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

Key considerations from the 2020 ACC/AHA Guideline for the Management of Patients With Valvular Heart Disease related to severe AS, also known as heart valve failure, and TAVR intervention

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 symptomatic patients 65 to 80 years old, TAVR should be considered, based on shared decision-making

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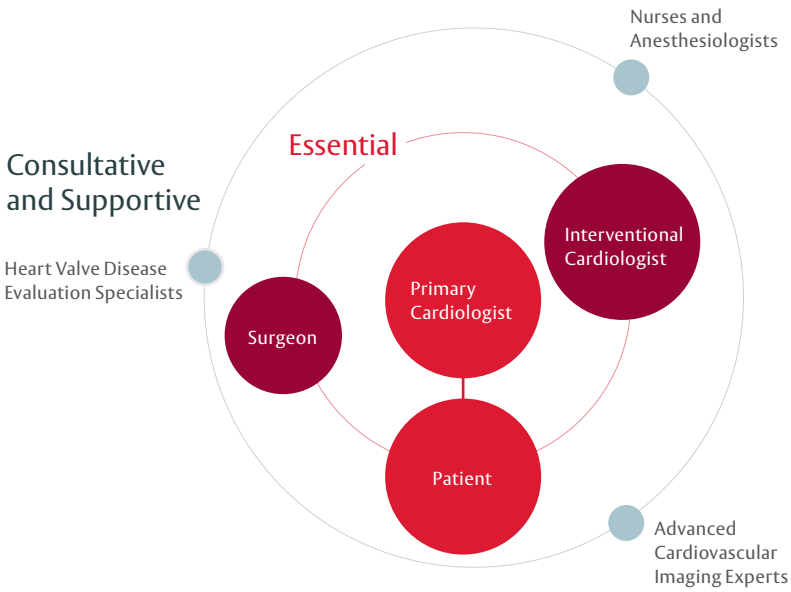
"All patients with severe valvular heart disease being considered for valve intervention should be evaluated by a multidisciplinary team..."

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.

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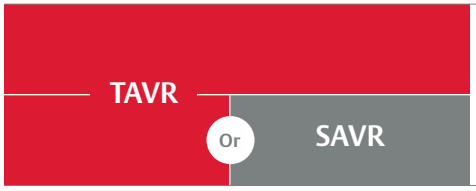
TAVR is a recommended approach to aortic valve replacement in adults 65 to 80 years old[1]

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 severe AS as defined by the 2020 ACC/AHA Guideline[1]

STAGE	DEFINITION	VALVE HEMODYNAMICS		
		AVA	Aortic V_{max}	Mean ΔP
C2	Asymptomatic severe AS with LV systolic dysfunction	Typically **AVA ≤1.0 cm²** (or AVAi 0.6 cm²/m²)	**≥4 m/s** Or	**≥40 mmHg**
D1	High-gradient symptomatic severe AS	Typically **AVA ≤1.0 cm²** (or AVAi ≤0.6 cm²/m²)		
D2	Low-flow, low-gradient symptomatic severe AS with reduced LVEF	**AVA ≤1.0 cm²**	**<4 m/s** Or	**<40 mmHg**
D3	Low-gradient symptomatic severe AS with normal LVEF or paradoxical low flow	**AVA ≤1.0 cm²** (AVAi ≤0.6 cm²/m²) and stroke volume index† <35 mL/m²		

†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

Prompt referral to a Heart Valve Team upon diagnosis is crucial.[3] **Scan the QR code** to discover eligible patients.

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 June 11, 2025. https://www.tctmd.com/news/new-us-valve-guidance-tackles-tavr-vs-tavi-low-risk-functional-mr **3.** Benfari G, Essayagh B, Michelena HI, et al. Severe aortic stenosis: secular trends of incidence and outcomes. *Eur Heart J*. 2024;45(21):1877-1886.

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