2017 PCR london valves

Transcatheter heart valve therapies for all heart valves: from an innovation strategy to mainstream therapy

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Potential Conflicts of Interest

Speaker's name: Martin B. Leon

☑ **I do not have any potential conflict of interest**

Session Evaluation and Key Learnings

- Epidemiology forecasts indicate global growth of AS population in parallel with global aging AND continued « under-treatment » in part due to lack of disease awareness.
- TAVI technology advances have contributed importantly to improved clinical outcomes.
- A core theme in TAVI growth has been overwhelming supportive evidence generated in meaningful clinical trials… currrent ongoing (and planned) new studies = low-risk patients, asymptomatic patients w severe AS, moderate AS w HF (and reduced EF), aortic/mitral ViV, bicuspid aortic valves, and minimalist procedural strategies.

Session Evaluation and Key Learnings

- The value of innovation – esp. « high cost » novel therapies – may be difficult to determine, BUT direct and persistent input from clinicians to regulators and evidence of clinical outcome benefits as well as cost-effectiveness data (from clinical trials) is essential!
- Modern era TAVI requires a coordinated heart team effort; efficient hospital clinial care pathways allow treatment of large numbers of patients per day without sacrificing optimal clinical outcomes and with rapid home discharge in appropriate patients.
- Edwards advanced valve programs are comprehensive, including futuristic strategies for surgical aortic valves, new transcatheter aortic valves (both self-expanding and self-expandable), dry leaflet technologies, and multiple transcatheter approaches for mitral and tricuspid valve disease… clearly, a diverse and robust technology pipeline!