



Centre for
Heart Valve Innovation
St. Paul's Hospital, Vancouver



TAVR Imaging: Preprocedural CT Imaging for Transcatheter Aortic Valve Replacement

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Disclosures

Consultant to

Edwards Lifesciences Inc.

Neovasc Inc.

Tendyne

Circle Cardiovascular Imaging

SPH Cardiac CT Core Lab, providing services to

Edwards Lifesciences Inc.

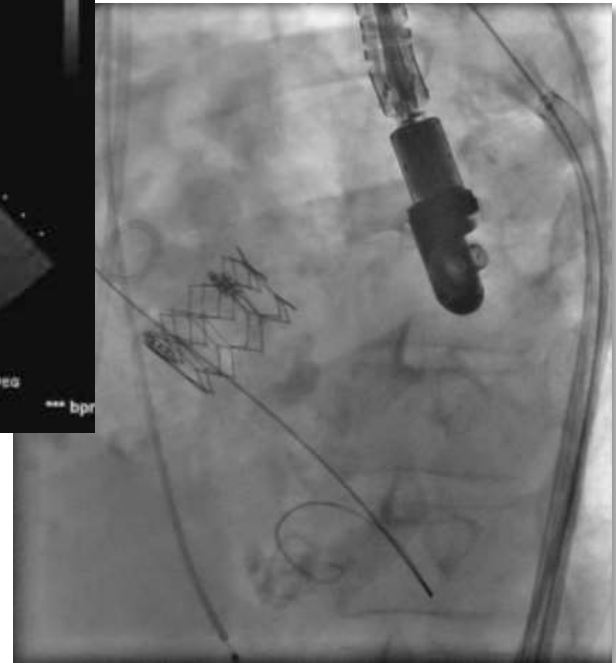
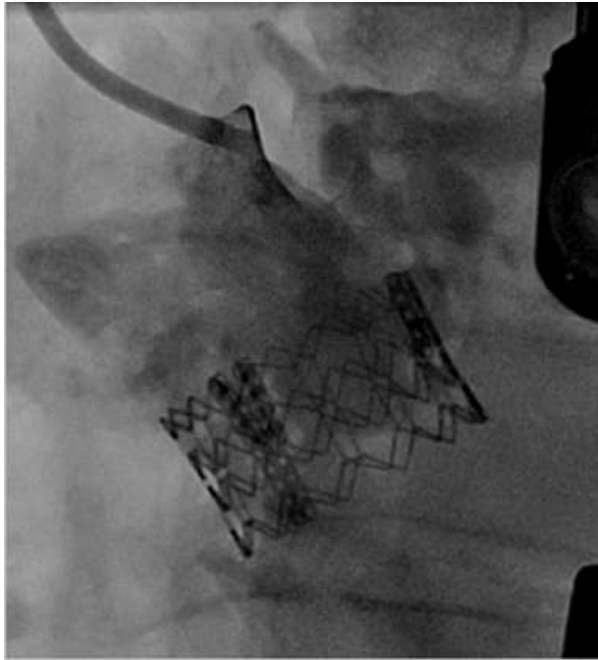
Neovasc Inc.

Tendyne Holdings Inc.



Essentials of CT aortic valve assessment

... suboptimal outcome



Essentials of CT aortic valve assessment

Reason for suboptimal outcome

Among others...

- Erroneous anatomical measurements
- Measurements on suboptimal or insufficient imaging data



Five Essentials of CT aortic valve assessment

Five Essentials



1. CT Data Acquisition

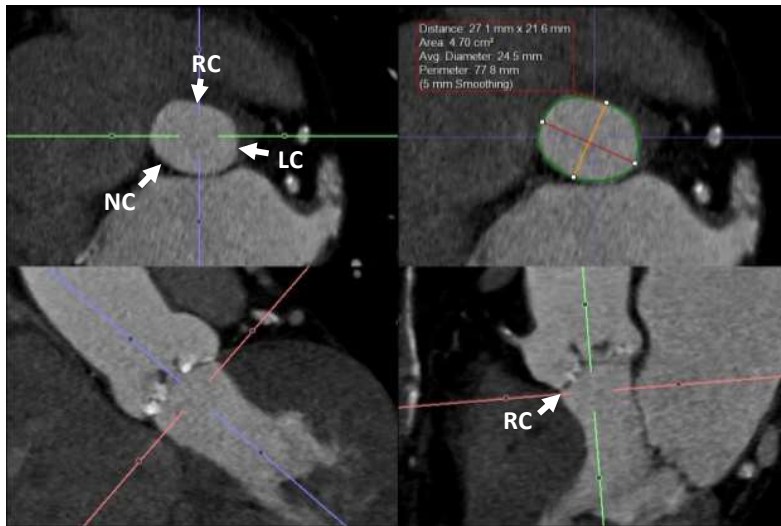
The Basis for Everything



CT Data Acquisition for TAVI-Planning

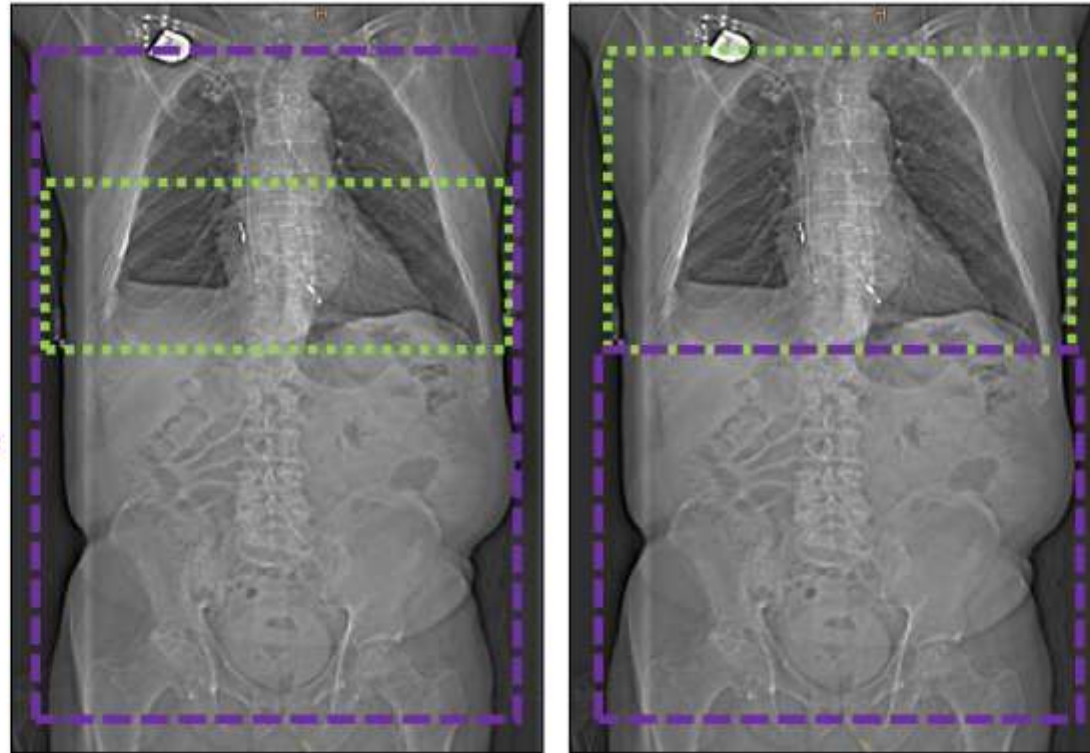
What you want...

...Combined assessment of the aortic root and iliofemoral vasculature!



CT Data Acquisition for TAVI-Planning

What you need...



cardiac ECG-assisted
data acquisition

+

Non-gated CTA of the
thorax,
abdomen and
pelvis

ECG-assisted
data acquisition of
the thorax

+

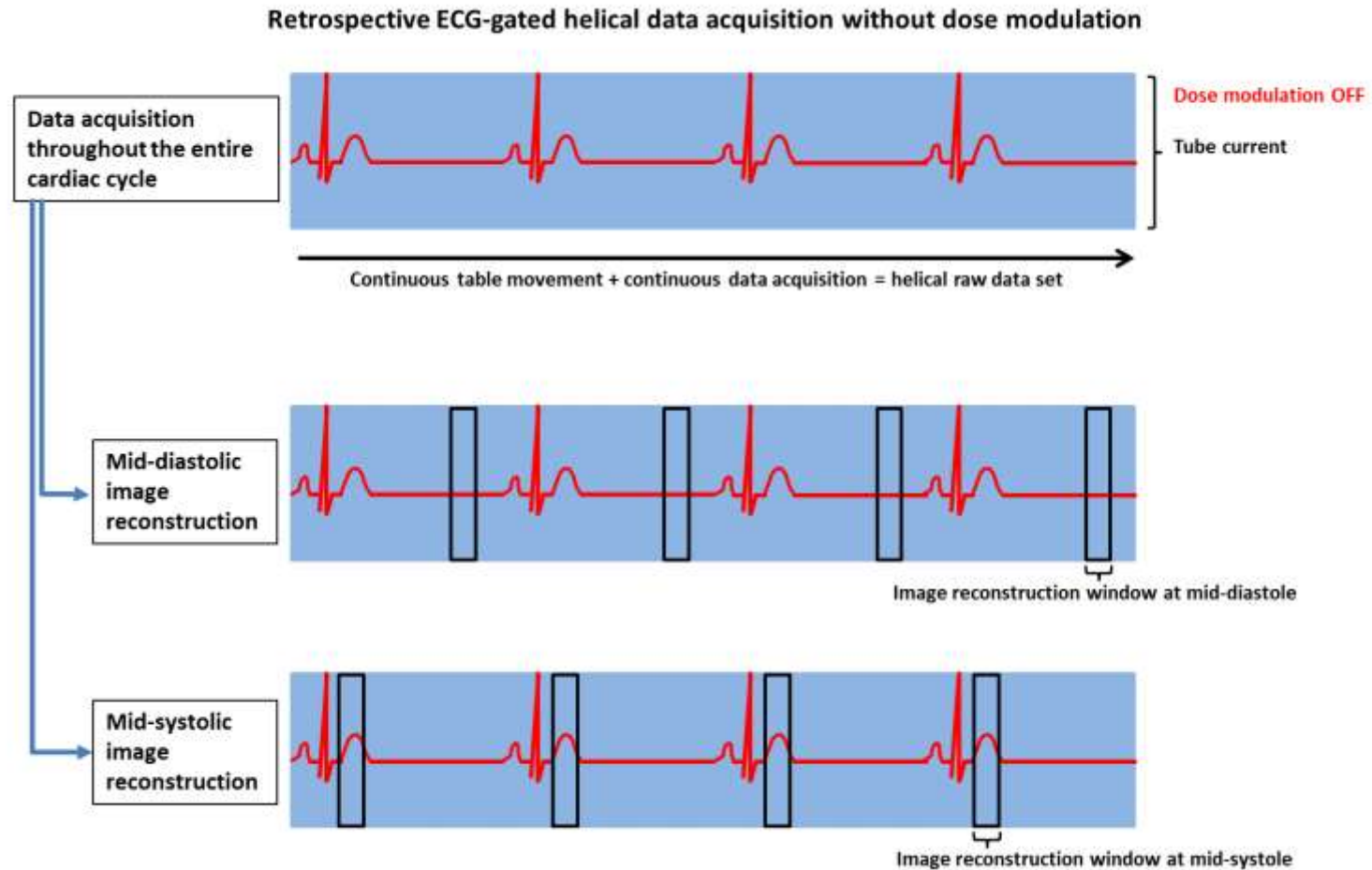
Non-gated CTA of the
abdomen and
pelvis





Data acquisition

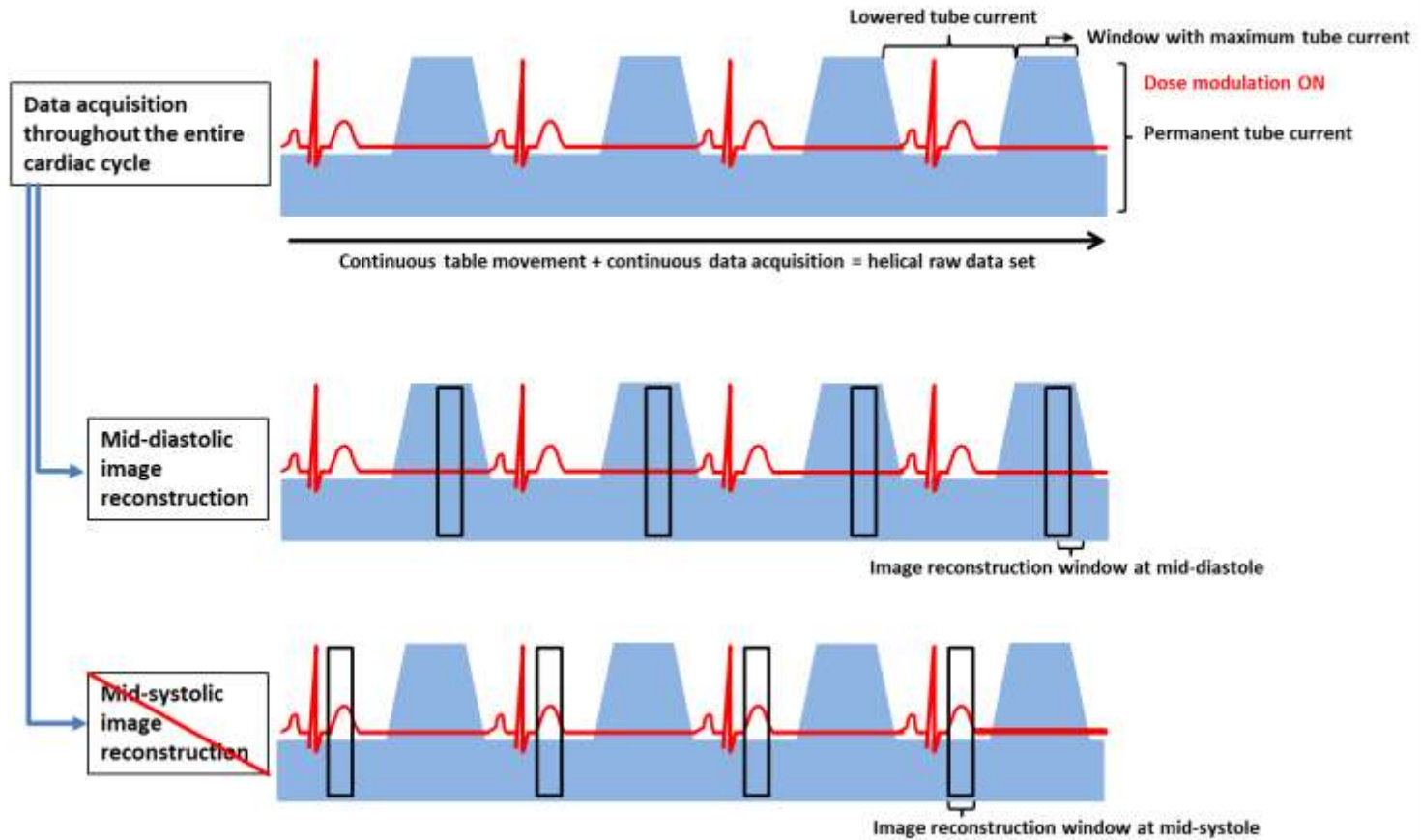
Retrospectively ECG-gated CTA



Data acquisition

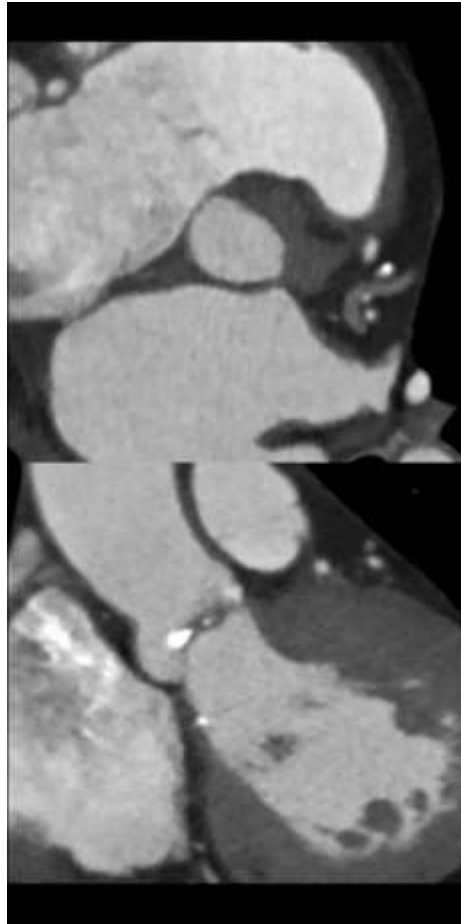
Retrospectively ECG-gated CTA

Retrospective ECG-gated helical data acquisition with dose modulation – lowered tube current during systole

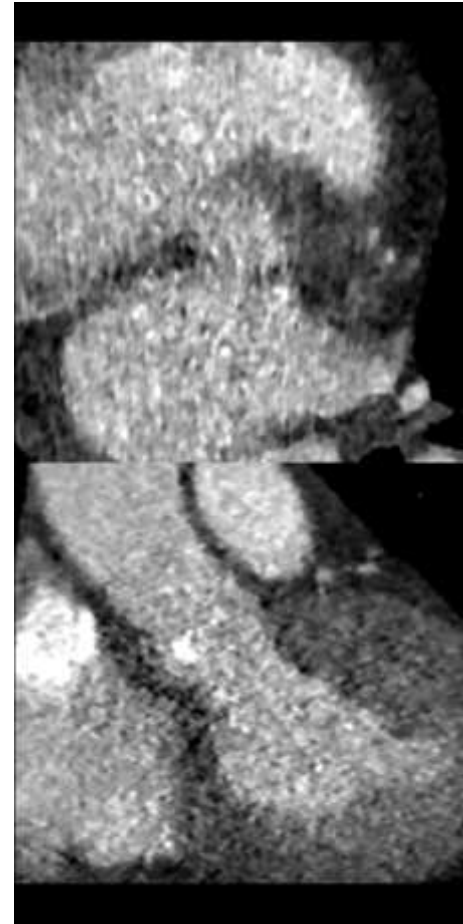


Data acquisition

Retrospectively ECG-gated CTA



Reconstruction within window of full tube current (here diastole)

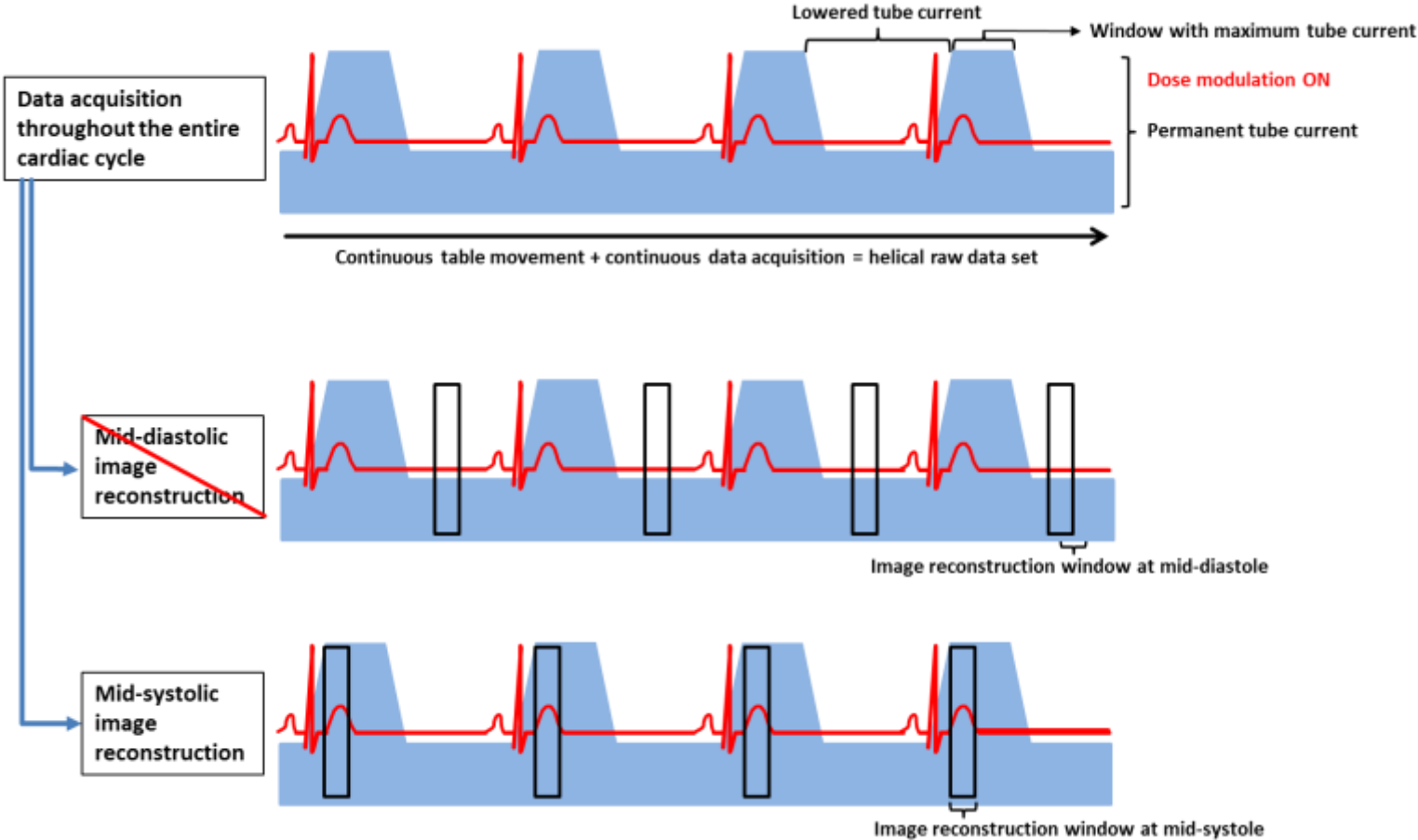


Reconstruction outside of window of full tube current (here systole)



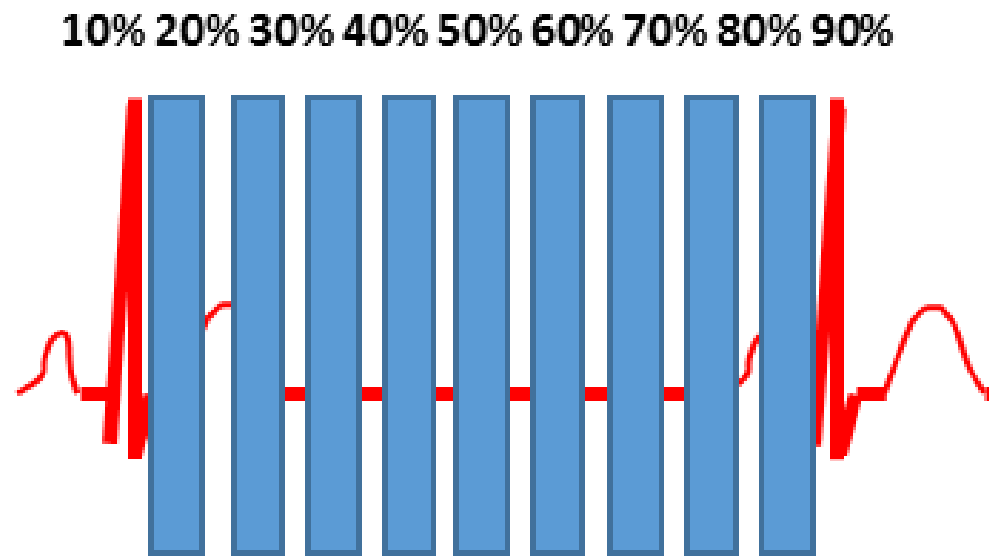
Data acquisition

Retrospectively ECG-gated CTA



Data reconstruction

Full cardiac cycle



'cine', 'functional', 'multiphase', '4D-CT'



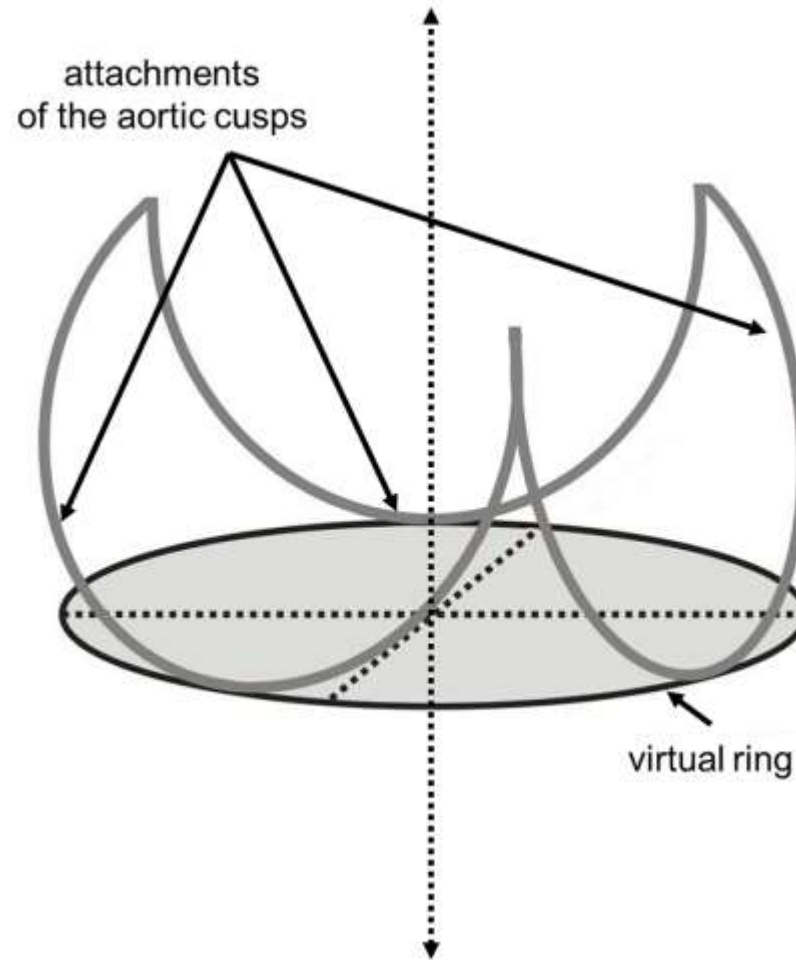
2. Aortic annulus

Fundamentals



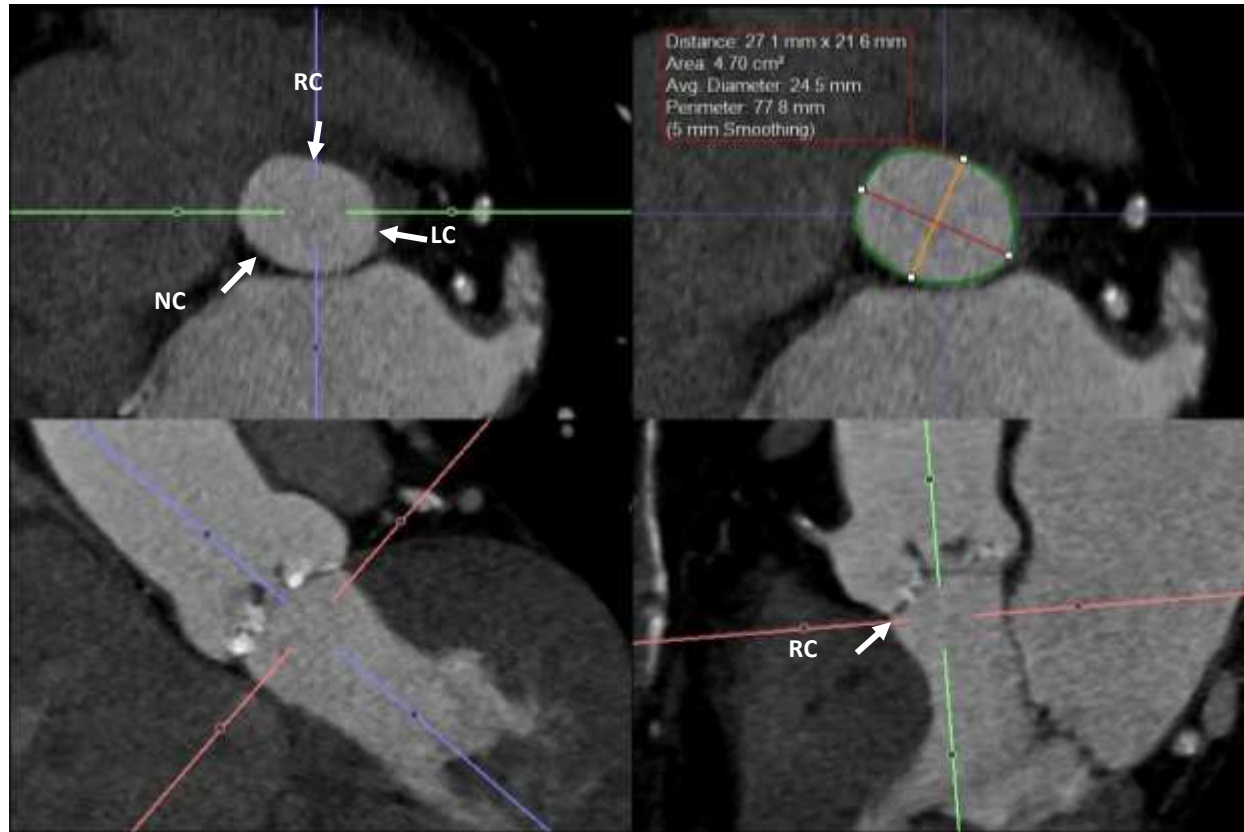
Aortic annulus

Definition



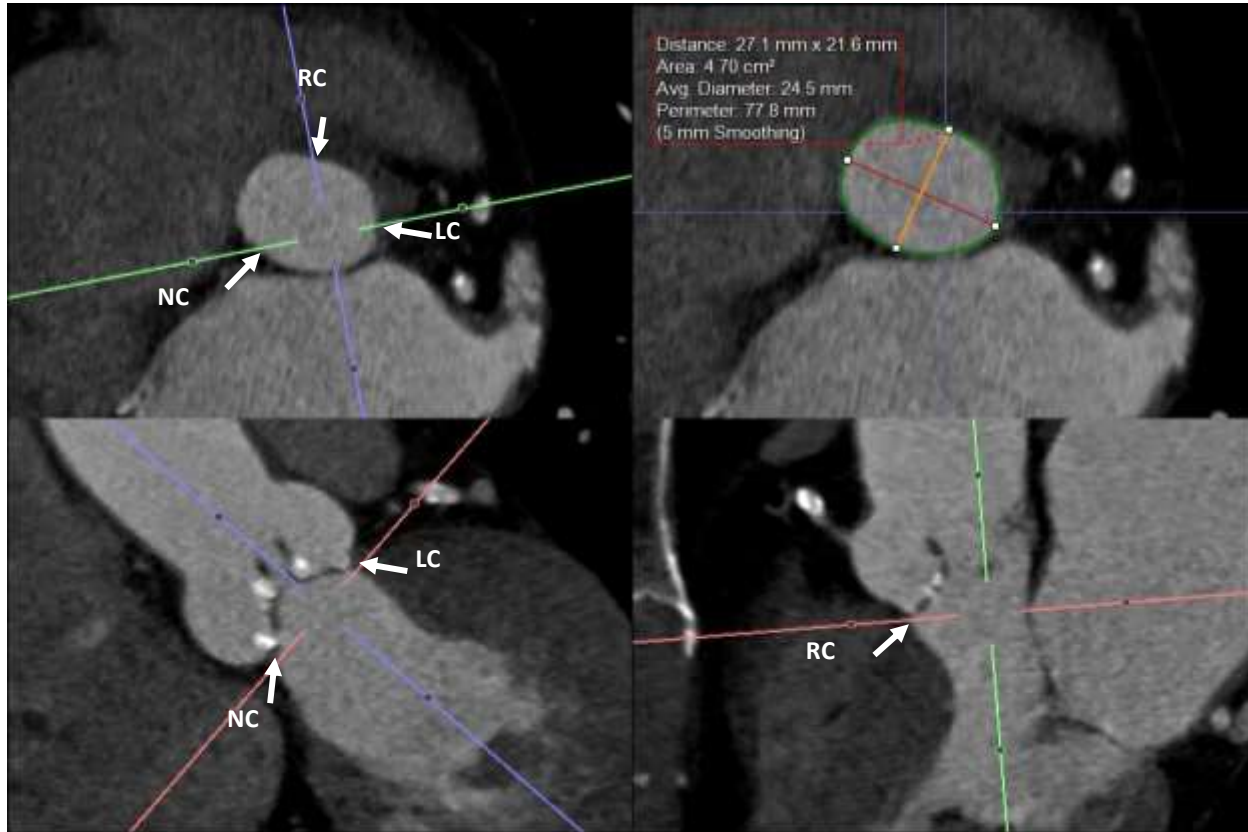
Aortic annulus

Definition



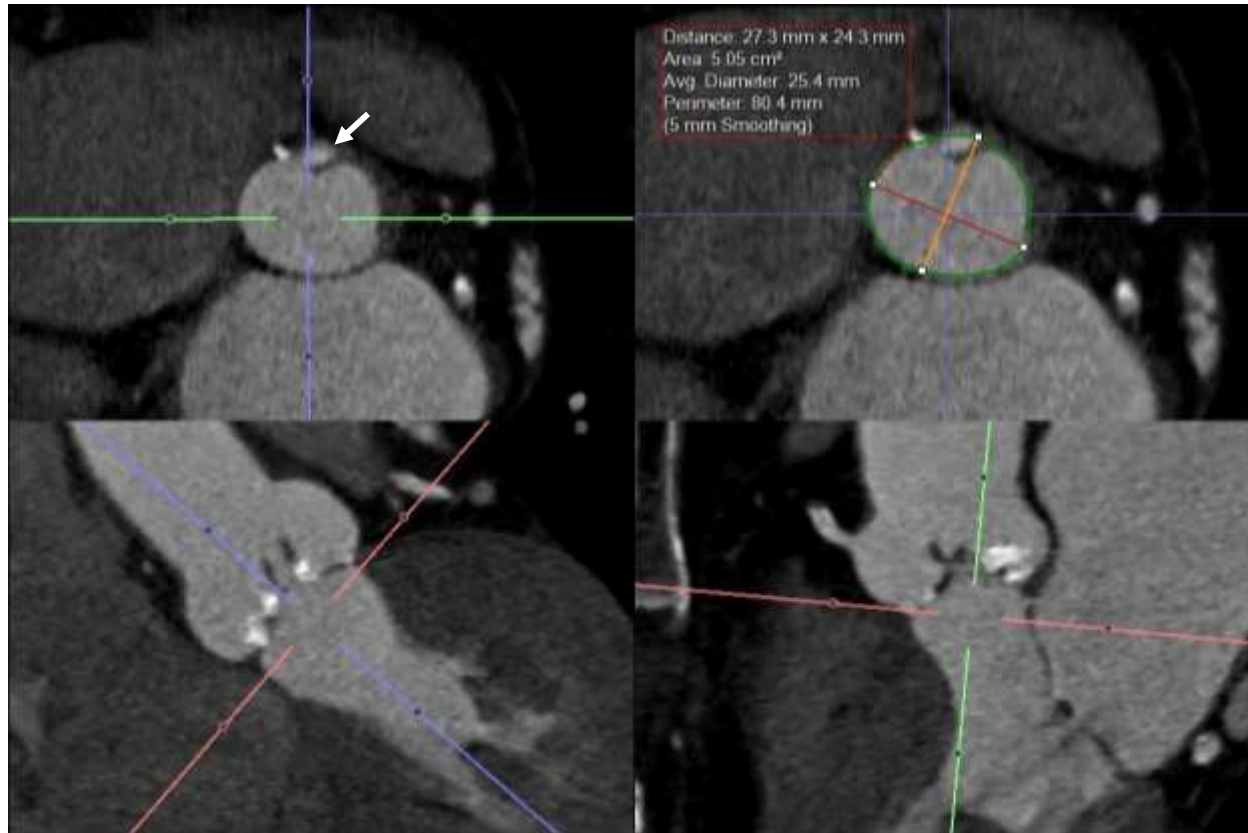
Aortic annulus

Show your work.....



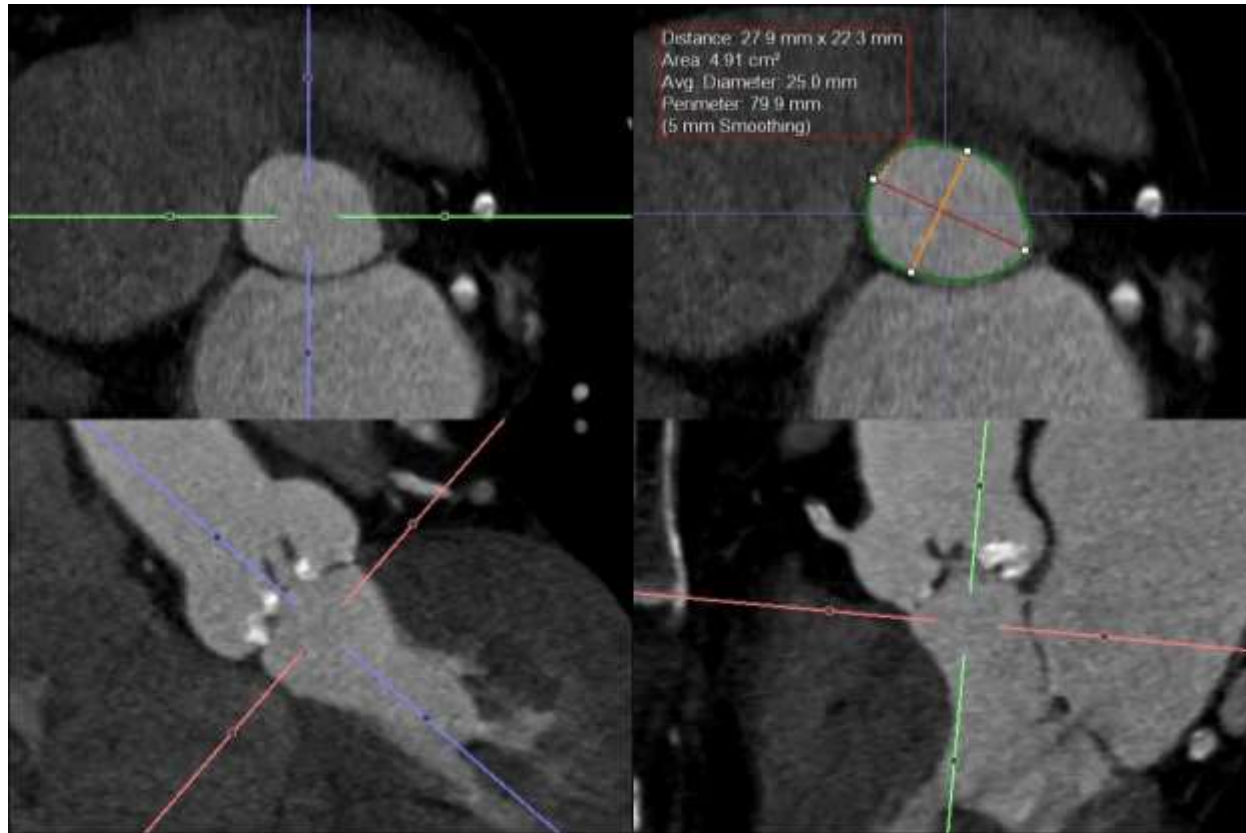
Incorrect Plane

Wrong orientation



Incorrect Plane

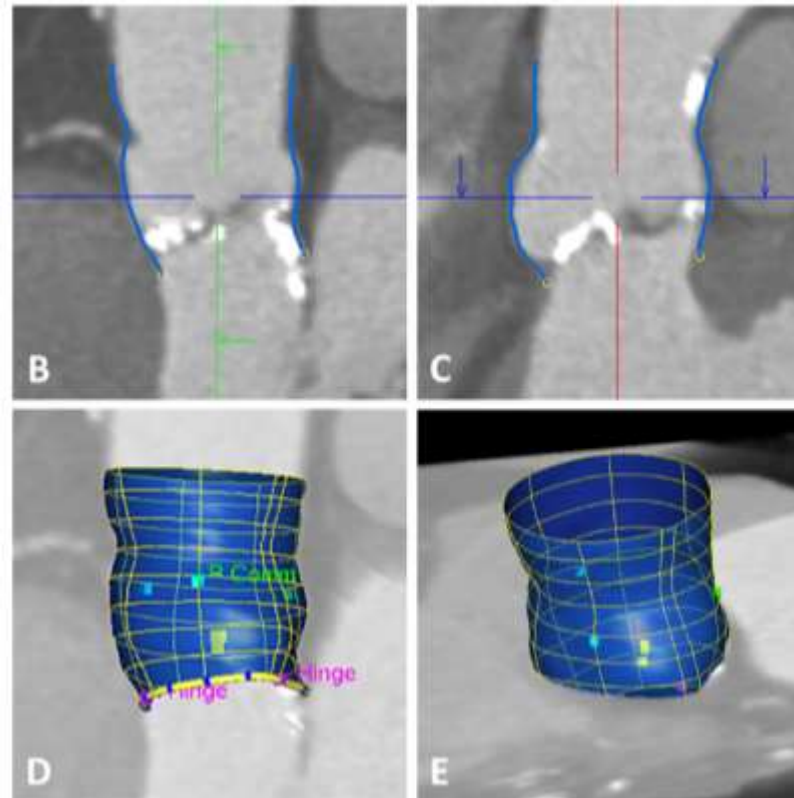
Wrong orientation and Too low



Aortic annulus

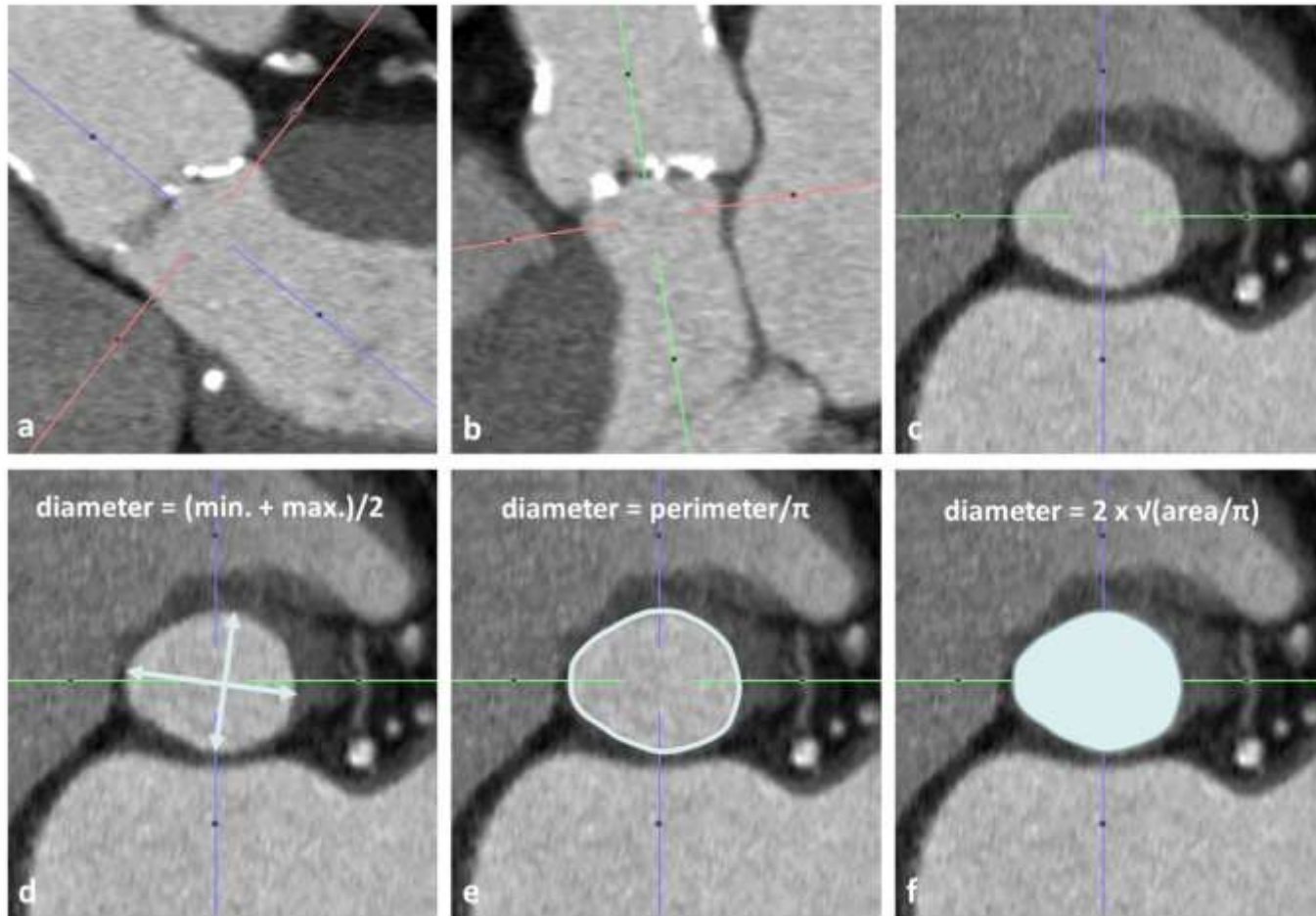
Different approaches

- Manual segmentation with MPRs
 - “facilitated” segmentation by placing landmark points
- “semi-automated” segmentation (computer-based algorithms)



Aortic annulus

Measurements



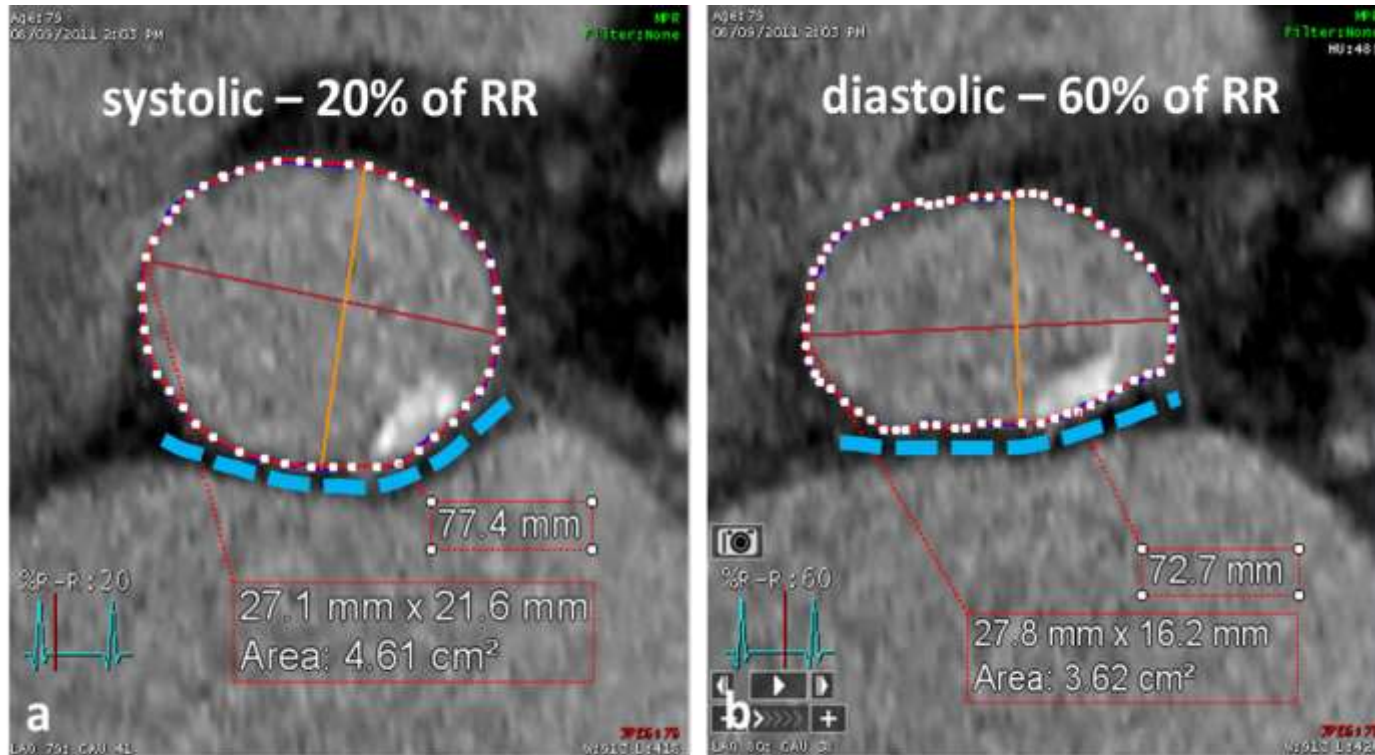
3. Annular dynamism

Changes throughout cardiac cycle



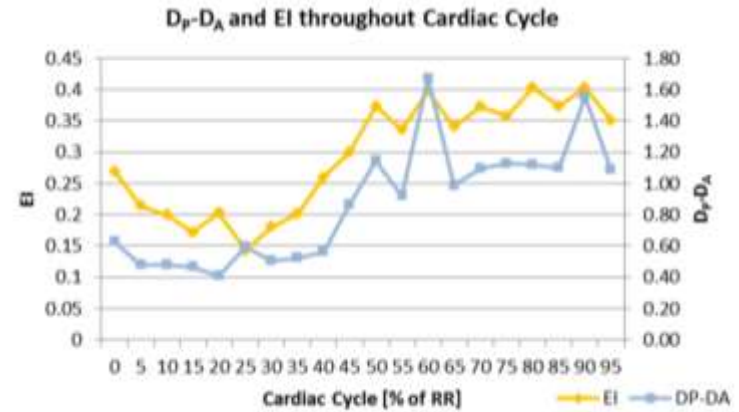
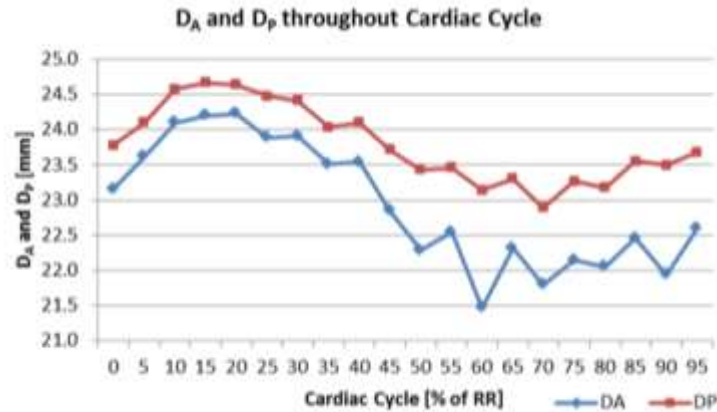
Annular dynamism

Changes throughout cardiac cycle

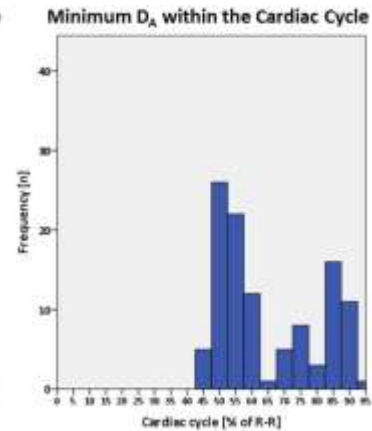
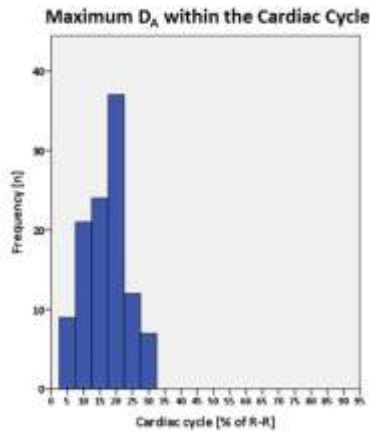
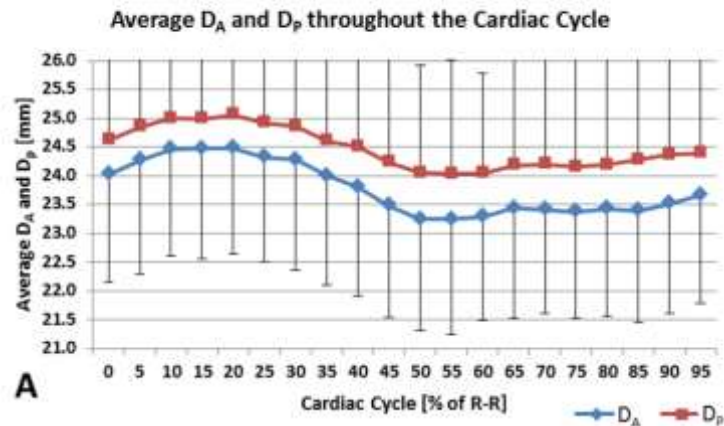


Annular dynamism

Changes throughout cardiac cycle



N= 112



4. Oversizing

Know what this means



Oversizing

Annular geometry

Relative oversizing by area [%] = [(nominal prosthesis area/CSA)-1] *100

Relative oversizing by D_A [%] = [(nominal prosthesis diameter/ D_A)-1] *100

Relative oversizing by perimeter [%] = [(nominal prosthesis perimeter/P)-1] *100.

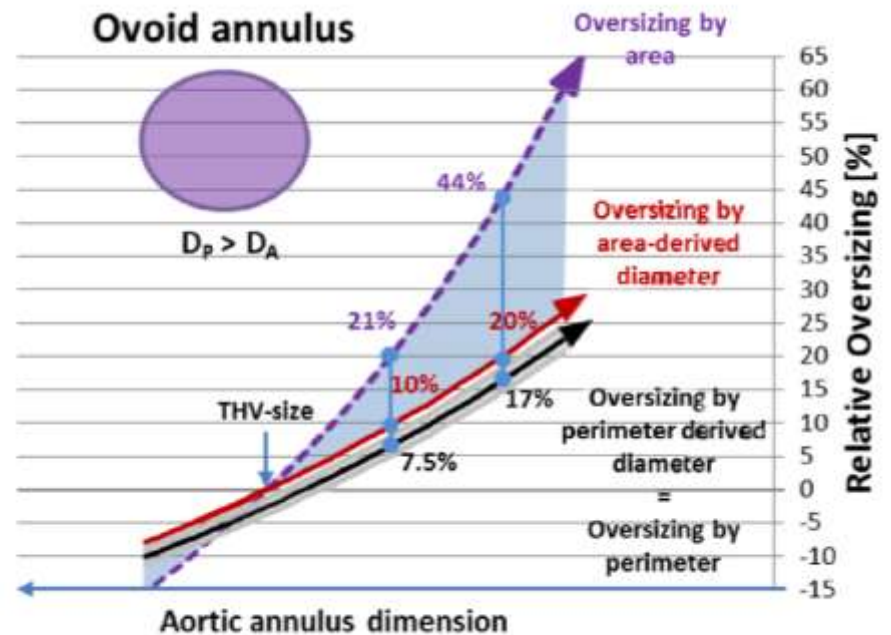
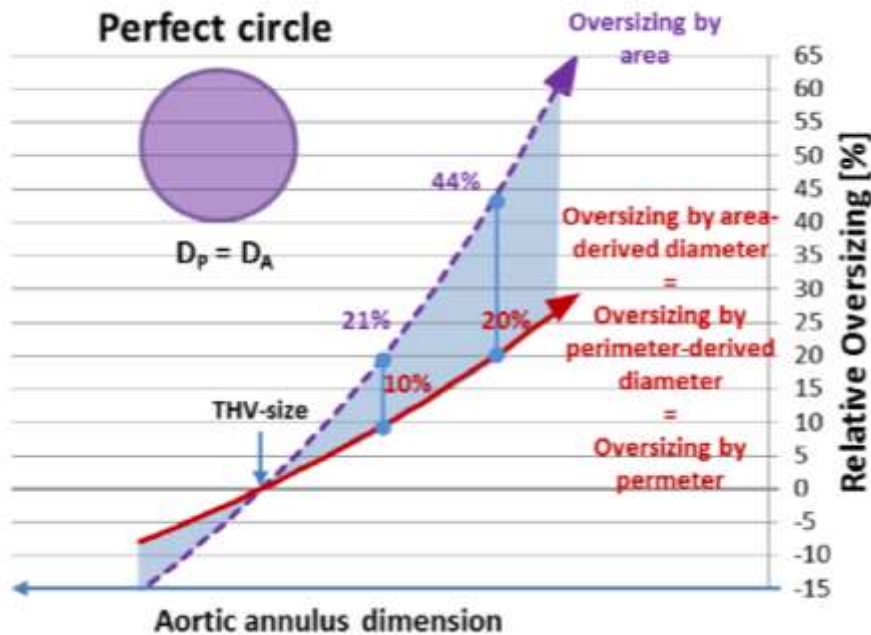
Relative oversizing by D_p [%] = [(nominal prosthesis diameter/ D_p)-1] *100.

Relative oversizing by TEE [%] = [(nominal prosthesis perimeter/ $TEE_{Annulus}$)-1] *100.



Oversizing

Dependency on geometrical measurements



$$A = \pi r^2$$



Integration of CT

SAPIEN XT - Area-based sizing

Vancouver Sizing Guidelines

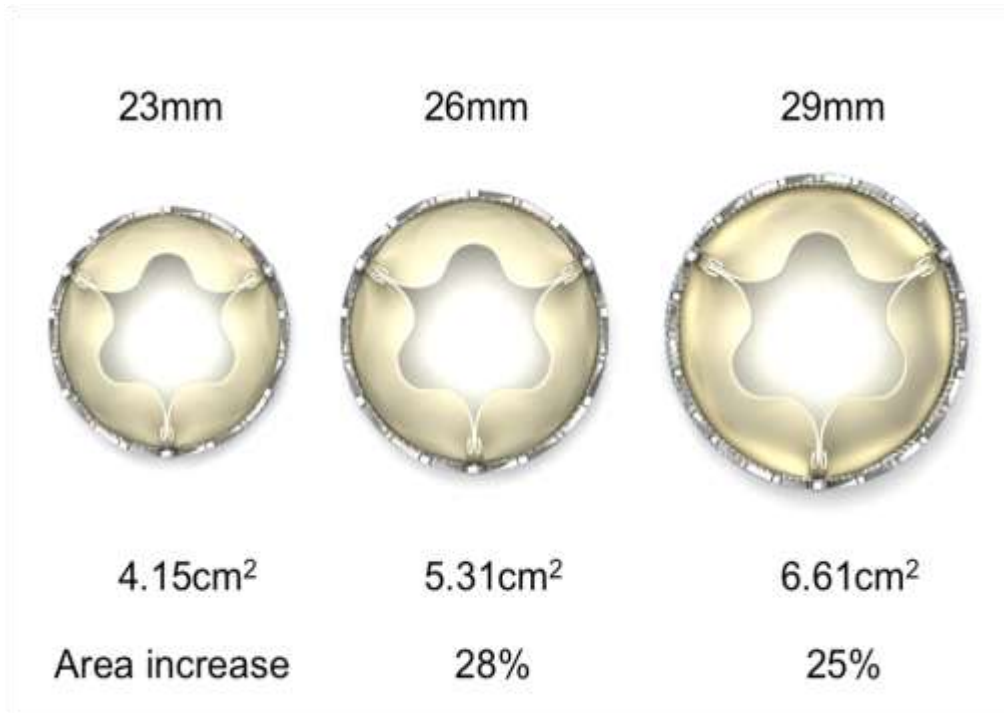


Table 1

Multidetector Computed Tomography Annular Area Sizing Algorithm

Annular Area, mm ²	Percentage of Annular Area Oversizing, %			
	20-mm THV	23-mm THV	26-mm THV	29-mm THV
230	NR			
240	NR (30.9)			
250	25.7 UE			
260	20.8 UE			
270	16.4			
280	12.2			
290	8.3			
300	4.7			
310	1.3	NR		
320	NR (-1.9%)	29.8 UE		
330		25.9 UE		
340		22.2 UE		
350		18.7		
360		15.4		
370		12.3		
380		9.3		
390		6.5		
400		3.9	NR	
410		1.3	NR (29.5)	
420		NR (-1.1)	26.4 UE	
430			23.5 UE	
440			20.7 UE	
450			18.0	
460			15.4	
470			13.0	
480			10.6	
490			8.4	
500			6.2	
510			4.1	NR
520			2.1	NR (27.0)
530			0.2	24.6 UE
540				22.3 UE
550				20.1 UE
560				17.9
570				15.9
580				13.9
590				12.0
600				10.1
610				8.3
620				6.5
630				4.8
640				3.2
650				1.6
660				0.1
670				NR



Different Sizing Algorithms for Different Valves

SAPIEN 3

It may not always be possible to implant the larger THV size for borderline annulus diameters. Consider the smaller THV in the following special situations:

- Severe annulus calcification
- Narrow root and low coronary ostia
- Narrow sinotubular junction
- Mitral annular calcification
- Porcelain aorta
- Bulky leaflet and low coronary ostia

If/when outside of recommended range:

- 1) Reference alternative sizing modalities (echocardiography, balloon sizing)
- 2) Consider the following factors in valve size selection
 - Clinical: very advanced age, corticosteroids, chest radiation, extensive calcification, calcium extending into the LVOT, etc

Bold = recommended Sealing Zones relate only to valves that are deployed with nominal volumes

3D Area-derived Diameter (mm)	20.0	20.2	20.5	20.7	21.0	21.1	21.4	21.7	22.0	22.3	22.6	22.8	23.0	23.1	23.4	23.7	23.9	24.0	24.2	24.5
3D Annular Area (mm ²)	314	320	330	338	346	350	360	370	380	390	400	410	415	420	430	440	450	452	460	470
% Annular Area Over (+) or Under (-) Nominal by 3D CT	23 mm	29.3	26.9	23.0	20.1	17.3	16.0	12.8	9.7	6.8	4.1	1.5	-1.0	-2.2	-3.3	-5.6	-7.7	-9.8		
	26 mm										29.8	26.6	25.1	23.6	20.7	18.0	15.3	14.8	12.8	10.4
	29 mm																			

ALL VALUES PRESENTED ARE BASED ON NOMINAL/RECOMMENDED INFLATION VOLUMES.

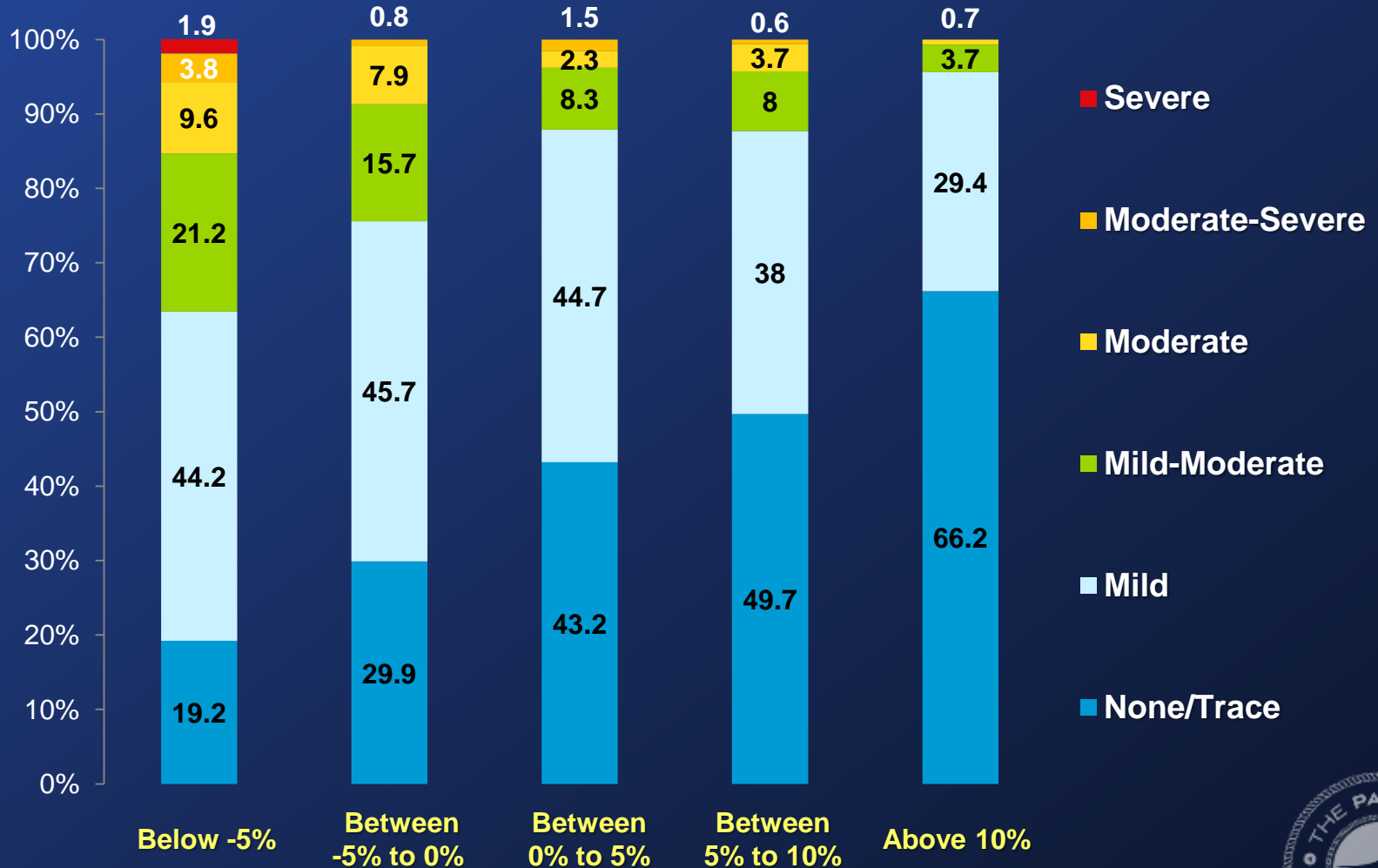
SYSTOLIC MEASURES ARE RECOMMENDED

24.5	24.7	25.0	25.2	25.5	25.7	26.0	26.2	26.4	26.5	26.7	26.9	27.2	27.4	27.6	27.9	28.0	28.1	28.3	28.5	28.8	29.0	29.2	29.4	29.5	29.6	29.9	30.1	30.3
470	480	490	500	510	520	530	540	546	550	560	570	580	590	600	610	615	620	630	640	650	660	670	680	683	690	700	710	720
10.4	8.1	5.9	3.8	1.8	-0.2	-2.1	-3.9	-4.9	-5.6	-7.3	-8.9																	
			29.8	27.3	24.8	22.5	20.2	18.9	18.0	15.9	13.9	11.9	10.0	8.2	6.4	5.5	4.7	3.0	1.4	-0.2	-1.7	-3.1	-4.6	-5.0	-5.9	-7.3	-8.6	-9.9



Results (2)

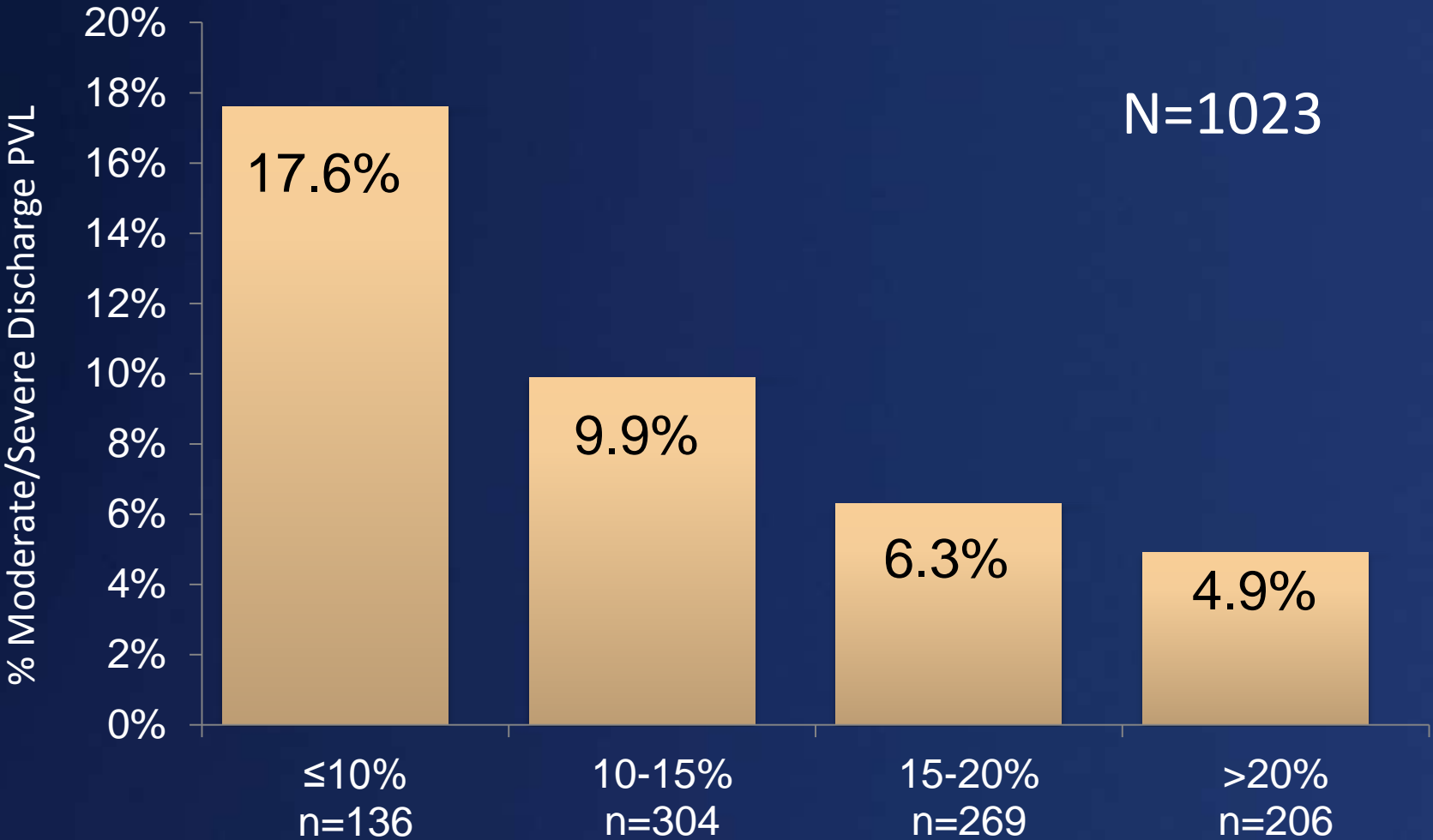
PAR Stratified by % Oversizing by Area



No annular rupture



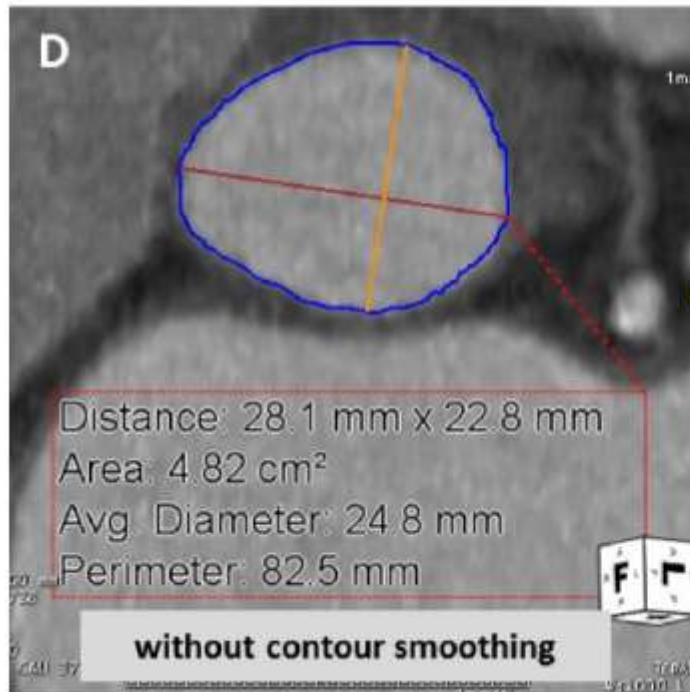
CoreValve Sizing Ratio and Mod/Severe PVL



$$\left[\frac{\text{CoreValve Perimeter} - \text{Annulus}}{\text{Annulus}} \right] \times 100$$

Annulus sizing

Perimeter



Blanke et al. JCCT 2014



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5. Valve morphology

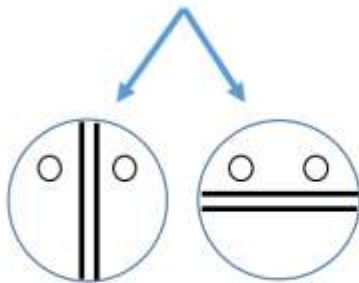
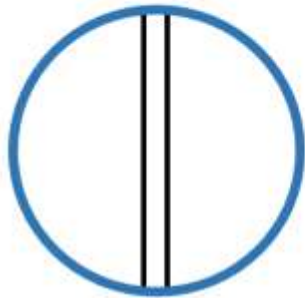
Know what this means



Bicuspid aortic valves

Classification

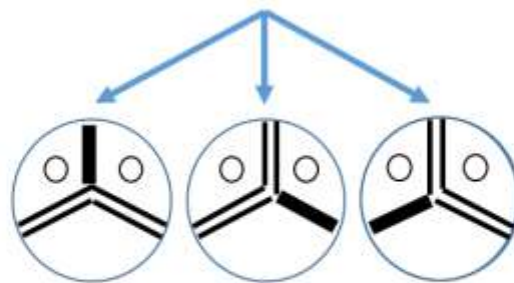
„purely“ BAV - Type 0
0 raphe



lateral

ap

Type 1
1 raphe

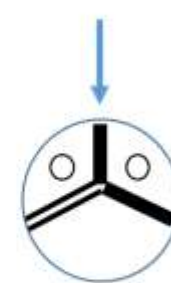
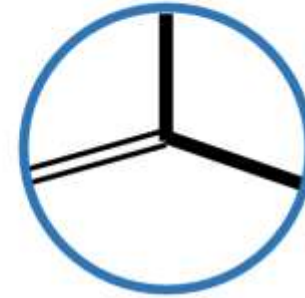


L - R

R - N

N - L

Type 2
2 raphes

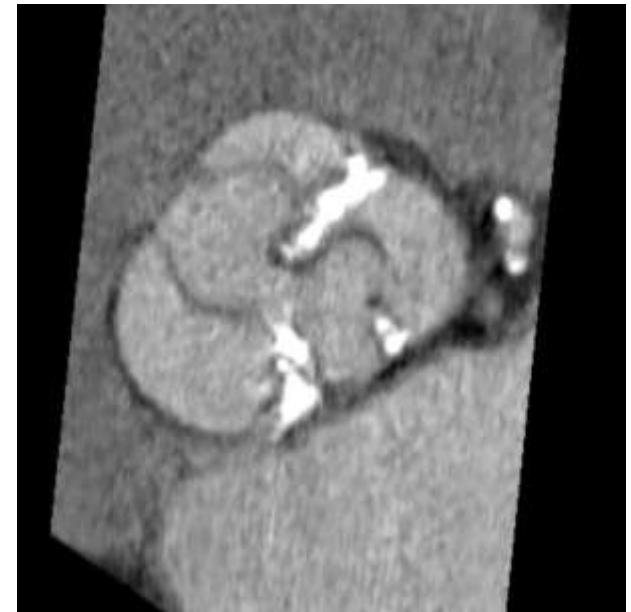
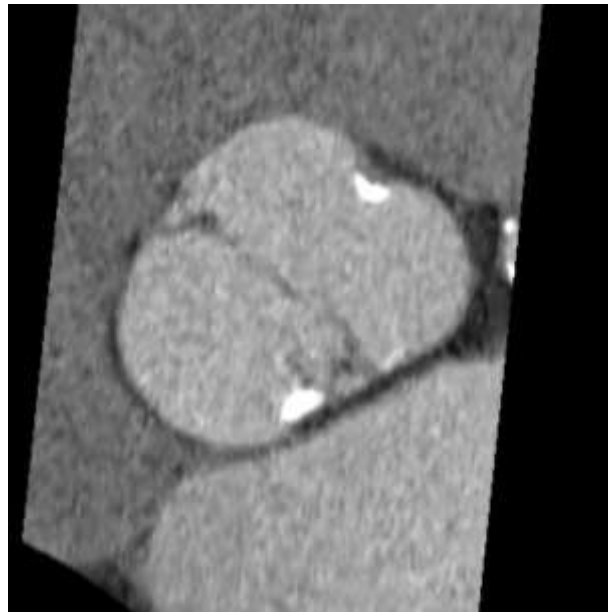
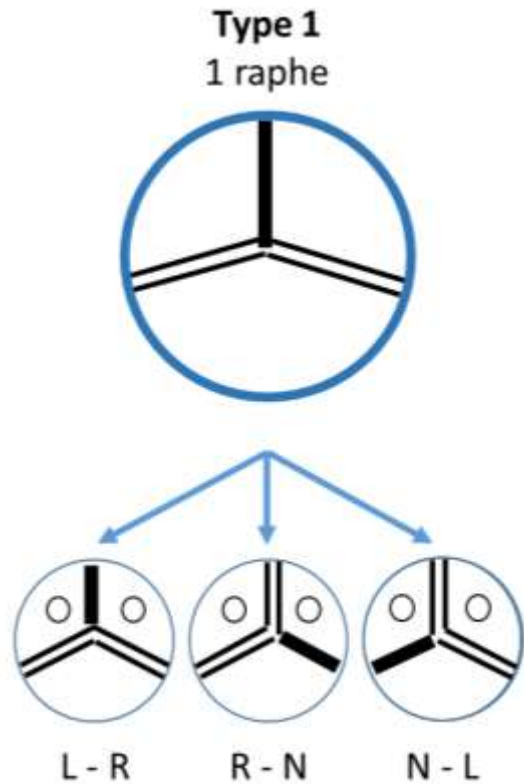


L - R / R - N



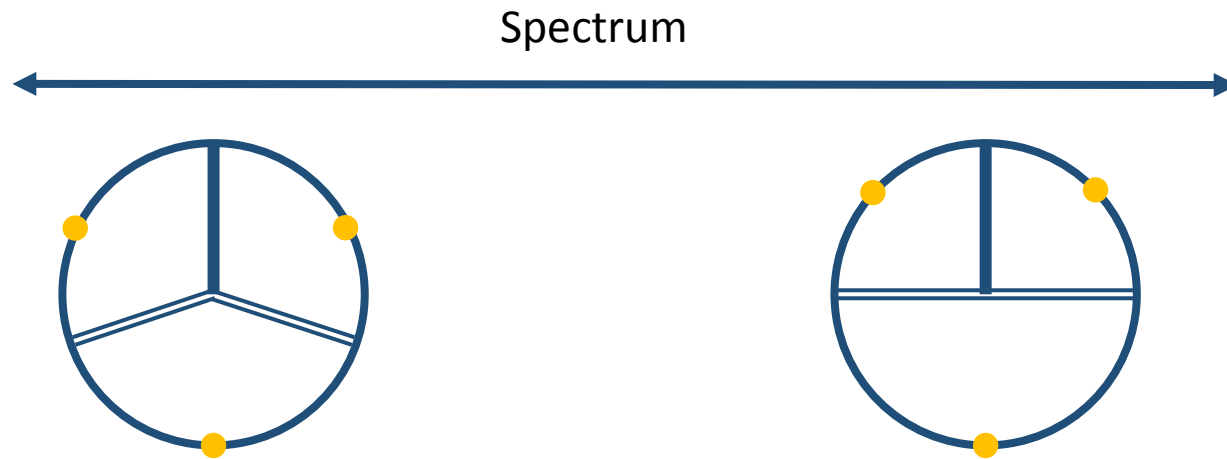
Bicuspid aortic valves

Type 1



Bicuspid aortic valves

'Many faces of Type 1'

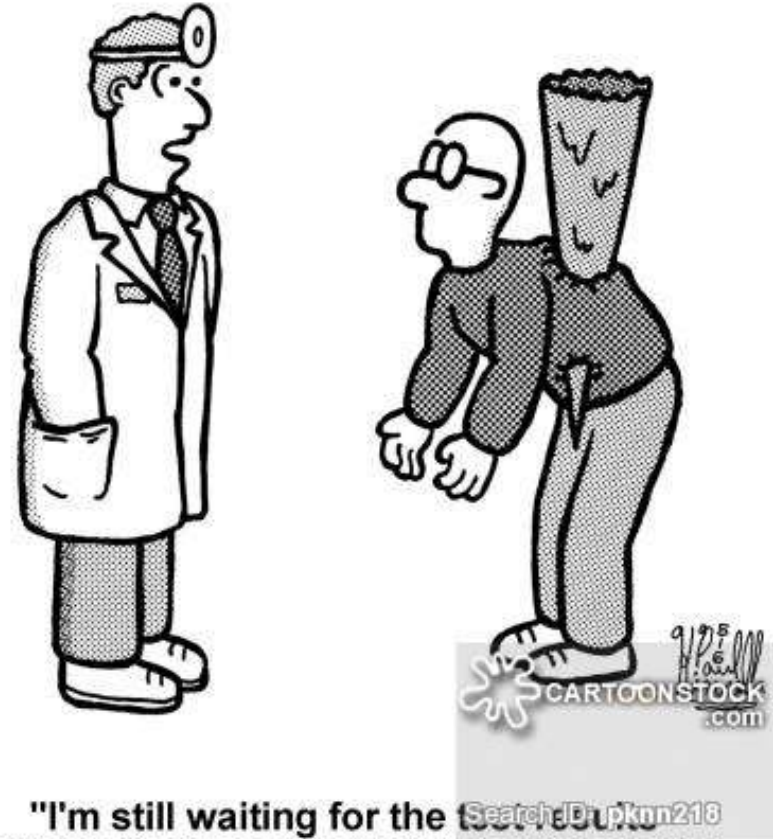
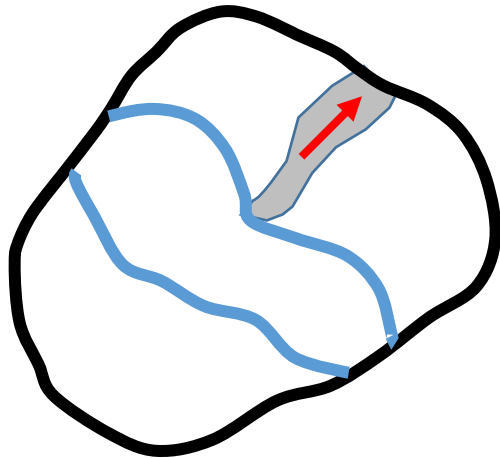


Unifying characteristic: Raphe



Valve anatomy

Bicuspid



"I'm still waiting for the test results but I'm fairly certain that what fell on you was either a stalactite or a stalagmite."



Essentials of CT aortic valve assessment

Thanks for you attention!

