Living. Proof.

To you, it's acting with urgency to reduce mortality.<sup>1</sup>

To him, it's showing his grandson why they called him 'The Big Kahuna'.





Signals for Intervention: When and how to guide patients to their best outcomes.

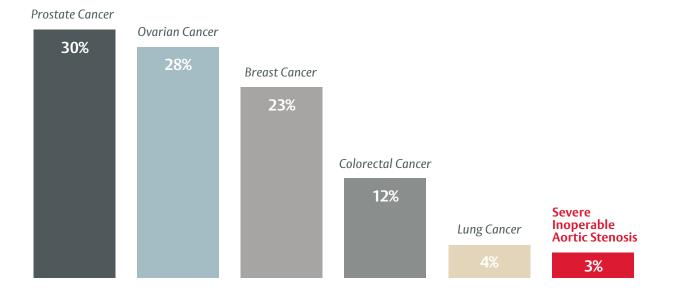


### Every second counts when severe aortic stenosis goes untreated<sup>2</sup>

The survival rate of untreated severe aortic stenosis (AS) is surprisingly worse than a lot of metastatic cancers, including lung, colorectal, breast, ovarian and prostate cancers.<sup>3</sup> The threat is real, and it is critical to unearth symptoms and severity as soon as they present to ensure timely treatment.<sup>2</sup>



#### % Survival rate after 5 years



## Once symptoms are detected, severe AS progresses quickly<sup>1</sup>



Patients may not always share the full story with you,<sup>4</sup> so ask key questions to get patients to open up.



Echocardiography assessment might be underestimating severity.<sup>5</sup> Be sure to assess for velocity, mean pressure gradient, and AVA to help ensure an accurate evaluation.



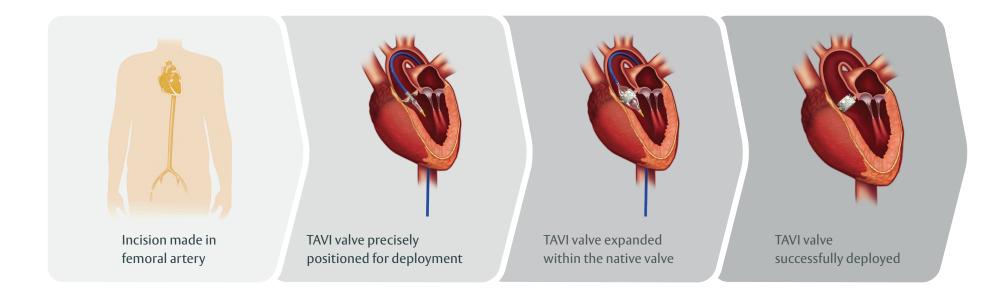
**Exercise tolerance testing is a safe and simple tool**<sup>6</sup> to unearth hidden symptoms.

A plan for aortic valve replacement (AVR) as soon as symptoms occur gives severe AS patients the best possible chance at survival.<sup>2</sup>



### Transcatheter aortic valve replacement (TAVI) is a less invasive solution<sup>7</sup>

When symptoms present, you can feel confident providing TAVI as an option.



TAVI allows for a variety of access points, depending on patient anatomy. The transfemoral approach is the most common.

### With your guidance, a proven pathway is possible for your patients<sup>8</sup>

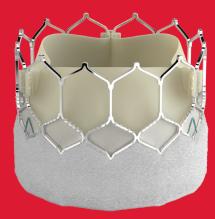
99%

3x↓

of SAPIEN 3 TAVI patients were free from death or disabling stroke at 1 year vs. 97.1% for surgery (*P*=0.03)<sup>7 +</sup>

lower than surgery compared to 2.9% death or disabling stroke at 1 year for surgery  $(P=0.03)^7$ <sup>+</sup>

<sup>+</sup> Excludes multiplicy adjustment



#### Compared to surgery, TAVI patients:<sup>7</sup>

- Spent less time in the hospital
- Were sent directly home more often
- Have a reduced chance of rehospitalisation (valve-related or procedure-related and including heart failure)



You bring it all together by providing the information your Heart Team needs and the advocacy your patients depend on.

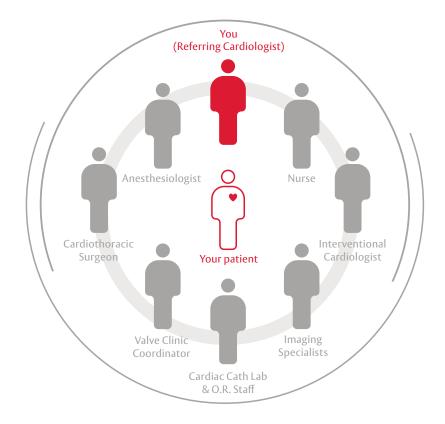


#### By connecting your patients to the Heart Team, you can ensure patients get a treatment plan that's appropriate for them

Your expertise ensures patients get the guidance they need.

Extend the shared decision-making process with your patients, yourself, and your Heart Team. With you on their side, patients have an opportunity to get their optimal treatment option.

The patient is always at the center of the Heart Team's evaluation. The Heart Team provides expertise and reassures patients that you're making the right choice in sending them to the Heart Team.



# You have the power to help your AS patients get back to what they love to do. Sooner.

Unlock their best chance at greater outcomes by helping them identify symptoms and enlisting the help of your Heart Team early on to ensure timely intervention.

To learn more, please visit: AU: **heartvalves.com.au** NZ: **heartvalves.co.nz** 

#### References

- 1. Carabello BA. Introduction to Aortic Stenosis. Circ. Res 2013;113:179-185.
- 2. Malaisrie SC, McDonald E, Kruse J, et al. Mortality while waiting for aortic valve replacement. Ann Thorac Surg. 2014;98(5):1564-1571.
- 3. Barnhart GR, Martin RP, Thomas JD, McCarthy PM. The need for echocardiography alerts for aortic stenosis: the time has come. Journal of the American Society of Echocardiography. 2020 Mar 1;33(3):355-7.
- 4. Grimard B, et al. Aortic Stenosis: Diagnosis and Treatment. Am Fam Physician 2016;93(5):371-378.
- 5. Chin CW, Khaw HJ, Luo E, et al. Echocardiography underestimates stroke volume and aortic valve area: implications for patients with small-area low-gradient aortic stenosis. Can J Cardiol. 2014;30(9):1064-1072. doi:10.1016/j.cjca.2014.04.021
- 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.
- 7. Leon MB, Mack MJ. PARTNER 3: Transcatheter or surgical aortic valve replacement in low risk patients with aortic stenosis. Presented at ACC 2019; March 2019; New Orleans, LA.
- 8. Asgar AW, Ouzounian M, Adams C, et al. 2019 Canadian Cardiovascular Society Position Statement for Transcatheter Aortic Valve Implantation. Can J Cardiol. 2019 Nov;35(11):1437-1448.

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