

# Aortic valve disease: patient-centric management in the elderly population

## Edwards Satellite Symposium at the 2022 EACTS Annual Meeting

In contrast to yesterday's symposium, which focused on younger patients, this symposium focused on patient-centric aortic valve disease management in older patients. As survival is already limited due to a decrease in life expectancy related to aging, treating the elderly requires careful consideration. For example, the quality of life should be maximized while also considering that surgical outcomes may be affected by concomitant comorbidities in this population. Therefore, this lunch symposium shed light on patient-centric management, with topics ranging from navigating through the gray areas of the current aortic valve disease guidelines to lifetime management and more.

To begin this lunch symposium, **Matthias Siepe** largely focused on what the guidelines advise for managing aortic valve disease in patients over 65 years old. He highlighted that although the 2017 aortic valve disease management guidelines were updated in 2021, a gray area still exists regarding the age threshold for different treatment strategies. Under this umbrella, Dr. Siepe touched on early intervention in patients with asymptomatic aortic stenosis, ultimately narrowing down to the mode of intervention: SAVR and TAVI. He then showed mortality and stroke data from the PARTNER 1A, PARTNER 2A, PARTNER 3, NOTION, SURTAVI, Evolut, and CoreValve studies, all of which generally showed more or less similar outcomes between SAVR and TAVI. However, after digging deeper into the data, some potential limitations of TAVI during the follow-up periods were revealed including valve durability, paravalvular leaks, rhythm disorders, and coronary access. Considering the potential limitations and setting up the rest of the symposium, his presentation concluded with the importance of the Heart Team and a well-informed patient in order to optimally plan for lifetime management.

As part of a lifetime management strategy, different surgical options are available, especially for patients between roughly 65-80 years old. Indeed, certain treatment options may be more appealing for patients of this age group, but the patients themselves are also different and should be considered in the equation. Additionally, a valve's features should be considered to encourage a truly patient-centric approach, especially since not all valves are created equally. To address this topic, **Amedeo Anselmi** began his presentation by touching on the trend of an increased number of TAVI procedures and the trend of biological surgical valves being preferred over mechanical valves. Within the biological valve category, he specifically spoke about the PERIMOUNT Magna Ease valve by presenting his own unpublished data in addition to other data that he also presented as part of the official EACTS Annual Meeting scientific program. The late clinical results were very good after a long-term follow-up of 10 and 12 years, with only a 2.9% rate of structural valve deterioration in patients  $73.4 \pm 9.5$  years old. Additionally, the hemodynamic characteristics were optimal, and there was a limited occurrence of valve-related adverse events. To conclude, Dr. Anselmi reminded the audience that even in older patients, long-term outcomes are still relevant because as life expectancy increases, mid-to-long-term possibilities and outcomes become increasingly important. Therefore, he continues the follow-up period of this study to support its use in patients with longer life expectancies.

Considering the importance of patient-centric management and the multiple treatment pathways, it is inevitable that nowadays many patients will undergo



Edwards

a TAVI procedure. Despite the advantages of these procedures, the possibility of implant degeneration is possible. To shed light on this, **Vinod Thourani** explained that not only is a degenerated TAVI a risk for the patient, but it is also a challenge for the surgeon. Although TAVI is now becoming more popular in younger low-risk patients, the previous phases of TAVI implants were performed on high- and intermediate-risk patients who were likely already on the older side. Thus, a degenerated TAVI today would require a SAVR procedure in a patient who is now even older, and presumably at a higher risk than they were when they had their initial TAVI procedure. Thourani showed that according to the STS database, SAVR after TAVI had a concerning 17% operative mortality rate, with other data showing that the number of TAVI explants is increasing while the age of TAVI explant patients is decreasing. He further elaborated on the topic by sharing data from the EXPLANT-TAVR Registry that show a roughly 73% survival rate after 24-36 months after TAVI explant. Dr. Thourani also mentioned that the type of TAVI valve is extremely important to consider, as some designs can influence the complexity of the surgical explant, including the possible necessity of an aortic root replacement. After reviewing the potential therapeutic approaches to address a degenerated TAVI, he concluded by providing some personal advice regarding lifetime management and how treatment requires a multidisciplinary Heart Team that should aim to individualize treatment for each patient.

No matter the operation or the age of the patient, enhanced recovery after surgery (ERAS) can likely benefit patient outcomes, reduce complications, decrease the hospital length of stay, and expedite recovery via standardized care that is based on the best available medical science. To elaborate on this, **Jan Gummert** introduced the overall concept of ERAS and informed the audience how his center implements ERAS in real-life. He focused on how it should be a patient-centered, evidence-based, multidisciplinary bundle of care that should include various pre-, intra-, and post-operative strategies. He also indicated that the psychotherapeutic aspects are just as important as the physiological aspects. In conclusion, Dr. Gummert noted that older patients are currently the primary target patient group and that ERAS protocols are easy to implement as long as the Heart Team works together.

In summary, the advances of TAVI were acknowledged in older patient populations, but the pivotal role of SAVR, and its promising results so far, indicate that even older patients should be informed of all potential lifetime management strategies. As life expectancy increases, the long-term data of both TAVI and SAVR should continue to be investigated. Last but not least, as part of the Heart Team's approach, ERAS protocols may also help improve patient outcomes and should be a part of the treatment strategy.

**Medical device for professional use. For a listing of indications, contraindications, precautions, warnings, and potential adverse events, please refer to the Instructions for Use (consult [eifu.edwards.com](http://eifu.edwards.com) where applicable).**

Edwards, Edwards Lifesciences, the stylized E logo, Carpentier-Edwards PERIMOUNT, Magna, Magna Ease, PARTNER, PARTNER 3, PERI, PERIMOUNT and PERIMOUNT Magna are trademarks or service marks of Edwards Lifesciences Corporation or its affiliates. All other trademarks are the property of their respective owners.

© 2022 Edwards Lifesciences Corporation. All Rights reserved. PP--EU-5195 v1.0

Edwards Lifesciences • Route de l'Etraz 70, 1260 Nyon, Switzerland • [edwards.com](http://edwards.com)



Edwards