

# Next Innovation in Transcatheter Valve Intervention

## New Valves and New Techniques

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# *Financial Disclosure*

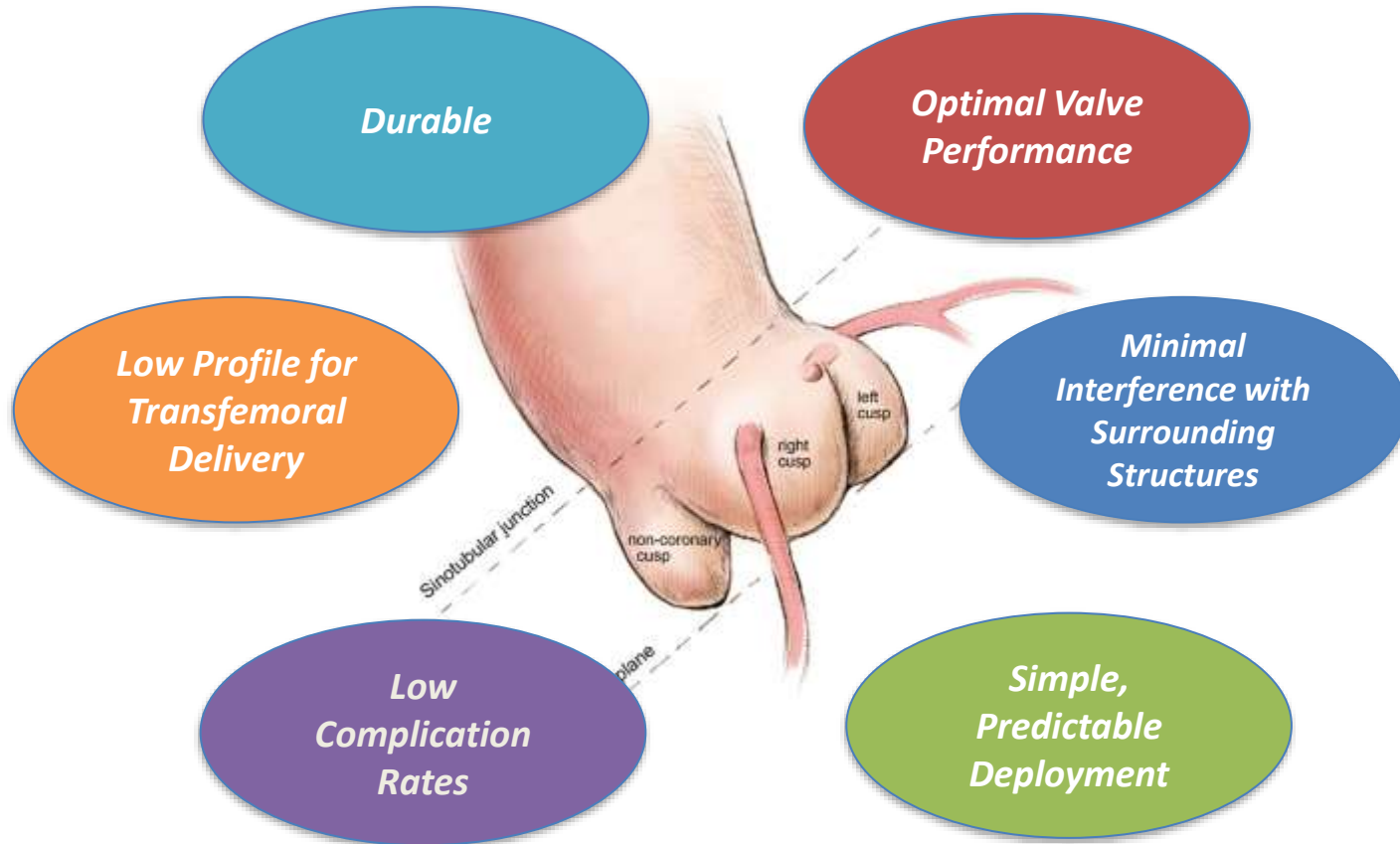
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I, Eberhard Grube have the following financial interest/arrangement that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation

**Speaker Bureau/ SAB:** Medtronic, Boston Scientific, HighLife, Jena Valve, Protembis, Anteris

**Equity Interest:** Cardiovalve, Claret, Shockwave, Valve medical, CardioMech, Millipede, Imperative Care, Pi-Cardia, Ancora, Laminar, ReNiva Medical

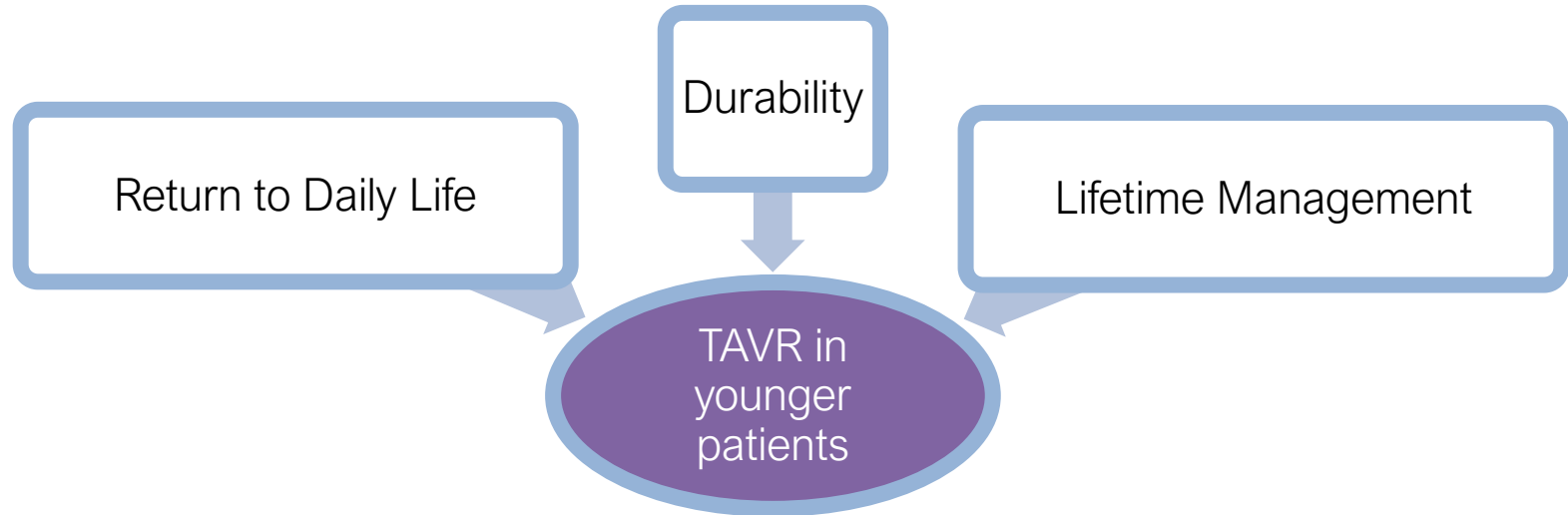
# *The Ideal Transcatheter Aortic Valve*



# **TAVR Device Selection**

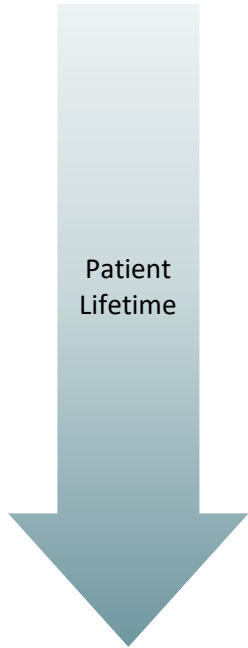
## **Priorities for the Future**

Device selection in younger, low-risk patients will be driven by valve durability and performance of TAVR valves, lifetime management of patients, and getting patients back to their daily lives faster.



# ***Next Generation THV design with a focus on Lifetime Management of Aortic Stenosis Priorities for the Future***

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**Optimize index procedure**

Safety, reproducibility, low access profile, personalized valve sizing, PVL solution

**Extend valve longevity**

Novel tissue technology, valve design

**Maintain coronary access**

Short frame height, commissural alignment

**Plan for THV-in-THV**

Control of valve orientation relative to anatomy

# The Heart Valve Conundrum

*There is no perfect valve  
Which is the best option for which patient?*

## **Tissue**

- ▼ Durability
- ▲ QoL / No AC
- ▲ TAVR Option



## **Mechanical**

- ▲ Durability
- ▼ QoL / No AC
- ▼ TAVR Option



**The “Ideal” Heart Valve**

*= One Procedure & Normal Lifestyle*

# ***The Durability Controversy***

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***Until there is long-term (>10 years) reliable clinical and echo data treated with “modern era” transcatheter bioprosthetic valves, there will always be concerns regarding “durability”!***

***THVs have collected more rigorous durability data than any surgical valve until now !***

# The Evolution of Heart Valves

*The promise...*

**Non living**

*Synthetic permanent Polymer*

Bioprosthetic valves

*Mechanical valves*

**1960**



**Living**



**2020**

Regenerative material/tissue engineered valve

***One valve for life!***



# TAVR Devices

## Current Landscape

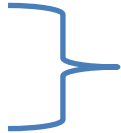
- Sapien 3/S3 Ultra
- Evolut R/PRO+



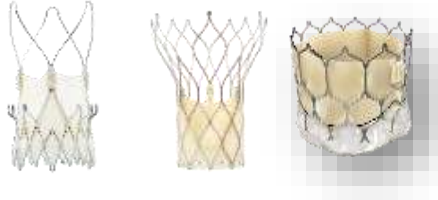
Current Industry Standard



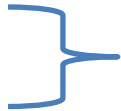
- Acurate Neo 2
- Portico/Navitor
- My Val



Increasing Clinical Use/Next in Line



- Jena Valve/J Valve
- Venus A Valve



Rebooting and Increasing Momentum



- Direct Flow
- Engager
- Centera



Early or Later Demise



### Others!

- VitaFlow
- Taurus One
- Trinity
- Colibri
- Inovare
- Thubrikar
- HLT Meridian
- NVT
- Xeltis
- Zurich TEHV

# TAVR Devices

## Current Landscape

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### Self Expanding



Evolut R/Pro



Portico



ACURATE Neo2



Venus A



Jena Valve

### Supra-Annular



Evolut R/Pro



Venus A



ACURATE Neo2



Jena Valve

### Balloon Expandable



MyVal



SAPIEN 3/Ultra

### Intra-Annular



SAPIEN 3/Ultra



MyVal

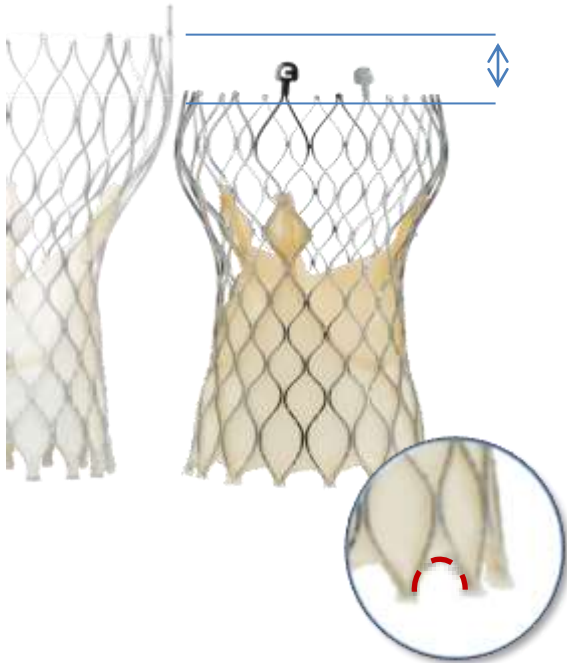


Portico

# ***Current “Standards” for TAVR***

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**MDT Evolut R (PRO +)    EW Sapien 3 Ultra**

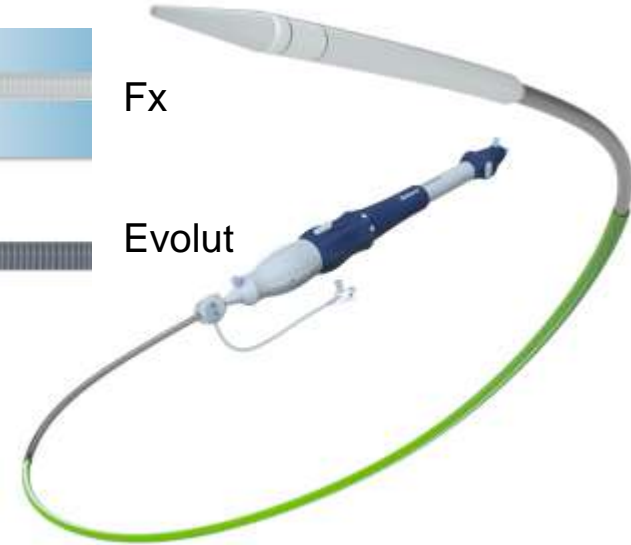


# “Next in Line” for TAVR

## **Evolut FX**

### WHAT'S NEW WITH FX?

- Nosecone redesign
- More flexible capsule
- Single spine shaft
- Optimized stability layer
- **Three radiopaque inflow markers**
  - Located just adjacent to Commissures
  - Positioned at 3mm target depth



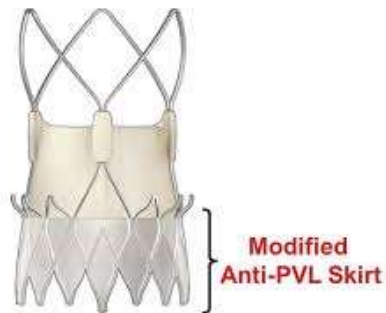
# “Next in Line” for TAVR

## **Acurate neo 2**

The next device iteration, Acurate neo 2, has design goals for improved PVL performance and other features including:

- **Inner and outer pericardial skirts**
- Design updates for improved conformability in irregular, calcified anatomy
- New radiopaque positioning marker

ACURATE neo™ 2 Aortic Valve



Reducing PVL with the next-generation valve iteration is necessary in order for the Acurate neo 2 to become a viable option for TAVR patients.

# “Next in Line” for TAVR

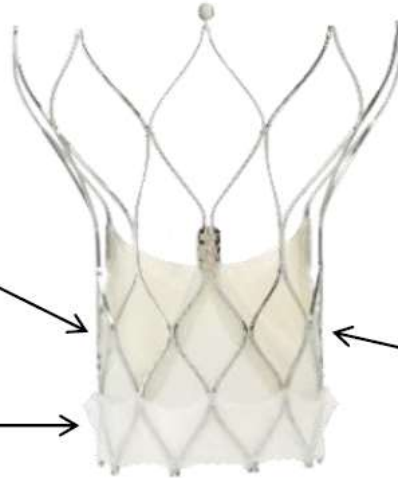
## Navitor

Future developments from the Portico platform include **additional studies on the FlexNav delivery system** and further investigation of the Navitor valve.

The Navitor study is a prospective, multicenter single-arm study to support CE Mark or FDA approval in high- or extreme-surgical risk patients. The study is currently enrolling, and 30-day results are expected to be presented in 2020.

**INNER CUFF**  
New Polyethylene  
Fabric Material

**PVL REDUCTION  
FEATURE**  
Addition of Outer  
Polyethylene  
Fabric Cuff



**AORTIC STENT CELL DESIGN**  
Curved Aortic Stent to Minimize  
Vessel Trauma and Aid Release  
From FlexNav Delivery System

**STENT DESIGN**  
Increased Radial Force for 23/25 mm  
Valve Sizes to Normalize Across  
Product Range

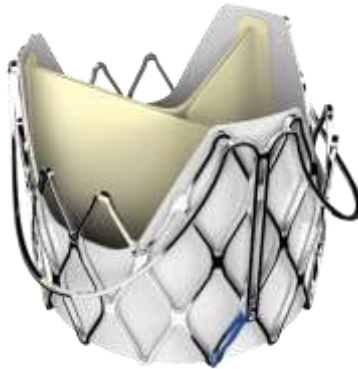
# ***“Rebooting” or Increasing Momentum***

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**JENA Valve**



**J Valve**

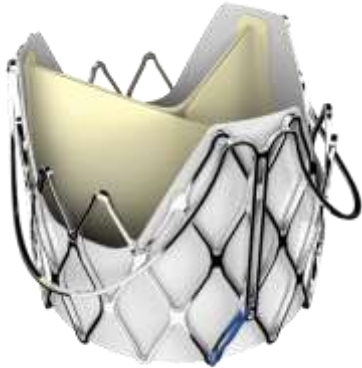


**VENUS A Valve**

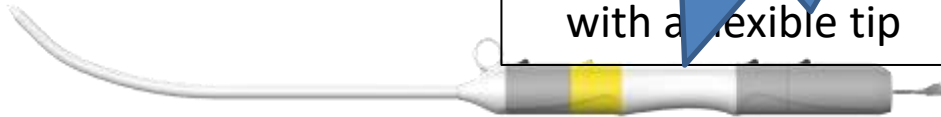


# On The Horizon

## J - Valve



J-Valve Ausper



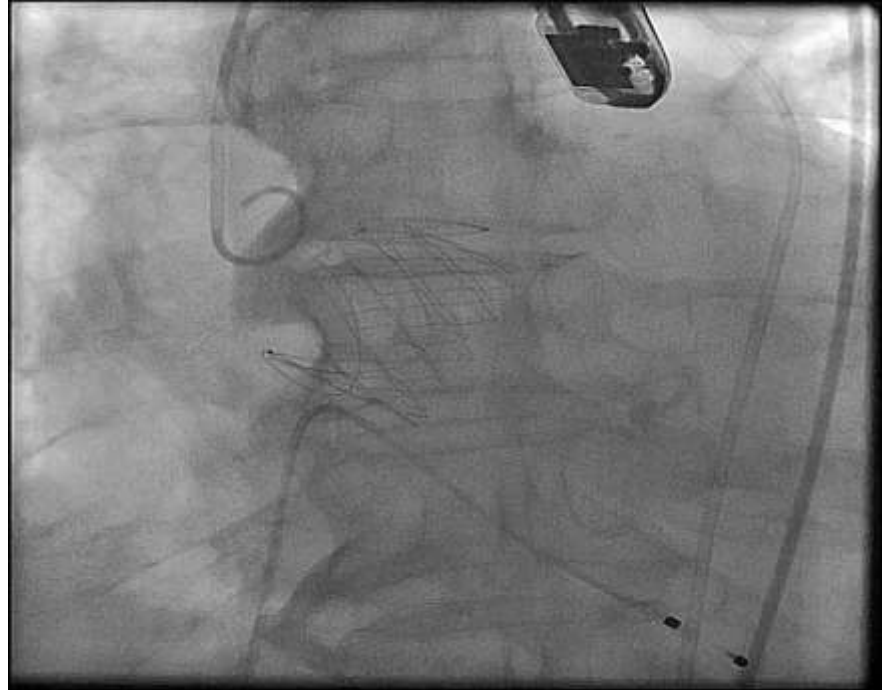
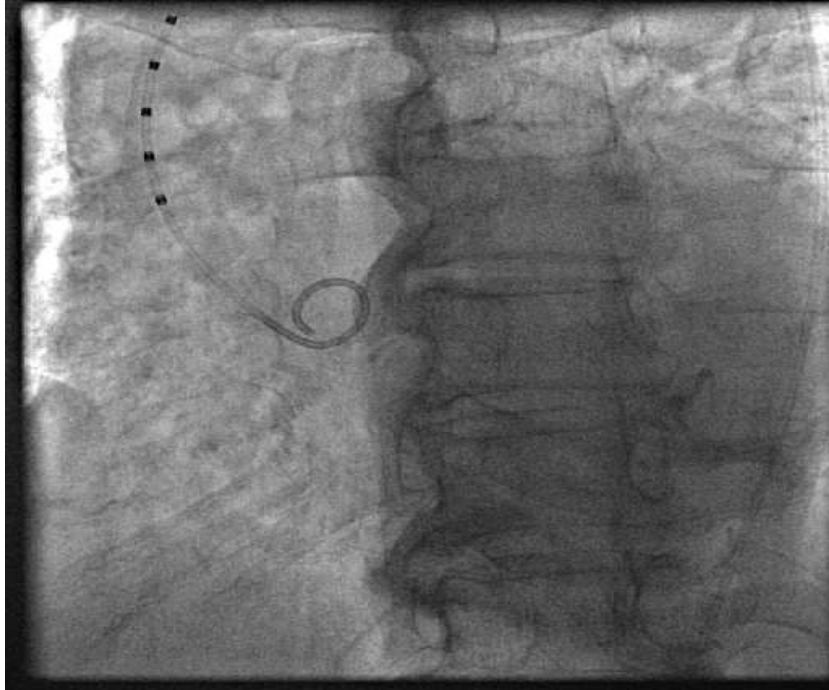
- Porcine pericardial trileaflet valve
- Nitinol short stent frame
- *for transcatheter*
- Nitinol short stent frame
- *operates with*
- *native*
- *le*
- ZVI 2.5 delivery catheter with a flexible tip

**CFDA  
Approved  
2017**



# *Final Aortogram*

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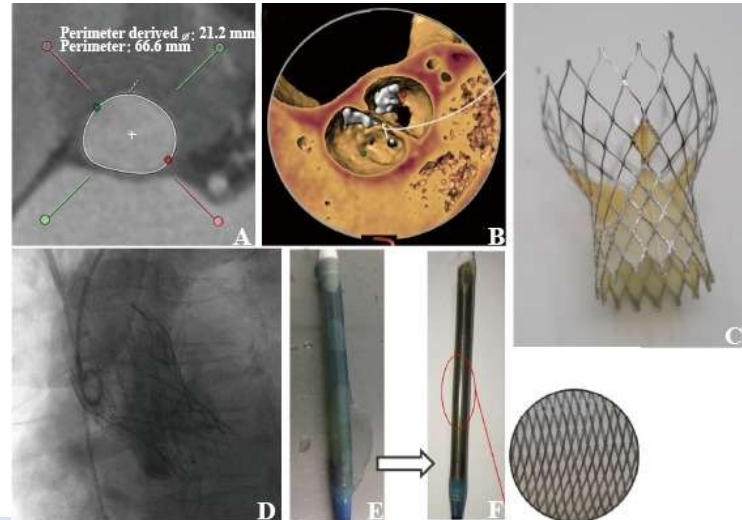


*Courtesy Mark Hensey MD*

# Rebooting / Increasing Momentum

## Venus A and Venus A-Plus

The Venus A platform (Chinese FDA approved) includes a self-expanding valve with supra-annular leaflets, and the second-generation Venus A-Plus includes a reinforced shaft and capsule in the delivery **system to allow retrievability and repositioning.**



# Rebooting / Increasing Momentum

## Jena Trilogy™ Valve

Jena Trilogy™ has:

- *Locator clips that align with sinuses and set implant depth and avoid low implants*
- Self-expanding nitinol frame
- 18-Fr equivalent Coronatix catheter delivery

JenaValve



### JenaValve AS Global Clinical Program Characteristics



US	Europe and New Zealand
Extreme and High Surgical Risk	
Prospective, Multicenter, Single Arm	
Primary Endpoint: All Cause Mortality at 30 days	
Additional Evaluations: VARC-2, Hemodynamics, NYHA, 6-MWT, KCCQ	
Total Patients: up to 40	Total Patients: up to 90

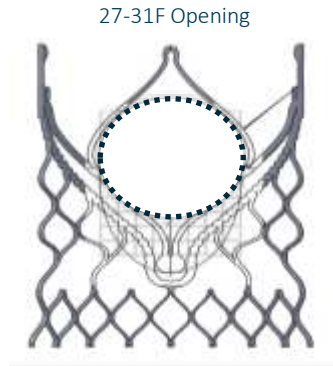
# *JenaValve Trilogy™ Frame Design with Locator Technology*

A Unique Design for Securing and Sealing Valve in Native Anatomy

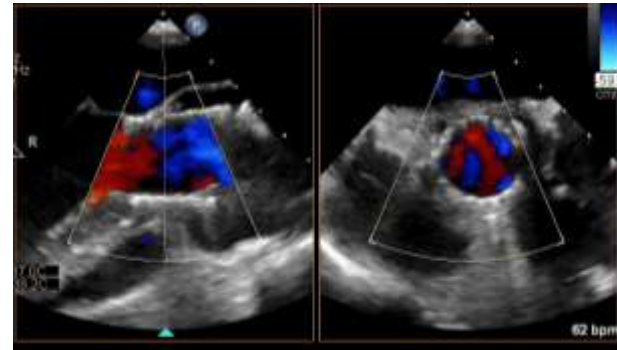
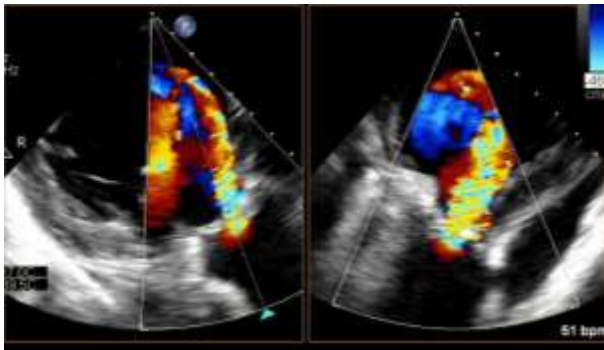
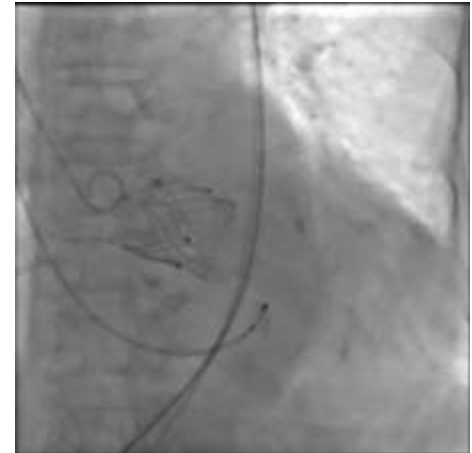
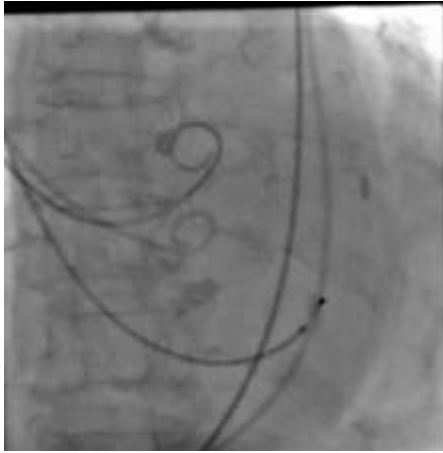
- **Aligns THV with Native Cusps (Commissural Alignment) by Design**
- Locators “Clip” onto Native Leaflets Forming a Natural Seal and Stable Securement



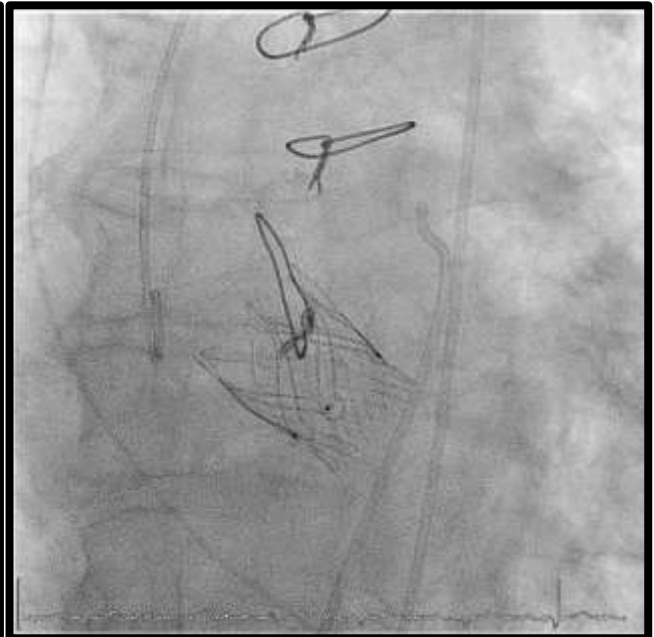
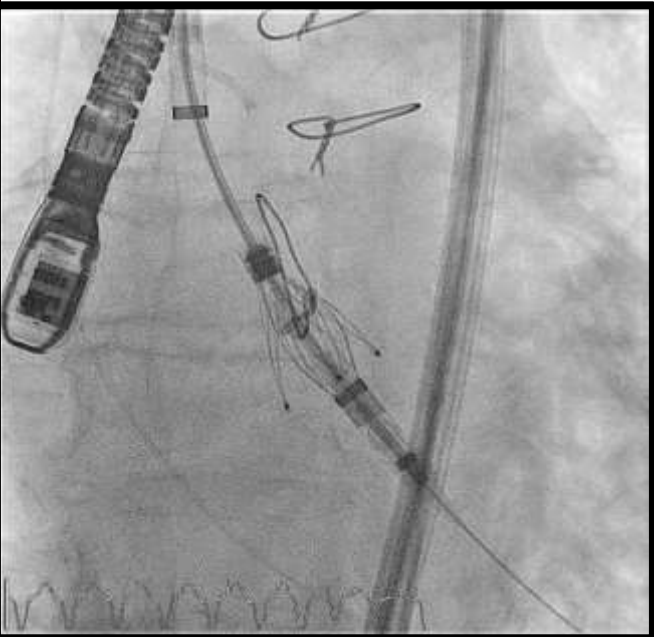
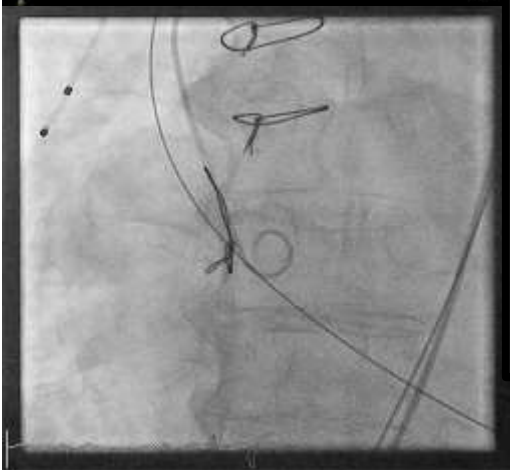
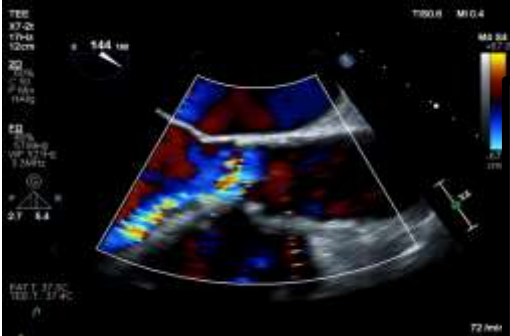
- **Large-Open Cells Provides Access to Low Coronaries**
- 24 Diamond-Shaped Cells Provide Annular Conformability and Sealing



# Transfemoral Jena Valve Case Example



# ***Jena Valve Transfemoral TAVR System to Treat Aortic Regurgitation in a Degenerated Freestyle Surgical Aortic Valve with Unfavorable Anatomy***





# Aortic Regurgitation

## **ALIGN – AR Trial Global Clinical Program**



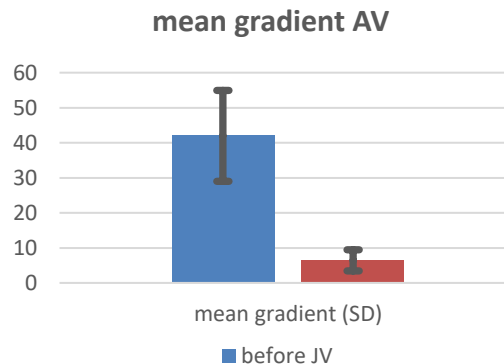
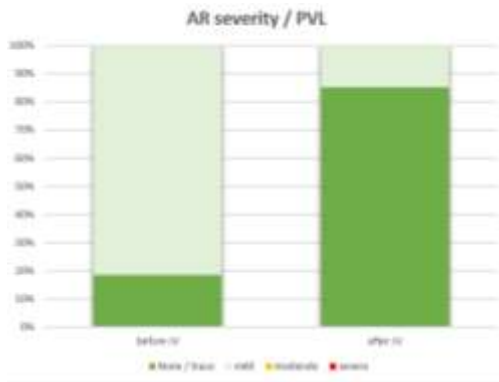
Parameter	US AR Study (N=23)	Yoon et al. Results (N=331)
Age, mean	73 ± 13	75 ± 12
All-Cause Mortality, %	4.3%	10.9%
Conversion to SAVR, %	0.0%	3.6%
Stroke, %	0.0%	16.6%
Acute Kidney Injury Stage 2 or 3, %	0.0%	8.2%
Life Threatening/Major Bleeding	2.3%	11.8%
New Permanent Pacemaker, %	30.4%	18.2%
Coronary Obstruction, %	0.0%	1.5%
Device Success	91%	74%
THV Mean Gradient, mmHg	4.5	9.3

# Jena Valve Trilogy – first results after commercial implants for AS

## Results

- First 27 patients have been treated with the TF JenaValve Trilogy system *commercially* for Aortic Stenosis!

• Technical success (VARC-3):	100%	-
• Device success (VARC-3) at 30 days:	96.3%	1 death
• Performance as indicated:	100%	-
• Permanent Pacemaker Implantation	0%	



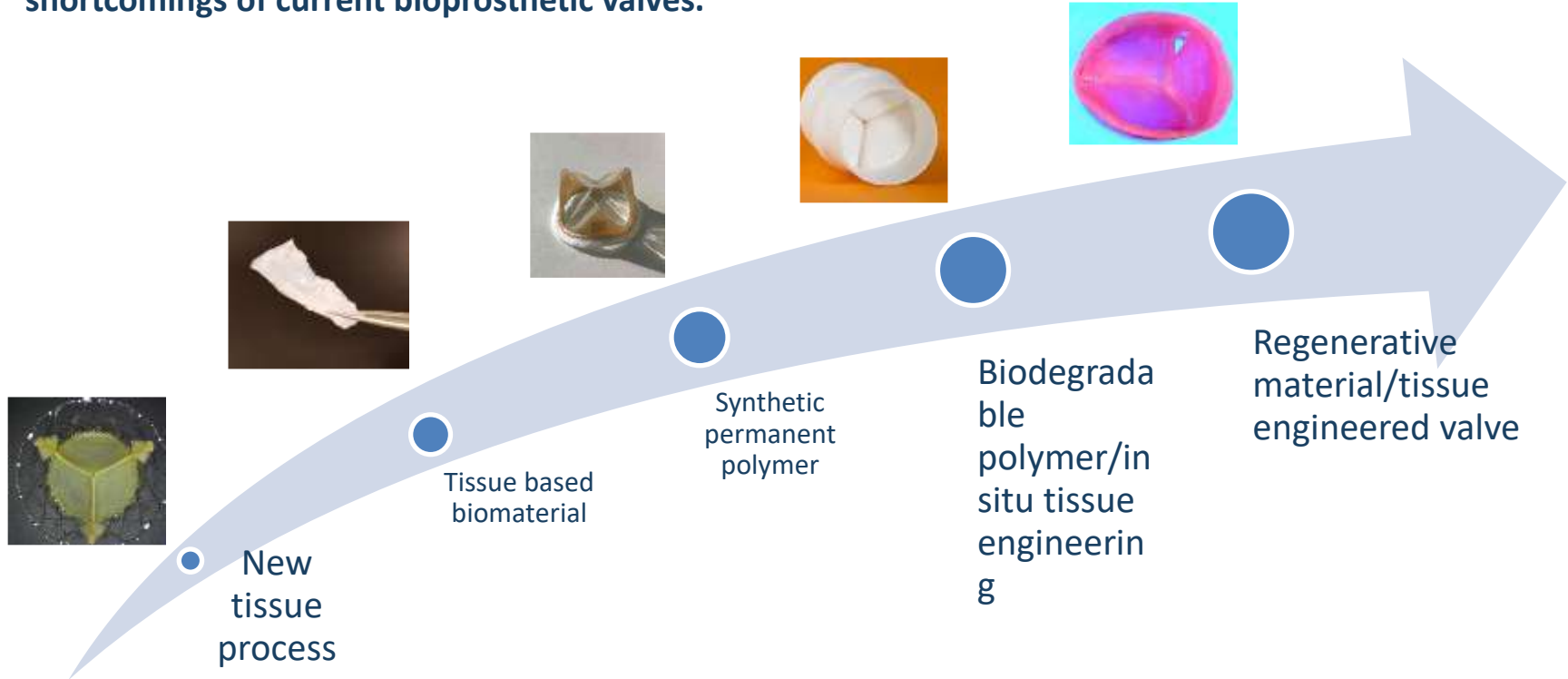
- These data suggest that treatment of severe Aortic Stenosis using the **Trilogy JenaValve system is safe and effective.**
- Coronary Alignment by design, bigger studies / registers needed.



# Aortic Valve Therapies: The Future?

## Alternative Materials

New tissue processes and novel materials are actively being researched, and this research may address shortcomings of current bioprosthetic valves.



# ***Aortic Valve Therapies: The Future?***

## ***Bioprosthesis Durability***

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Surgical explants – failed TAVR valves



Balloon-expandable



Self-expanding

***In the future, new bioprosthetic valve platforms will be introduced and tested with ‘hopefully’ improved durability profiles!***

***It’s all about the leaflets and material science innovation!***

- Edwards X4 RESILIA tissue valve
- Anteris DurAVR transcatheter valve
- Foldax TRIA heart valve

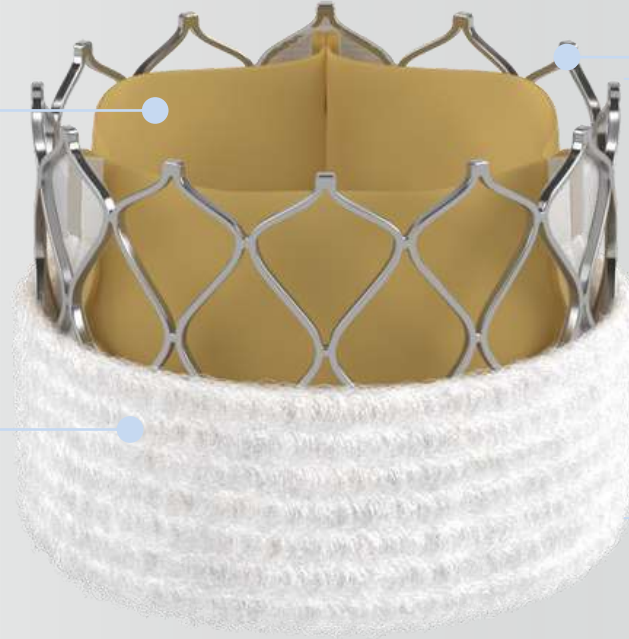
# SAPIEN X4 Transcatheter Heart Valve System

## RESILIA tissue

- Offers enhanced anti-calcification technology and enables dry storage
- Maintains bovine pericardial leaflets matched for thickness and elasticity

## Enhanced PET outer skirt

- Designed to further minimize PVL
- Maintains low profile access



## Novel frame and leaflet design

- Enables adjustable sizing while maintaining valve performance over the deployment diameter range
- Maintains high radial strength cobalt chromium balloon-expandable design

## Low frame height and large cells

- Facilitates future coronary access

# SAPIEN X4: Provides Adjustable Valve Sizing

SAPIEN 3 Ultra

4 valve sizes (3 mm increments)



20 mm



23 mm



26 mm

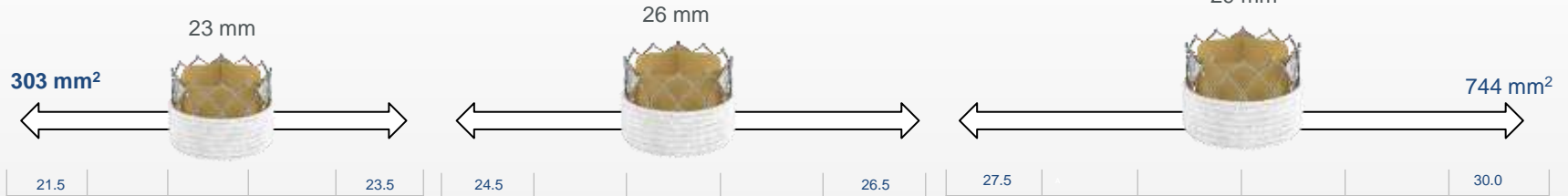


29 mm

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## SAPIEN X4

3 valve sizes, 16 unique deployment diameters (0.5 mm increments)

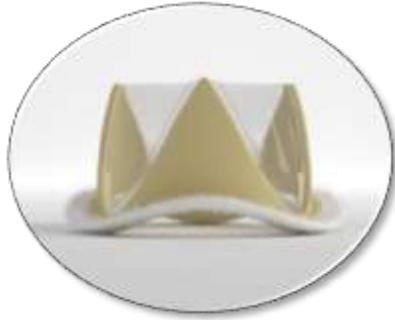


# ***Bioprosthesis Durability***

## ***Foldax TRIA Heart Valves***

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**TRIA Heart Valves with Polymer Leaflets  
[Siloxane poly (urethane-urea) Elastomer]**



***Surgical  
Aortic Valve  
(SAVR)***



***Surgical  
Mitral Valve  
(SMVR)***



***Transcatheter  
Aortic Valve  
(TAVR)***



**Robotic manufacturing**

# *Foldax TRIA Heart Valve*

## *Summary*

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- *New polymer technology engineered to potentially last a patient's lifetime*
- Eliminate use of animal-sourced tissue
- Surgical valve results >1 year published
- TRIA TAVR designed for ease of implant
- Chronic ovine study demonstrated:
  - Accurate deliverability
  - Excellent hemodynamics to 90 days
  - No calcification
  - Coronary re-access



# Bioprosthesis Durability

## Anteris Dur AVR Transcatheter Valve

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TISSUE = ACELLULAR, DETOXIFIED (wo glutaraldehyde), and wo CALCIFICATION

3D SHAPE

SINGLE-PIECE  
CONSTRUCTION

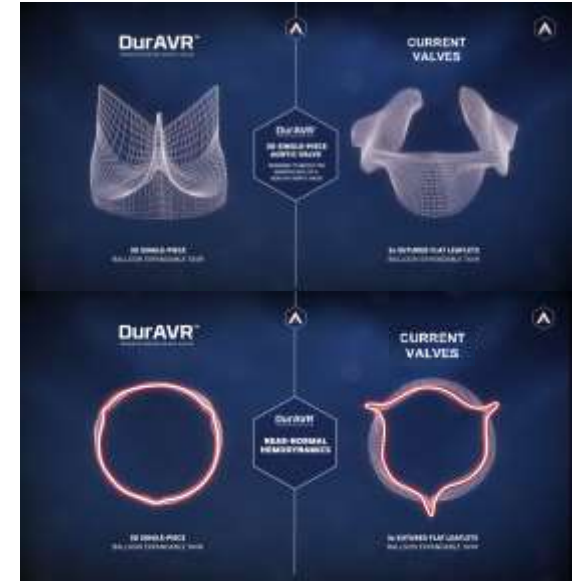
PVL SOLUTION  
(PET skirt)



BALLOON-EXPANDABLE,  
LARGE CELL

SUPRA-ANNULAR

COMMISSURAL  
ALIGNMENT

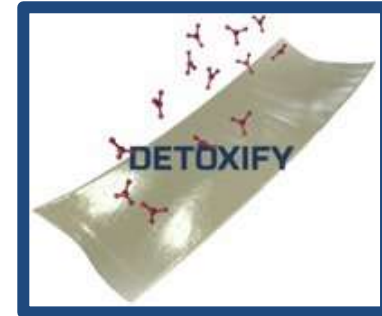


Single-piece 3D shape

# ***ADAPT Anti-Calcification Tissue Process***

***Creates Acellular Tissue to Reduce Immune Response***

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***Process removes DNA, phospholipids, alpha gal epitope***



# ***DurAVR THV Leaflet Technology Designed to Mimic Native Valve Shape***

***Novel 3D Single-Piece Design***

## ***Design Goals:***

- ***To restore near normal hemodynamic function***
- ***For better coaptation and less leaflet stress***

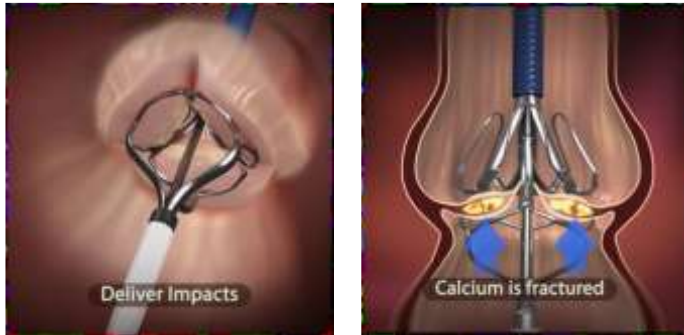


# New Technologies

## AV Remodeling Therapies

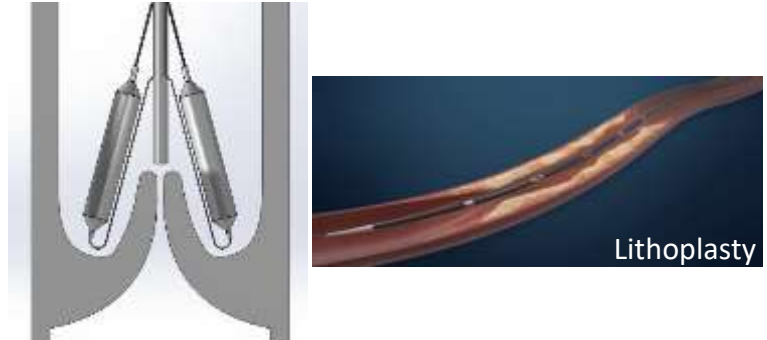
Technologies and devices are being developed that **disrupt calcifications on the leaflets to restore leaflet function**. Clinical trials are needed to assess the safety and hemodynamic benefits of these devices.

Leaflex AVRT



- Mechanical shock waves fracture leaflet calcium and improve leaflet mobility
- Can be used as stand-alone, bridge to TAVR/SAVR, or preparation for TAVR (especially bicuspid valves)

Lithoplasty for aortic leaflet restoration



- Electro-hydraulic lithotripsy in a balloon
- Constant, ultra-low pressure
- Sonic pressure waves crack calcium

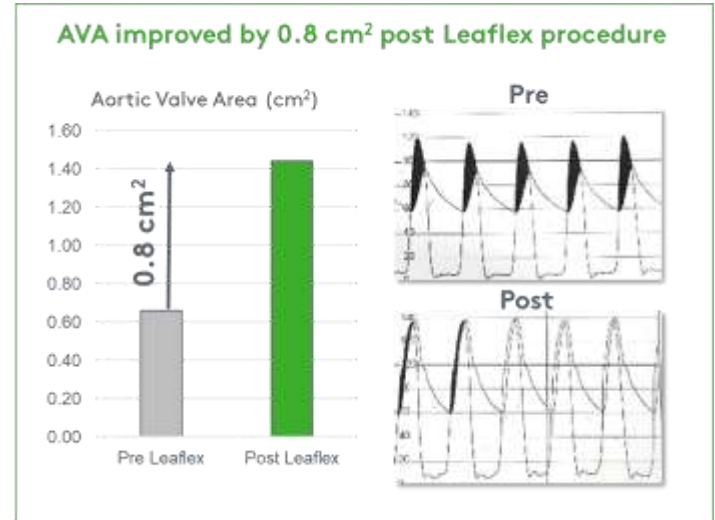
# Aortic Valve Remodeling Therapies

**Leaflex aortic valve scoring device to improve aortic valve flexibility and reduce stenosis**

Pre-clinical studies w surgically excised human valves

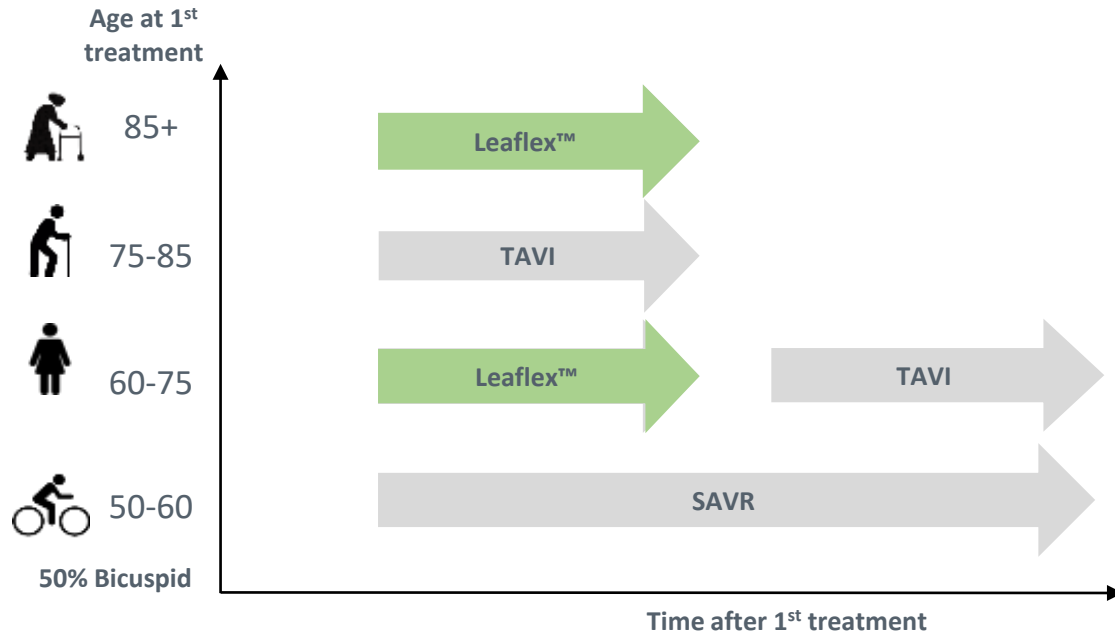


Human feasibility experiences



# Younger AS Patients: Therapy Sequencing

## TAVR or SAVR "First"...



- *Younger patients will likely require multiple treatments or still go to surgery*
- *Leaflex can be used to avoid or defer TAVR*

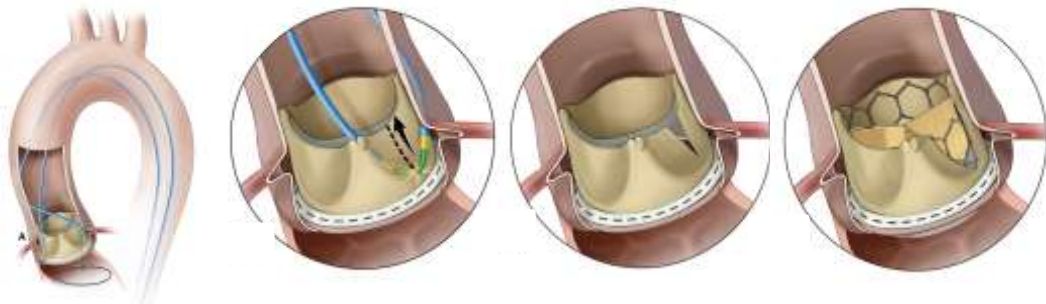
# TAVR | LIFETIME MANAGEMENT

## *New Techniques for Valve-in-Value Procedures (BASILICA/SHORTCUT)*

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ShortCut



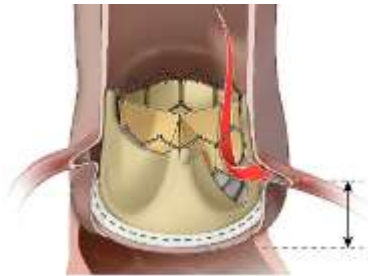
# Aortic Valve Remodeling – ShortCut Catheter

## *Dedicated valve leaflet splitting device*

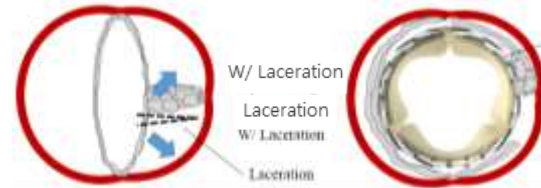
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A simple device to split leaflets may open **2 significant indications for TAVI**

Splitting leaflets to enable  
Valve-in-Valve



“Tricuspidization” of  
Bicuspidis pre-TAVI



# **TAVR Newcomers**

## **Caveats to Consider...**

- **There is no single “perfect” TAVR system** - *design optimization involves tradeoffs and compromises (e.g. external cuff to reduce PVR adds profile)*
- **Strong subjective opinions regarding features** – *which is more important... PVR prevention, ultra-low profile, low PPM rate, retrievable and repositionable, BE vs. SE, etc.*
- **Significant operator experience necessary to formulate thoughtful impressions** – *difficult to be an expert with more than ~3 TAVR systems*
- **Future TAVR systems should be expected to treat ALL patients with AS** (esp. lower risk and BAV)!

# **TAVR Newcomers & New Techniques**

## ***What's Hot?***

- **Meaningful new versions of Sapien and Evolut** – *the industry leaders continue to iterate and innovate!*
- **Rapid emergence of other TAVR systems** – *approved in EU and coming to US (AcurateNeo2, and Navitor)*
- **New TAVR systems from CHINA** are entering the clinical marketplace (*Venus A+ and J-Valve*)
- **TAVR newcomers are developing novel device designs** (*dry leaflet technology, PVL prevention, ultra-low profiles*)
- **Tissue engineering concepts are quickly evolving** and may *spark a future round of improved valve leaflet designs*
- **New Techniques for Lifetime Management and AV Remodeling** are increasingly being used



***WE ARE ALL ONE WORLD, ONE MISSION OF MAKING  
LIFE BETTER, SAFER AND HEALTHIER TO ALL***

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***THANK YOU AND  
BE SAFE!***