Guidelines Recommend AVR as the Preferred Option in Appropriate Patients With Symptomatic Severe Aortic Stenosis (sSAS)[1]

Key considerations from the 2020 ACC/AHA Guideline for the Management of Patients With Valvular Heart Disease related to severe aortic stenosis (SAS), also known as heart valve failure, and TAVR intervention for sSAS patients

According to the 2020 ACC/AHA Guideline:

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

Intervention should be informed by age and shared decision-making

Collaboration between the Heart Valve Team and the primary cardiologist is of critical importance

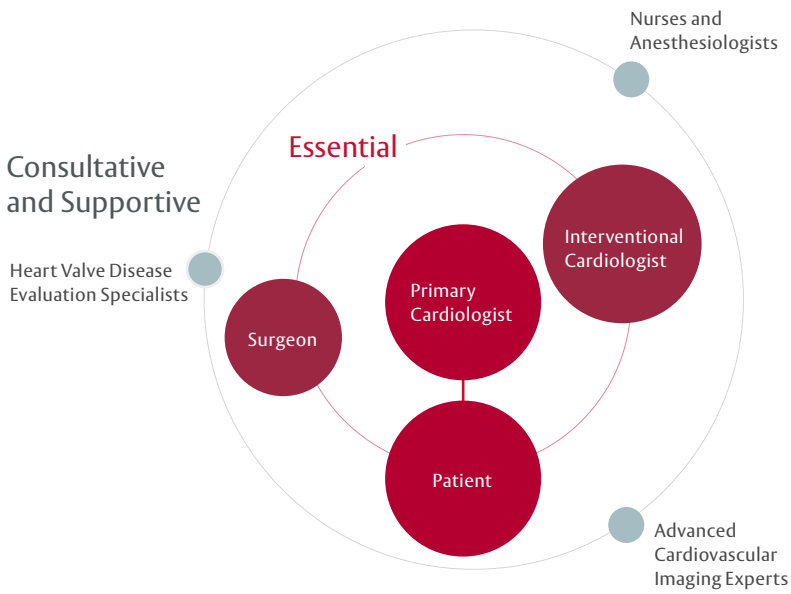
65+

For sSAS patients 65 to 80 years old, TAVR 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 GUIDELINE | TOP 10 TAKE-HOME MESSAGES

Intervention and the Heart Valve Team



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

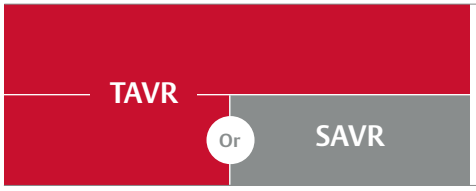
Edwards

TAVR is a recommended approach to aortic valve replacement in adults 65 to 80 years old[1]

2020 ACC/AHA Guideline on intervention recommendations by age*[1]

>80 years old
or life expectancy <10 years

65-80 years old



These recommendations reflect the expanded indications for TAVR that are based on multiple randomized trials, including the PARTNER trials.[1,2]

*For symptomatic patients with severe AS and who have no anatomic contraindication to transfemoral TAVR.[1]

Imaging parameters for SAS as defined by the 2020 ACC/AHA Guideline[1]

STAGE	DEFINITION	VALVE HEMODYNAMICS		
		AVA	Aortic V_{max}	Mean ΔP
D1	High-gradient sSAS	Typically **AVA ≤1.0 cm²** (or AVAi ≤0.6 cm²/m²)	**≥4 m/s** Or	**≥40 mmHg**
D2	Low-flow, low-gradient sSAS with reduced LVEF	**AVA ≤1.0 cm²**	**<4 m/s** Or	**<40 mmHg**
D3	Low-gradient sSAS with normal LVEF or paradoxical low flow	**AVA ≤1.0 cm²** (AVAi ≤0.6 cm²/m²) and stroke volume index† <35 mL/m²		

Asymptomatic SAS patients with LV dysfunction (Stage C2) have similar valve hemodynamics as those listed for Stage D1 patients.[1]

†Measured when patient is normotensive, systolic blood pressure <140 mmHg.[1]

Guidelines recognize the benefits associated with TAVR, independent of surgical risk[1]

Shorter hospital length of stay

More rapid return to normal activities

Lower risk of transient or permanent AF

Lower risk of major bleed and less pain

See why the ACC/AHA Guideline supports earlier referral and evaluation by a Heart Valve Team.[1]
Visit TreatHeartValveFailure.com/hcp/refer-earlier/guidelines

References: 1. 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. **2.** Cox CE. New US valve guidance tackles TAVR vs TAVI, low-risk AS, functional MR. Published December 23, 2020. Accessed November 14, 2024. https://www.tctmd.com/news/new-us-valve-guidance-tackles-tavr-vs-tavi-low-risk-functional-mr

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