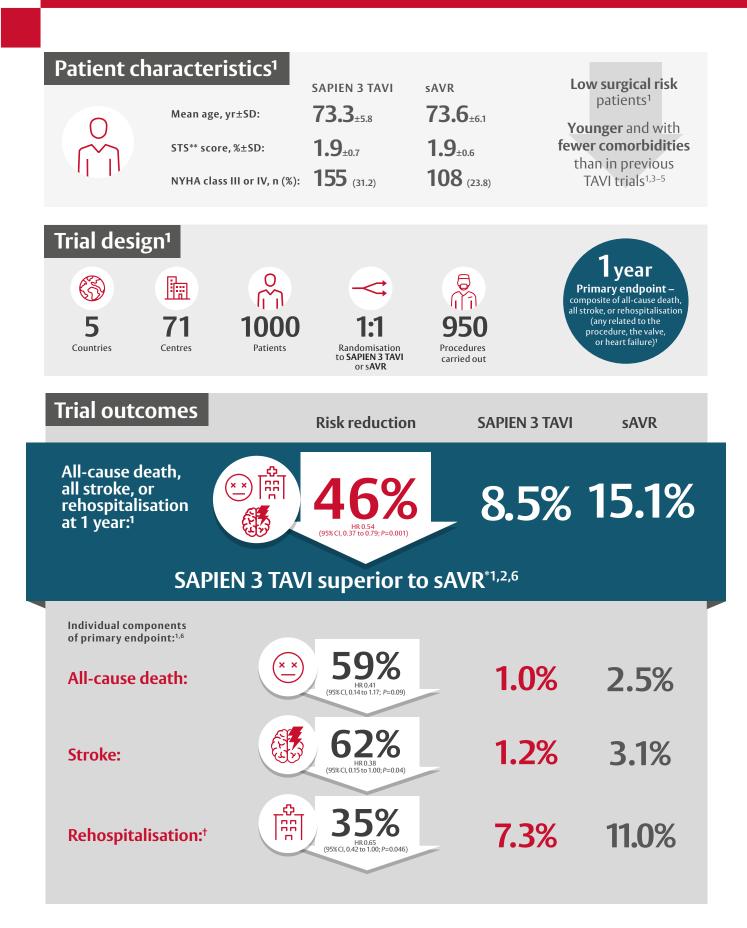
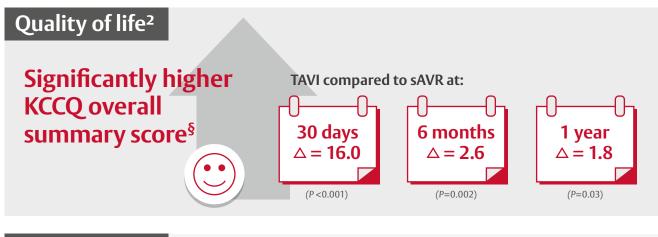
PARTNER 3 Trial Outcomes

Demonstrating the **superiority of SAPIEN 3 TAVI compared with sAVR** in low surgical risk patients^{*1,2}





Additional endpoints ^{1,2,6,7}		Risk reduction	SAPIEN 3 TAVI at 1 year	sAVR at 1 year
Death or disabling stroke: ^{1,6}		66% HR 0.34 (95% CI, 0.12 to 0.97; <i>P</i> =0.03)	1.0%	2.9%
Rehospitalisation due to heart failure: ⁷	\bigotimes	61% HR 0.39 (95% CI, 0.16 to 0.94; <i>P</i> =0.029)	1.4%	3.6%
Life-threatening or major bleeding: ^{1,6}		75% HR0.25 (95% CI,0.17 to 0.37; P<0.001)	7.7%	25.9%
New-onset atrial fibrillation: ^{1,7}		87% HR 0.13 (95% CI, 0.09 to 0.20; P<0.001)	7.0%	40.9%
Moderate or severe paravalvular regurgitation:6	1001	No significant difference (P=1.0)	0.6%	0.5%
New permanent pacemaker implantation:*6	۲	No significant difference (P=0.21)	7.3%	5.4%



Recovery time

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SAPIEN 3 TAVI showed better recovery time compared with sAVR:^{1,6}

Length of hospital stay (median):¹

3.0 days compared with **7.0** (P<0.001)

(P<0.001)

Patients discharged to home or self-care:^{1,6} **95.8%** compared with **73.1%**

In low-risk patients, the PARTNER 3 Trial proves

SAPIEN 3 TAVI is superior to sAVR on the composite primary endpoint (all-cause death, all stroke, and rehospitalisation)

and multiple pre-specified secondary endpoints at 1 year^{1,2,6}

You can give your low-risk patients the lowest-risk procedure with Edwards SAPIEN 3 TAVI

*The PARTNER 3 Trial proved that SAPIEN 3 TAVI is superior to SAVR with regard to the primary endpoint (all-cause death, all stroke, and rehospitalisation) and multiple pre-specified secondary endpoints.¹ **Society of Thoracic Surgeons Predicted Risk of Mortality (STS-PROM) scores range from 0 to 100%, with higher scores indicating a greater risk of death within 30 days after the procedure. STS-PROM is based on the presence of coexisting illnesses in order to predict 30-day operative mortality. The STS-PROM score equals the predicted mortality expressed as a percentage. Less than 5% of patients in the population on which the STS-PROM algorithm is based had a predicted operative mortality (score) of more than 10%.¹ † Valve-related, procedure-related, or heart-failure-related.¹

‡ Including baseline.

of Confidence interval; HR, hazard ratio; KCCQ, Kansas City Cardiomyopathy Questionnaire; NYHA, New York Heart Association; QoL, quality of life; SD, standard deviation; STS-PROM, The Society of Thoracic Surgeons Predicted Risk of Mortality; TAVI, transcatheter aortic valve implantation. References:

I. Mack MJ, Leon MB, Thourani VH, et al. Transcatheter aortic-valve replacement with a balloon-expandable valve in low-risk patients. N Engl J Med. 2019;380:1695–1705 and supplementary material. 2. Baron SJ. Health Status after Transcatheter vs. Surgical Aortic Valve Replacement in Patients with Severe Aortic Stenosis at Low Surgical Risk. Presentation at TCT, September 25–29, 2019; San Francisco, CA, USA. 3. Leon MB, Smith CR, Mack M, et al. Transcatheter aortic-valve implantation for aortic stenosis in patients who cannot undergo surgery. N Engl J Med. 2010;363:1597–1607. 4. Smith CR, Leon MB, Mack MJ, et al. Transcatheter versus surgical aortic-valve replacement in high-risk patients. N Engl J Med. 2011;364:2187–2198. 5. Leon MB, Smith CR, Mack M, et al. Transcatheter or surgical aortic-valve replacement in intermediate-risk patients. N Engl J Med. 2016;374:1609–1620. 6. Leon MB, Mack MJ, Partner 3 – Transcatheter or Surgical Aortic Valve Replacement in Low Risk Patients with Aortic Stenosis. Presentation at the American Congress of Cardiology, March 16–18, 2019; New Orleans, LA, USA. 7. Data on file. Edwards Lifesciences. June 2019. For professional use. For a listing of indications, contraindications, precautions, warnings, and potential adverse events, please refer to the Instructions for Use (consult eifu.edwards.com where applicable). Edwards devices placed on the European market meet the requirements for bearing the CE marking of conformity. Edwards, Edwards Lifesciences, the stylized E logo, PARTNER, PARTNER 3, SAPIEN, and SAPIEN 3 are trademarks or services marks of Edwards Lifesciences Corporation. All other trademarks are the



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[§] Kansas City Cardiomyopathy Questionnaire (KCCQ) overall summary scores range from 0 to 100, with higher scores indicating fewer physical limitations and a greater feeling of well-being. Abbreviations: