Heart Team in action: Managing complex TAVI procedures

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Declaration for Conflicts of Interest

Speaker's name: Michael Kang-Yin LEE, Hong Kong

Proctor of Medtronic and Edwards Lifescience





Change of Population Pyramid in Taiwan







Estimated Global TAVR Growth





SOURCE: Credit Suisse TAVI Comment –January 8, 2015. ASP assumption for 2024 and 2025 based on analyst model. Revenue split assumption in 2025 is 45% U.S., 35% EU, 10% Japan, 10% ROW







"High-risk"

Edwards Sapien & S3



"Intermediate-risk"











CoreValve & Evolut

K-M All-Cause Mortality or Disabling Stroke at 1 Year



"Low-risk"



8

Evolut[™] Low Risk Trial



STS database 2002-2010 (141,905 pts)







Acute Complications

- Early Mortality
- Annular rupture / LV Perforation
- Vascular complication
- Para-valvular leakage
- Pacemaker
- Stroke

Long-term Concerns of TAVI

- Access to future coronary intervention
- Permanent Pacemaker
- Valve Thrombosis
- Durability
- Bicuspid AV







Early Mortality Established TAVR Markets

- Within these established markets, rates of early mortality have steadily decreased with time. 30-day mortality is under 5% in contemporary practice.
- Each geography has also shown declining rates of complications which are known to impact mortality, such as aortic regurgitation, vascular injury, and severe acute complications such as annular rupture.



¹Grover, et al., J Am Coll Cardiol 2016; epub; ²Moat, et al., presented at TCT 2016

30-Day All-Cause Mortality



1. Medtronic Data on File. COR 2006-02: 18 Fr Safety & Efficacy Study Re-Analysis, August 14, 2009.

- 2. Meredith. VARC-adjudicated Outcomes in Inoperable and High Risk AS Patients. TCT 2010, Washington, DC.
- 3. Avanzas P, Munoz-Garcia AJ, Segura J, et al. Percutaneous implantation of the CoreValve[®] self-expanding aortic valve prosthesis in patients with severe aortic stenosis: early experience in Spain. *Rev Esp Cardiol*. 2010;63:141-148.
- 4. Eltchaninoff. French Registry, TAVI Facts, Figures and National Registries. EuroPCR 2010, Paris, France.
- 5. Bosmans. Belgian Registry, TAVI Facts, Figures and National Registries. EuroPCR 2010, Paris, France.
- 6. Zahn. German Registry, TAVI Facts, Figures and National Registries. EuroPCR 2010, Paris, France.
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QEH Registry Post TAVI Cumulative Mortality Rate 30% 25% 25.90% 25.50% 24.50% 20% 22.70% 19.90% 15% 16.70% 10% 13% 5% 0% 2 year 1 year 3 year 5 year 6 year 4 year 7 year





Mean Gradient & Valve Area



The PARTNER Trial



CoreValve ADVANCE Study





Complications with Complexity of Patients

- Device advancement
- Heart Team
- Techniques
 - Pre-procedural CT planning
 - LV pacing
 - High implant
 - Skills: Structural, Imaging, Coronary, Peripheral
 - 3D Printing



Training



EnVeoTM R Delivery System

14Fr Equivalent System with EnVeo InLineTM Sheath







EnVeoTM R Delivery System

Positioning Accuracy



1st Time Deployment Accuracy with 1:1 response







Resheathable to reposition an d retrieve/recapture





Flexible catheter with Nitinol-reinforced capsule (flare) enables resheathing





PARTNER SAPIEN Platforms Device Evolution





SENTINEL™ Cerebral Protection System

Dual-filter that captures & removes

6F Right TR access



Claret medical

e

Little interaction with other devices in the aortic arch

sentinel

One size fits ~90% of anatomies

Deflectable compound-curve catheter facilitates cannulation of LCC





Sentinel Cerebral Protection System First use of the device in Asia Pacific (27.9.2016)











3D model of the patient's aorta and big vessels



Sentinel Device over BMW GW

1st filter in brachiocephalic artery





2nd filter in the left carotid artery





TAVI Procedure

Evolut PRO 29mm



Mild PVL





Retrieval of Sentinel CPS

Retrieval of Sentinel CPS







What we captured!





The Multidisciplinary Heart Team





a Interventional at Surgery

ACCF/STS Overview of Transcatheter Valve Therapy. J Am Coll Cardiol. 2011 [Epub ahead of print].





TAVI Program in QEH

Multi-disciplinary Heart Team formed in 2009:

- Interventional Cardiologists
- Echo Cardiologists
- Cardiac Surgeons
- Cardiac Anaesthesiologists
- Radiologists
- Cardiac NursesTAVI Coordinator





TAVI Heart Team

Discipline	Responsibilities
Cardiologists	Patient selection, assessment, intervention, post-op care and follow-up
Cardiac Surgeons	Patient selection, assessment, surgical support of emergency conditions
Cardiac Anesthesiologists	Pre-operative assessment, support for GA/MAC procedure
Radiologists	Imaging assessment
Cardiac Nurses	Co-ordination, liaison among multi-disciplinary teams, patients' education & counselling, pre-, peri- & post- operative patient care, data registry and audit report preparation
Physiotherapists	Pre & post -operative physical assessment and post- operative rehabilitation





Queen Elizabeth Hospital Patient Flow







Simulation Training

Symbionix machine with TAVI module + 3D Printing to provide simulation training to cardiologists & cardiac nurses in HK & Asia













Simulation Model for TAVI Training







Heartroid Model for TAVI Training in the Cath Lab



















TAVI training in the Cath Lab













Bicuspid Aortic Valve





Area: 548mm2 Perimeter: 84.6mm

Fusion of L-R cusps

Bicuspid AV (S3 26mm)









Calcified Bicuspid AV + Horizontal Aorta









Snare + Evolut PRO









Severe AS + TVD with EF 30% BAV + Impella-supported PCI







Severe AS + TVD with EF 30% BAV + Impella-supported PCI







Severe AS + TVD with EF 30% BAV + Impella-supported PCI









TAVI with Portico Valve







AS, AR with EF 20%







Evolut + Impella









Extremely Tortuous Aorta – S3 23mm







S3(23mm) & RCA(5mm) TAVI-Coronary Kissing Balloons









Shockwave M5 6x60mm



14F E-sheath & Sapien S3







26mm Sapien S3







TAVI in Hong Kong

Learn from the experts



Celebrate with the patients



Our patients & families...

TAVI 2-year cerebration



TAVI 5-year cerebration



TAVI 7-year cerebration

TAVI 3-year cerebration







Minimalist TAVI

- Heart Team
- LA/Conscious Sedation
- No TEE, TTE if needed
- No central line
- No temporary pacing wire
- LV pacing through the stiff GW
- R femoral for 14F sheath, L femoral for 5F pigtail
- R radial for Sentinel cerebral embolic protection
- Large bore closure device MANTA
- Early ambulation
- Discharge 48-72 hours





TAVI in 2020

- 1% in-patient mortality
- 2% stroke
- 3% vascular complications
- 1 hour procedure (max.)
- Conscious sedation/LA
- 48 hr hospital stay (max.)







HKSTENT -CHIP & CICF 2020

14 - 15 November 2020 Hong Kong

Hong Kong Convention

Mark Your Calendar!

For updates, please visit



>>> www.hkstent.org <

Organized by:



Hong Kong Society of Transcatheter ENdo-cardiovascular Therapeutics (HKSTENT)



