New Device Platform to Prevent Structural Heart Intervention Complications

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Disclosure Statement of Financial Interest

Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below.

Affiliation/Financial Relationship

- Grant/Research Support
- Scientific Advisory Board
- Executive Physician Council

Company

- Edwards Lifesciences, Abbott
- Medtronic
- Boston Scientific Corp



Types of Structural Heart Interventions (SHI)

- TAVR
- TMVR
- TEER: Mitral and Tricuspid
- TTVR
- LAA Occlusions



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Complications of SHI

- Delivery: rigid catheter, large bore, steerability, imaging
- Accuracy/Ease of Use: too low/high, lateral/medial; embolization
- Durability
- Cerebral protection
- Specific complications: perivalvular leak, single leg detachment, LVOT obstruction (TMVR), coronary obstruction



Clinical Factors

- Increase BMI
- Small height, tall (6'3")
- Rhythm (e.g. AF)
- Decreased EF
- Coronary disease
- Peripheral vascular disease



Large Bore Closure



Perclose Family





Improvements Made to Perclose[™] ProStyle[™] SMCR System





MANTA









MANTA

Arguably the best studied large bore closure device

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- ✓ SAFE ID
- ✓ CE Mark
- ✓ MARVEL (post-market)
- N = 891 patients

> Highlights

- Time to hemostasis 31 seconds
- Major vascular complications 4.4%
- Minor vascular complications 4.7%
- Bail-out surgery or covered stent in 3.6%

- Randomized Controlled Trials
 - ✓ MANTA vs. 2 Proglides
 - \checkmark MASH TAVI (N = 210)
 - ✓ CHOICE CLOSURE (N=516)
- N = 726 patients
- > Highlights
 - More additional closure devices with 2 proglides
 - ✓ MANTA
 - ✓ Faster time to hemostasis
 - Trend for more major vascular complications
 - More any vascular complication
 - More endovascular bail-out





Nuis et al. CRM Cardiovasc Revasc Med. 2022;34:69-74. Kroon et al. Catheter Cardiovasc Interv. 2021;97:1270-1278. Wood et al. Circ Cardiovasc Interv. 2019;12:e007258. Van Wiechen et al. JACC CVI 2021;14:149-57. Abdel-Wahhab et al. Circulation 2022;1:170-83

Imaging





¹VeriSight handling claims validated by clinician feedback collected from a bench study, with a sample size of 16 physicians and 16 technicians, totaling 32 clinicians. Clinicians also provided feedback based on images taken by VeriSight Pro in a porcine model. Data on file (D000259724).

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Potential Procedural Benefits



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Advantages of 3D ICE



Clinical Need	TEE	2D ICE	3D ICE
2D imaging for diagnostics	\checkmark	\checkmark	\checkmark
90x90 Field of view	\checkmark		\checkmark
Biplane views	\checkmark		\checkmark
Multiplanar reconstruction	\checkmark		\checkmark
Conscious sedation		\checkmark	\checkmark
Decreased hospital length of stay		\checkmark	\checkmark
Improved patient experience		\checkmark	\checkmark
Increased patient access to previously risky procedures		\checkmark	\checkmark
Independent sonography		\checkmark	\checkmark
No risk of esophageal perforation		\checkmark	\checkmark
Reduced contraindications		\checkmark	\checkmark
Reduced cost		\checkmark	\checkmark
Reduced fluoroscopy time		\checkmark	\checkmark
Enhanced cardiac structure views			\checkmark
Increased patient throughput			\checkmark



Why 3D ICE?

- 3D structures of the heart and relation of various structures are easier to see and define
- Obtaining multiple planes simultaneously enables less catheter manipulation and faster image acquisition
- Provides live or retrospective access to any 2D imaging plane in a single acquisition using MPRs
- Real-time instantaneous acquisition and visualization using 3D Zoom, Live 3D, or 3D full volume.



Image Courtesy: Dr.Natale/St.David's









EchoNav

© Koninklijke Philips N.V

Steerability



TriClip G4 Transcatheter Valve Repair System Specifically Designed for TR





Accuracy/Ease of Use



WHAT'S NEXT: Evolut FX System



Single-spine shaft for greater flexibility and improved deliverability¹

Evolut[™] FX has a lower tracking force in challenging anatomies compared to predicate.





• ¹ Performance as compared to Evolut[®] PRO+ system in bench testing. Bench testing may not be indicative of clinical performance.

• FX 14eFR (n=15) vs PRO+ 14eFr (n=15) p<0.001. Delivery System Test Method for Tracking Force in 95th Percentile Tortuous Anatomy.

• Medtronic data on file. Evolut FX Marketing Claims Test Report D00512457 Rev B.

Evolut FX System

enhanced visualization

with radiopaque locators to identify commissures and assist ideal depth of implant

CLEAR DEPTH ASSESSMENT & COMMISSURE ALIGNMENT

SAPIEN X4: Provides Adjustable Valve Sizing

SAPIEN 3 Ultra

4 valve sizes (3 mm increments)

SAPIEN X4

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

Background and Objectives

 The 4th generation MitraClip[™] G4 System builds on the previous G3 system with two additional wider clip sizes: NTW and XTW, an independent grasping feature and improved clip deployment sequence

- The EXPAND G4 study was designed to confirm the safety and effectiveness of the 4th generation MitraClip G4 System in a contemporary, real-world setting
- This is the first complete analysis on core lab assessed 30-day outcomes from the entire study cohort of 1000+ subjects

Improved Procedural Outcomes

	EXPAND G4 (N=1164)	EXPAND ¹ (N=1041)
Implant Rate % (n/N) [95% Confidence Interval]	98.0% (1141/1164) [97.1%, 98.7%]	98.9% (1030/1041) [98.1%, 99.5%]
Acute Procedural Success (APS)* % (n/N) [95% Confidence Interval]	96.2% (1099/1143) [94.9%, 97.2%]	95.8% (985/1028) [94.4%, 97.0%]
Device Time[†] (min) Median [Inter-Quartile Range]	35.0 [21.0, 54.0]	46.0 [30.0, 71.0]
Procedure Time (min) Median [Inter-Quartile Range]	77.0 [56.0, 104.0]	80.0 [54.0, 115.0]
Clip Rate Mean ± SD (N)	1.4 ± 0.6 (1164)	1.5 ± 0.1 (1041)

EXPAND G4 demonstrates high procedural success rate with the shortest device and procedure times reported to date (24% reduction in device time compared to EXPAND)

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¹ Rottbauer et al. Contemporary Clinical Outcomes with MitraClip[™] (NTR/XTR) System: Core-lab Echo Results from +1000 Patient the Global EXPAND Study presented at PCR 2020. *APS defined as successful implantation of the MitraClip[™] device with resulting MR severity of 2+ or less on discharge Echocardiogram per ECL. †Device time, defined as time the SGC is placed in the intra atrial septum to the time the CDS is retracted into the SGC.

Improved MR Reduction – compared to EXPAND

Compared to EXPAND (NTR/XTR), reduction to MR ≤ 1+ achieved in 89% vs. 83% (p=0.02) None/Trace MR achieved in 29% vs 19% (<0.001)

CRF'

Durability

SAPIEN X4 Transcatheter Heart Valve System

RESILIA tissue

- Calcium blocking tissue
- Dry valve storage

Radiopaque markers

 Visual confirmation of commissural alignment

PET outer skirt

- Minimize PVL
- Low profile access

Novel frame and leaflet design

- Adjustable sizing
- Cobalt chromium radial strength

Low frame height and large cells

Future coronary access

Multiple factors influence tissue calcification, some of which are inherent to the current technology (e.g. free aldehydes)

Glutaraldehyde Fixation

Glutaraldehyde Storage

Collagen fibers consist of free amino acid sidechains

Glutaraldehyde fixation strengthens the tissue by creating crosslinks, within the collagen matrix

However, a side effect of glutaraldehyde fixation and storage is the introduction of free aldehydes

Calcium binds to free aldehydes in vivo

Tissue exposure to free aldehydes during glutaraldehyde fixation and storage is a major cause of calcification.

RESILIA tissue is bovine pericardial tissue transformed by the addition of a novel integrity preservation technology

CRF[™]
TCT

Significant improvement in anti-calcification and sustained hemodynamic properties compared with the PERIMOUNT valve

Calcium content was 72% lower, and mean gradient was significantly lower than in the control group*

Special: Perivalvular Leak

SUPRA-ANNULAR SELF-EXPANDING TAVR

SAPIEN Design Evolution

- Stainless Steel
- Bovine pericardium
- 23-26mm valves
- 22/24F access

SAPIEN XT valve

- Cobalt chromium
- Bovine pericardium
- 20-29mm valves
- 16-20F access

SAPIEN 3 valve

- Low profile valve design
- PET outer skirt
- 20-29mm valves
- 14-16F access

SAPIEN 3 Ultra valve

- Enhanced PVL solution
- 20-26mm valves
- 14F access

2007

Special: Coronary Obstruction/Access

- X4
- EvolutR Pro+

Commissure alignment

Procedural vision expanded

Using the valve features of the Evolut[™] FX system, and with improved procedural technique, early experience shows a 95% success rate in achieving commissure alignment.¹

AV marker alignment in cusp overlap view

2

Radiopaque markers are a visual reference for TAV commissure location and alignment during deployment.

Existing implant views (cusp overlap) provide standard anatomical reference point to identify native commissure.

¹Tang GHL. First-in-Human Multicentre Experience of TAVI with the Supra-annular Self-Expanding Evolut FX System. Presented at PCR London Valves 2022; November 28, 2022; London, England.

SAPIEN X4 Delivery System

Commissural Alignment with SAPIEN X4

1. Standard 3 cusp view

2. Align radiopaque marker prior to deployment

Unaddressed "Complications":

- Lifelong management of AS (TAVR Forever?)
- TMVR without LVOT obstruction concerns
- TTVR without pacer and RV dysfunction concerns

