

Predictable implant release: simulation, evidence, and case-based discussion

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Potential conflicts of interest

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- ☐ I do not have any potential conflict of interest to report
- X I have the following potential conflicts of interest to report: Honoraria for lectures: Amgen, Berlin Chemie, Daiichi Sankyo, Edwards Lifesciences Services GmbH, Novartis, Sanofi Honoraria for advisory board activities: Amgen, Novartis, Sanofi Research funding: Daiichi Sankyo

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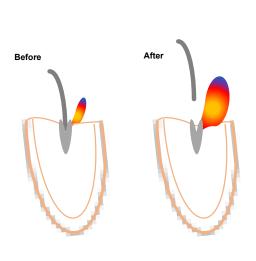
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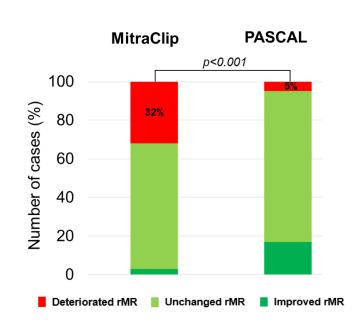


Effective MR Reduction and High Post-delivery Predictability

Retrospective, single-center study, with n=100 MitraClip* and n=100 PASCAL system**



Predictability of post-delivery residual MR (rMR)
Significantly less MR deterioration¹ in patients treated with PASCAL system



^{*} Number of MitraClip implanted over time: 2017: n=34; 2018: n=57; 2019: n=57; 2020: n=4; ** Number of PASCAL implants implanted over time: 2017-2018: n=0; 2019: n=40; 2020: n=60. Luedike P. [...] Mahabadi AA. Impact of Mitral Valve Repair Technologies on Predictability of Post-Delivery Residual Mitral Regurgitation. JACC Cardiovasc Interv. 2021 Dec 13;14(23):2638-2640





¹ MR deterioration: reoccurrence of MR due to new jet, increase of residual MR, and/or return of MR

PASCAL Precision System Predictability Registry

Hypothesis

PASCAL Precision system enables predictable reduction of MR prior and post-delivery

Design

Retrospective multi-center (Essen, Bad Oeynhausen, Tübingen) observational study

Methods

- Patients treated with PASCAL Precision system: PASCAL (P10) implant and PASCAL Ace implant
- Evaluation of pre- and post-delivery MR
 - Blinded assessment at central core lab
 - 3D vena contracta area
 - FROA

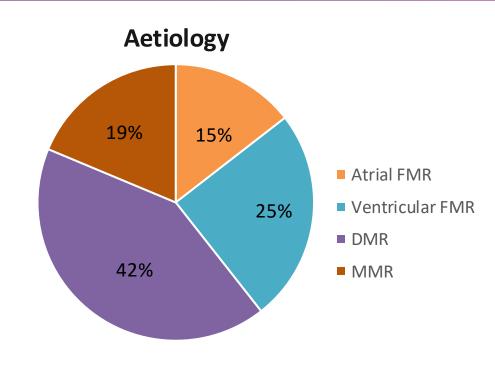
MR: mitral regurgitation; EROA: effective regurgitant orifice area
Hellhammer K. [...] Mahabadi AA. Impact of MV anatomy on predictability of post-delivery MR with a new generation TEER-device. E-Poster. EuroPCR 2024





Baseline Characteristics

	All patients (n=141)
Male , n (%)	85 (60.3)
Age, years	78 ± 9.9
STS Score (%)	5.5 ± 5.4
CAD , n (%)	68 (48.2)
Atrial fibrillation, n (%)	94 (66.7)
COPD , n (%)	13 (9.2)
Previous valve, n (%)	4 (5.0)
NT-proBNP (pg/ml)	5047 ± 9386
GFR (ml/min)	55 ± 24
Number of implants, n	1.4 ± 0.6
Anatomical complexity*, n (%)	74 (52.5)



^{*} Anatomical complexity denotes the proportion of patients who met at least one criterion for complex or very complex mitral valve anatomy as defined by Hausleiter J. et al. EuroIntervention.2023;18(12):957-976.

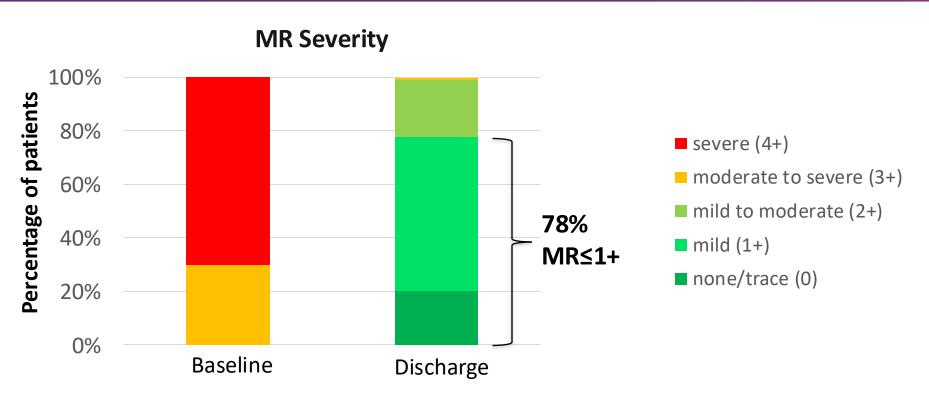
STS: society of thoracic surgeons; CAD: coronary artery disease; COPD: chronic obstructive pulmonary disease; NT-proBNP: N-terminal pro-B-type natriuretic peptide; GFR: glomerular filtration rate; FMR: functional mitral regurgitation; DMR: degenerative mitral regurgitation; MMR: mixed mitral regurgitation

Hellhammer K. [...] Mahabadi AA. Impact of MV anatomy on predictability of post-delivery MR with a new generation TEER-device. E-Poster. EuroPCR 2024





Mitral Regurgitation Severity (n=141)



MR: mitral regurgitation
Hellhammer K. [...] Mahabadi AA. Impact of MV anatomy on predictability of post-delivery MR with a new generation TEER-device. E-Poster. EuroPCR 2024



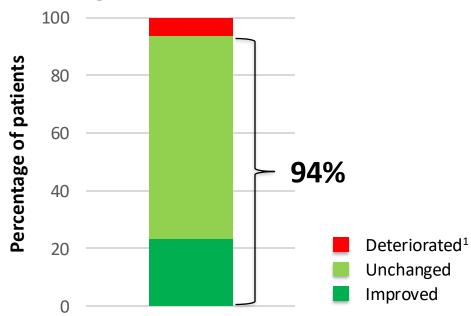


Predictability of Post-delivery Residual MR (N=141)

94% predictability of post-delivery resMR

23% of patients experienced improvement in resMR from pre- to post-delivery





MR: mitral regurgitation; resMR: residual MR

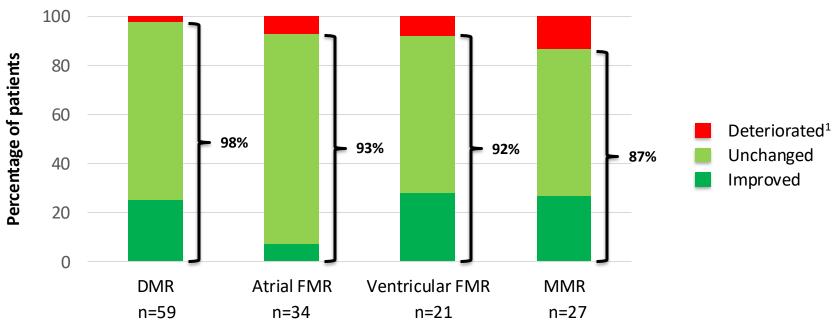
¹Deterioration of initially documented MR reduction: reoccurrence of MR due to new jet, increase of residual MR and/or return of MR Hellhammer K. [...] Mahabadi AA. Impact of MV anatomy on predictability of post-delivery MR with a new generation TEER-device. E-Poster. EuroPCR 2024





Predictability of Post-delivery Residual MR

Change of MR after release by aetiology



MR: mitral regurgitation; FMR: functional mitral regurgitation; DMR: degenerative mitral regurgitation; MMR: mixed mitral regurgitation

¹Deterioration of initially documented MR reduction: reoccurrence of MR due to new jet, increase of residual MR and/or return of MR

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Case Presentation—PASCAL Ace Implant

- Male patient, 77 years of age
- Dyspnea NYHA III
- Cardiovascular medical history:
 - Aortic valve stenosis with SAVR 2013
 - Coronary 1-vessel revascularization therapy with LIMA to RIVA 2013
 - Ao. asc. replacement 2013
 - Paroxysmal AF
 - Arterial hypertension
- COPD Gold II, Renal deficiency (stage III)

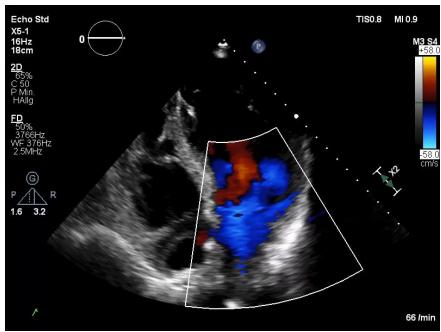
NYHA: New York Heart Association; SAVR: surgical aortic valve replacement; LIMA: left internal mammary artery; RIVA: ramus interventricularis anterior; AF: atrial fibrillation; COPD: chronic obstructive pulmonary disease





Transthoracic Echocardiography









Right Heart Catheterization

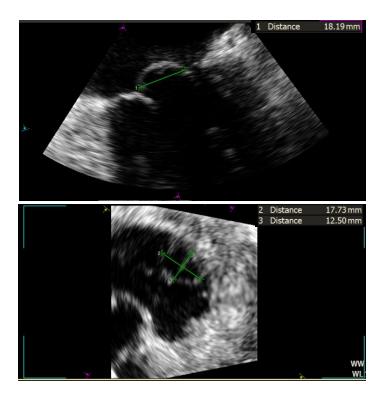


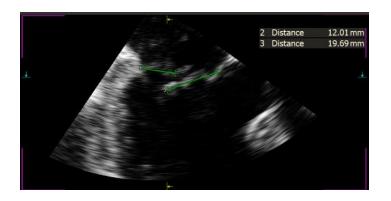
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PCR

3D-TEE: Procedural Planning





Strategy:

- 2-device strategy
- PASCAL Ace implant

TEE: transeso phageal echocardiography





Procedure









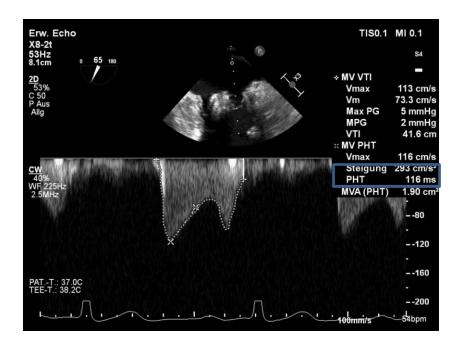
Procedure







Procedure



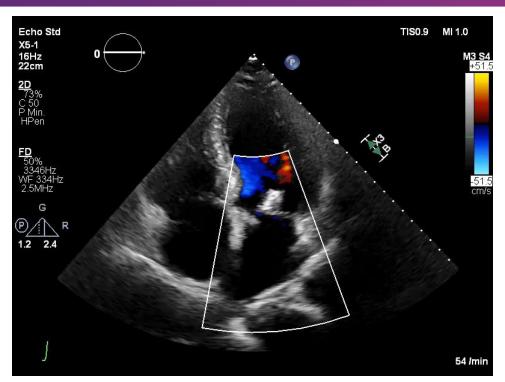
Duration:

- Total: 52 minutes
- Guide sheath in to out: 38 minutes
- Fluoroscopy-time: 10.9 minutes
- Dose area product: 1651 cGycm³
- Contrast: 15 ml
- Procedure in conscious sedation
- Discharge on 2nd post-interventional day



Follow-up at 3 Months

	Pre- procedural	3-M follow-up
Dyspnea	NYHA III	NYHA I
NT-proBNP	1273 pg/ml	682 pg/ml
6-MWD	283 m	412 m



MV-MPG: 2mmHg

NYHA: New York Heart Association; NT-proBNP: N-terminal pro-B-type natriuretic peptide; 6MWD, 6-minute walk distance; MV-MPG: mitral valve- mean pressure gradient





Conclusion

Retrospective multi-center cohort study with central core lab evaluation

- ✓ 78% no or mild MR at discharge in real-world setting
- ✓ Predictable post-delivery residual MR in 94% of procedures
- ✓ Improvement in residual MR in 23% of patients from pre- to post-delivery

MR: mitral regurgitation



Thank you

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