

Perspectives in TAVR

Transcatheter aortic valve replacement (TAVR) continues to undergo rapid and significant evolution. The recent announcement of data regarding the use of TAVR in low-risk patients highlights just how far the procedure, technologies, and experience have come. When looking at the TAVR landscape, it is necessary to maintain a broad perspective to fully appreciate the paradigm-changing benefits and options that this less invasive treatment offers to our patients. However, some unknowns remain that need to be further investigated and explored.

To open our feature on TAVR, in response to new clinical trial data from PARTNER 3 and the EVOLUT Low-Risk trial, we asked Lars Søndergaard, MD, and Nicolo Piazza, MD, to evaluate these data so that we may better understand the suitability of TAVR compared to surgical aortic valve replacement in patients at low surgical risk. Continuing our coverage on TAVR in low-risk patients, we spoke with interventional cardiologists, cardiac surgeons, and general cardiologists—including Kentaro Hayashida, MD; Robert Ostfeld, MD; Bernard Prendergast, BMedSci; Michael J. Reardon, MD; and Steven J. Yakubov, MD—about how these data will potentially impact their practice. Faisal Khan, MBBS, and Stephan Windecker, MD, analyze TAVR durability, discussing how it is defined, surgical and transcatheter experience to date, and future directions.

Next, Hasan Rehman, MD; Neal S. Kleiman, MD; and Ankur Kalra, MD, compare the advantages and



disadvantages of TAVR with general anesthesia versus moderate conscious sedation. Didier Tchéché, MD, then reviews the current data and technical considerations of one of the remaining challenges for TAVR: the bicuspid aortic valve.

After a patient is deemed suitable for TAVR, it is important to consider which valve will achieve optimal outcomes in each case. Thus, Noman Ali, PhD, and Daniel J. Blackman, MD, offer a guide to technical challenges, valve design considerations, and suggested valves for several patient and anatomic subgroups. Next, Rahul Sharma, MD, and Rahul P. Sharma, MD, review the current landscape and potential future of permanent pacemaker implantation, which remains a frequent complication after TAVR.

Elsewhere, in our new Techniques column, Ahmed Almomani, MD, and Adnan K. Chhatriwalla, MD, provide a step-by-step practical guide for performing bioprosthetic valve fracture to facilitate valve-in-valve

TAVR. In our Coding & Reimbursement column, Ginger Biesbrock, PA-C, highlights trends in the leadership, staffing, and economics of structural heart programs, as shown in a recent MedAxiom survey.

Finally, in our featured interview, Gry Dahle, MD, shares her thoughts on current and emerging technologies for valvular disease, as well as her advice for new surgeons entering the field.

We hope this issue provides you and your colleagues with an informative and comprehensive look at the current and future state of TAVR. ■

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