

Considerations in Contemporary TAVR



This issue of *Cardiac Interventions Today* focuses on current and future considerations in the transcatheter aortic valve replacement (TAVR) arena. As TAVR moves into lower-risk

patient groups, attention has turned toward questions about new device durability and life expectancy, the interpretation of societal guidelines, and the need to plan and execute clinical trials in other subpopulations of patients. Within these pages, you can review articles concerning important topics in the field of TAVR designed to help you navigate your TAVR patients and practice.

We start our issue on transcatheter aortic valves with an overview of potential management strategies and outcomes when faced with the need to revalve a TAVR (TAV-in-TAV) by Arber Kodra, MD; Luigi Pirelli, MD; Craig Basman, MD; Sean Wilson, MD; Denny Wang, MD; and Chad Kliger, MD, who also detail the important role of preprocedural imaging and highlight relevant concerns in this important care pathway in the lifetime management of aortic valve disease.

Although TAVR has demonstrated favorable short-term outcomes in elderly patients with bicuspid aortic valves (BAVs), there is a knowledge gap about the role of TAVR in younger patients with longer life expectancy. Philippe Nuyens, MD; Xi Wang, MD; Maarten Vanhaverbeke, MD; Angelo Quagliana, MD; Laurence Campens, MD; and Lars Søndergaard, MD, consider the available data on TAVR in BAV anatomy and propose design considerations for a trial comparing transcatheter and surgical valve replacement in patients with BAV stenosis.

Approximately 50% of patients who undergo TAVR have coronary artery disease (CAD), and whether and when they should undergo revascularization remains a subject of ongoing debate. Christine J. Chung, MD, and James M. McCabe, MD, discuss the prevalence of CAD in

patients undergoing evaluation for TAVR, current practices in diagnosis and management of CAD, and available outcome data. They also share their considerations for managing coronary events after TAVR.

Recent guidelines for the management of valvular heart disease have been issued by both the American College of Cardiology/American Heart Association and the European Society of Cardiology/European Association for Cardio-Thoracic Surgery. Harriet Hurrell, MBBS; Christopher Allen, MBChB; Andreas Kalogeropoulos, MD; Tiffany Patterson, MBBS; Simon R. Redwood, MBBS; and Bernard Prendergast, DM, help us digest the similarities and differences between these important guideline documents.

TAVR has become the standard of care for the treatment of symptomatic severe aortic stenosis irrespective of surgical risk; however, despite advances in the field, conduction disturbances requiring permanent pacemaker implantation remain a concern. Yasser Sammour, MD, and Samir R. Kapadia, MD, describe how we should determine the requirement for permanent pacemaker after TAVR and highlight the impact of new pacemakers on patient outcome.

In our Today's Practice article, Denice Busman, MSN, details programmatic strategies to reduce complications and reduce length of stay in TAVR.

We close our issue by interviewing Valeria Paradies, MD, about her goals as Co-Chair of the EAPCI Women Committee, takeaways from her recent published work on patients with acute coronary syndrome and multivessel disease and other projects on the horizon, the value of pursuing study abroad, and more.

We hope that you find the content in this issue to be of value. As always, please let us know of any feedback or suggestions that you want to pass along. ■

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