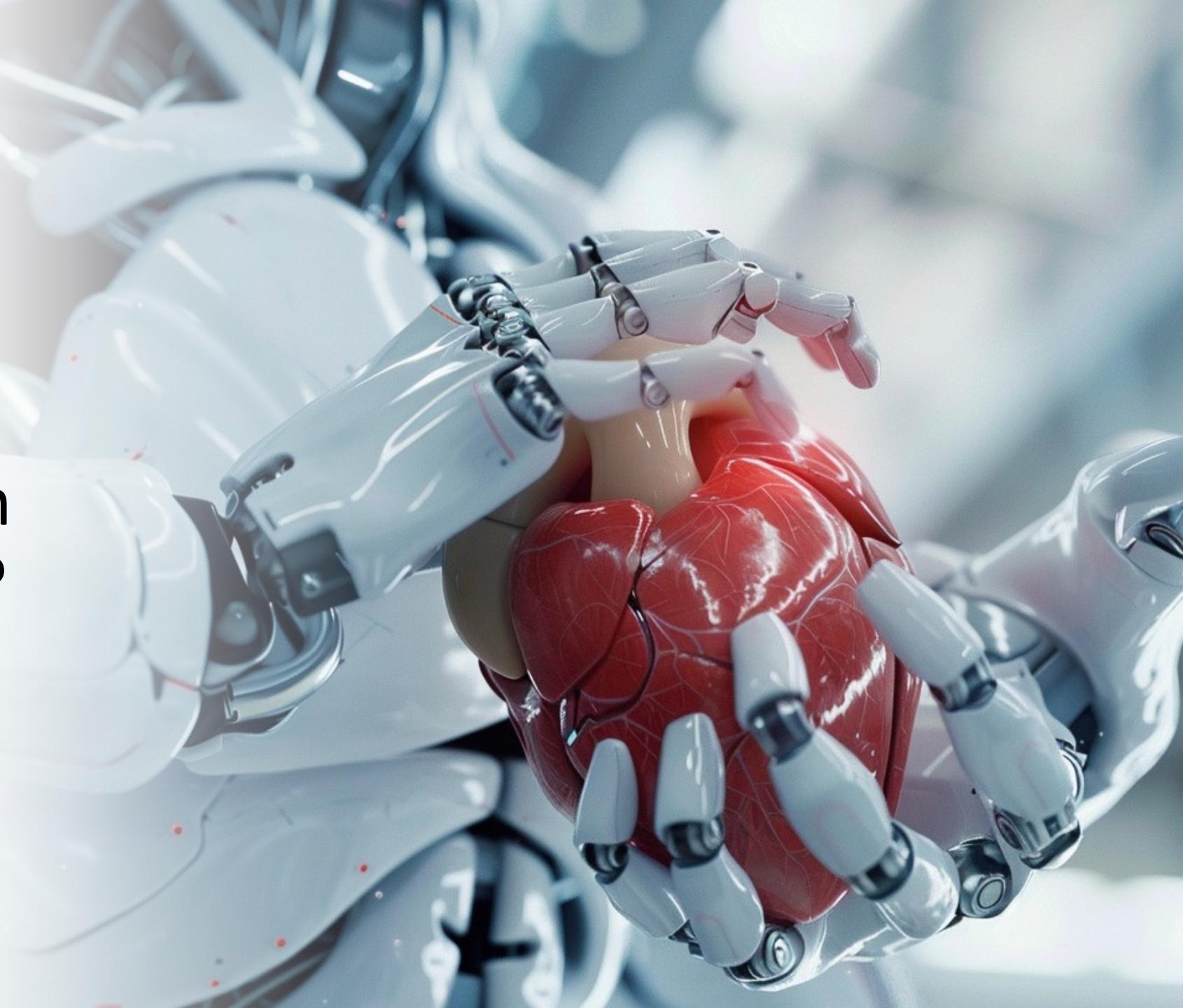
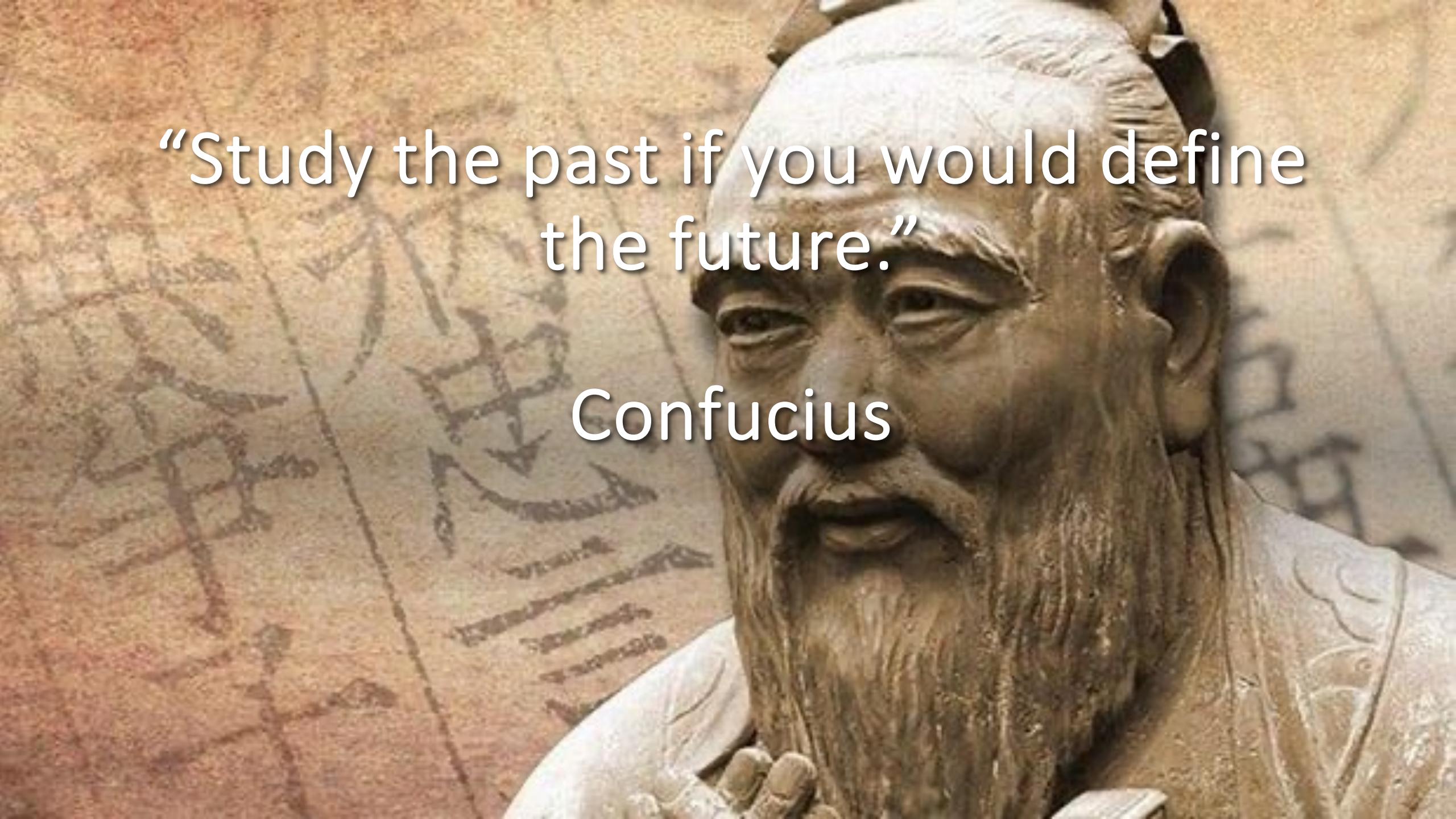


# **Innovations in Transcatheter Valvular Interventions – What to Expect in the Next Decade?**

**Leor Perl, MD**  
Rabin Medical Center



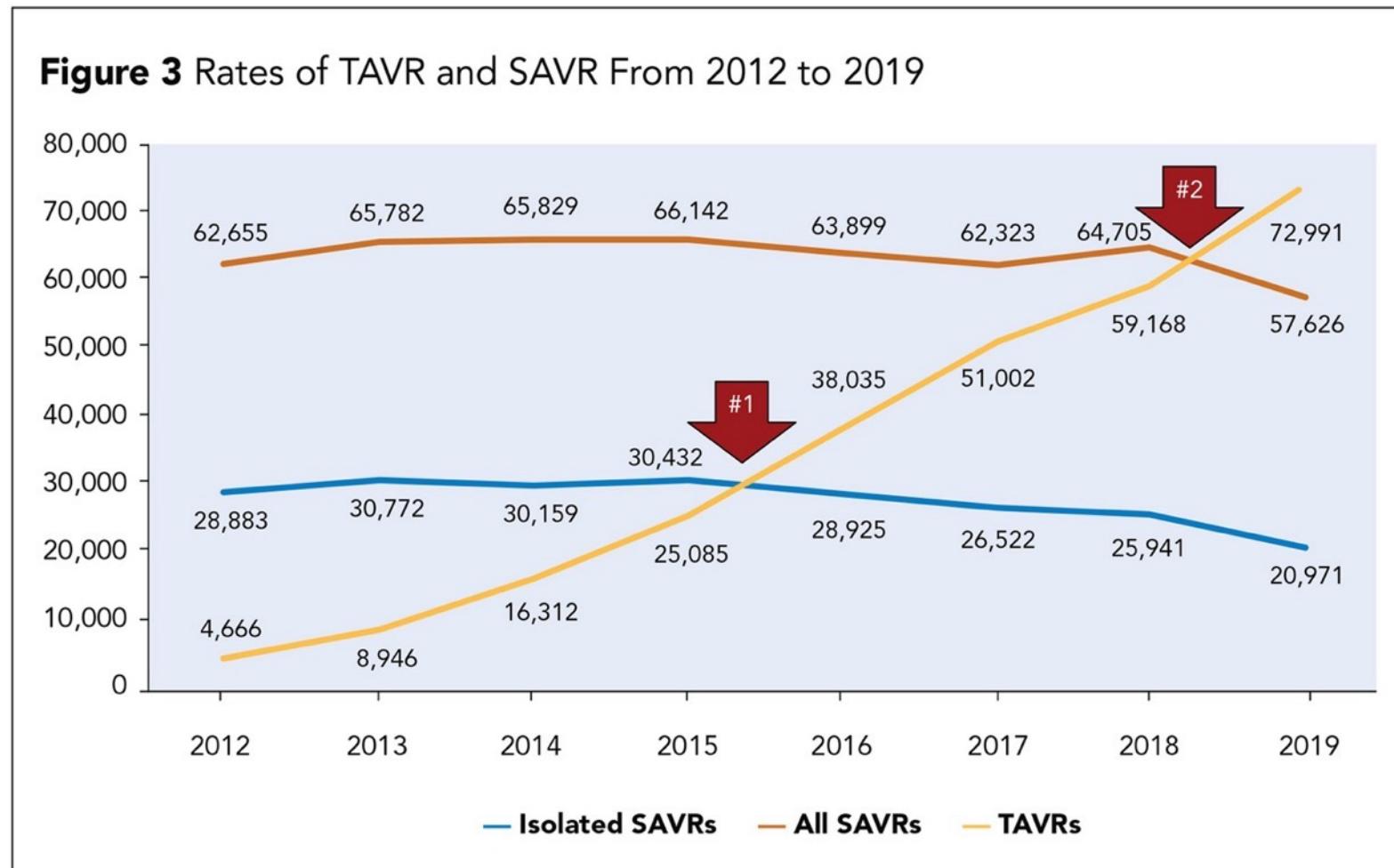


“Study the past if you would define  
the future.”

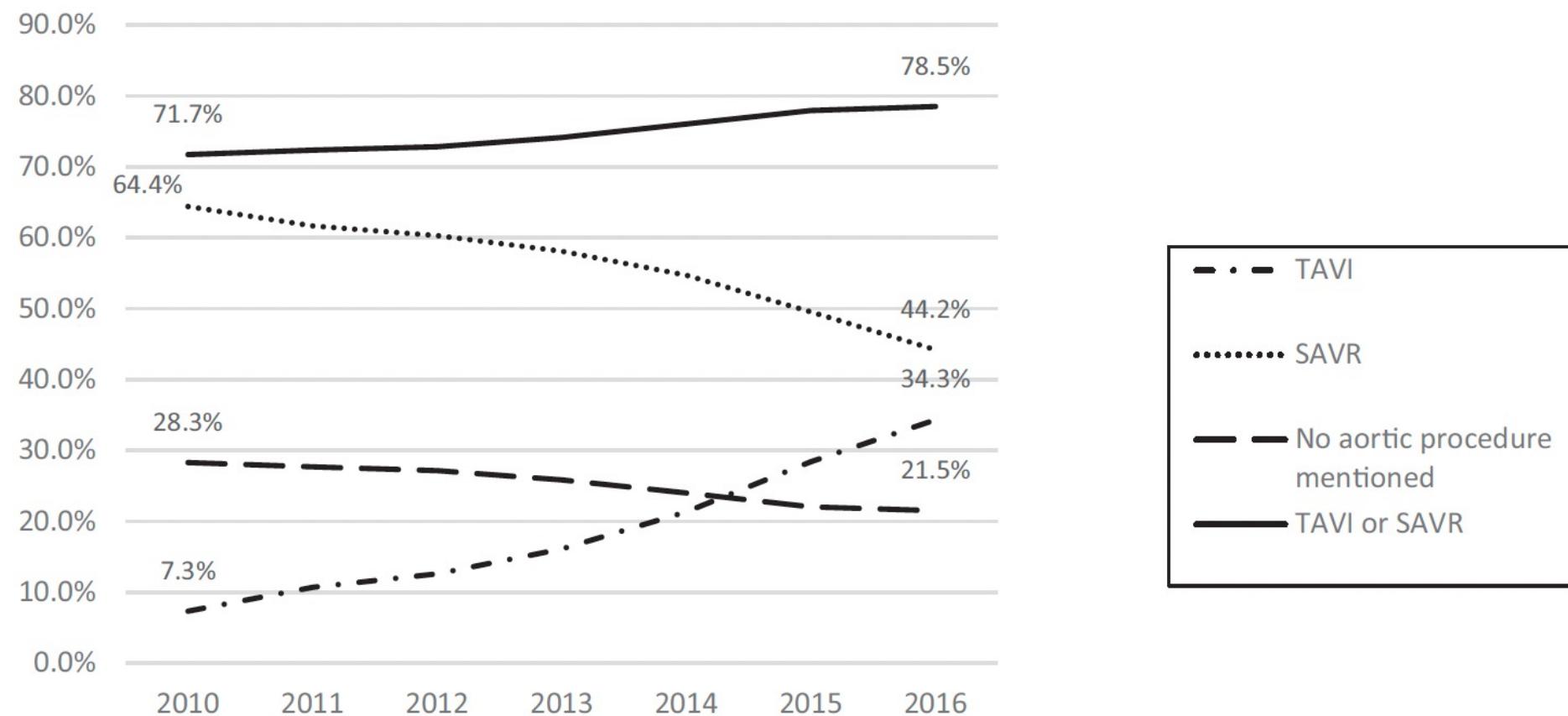
Confucius

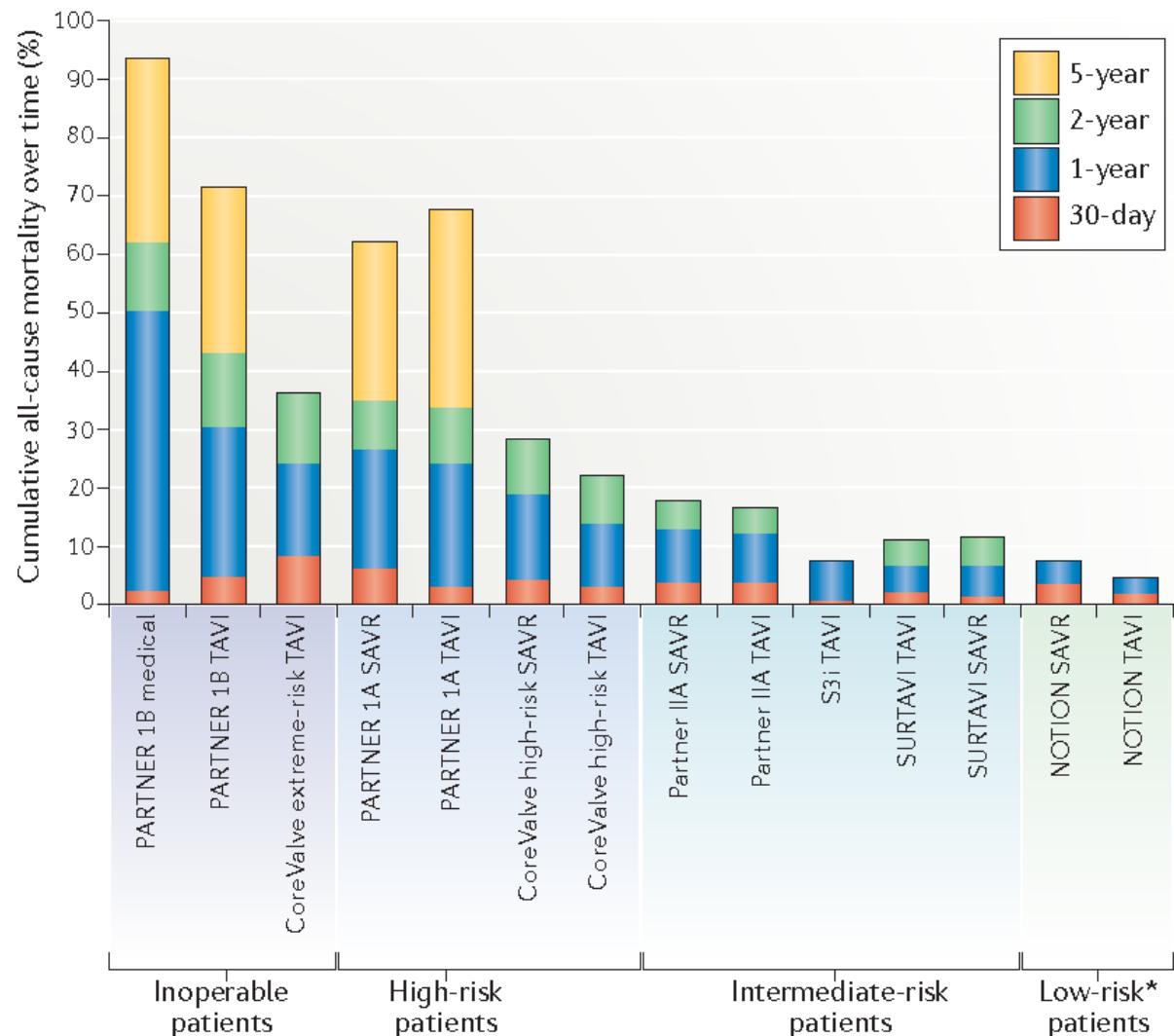


# Epidemiological Features of Aortic Stenosis in USA

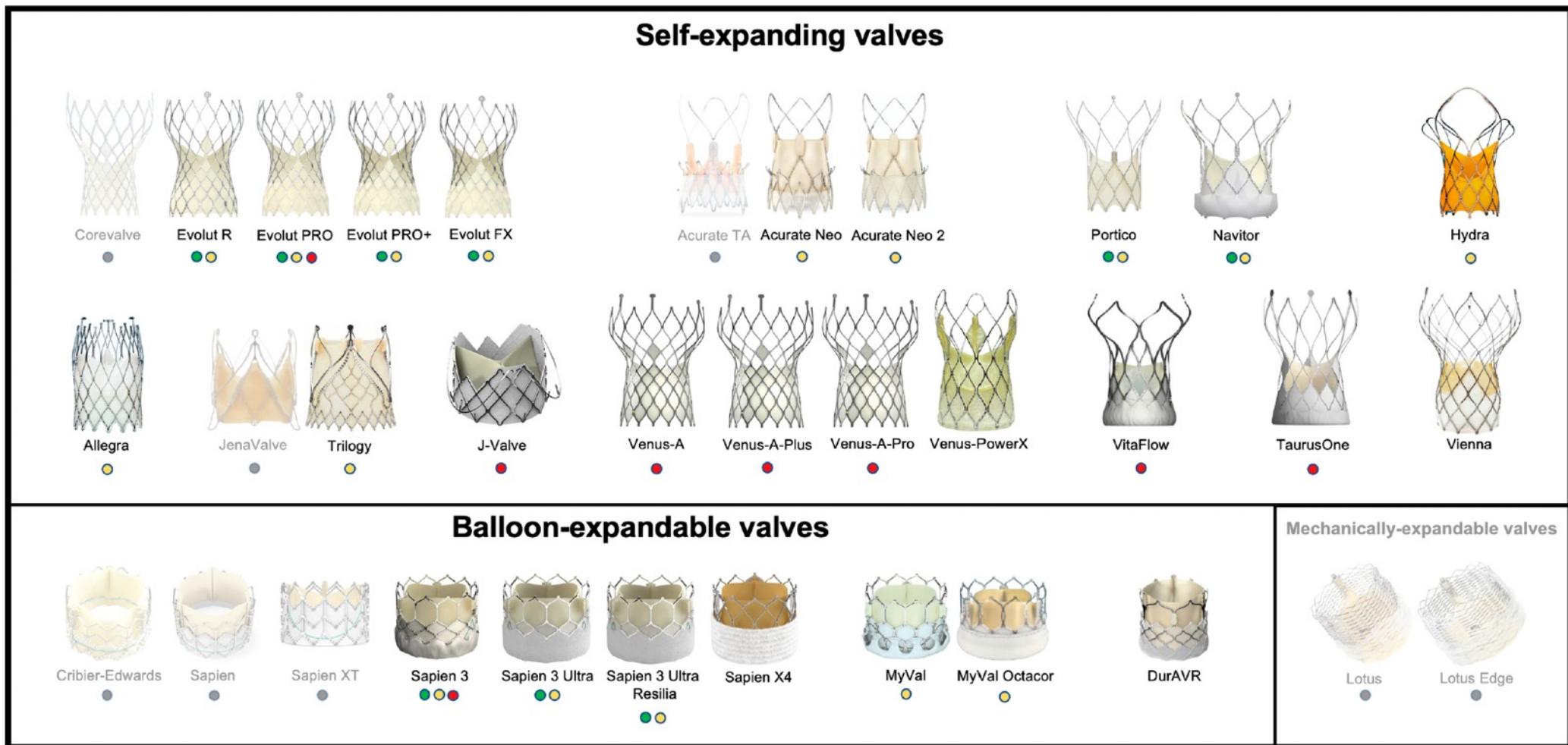


# Epidemiological Features of Aortic Stenosis in France

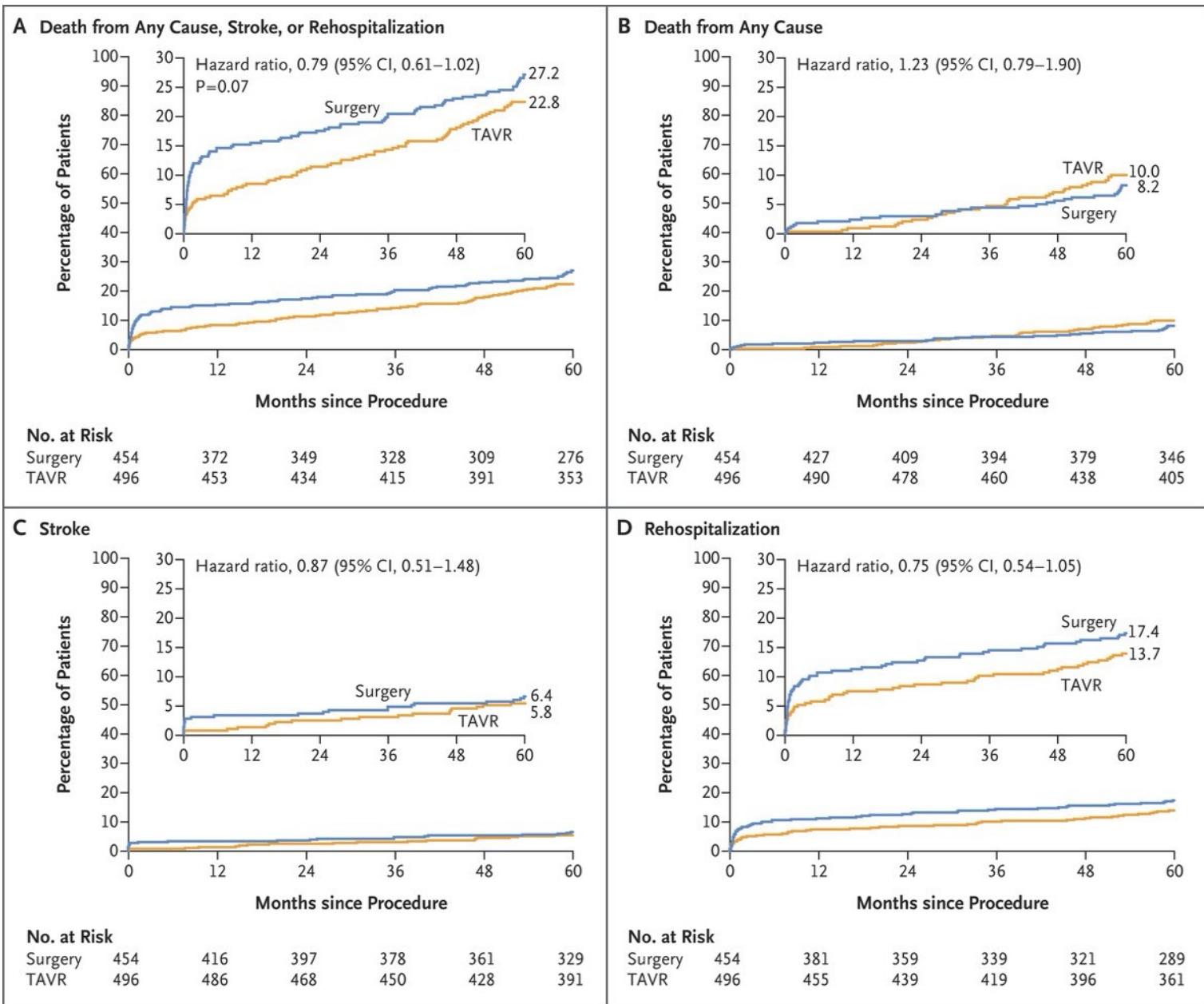




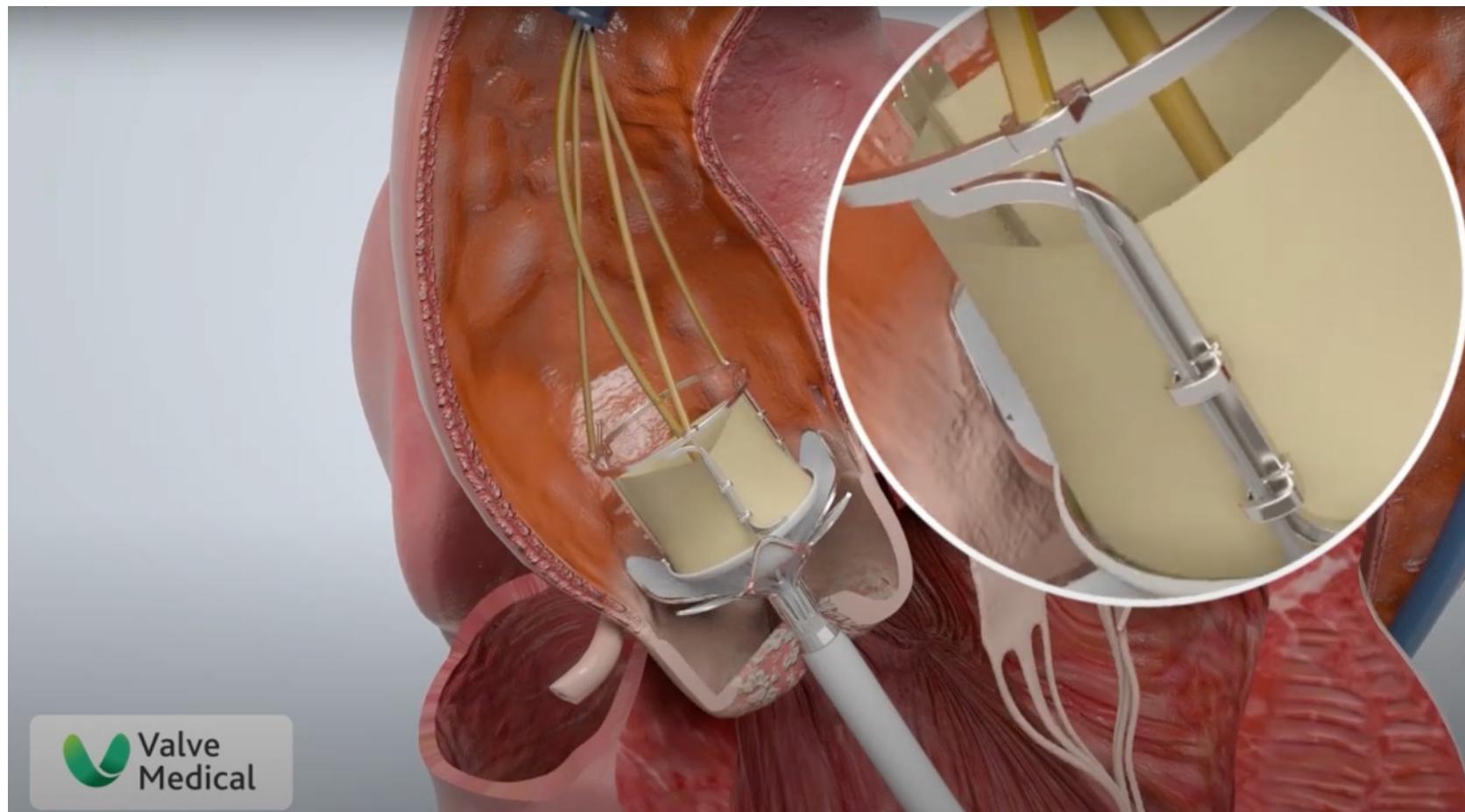
**Figure 2 | All-cause mortality in pivotal TAVI/SAVR studies grouped by risk category.**



● Food and Drug Administration approved   ● Certificat de Conformité Européen   ● National Medical Products Administration of the People's Republic of China approved   ● No longer available



# The Xemed Valve

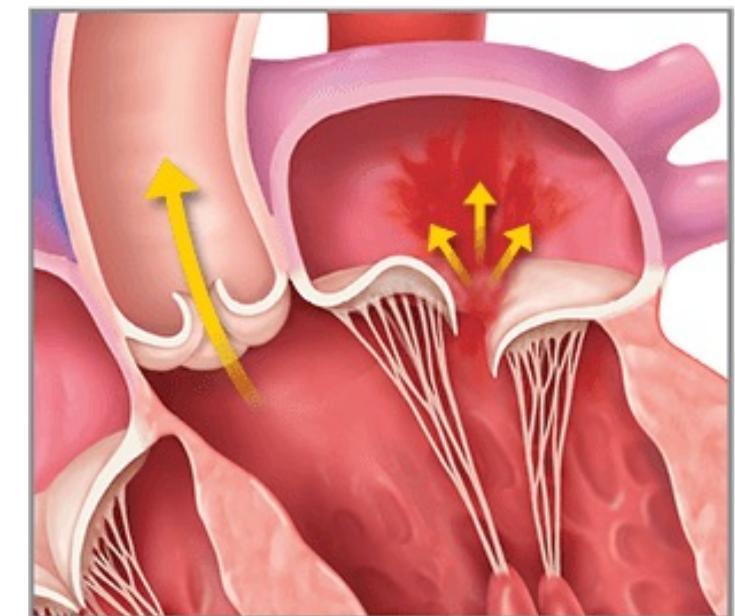


# Remaining Questions for TAVR

- Very long-term durability
- Valve in valve
- HALT
- Coronary access
- How much more can we reduce side effects?

# Undertreatment of Severe Mitral Regurgitation

- Mitral surgery is performed in only 15% of severe MR patients.
- 5% of secondary MR versus 29% of primary MR.

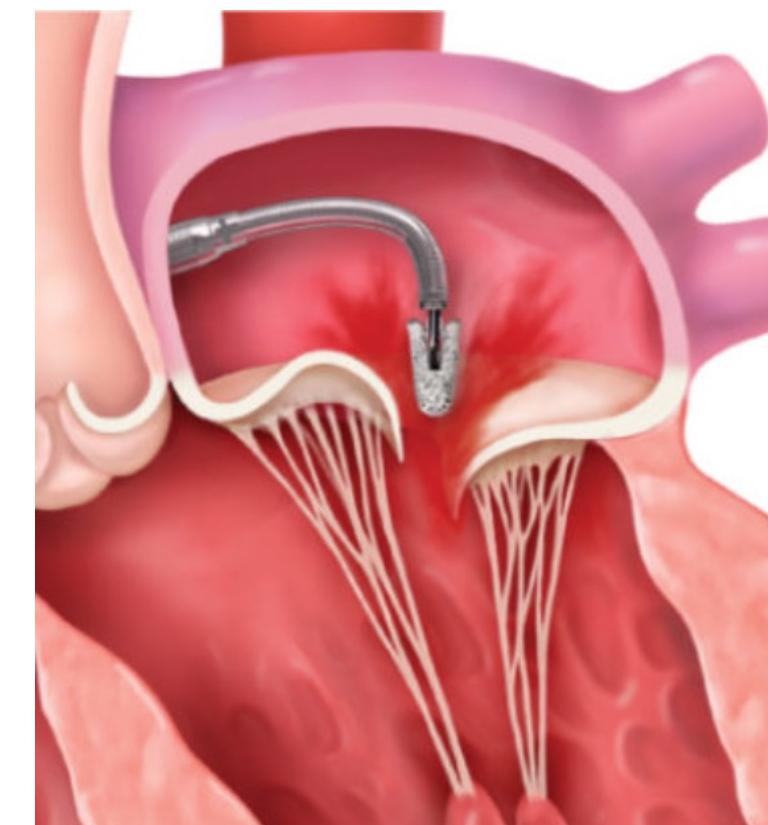
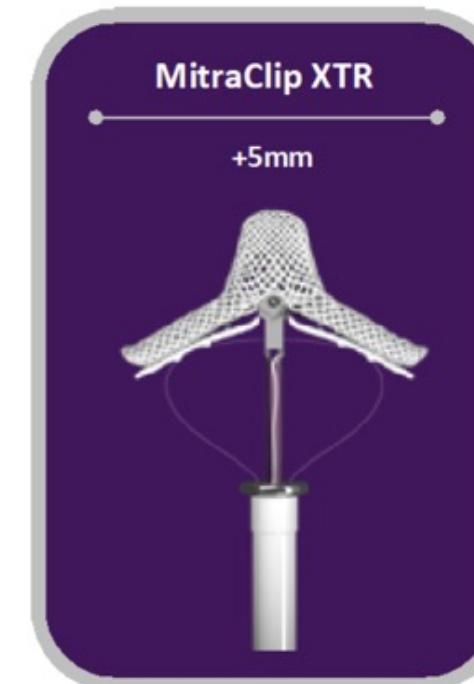
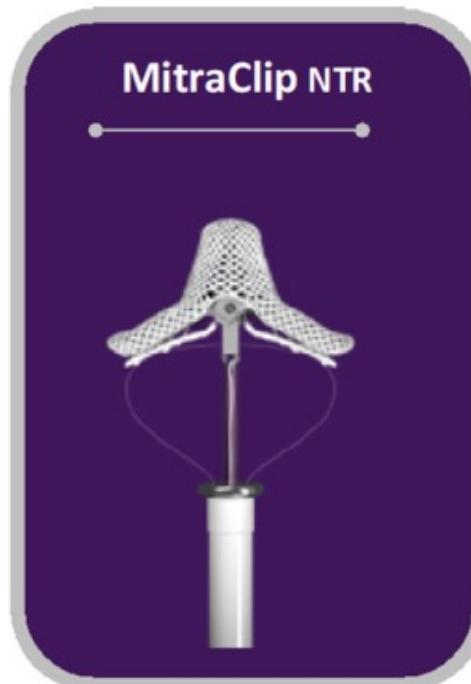




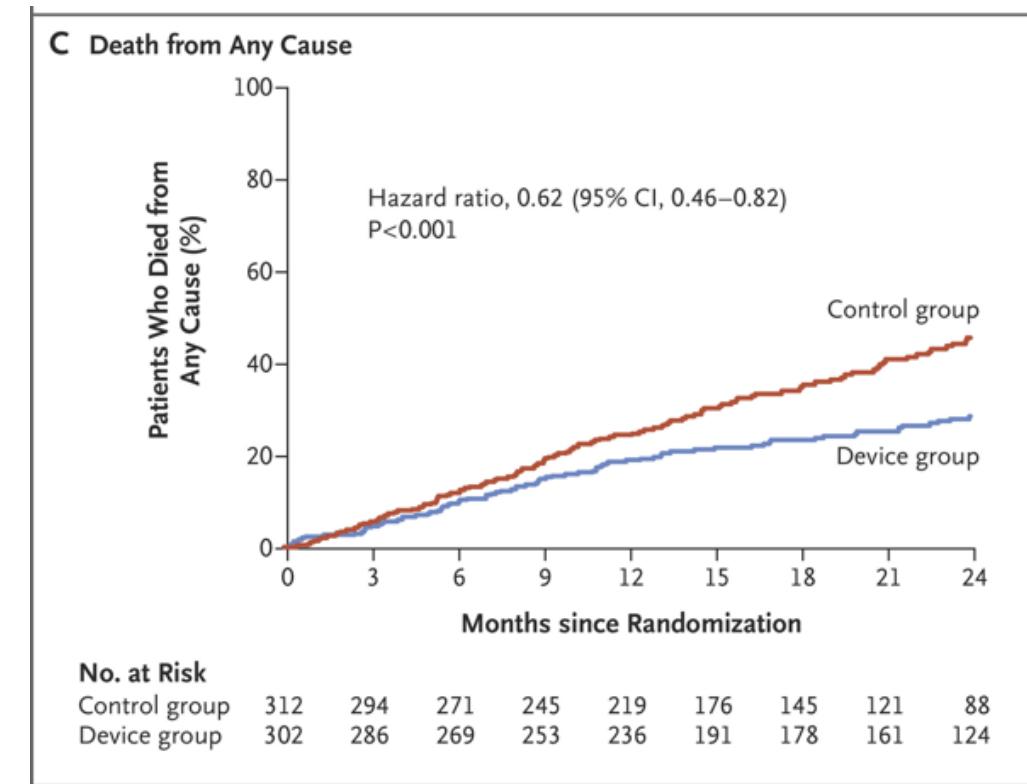
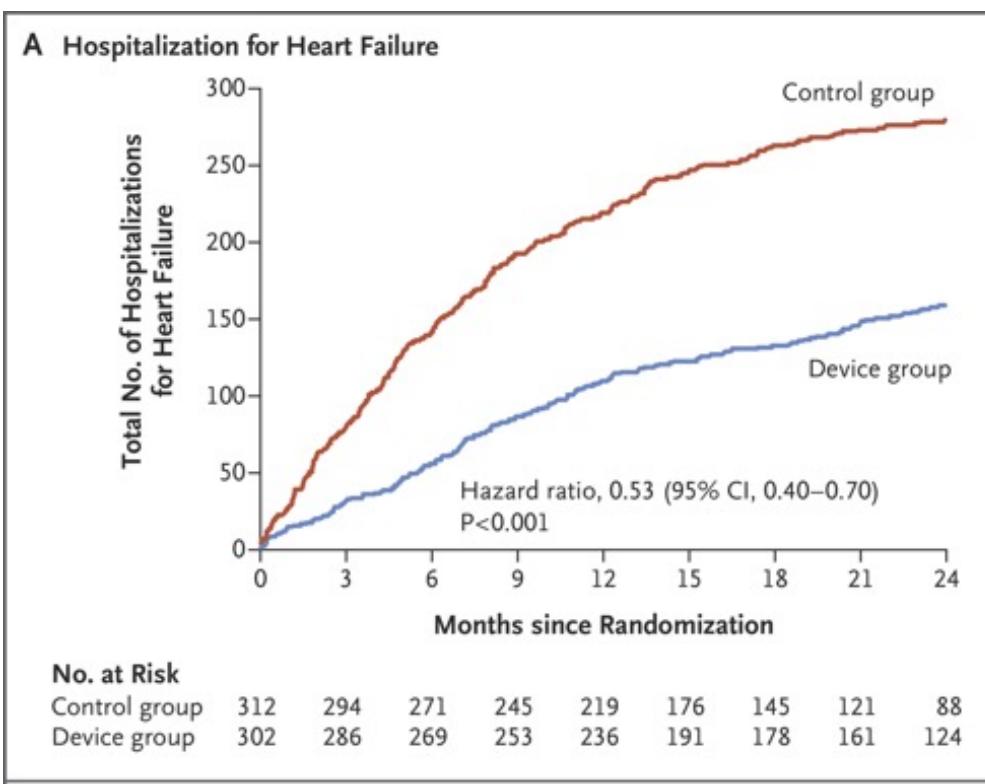
Octalina Mendoza

# Mitral Transcatheter Edge-to-edge Repair

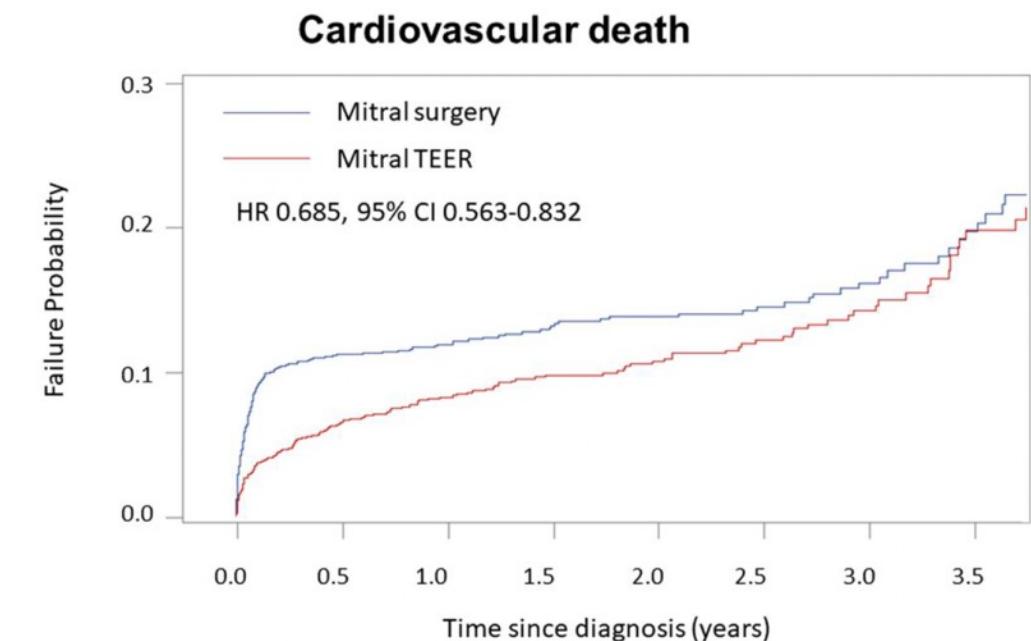
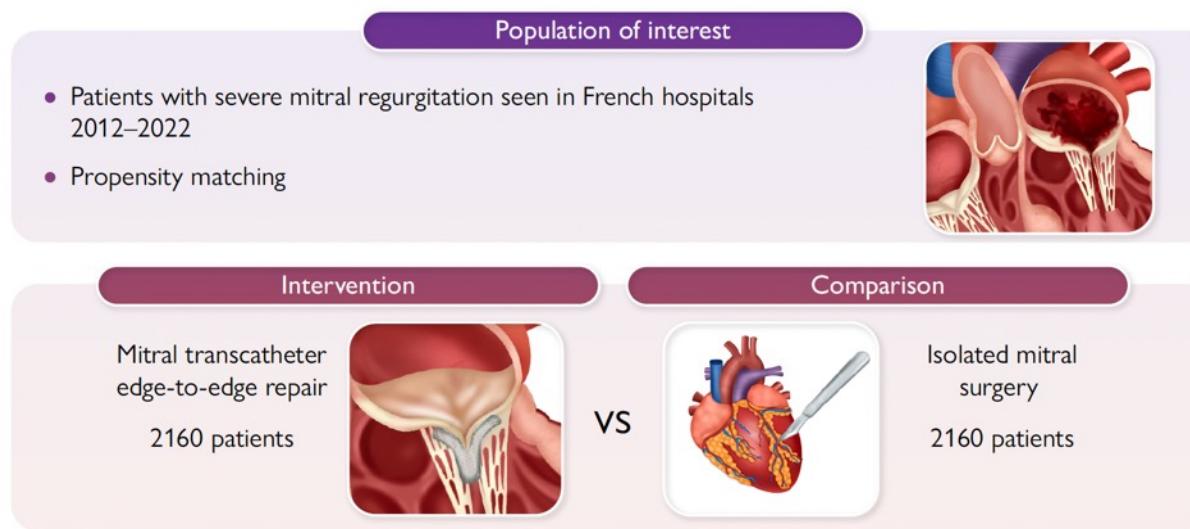
Over 100,000 procedures performed since first patient



# Transcatheter Mitral-Valve Repair in Patients with Heart Failure

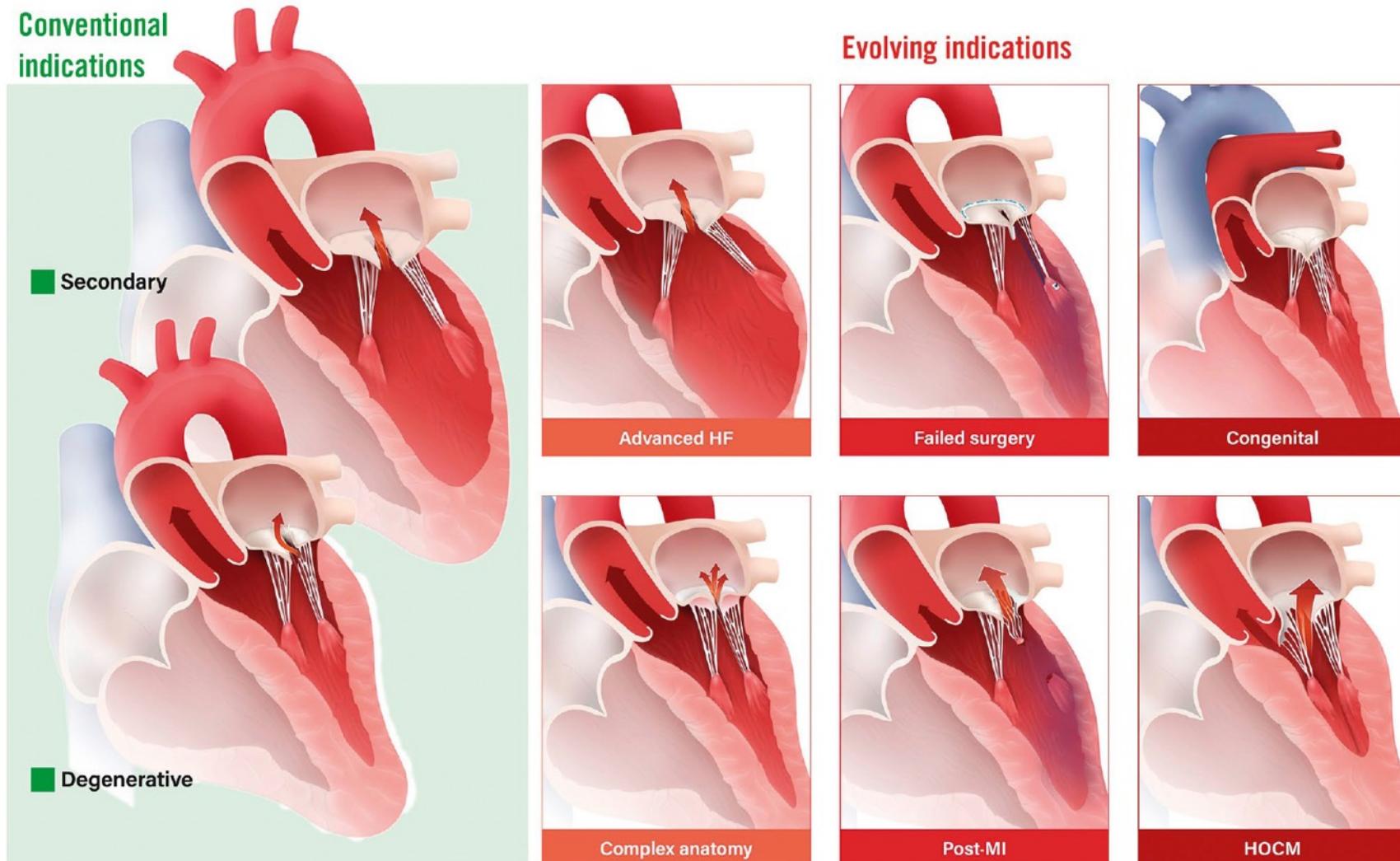


# Comparison of TEER with Mitral Surgery

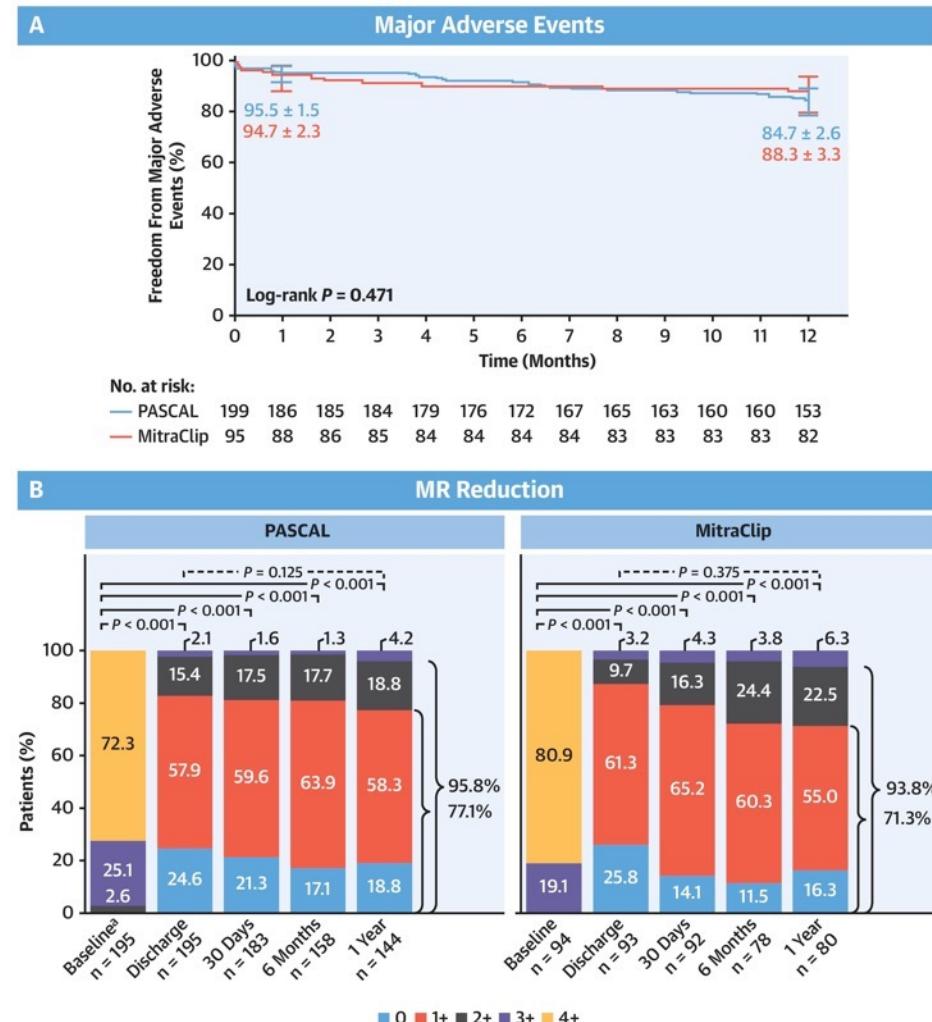
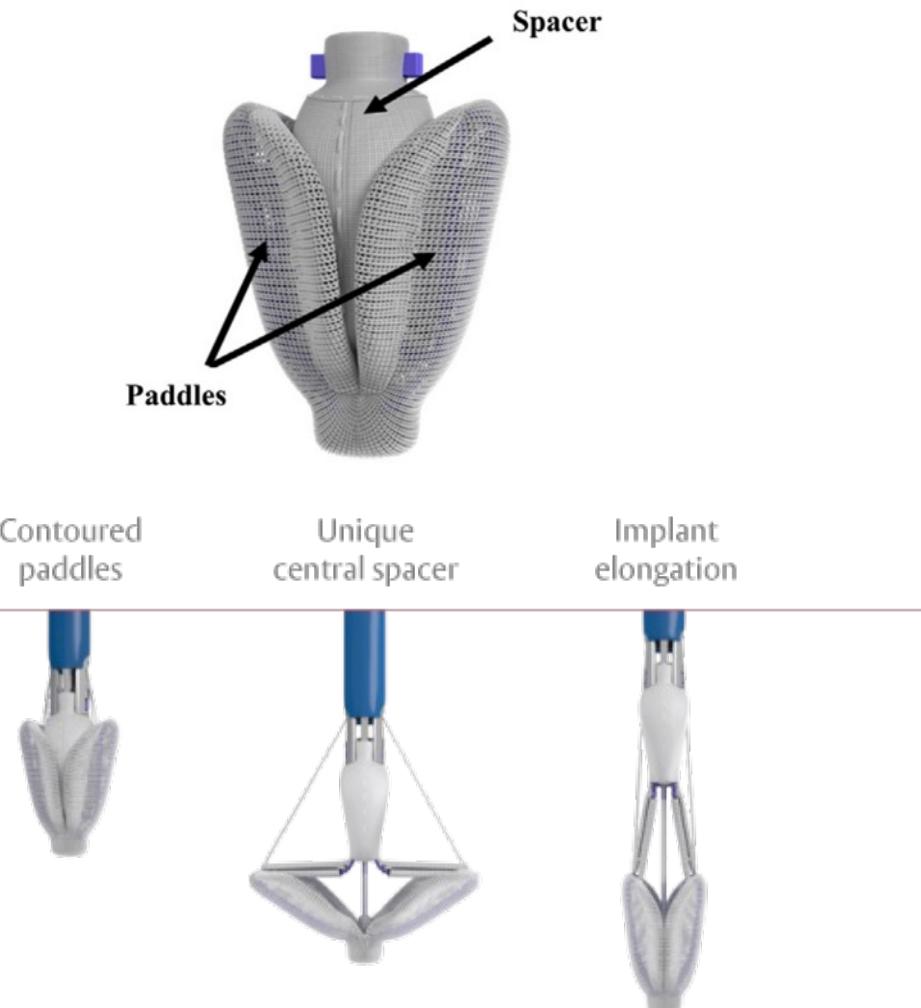


	N at Risk	0.0	0.5	1.0	1.5	2.0	2.5	3.0	3.5
Mitral surgery	2160	998	766	578	446	317	202	130	
Mitral TEER	2160	1116	845	659	498	345	231	129	

## Clinical indications for mitral TEER.

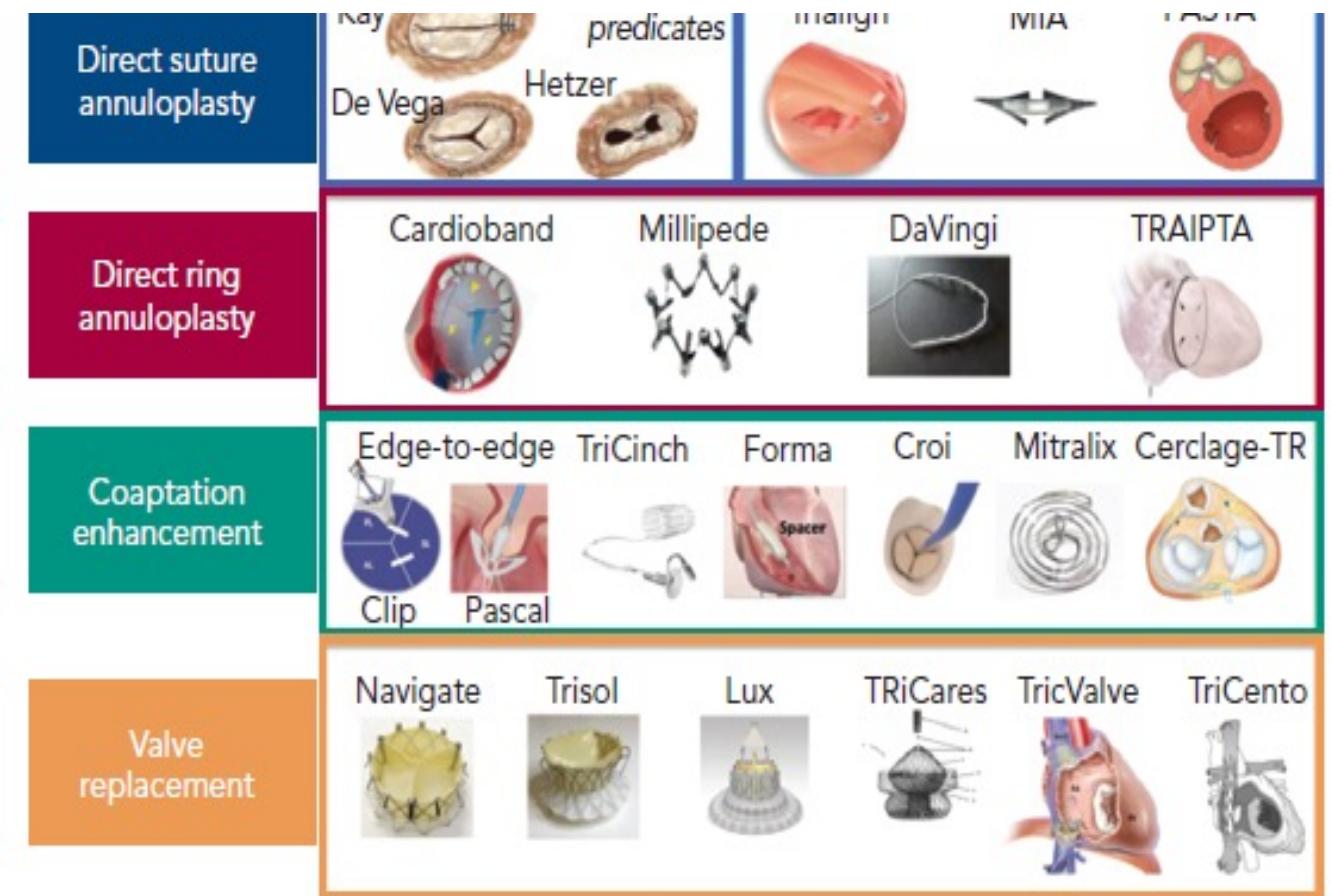


# One-Year Outcomes From the CLASP IID Randomized Trial for Degenerative Mitral Regurgitation



- PASCAL system is noninferior to the MitraClip system for DMR
- PASCAL system provides significant and durable MR reduction
- Marked improvements in functional class and QoL observed in both device groups

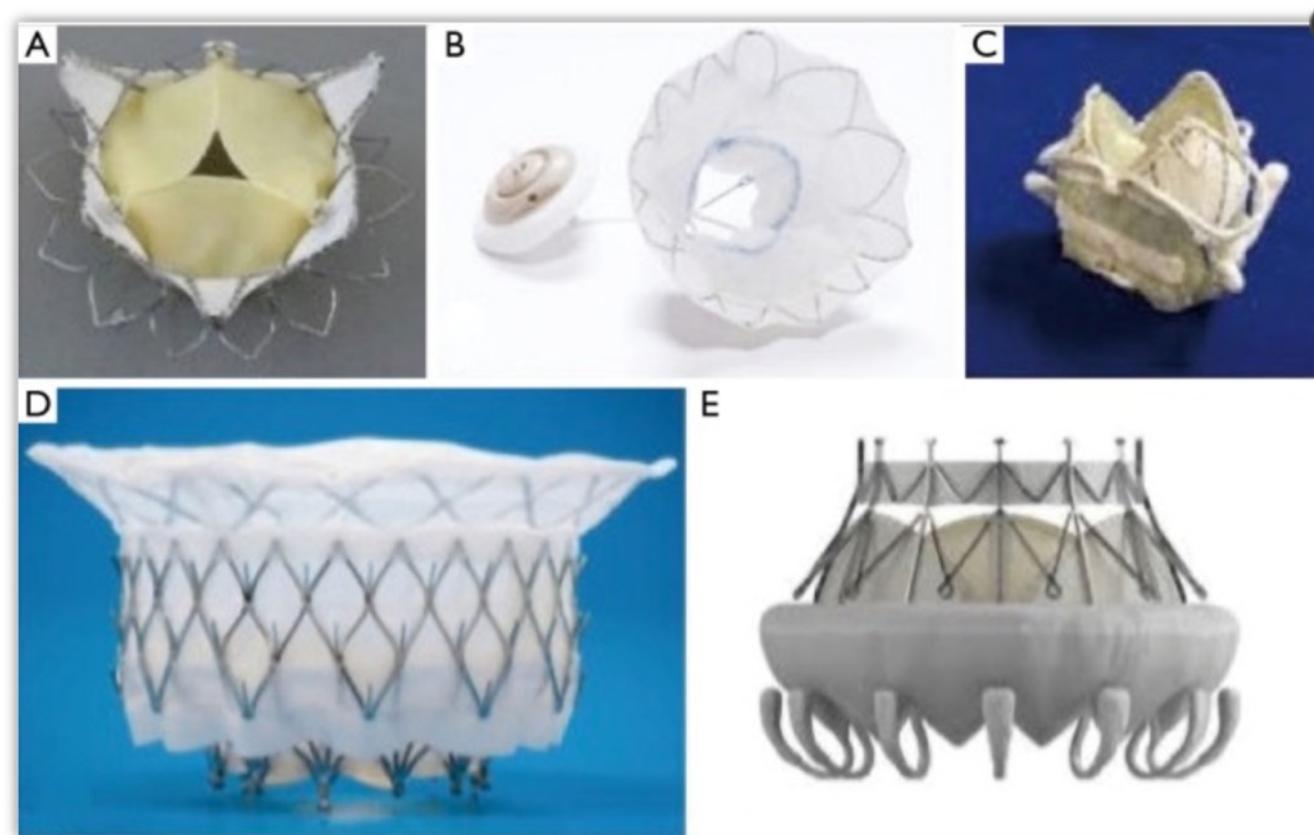
# Percutaneous Mitral Valve Therapies



MIA = minimally invasive annuloplasty; PASTA = pledget-assisted suture tricuspid annuloplasty; TRAIPTA = transatrial intrapericardial tricuspid annuloplasty.

Interventional Cardiology Review 2019;14(2):54–61.

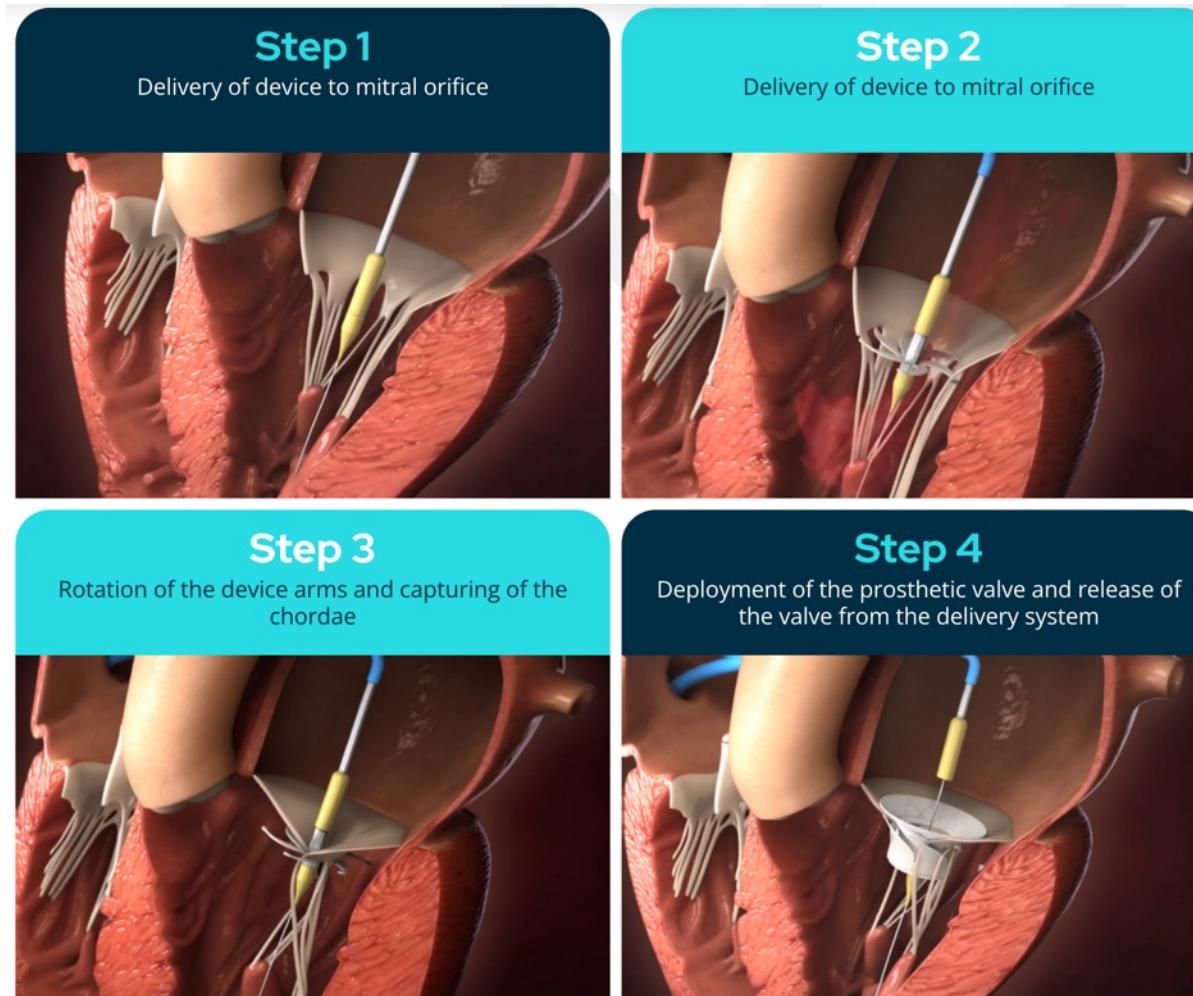
# Transcatheter Mitral Valve Replacement Systems



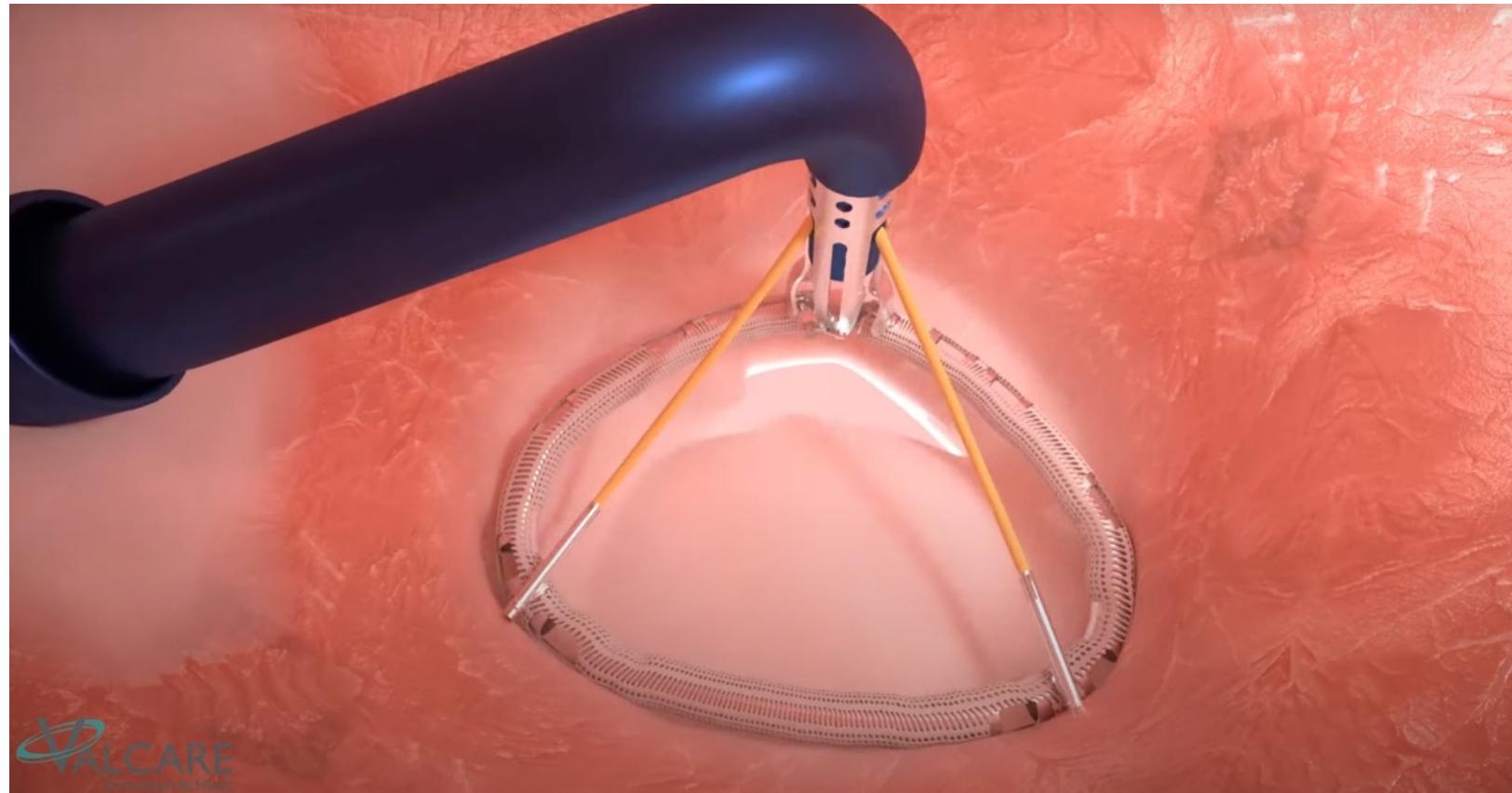
Transcatheter mitral valve replacement systems. (A) Tiara (Neovasc Inc.);  
(B) Tendyne (Abbott Vascular); (C) Caisson (LivaNova); (D) Intrepid  
(Medtronic); (E) CardiAQ (Edwards Lifesciences).

# Transcatheter Mitral Valve Replacement Systems

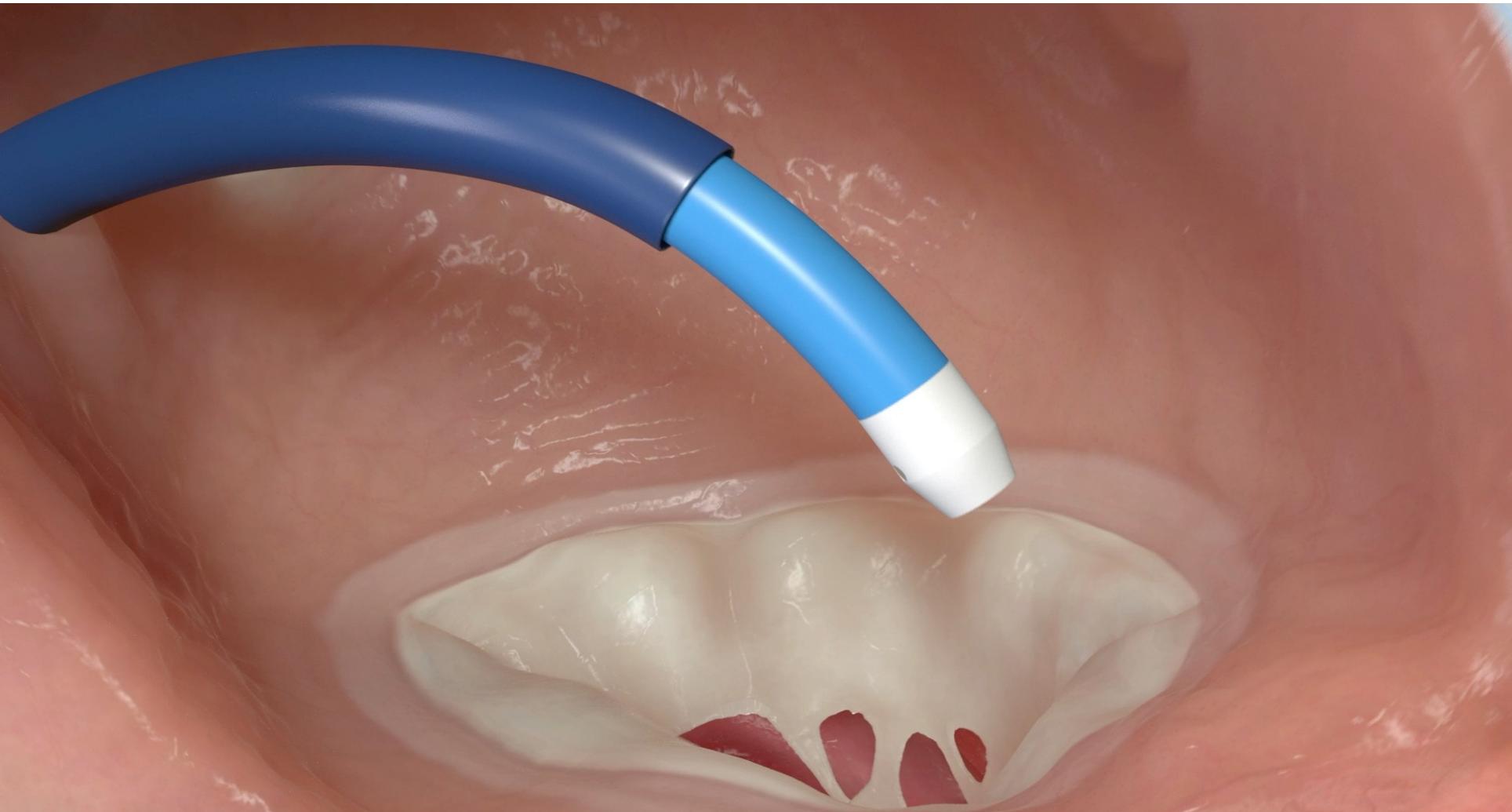
innovalve



# Amend Valve Repair System



# Coriofix



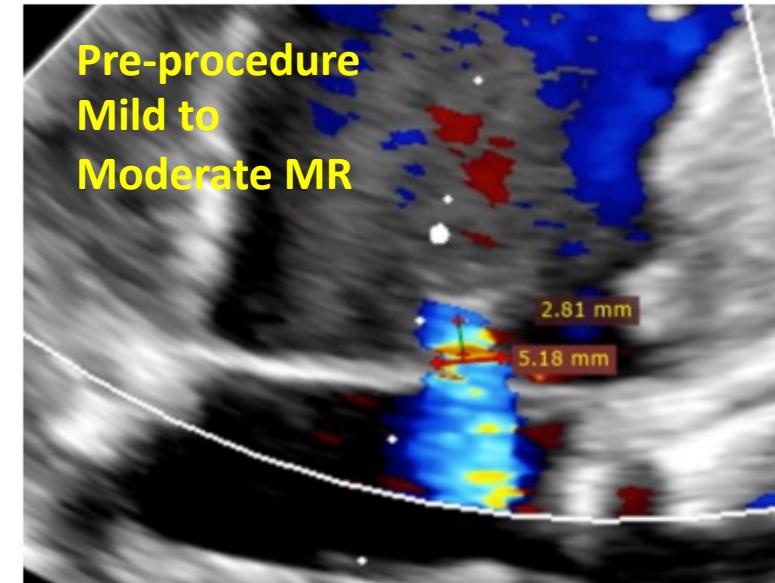
Bio ReFine

# ANIMAL TRIAL RESULTS – ACUTE

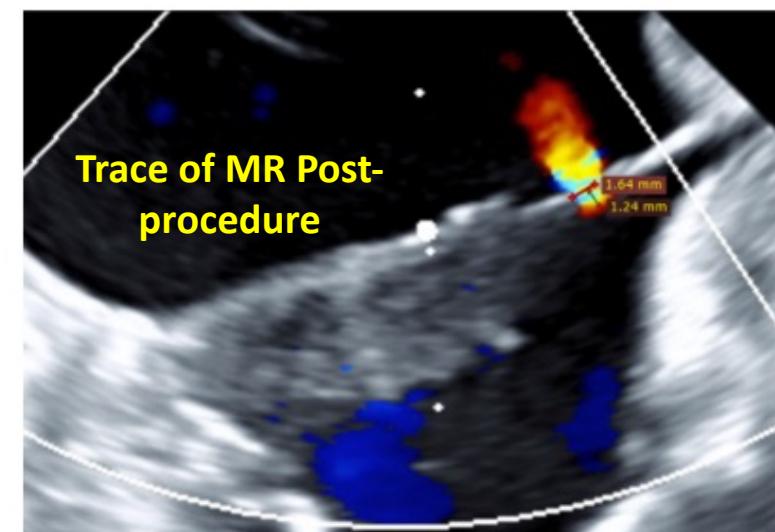
sheep AS22394 - Average measurement			
Day 0			
Weight [kg]	81.4		
# of ablation points	12		
Dimensions / Average Measurements	Before	After	% (-) reduction/ (+) Increase : Nominal
C1 - C2 [cm]	4.08	3.67	-10.11%
A2-P2 [cm]	3.28	2.61	-20.2%
Annulus perimeter [cm]	12.08	10.38	-14.1%
Annulus Area [cm <sup>2</sup> ]	10.58	7.81	-26.2%
Captation Height [cm]	0.39	0.59	50.0%



MR PREPROCEDURE



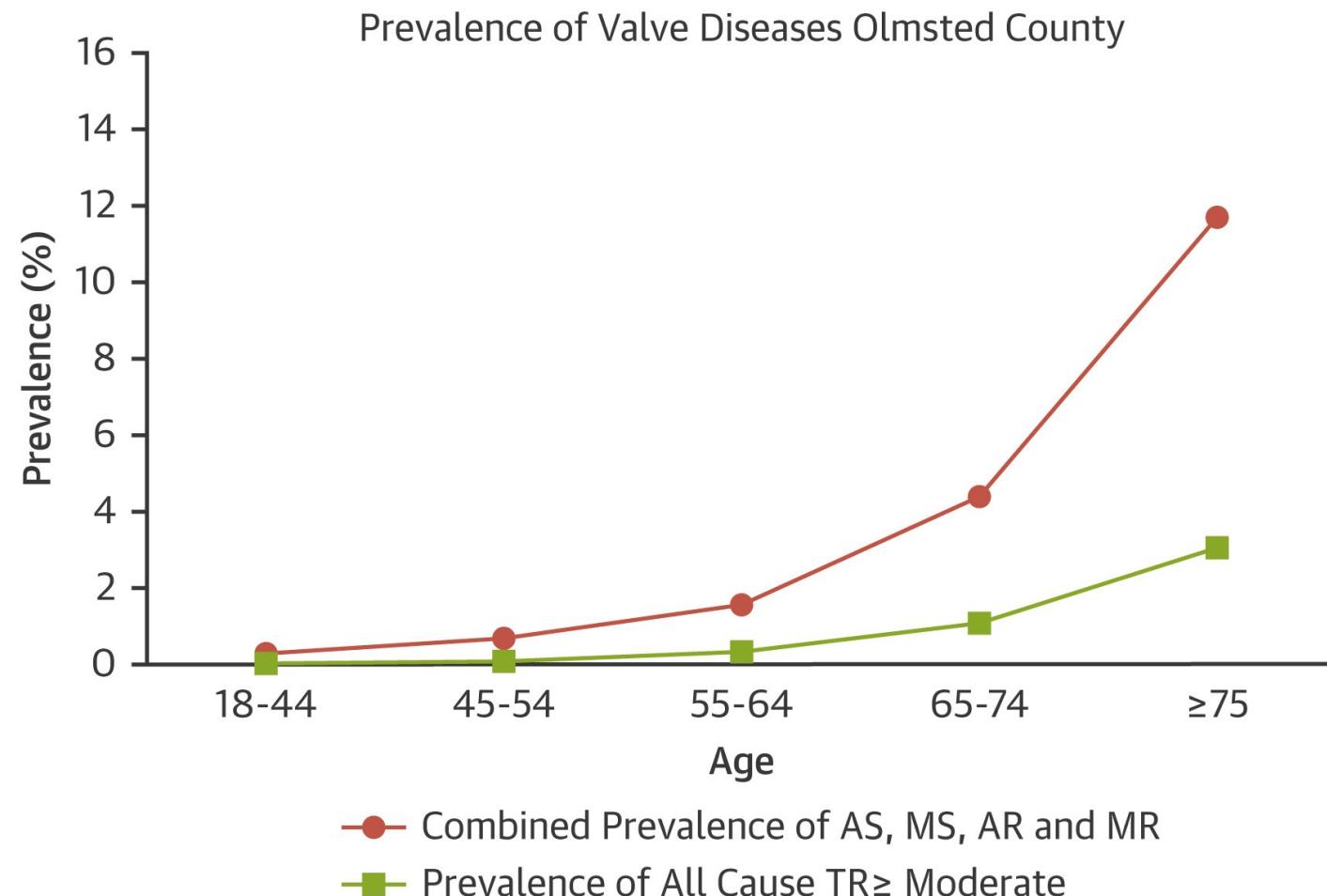
MR POSTPROCEDURE



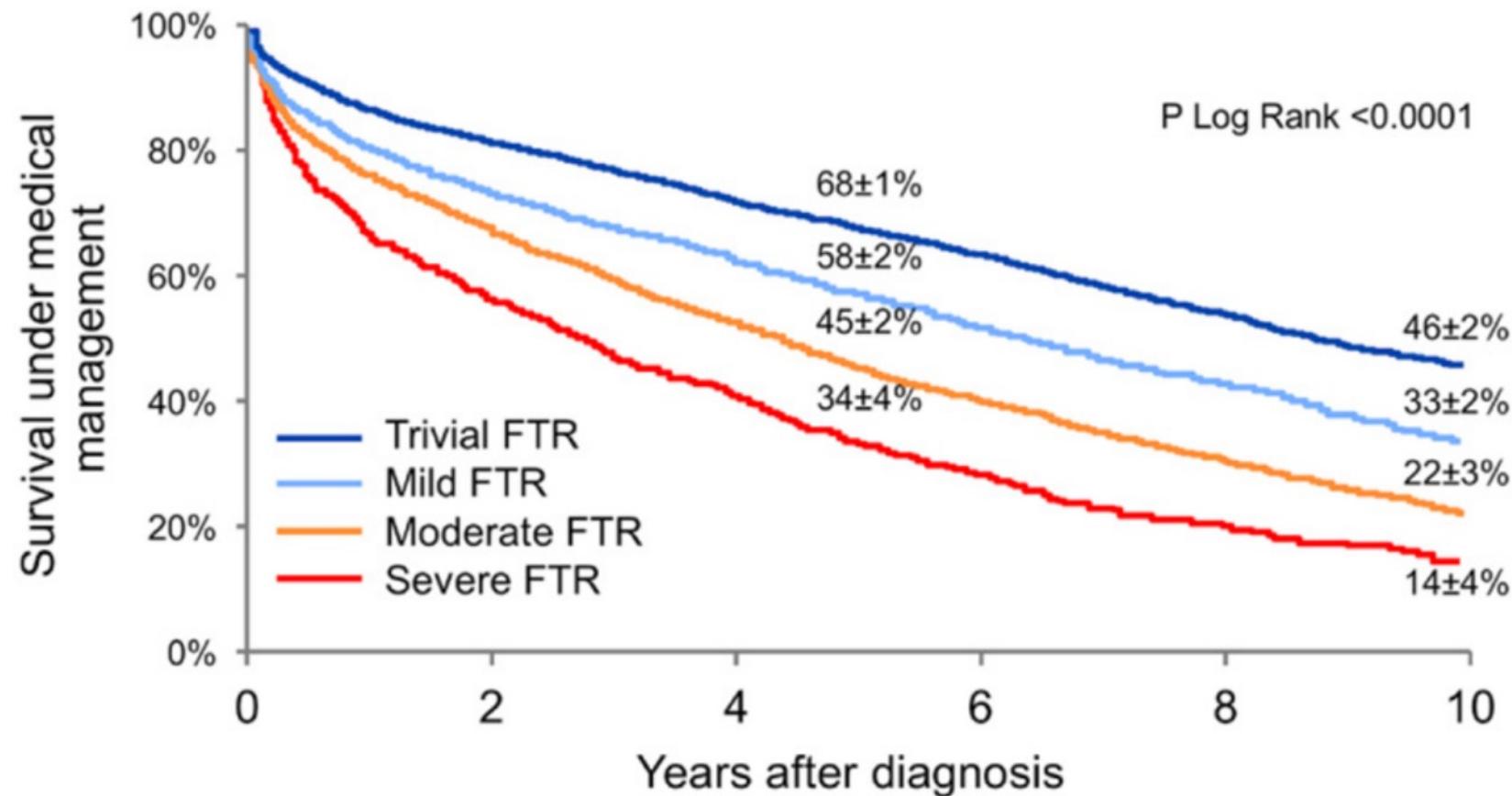
# Remaining Questions for MR Therapy

- Competitors to TEER? TMVR Perhaps?
- Combination therapy? TEER + Annuloplasty?
- Clear clinical impact in degenerative MR vs surgery
- Optimal timing

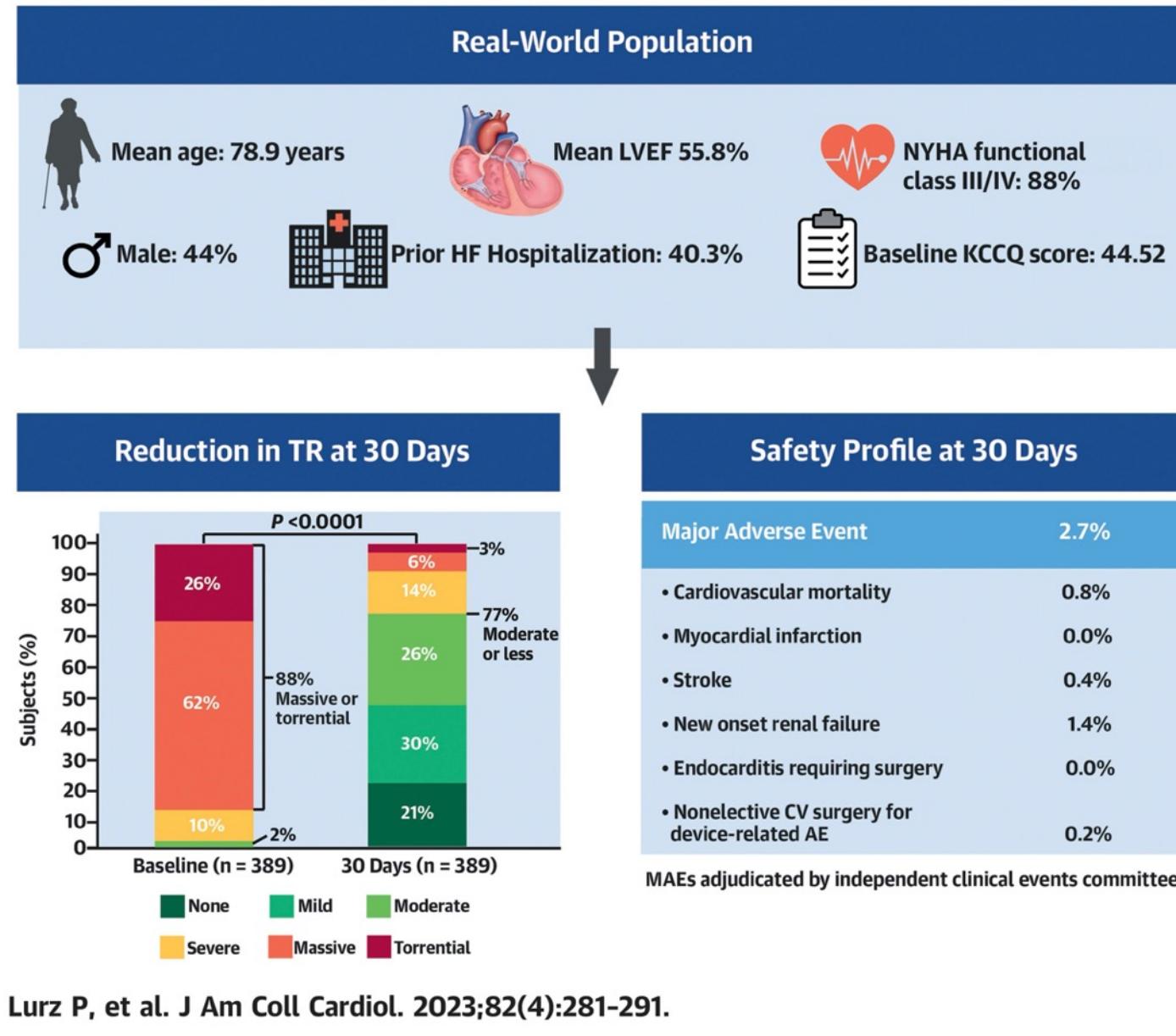
# Burden of Tricuspid Regurgitation



# Tricuspid regurgitation is a public health crisis!



## CENTRAL ILLUSTRATION: Transcatheter Tricuspid Valve Repair Safe and Effective in Real-World Population





FDA Advisory Committee Votes  
in Favor of Abbott's First-of-Its-  
Kind TriClip™ System to Treat  
People With a Leaky Tricuspid  
Heart Valve

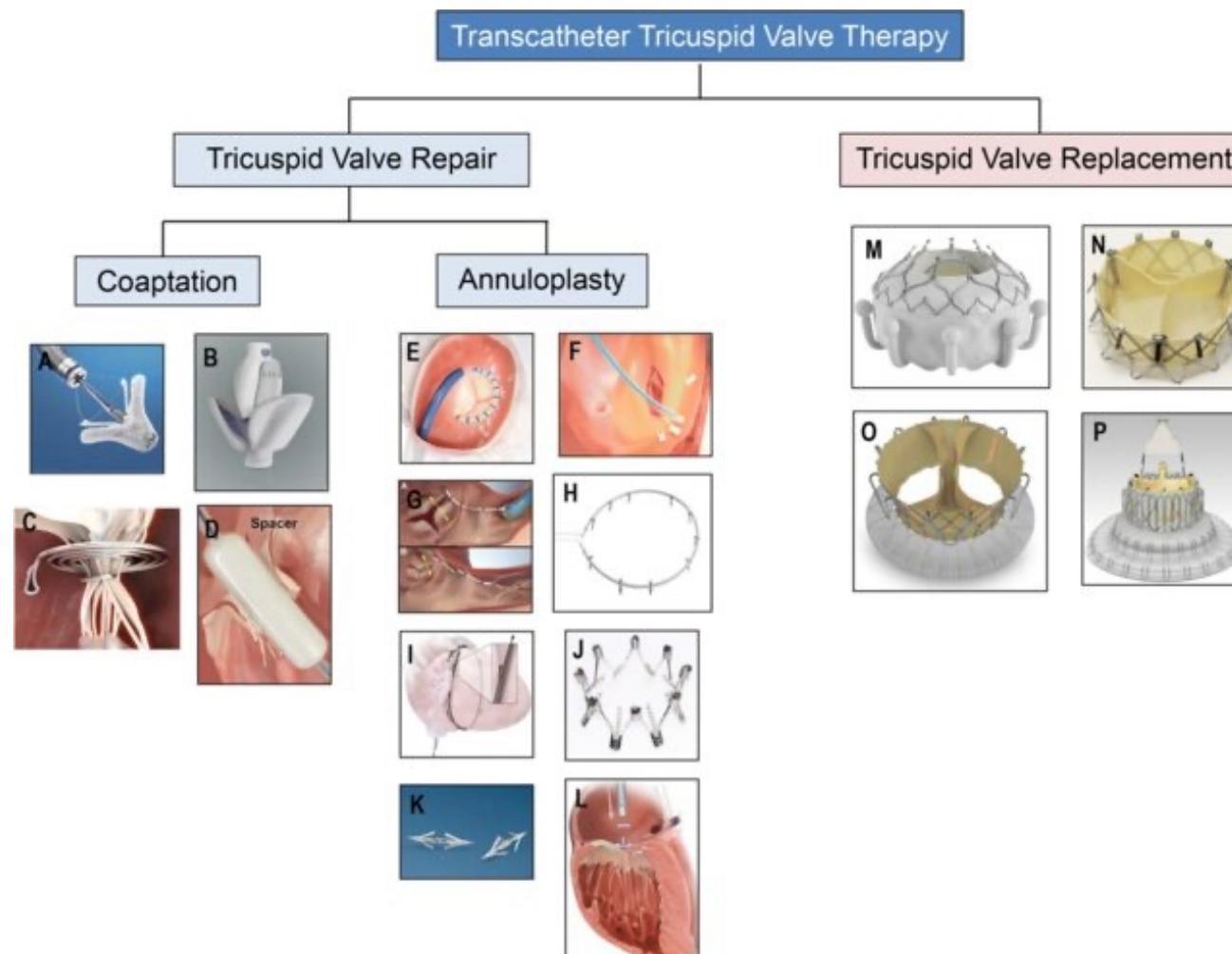


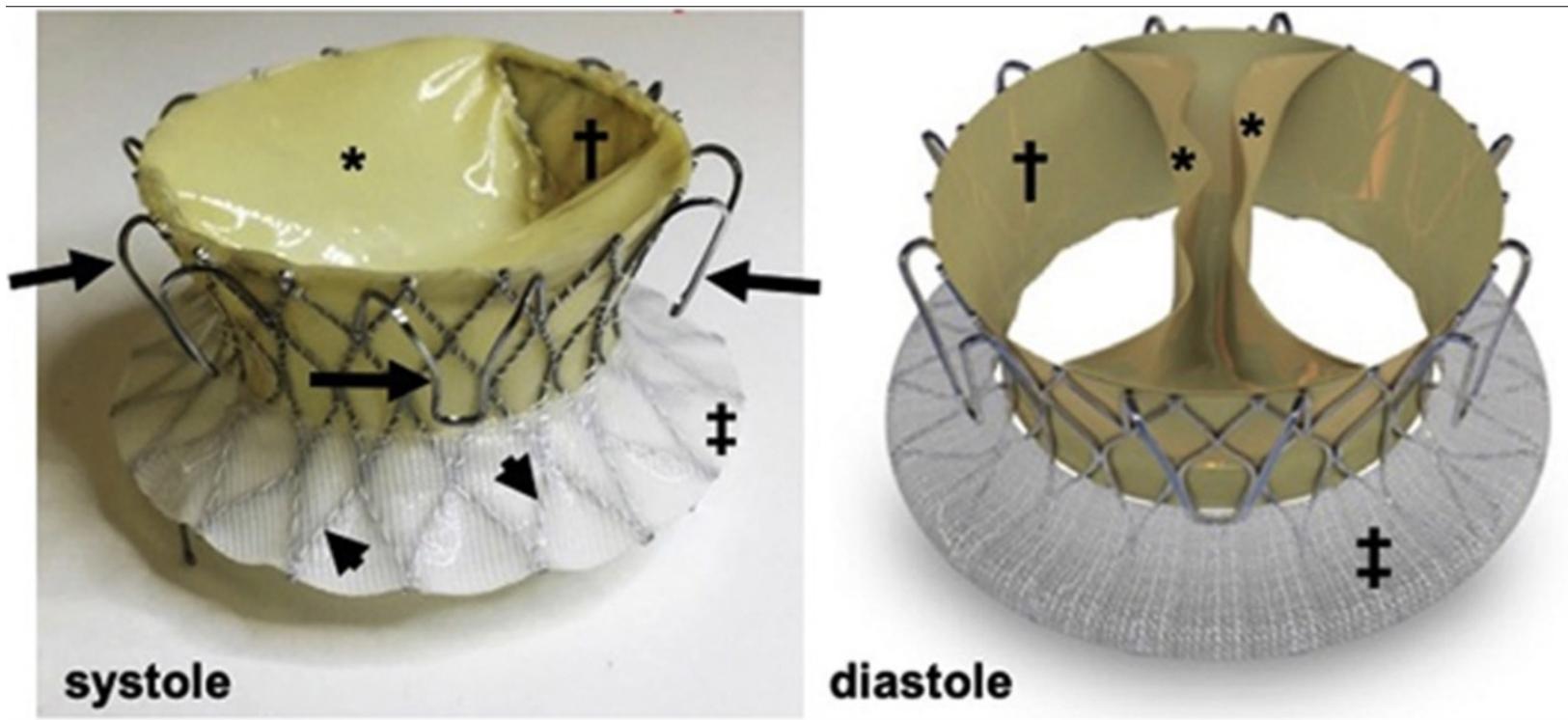
# המלצות הועדה הציבורית להרחבת סל שירותי הבריאות - עדכון 2024

"תיקון דליפה טרייקוספידלית קשה בחולים עם אי ספיקה לבבית ללא עדות למחלה מיטראלית משמעותית, למרות מיצוי הטיפול התרופתי המKeySpecימי, ואשר אינם מתאימים לנитוח וקיים בהם אנטומומיה מסתם מתאימה"

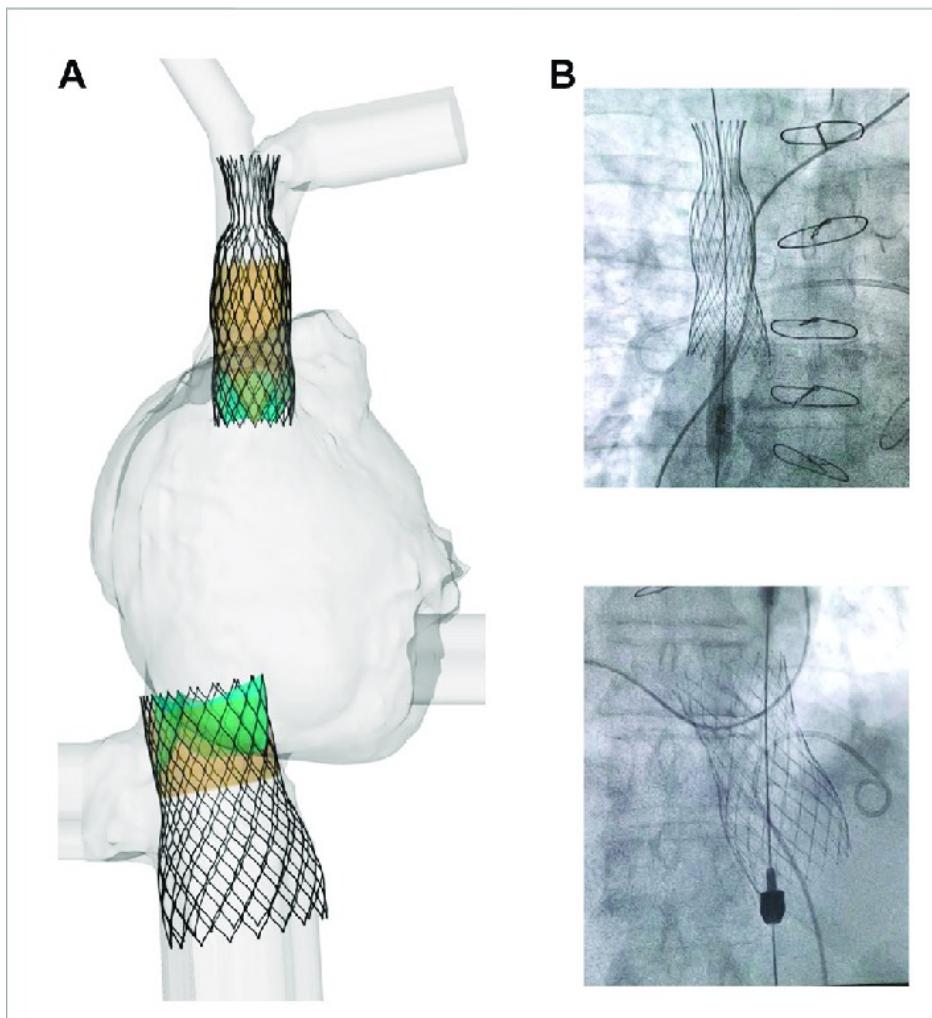


# Transcatheter Tricuspid Valve Therapies





# TRICVALVE®



## CENTRAL ILLUSTRATION: Summary of Main Outcomes at 1 Year Following TricValve

Long-Term Follow-Up of Bicaval TricValve for Severe Symptomatic Tricuspid Regurgitation, N = 44			
Findings	TRICUS Study N = 9	and	TRICUS EURO Study N = 35
Functional result	↑ KCCQ-12 P < 0.001 	↑ NYHA P < 0.001 	↑ 6MWT P = 0.285 
Labs/Drugs	↓ Diuretic dose 	↓ NTproBNP 	Kidney and liver function 
Prognostic result	 CV death 2.2%	 HF readmission 29.5%	 Stroke 9.0%
Safety outcomes	 Major bleeding 20.0%	 Right heart thrombi (normal leaflets) 13.6%	 TV surgery 2.2%

• TricValve CAVI associated with improved symptoms and QOL at 1 year  
 • Relatively low cardiac mortality

Blasco-Turrión S, et al. J Am Coll Cardiol Intv. 2024;17(1):60-72.



# INNOVENTRIC

Simplicity at Heart



01

### BARE METAL STENT

reliable A-traumatic anchoring  
and bifurcation blood inflow

02

### RADIO-OPAQUE MARKER

for accurate positioning in  
fluoroscopy based procedures

03

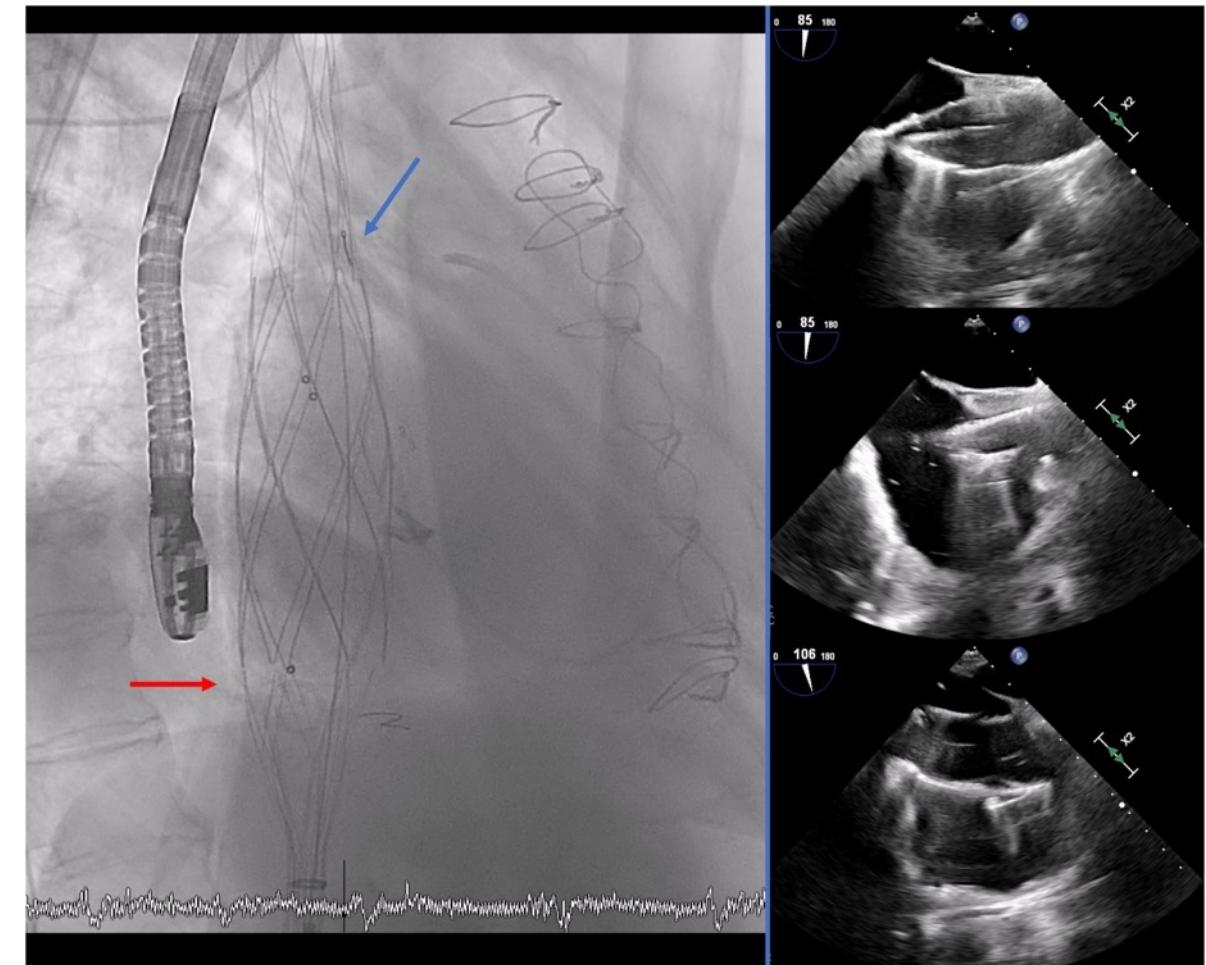
### MULTIPLE VALVES

allow the required  
blood inflow and  
simplify device positioning

04

### SEALING SKIRT

tight seal while allowing  
hepatic vein inflow



## CONTACT



**EMAIL:** info@innoventric.com

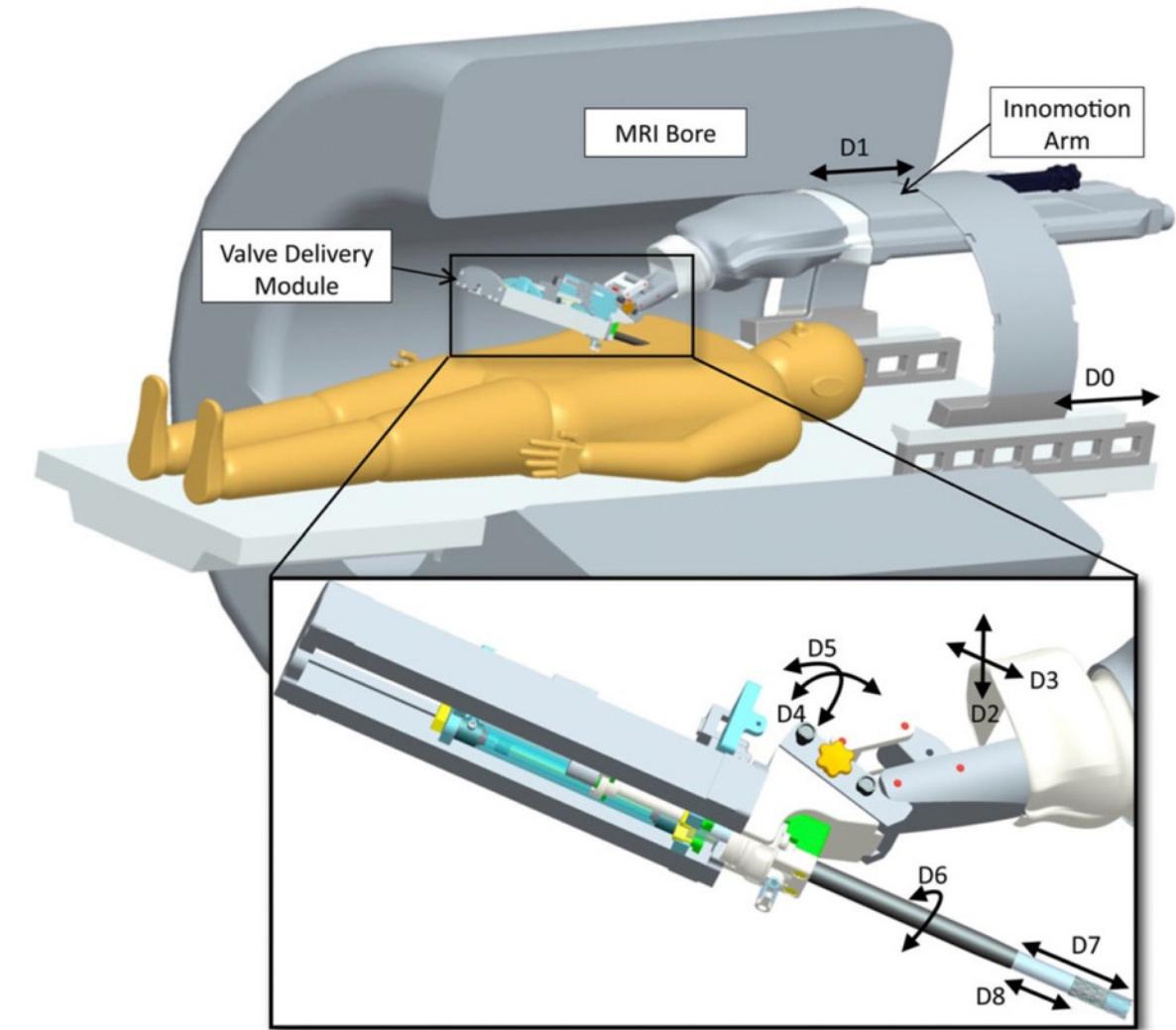
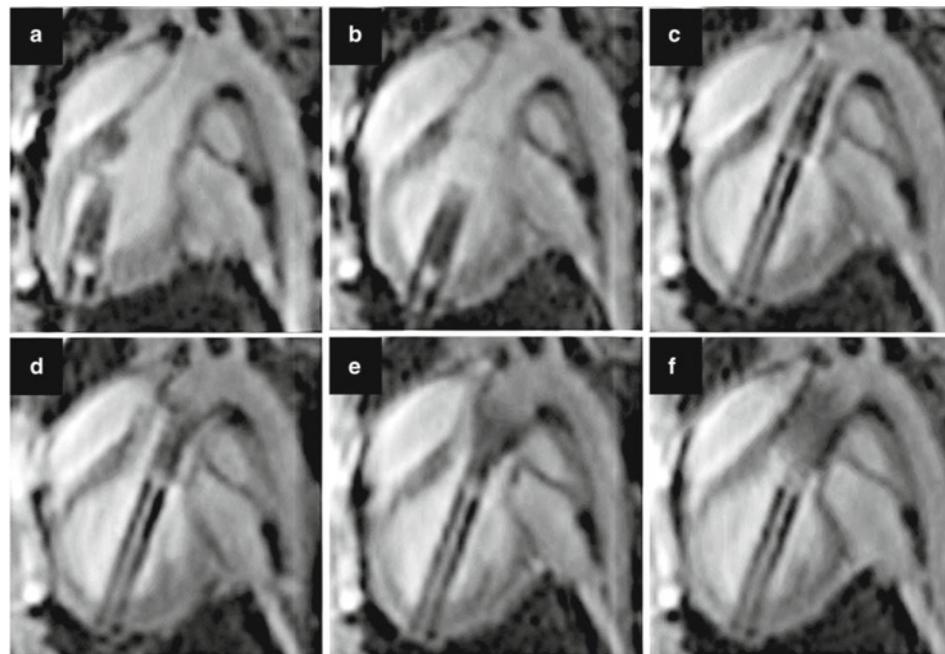


**ADDRESS:** 3 Golda Meir, Ness-Ziona. Israel

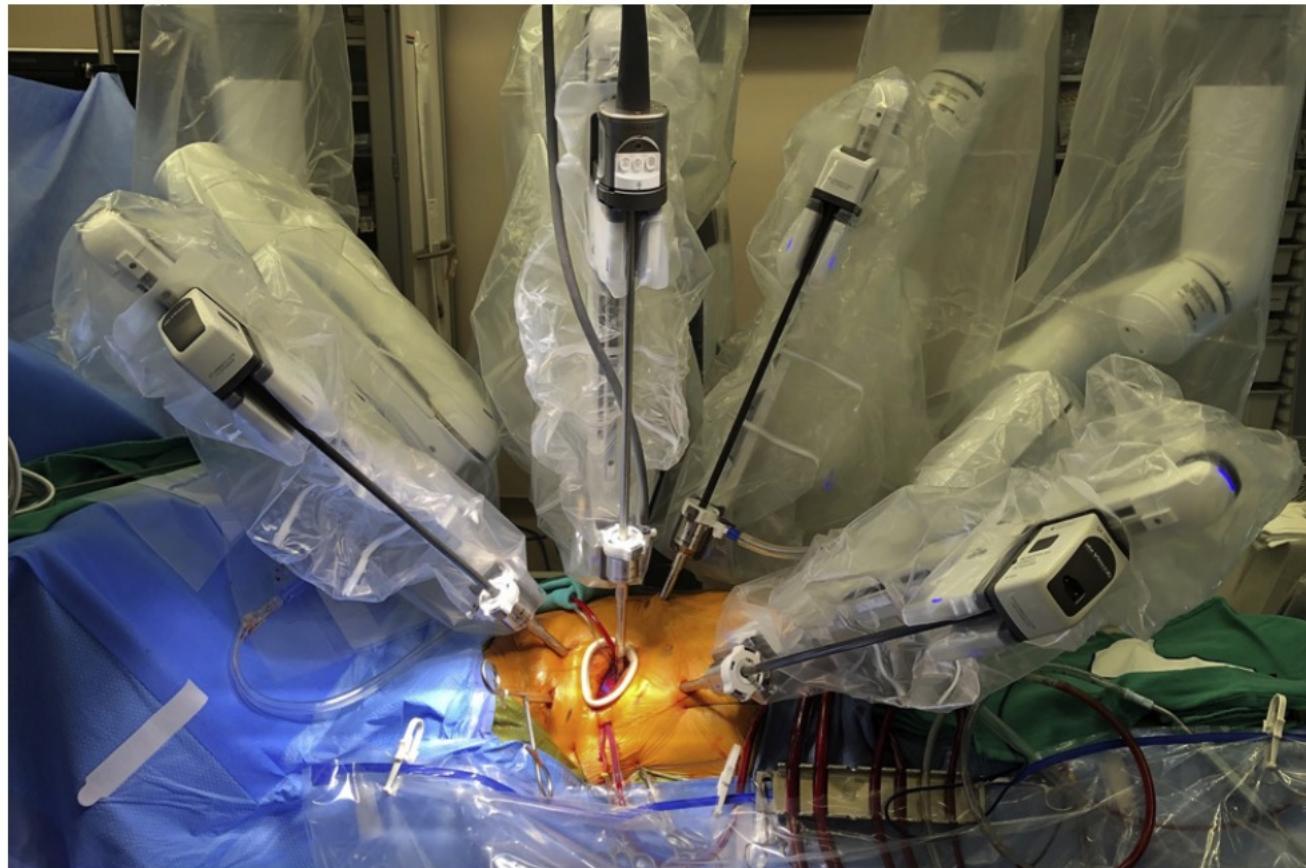
# Remaining Questions for TR Therapy

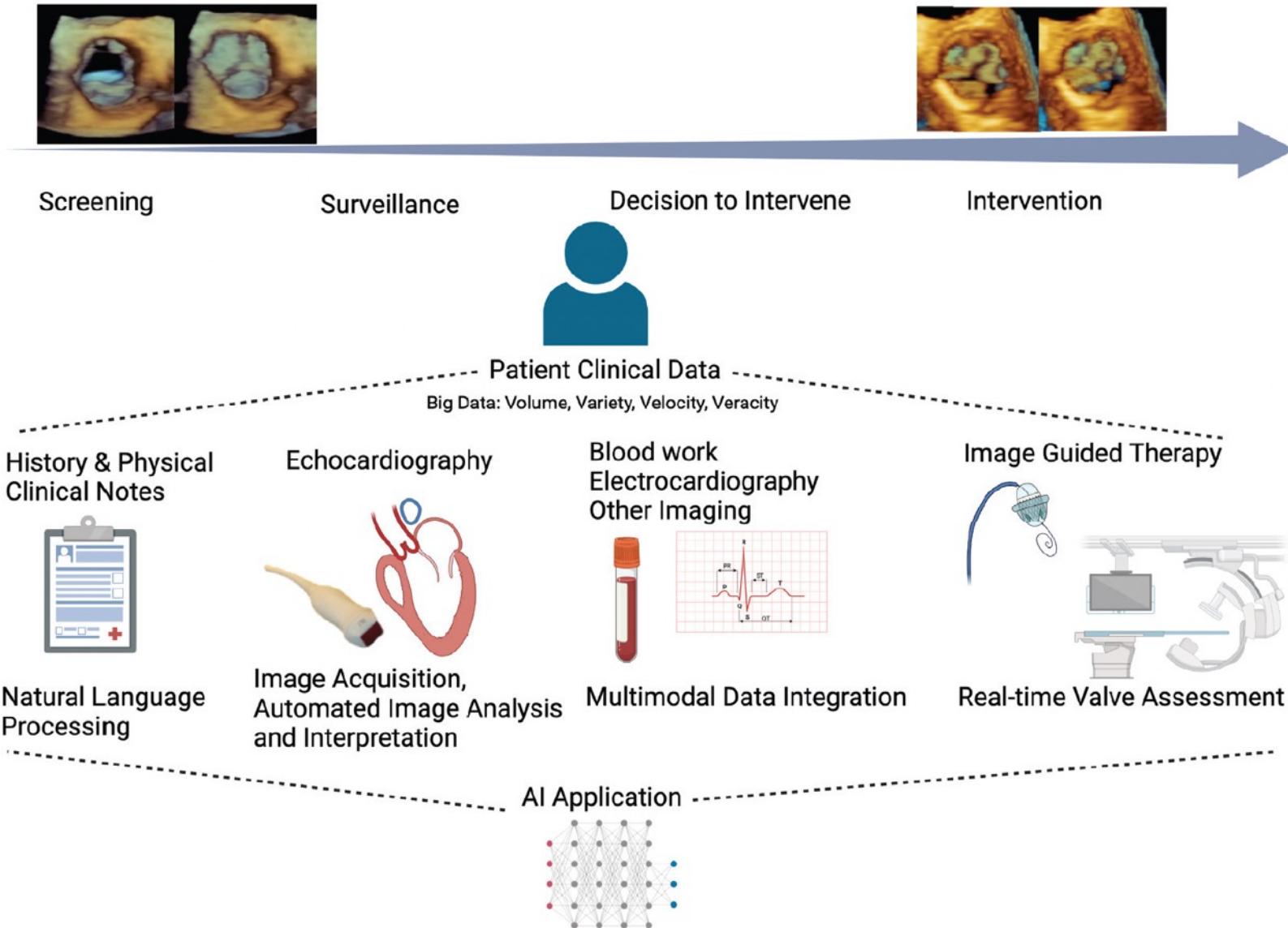
- Optimal imaging for TV
- Is T-TEER comparable to M-TEER?
- TTVR? Orthotropic?
- Clinical impact beyond quality of life
- Optimal timing

# Robotic-assisted real-time MRI-guided TAVR

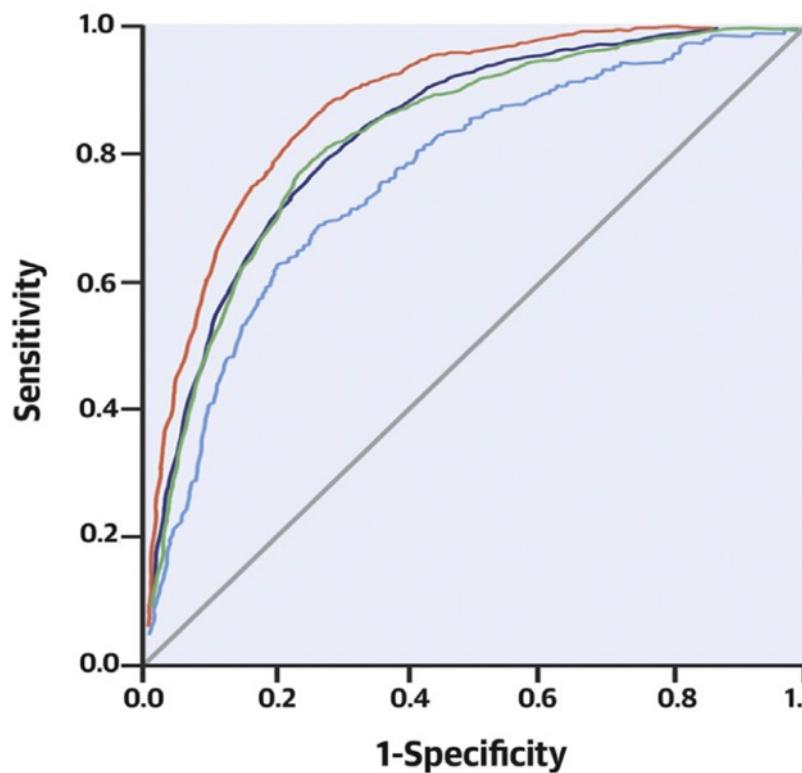


# Robotic Aortic Valve Replacement



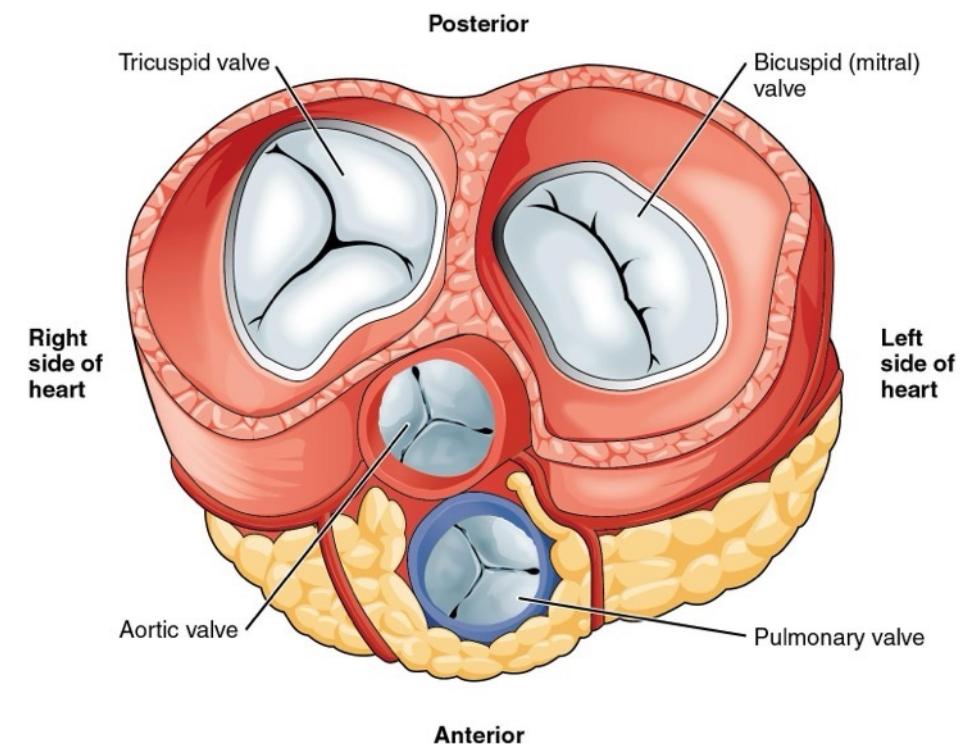


# AI to Predict Valvular Disorders



ValveNet Model, n = 21,048 patients

- Aortic Stenosis (AU-ROC = 0.88)
- Aortic Regurgitation (AU-ROC = 0.77)
- Mitral Regurgitation (AU-ROC = 0.83)
- AS, AR, or MR (AU-ROC = 0.84)



# AI to Diagnose and Characterize Valvular Disease

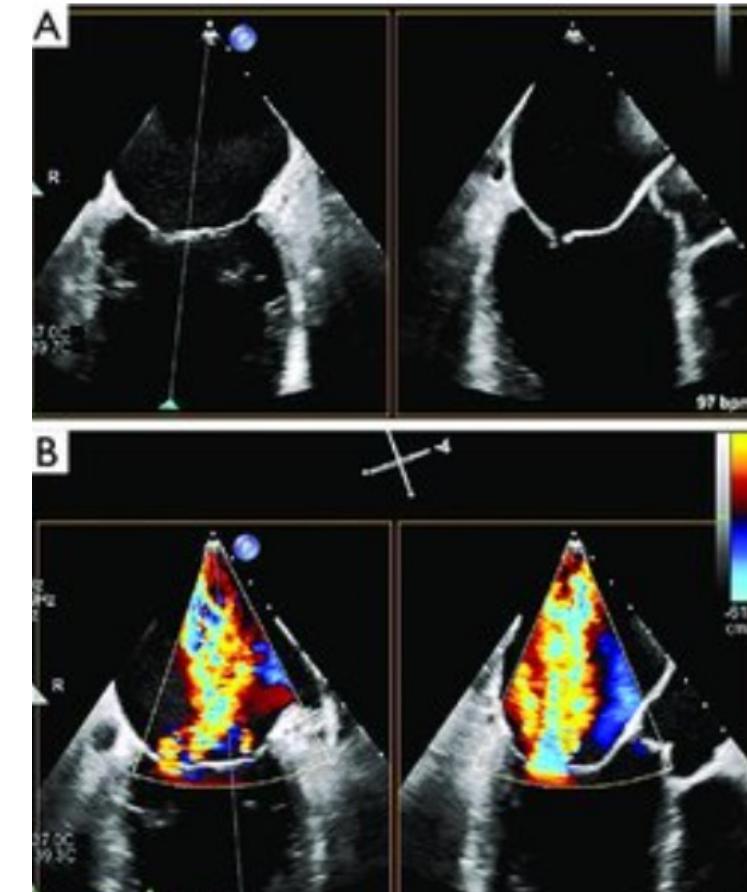


asap

# AI to Predict TEER Success and Guide Treatment

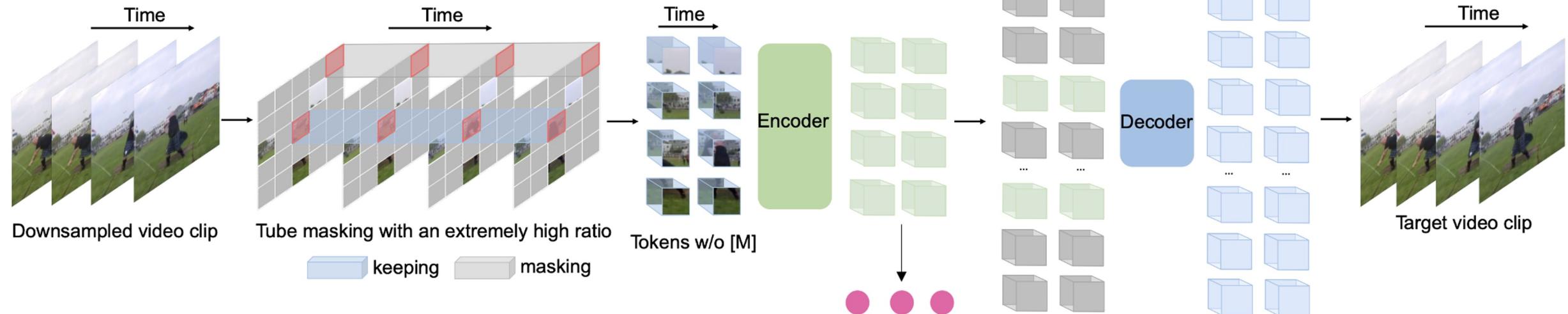
Severe MR patients from an international multi-center cohort:

- TEE videos standard views before and after procedure:  
**3D, BIC, and LVOT**
- Tabular patient data including, degree of MR before and after TEER, past medical history, valve measurements, etc.



Bernal, Overview of Transesophageal Echocardiography for the Chest Physician, Chest, Volume 124, Issue 3, 2003, Pages 1081-1089,

# AI models overview



- VideoMAE
- Artificial Neural Network (NN)
- CatBoost

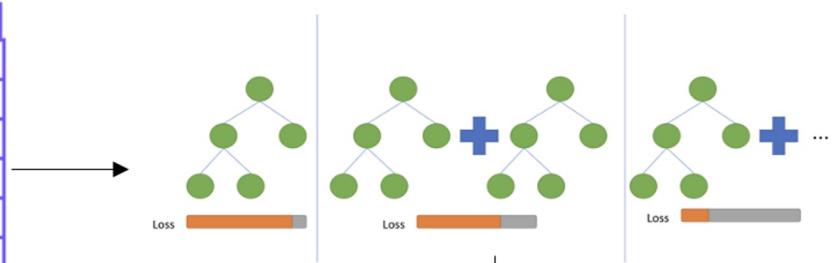
Credit to: Nadav Loebl

<https://arxiv.org/pdf/2203.12602.pdf>

Artificial Neural Network

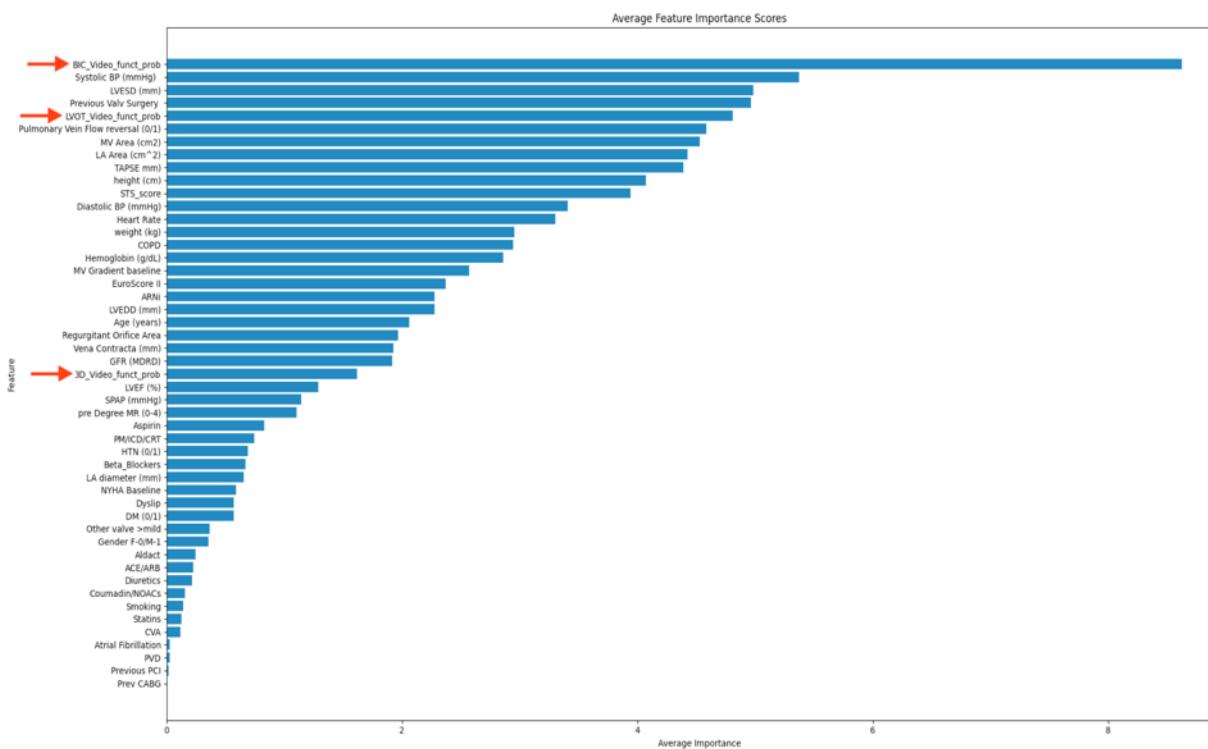
feature	feature	feature	feature	New
10	120	80	40	0:50:05
11	255	130	125	1:40:03
12	180	100	80	1:20:19
13	305	205	100	1:58:58
14	71	50	21	0:35:41
15	418	310	108	2:08:18
16	222	150	72	1:32:58

CatBoost



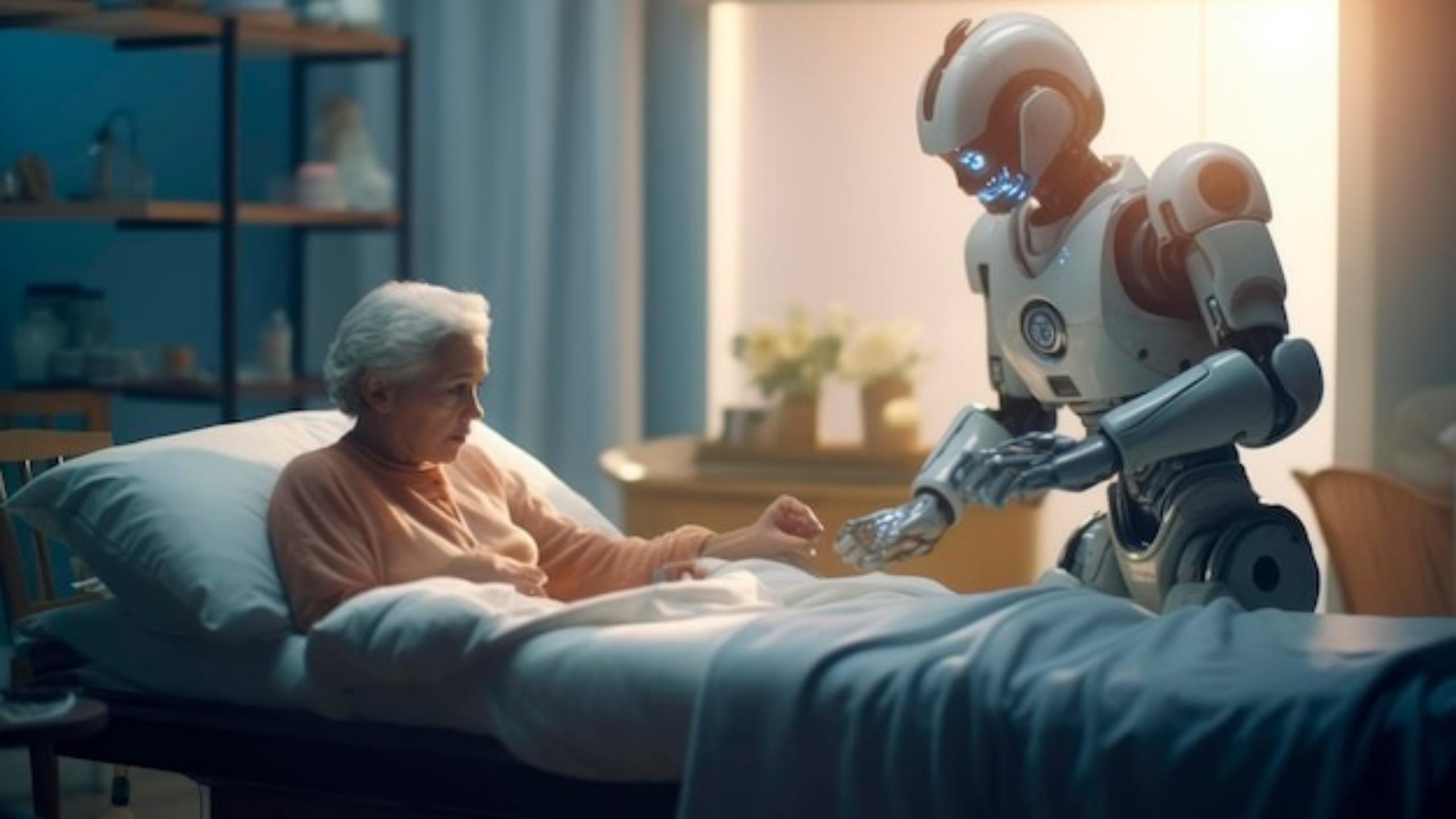
Probability of "successful outcome"  
==  $MR \leq 1$

# Preliminary Results



Performance Metric	Average Value
Accuracy	74.76%
AUC	0.777
Sensitivity	88.33%
Specificity	60.0%
Positive Predictive Value	74.00%
F1-Score	78.61%

\*\*\* Using a cross-validation strategy, this involved training and testing five separate models on different 80%-20% splits of the data, results are the average of the five separate models.



תנו מהמשר  
כנו המתמים!

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