



Do you have patients with Asymptomatic Severe Aortic Stenosis? They may be eligible for the EASY-AS Trial!

Help us address a fundamental unresolved question in cardiology: The relative benefits of early AVR versus watchful waiting in asymptomatic patients with severe aortic stenosis.

Participants will be randomised to early AVR or expectant management:

INCLUSION CRITERIA

- Age >18 years
- Patient has severe asymptomatic AS, defined as either:
 - a) Peak velocity ≥4m/s OR mean pressure gradient ≥40mmHg WITH aortic valve area ≤1.0cm² OR ≤0.6cm²/m² body surface area

OR

b) Peak velocity ≥ 4 m/s OR mean pressure gradient ≥ 40 mmHg WITH aortic valve area $> 1.0 - \leq 1.2$ cm² OR $> 0.6 - \leq 0.7$ cm²/m² body surface area AND high sex specific calcium score*

OR

- c) Peak Velocity ≥3.5m/s 3.9m/s AND mean pressure gradient <40 mmHg WITH aortic valve area ≤1.0cm² OR ≤0.6cm²/m² body surface area AND high sex specific calcium score*
- *Sex specific high calcium scores: >1200 females; >2000 males
- The responsible clinician feels that either ongoing surveillance or early AVR are appropriate
- Regarded by the treating cardiologist to be suitable for AVR (surgical or TAVI) with an acceptable risk
- Willing to provide informed consent and be randomised to early AVR or expectant management
- An ability to understand one of the written languages that the study has provided written and visual materials in, or the availability of a translator to explain the study documentation

EXCLUSION CRITERIA

- Symptoms related to AS
- Additional severe valvular heart disease
- Other cardiac surgery planned pre-randomisation (e.g. CABG)
- Left ventricular systolic dysfunction (LVEF <50%)
- Pregnancy
- Co-morbid condition that, in the opinion of the treating cardiologist, limits life expectancy to <2 years
- Patient has previously undergone AVR or TAVI with restenosis

To discuss the trial further or refer a patient, please contact your local site Principal Investigator. Please turn page over for a list of sites and investigators, or scan the QR code below for more information about the trial.











Australian EASY-AS Sites and Principal Investigators

The EASY-AS Trial has recruiting sites in all Australian states and territories. The Principal Investigator and contact information for all sites are listed below. If you identify a patient who meets the EASY-AS eligibility criteria, you can refer them to your local site for trial-related activities, while their regular care would remain with you, their treating cardiologist.

VICTORIA

Monash Health

Prof. Julian Smith julian.smith@monash.edu

University Hospital Geelong

Prof. John Amerena

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Northern Health

A/Prof Chiew Wong chiew.wong7@nh.org.au

Peninsula Health Frankston Hospital

Prof Jamie Layland jlayland@phcn.vic.gov.au

QUEENSLAND

Gold Coast University Hospital

Prof. Kuljit Singh kuljit.singh@health.qld.gov.au

Townsville Hospital

Dr Lim Eng

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Prince Charles Hospital

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TASMANIA

Royal Hobart Hospital

Prof Tom Marwick

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NEW SOUTH WALES

Westmead Hospital

Dr Dylan Wynne dylanwynne2000@gmail.com

Liverpool Hospital

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Royal North Shore Hospital

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Nepean Hospital

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John Hunter Hospital

A/Prof Aaron Sverdlov

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Wollongong Hospital

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WESTERN AUSTRALIA

Royal Perth Hospital

Prof. Graham Hillis

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Fiona Stanley Hospital

Dr Gerald Yong

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Sir Charles Gairdner Hospital

Dr Brendan McQuillan

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SOUTH AUSTRALIA

Flinders Medical Centre

Prof. Joseph Selvanayagam joseph.selva@sa.gov.au

Royal Adelaide Hospital

Dr Jerrett Lau

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Lyell McEwin Hospital

Dr Luan Huynh

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The Queen Elizabeth Hospital

Prof. John Beltrame

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AUSTRALIAN CAPITAL TERRITORY

Canberra Hospital

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