

Les nouveaux traitements des pathologies valvulaires

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CMVO 2 Février 2020

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Conflits d'intérêt

- Consultant for Edwards Lifesciences
- Proctor for Abbott Vascular

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Incentive for transcatheter valve interventions

- Demographic trends and increased burden of degenerative valve disease in elderly, high-risk patients
 - ▶ Less invasive than surgery
 - ▶ Avoids bypass
 - ▶ Shorter hospital stay, faster recovery
 - ▶ Decreases mortality and morbidity
- High level of scientific evidence - comparison with surgery
 - ▶ TAVI+++
- Failure does not burn bridges to surgery
- Popularity, self referral+++

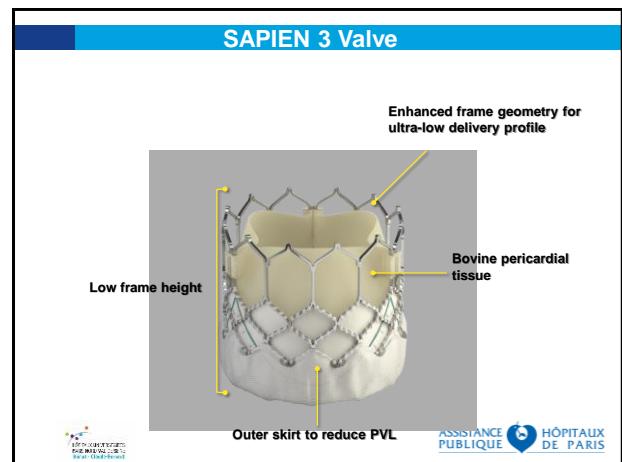
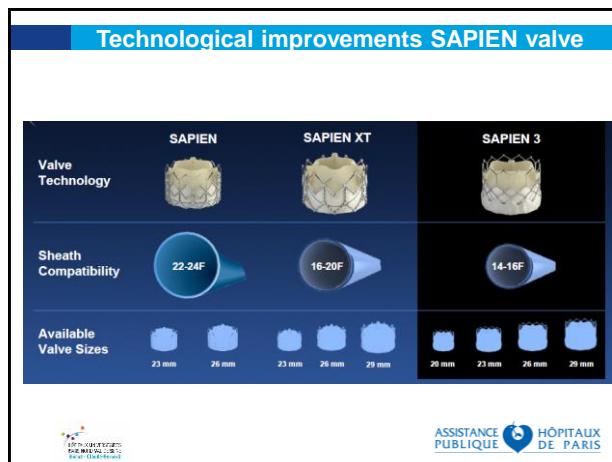
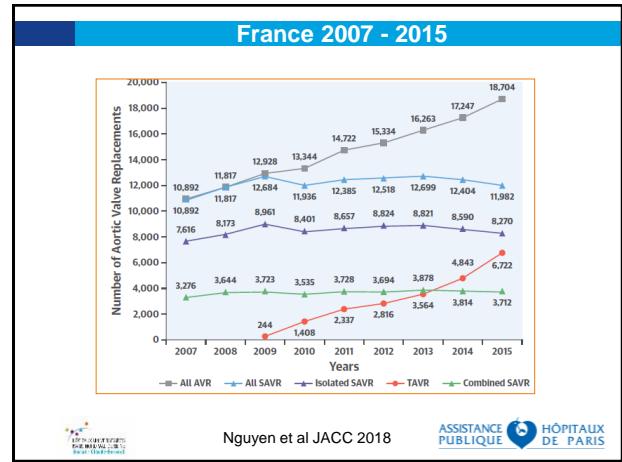
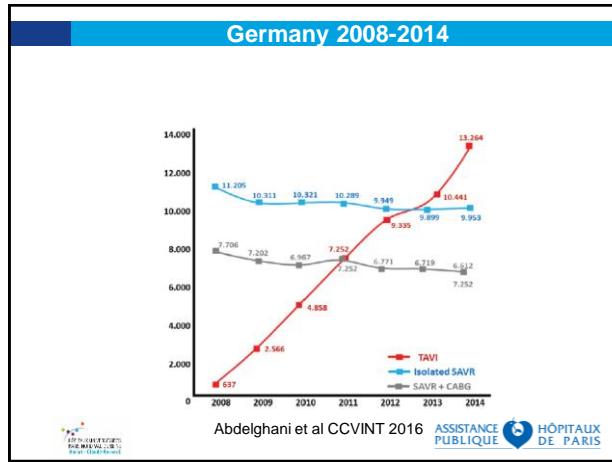
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TAVI Pioneers

Alain Cribier **John Webb**



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Medtronic Evolut R/Pro™

- Shortened self-expanding nitinol frame
- Porcine pericardium
- Supra-annular
- Extended skirt
- Partially repositionable
- 14F Enveo™ delivery system
- Inline™ sheath

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ACURATE

ACURATE neo™
Aortic Valve System

Stabilization Arches
Designed for axial self-alignment

Supra-Annular Valve
Porcine pericardium leaflets with BioFix™ anti-calification process

Upper Crown
Minimal supra-annular anchoring

Anti-PVL Skirt
Sealing against paravalvular leak

Lower Crown
Minimal protrusion into LVOT

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Metaanalysis TAVI vs SAVR

Trial

High-risk	HR (95% CI)
PARTNER 1A US CoreValve high risk Subtotal ($i^2=0.01$)	0.90 (0.71 - 1.15) 0.79 (0.61 - 1.01) 0.85 (0.71 - 1.01)

Intermediate risk

Overall ($i^2<0.001$)

0.2 Favour TAVI 0.5 1 2 5 Favour SAVR

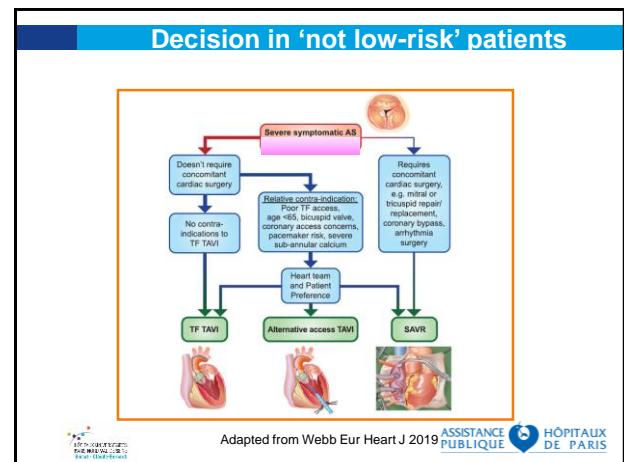
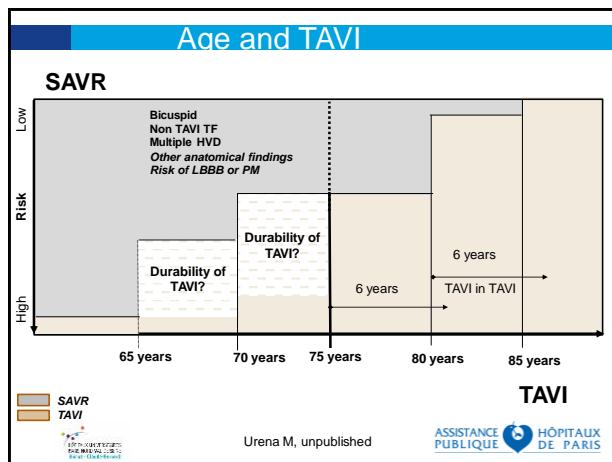
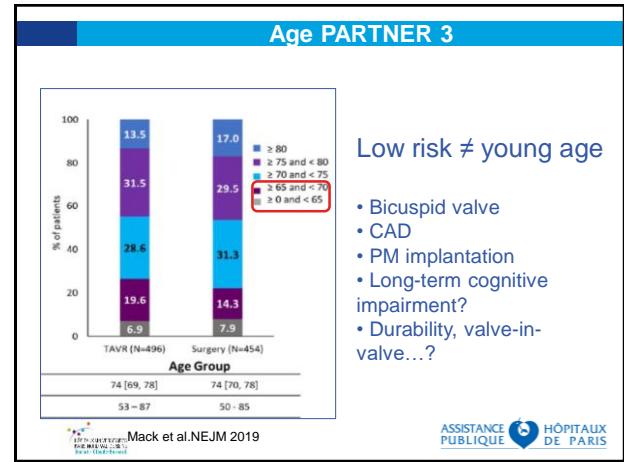
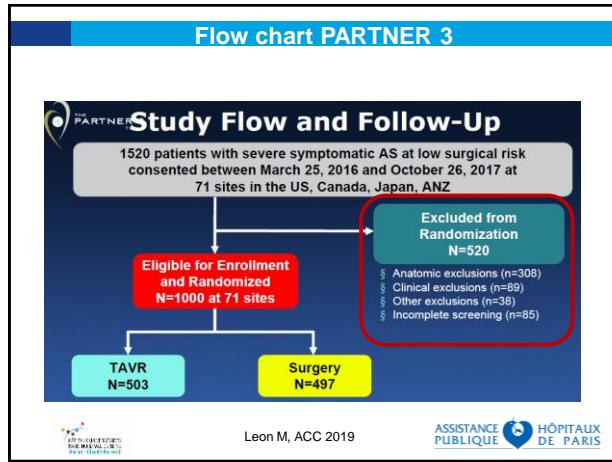
Compared with SAVR, TAVI is associated with reduction in all-cause mortality and stroke up to 2 years irrespective of baseline surgical risk and type of THV system

Siontis et al Eur Heart J 2019

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TAVI for Everyone?

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Decision in 'low-risk' patients

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graph TD
    A[Severe symptomatic AS and low surgical risk] --> B[Doesn't require concomitant cardiac surgery]
    B --> C[No contraindications to TF TAVI]
    C --> D[TF TAVI]
    D --> E[Heart icon]
    B --> F[Requires concomitant cardiac surgery, e.g., mitral or tricuspid valve replacement, coronary bypass, arrhythmia surgery]
    F --> G[Relative contra-indication: Poor TF access, age >80 years, coronary access concerns, pacemaker risk, severe sub-annular calcification]
    G --> H[SAVR]
    H --> I[Heart icon]
    
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Adapted from Webb Eur Heart J 2019

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TAVI Pending questions

- Durability of THVs over 7 years?
- How to decrease the risk of conduction disturbances / PM implantation?
- Clinical impact of subclinical leaflet thrombosis?
- Best antithrombotic treatment?
- Long-term clinical impact of MRI defects on cognitive function?

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Percutaneous mitral interventions pioneers

K Inoue A Vahanian F Maisano

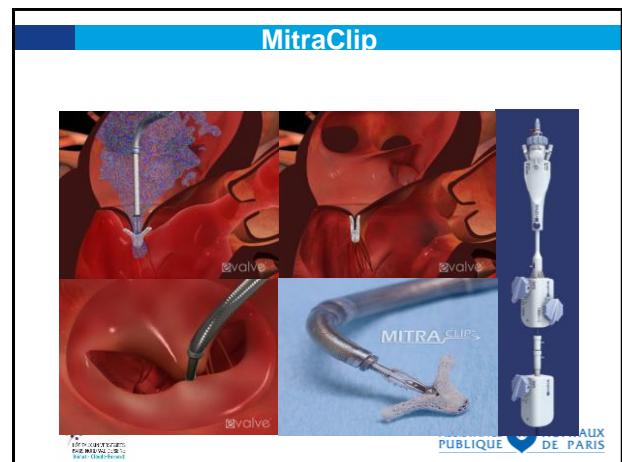
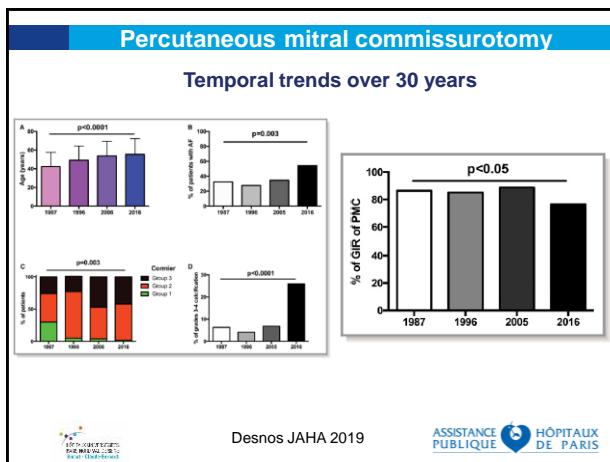
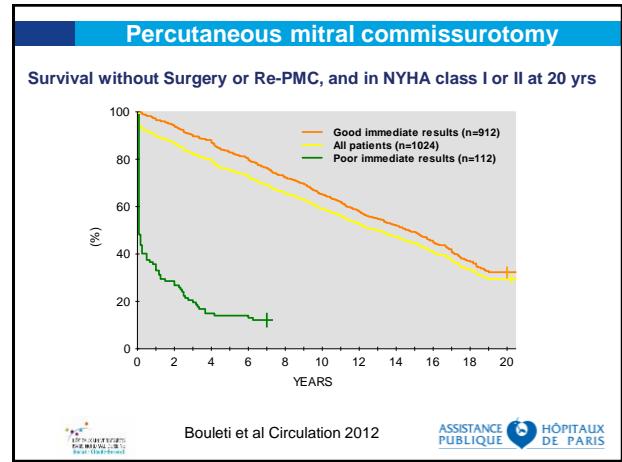
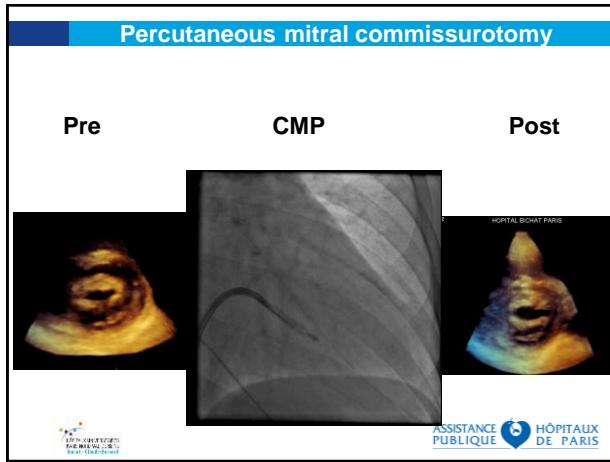
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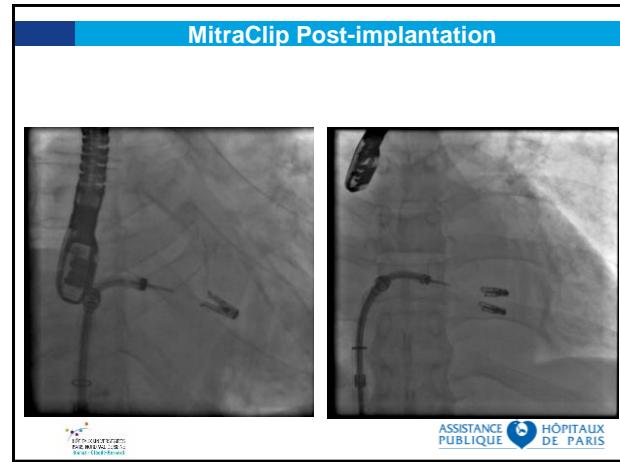
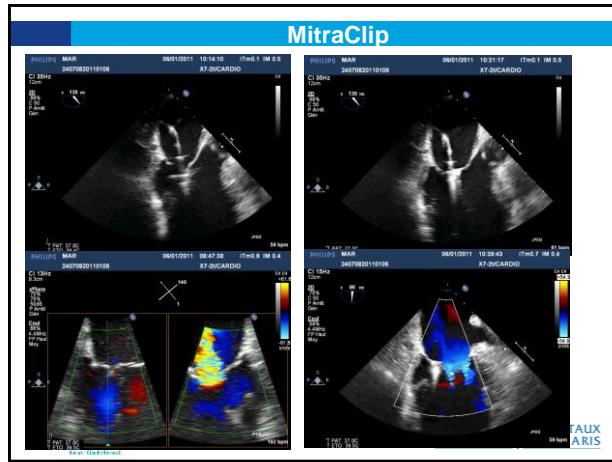
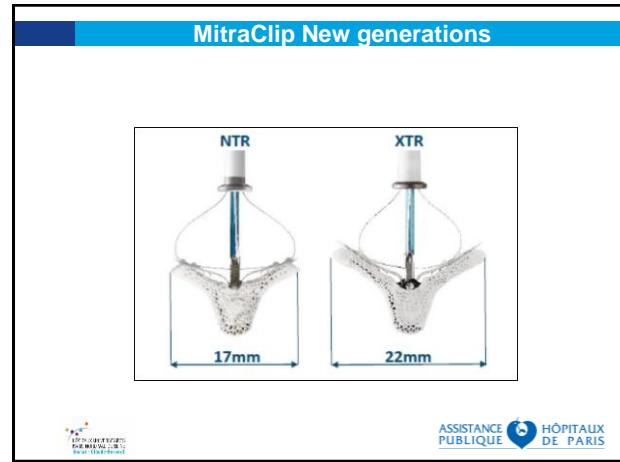
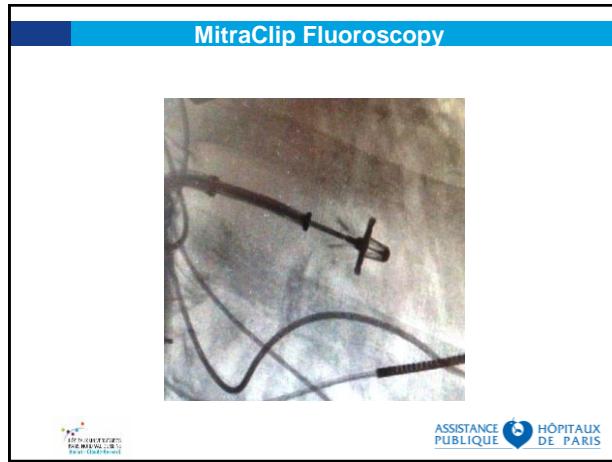
Procédures mitrales percutanées

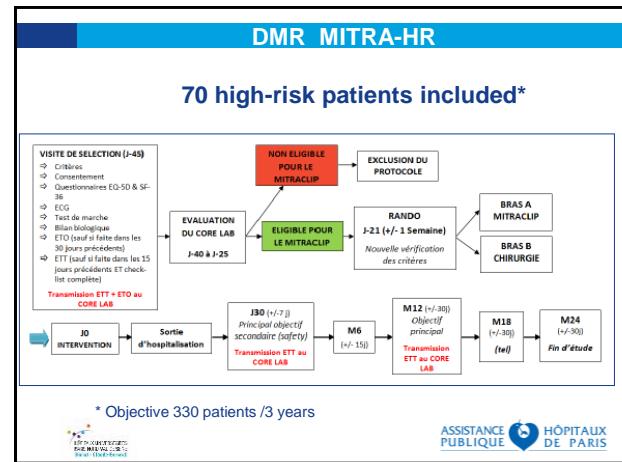
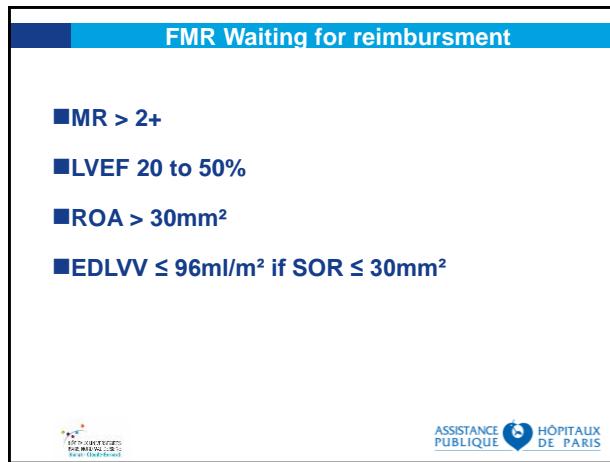
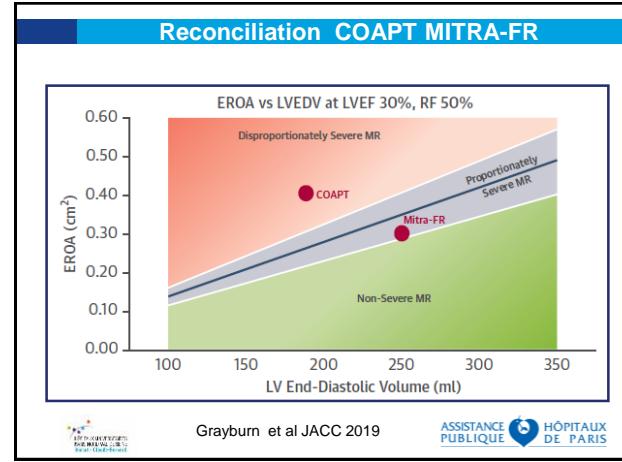
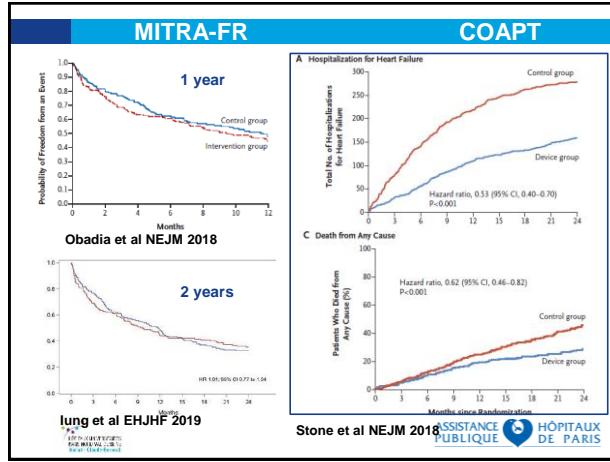
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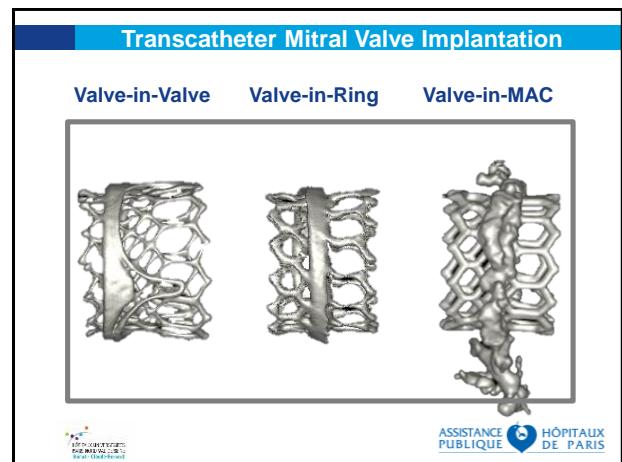
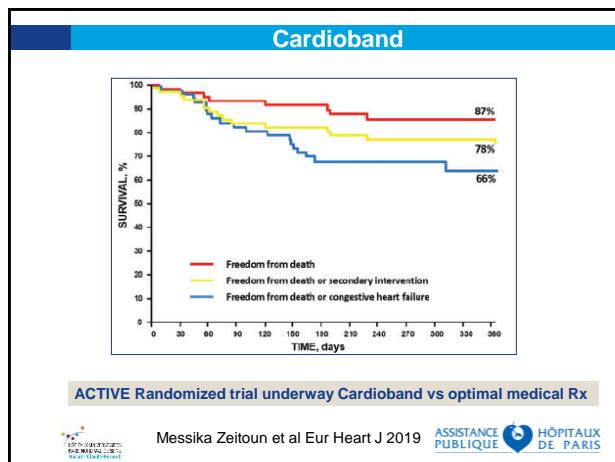
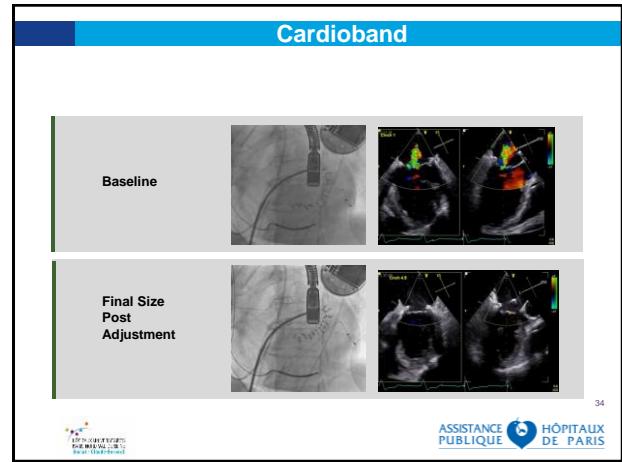
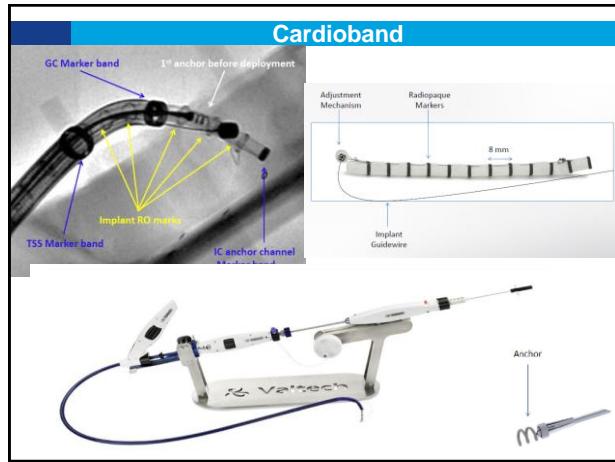
graph TD
    A[Procédures mitrales percutanées] --> B[Commissurotome mitrale]
    A --> C[Réparation]
    A --> D[Fermeture de fuites périprothétiques]
    A --> E[Remplacement]
    C --> F[MitraClip  
Réparation bord à bord]
    C --> G[Annuloplast ie  
Néocordages]
    C --> H[Directe  
Cardioband Mitralign  
Indirecte Carillon]
    D --> I[Valve-in-valve]
    D --> J[Valve-in-ring]
    D --> K[Valve-in-MAC]
    E --> L[Valves mitrales dédiées  
Recherche clinique]
    E --> M[CardioQ  
Tendyne, Tara, Forma, Caisson, Rightline...]
    
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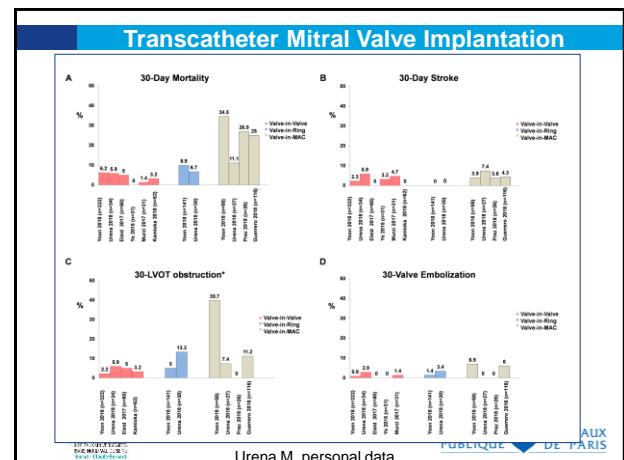
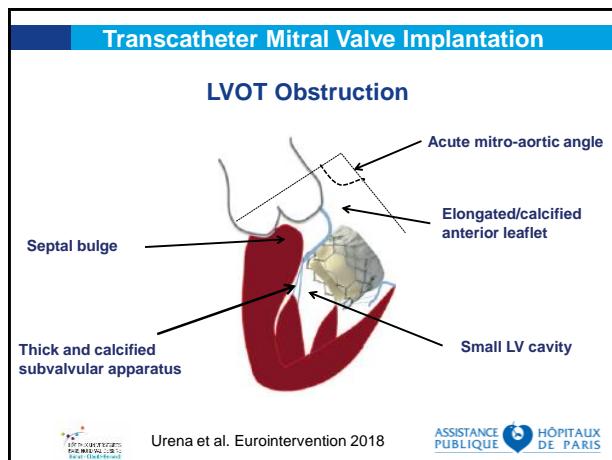
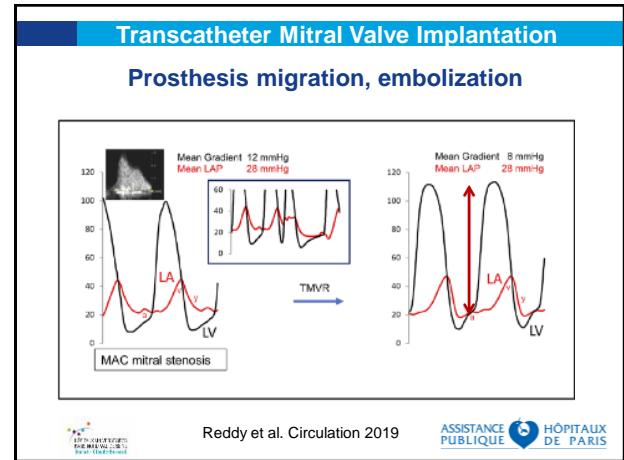
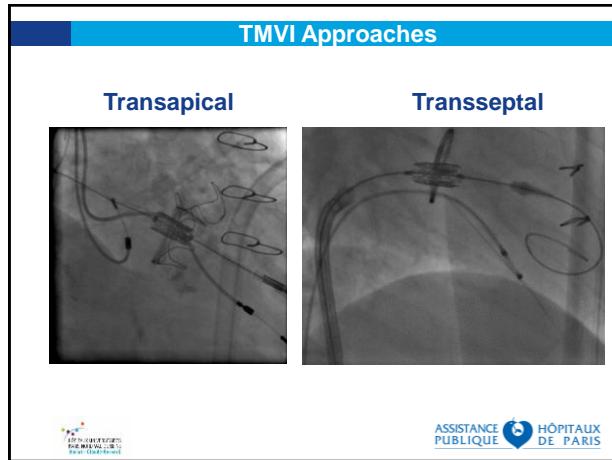
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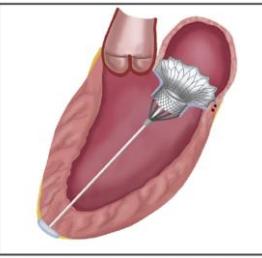






Transcatheter Mitral Valve Implantation

Tendyne (Abbott Vascular)



- 100 patients
- Technical success: 96%
- No procedural death
- 1-year mortality 26%
- 88% of survivors NYHA I/II

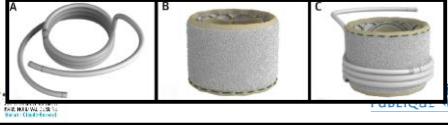
Sorajja et al JACC 2019

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Transcatheter Mitral Valve Implantation

Challenges

- Positioning
- Fixation
- Paravalvular leaks
- Valve gradient and LV outflow track obstruction
- Thrombosis
- Durability
- Feasibility of reintervention
-



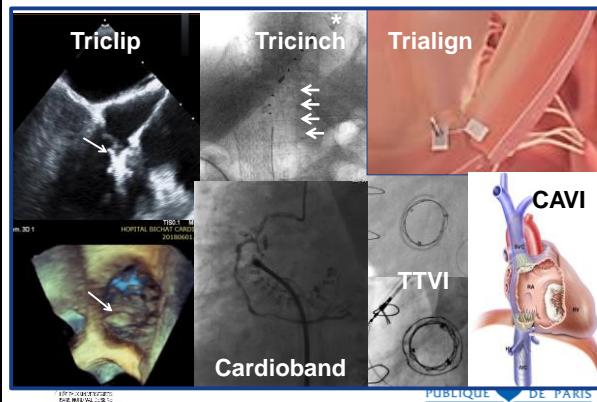
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Paraprosthetic leak closure

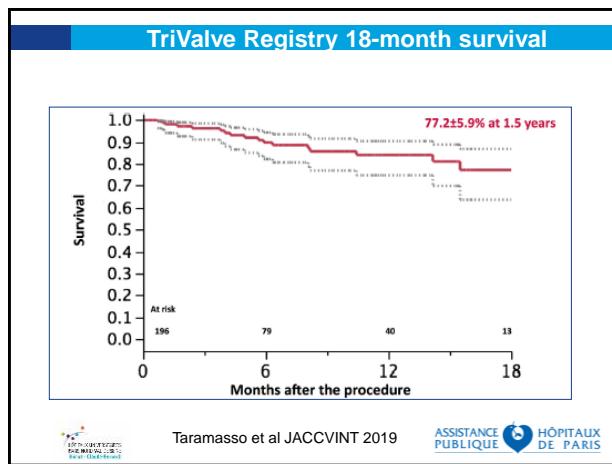
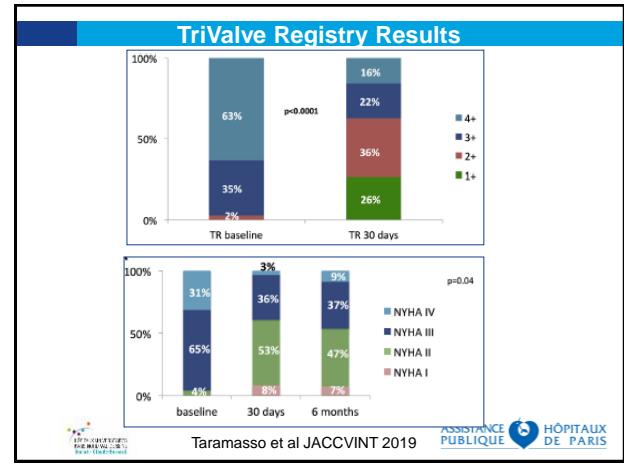
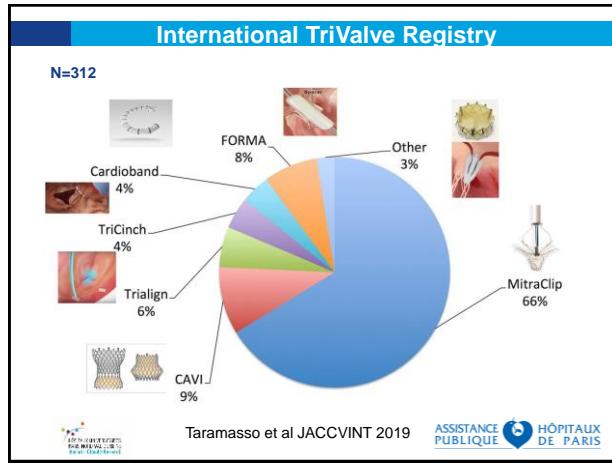


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Tricuspid Valve Interventions



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- Tricuspid Valve Interventions Pending issues**
- Population with functional TR is heterogeneous : isolated TR or combined with left-side heart disease
 - How to select patients ?
 - Which criteria are the most relevant : clinical, echocardiographic parameters (TR severity, TA diameter, EROA.....)
 - What are the best endpoints ? Clinical outcomes and/or echocardiographic parameters
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Transcatheter valve interventions Conclusion

■ TAVI: Change of paradigm

- ▶ Before: « SAVR if possible, TAVI if necessary » **John Webb**
- ▶ Now: « TAVI if possible, SAVR if necessary »?

■ Mitral valve repair and replacement

- ▶ « The end of the beginning? » **Alec Vahanian**

■ Tricuspid valve repair and replacement

- ▶ No longer the forgotten valve ?
- ▶ But still a long way ahead !



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Thank you!

