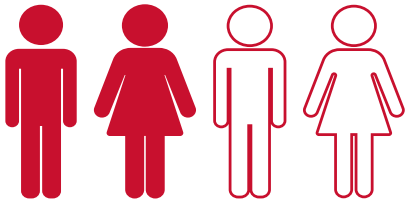
For your patients with symptomatic severe aortic stenosis (sSAS), also known as heart valve failure,

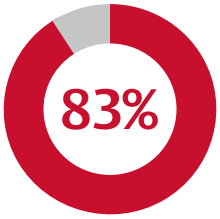
Your early referral is the first crucial step to **lifesaving outcomes**[1,2]

Despite 10 years of therapeutic advances, an alarming number of sSAS patients remain untreated[3]

Over half of sSAS patients did not receive aortic valve replacement (AVR)*[3]



Of these patients, 83% **were never referred to a Heart Valve Team** for evaluation[3]



*Based on a study at two leading academic medical centers that assessed temporal AVR utilization trends among 10,795 patients with an indication for AVR.[3]

In the treatment of sSAS, every week counts

3.7%
mortality at 1-month wait[3]

11.6%
mortality at 6 months wait[1]

The risk of death increases **3.1x** between 1 and 6 months while waiting for treatment for sSAS.[1]

Delays can threaten your sSAS patients' lives.[1]
Referring to a Heart Valve Team sooner can save them.[2]

"I trusted my Heart Valve Team when they said waiting could be deadly."

– **RICK | REAL TAVI PATIENT AND CARDIAC SURGEON**

Edwards

Know the symptoms of sSAS and the challenges in patient recognition

- Heart failure[4]
- Angina or exertional angina[4]
- Decreased exercise tolerance[4]
- Syncope or presyncope[4]
- Exertional dyspnea[4]

Patients may not reveal potential signs of aortic stenosis (AS)[5]

~50%

of patients diagnosed with moderate or severe AS do not report their symptoms[2]

UP TO 38%

of patients with sSAS who did not initially report symptoms revealed symptoms during functional testing[6]

Due to its insidious nature, the early warnings of AS may not always be recognized by patients or they may be attributed to simply aging.[5] If you suspect that any of your patients have AS, probe them about changes in their activities and whether they're continuing to participate in their hobbies. Uncovering the signs of progression to sSAS requires a careful assessment of their medical history, echocardiogram, and changes in activity levels.[4]

Identifying symptoms is critical to enabling early, lifesaving intervention for sSAS patients.[2]

Scan the QR code to access resources and videos to support in diagnosis and referral of aortic stenosis patients.

References: 1. Malaisrie SC, McDonald E, Kruse J, et al. Mortality while waiting for aortic valve replacement. *Ann Thorac Surg*. 2014;98(5):1564-1571. **2.** Lancellotti P, Magne J, Dulgheru R, et al. Outcomes of patients with asymptomatic aortic stenosis followed up in heart valve clinics. *JAMA Cardiol*. 2018;3(11):1060-1068. **3.** Li SX, Patel NK, Flannery LD, et al. Trends in utilization of aortic valve replacement for severe aortic stenosis. *J Am Coll Cardiol*. 2022;79(9):864-877. **4.** Otto CM, Nishimura RA, Bonow RO, et al. 2020 ACC/AHA guideline for the management of patients with valvular heart disease: a report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation*. 2021;143(5):e72-e227. **5.** Otto CM. Timing of aortic valve surgery. *Heart*. 2000;84(2): 211-218. **6.** Saeed S, Rajani R, Seifert R, Parkin D, Chambers JB. Exercise testing in patients with asymptomatic moderate or severe aortic stenosis. *Heart*. 2018;104 (22):1836-1842.

Edwards Lifesciences • 1919 Minnesota Ct #501, Mississauga, ON L5N 1P8 CANADA • edwards.com

Edwards