

Structural Heart Innovation: Barriers and Opportunities

Juan F. Granada, MD

Cardiovascular Research Foundation
Columbia University Medical Center, New York

Disclosure Statement of Financial Interest

- I am a full-time employee of the Cardiovascular Research Foundation, which organizes and operates Transcatheter Cardiovascular Therapeutics and which has received educational and research grants from some of the companies developing TMVR devices
- I am a co-founder and co-inventor of Cephea Valve Technologies

Why is the structural heart field important?

All structural heart conditions present or evolve into heart failure!

Technology Trends in Mitral Innovation

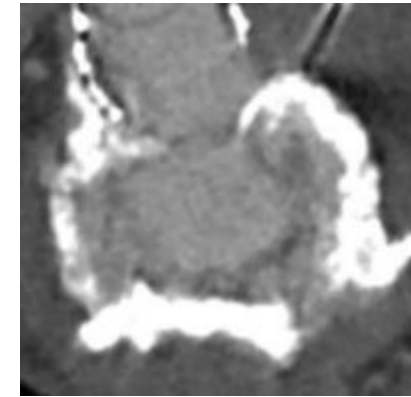
Making a Case for Transcatheter Replacement: Not All MR Patients are Suitable for TEER

Anatomies associated with stenosis with TEER¹

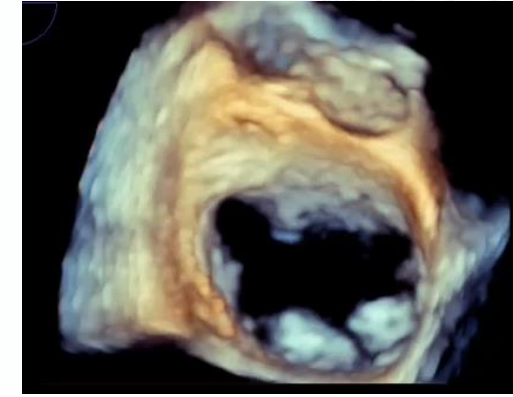
Anatomies associated with inadequate MR reduction with TEER¹

Other anatomic limitations that may preclude from performing TEER¹

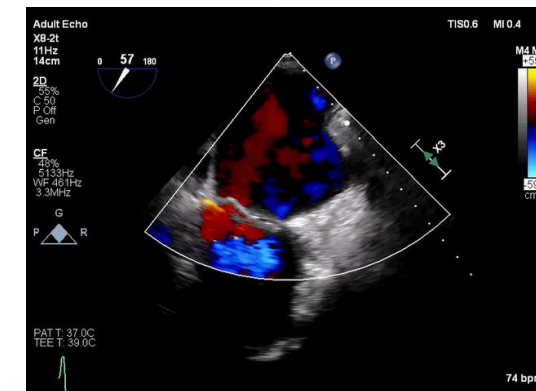
- Severe MAC with MS
- Calcified Leaflets
- Multiple regurgitation jets
- Extreme valve complexity
- Cleft leaflets
- Short posterior leaflet, unlikely to be graspable
- Tethered leaflets
- Large coaptation gaps
- Inability to obtain views on TEE



MAC



Multiple Cleft Leaflets



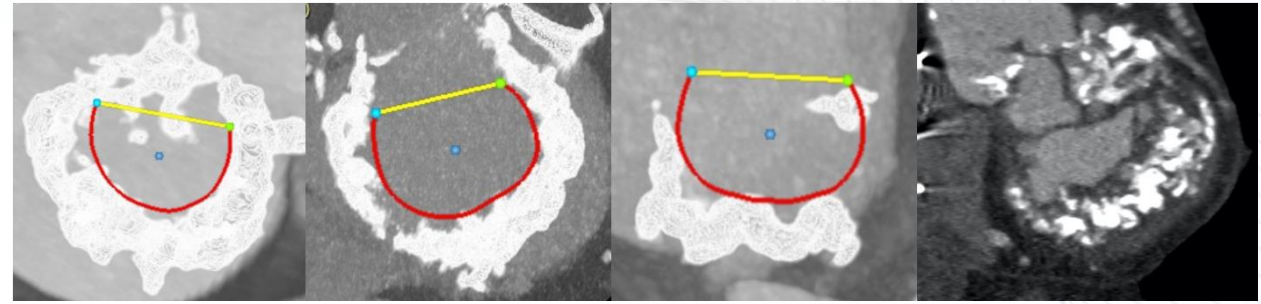
Multiple Regurgitant Jets

¹Lim, et. al. Structural Heart. 2021;5(3):227-233

Mitral Valve Dysfunction in Patients With Annular Calcification

JACC Review Topic of the Week

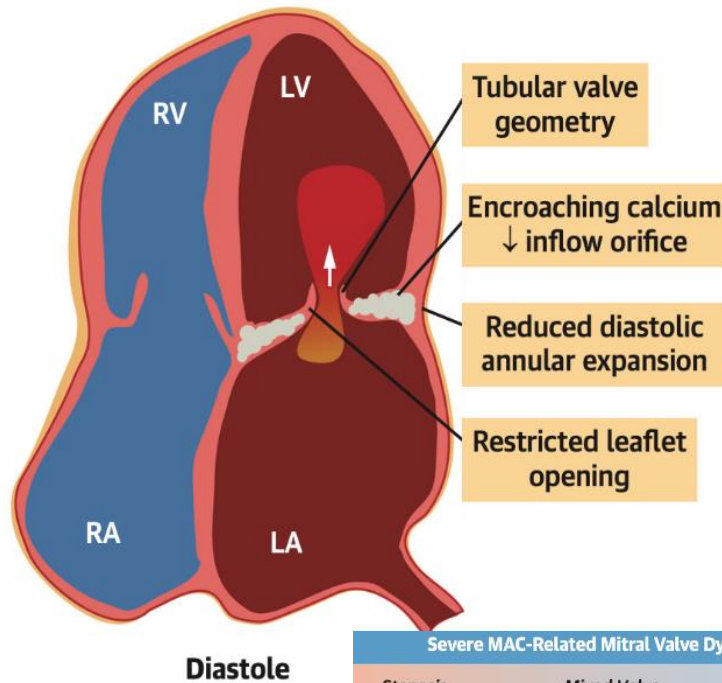
Timothy W. Churchill, MD,^a Evin Yucel, MD,^a Sébastien Deferm, MD, PhD,^{b,c} Robert A. Levine, MD,^a Judy Hung, MD,^a Philippe B. Bertrand, MD, PhD^{a,b,c}



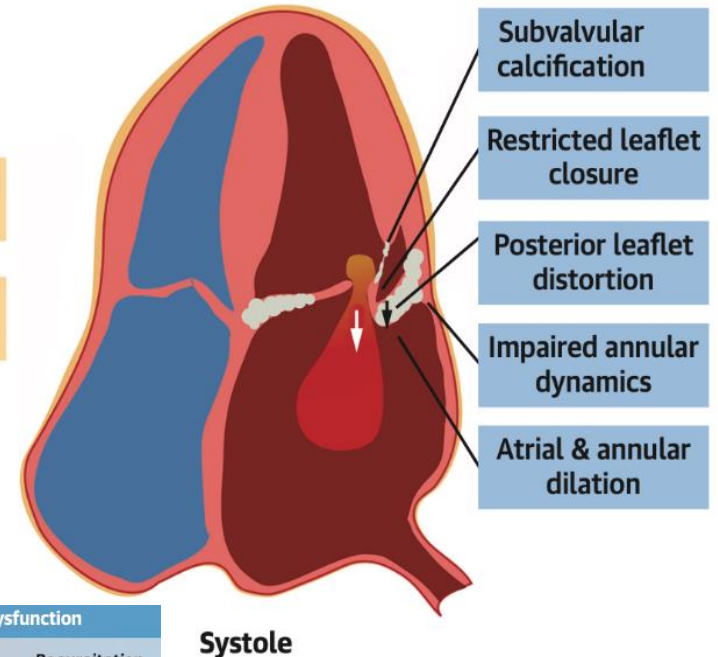
MAC-Related MV Dysfunction

The high-surgical risk MAC-MR population represents a big opportunity for catheter-based mitral innovation!

MAC-Related Mitral Stenosis



MAC-Related Mitral Regurgitation



Severe MAC-Related Mitral Valve Dysfunction		
Stenosis	OR	Mixed Valve Disease
MVA ≤ 1.5 cm ²		TMG >8-10 mm Hg
	OR	Regurgitation
		MR > Moderate

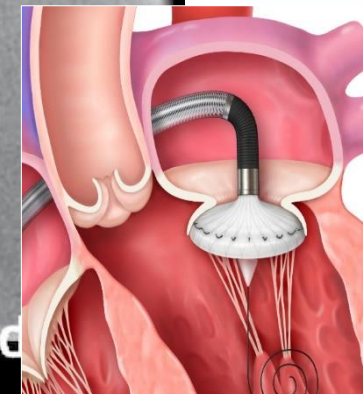
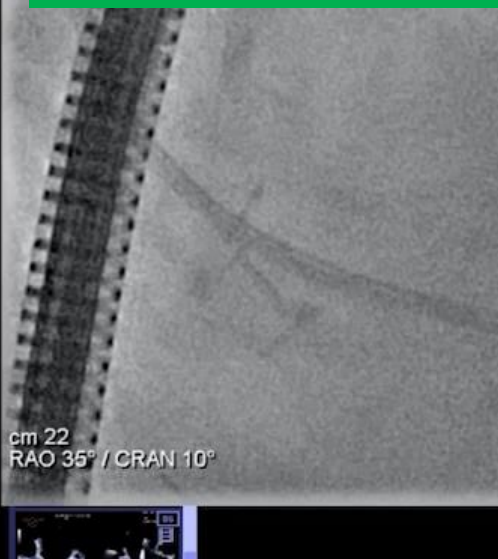
CEPHEA (Abbott) TMVR System



4/28/2022
11:28:46 AM

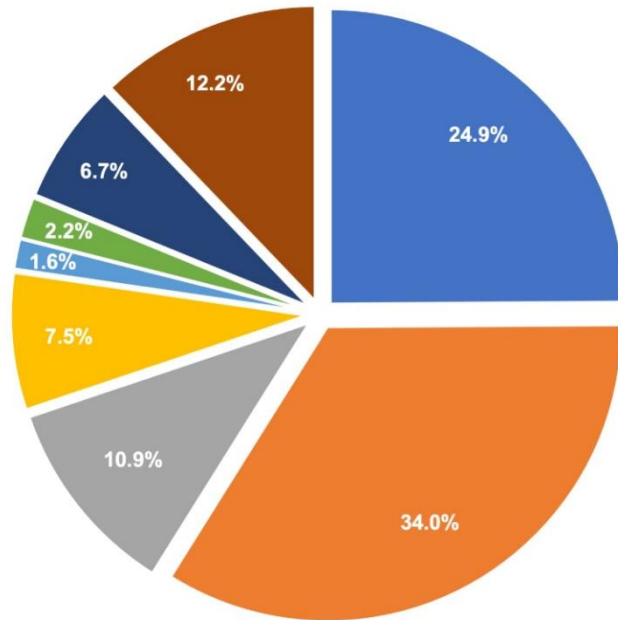
- ## VALUE PROPOSITION
- Ease of implantation
 - Agnostic to etiology of MR
 - Reliable elimination of MR
 - Less recurrence of MR

- 36-mm valve
- Single step
- Over the wire
- No pacing needed



Anatomical Reasons for Screen Failure in “Real-World Patients” Referred for TMVR

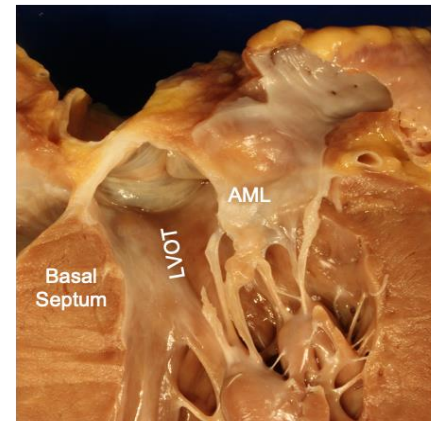
Characteristics and outcomes of patients screened for transcatheter mitral valve implantation: 1-year results from the CHOICE-MI registry



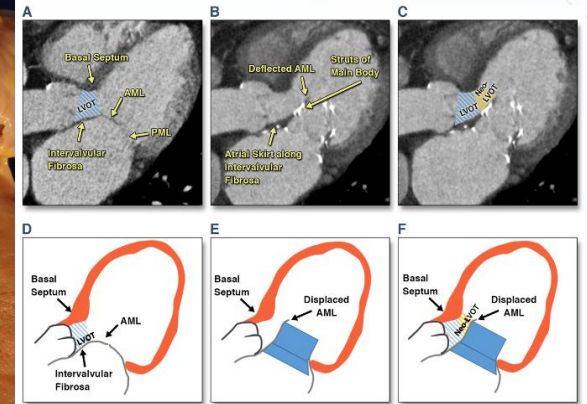
- Risk of LVOT obstruction
- Annulus size
- Small LV size
- MAC
- Leaflet morphology
- LV function
- Comorbidities
- Other = Trans-septal delivery

~50%

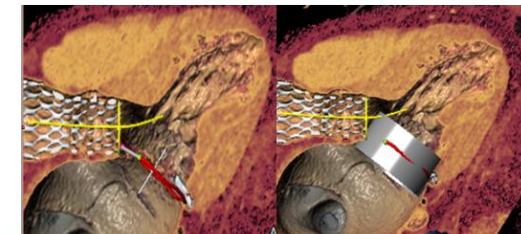
LVOT Obstruction: A multi-factorial problem not completely solved by improved valve frame design



Anatomical Factors

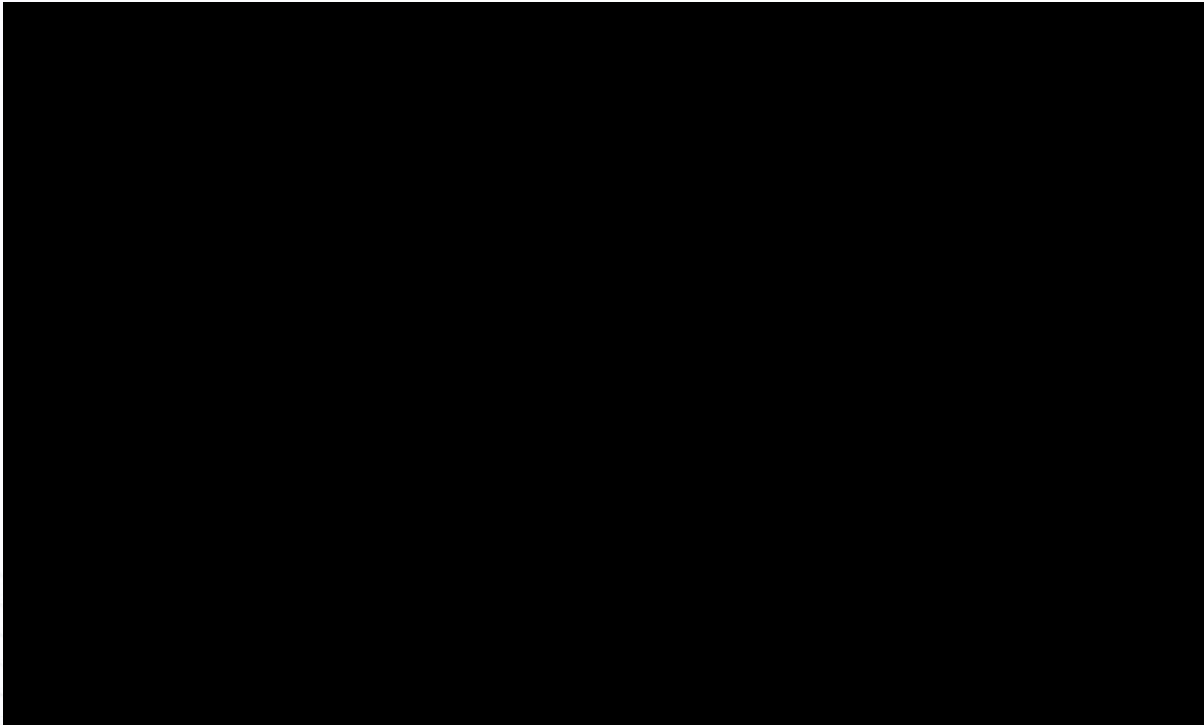


Contributing Device Design Features

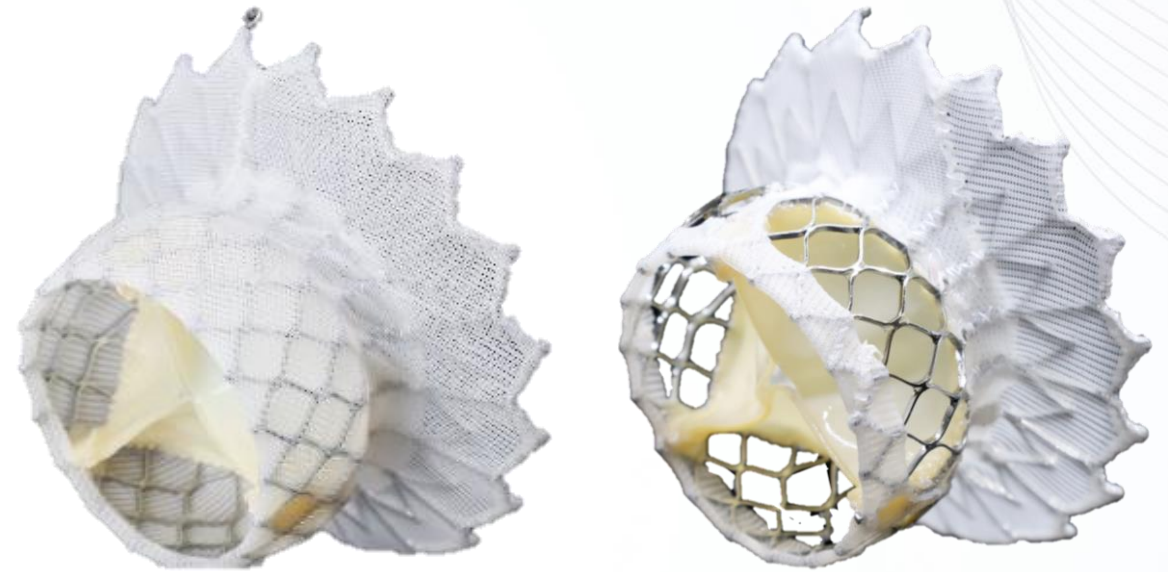


TAVR Interaction

HIGHLIFE TMVR Multi-Step System

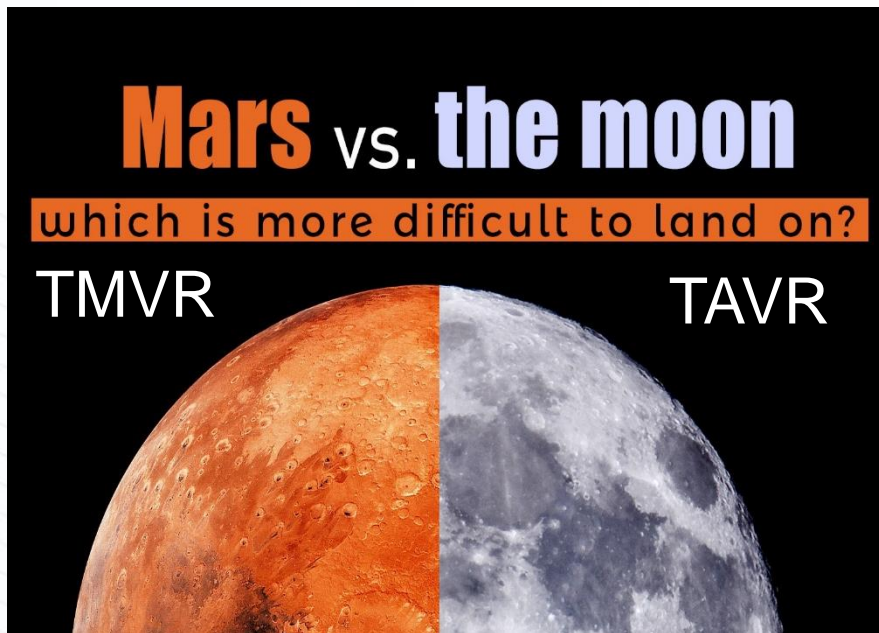


- Transseptal delivery
- 18F shaft and 29F capsule
- >70 Patients treated
 - 7 EFS, 60 EU, 5 China



Next Generation Highlife Valve
(Clarity) Open Frame Design

How To Re-Define the Path Forward in the TMVR Field



Redefine target
population &
anatomical
requirements

Designs
adaptable to
annular size &
anatomical
variability

Final Goal = Trans-Septal TMVR Delivery

Mechanical
performance in
real-world
anatomy
(i.e., MAC)

“Low profile”
high
performance
delivery
systems

Technology Trends in Tricuspid Innovation

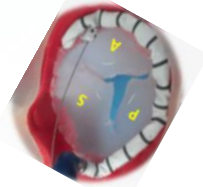
Transcatheter Tricuspid Landscape

Annuloplasty

Trialign



Cardioband



TriCinch



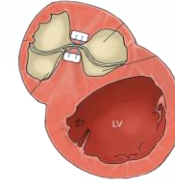
Millipede



MIA



PASTA



DaVinci



Coaptation Enhancement

Edge-to-Edge



TriClip



Pascal



Dragonfly

Mitralix

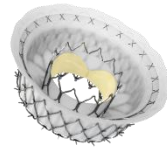


Orthotopic Replacement

Evoque



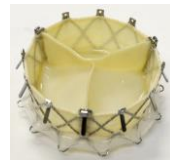
Intrepid



V-Dyne



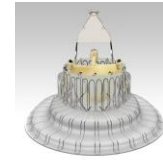
Navigate



Trisol



Lux

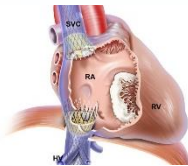


Topaz

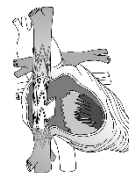


Heterotopic Replacement

TricValve



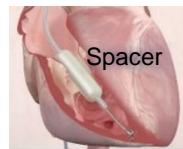
TriCento



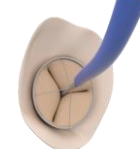
Trillium



Forma



Croi



Coramaze



Tri-Flow



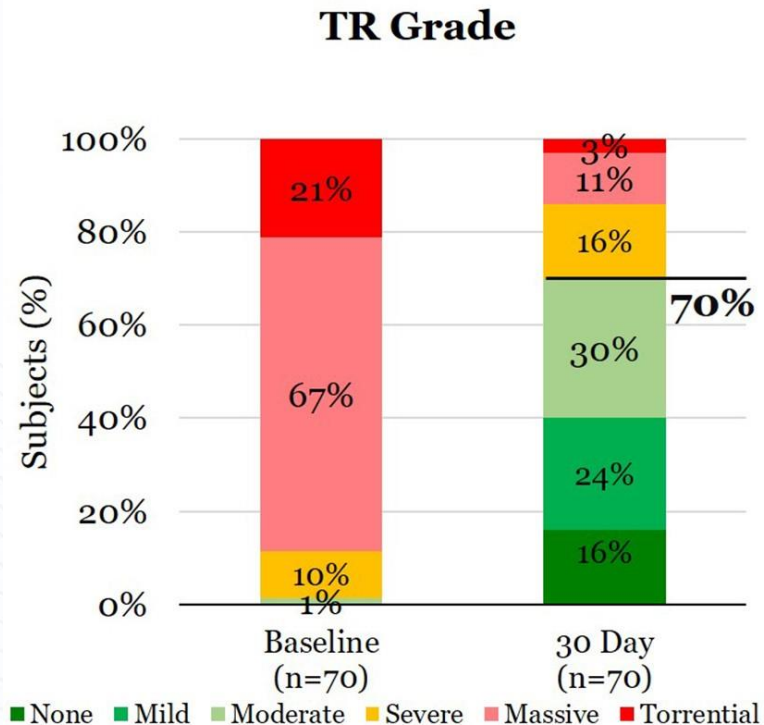
Spacers

Spacer

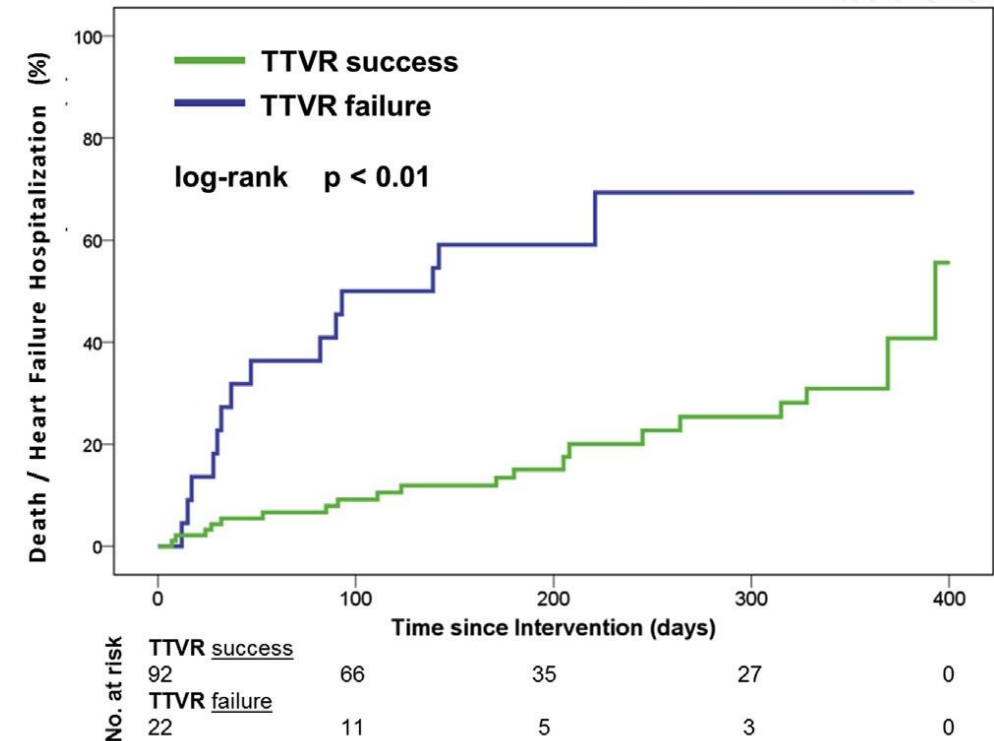
TR Resolution After T-TEER

~60% Remain with >Moderate TR

TR Grade Following T-TEER (bRIGHT study)

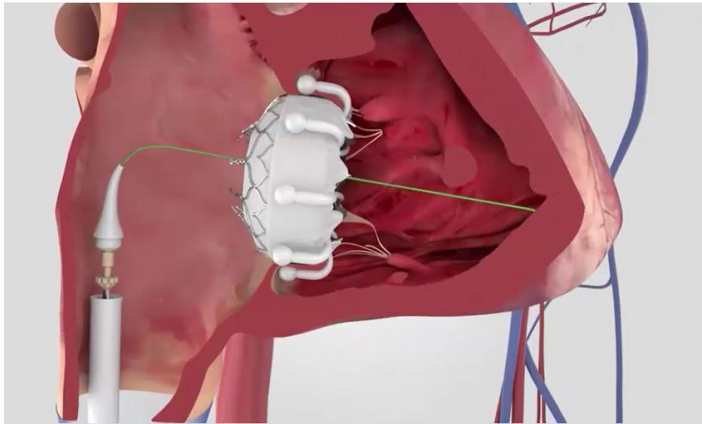


Donal et al. EHJ CV Imaging 2022



Besler et al. JACC CV Interv 2018

Transcatheter Tricuspid Valve Replacement Device Related Complications a Major Risk



NEW RESEARCH PAPERS

STRUCTURAL

Transfemoral Tricuspid Valve Replacement in Patients With Tricuspid Regurgitation

TRISCEND Study 30-Day Results

Susheel Kodali, MD,^a Rebecca T. Hahn, MD,^{a,b} Isaac George, MD,^a Charles J. Davidson, MD,^c Akhil Narang, MD,^c Firas Zahr, MD,^d Scott Chadderdon, MD,^d Robert Smith, MD,^e Paul A. Grayburn, MD,^e William W. O'Neill, MD,^f Dee Dee Wang, MD,^f Howard Herrmann, MD,^g Frank Silvestry, MD,^g Sammy Elmariah, MD,^h Ignacio Inglessis, MD,^h Jonathan Passeri, MD,^h D. Scott Lim, MD,ⁱ Michael Salerno, MD,ⁱ Moody Makar, MD,^j Michael J. Mack, MD,^e Martin B. Leon, MD,^a Raj Makkar, MD,^j on behalf the TRISCEND Investigators



TABLE 4 Clinical Events Committee-Adjudicated Safety Events at 30 Days (N = 56)

Cardiovascular mortality	1 (1.8) ^a
Myocardial infarction	0
Stroke	0
Renal complications requiring dialysis or renal replacement therapy	0
New need for renal replacement therapy	0
Severe bleeding^b	15 (26.8)

were taking warfarin. Of 36 patients without a pacemaker prior to enrollment, 4 (11.1%) developed new conduction disturbances requiring permanent pacemaker implantation (site reported).

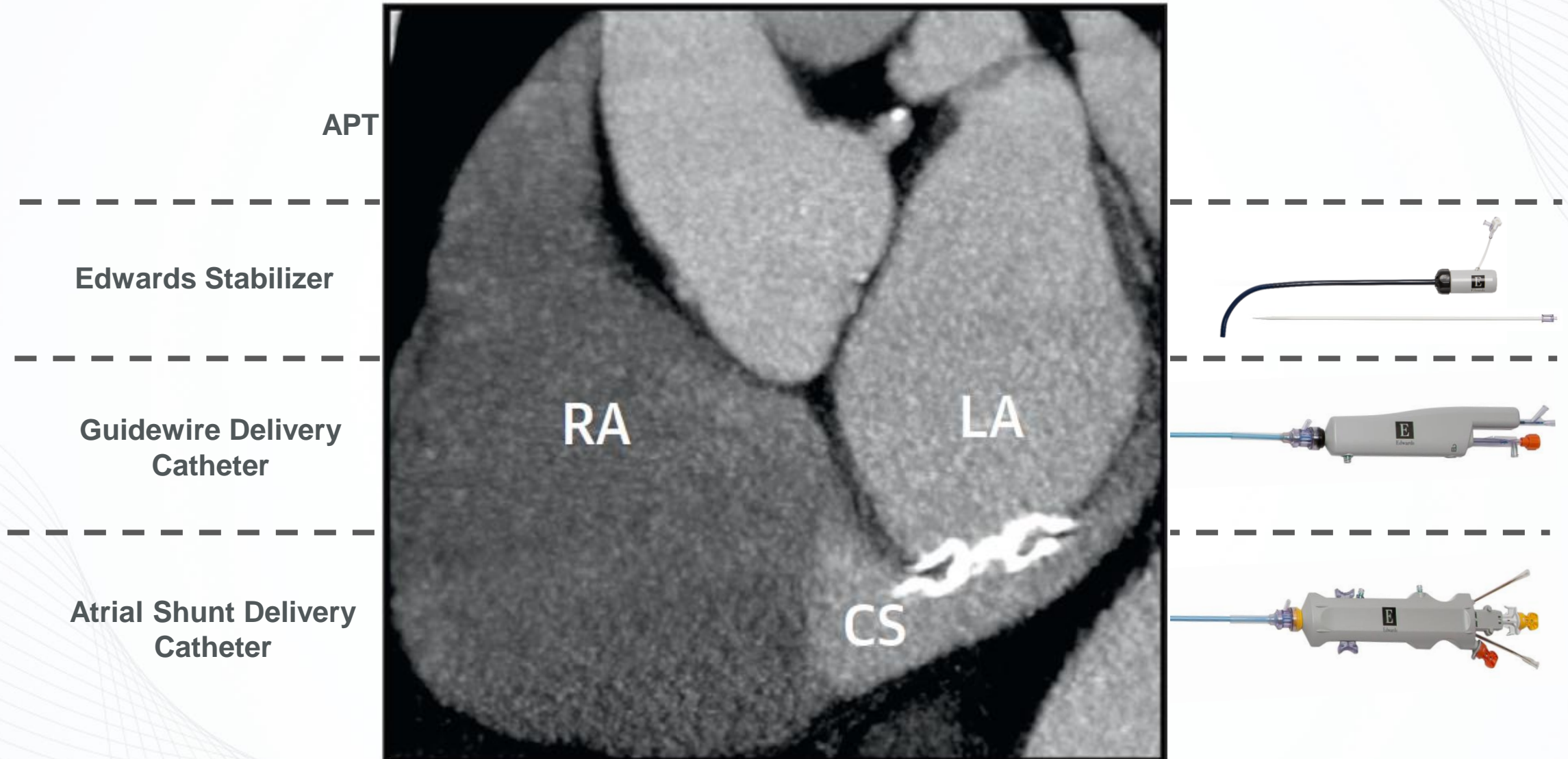
Major cardiac structural complications	0
Device-related pulmonary embolism	0
Composite MAE rate	15 (26.8)

Values are as n (%) or n. ^aAll-cause mortality included 1 cardiovascular and 1 noncardiovascular death. ^bSevere bleeding is defined as major, extensive, life-threatening, or fatal bleeding per Mitral Valve Academic Research Consortium criteria.

MAE = major adverse event(s).

Percutaneous Treatment of Heart Failure (A New Field Now So-Called “Interventional Heart Failure”)

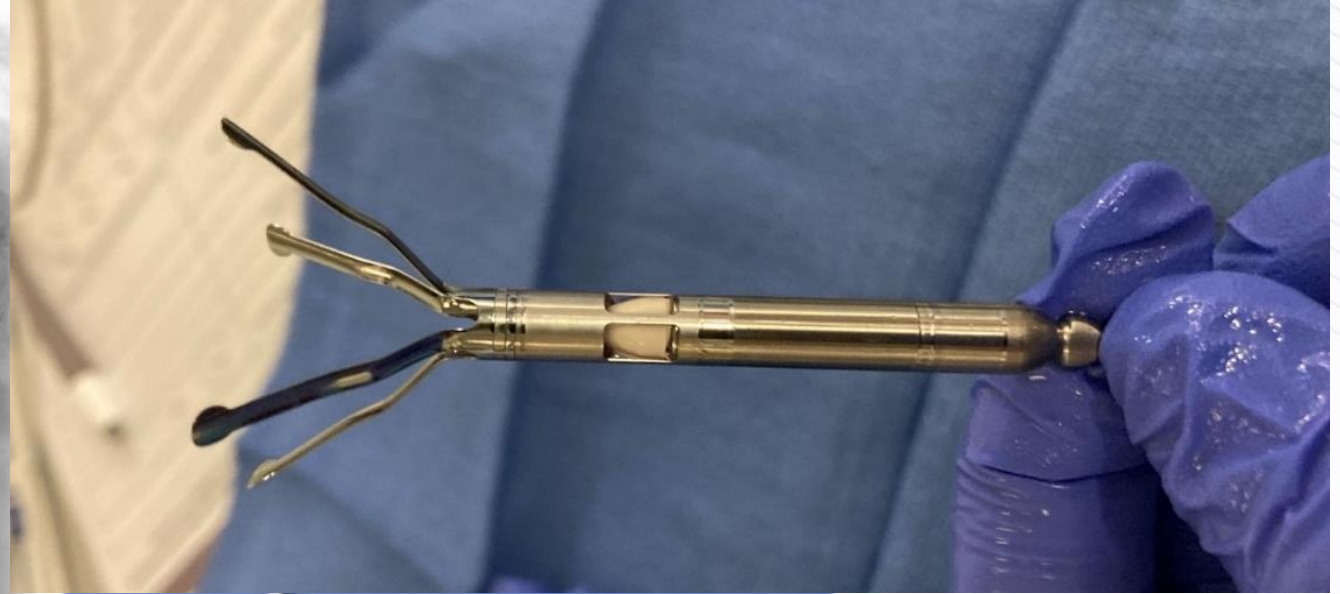
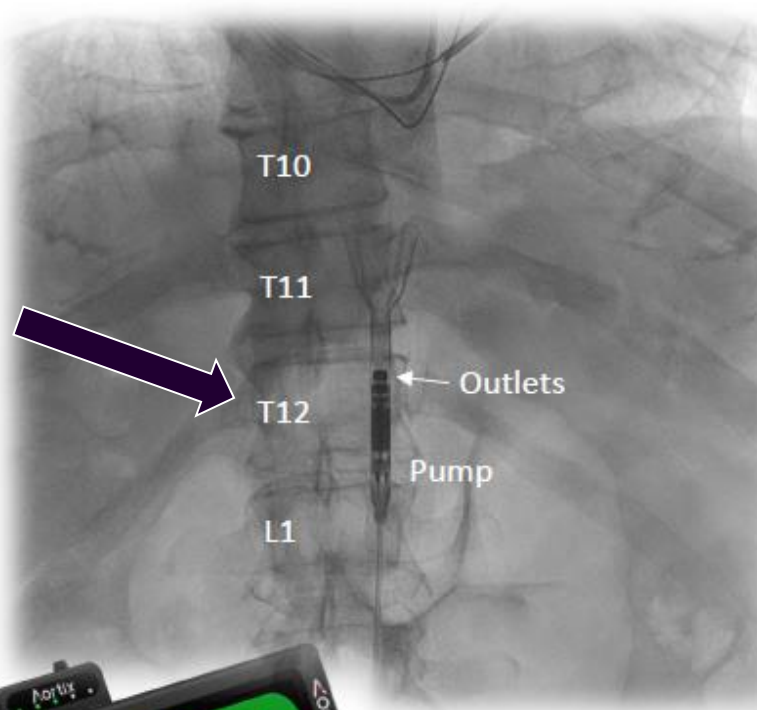
Edwards APTURE Transcatheter Shunt System



William Gray, THT2023

The Aortix System in Patients with Decompensated Heart Failure and Cardiorenal Syndrome

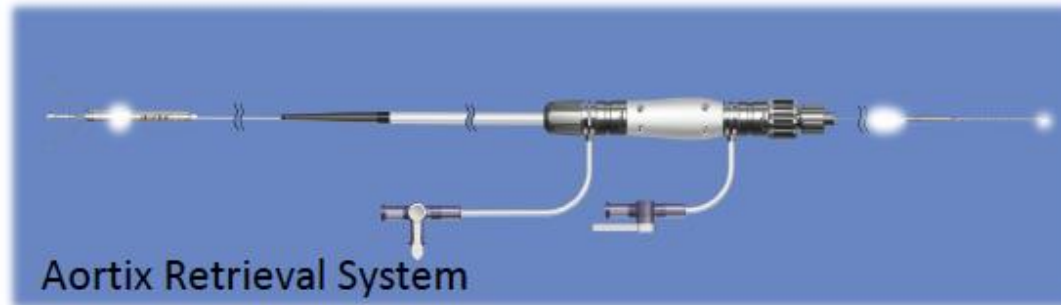
Placed at
T10 to T12,
perirenal



Aortix Control System



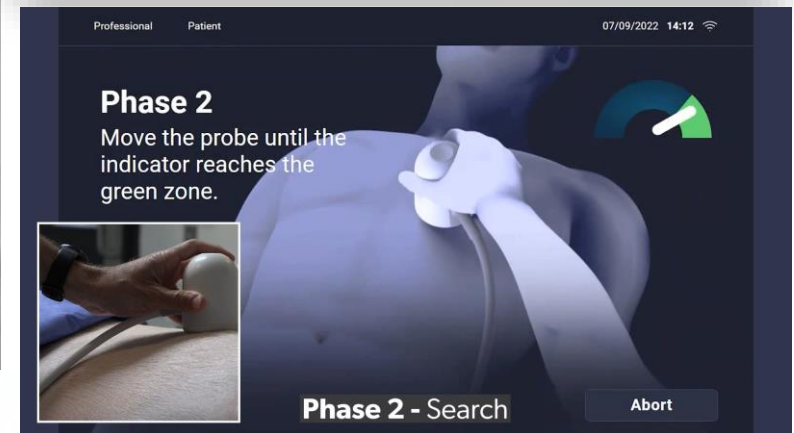
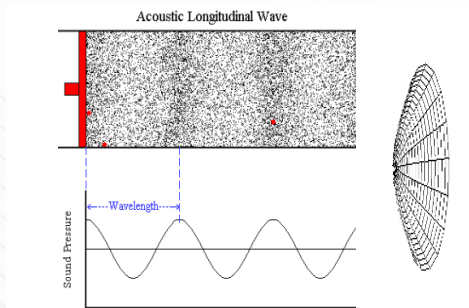
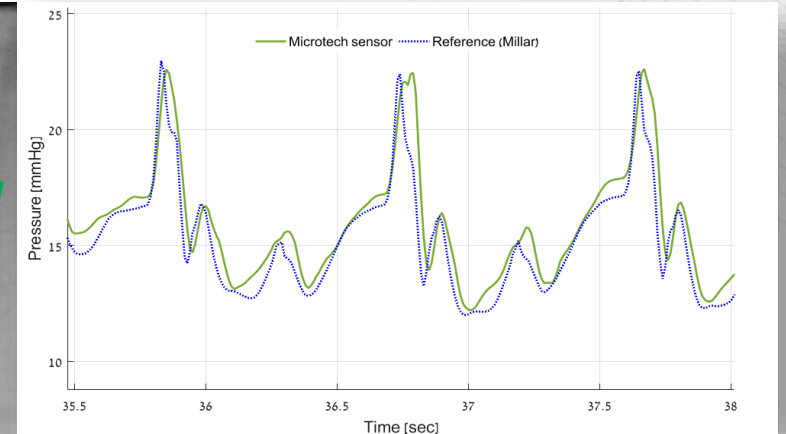
Aortix Delivery System



Aortix Retrieval System

Jennifer Cowger, THT2023

Microsensors: Turning Implantable Devices Into Real-Time Physiologic Monitors



There Has Never
Been a Better
Time To Be An
Interventional
Cardiologist!

