

**Mitral Loop Cerclage (MLC) as a Variant form of 'Mitral Cerclage Annuloplasty' that adds a device (CSTV) for preventing potential complications  
: A preclinical study with mature devices**

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# Disclosure of 'Conflict of Interest'

- Founder and stock holder : Tau-PNU Medical of Pusan National University
- Intellectual Properties of 'Mitral Cerclage ' and "Mitral Loop Cerclage'

# Mitral Cerclage Annuloplasty (MCA)

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## PRE-CLINICAL RESEARCH

### Mitral Cerclage Annuloplasty, A Novel Transcatheter Treatment for Secondary Mitral Valve Regurgitation

Initial Results in Swine

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Kim JH et al. JACC 2009

# Innovation is Alive in 2013

## Leaflet Solutions

- Evalve/Abbott MitraClip
- Neochord
- Cardiosolutions, Middle Peak Medical

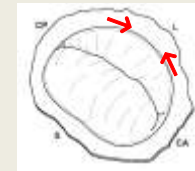
## Leaflet Clip



## Direct Annular Shape Change

- Mitralign
- Valtech (Cardioband)
- Guided Delivery Systems

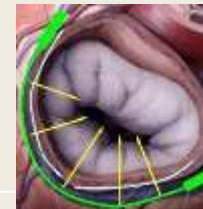
## Annular Reshaping



## Coronary Sinus Annuloplasty

- Carillon
- Mitral Valve Cerclage

## Coronary Sinus Reshaping



## Mitral Valve Replacement

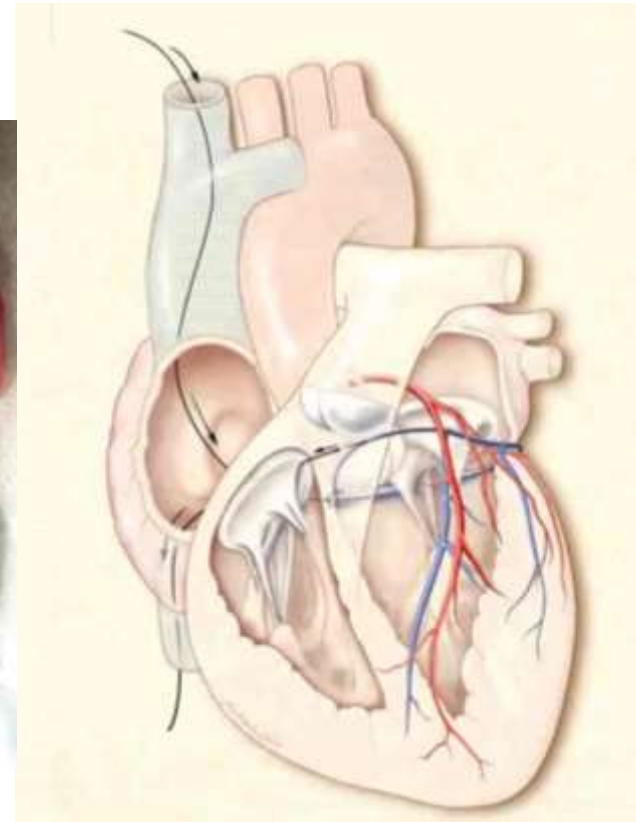
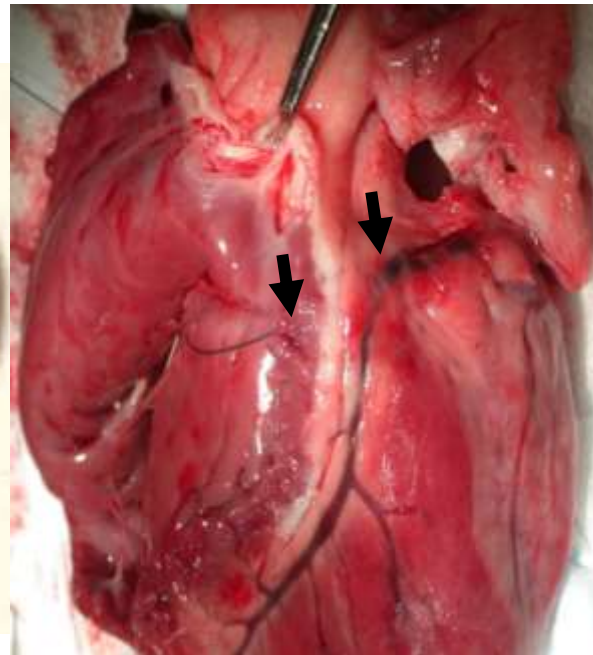
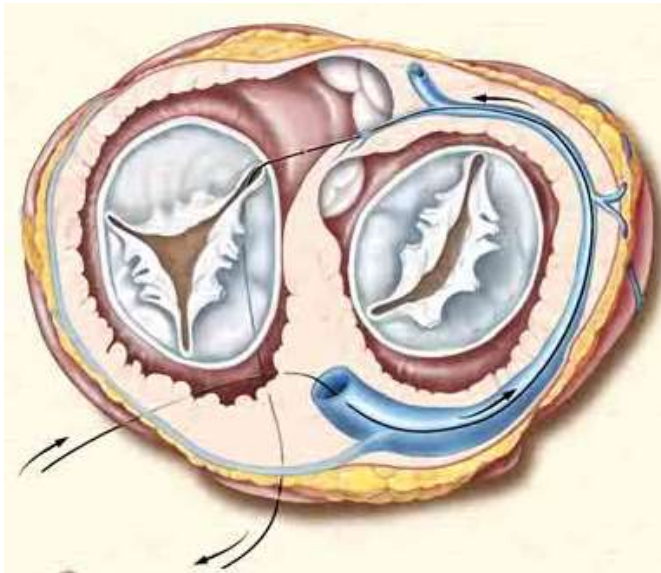
- Endovalve
- CardiAQ
- Tiara
- M-Valve

## MV Replacement



# The unique design of mitral cerclage annuloplasty

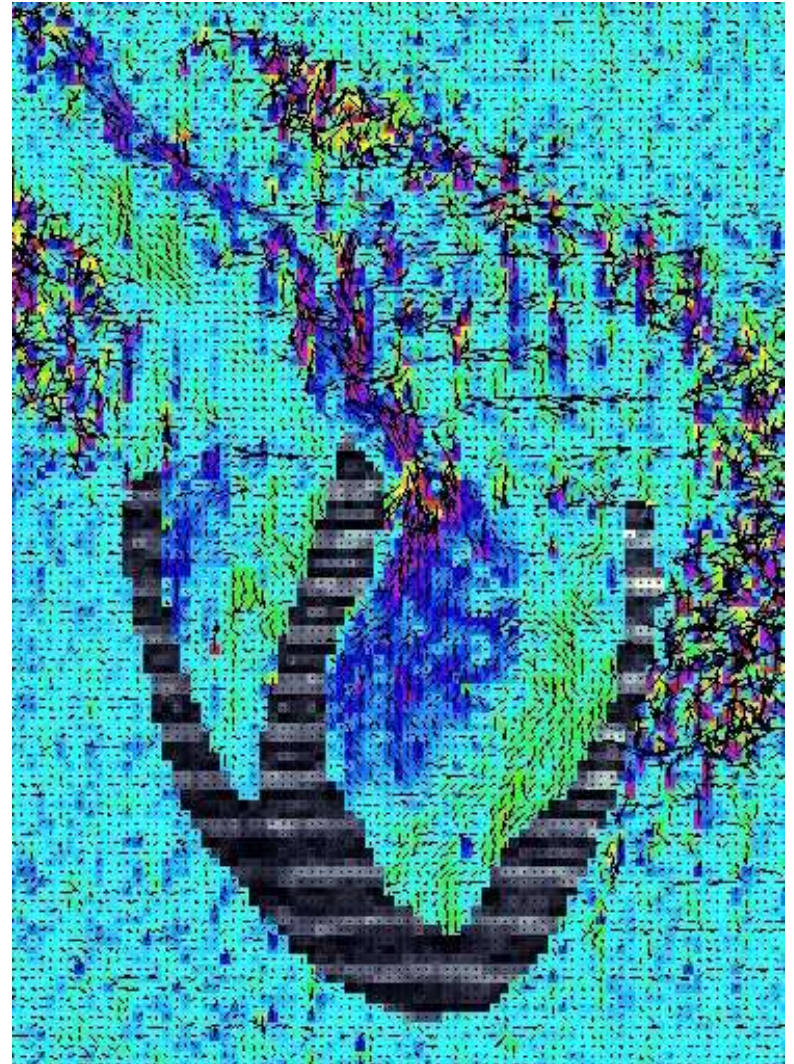
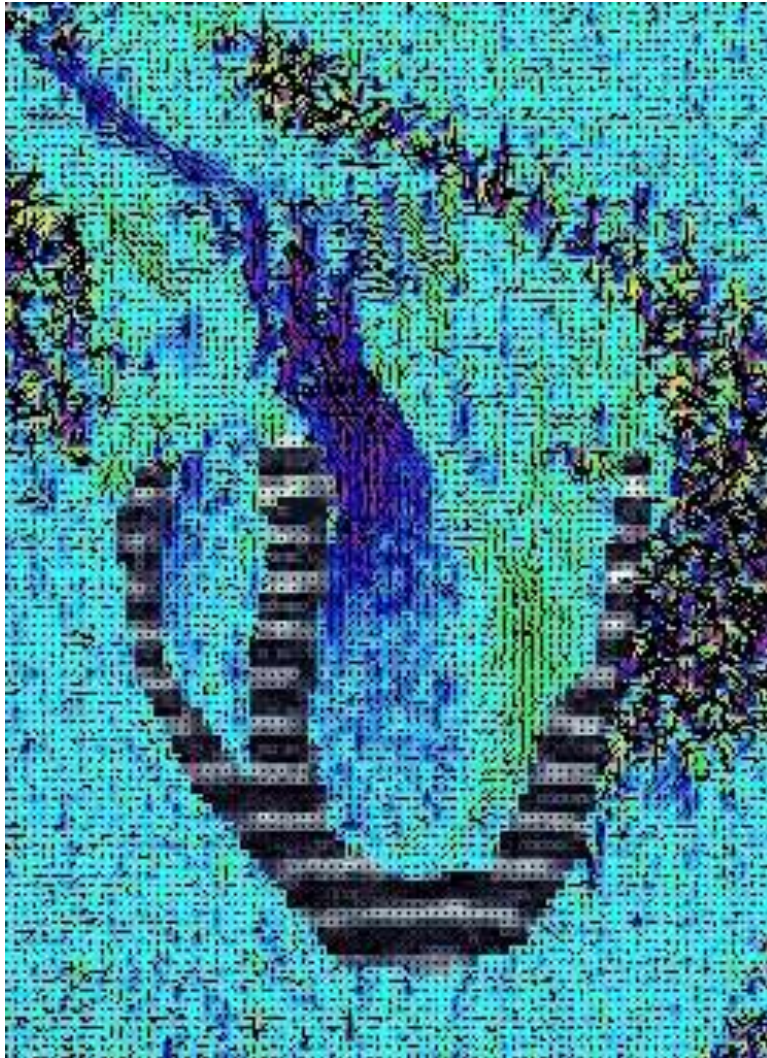
Specially designed in order to deliver **circumferential tension** around MV annulus



↓↓ Septal traversal



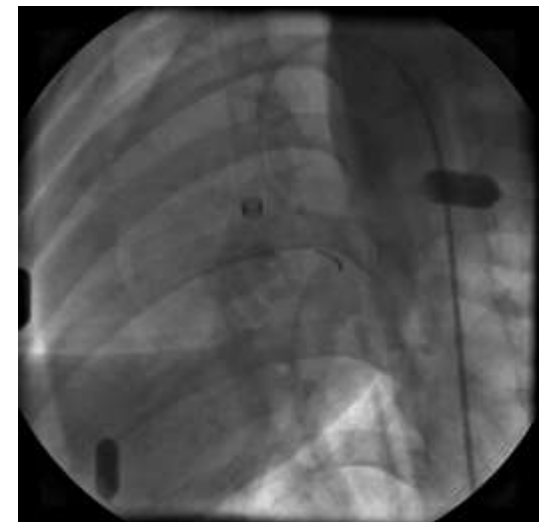
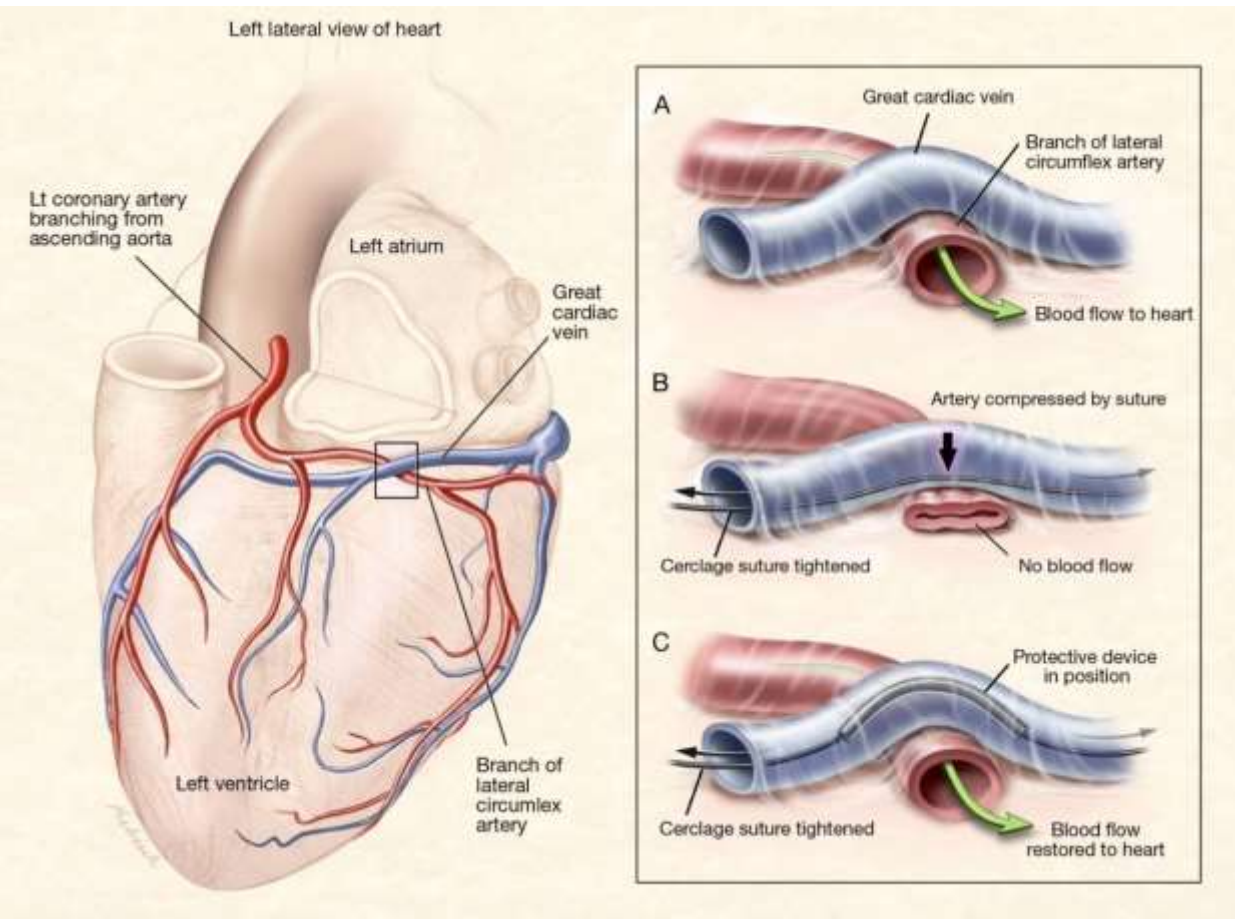
# Excellent efficacy of Mitral Cerclage in reducing Mitral Regurgitation (in swine hearts)





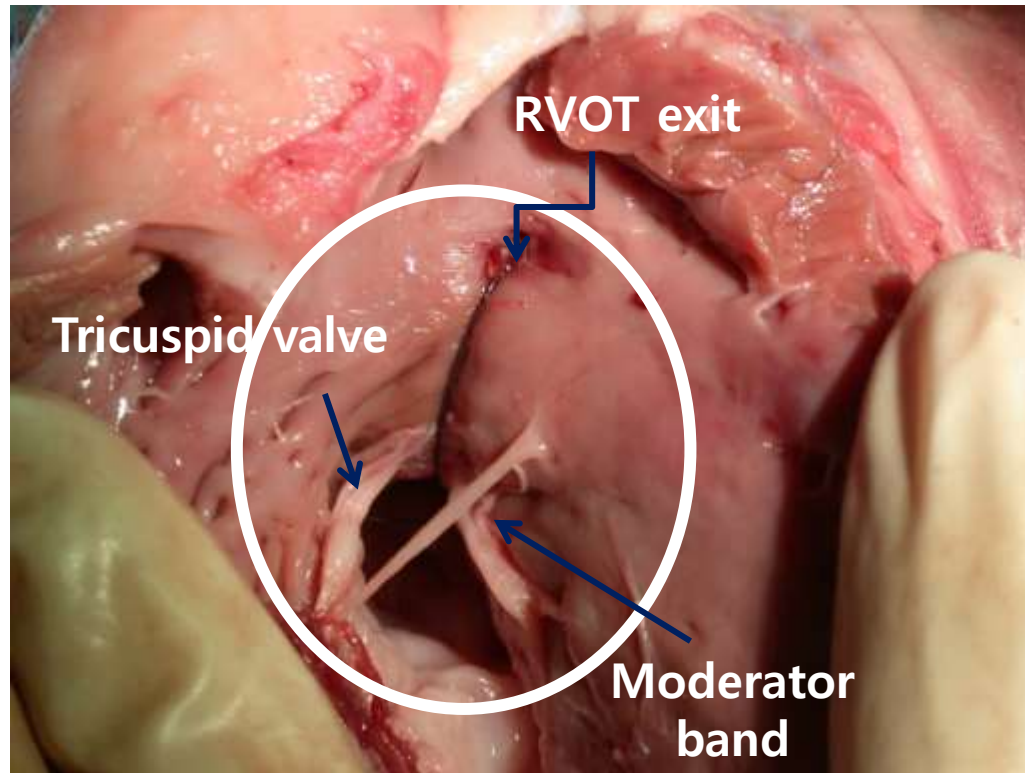
# Another feature of Mitral Cerclage

Mitral Cerclage can avoid pinching of underlying LCx artery by a simple rigid arched structure



# What are remained of miral cerclage for human translation ?

**Safety issues #1 : Erosion and its consequent TV damage**

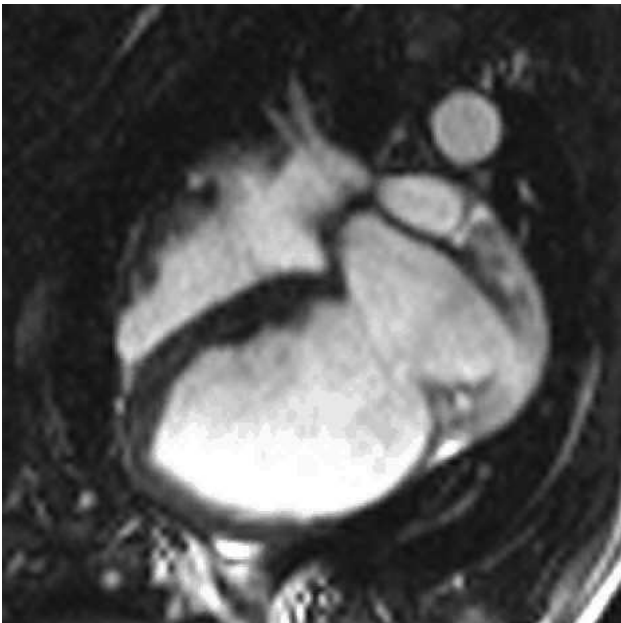


**Subvalvular structure : vulnerable to erosive destruction by cerclage suture (nylon)**

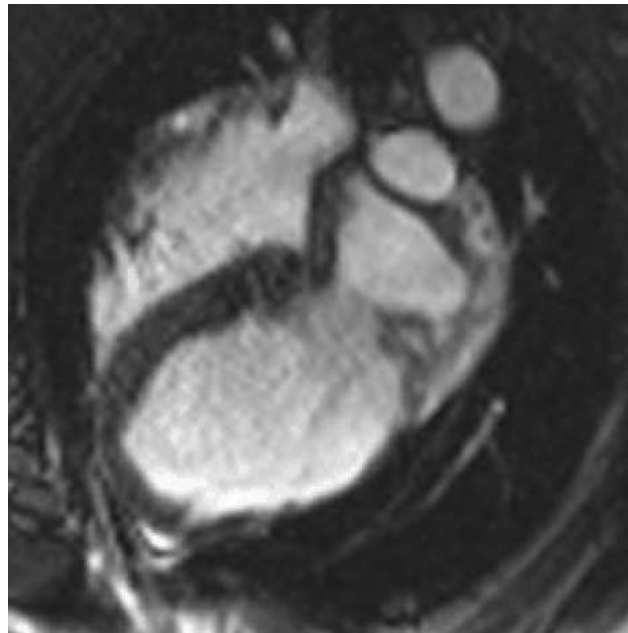


# What are remained of mitral cerclage for human translation?

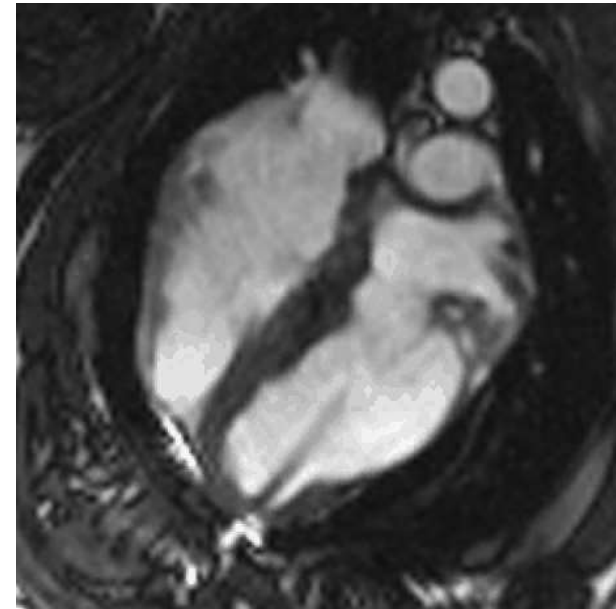
**Safety issues #1 : Erosion and its consequent TV damage**



MR regurgitant fraction 43%  
in a pig



Cerclage abolish MR  
Immediate post-procedure

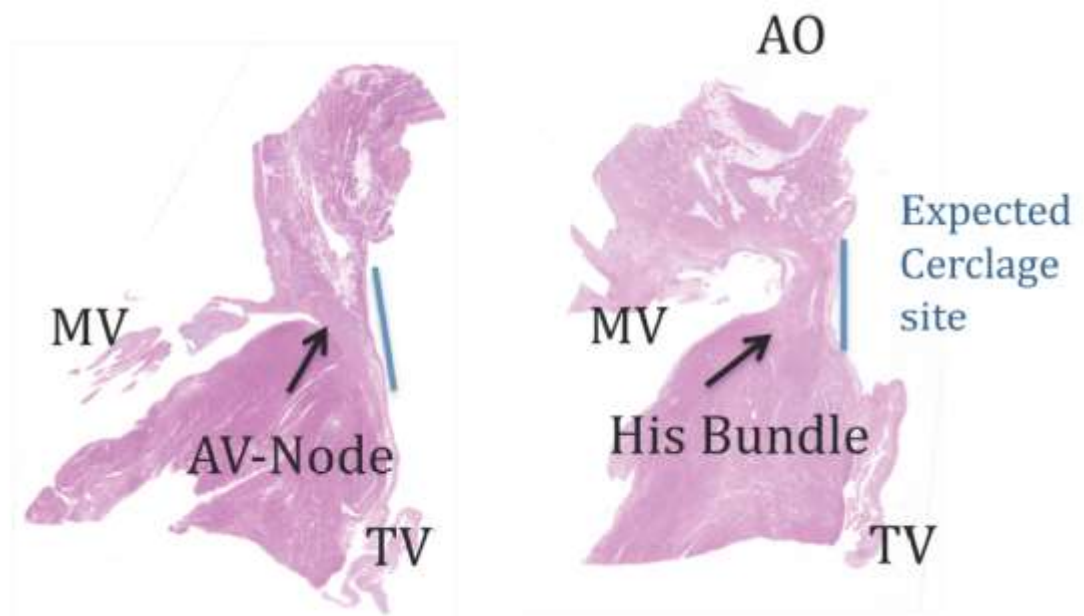
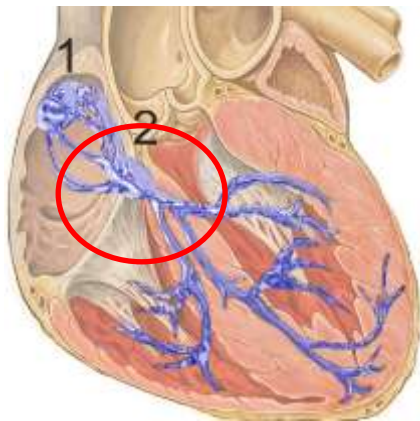


3wk FU. Persistent no MR  
But **severe TR due to valve  
destruction**

Unpublished data

# What are remained of mitral cerclage for human translation?

**Safety issues #2 : Potential risk of Conduction Block**  
**: RV and RA part of cerclage path is too close to conduction system**

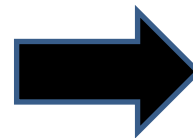
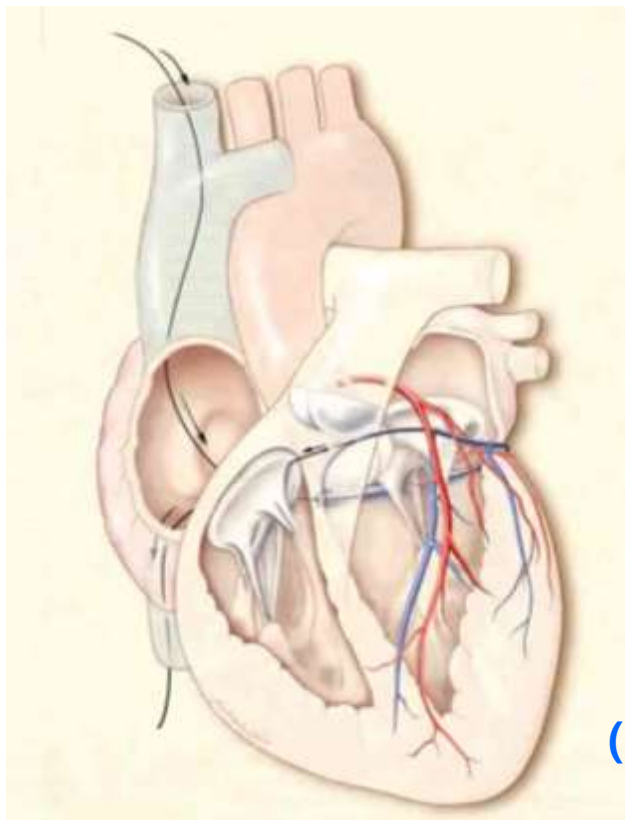


**Human Cadaver Cerclage Pathologic Report**  
**By Dr. Renu Virmani**

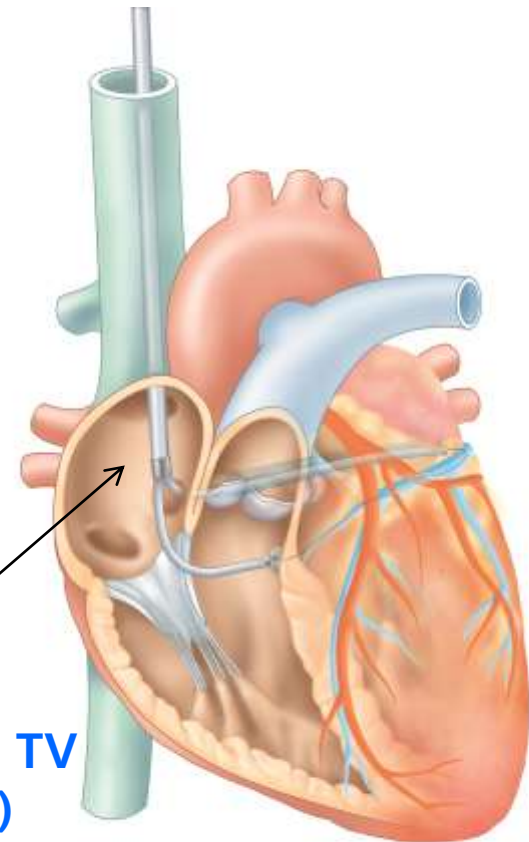
# How to solve these safety issue of mitral cerclage?

- Erosion, conduction block risk (+)
- Procedural feasibility : relatively low

- No safety issue
- High Technical feasibility



**CSTV**  
(coronary sinus and TV protective device)

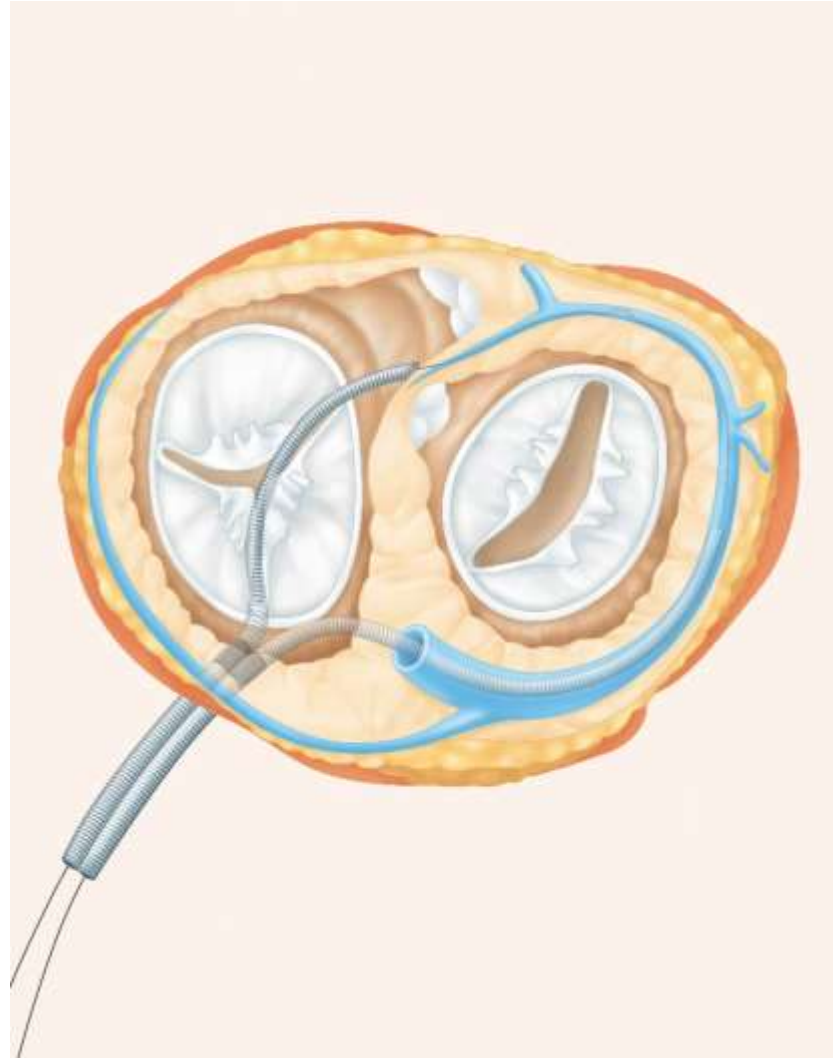
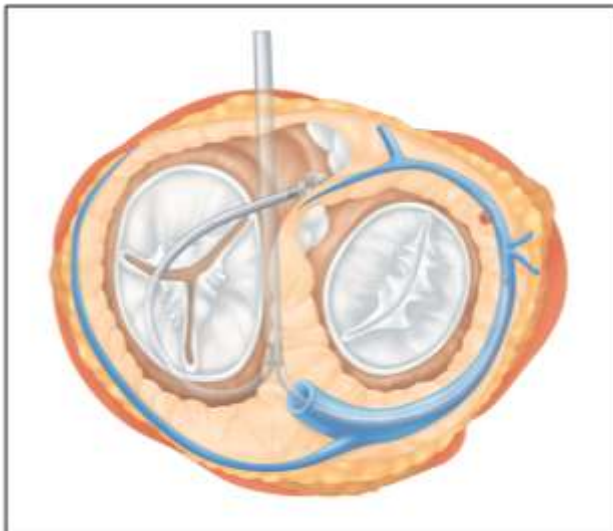
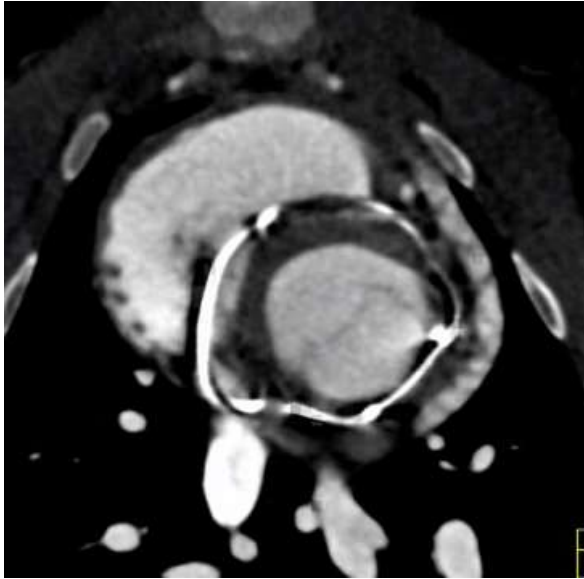


**Mitral Cerclage + a bifid appliance = Mitral Loop Cerclage**



# The function of CSTV (1)

Arch formation during tension : TV & conduction system protection



# The function of CSTV (2)

## Interactive adjustment during procedure

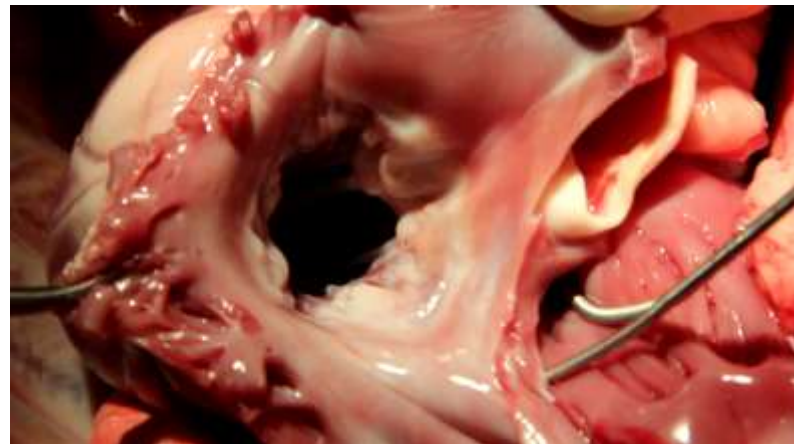


Effective reducing ability of  
Septal lateral demension !

SL distance reduction  
19.6 → 10.9 cm (by 44%)

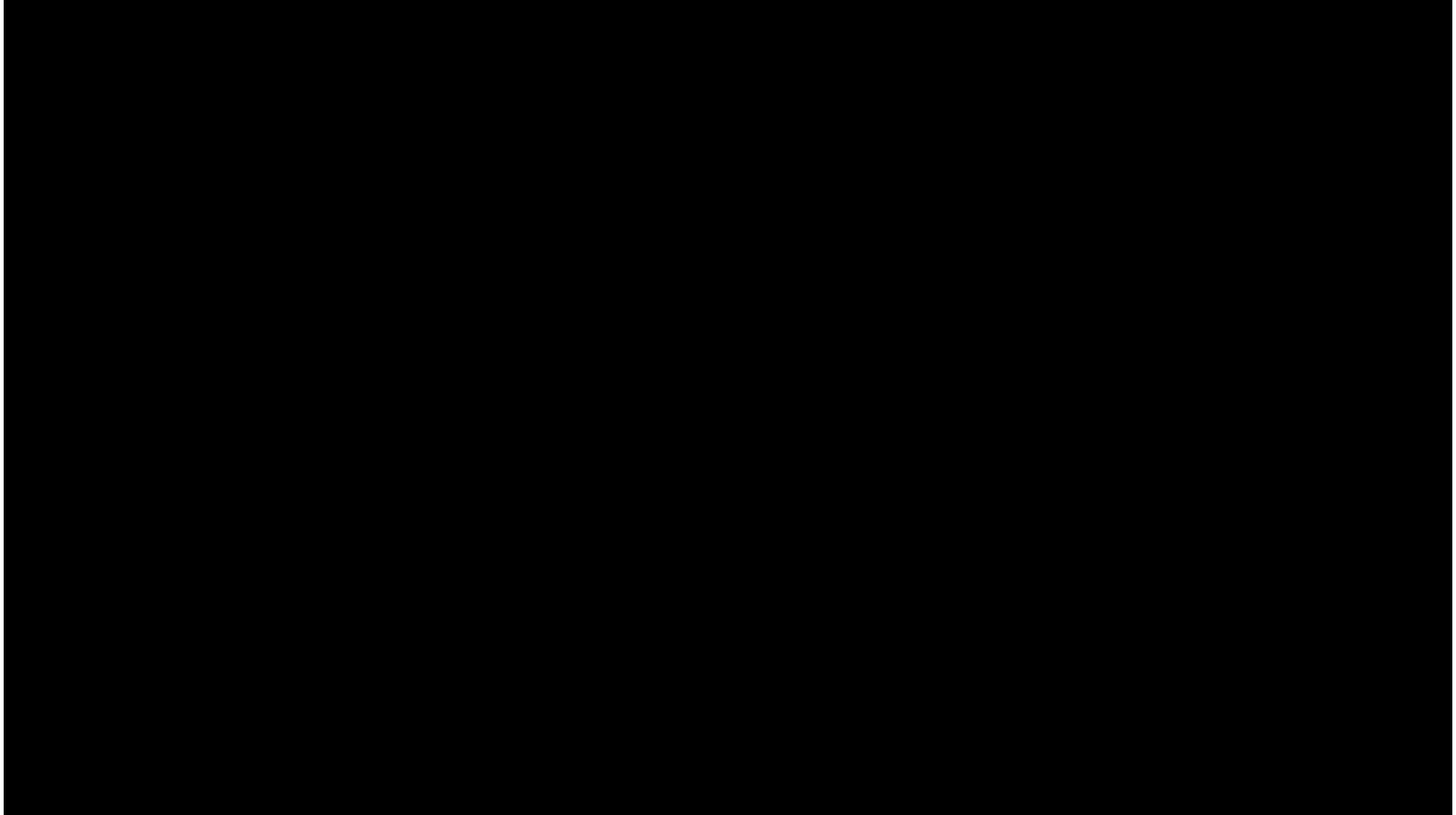


MV from LV side



MV from LA side

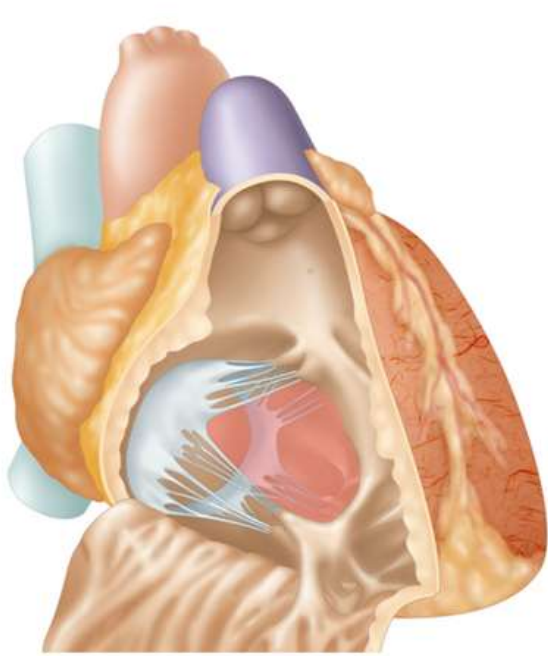
# Mitral Loop Cerclage



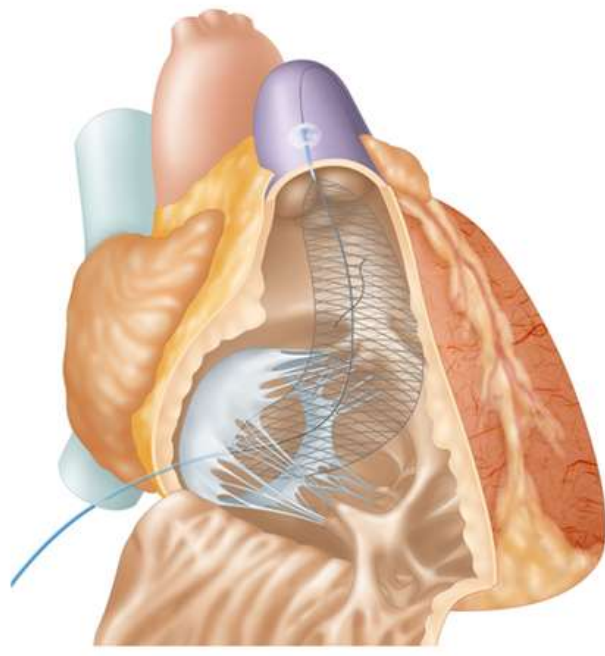
**Procedure overview**



# The concept of the 'Safe Zone' for safe procedure

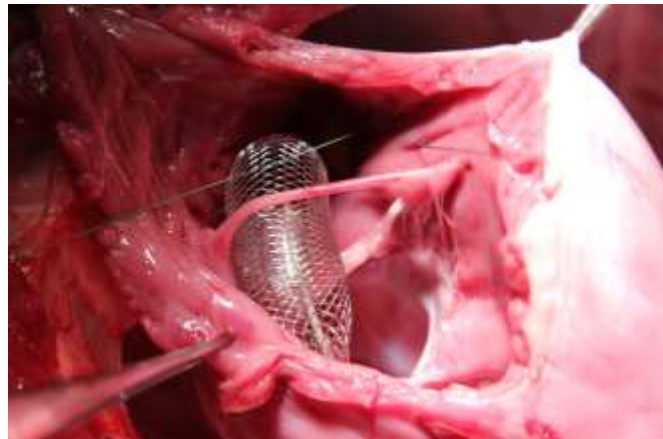
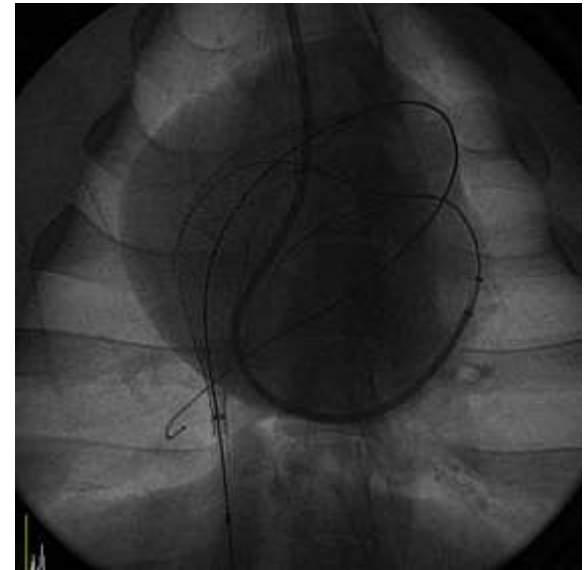


'Safe zone' in red



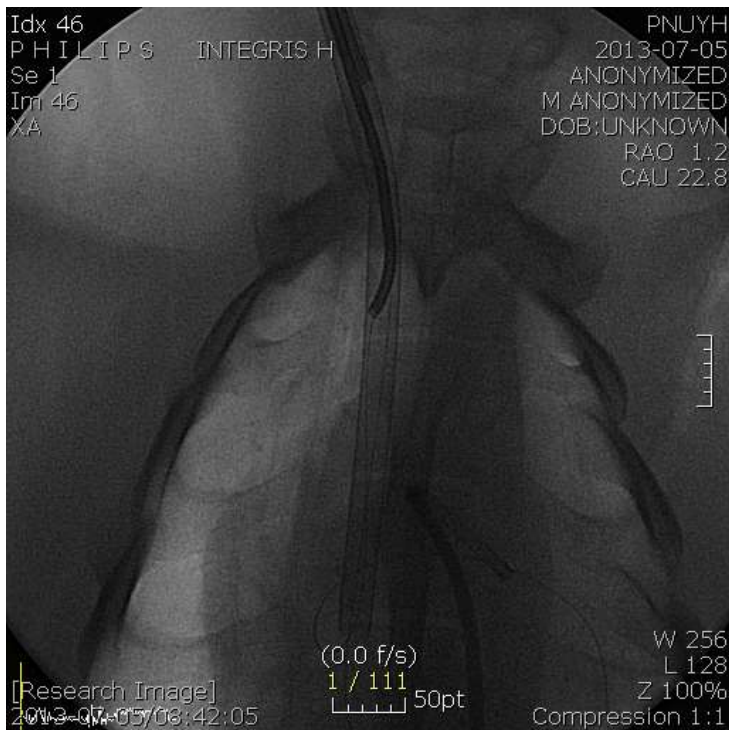
Mesh

- Blocking member
- Approach from IVC



# Delivery of CSTV

## Easy and Simple procedure !!



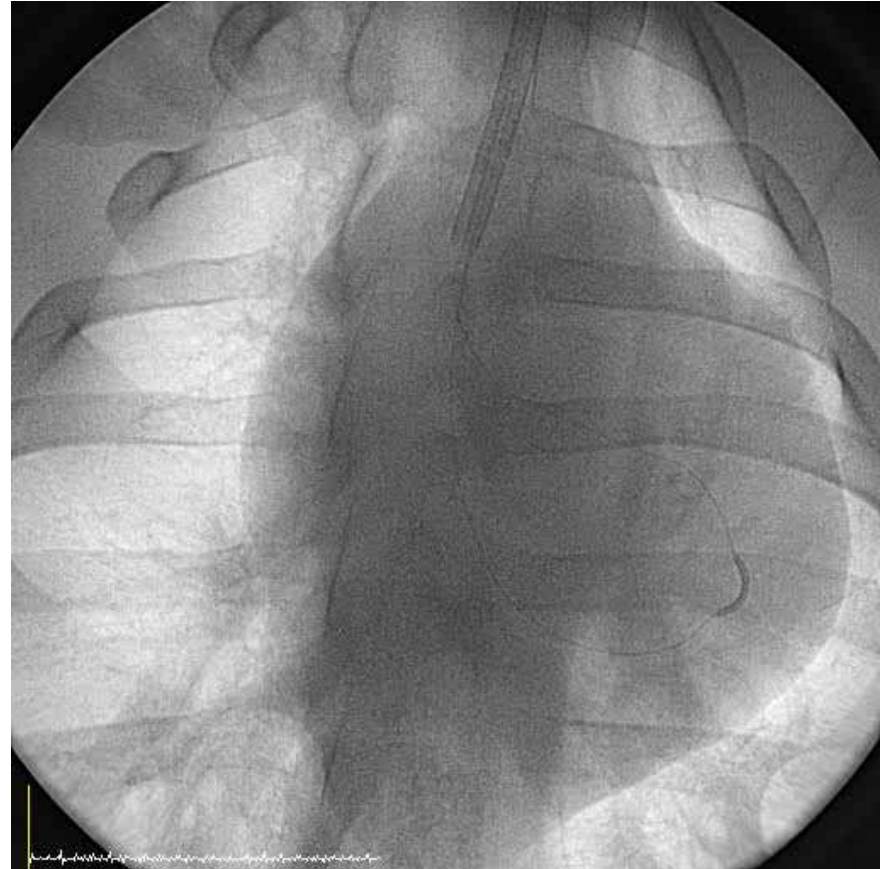
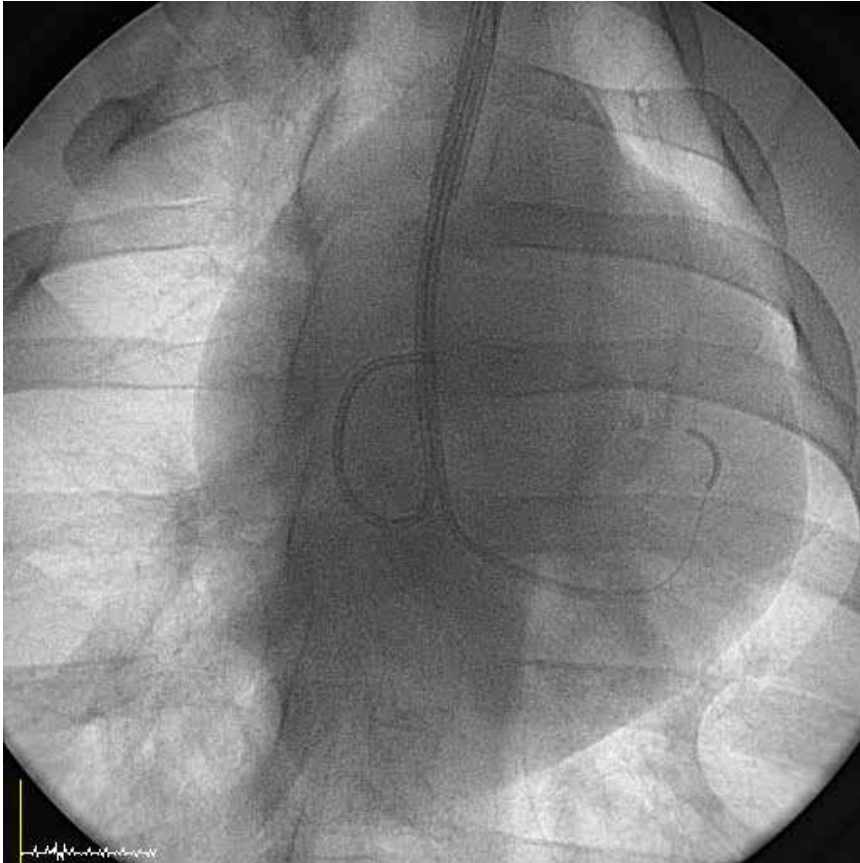
**CSTV delivery though cerclage suture**



**Tensioning though MC with CSTV**

# Retrieval of devices

Easy and Simple !!





# survival animal experiments (n=9)

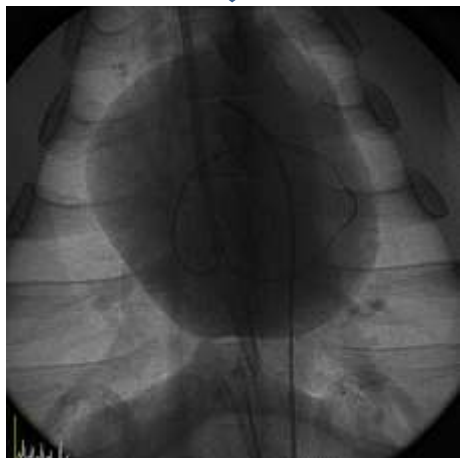
## Healthy hearts model

- Short term (2 weeks, n=4) with *immature devices*
- Midterm (6 weeks, n=5) with *mature device* for FIM
  - No safety issue & excellent proof of concept with immature devices
  - Mature devices for First-In Man study
  - **Procedural success rate (100%, 154 ±45 min)**

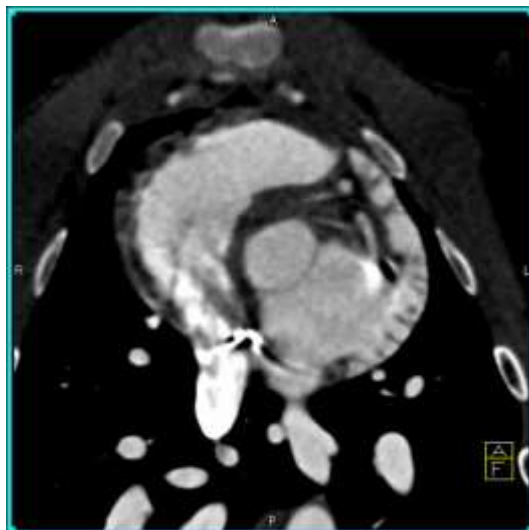
# A representative case

## 6 wks FU CAG and Cardiac CT image

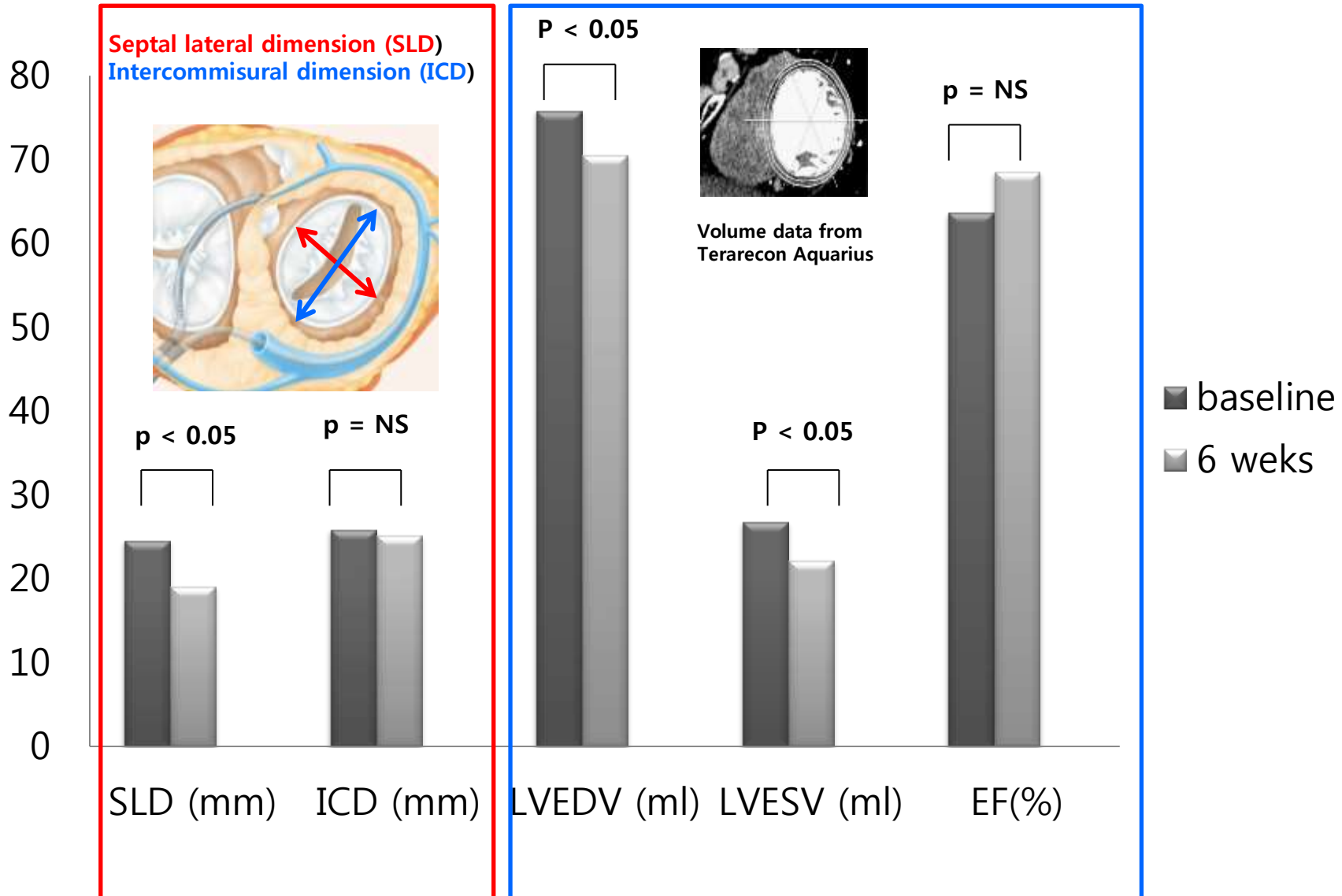
Post-procedure



6weeks F/U

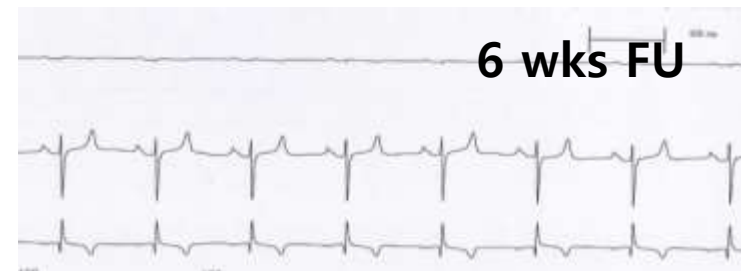
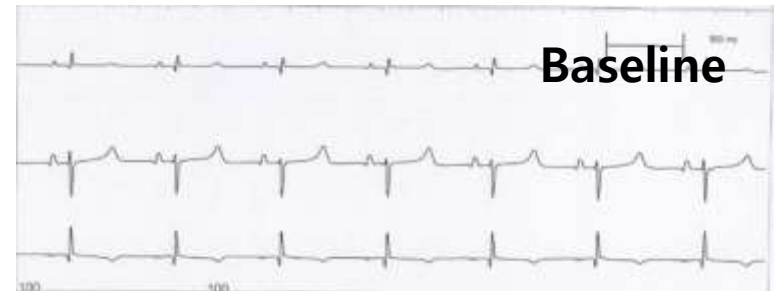
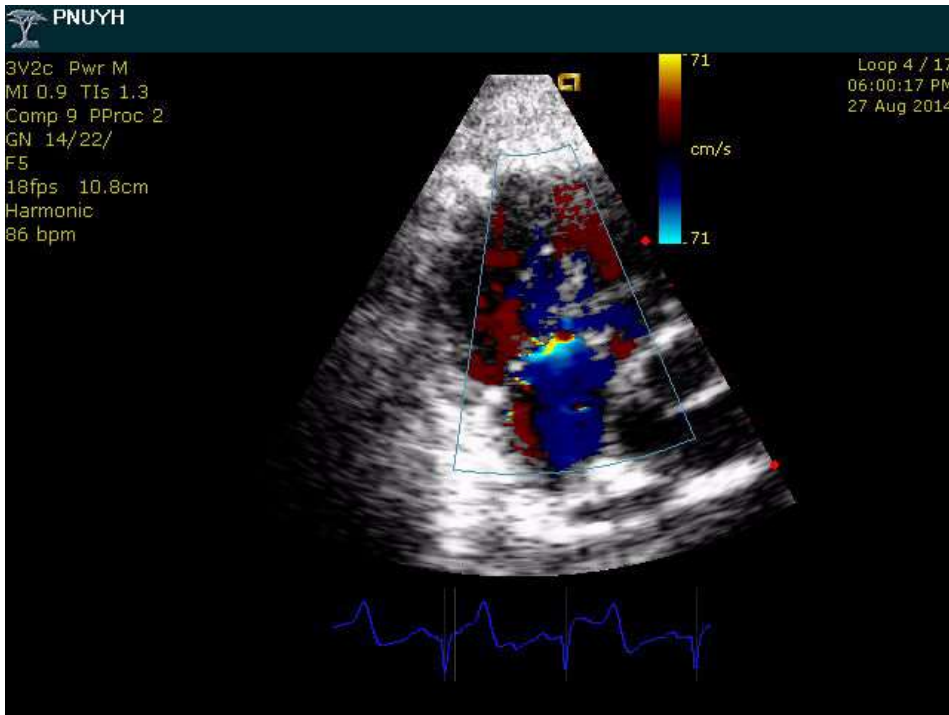


# 6 weeks FU cardiac CT data (n=5)



# Tricuspid regurgitation, Conduction block (6wks follow-up result)

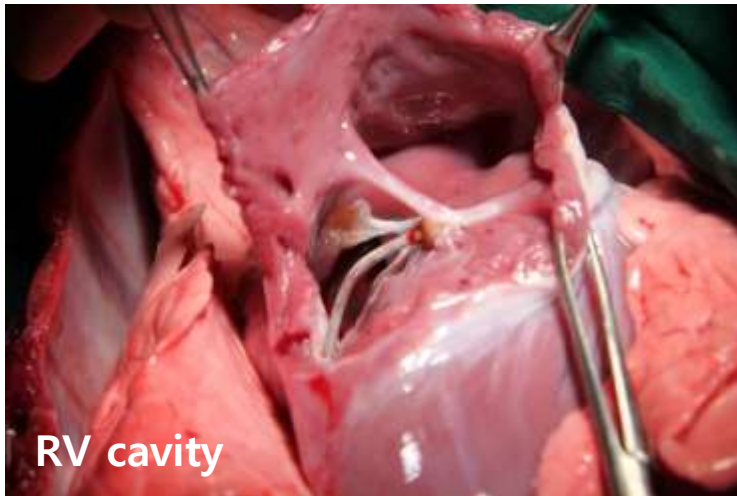
**Mild Tricuspid Regurgitation, No conduction abnormality**



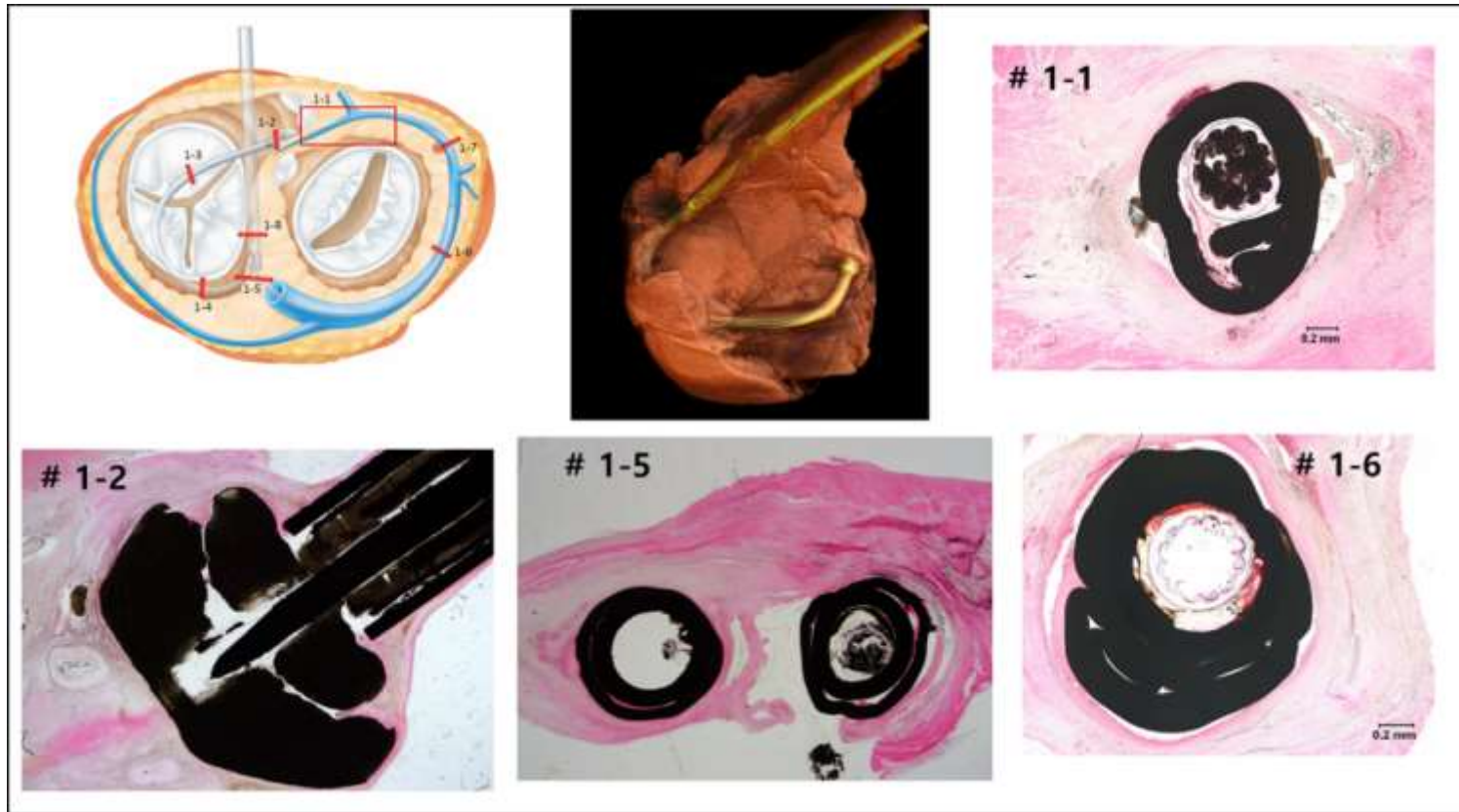


# Tissue erosion (6wks follow-up result)

No evidence of Tissue erosion



# Pathologic report



Excellent biocompatibility of the implanted device without any significant inflammatory reaction or erosion.

# Safety of Mitral Loop Cerclage

## Complications in survival experiments (n=9)

1. Transient ST change with apical ballooning suggestive of LV dysfx (n=1, 11.1%)
2. Mild dissection of great cardiac vein (n=3, 33.3%)
3. Minimal temporary dye staining in basal septum (n=1, 11.1%)
4. Mild pericardial effusion (n=1, 11.1%)

## Potential Mode of complications

### Serious

1. Infection
2. Cardiac tamponade)
3. Myocardial erosion
4. Conduction block
5. Tricuspid malfunction
6. Coronary artery pinching

### Non serious

1. Coronary sinus dissection & coronary vein thrombosis
2. Pericardial effusion
3. Transient ECG change during procedure : VPCs, transient ST change
4. Access site hematoma
5. Intramyocardial hematoma

# Tension release appeared to be possible at 6wks follow-up



**Under tension**

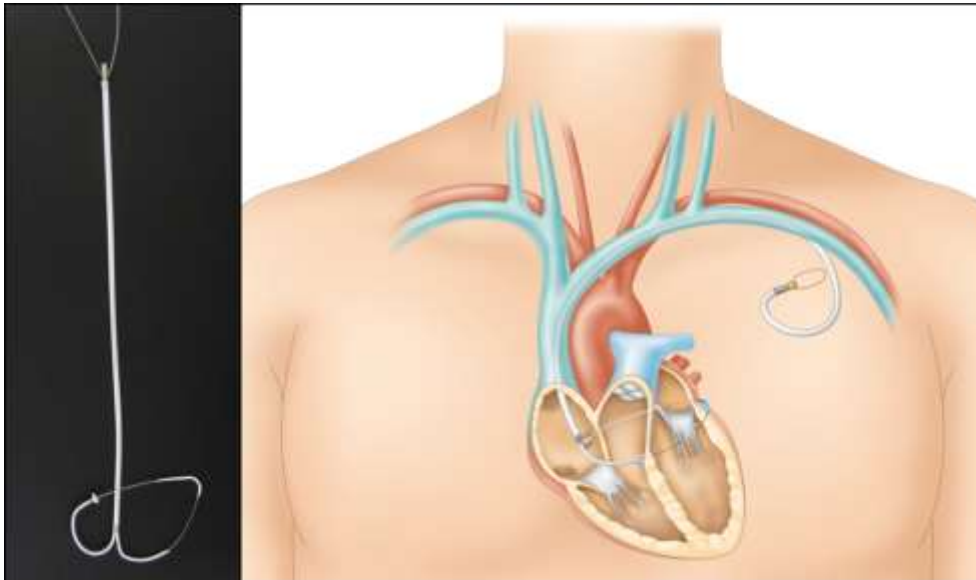
**After tension release**



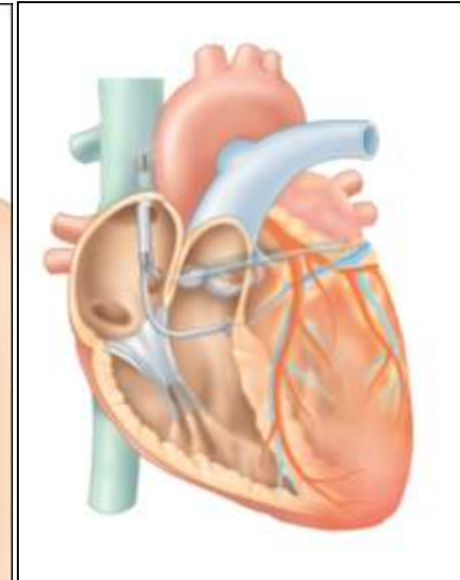
# Mitral Loop Cerclage

## Two types of MLC

Pacemaker type



Intravascular type



Ready for FIM



**pending approval of KFDA**

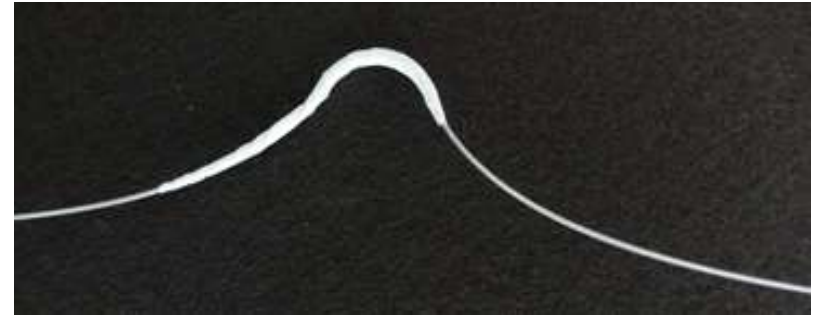
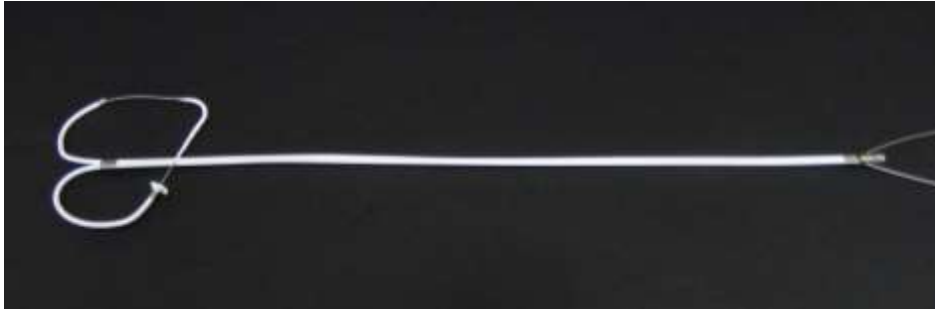
Under development

**Thank you for your attention**



# Mitral Loop Cerclage

## Two main Implantable parts



### CSTV with cerclage rope

- ① Coronary sinus and TV protective device
- ② **ePTFE coating**
- ③ Tension stopper (SUS)
- ④ Two Polyurethane tube (5Fr in size)

### cerclage rope

- ① **Nylon coated**
- ② fine stainless rope : **radiopaque**
- ③ Coronary artery protective part in a single unit
- ④ 0.6 mm in thickness

+ procedural devices : commercially available products

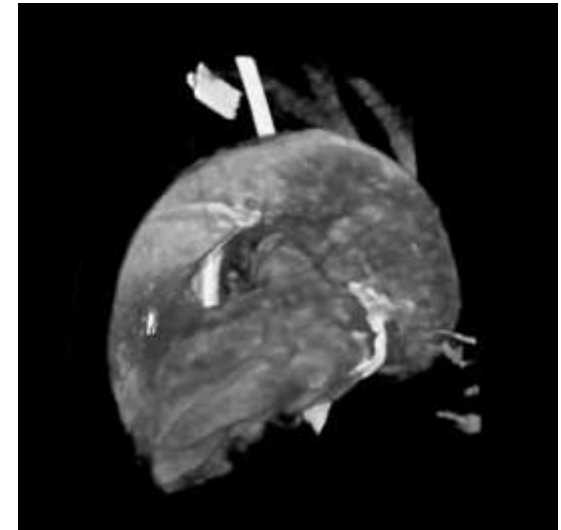
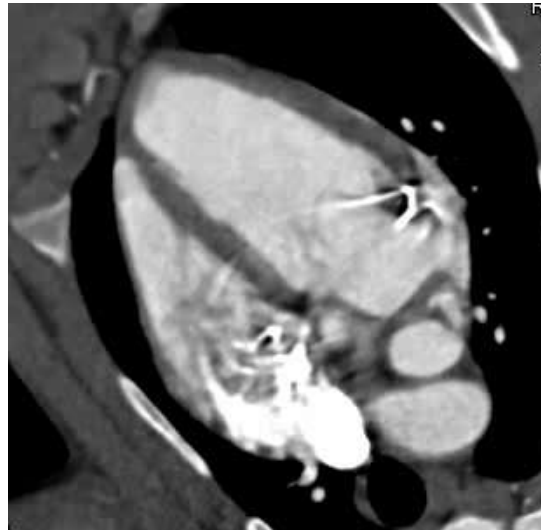
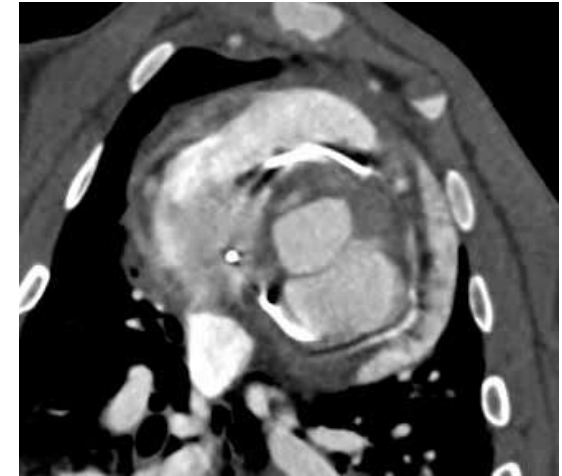
# A representative case

## 2 wks FU Cardiac CT image

**Post-procedure**



**2 wks FU**

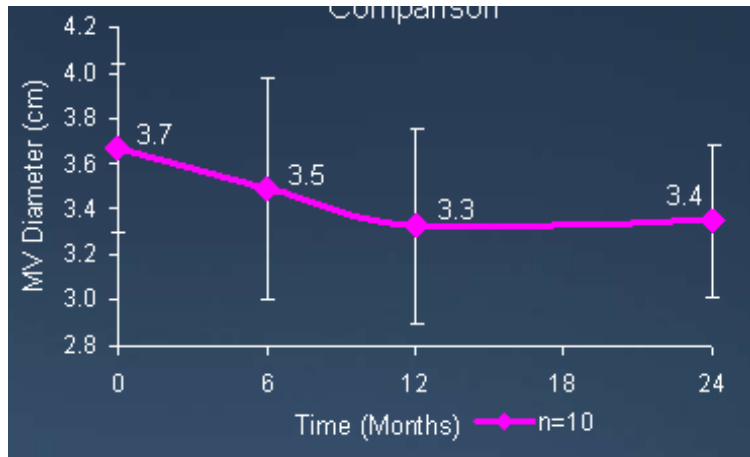




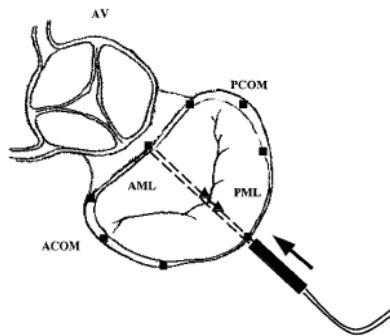
# Insufficient Shortening of SL annular dimension ( $\approx 10\%$ )

Monarc

Viacor



V04-002, Essen Implanted 2005-05-11 A-P Correction: 5.1 mm Baseline: 31.0 mm 24 hour: 27.8 mm	V04-008, Essen Implanted 2007-03-28 A-P Correction: 4.8 mm Baseline: 31.6 mm 1 yr: 28.2 mm	V04-010, Essen Implanted 2007-09-29 A-P Correction: 2.3 mm Baseline: 32.2 mm 1 mo: 30.0 mm	V04-011, Essen Implanted 2008-04-08 A-P Correction: 2.8 mm Baseline: 35.4 mm 48 hours: 33.4 mm
V05-001, Liege Implanted 2006-09-25 A-P Correction: 7.0 mm Baseline: 45.9 mm 1 year: 38.2 mm	V05-004, Liege Implanted 2007-03-16 A-P Correction: 4.0 mm Baseline: 33.3 mm 8 months: 29.0 mm	V05-005, Liege Implanted 2007-10-08 A-P Correction: (5.8mm) Baseline: 38.3 mm 1 mo: 32.2 mm	V06-001, Aachen Implanted 2007-04-18 A-P Correction: 4.8 mm Baseline: 33.0 mm 1 month: 29.0 mm



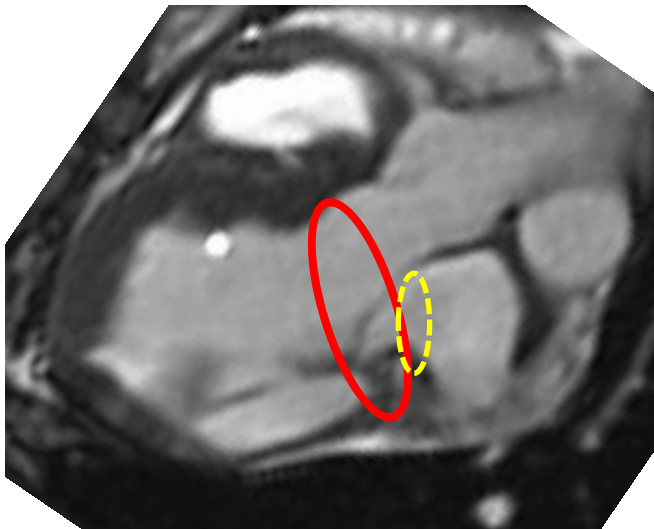
**Actually we need '20%' reduction of SLD**

# What's more of Mitral Cerclage ?

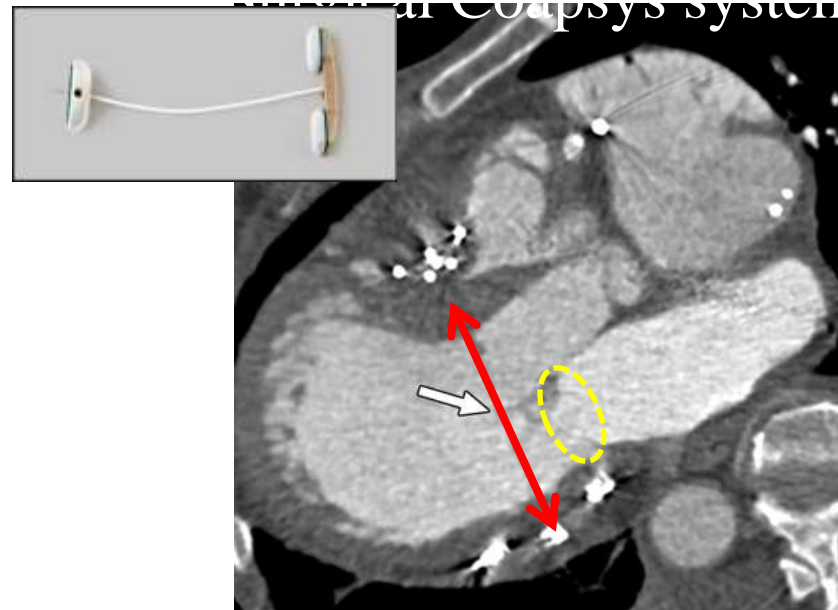
## 2. "LV basal squeezing" in Functional MR in Heart failure : more beneficial?

**Surgical Coapsys : Survival Benefit & MACE reduction by 67% at 2yr compared with standard MV repair (p=0.019)**

Mitral cerclage

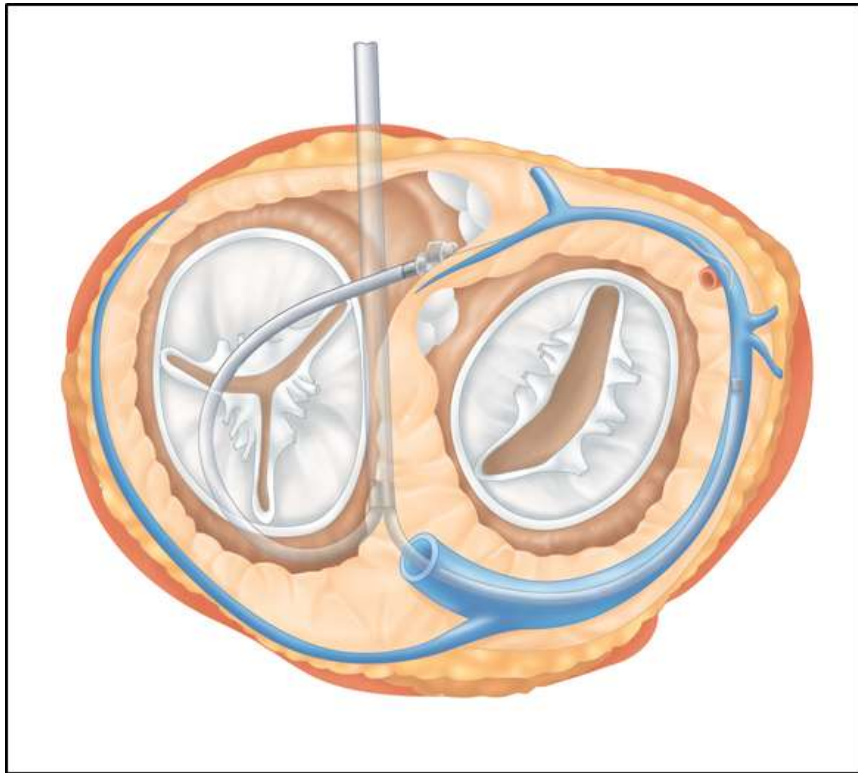


'Surgical Coapsys'

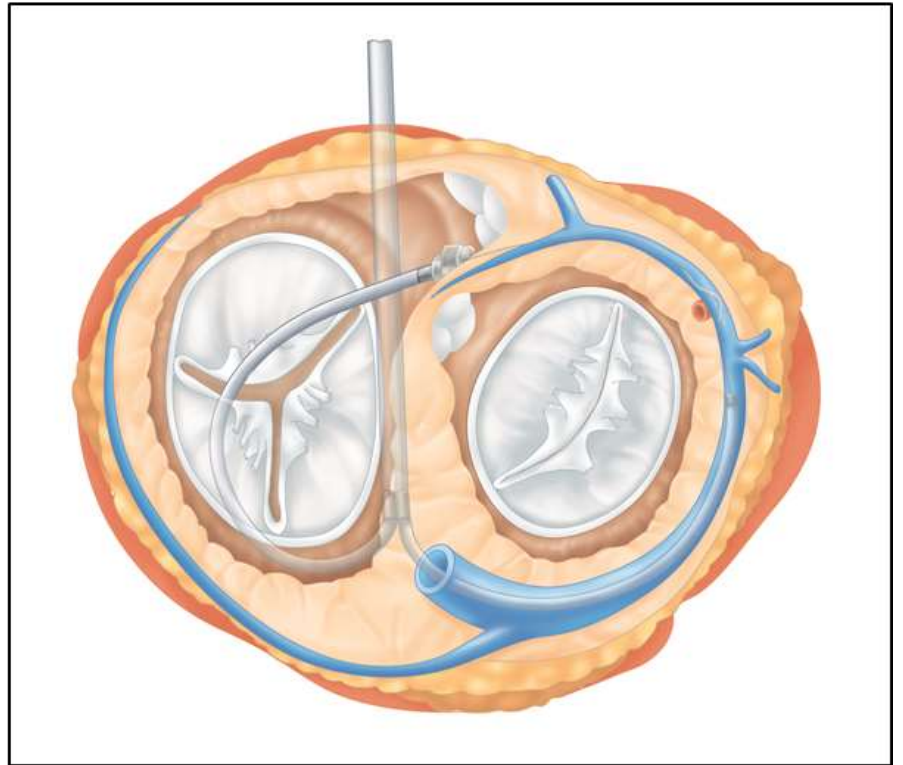


RCT : Coapsys MV repair in "Functional"  
MR RESTORE-MV study (n=165)

# 승모판 루프 써클라지 (Mitral Loop Cerclage)



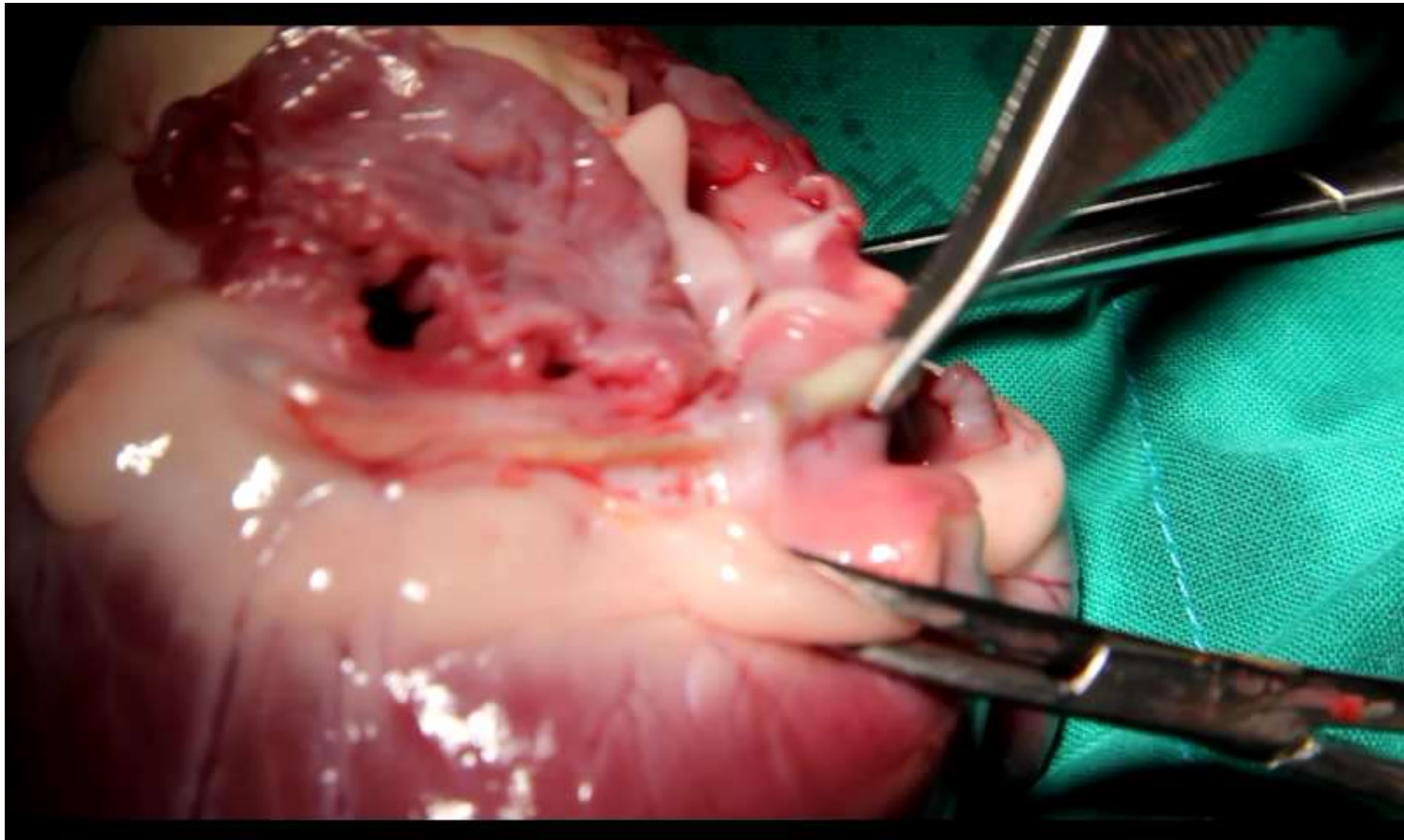
Tension (-)



Tension (+)

# Stability of coronary protective device (6wks follow-up result)

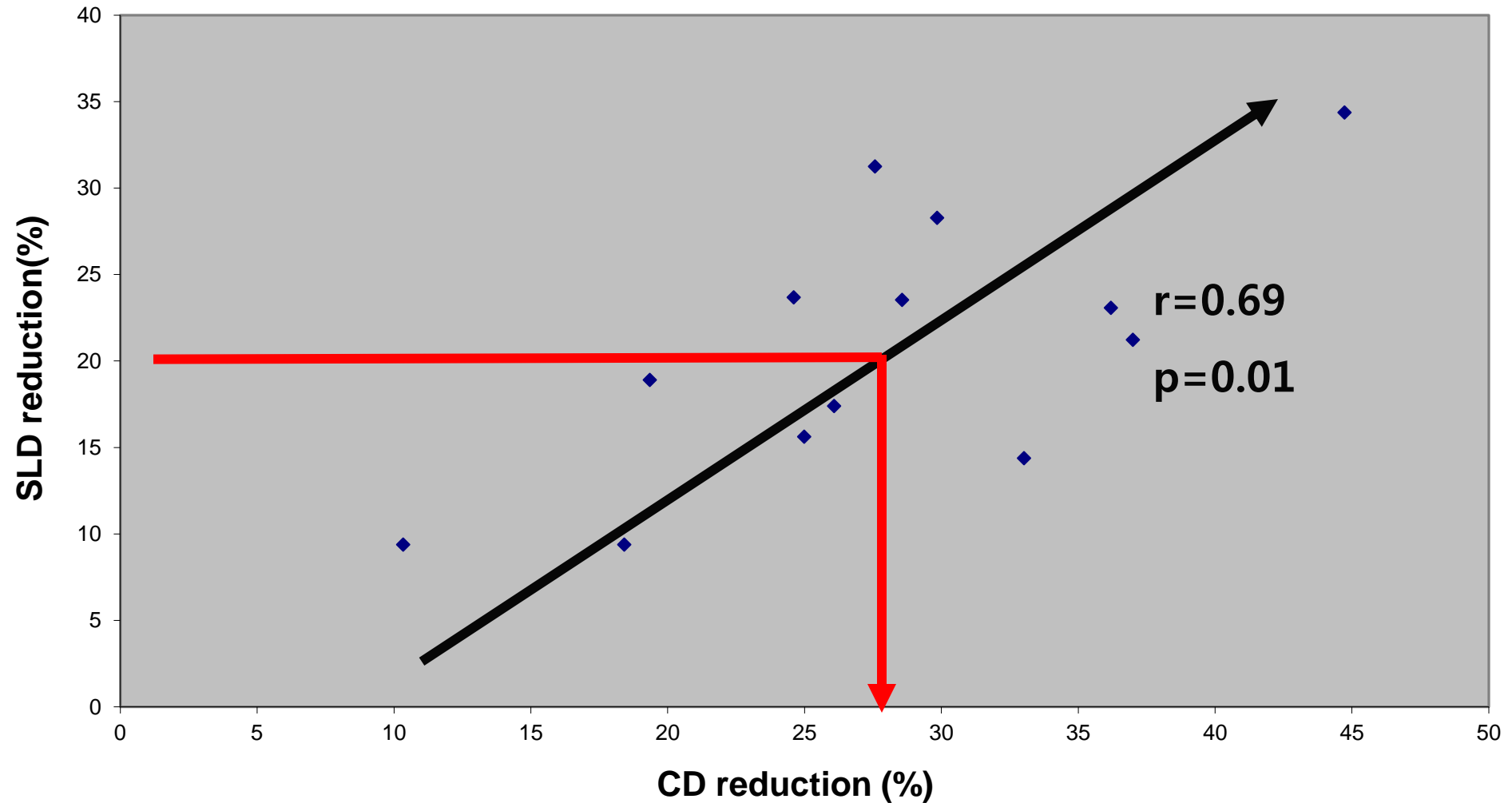
Fixed coronary protective device





# Septal Lateral Dimension

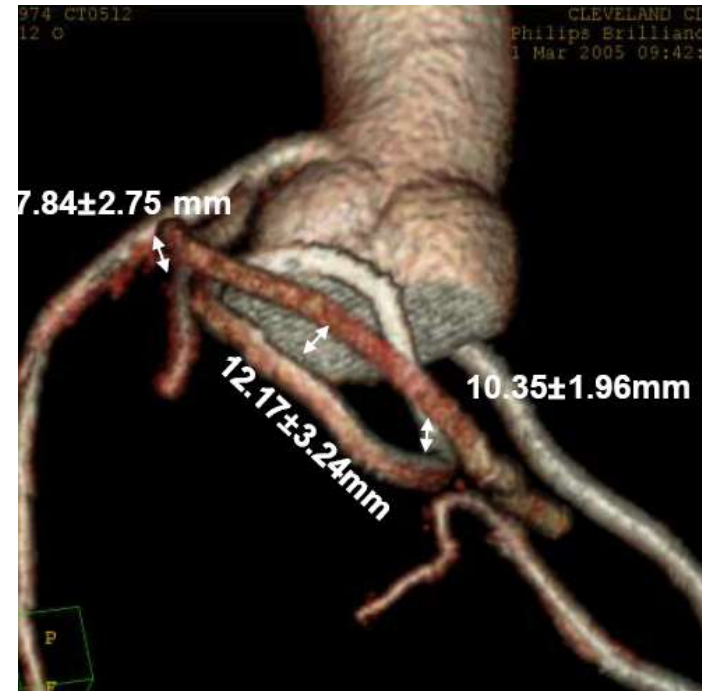
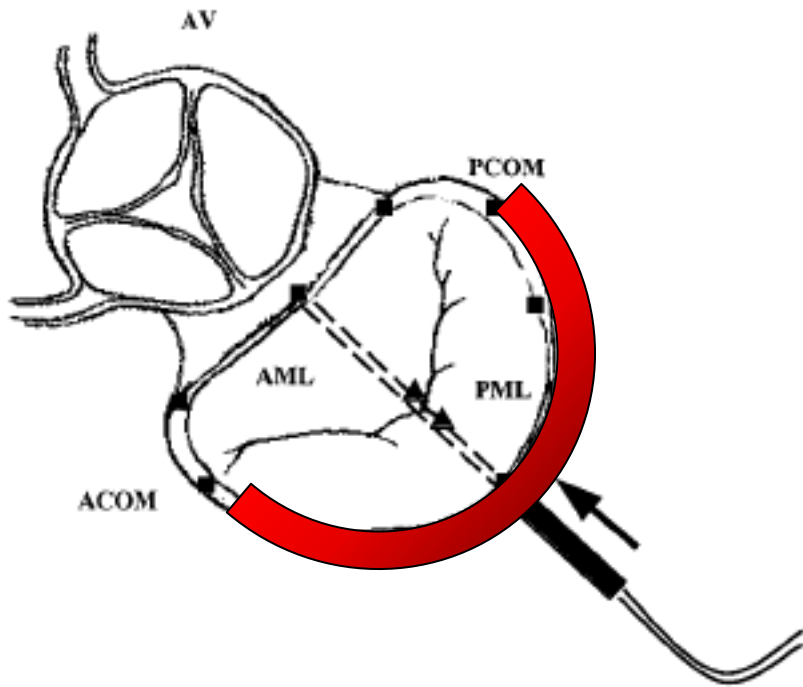
## SLD reduction according to CD reduction



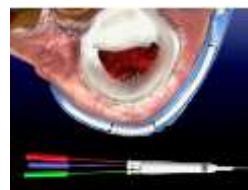


# Limitations of 'Coronary sinus' approach

Sino-annular discordance+ partial ring tension ?



Monarc



Viacor

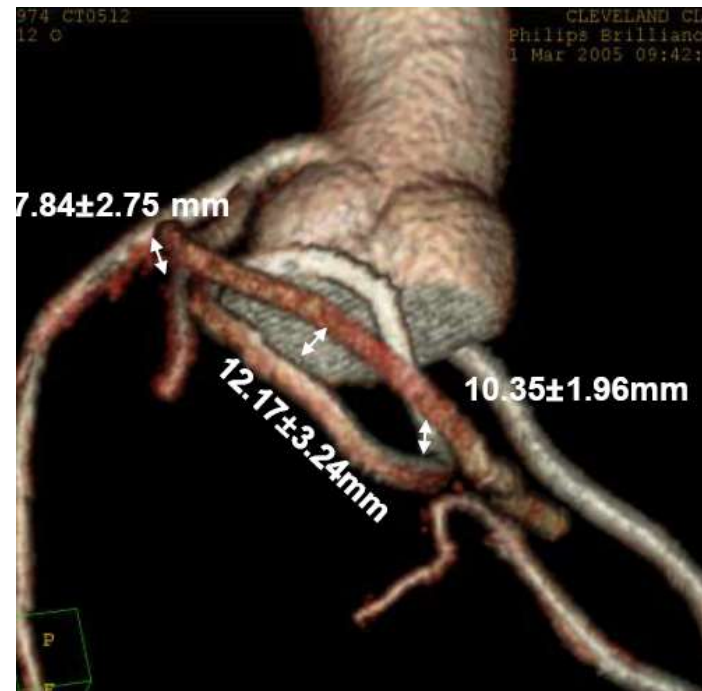
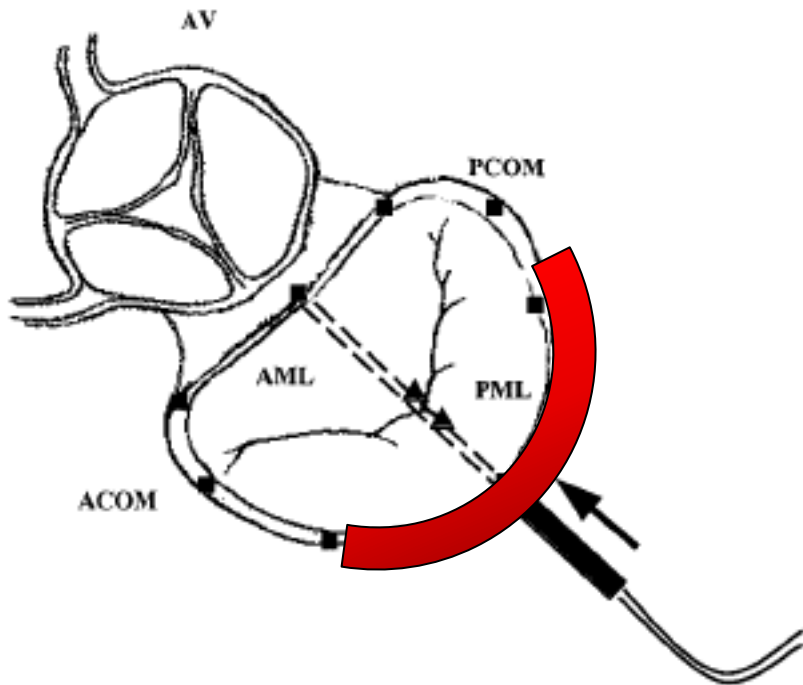


Carillon

# Limitations of 'Coronary sinus' approach

Sino-annular discordance+ partial ring tension ?

=> Lesser efficacy



Monarc



Viacor



Carillon



# Coronary sinus approach

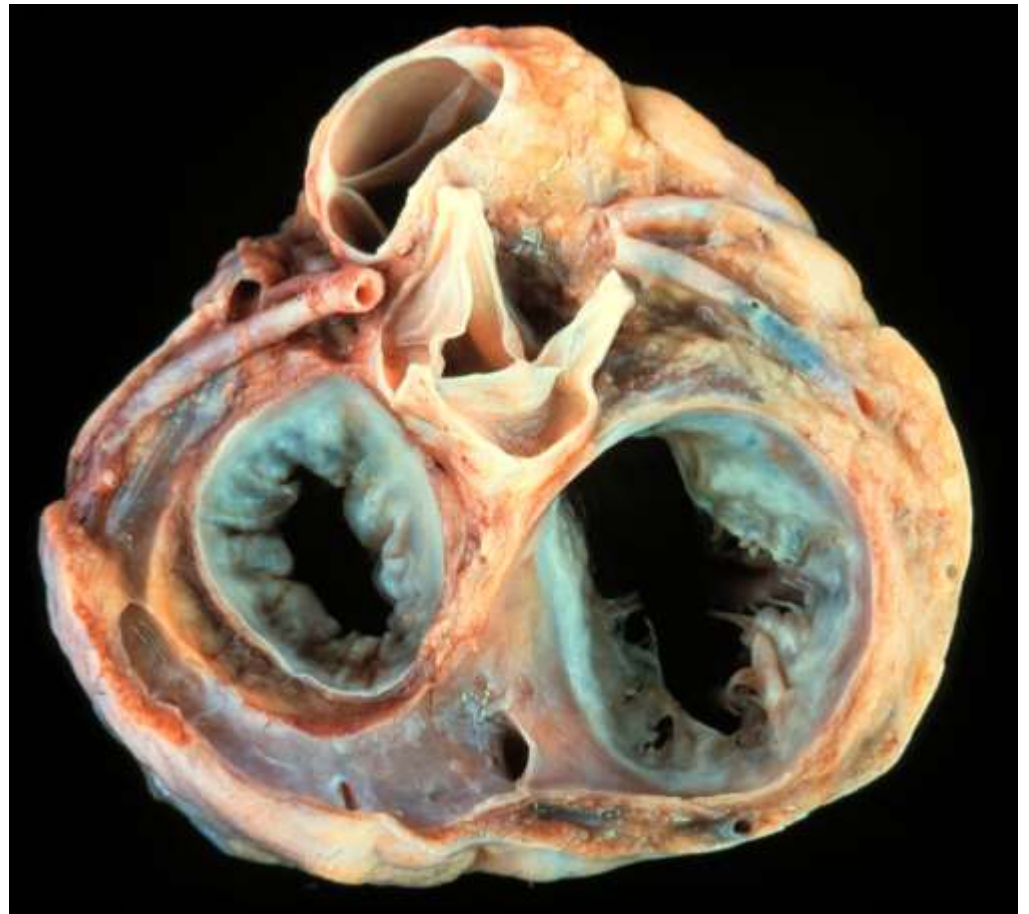
Simple & Easy !

Takes advantage  
of proximity of CS  
to the mitral annulus

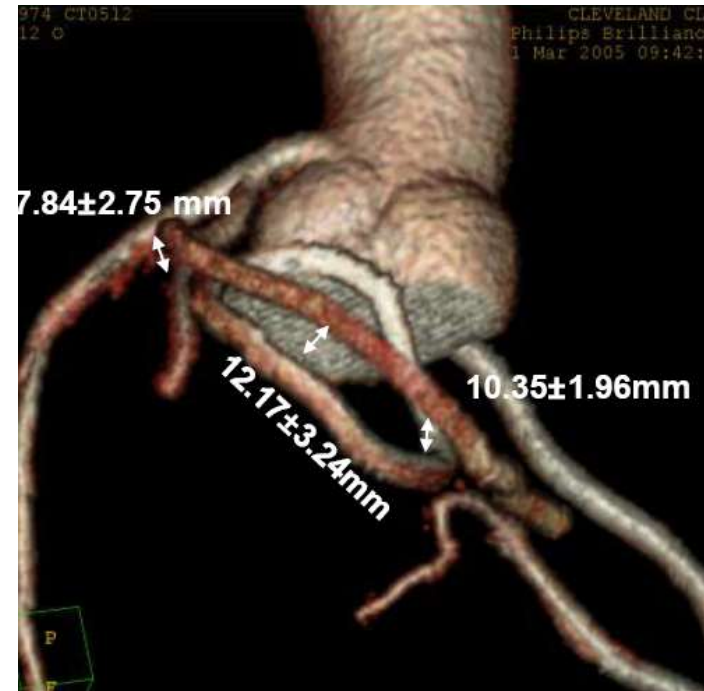
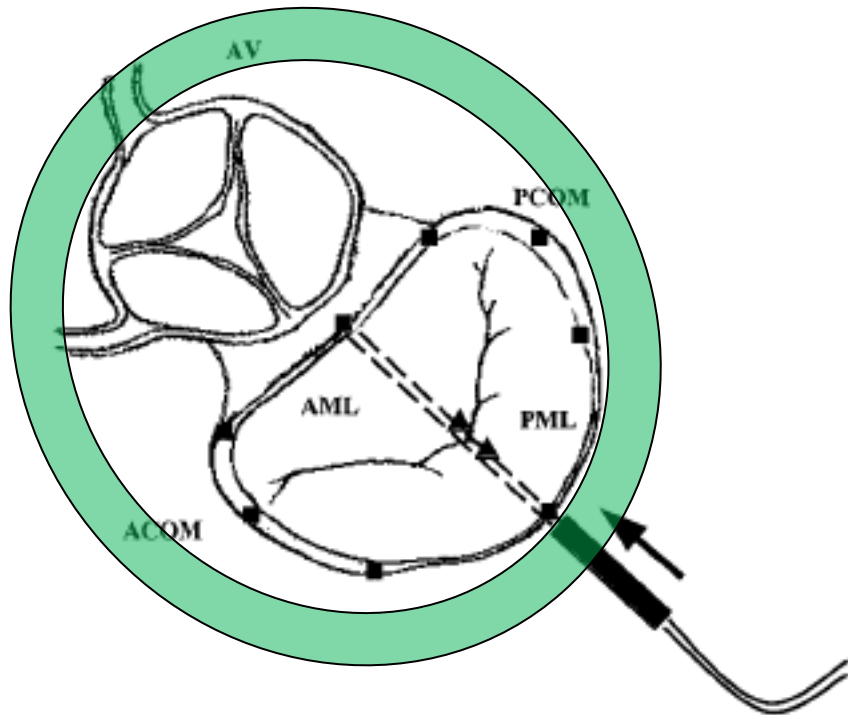
**Easy access** to CS



CS approach doesn't need  
**Sophisticated imaging**  
**guidance**

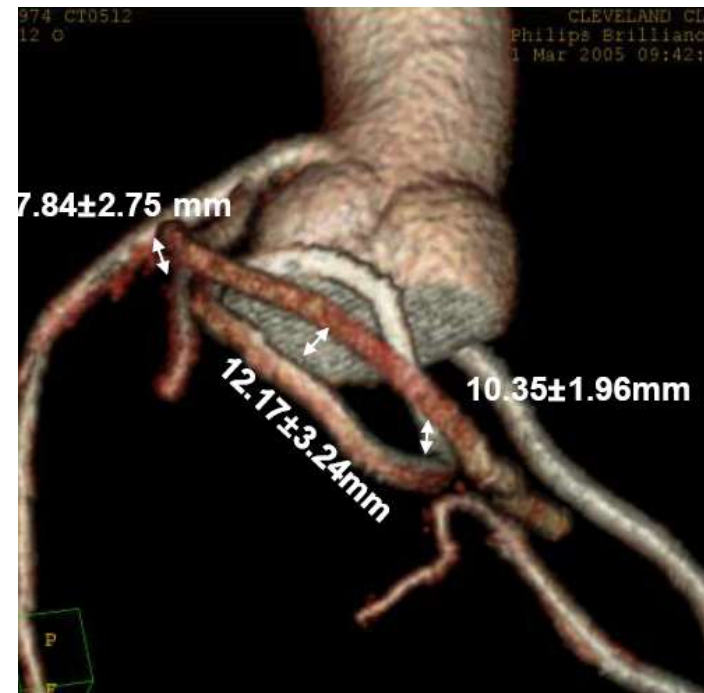
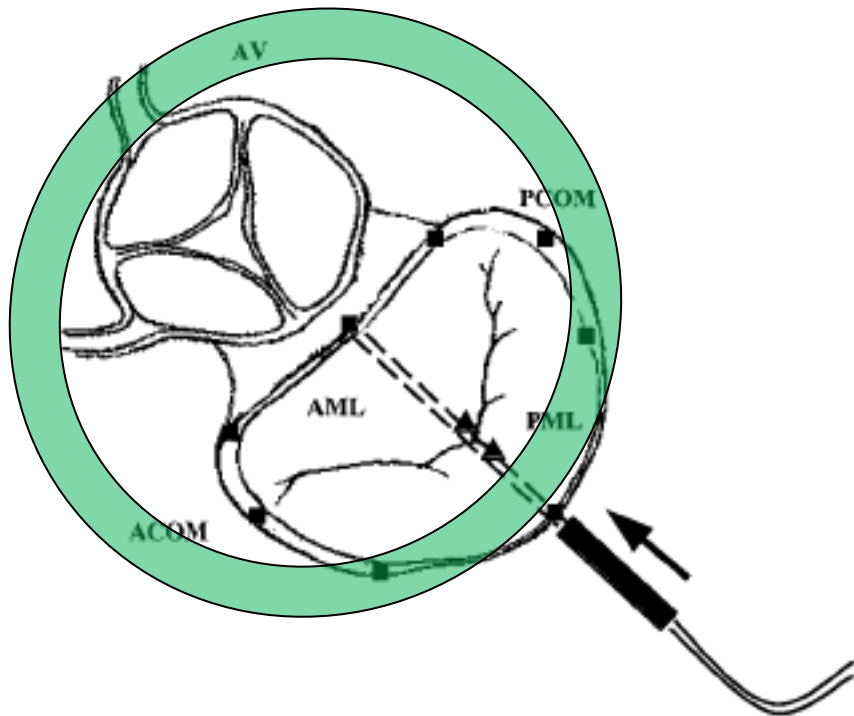


# Sino-annular discordance + circumferential tension...yes! It really works!



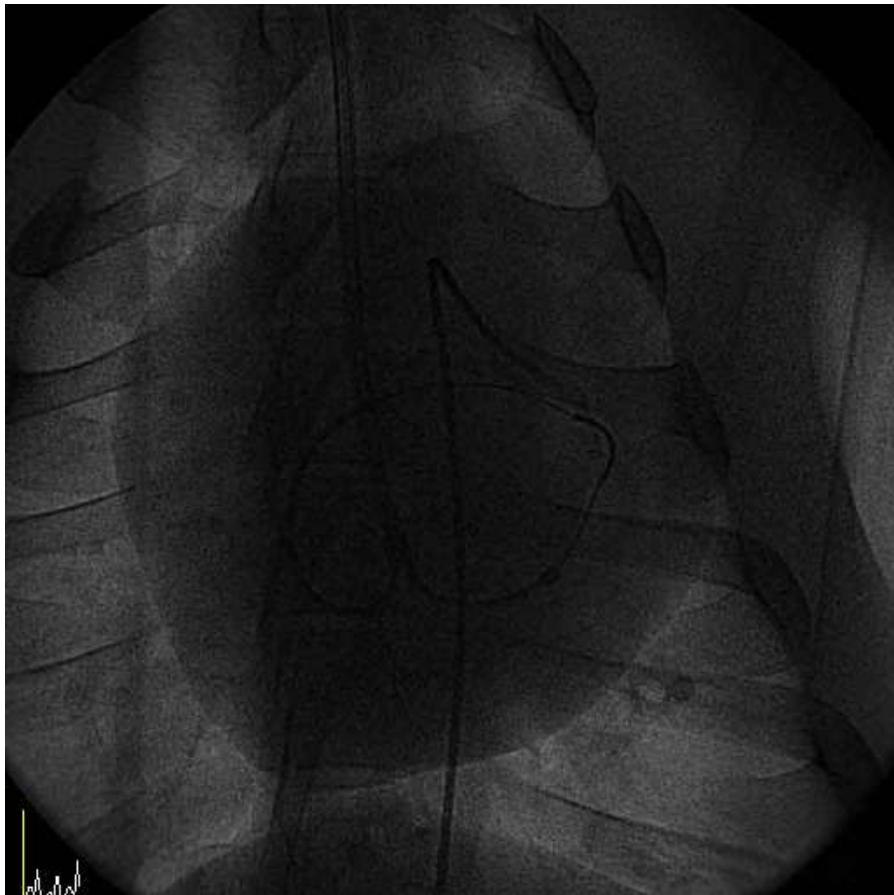
Mitral cerclage delivers **circumferential tension** around MV annulus

# Sino-annular discordance + circumferential tension...yes! It really works!

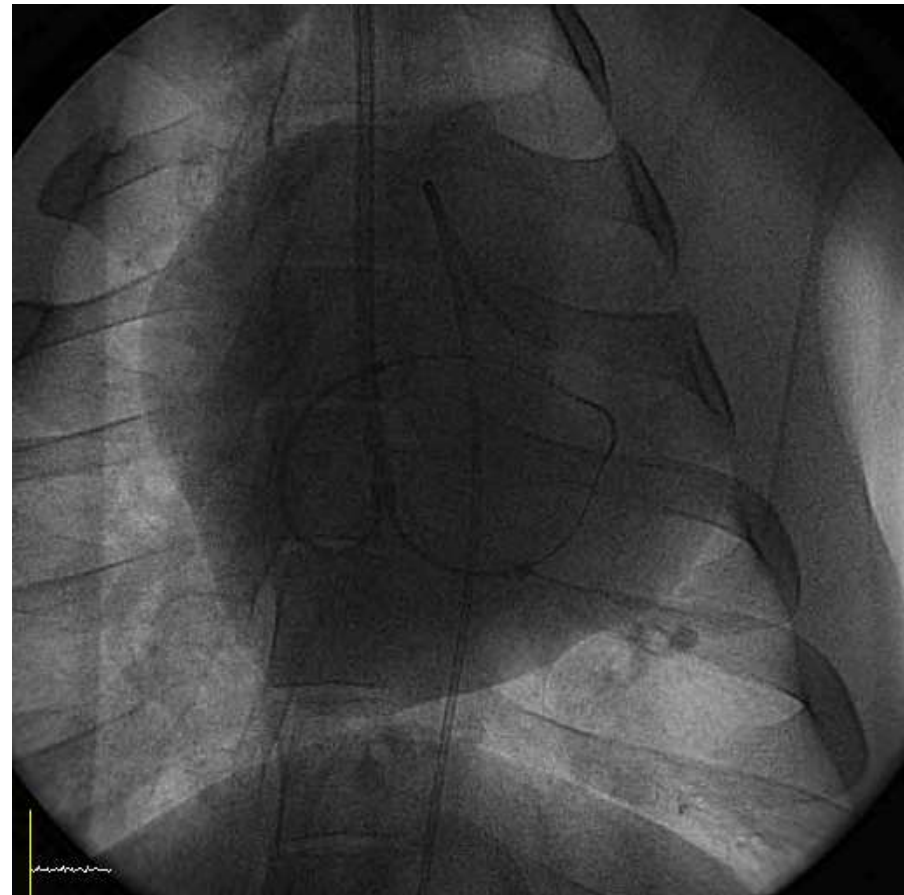


Mitral cerclage delivers **circumferential tension** around MV annulus

# Tension release appeared to be possible at 6wks follow-up



Under Tension



Tension release