



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

Edwards FORTIS Transcatheter Valve for Native Mitral Valve Regurgitation



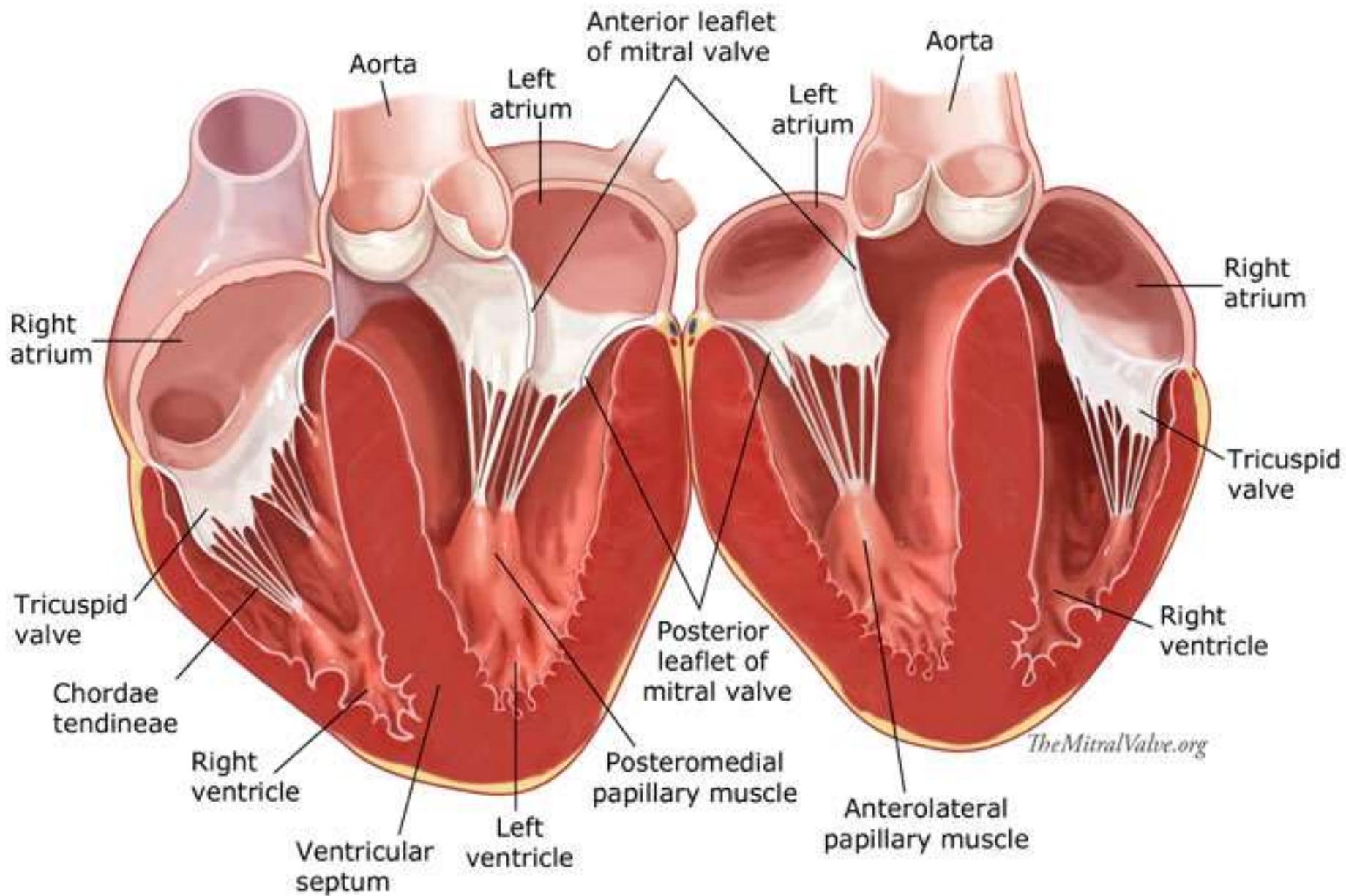
Jian (James) Ye, MD, FRCSC

**Clinical Professor of Surgery, St. Paul's Hospital
University of British Columbia, Canada**

TCTAP April 30, 2015 – Seoul, Korea

Disclosure

- **Consultant to Edwards Lifesciences**

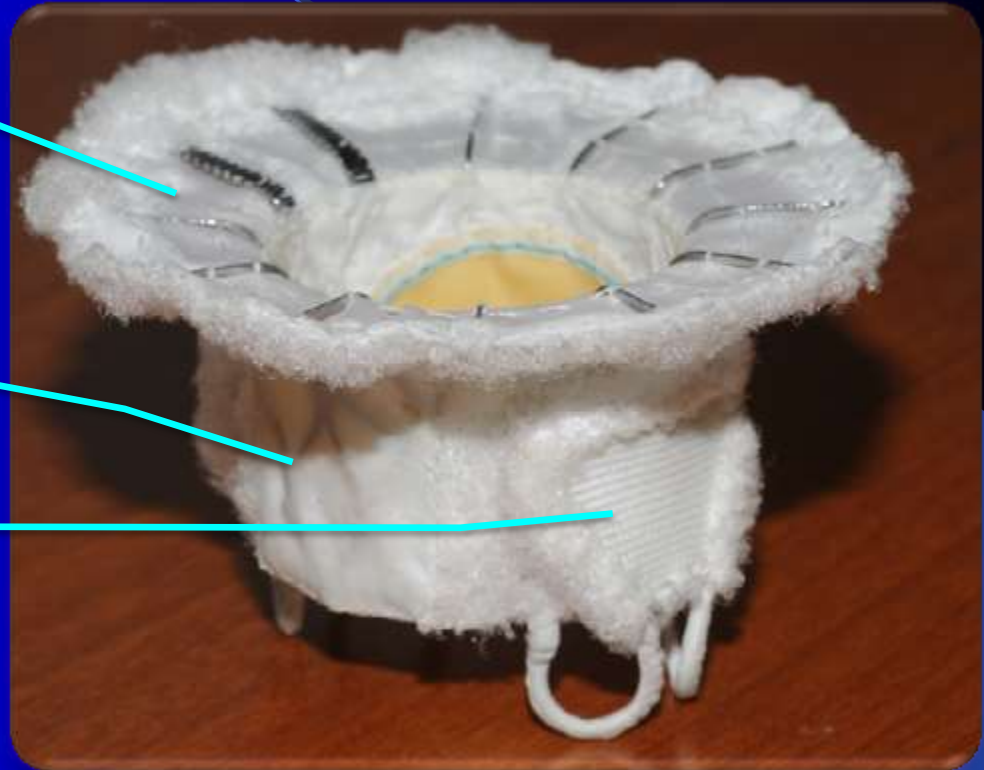


Edwards FORTIS Transcatheter Mitral Valve

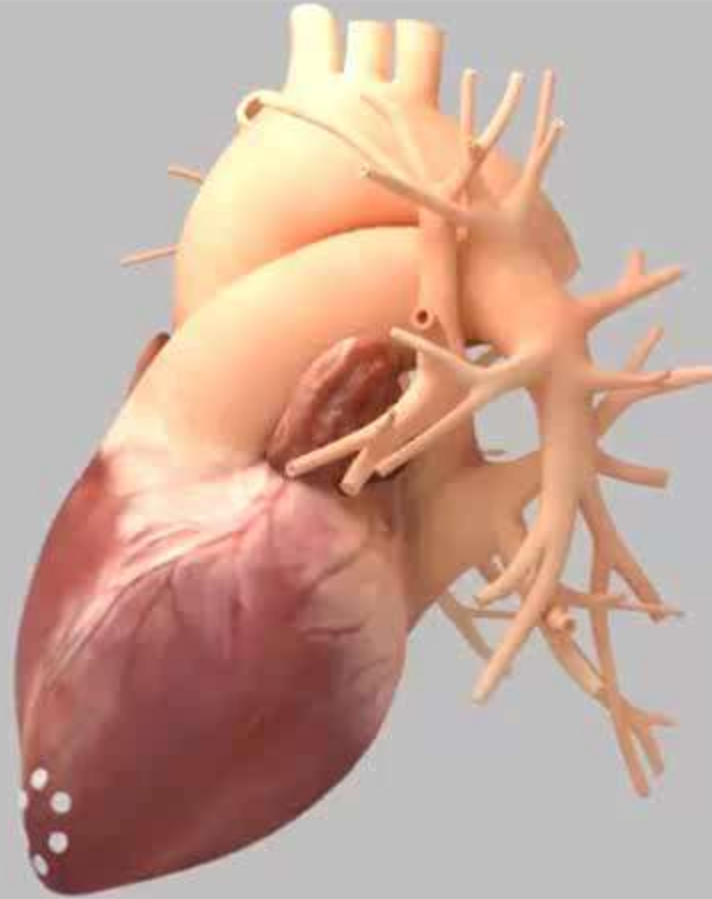
Atrial Flange

**Valve Body
29mm Cylinder**

Paddles



Edwards FORTIS Transcatheter Mitral Valve Implantation Animation



Recorded Case



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

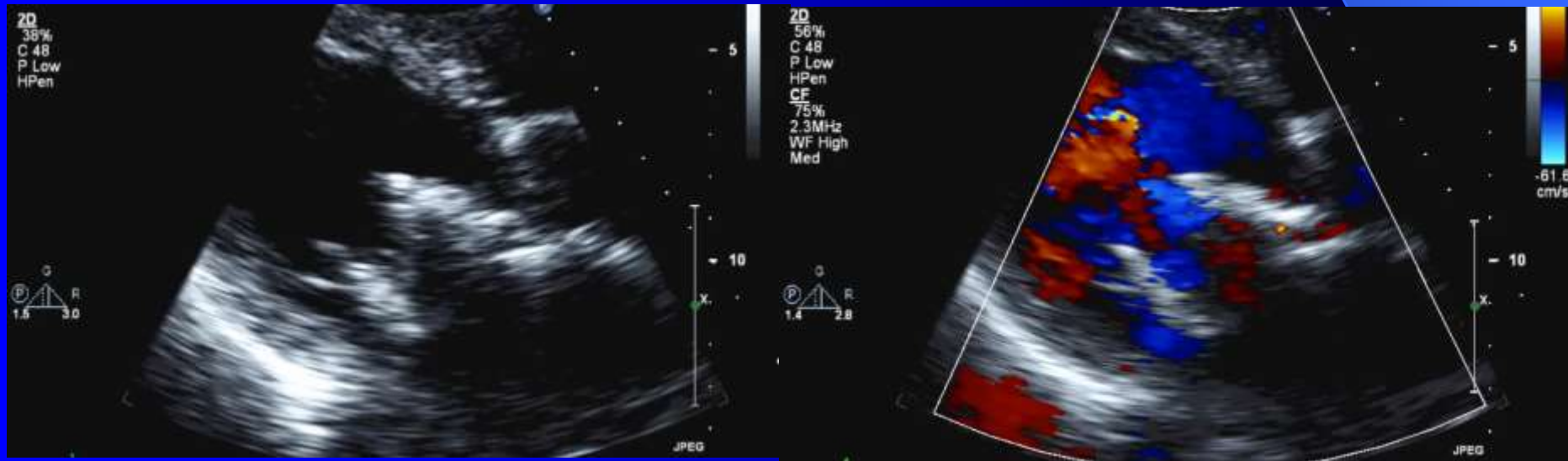
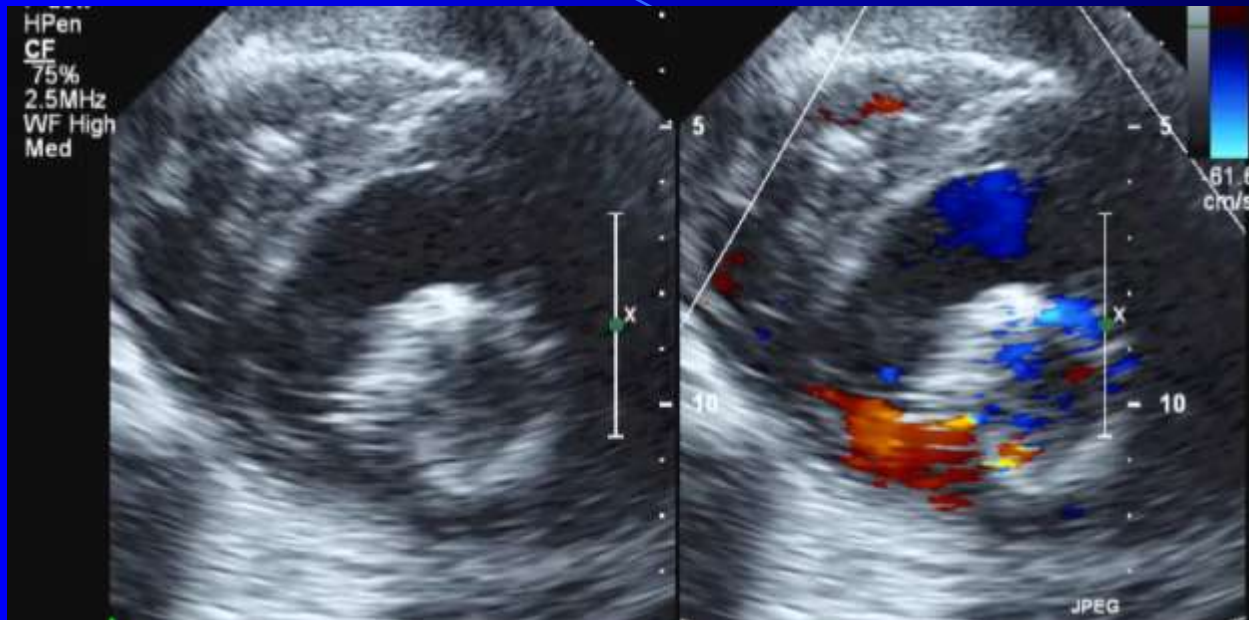
Edwards FORTIS Transcatheter Mitral Valve Implantation



Jian (James) Ye, John Webb, Brad Munt, Rob Boone

St. Paul's Hospital
University of British Columbia, Vancouver, Canada

Follow-up at 1 month



6 month follow-up

“Proof of principal” has been established.



Pre-op

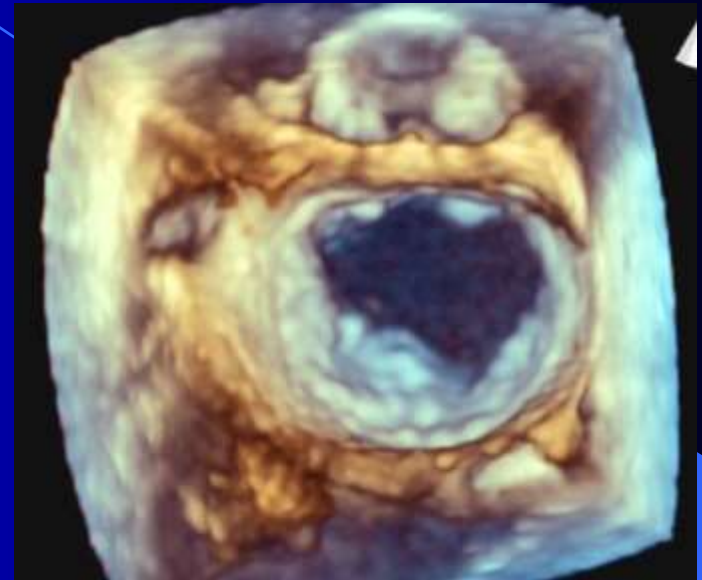


6 Months Post-op

LV remodeling with Improved LVEF

Potential Patients for FORTIS Mitral Valve

- Symptomatic severe MR
- Functional MR
- Structural MR without a large flail segment or significant prolapse of P2 or A2
- High risk or “inoperable” patients
- No significant MV calcification



Future of TMVR

On-going feasibility studies:

- **Edwards Self-Expanding FORTIS Mitral THV**
- **Tiara transcatheter mitral valve**

