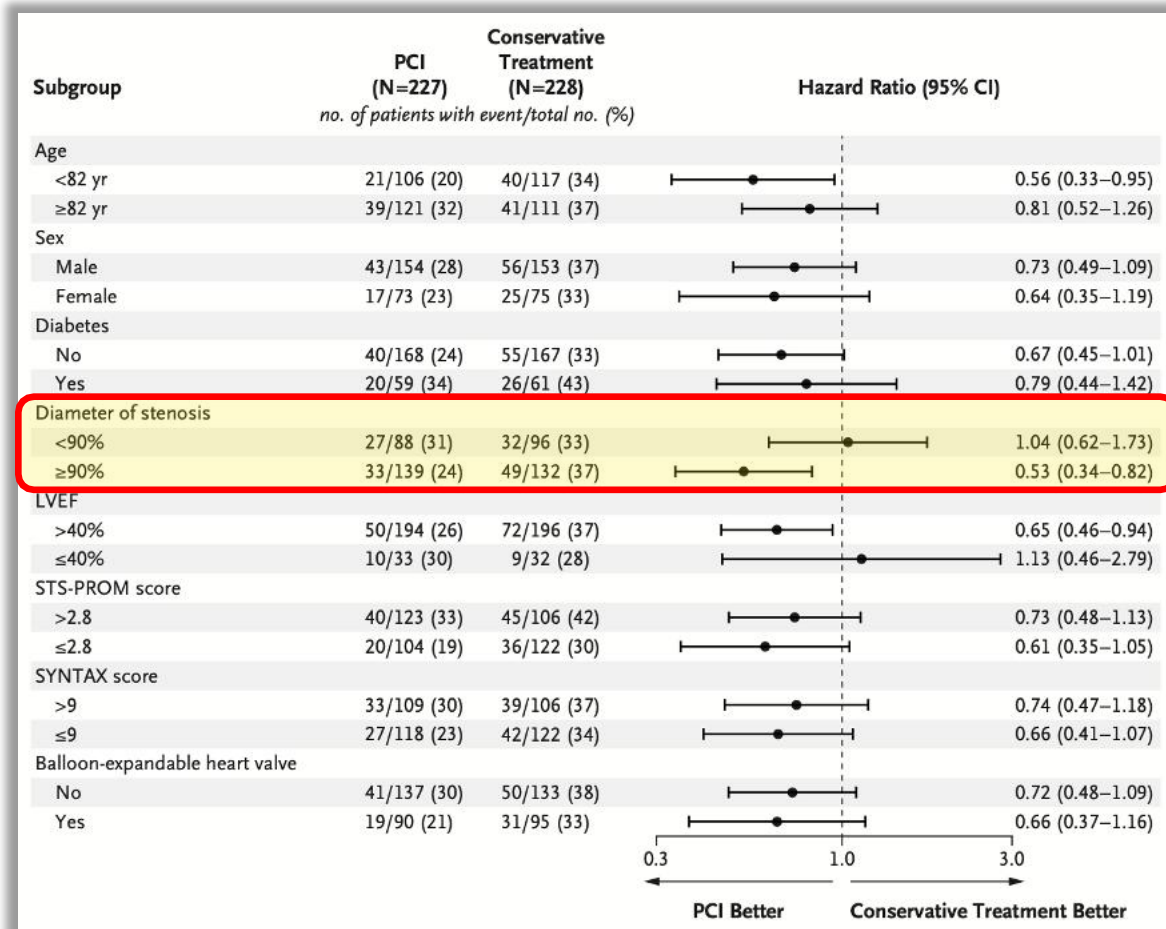
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Que nous disent les recos les plus récentes ?

2025 ESC/EACTS Guidelines for the management of valvular heart disease

Indications for myocardial revascularization

PCI should be considered in patients with a primary indication to undergo TAVI and $\geq 90\%$ coronary artery stenosis in segments with a reference diameter ≥ 2.5 mm.¹³⁴

IIa

B

PCI may be considered in patients with a primary indication to undergo transcatheter valve interventions and coronary artery stenosis $\geq 70\%$ in proximal segments of main vessels.^{135–137}

IIb

B

Based on the available data, PCI should be considered in patients with a primary indication to undergo TAVI and high-grade ($\geq 90\%$) coronary artery stenosis in large vessels of ≥ 2.5 mm. In patients with stenosis of $\geq 70\%$, PCI may be considered based on symptom status.^{142,143} In pa-

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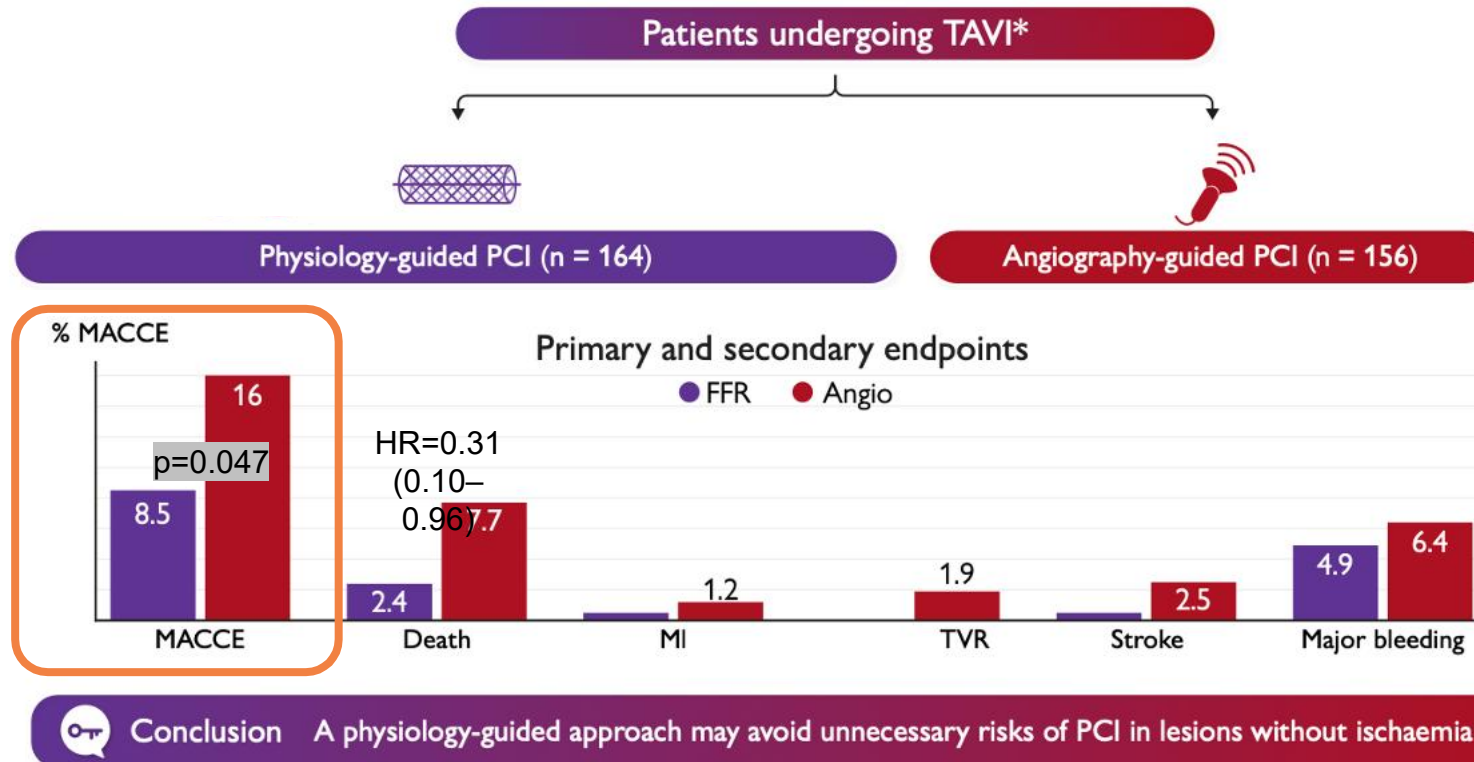
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Y a-t-il une place pour la FFR ?

FAITAVI RCT (3^{ème} RCT)

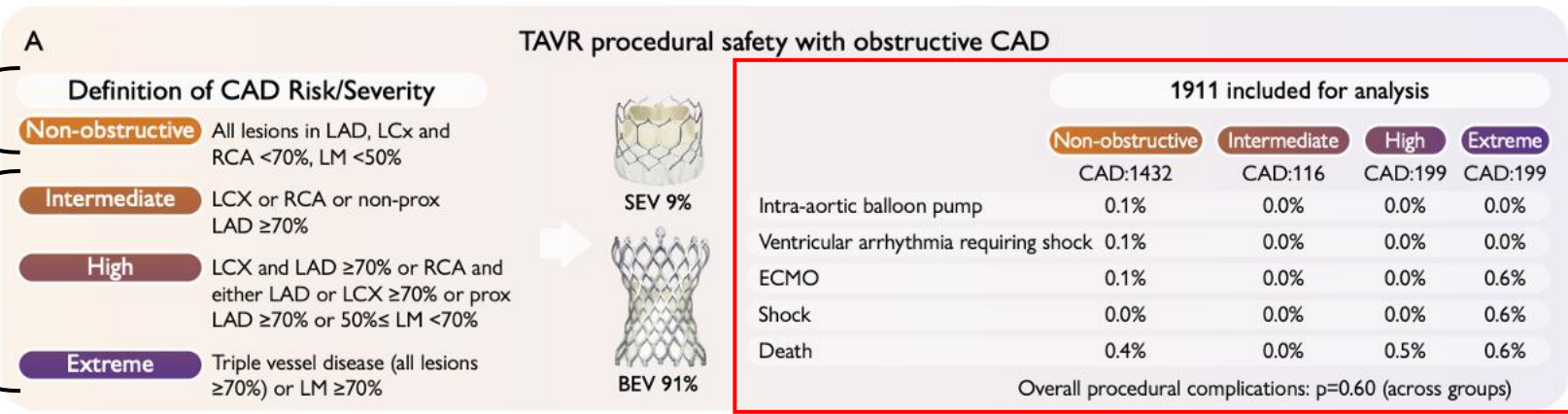
« FFR-guided » vs « angio-guided » PCI
in 320 pts with coronary lesions (DS% 50 to 90%) before TAVI



Quel pronostic en cas de traitement médical seul ?

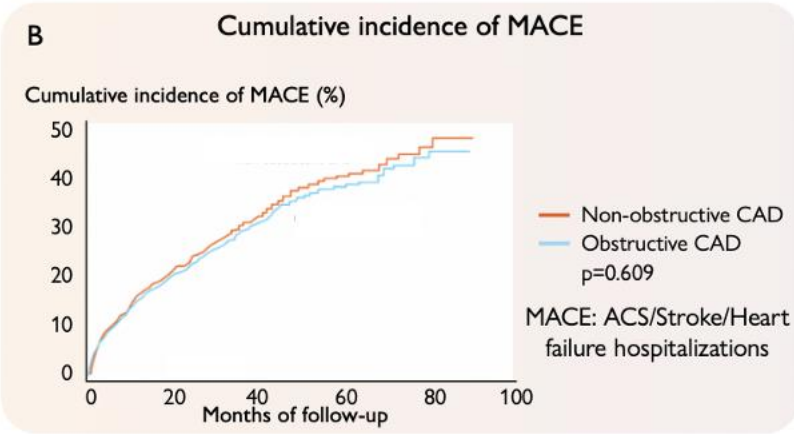
Retrospective Cohort of TAVI with untreated stable CAD with varying degrees of obstruction severity (n=1 911)

Non-Obstructive
Vs.
Obstructive

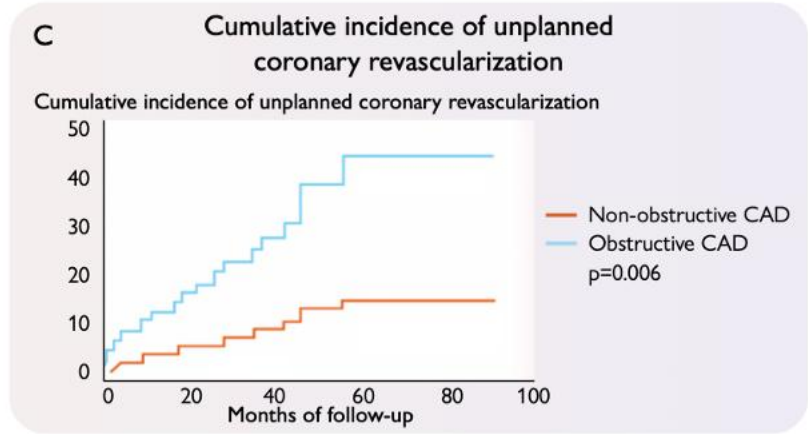


Pas d'augmentation des complications peri-procédurales quelque soit la sévérité de la CAD

p=ns

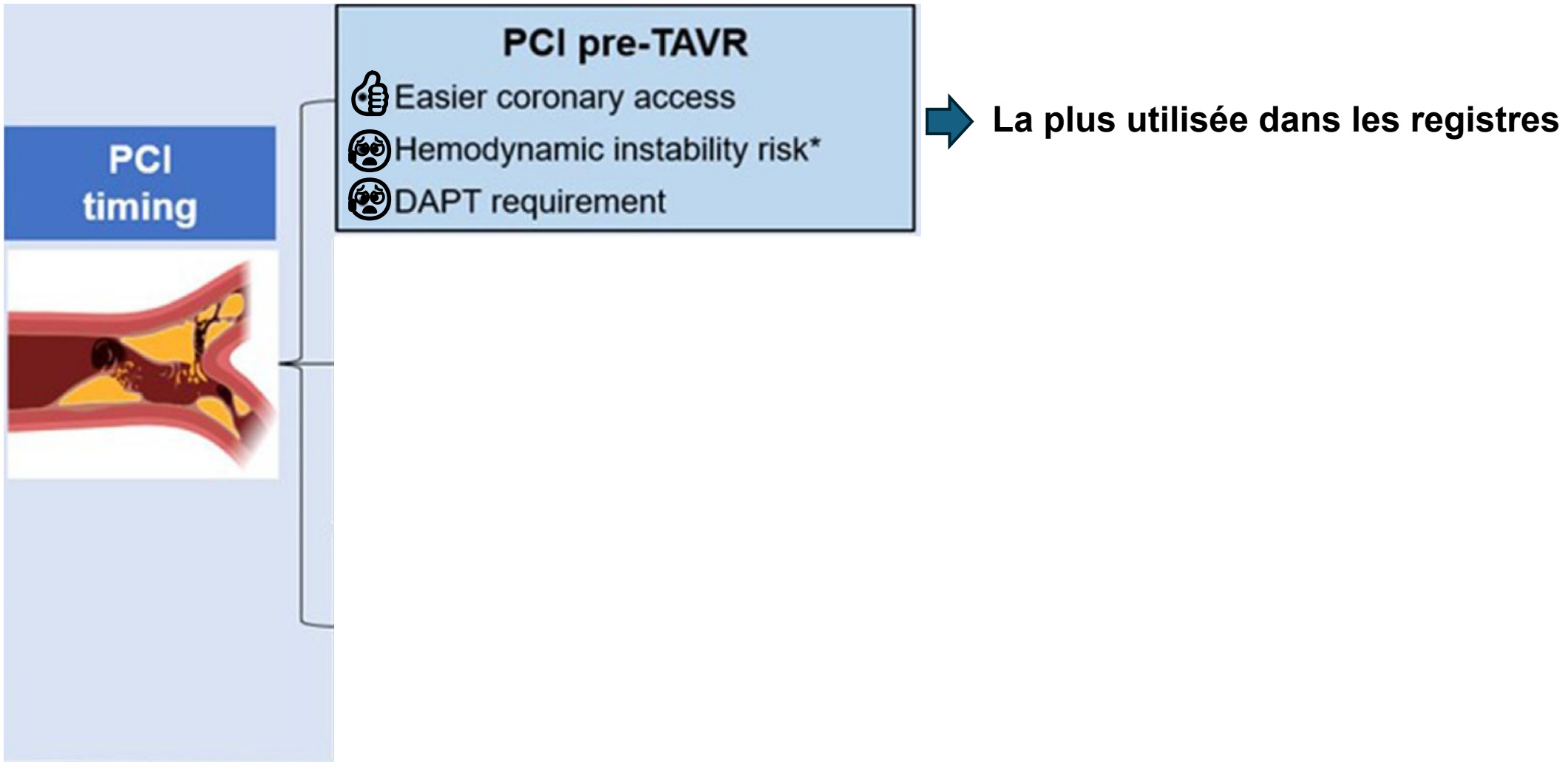


Pas d'augmentation des événements CV graves

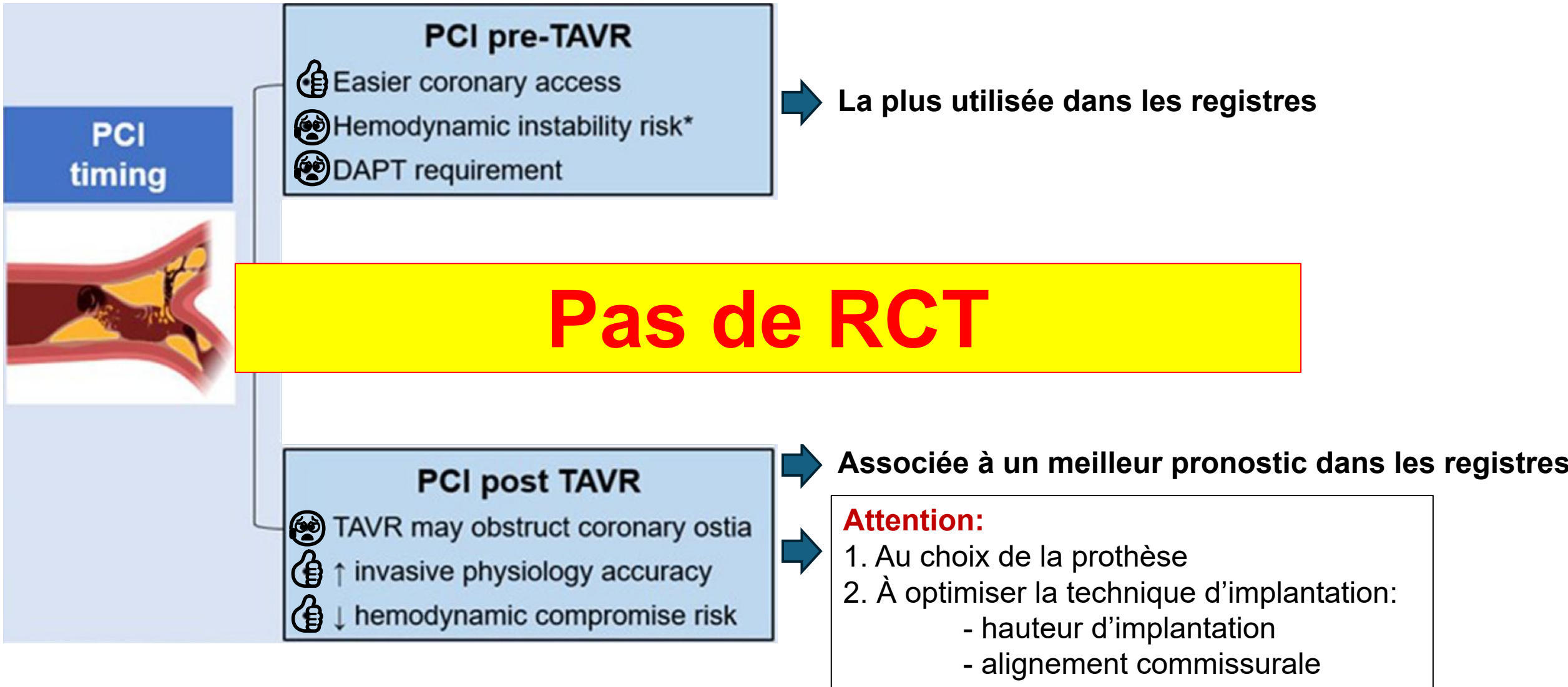


Augmentation des revascularisations non programmées dans le gp Obstructive CAD

Quel timing idéal pour l'angioplastie ?



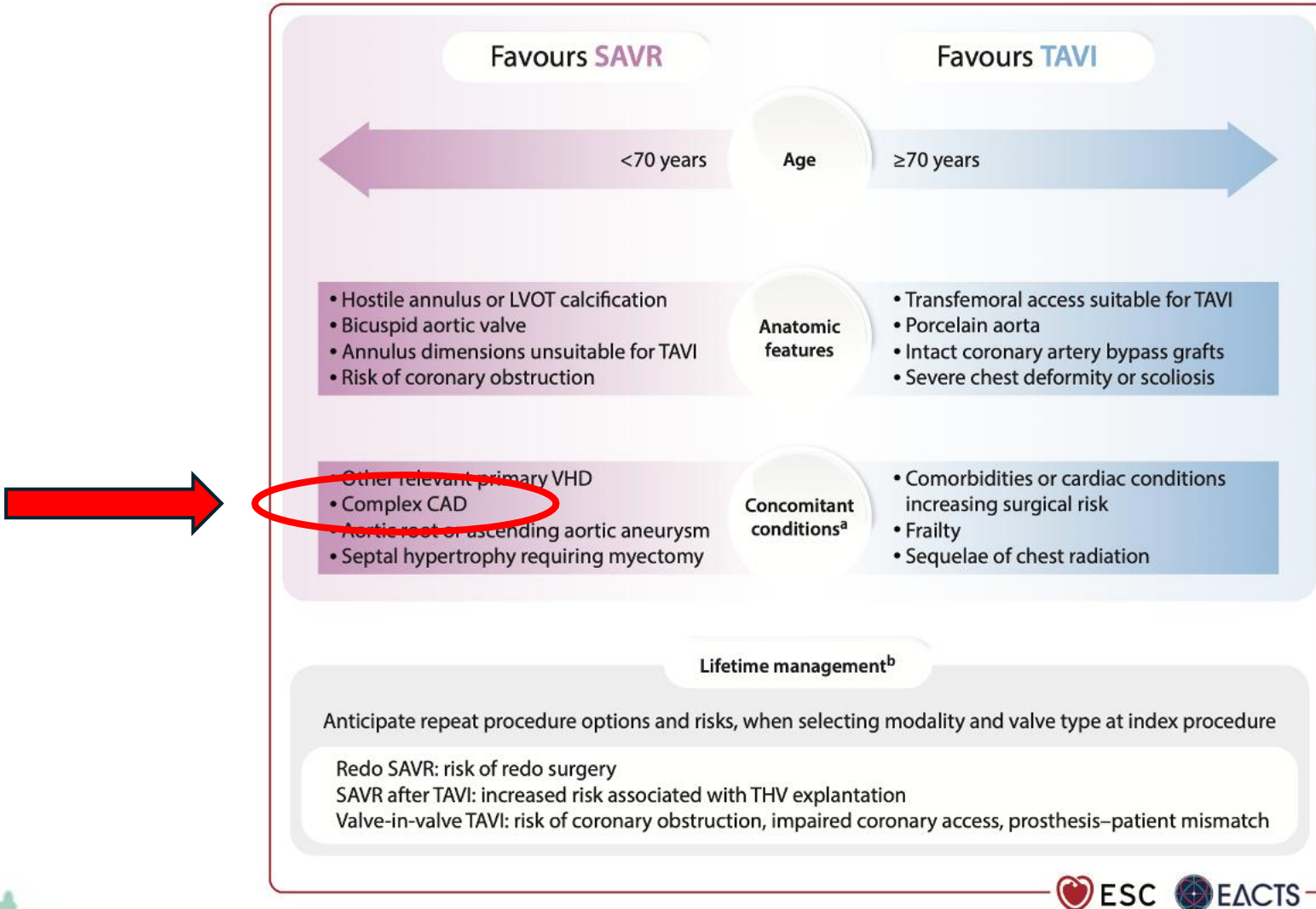
Quel timing idéal pour l'angioplastie ?



Maladie coronaire chez les candidats au TAVI

Pourquoi pas convertir en CABG + SAVR ?

2025 ESC/EACTS Guidelines for the management of valvular heart disease



Et pourquoi pas convertir en CABG & SAVR ?

TCW Trial

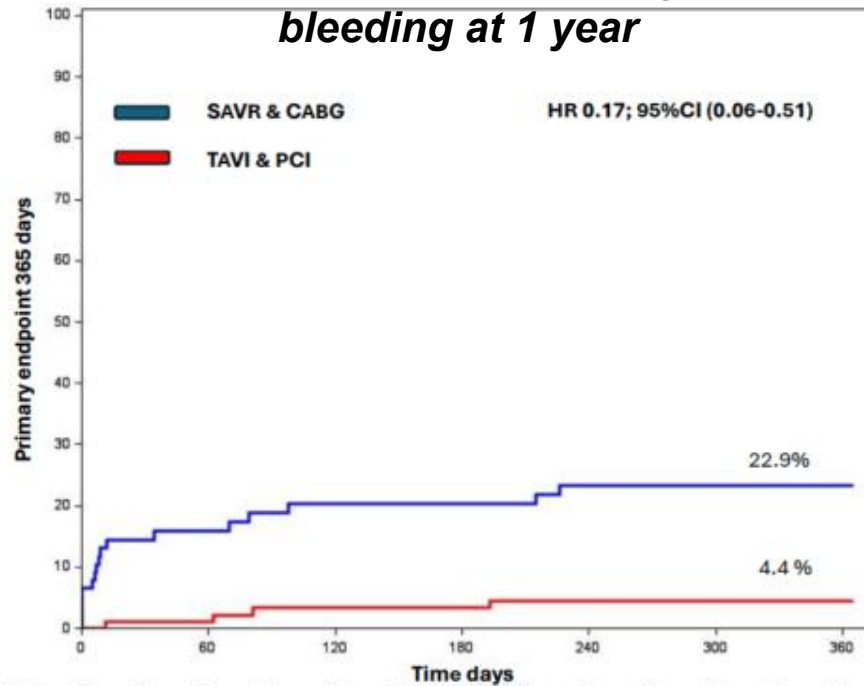
Pts ≥ 70 years with severe AS and ≥ 2 VVD or complex LAD

RCT: FFR-guided PCI + TAVI vs. CABG + SAVR

Mean age 76 y, mean Syntax score 13.4

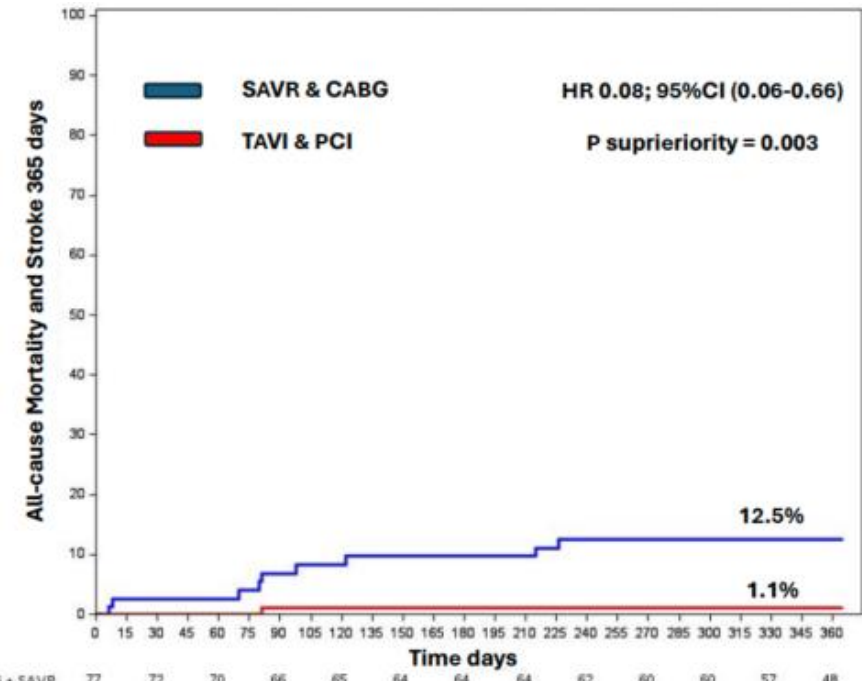
Primary endpoint:

All-cause mortality, MI, stroke, TVR, Valve reintervention, and life threatening or disabling bleeding at 1 year



Secondary endpoint:

All-cause mortality & stroke



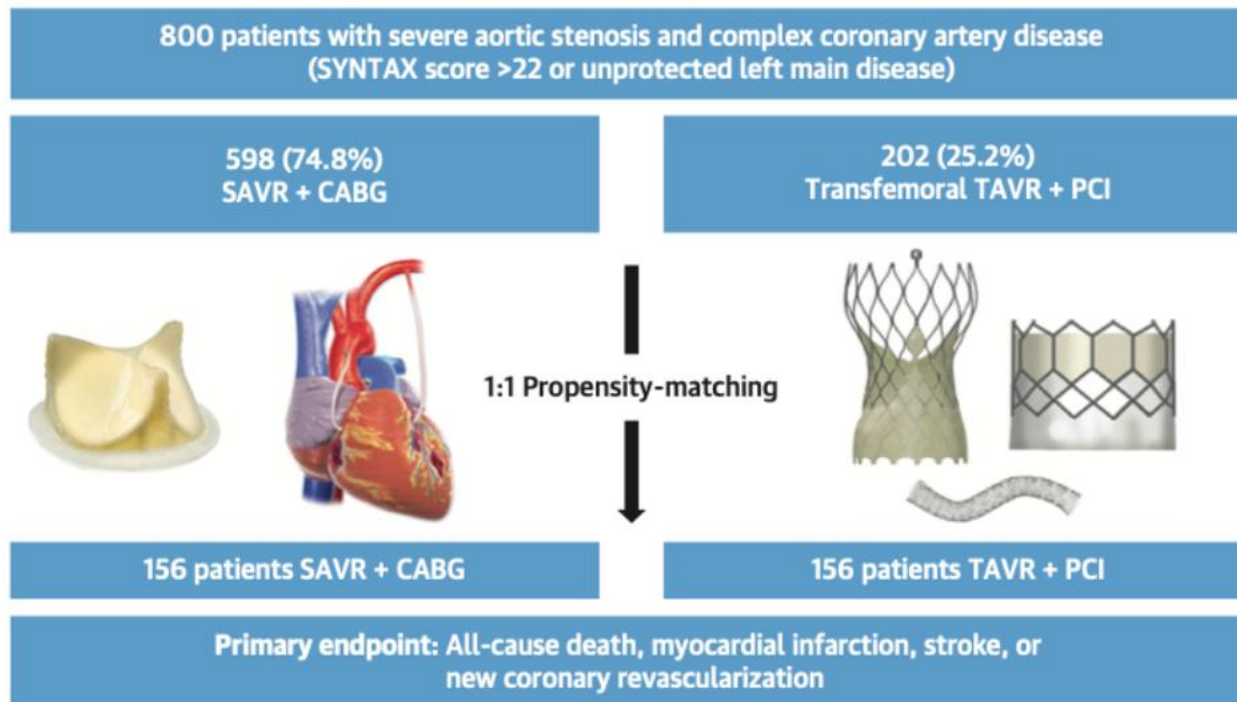
CABG + SAVR 77 61 57 54 52 52 52 52 50 50 49 46 38
FFR-guided PCI + TAVI 91 90 87 84 84 84 83

CABG + SAVR 77 72 70 66 65 64 64 64 62 60 60 57 48
FFR-guided PCI + TAVI 91 90 89 89 89 89 88 88 87 86 78

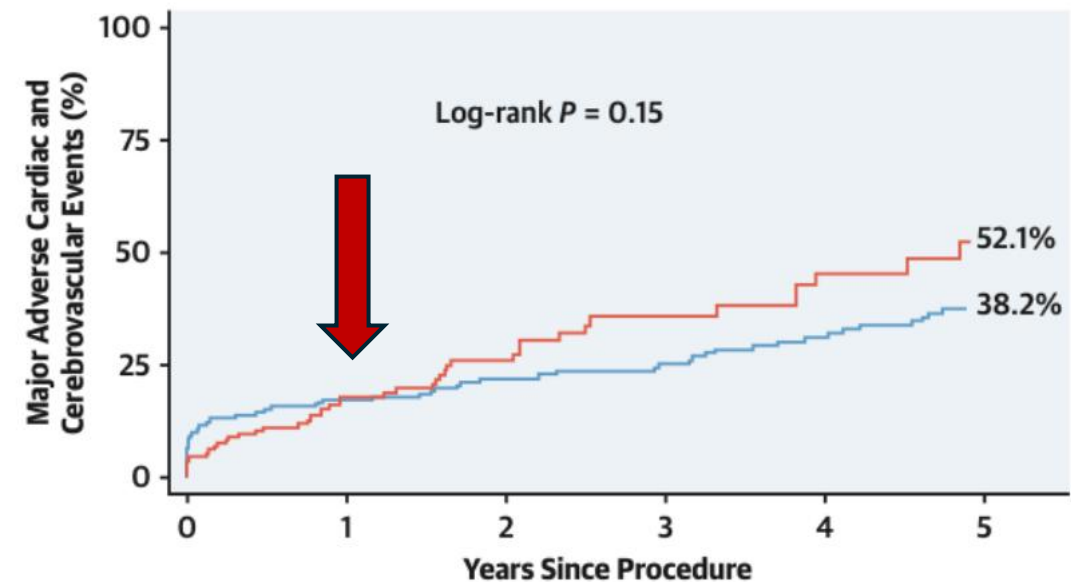


Et pourquoi pas convertir en CABG & SAVR ?

Multicenter observational study SAVR + CABG vs TAVR + PCI



MACCE at 5 years



No. at risk:

	0	1	2	3	4	5
— SAVR + CABG	156	123	105	91	79	64
— TAVR + PCI	156	93	58	30	22	11

Take Home Message: Revascularisation chez les candidats au TAVI

- Peu de preuve de l'intérêt de l'angioplastie systématique chez les patients candidats au TAVI (NOTION 3).
- Pas d'impact sur la sécurité du TAVI à traiter médicalement la maladie coronaire stable avant TAVI.
- Indications potentielles de revascularisation:
 - PCI en cas de: - Lésions critiques (>90%) des gros troncs épicaudiques
 - Lésions >70% (50% pour le TC) si FFR positive (et patients angineux)Switch vers la chirurgie (patients jeunes, low risk avec syntax score élevé)
- Le timing idéal reste à déterminer.
- Multiples RCT en cours (TAVI-PCI; COMPLETE TAVR; PRO-TAVI).

Merci

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