

# TAVR/I more prominently featured in latest guidelines

Key updates from the 2020 ACC/AHA Guideline for the Management of Patients with Valvular Heart Disease related to severe symptomatic aortic stenosis (AS) and transcatheter aortic valve replacement/implantation (TAVR/I)

## Overview



When intervention is considered, patients should be evaluated by a Heart Team (Class 1C-EO)



Recommendations for intervention now focus on age and shared decision making



Engagement between the Heart Team and the primary clinical cardiologist is of critical importance



For SAS patients 65 to 80 years old, TAVR/I should be considered, based on shared decision-making

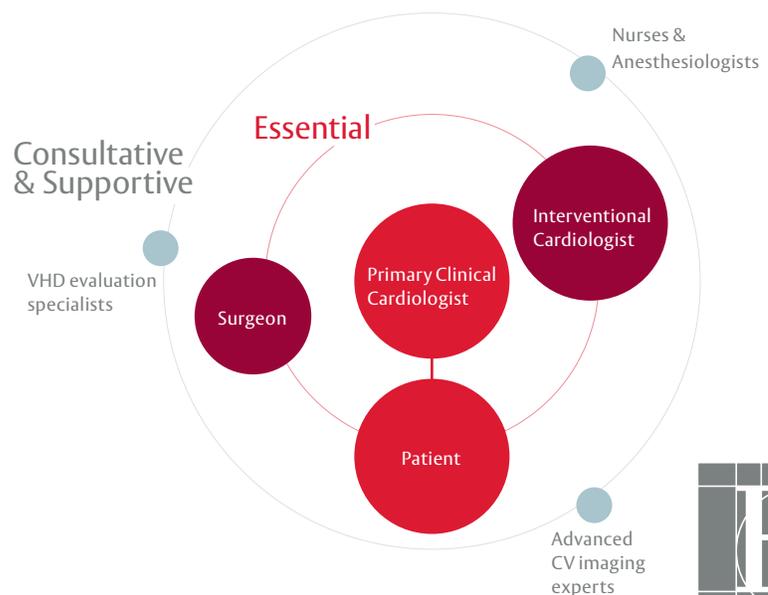


All patients with severe valvular heart disease being considered for valve intervention **should be evaluated by a multidisciplinary team...**

2020 ACC/AHA Guidelines, Top 10 Take-Home Messages

## Intervention & the Heart Team

Evaluations should be multidisciplinary and multi-institutional with essential roles working together and leveraging consultative and supportive roles when needed



Edwards

# TAVR/I is a recommended approach to aortic valve replacement in adults 65 to 80 years of age

## 2020 AHA/ACC guidelines on intervention recommendations by age



For symptomatic patients with severe AS and have no anatomic contraindication to transfemoral TAVR/I

Indications for TAVR/I are expanding as a result of multiple randomized trials, including the latest PARTNER trials, which are reflected in these recommendations.

## Recommendations shift their focus

2014

- Recommendations for choice of intervention were based primarily on level of surgical risk
- Prohibitive, high, intermediate, and low

2020

- Only use risk score to eliminate SAVR as an option for high or prohibitive risk patients
- Utilize age as the key factor
- Emphasizes a shared decision-making process that accounts for the patient's values and preferences

## Guidelines recognize the benefits associated with TAVR/I\*, independent of surgical risk



Shorter hospital length of stay



Lower risk of transient or permanent AF



More rapid return to normal activities



Lower risk of major bleed and pain

\*When compared to SAVR. SAVR is associated with a lower risk of paravalvular leak, less need for valve reintervention, and permanent pacemaker.

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