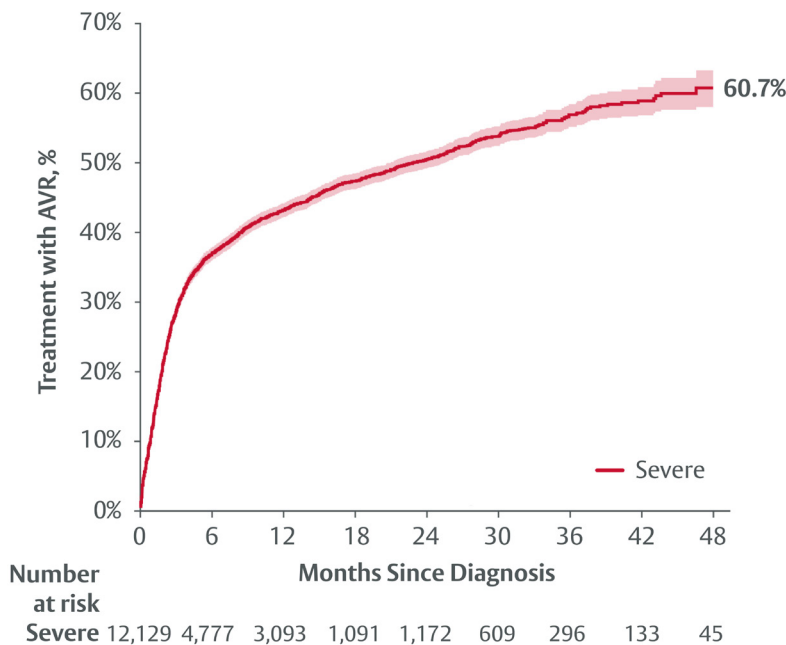


# Raising the alarm in symptomatic severe aortic stenosis



## 40% of patients remained untreated 4 years after diagnosis<sup>1</sup>

Based on a real-world analysis of ~600k symptomatic severe aortic stenosis patients, a significant portion of diagnosed patients went years without treatment



Adapted from Généreux P, Sharma RP, Cubeddu RJ, et al. The Mortality Burden of Untreated Aortic Stenosis.<sup>1</sup>

## Prolonged waiting to receive AVR increases mortality<sup>\*2</sup>

A study quantifying risk of treatment delay found...



**1 in 10 patients may die within 5 weeks if they don't receive AVR\***



Continued undertreatment and increased mortality due to delayed treatment require an urgent collaboration among healthcare providers to improve quality of care and improve outcomes in patients with AS<sup>2,3</sup>

<sup>1</sup>Mortality risk modeling based on 823 patients with symptomatic severe AS who were recommended for AVR between 2008 and 2012.<sup>2</sup>



# Published data from Target Aortic Stenosis, an initiative to measure quality of care in AS prior to AVR<sup>4</sup>

Data was published in June 2023 from a pilot initiative aiming to set metrics and measure quality of care for AS patients.<sup>4</sup>

Key primary metric: The percentage of sSAS patients who have a class I indication for AVR and have been treated within 90 days of the diagnosis by echo<sup>4</sup>

Only half of patients with symptomatic severe AS met this primary quality endpoint<sup>4</sup>



**52%** AVR <90 days  
(666/1286)

**36%\*** No AVR  
(467/1286)

\*For the whole period of observation

Sites were not accustomed to identifying or tracking patient journeys after initial echocardiographic diagnosis<sup>4,5</sup>

An accompanying editorial to the Target AS publication provides recommendations on improving diagnosis and treatment:<sup>4,5</sup>

- Sharing echo reports, imaging studies, historical reports and data when patients are referred to outside centers for treatment
- Streamlining methods for storing and sharing echocardiographic data and electronic health records
- Capturing symptoms as discrete data, rather than free-text notes
- Tracking quality metrics and revising over time

## > You play a critical role.

Getting your patients the right care at the right time for a better chance of survival.<sup>6</sup>

## > Do not wait.

Delayed referrals to a Heart Team can have serious consequences for your patients.<sup>6</sup>



Starting from zero to close the gaps between diagnosis and treatment—no systematic mechanisms existed for measuring care upstream of AVR treatment<sup>4</sup>

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