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Target: Aortic Stenosis™

Today's Discussion

MODERATOR



Brian R. Lindman, MD, MSc

Medical Director, Structural Heart and Valve Center,
Vanderbilt University Medical Center



American Heart Association®

Target: Aortic Stenosis™

Undertreatment of Aortic Stenosis: Where do we stand?

June 21, 2022



Sammy Elmariah, MD, MPH, FACC, FAHA, FSCAI

Director, Interventional Cardiology Research

Associate Professor, Harvard Medical School

Interventional Cardiology and Structural Heart Disease, MGH



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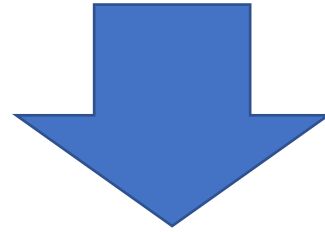
Target: Aortic Stenosis™

Objectives

- Review trends in utilization of AVR for severe symptomatic aortic stenosis (SSAS)
- Discuss drivers of underdiagnosis and undertreatment of SSAS
- Strategize systems of care that would improve recognition and referral for treatment of SSAS

Historic Rates of SSAS Treatment

In 2001, 1/3 of patients with severe AS were not treated



Development and
widespread
adoption of TAVR

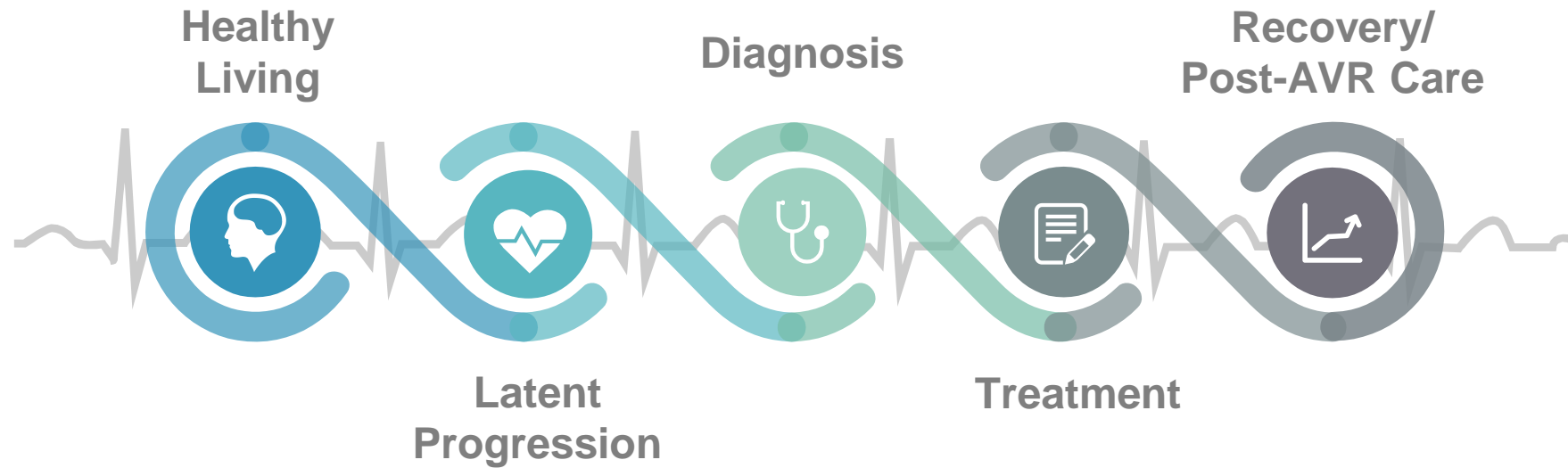


Growing aging
population

Has widespread adoption of TAVR met the demands of
a growing population of patients with AS?



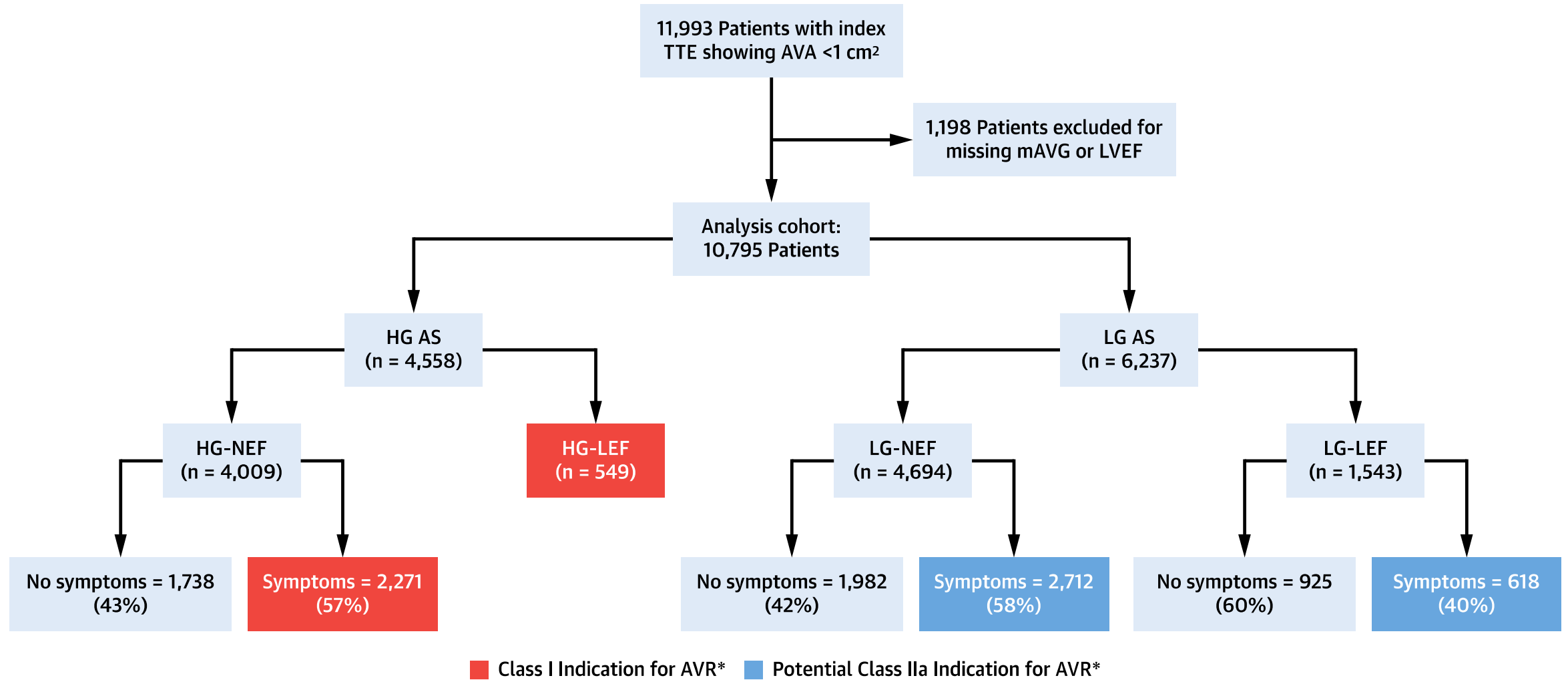
The Aortic Stenosis Patient Journey



Mass General Brigham experience 2000-2017:

- We identified patients with severe AS (aortic valve area $<1\text{cm}^2$) on transthoracic echocardiograms (n=11,993) from 2000-2017 at two large academic medical centers (MGH and BWH).
- AVR utilization investigated among patients with an indication for AVR for severe AS
- Natural language processing (NLP) models were developed and validated to identify symptoms consistent with severe AS and to identify AS-related referral and AVR refusal.

Indication for AVR based on 2014 AHA/ACC VHD Guidelines



*Based on the 2014 American Heart Association (AHA) / American College of Cardiology (ACC) guidelines for the management of VHD

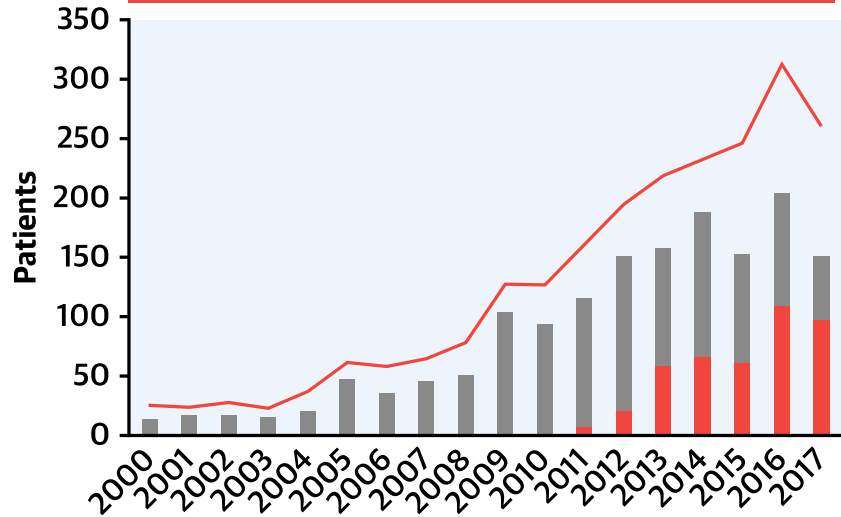


Trends in AVR Utilization

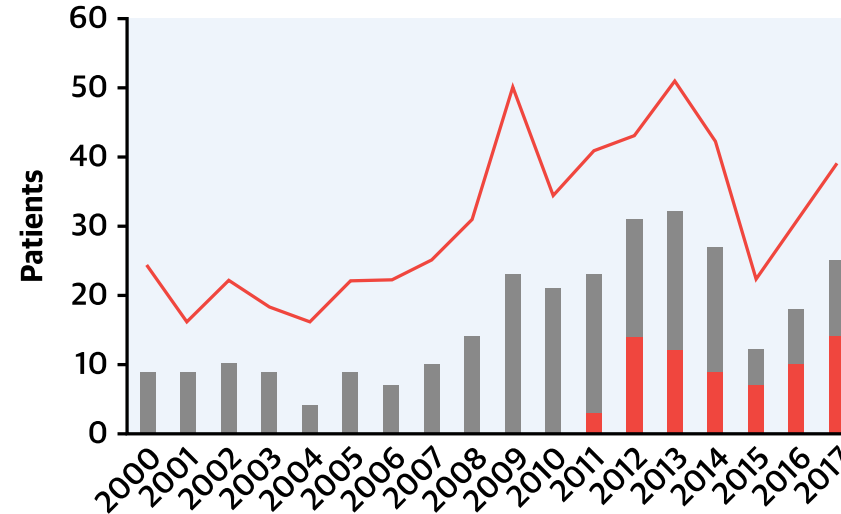
Mass General Brigham experience 2000-2017

Class I Indication for AVR for High Gradient AS

HG-NEF (n=2,271)



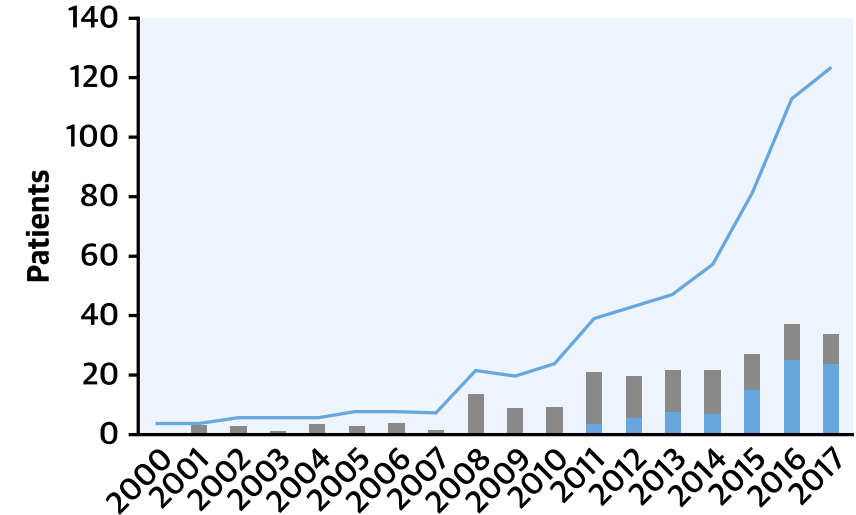
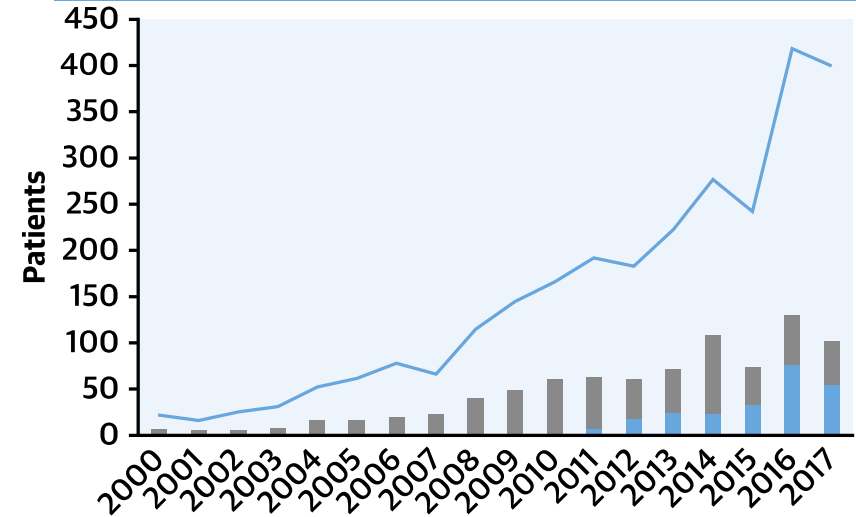
HG-LEF (n=549)



— TAVR — SAVR — Indication

Potential Class IIa Indication for AVR for Low Gradient AS

LG-NEF (n=2,712)



— TAVR — SAVR — Potential Indication



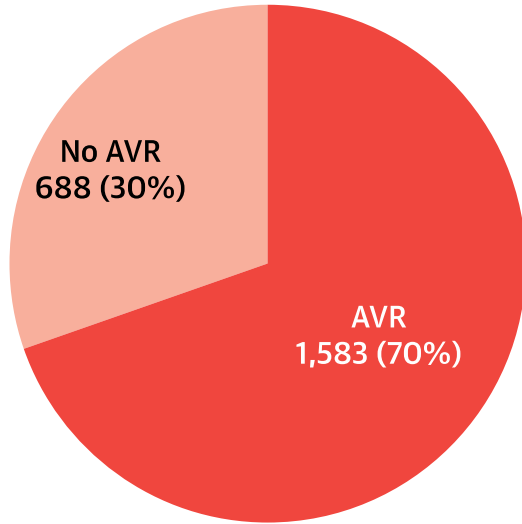


Trends in AVR Utilization

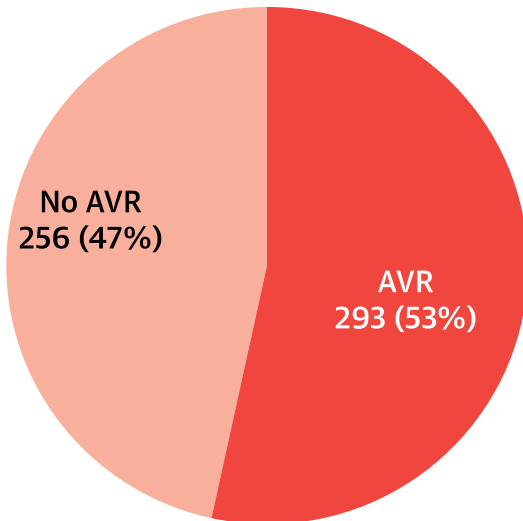
Mass General Brigham experience 2000-2017

Class I Indication for AVR for High Gradient AS

HG-NEF (n=2,271)

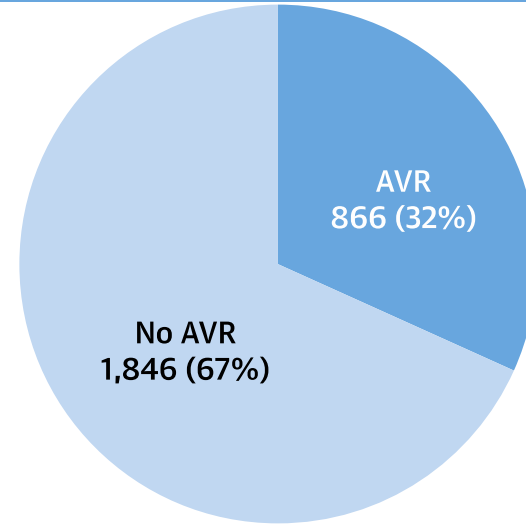


HG-LEF (n=549)

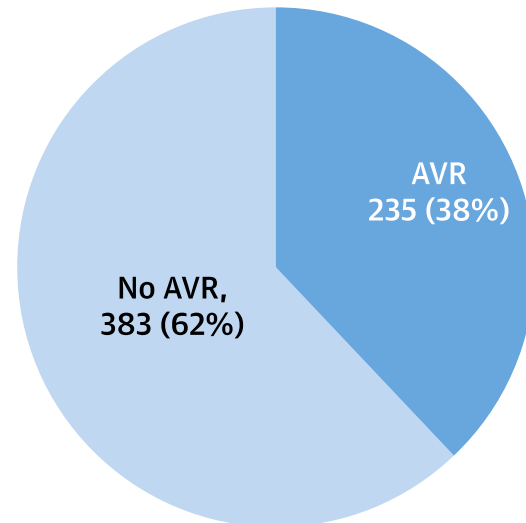


Potential Class IIa Indication for AVR for Low Gradient AS

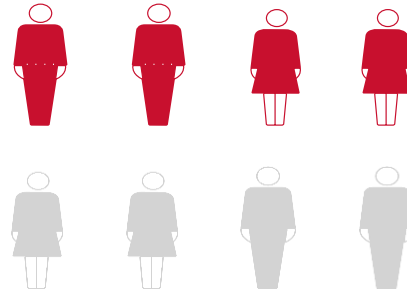
LG-NEF (n=2,712)



LG-LEF (n=618)



Severe symptomatic AS

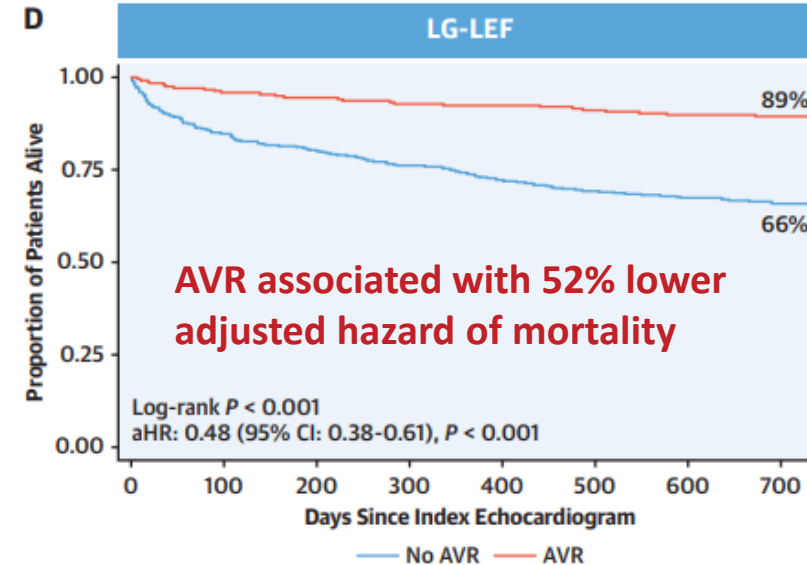
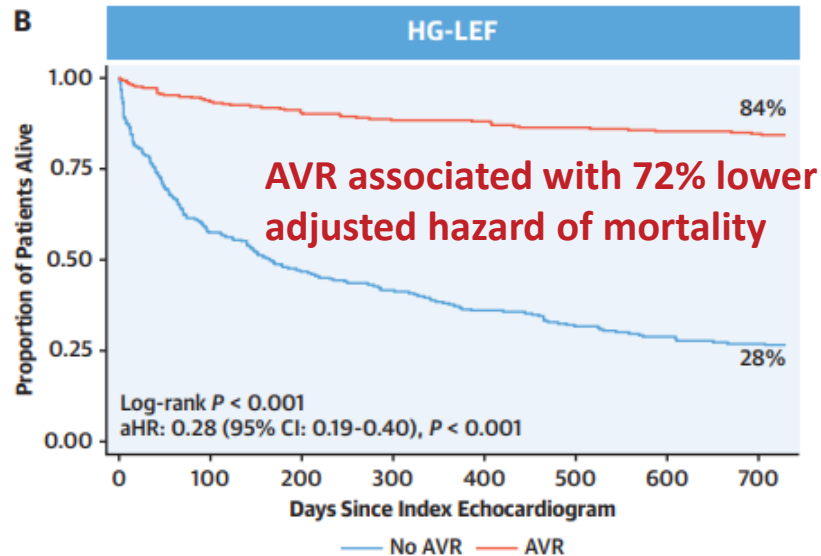
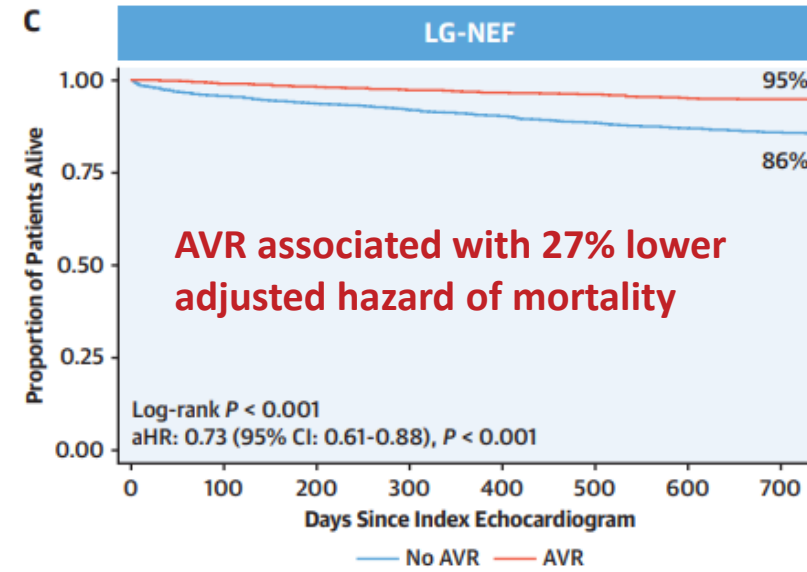
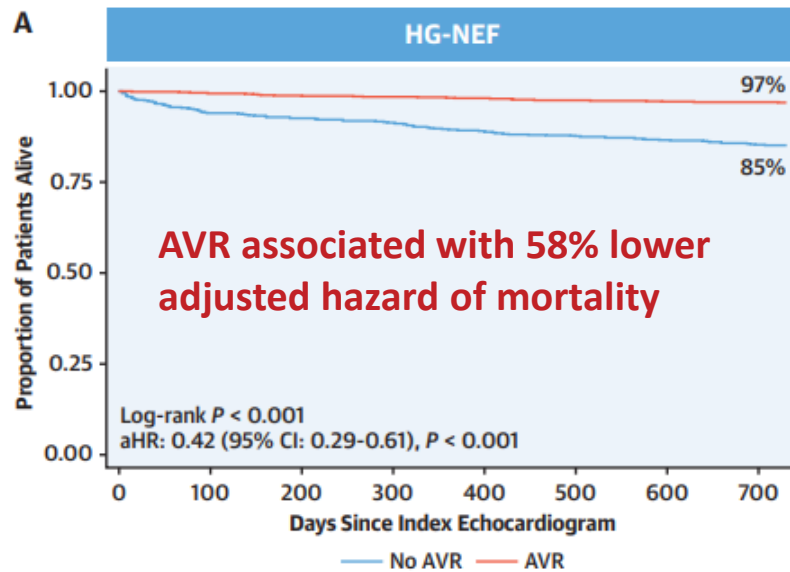


Treatment Rate





AVR Associates with Improved Survival Across Spectrum of SSAS



Contributors to AVR Underutilization

TABLE 3 OR of Baseline and Echocardiographic Characteristics Associated With Performance of AVR

	Univariate OR	95% CI	P Value	Multivariate OR	95% CI	P Value
High-gradient AS with Class I indication for AVR						
Age	0.972	0.965-0.979	<0.001	0.978	0.971-0.986	<0.001
Male	1.283	1.097-1.501	0.002	-	-	-
White	1.34	1.007-1.783	0.045	-	-	-
CAD	1.242	1.057-1.460	0.009	1.759	1.455-2.126	<0.001
DM	1.04	0.840-1.287	0.72	-	-	-
Smoker	1.816	1.538-2.145	<0.001	1.457	1.209-1.756	<0.001
Hct	1.069	1.053-1.085	<0.001	1.053	1.035-1.071	<0.001
eGFR	1.012	1.009-1.016	<0.001	-	-	-
IP TTE	0.583	0.496-0.686	<0.001	0.773	0.631-0.948	0.014
LVEF \geq 0.5	2.01	1.662-2.431	<0.001	1.713	1.369-2.143	<0.001
Low-gradient AS with potential Class IIa indication for AVR in contemporary era (2014-2017)						
Age	0.975	0.966-0.984	<0.001	0.976	0.966-0.986	<0.001
Male	1.813	1.471-2.235	<0.001	1.683	1.336-2.119	<0.001
White	1.533	1.045-2.249	0.029	-	-	-
CAD	1.211	0.068-1.487	0.068	1.369	1.084-1.727	0.008
DM	1.052	0.838-1.321	0.662	-	-	-
Smoker	1.364	1.111-1.674	0.003	-	-	-
Hct	1.061	1.041-1.082	<0.001	1.041	1.019-1.063	<0.001
eGFR	1.010	1.005-1.014	<0.001	-	-	-
IP TTE	0.600	0.486-0.741	<0.001	0.687	0.539-0.875	0.002
LVEF \geq 0.5	0.945	0.739-1.209	0.653	-	-	-

AS = aortic stenosis; AVR = aortic valve replacement; CAD = coronary artery disease; DM = diabetes mellitus; eGFR = estimated glomerular filtrate rate (mL/min/1.73 m²); IP TTE = inpatient transthoracic echocardiogram; LVEF = left ventricular ejection fraction; mAVG = mean aortic valve gradient.

Less likely to get AVR

- Low mean AVG
- Older age
- Women
- Inpatient TTE
- Low LVEF
- Low hematocrit

More likely to get AVR

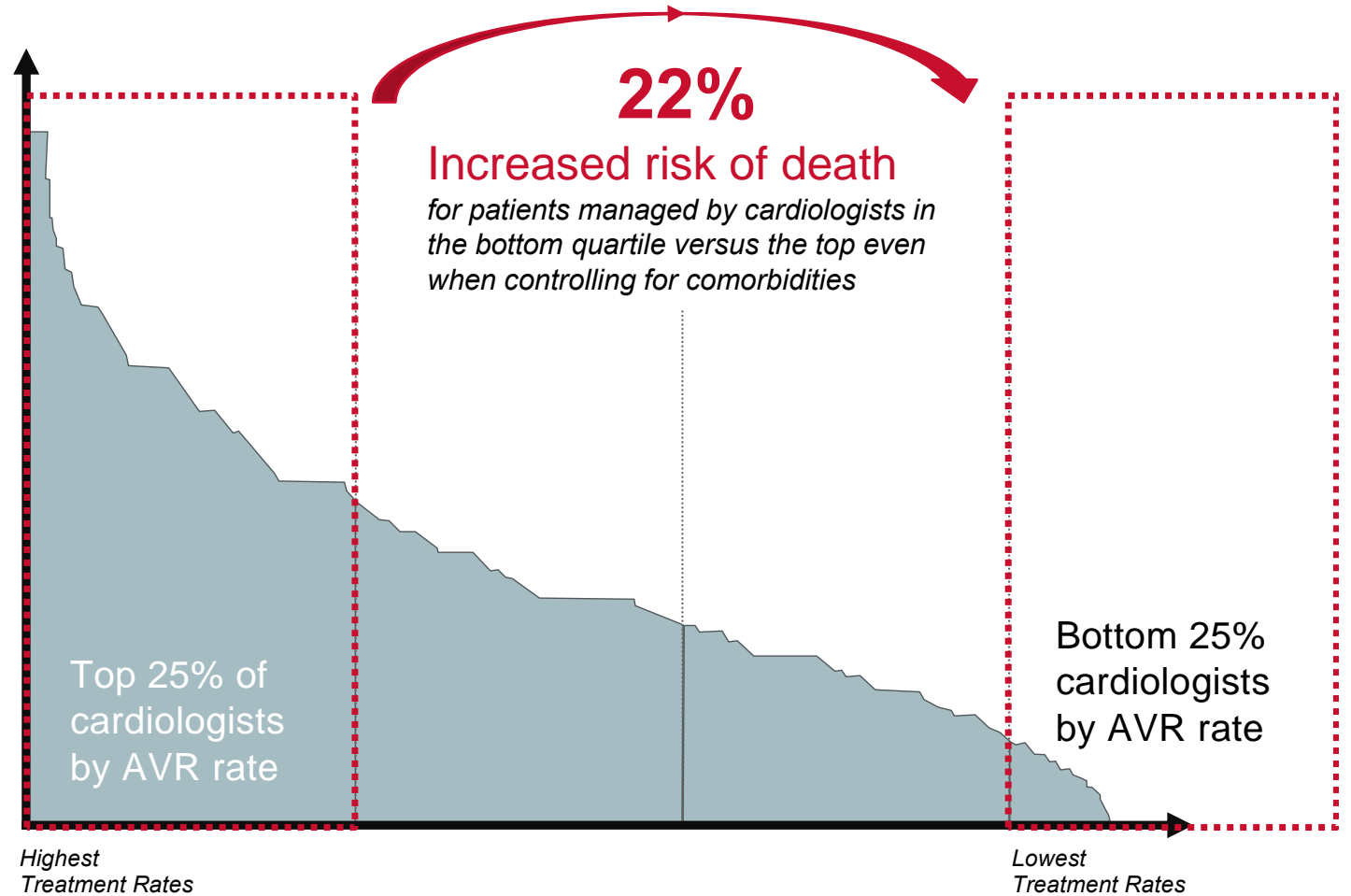
- CAD
- Smoker



Variation in Physician Referral Patterns

< 1 in 3 referred to a
HVT member or
cardiac surgeon

% of Class I
indicated
patients that
are treated

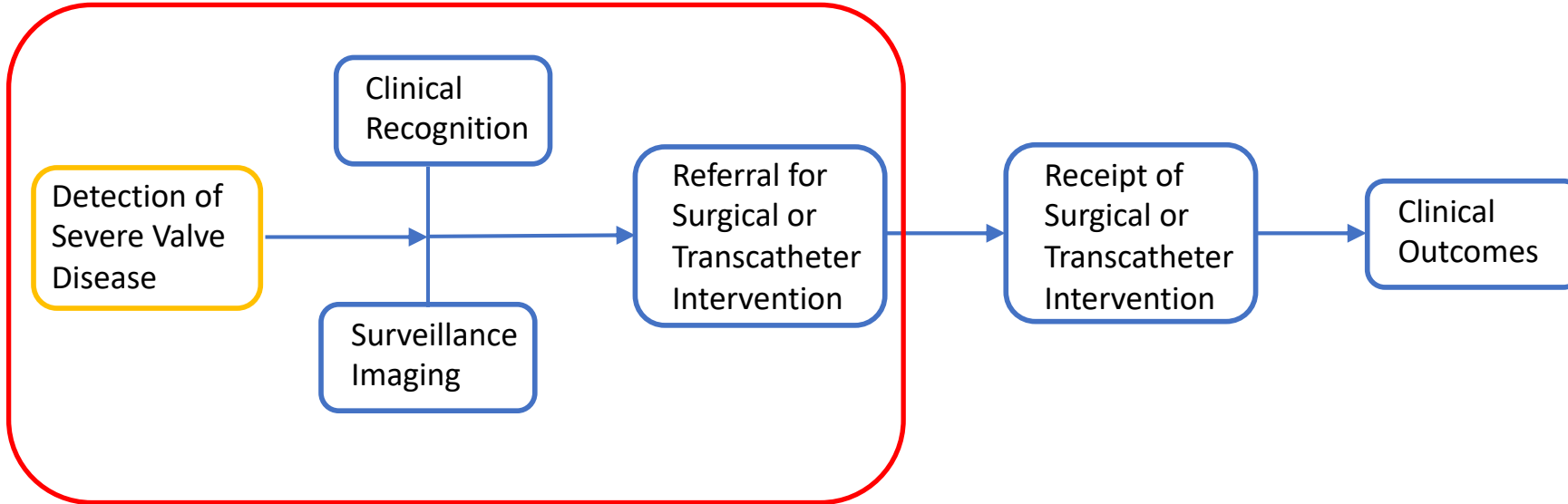


Cardiologists ranked by treatment rates of AVR patients





Clinical Implications



Efforts are needed to:

- Encourage screening of patients at risk of AS (PE and TTE)
- Increase awareness of low-gradient AS
- Clarify echocardiogram reporting of AS
- Bolster transitions of care
- Facilitate referral of patients with AS to Heart Valve Teams



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Panel Discussion



Today's Panel Discussion

PANELISTS



Wayne Batchelor, MD, MHS

Director of the Interventional Heart Program,
Inova Health System



Ethan Korngold, MD

Division Chair, Interventional Cardiology
and Structural Heart
Providence Heart Institute



Melissa M. Levack, MD

Director of Thoracic Aortic Surgery,
Vanderbilt University Medical Center



Angela Lowenstern, MD, MHS

Assistant Professor of
Medicine Interventional Cardiology,
Division of Cardiovascular Medicine,
Vanderbilt University Medical Center



Catherine M. Otto, MD

Professor of Medicine, University of
Washington School of Medicine



Amar D. Patel, MD

Co-Director Structural Heart & Valve
Program, Wellstar Center for
Cardiovascular Care
Wellstar Health System



Elizabeth M. Perpetua, DNP, ACNP-BC

Founder, Empath Health Services LLC,
University of Washington School of Nursing

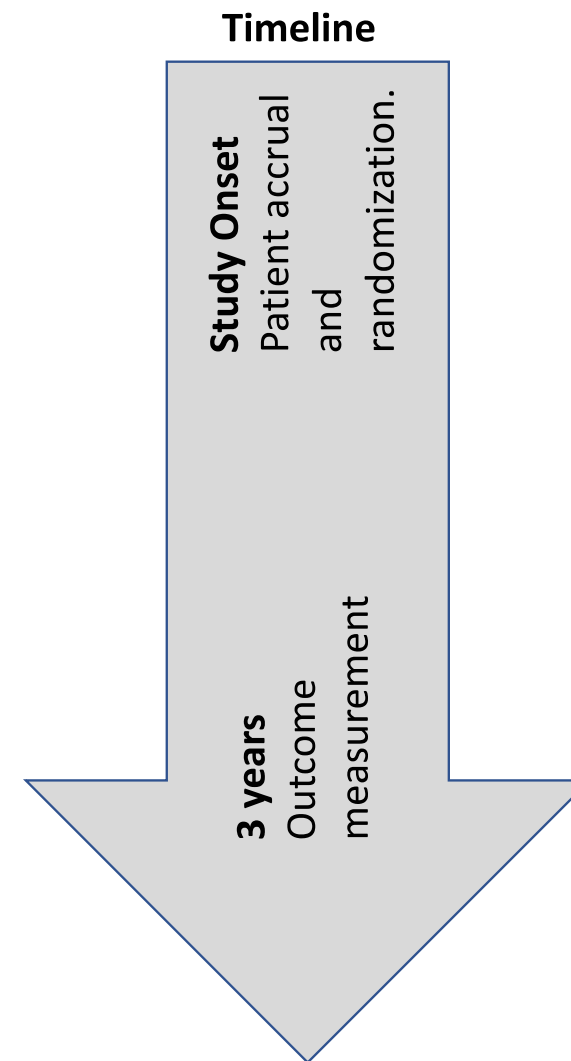
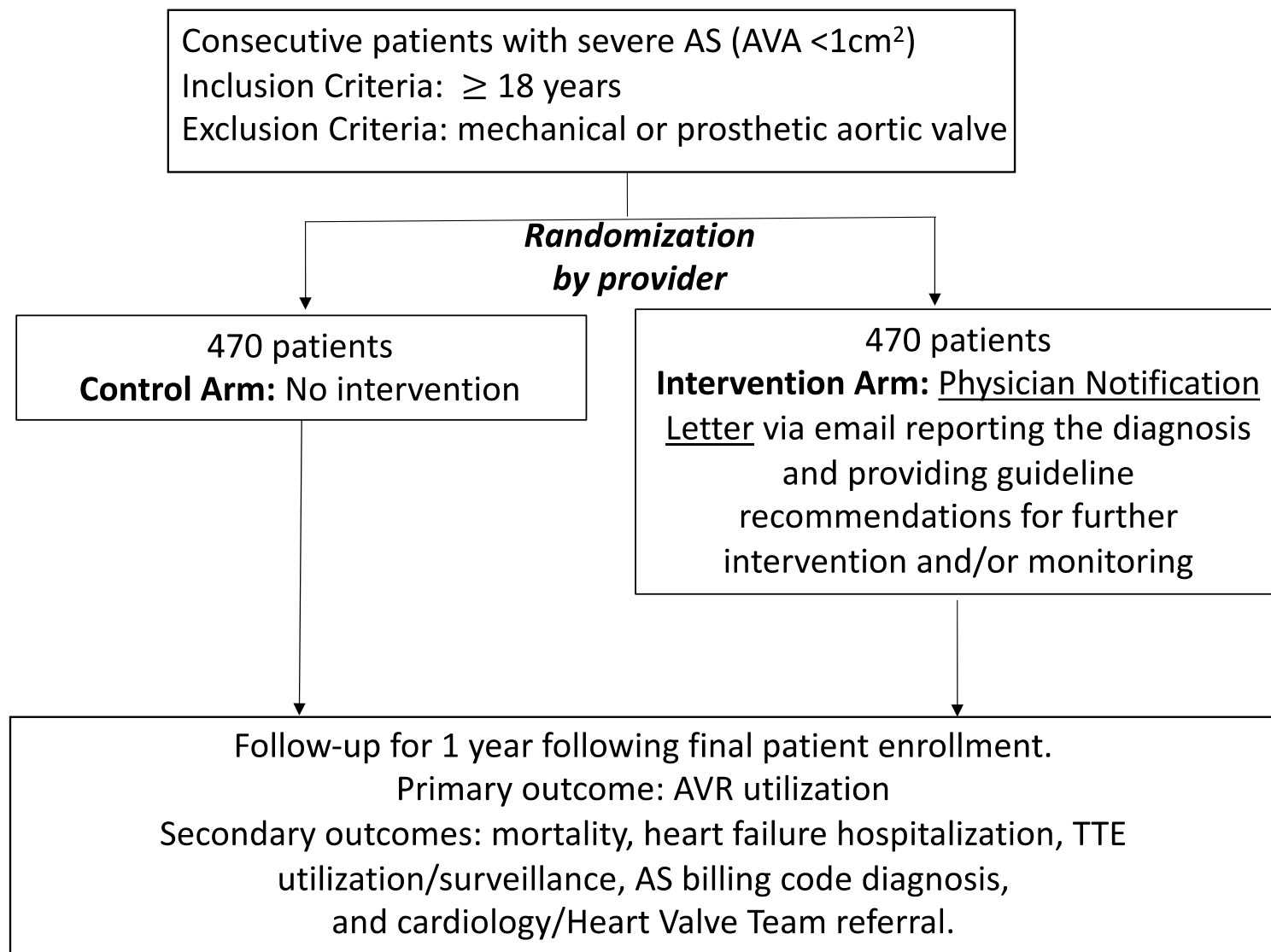


Sreekanth Vemulapalli, MD

Medical Director, Cardiac Diagnostic
United and Echocardiography Lab,
Duke University Medical Center



DETECT AS Study: Electronic Physician Notification to Facilitate the Recognition and Management of Severe Aortic Stenosis:



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