

# 2 Years results of the Mitra.fr trial

## *Percutaneous Treatment for Secondary MR*



**Jean François OBADIA - LYON**  
**on behalf of the MITRA-FR Investigators**

# Declaration of interest

- Consulting/Royalties/Owner/ Stockholder of a healthcare company (abbott, medtronic, Edwards, Landanger, delacroix chevalier, sanofi)

**Primary objective** : efficacy and safety of percutaneous Mitral Valve Repair in patients with heart failure and severe secondary mitral regurgitation. 12 months → 24 months





# The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

## Percutaneous Repair or Medical Treatment for Secondary Mitral Regurgitation

J.-F. Obadia, D. Messika-Zeitoun, G. Leurent, B. Iung, G. Bonnet, P. Chauvel, C. Riou, T. Lefèvre, C. Piot, F. Rouleau, D. Carrié, M. Nejjari, P. Ohlmann, E. Declercq, C. Saint Etienne, E. Teiger, L. Leroux, N. Karam, N. Michel, M. Gailard, E. Lachapelle, J.-N. Trochu, B. Cormier, X. Armoiry, F. Boutitie, D. Maucort-Boutin, S. Bernal, G. Samson, P. Guerin, A. Vahanian, and N. Mewton, for the MITRA-FR Investigators.

Mitra.fr  
27-08-2018

Probability of Freedom from an Event

### Primary composite endpoint (99% follow-up)

- All-Cause Death
- Unplanned rehospitalization for HF

Medical treatment  
Mitraclip + Med. treat.

OR = 1.16 (0.73-1.84)  
P = 0.53

152	123	109	94	86	80	73
151	114	95	91	81	73	67

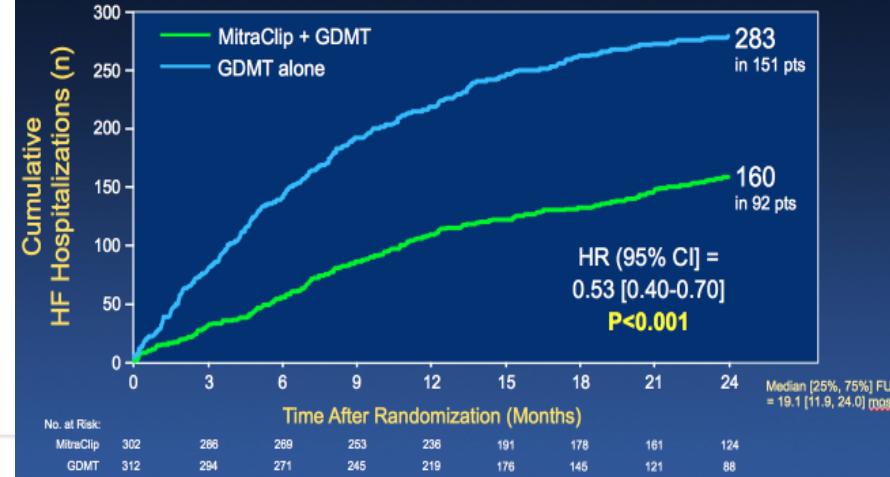
ORIGINAL ARTICLE

## Transcatheter Mitral-Valve Repair in Patients with Heart Failure

G.W. Stone, J.A. Lindenfeld, W.T. Abraham, S. Kar, D.S. Kim, J.J. McConnell, B. Whisenant, P.A. Grayburn, M. Rinaldi, S.R. Kapadia, V.R. Gangopal, I.J. Sarembock, A. Brieke, S.O. Marx, D.J. Cohen, N.J. Weissman, and M.J. Mack, for the COAPT Investigators\*

Coapt  
23-09-2018

### All Hospitalizations for HF within 24 months





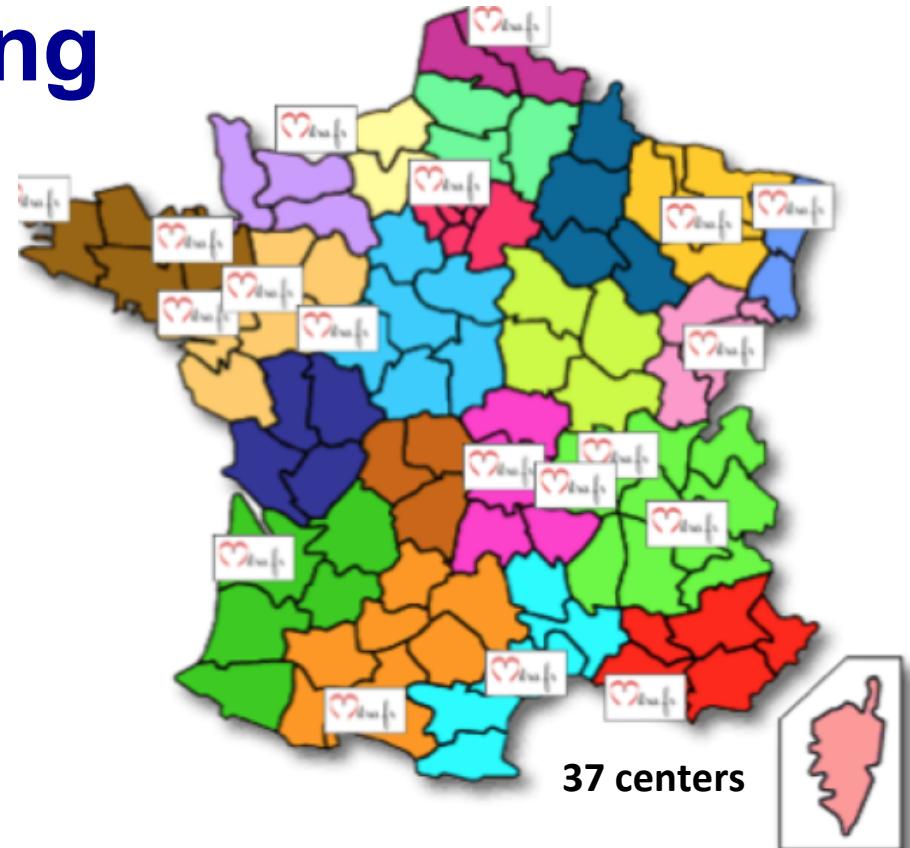
# Study funding

\* **Study Sponsor:** Hospices Civils de Lyon

Academic Study supported by a French Research Program grant from ministry of Health “**PHRC**”

\* **Abbott Vascular involvement :**

- Proctoring of the teams
- Financing 84% of the clips



- **Primary Endpoint “Composite”** : All-Cause Deaths or first Unplanned rehospitalization for Heart failure
- **Inclusion Criteria**
  - Symptomatic despite GDMT (NYHA  $\geq$ II).
  - At least one hospitalization for HF within 12 months preceding randomization
  - Severe Secondary MR  $\rightarrow$  ERO  $> 20 \text{ mm}^2$  or R.vol $>30 \text{ mL/beat}$
  - $15\% < \text{EF} < 40\%$
  - Not eligible for surgery by a local Heart Team, (No central eligibility)
  - Centralized echocardiographic Corelab



# Baseline characteristics 1/2

Characteristics	Percutaneous Repair Group (n=152)	Optimal Medical Treatment Group (n=152)	P value
Age year mean ( $\pm$ SD)	70.1 $\pm$ 10.1	70.6 $\pm$ 9.9	0.69
>75 year n (%)	51 (33.6)	59 (38.8%)	0.40
Males n - (%)	120 (78.9)	107 (70.4%)	0.11
Ischemic Cardiomyopathy n - (%)	95 (62.5)	60% 85 (56.3%)	0.29
NYHA Class II n - (%)	56 (36.8)	44 (28.9%)	
NYHA Class III n - (%)	82 (53.9)	96 (63.2%)	0.27
NYHA Class IV n - (%)	14 (9.2)	2/3 12 (7.9%)	
LVEF mean ( $\pm$ SD)	33.3 $\pm$ 6.5	EF=33% 32.9 $\pm$ 6.7	0.79
Effect regurg. Orif. area - mm <sup>2</sup> mean ( $\pm$ SD)	31 $\pm$ 10	S=31mm <sup>2</sup> 31 $\pm$ 11	0.42





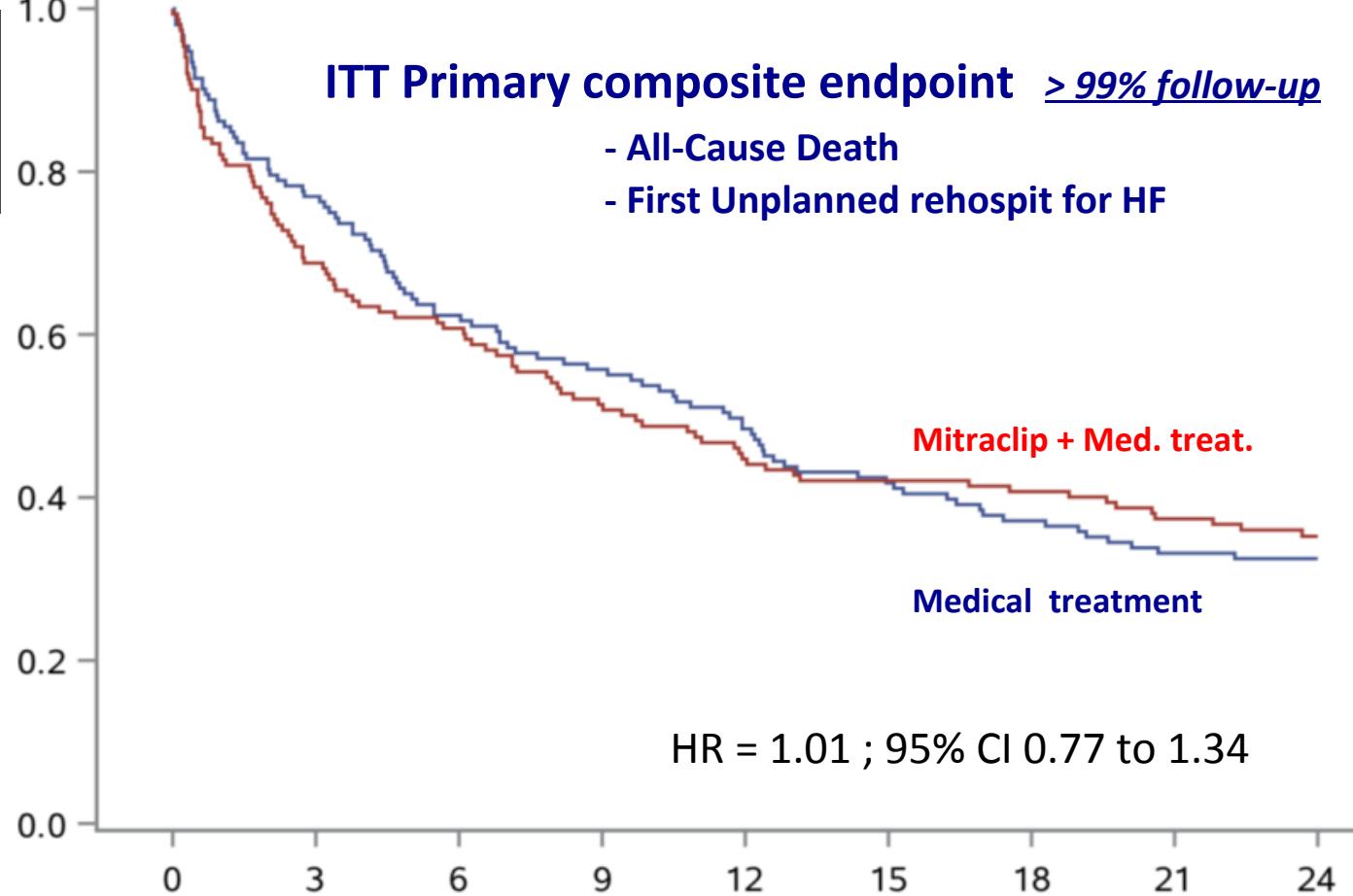
# Baseline characteristics 2/2

Characteristics	Percutaneous Repair Group	Optimal Medical Treatment Group	P value
NTproBNP - ng/L median [IQR]	3407 [1948; 6790]	3292 [1937; 6343]	0.97
Implantable cardioverter-defibrillator	90 (59.2%)	82 (53.9%)	0.42
Diuretics	151 (99.3%)	149 (98.0%)	0.62
Beta-blockers	134 (88.2%)	138 (90.8%)	0.57
ACE- inhibitor / ARB	111 (73.0%)	113 (74.3%)	0.55
Mineralocorticoid Receptor Antagonist	86 (56.6%)	80 (53.0%)	0.56
ARB and Neprilysin Inhibitor	14 (10.0%)	17 (12.1%)	0.70
Systolic Blood Pressure mmHg mean ( $\pm$ SD)	109 $\pm$ 16	108 $\pm$ 18	0.78



# Efficacy and Safety after 24 months

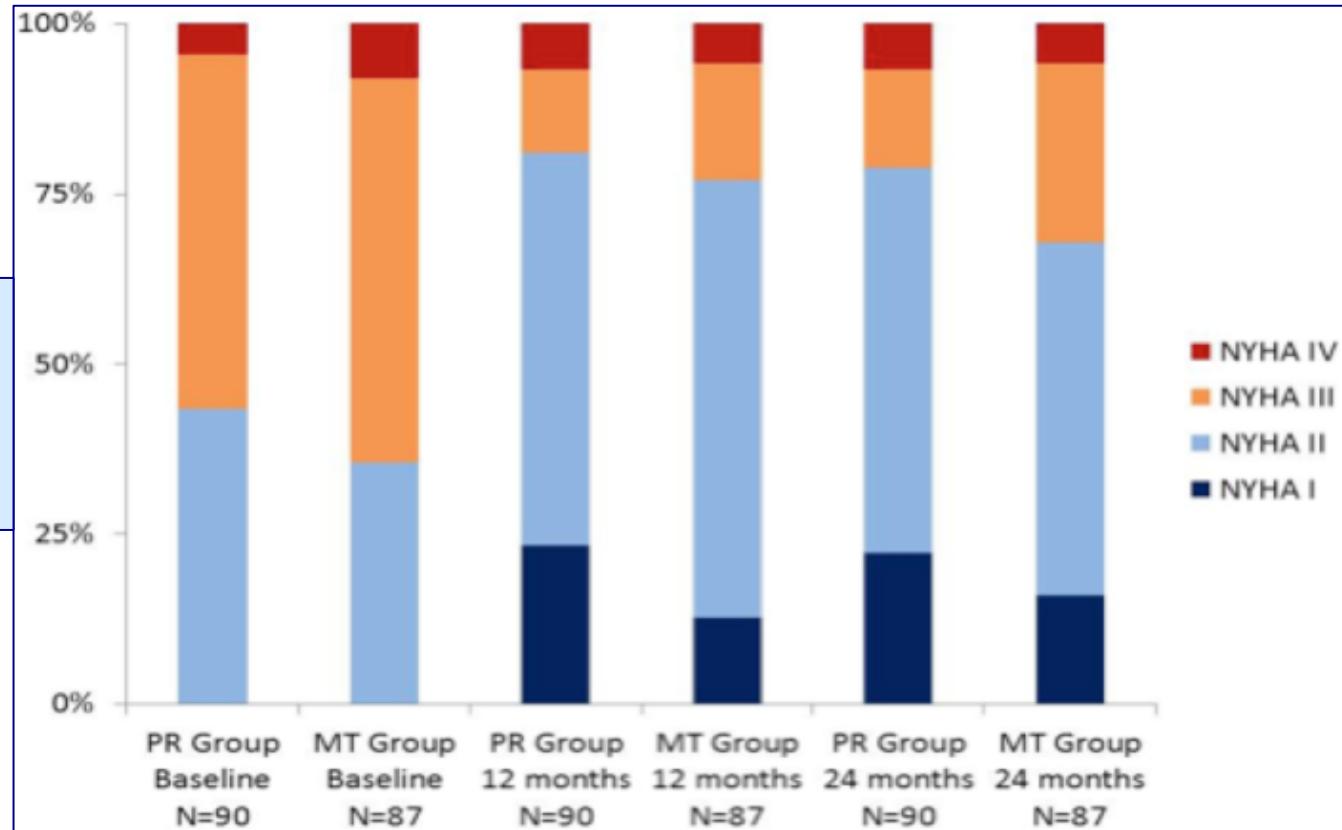
* Safety	Peri procedural complications
Urgent conversion to heart surgery	0
Peri-procedural Mortality (at 3 days)	0
Vascular complication requiring surgery / Hemorrhage transfusion	5 (3.5%)
Cardiac embolism (Gas embolism / Stroke)	2 (1.4%)
Tamponade	2 (1.4%)
2 years follow-up	0
<b>* Efficacy Technical Implantation Success MVARC</b>	<b>132/138 (&gt; 95 % )</b> - 1 Clip → 46% - 2 Clips → 45% - 3+ Clips → 9%



Control group	152	116	94	84	73	63	56	50
Intervention group	151	103	91	77	67	63	61	56

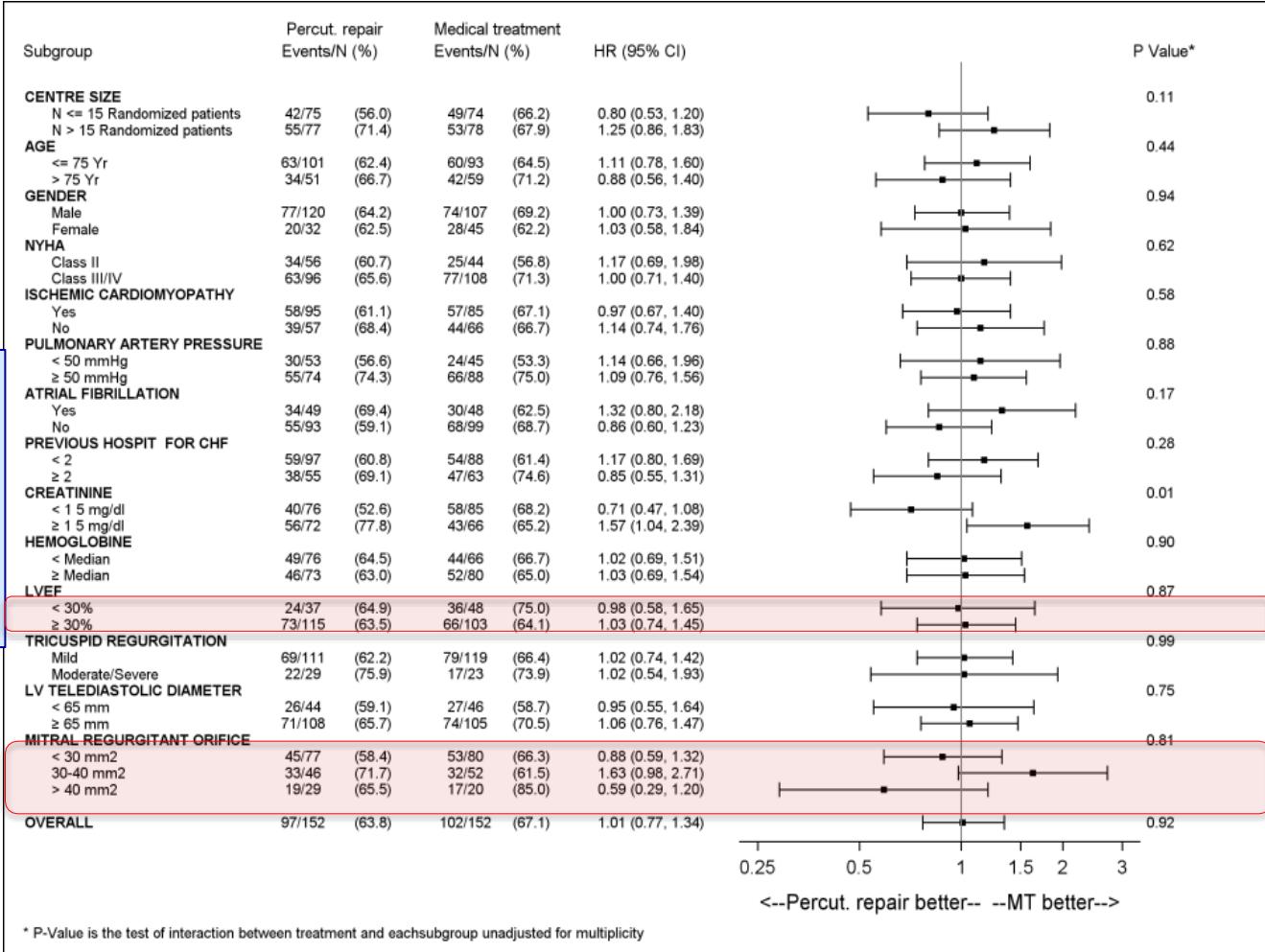


NYHA  
at 12 and 24 months  
Worst-case Scenario





## Sub-group Analysis at 24 months



<b>24 months Per-protocol Analysis</b>	<b>Percutaneous Repair Group (N=109)</b>	<b>Medical Treatment Group (N=137)</b>	<b>Hazard Ratio <sup>b</sup> (95%CI)</b>
<b>Composite primary outcome:</b> death from any cause or unplanned hospitalization for heart failure – no. (%)	70 (64.2)	94 (68.6)	1.04 (0.76-1.42)
<b>Secondary outcomes</b>			
Death from any cause	37 (33.9)	48 (35.0)	0.99 (0.64-1.52)
Cardiovascular death	34 (31.2)	44 (32.1)	0.99 (0.63-1.55)
Unplanned hospitalization for heart failure	64 (58.7)	87 (63.5)	1.03 (0.74-1.43)
Major adverse cardiovascular	72 (66.1)	94 (68.6)	1.09 (0.80-1.48)

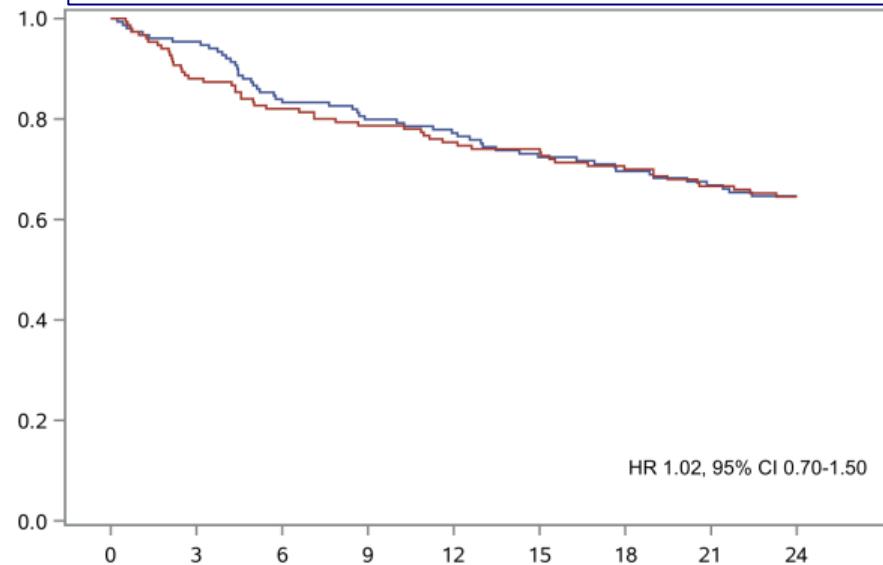
Together with



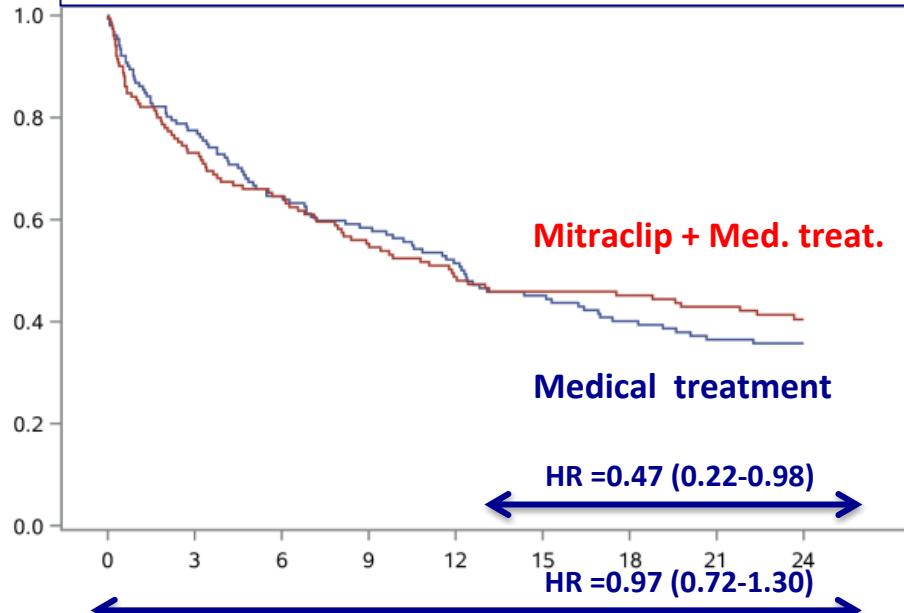
## ITT Primary composite endpoint (95% follow-up)

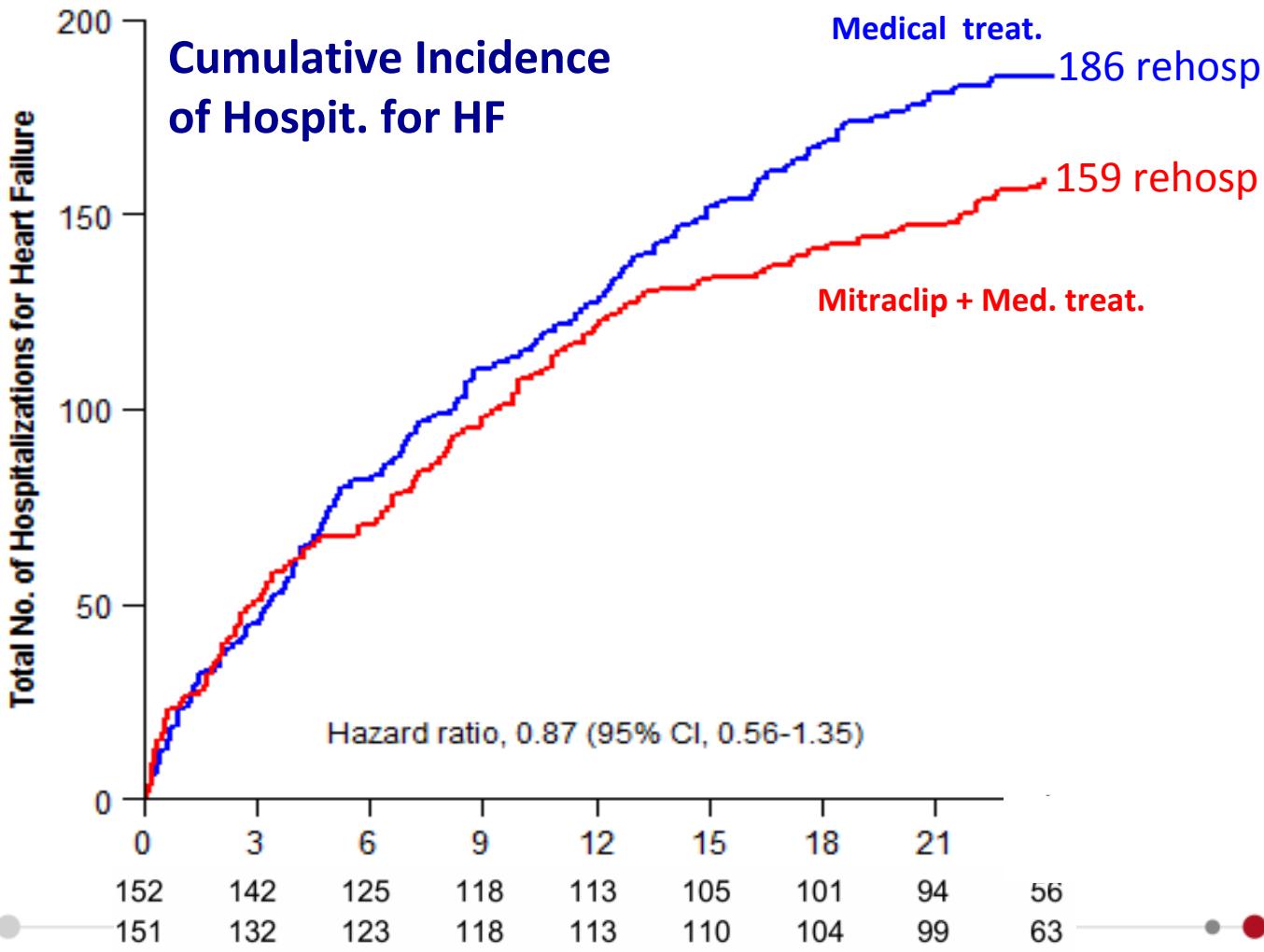
- All-Cause Death
- First Unplanned rehospital for HF

### Mortality



### Incidence of first hospitalization for HF





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Mitra-fr

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Coapt

	Mitra-fr (n=304)	COAPT (n=614)
Roll in period	5 patient / Center	3 patient / center
Enrolment / Inclusion / center	<u>3.2 years</u> : 8.2 / Center → 2,6/y	<u>4.8 years</u> : 7.8 / center → 1.6/y
Technical Implantation success	96%	98%
EROA (mean ± SD)	$31 \pm 10 \text{ mm}^2$	$41 \pm 15 \text{ mm}^2$
LVEDV (mean ± SD)	$135 \pm 35 \text{ mL/m}^2$	$101 \pm 34 \text{ mL/m}^2$
GDMT at baseline and FU	variable adjustment in each group per “real-world” practice	GDMT at baseline few major changes during FU
Mortality at 1y and 2y	≈ 23% and 34%	≈ 20% and 46%/29%
MR ≥ 3+ at BL → 12m → 24m	8% → 17% → ?	7.4% → 5% → 0.9%

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Coapt

## **But**

- Only ERO can be compared (MR grades not standardized)
- No major differences in NYHA class and LVEF
- Shorter 6-min walk test distance in Coapt ( $\approx 50$  m)
- Mortality in control group : 46 % in Coapt / 34% in Mitra.fr

## **Confirmation :**

- High mortality rate during FU
- Mitraclip well tolerated after 2 years



# Conclusion

Manuscript Online ➔



- The 24 months results of the MITRA-FR trial confirms that the addition of percutaneous clip to medical treatment did not decrease the rate of death or unplanned hospitalization for heart failure.
- After 24 months we have seen trends in subgroup or post hoc analysis but the lack of power limits the relevance of such analysis.
- Next steps ➔ Mitra.fr patients up to 5 years  
➔ Meta-analysis on individual data