

Living. Proof.

To you, it's knowing the signs.

To him, it's about returning
with the catch of the day. Again.



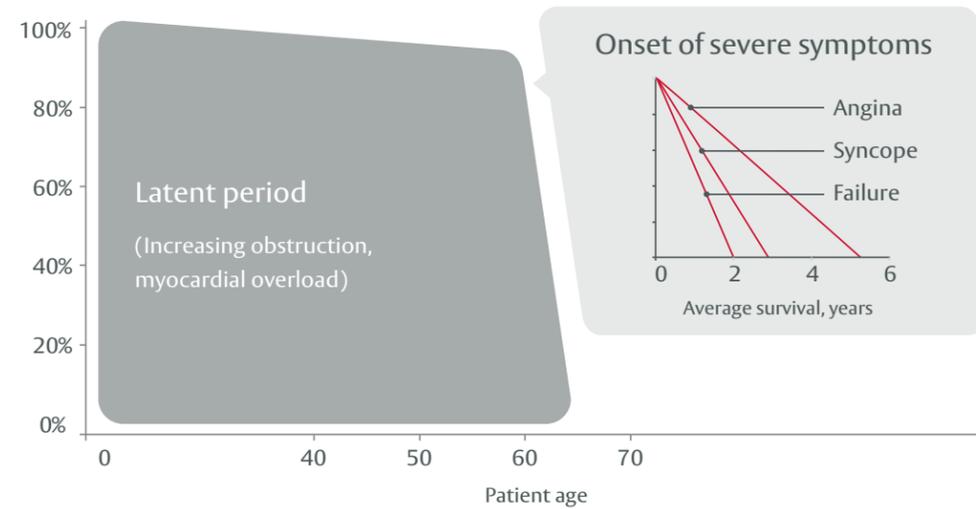
Signals for Intervention: When and how to guide patients to their best outcomes



Symptoms signal a need for intervention and can foreshadow serious complications.

Symptoms represent a tipping point from latency to rapid progression. Once the heart is unable to compensate, symptoms related to angina, syncope, and heart failure become inevitable—and dramatically alter survival.

Average course for adults with valvular aortic stenosis (AS)*

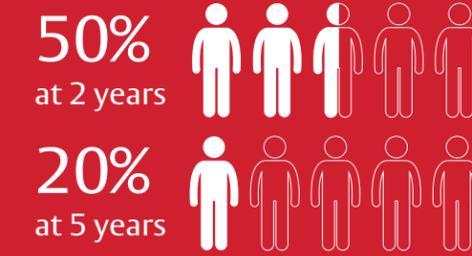


*Per the inoperable cohort of the PARTNER Trial



Severe AS patients

Chance of living without AVR¹



Probability of death while waiting for treatment²



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

Patients trust you to know the signs and when to act.

Severe AS patients may underreport symptoms, delaying treatment. Even when asked, patients may not report common AS symptoms, including:



Shortness of breath



Fatigue



Rapid or irregular heartbeat



Syncope or pre-syncope



Difficulty when exercising



Palpitations



Angina



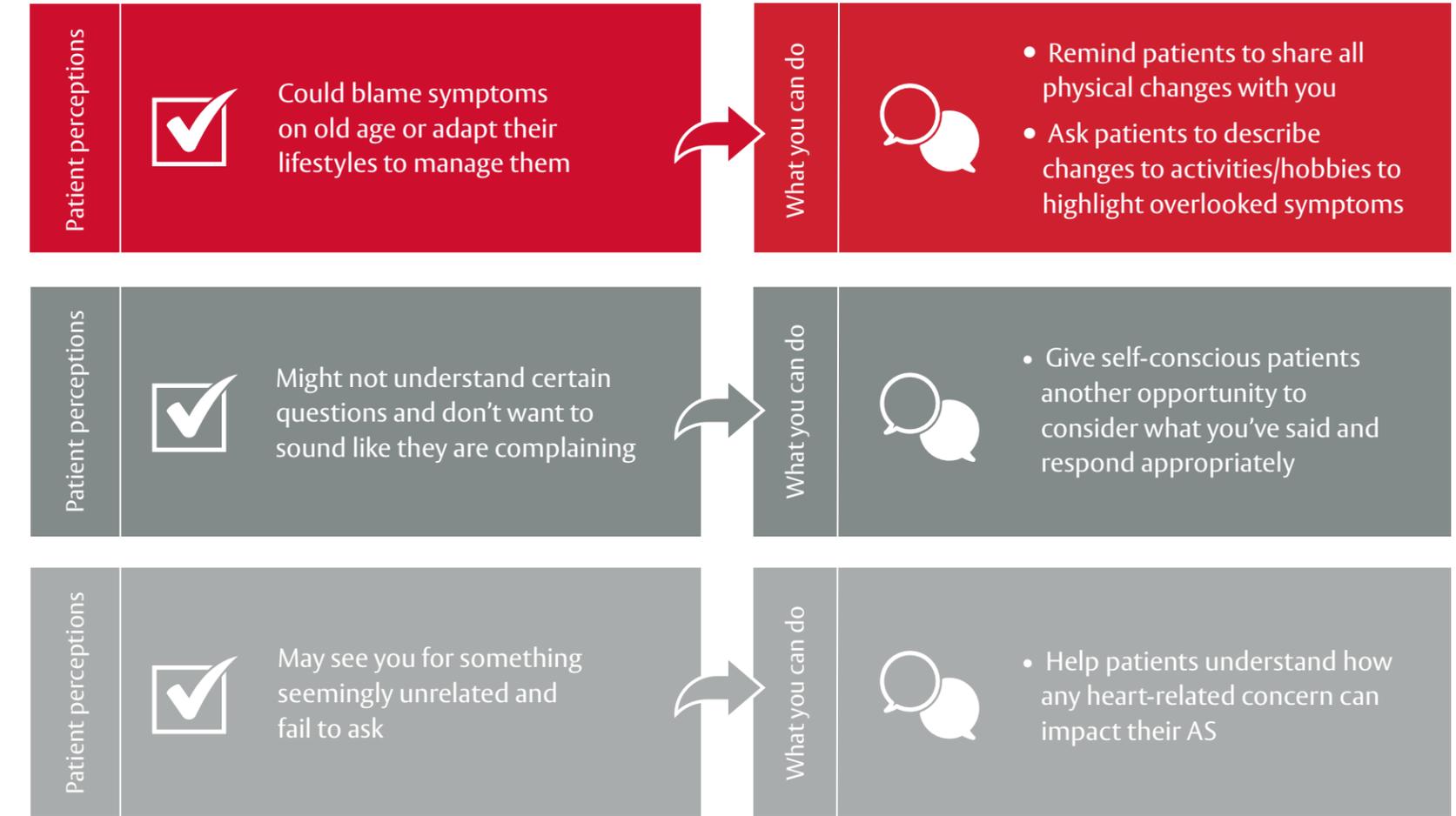
Swollen ankles and feet

38%

Up to 38% of severe AS patients who did not initially report symptoms, revealed symptoms during exercise testing.³

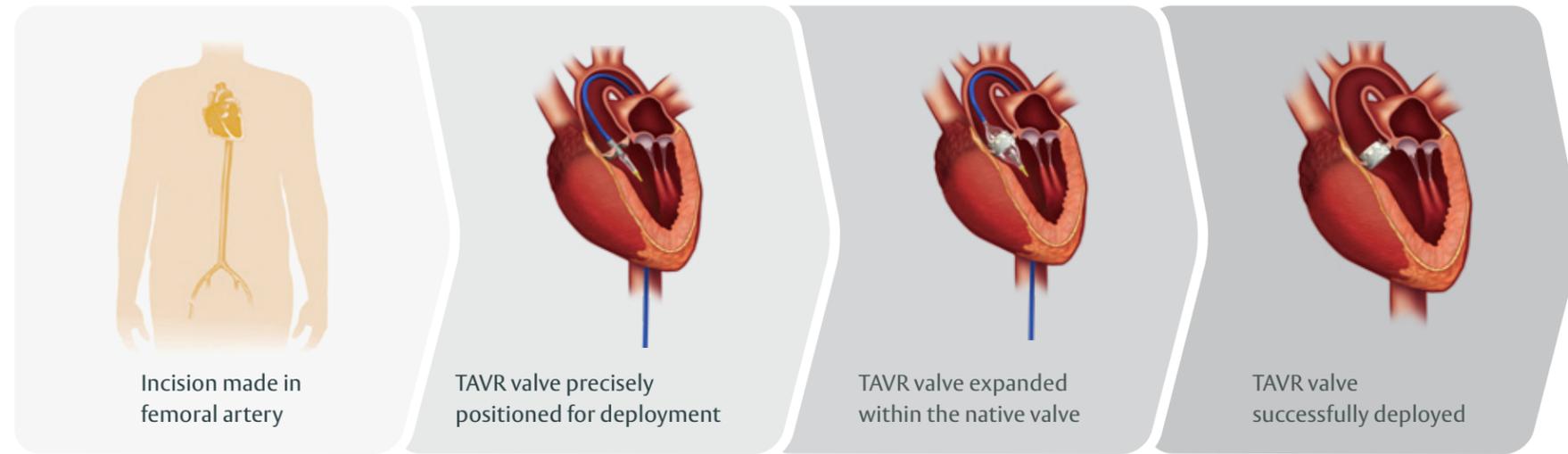
Help decrease treatment delays.

Patients may unintentionally withhold important information from their physician. Here's how to help them open up about their symptoms.⁴



Transcatheter aortic valve replacement (TAVR) is a less invasive solution.

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



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

SAPIEN 3 TAVR is proven safe and superior[†] to surgery for SAS patients, independent of surgical risk.

99% of SAPIEN 3 TAVR patients were free from death or disabling stroke at 1 year vs. 97.1% for surgery ($P=0.03$)⁵

3x ↓ lower than surgery compared to 2.9% death or disability stroke at 1 year for surgery ($P=0.03$)⁵

*The PARTNER 3 Trial, SAPIEN 3 TAVR proven superior to surgery on the primary endpoint all-cause death, all stroke, and rehospitalization (valve-related or procedure-related and including heart failure) and multiple pre-specified secondary endpoints.



Compared to surgery, TAVR patients⁵:

- Spent less time in the hospital
- Were sent directly home more often
- Have a reduced chance of rehospitalization



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



A TAVR evaluation starts with you as the guide.

Collaborate with a Heart Team to get your patients the intervention 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.



▲ See Important Safety Information inside pocket. ▲

Your severe SAS patients trust you to guide them down the right path.

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.

Find your local Heart Team by visiting [HeartValves.com/find-a-tavr-hospital](https://www.heartvalves.com/find-a-tavr-hospital)

For helpful resources when talking with your patients, visit [heartvalves.com](https://www.heartvalves.com)

 Follow us on Twitter [@Edwards_TAVR](https://twitter.com/Edwards_TAVR)

CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician. See enclosed Important Safety Information.

References:

1. Bagur R, Pibarot P, Otto CM. Importance of the valve durability-life expectancy ratio in selection of a prosthetic aortic valve. *Heart*. 2017 Nov;103(22):1756-1759.
2. Malaisrie SC, McDonald E, Kruse J, et al. Mortality while waiting for aortic valve replacement. *Ann Thorac Surg*. 2014;98:1564-71.
3. 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.
3. Saeed S, et al. *Heart* 2018;104:1836-1842.
4. Ventura HO, Piña IL. Health Literacy: An Important Clinical Tool in Heart Failure. *Mayo Clin Proc*. 2018 Jan;93(1):1-3. doi: 10.1016/j.mayocp.2017.11.009. Epub 2017 Dec 6. PMID: 29217334.
5. 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.

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