



# Valvular Heart Disease: an update.

***Dr Sara Hungerford MBBS FRACP FCSANZ PhD***

***Consultant Physician and Cardiologist***



# Background:

Severe aortic stenosis (AS), mitral regurgitation (MR) and tricuspid regurgitation (TR) have all been shown to portend poor clinical outcomes if left untreated.

Transcatheter aortic valve implantation (TAVI) is non-inferior to surgical replacement in intermediate risk patients, superior in high-risk patients, and the 'gold standard' in non-operable patients.

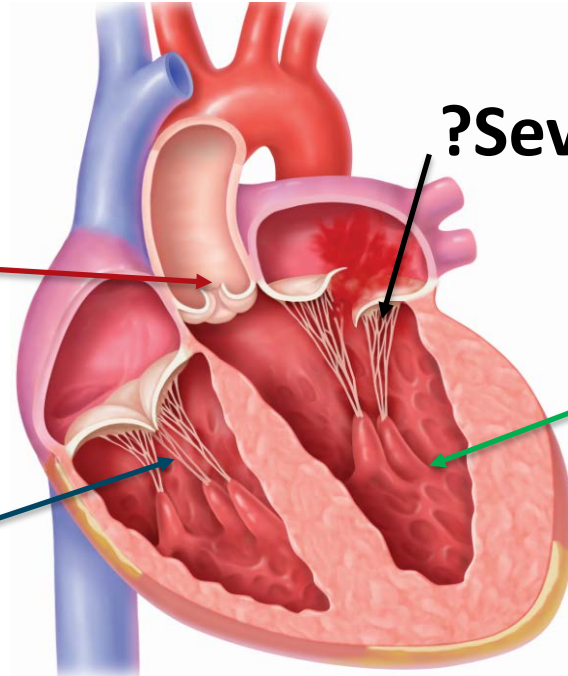
Surgery remains the 'gold standard' for patients with severe MR and TR, however many patients are deemed inoperable to unacceptable risk profile.

Diuretics

?Severe AS

?Severe TR

Frailty



?Severe MR

?LV dysfunction

Echocardiogram

Life-  
expectancy

Transcatheter  
devices



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# Background:

Transcatheter device technologies have evolved **rapidly** over the past 10 years.

Both TAVI for AS and MitraClip for MR are TGA approved and Medicare funded.

TriClip is FDA approved/CE marked and expected to become available soon.

All PARTNER subsidiary trials have shown efficacy, safety and durability of TAVI in selected patients with AS.

The COAPT trial showed reduced hospitalization rates for heart failure and lower all-cause mortality in selected MitraClip patients.



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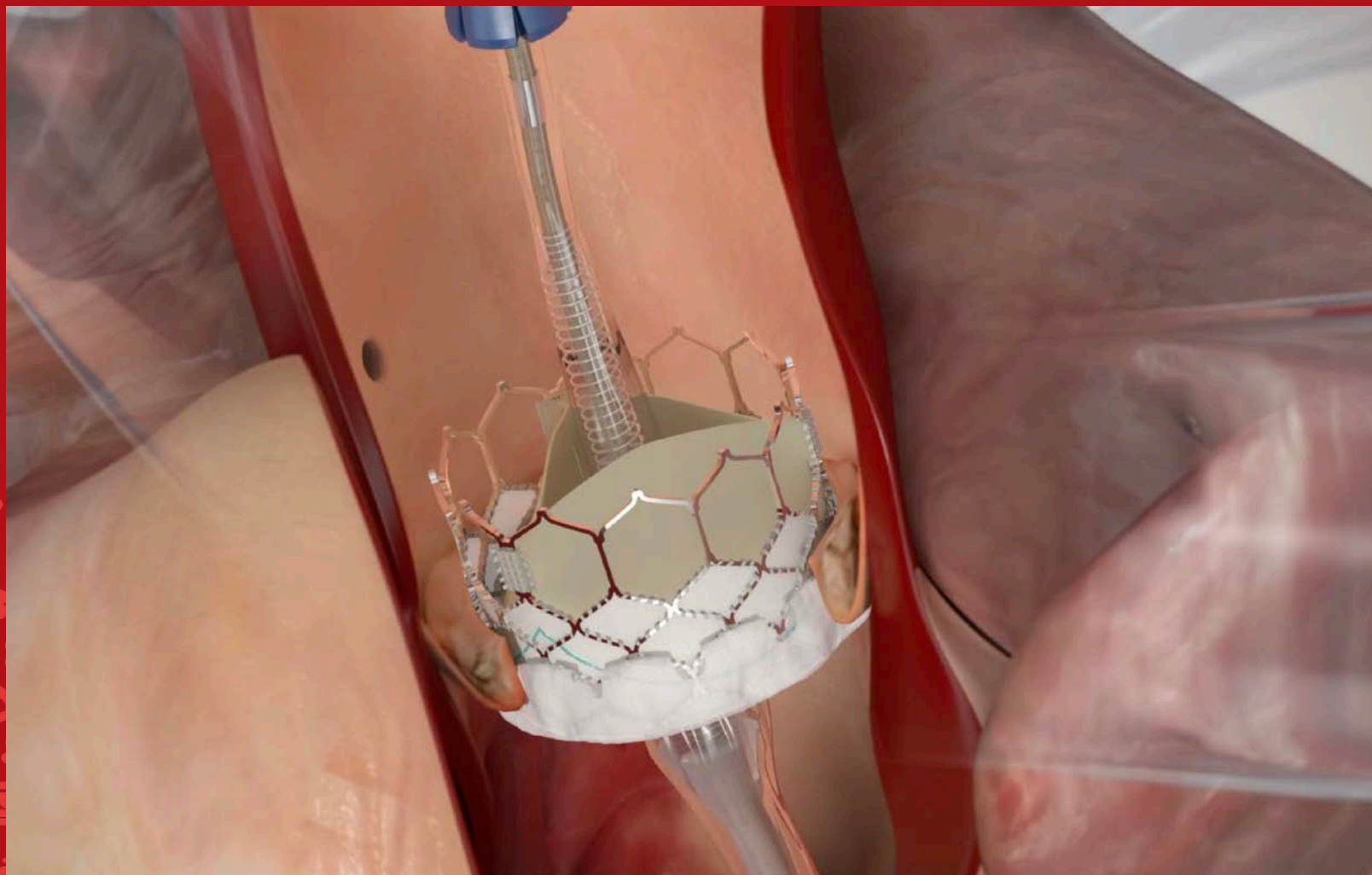
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# Key Points:

Burden of patients with valvular heart disease is ever increasing.

The costs of leaving patients with uncorrected AS, MR, TR is high.

New transcatheter therapies can be performed with safety and efficacy.

Early referral to a structural cardiologist for echocardiographic assessment is key.

Regular echocardiographic surveillance for those with known valvular heart disease.



# Questions?