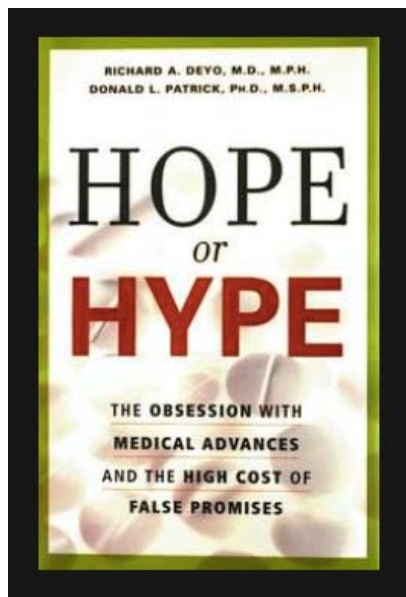


Get Ready for Percutaneous Mitral Valve Approaches

Paul A. Grayburn, MD
Baylor Scott and White Healthcare System
The Heart Hospital Baylor Plano and Baylor Heart and
Vascular Hospital
Dallas, TX



HOPE – Unmet Need:
There are patients with severe MR who need something done and are too high risk for surgery

HYPE – Wall Street Mentality:
There are not millions of these patients, and we are not yet sure who benefits and who does not

Four Transcatheter Approaches

- Edge-to-edge clip (Alfieri-type) repair (MitraClip FDA approved)
- Annuloplasty
- Chordal replacement
- Mitral valve replacement (TMVR)

Transcatheter Mitral Valve Repair

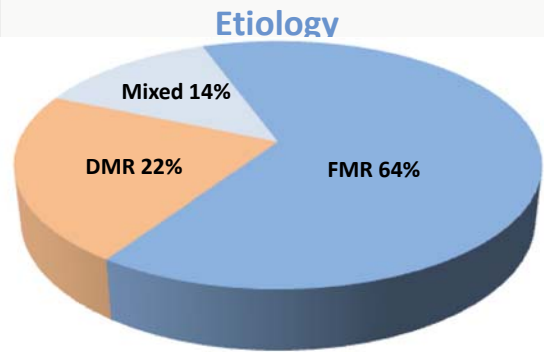
MitraClip® System



MitraClip Worldwide Experience

>52,000 Patients

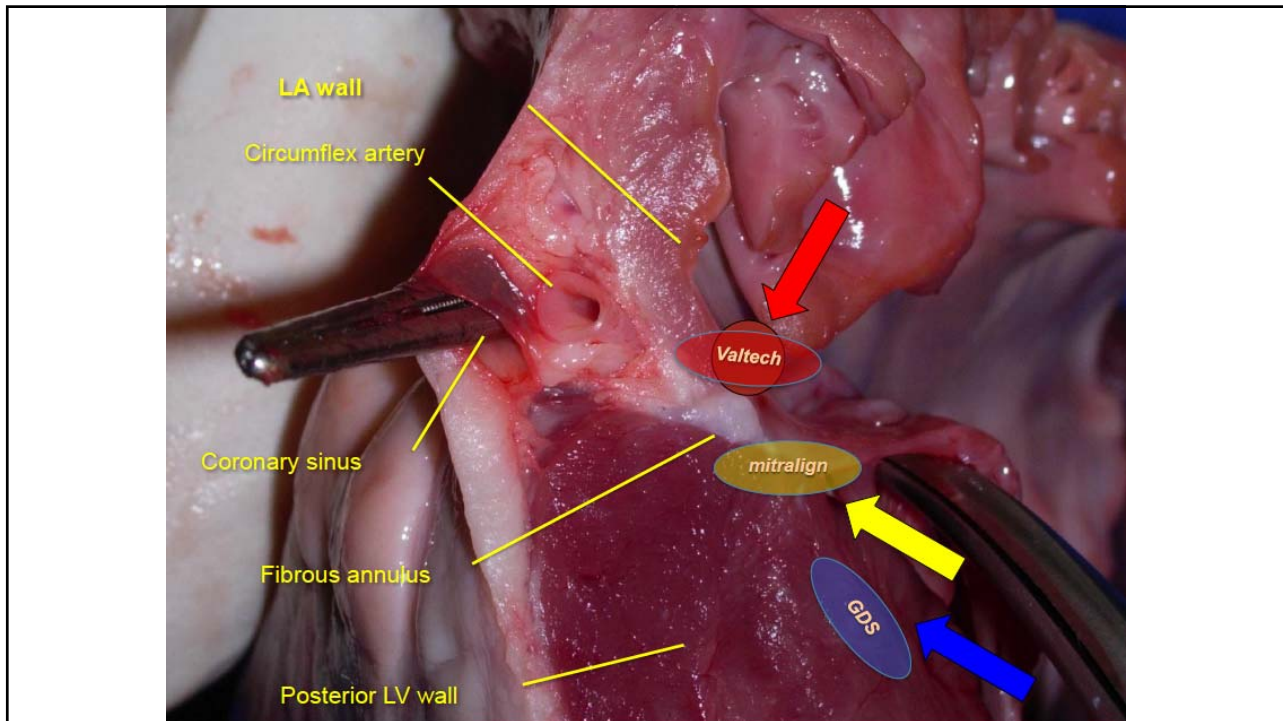
Implant Rate: 97%



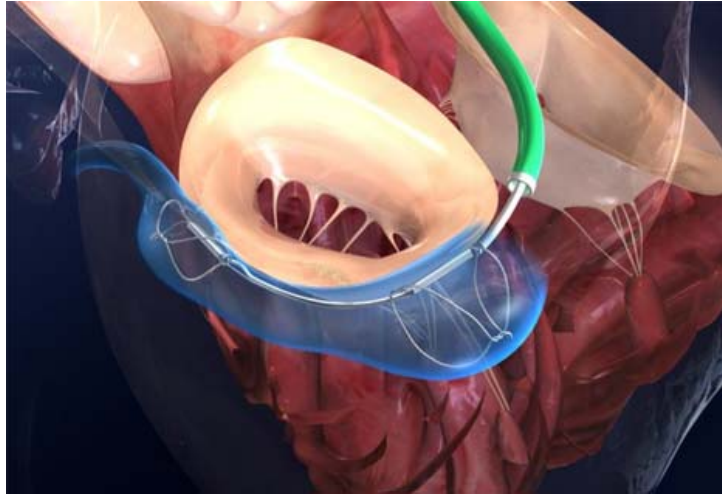
MitraClip is Good but there are Issues

- Failure to eliminate MR
 - Is moderate (2+) good enough?
 - Residual severe (3-4+) in 5-10% of patients
- Late recurrence of MR
 - Reduces option for surgical repair
- Mitral stenosis
 - MPG < 5 mmHg in cath lab can be worse when patient is ambulatory

Transcatheter Annuloplasty



Carillon Device



Carillon Pivotal FDA IDE Trial

- 400 patient trial in 50 sites in US, Canada, Europe and Australia
- Blinded, sham-controlled
- 2:1 randomization
- Co-Primary Efficacy Endpoints
 - 1st Primary endpoint: Hierarchical Endpoint
 - Death, Heart Failure, 6 minute walk-test at 12 months
 - 2nd Co-Primary Efficacy Endpoint
 - Reduction in Regurgitant Volume at 12 months in treatment group compared to control group

Transcatheter Mitral Annuloplasty in Chronic Functional Mitral Regurgitation



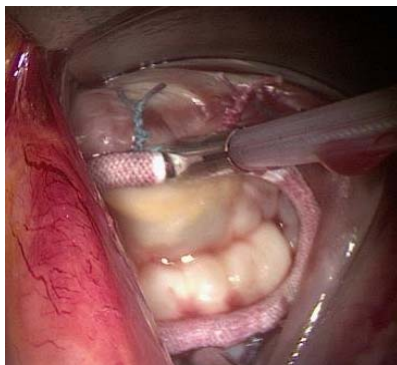
6-Month Results With the Cardioband Percutaneous Mitral Repair System

Georg Nickenig, MD,^a Christoph Hammerstingl, MD,^a Robert Schueler, MD,^a Yan Topilsky, MD,^b
Paul A. Grayburn, MD,^c Alec Vahanian, MD,^d David Messika-Zeitoun, MD,^d Marina Urena Alcazar, MD,^d
Stephan Baldus, MD,^e Rudolph Volker, MD,^e Michael Huntgeburth, MD,^e Ottavio Alfieri, MD,^f Azeem Latib, MD,^f
Giovanni La Canna, MD,^f Eustachio Agricola, MD,^f Antonio Colombo, MD,^{g,h} Karl-Heinz Kuck, MD,ⁱ
Felix Kreidel, MD,^j Christian Frerker, MD,ⁱ Felix C. Tanner, MD,^j Ori Ben-Yehuda, MD,^k Francesco Maisano, MD^j

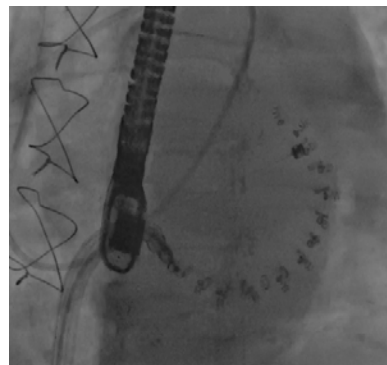
J Am Coll Cardiol Intv 2016;9:2037-49.

Cardioband is a Transfemoral Adjustable Ring

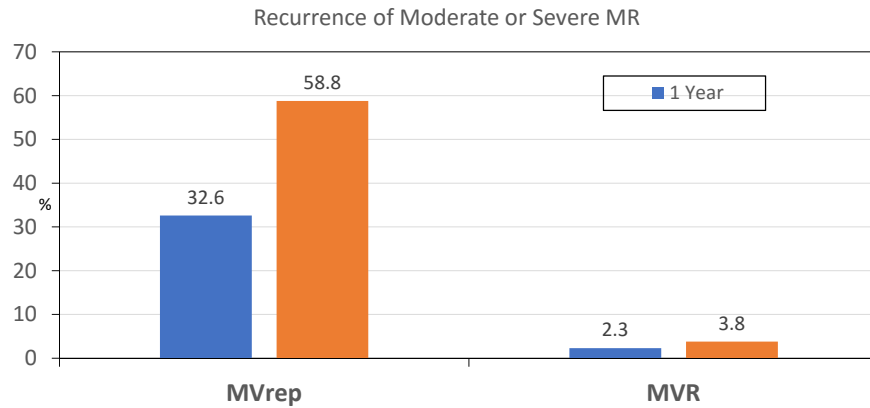
Surgery



Cardioband

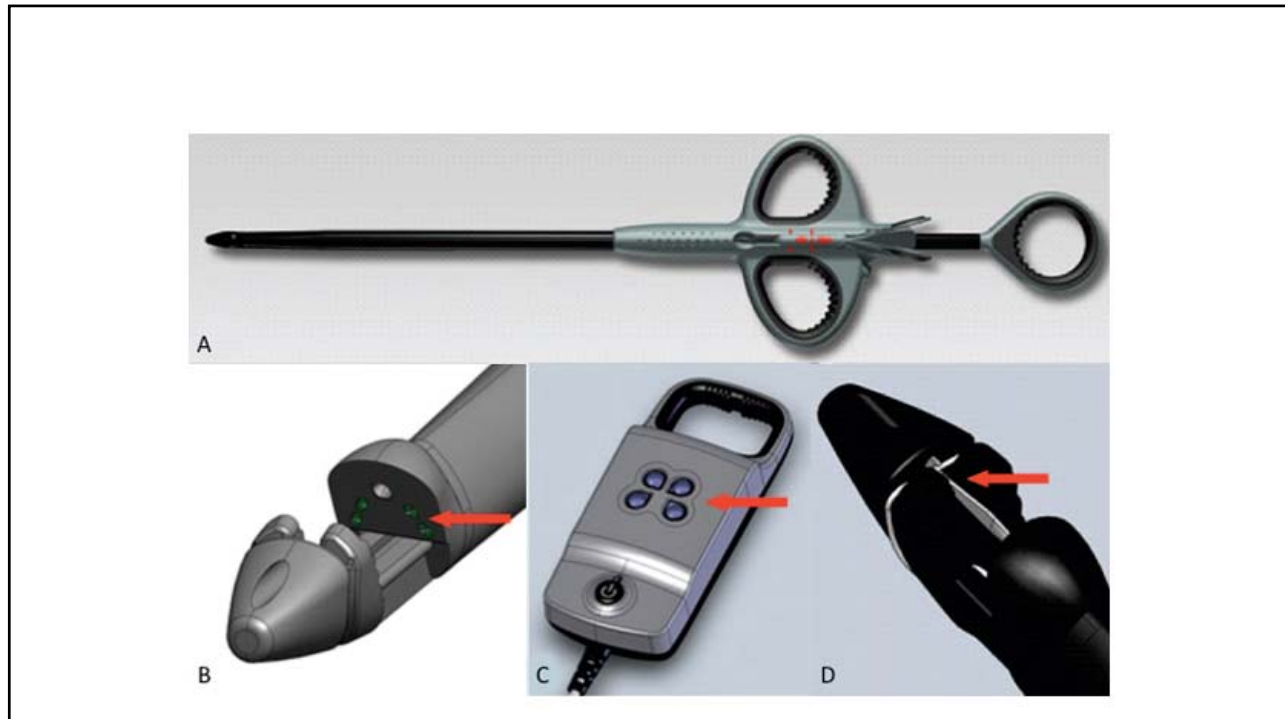


Caveat: MR Recurrence after Complete Ring Annuloplasty in CTSN Severe MR Trial



Secondary (functional) MR is a Disease of the LV; not the mitral annulus!

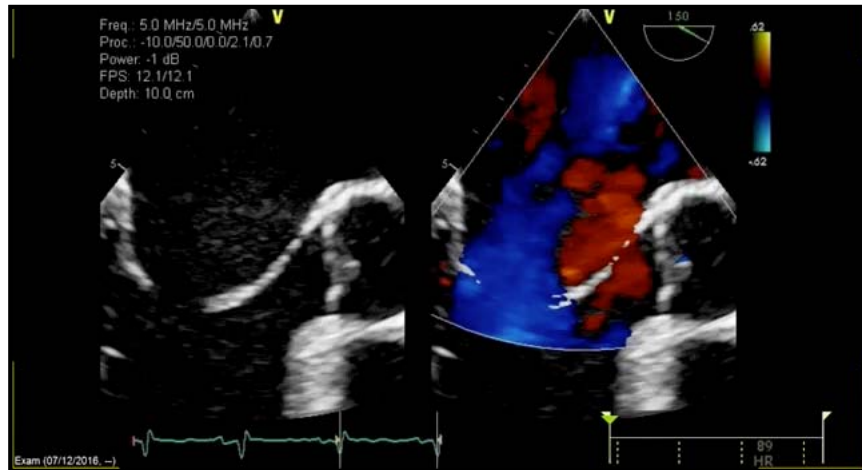
Chord Replacement



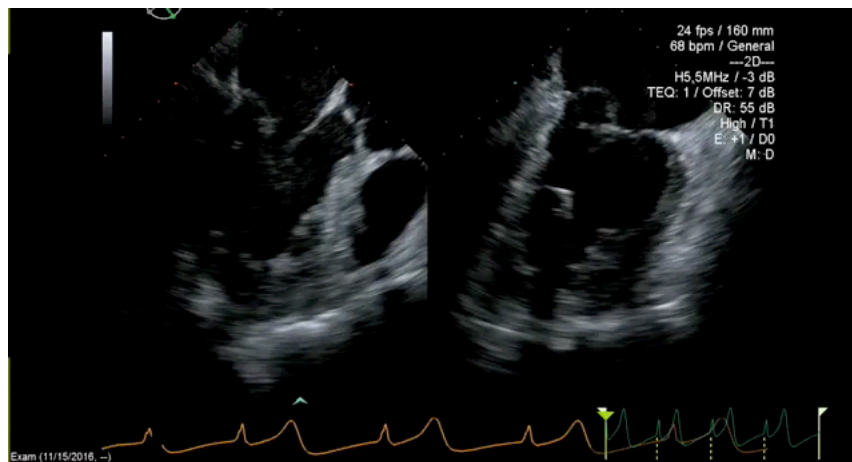
NeoChord Pivotal Trial

- 440 randomized pts, plus roll-in patients
- 20 sites
- Co-PIs – David Adams/Michael Borger
- Primary effectiveness endpoint – freedom from mod/sev MR at 1 year and freedom from mitral valve replacement or reintervention
- Primary safety endpoint – freedom from death, stroke, MAE (MVARC def) at 30 days

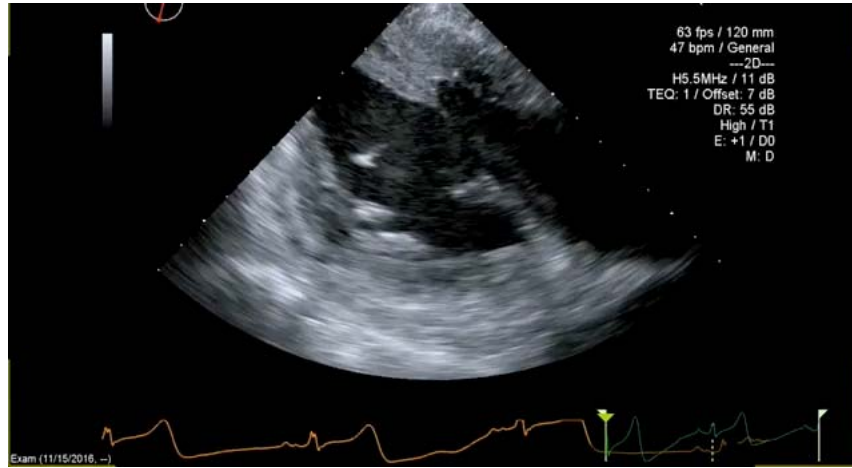
Severe MR



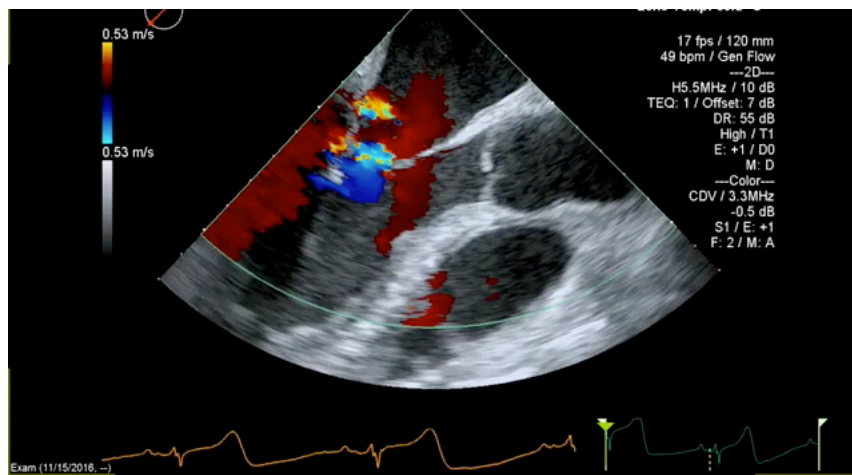
NeoChord Device - Grasp



Neochords Attached



Final Result



Chord Replacement: Caveats

- Still a thoracotomy; needs to become transfemoral, transseptal
- Benefit of off-pump not clear in CABG trials
- MVR often done minimally invasively now
- Early European results show late recurrence of MR (learning curve?)

Transcatheter Mitral Valve Replacement (TMVR)

- In light of CTSN trials, TMVR offers potentially lower risk option for valve replacement
- Technically more challenging than TAVR
 - Mitral annulus geometry
 - Larger orifice area
- Multiple devices under development
 - Transapical easier; EFS nearly done, pivotal startup
 - Transfemoral already starting

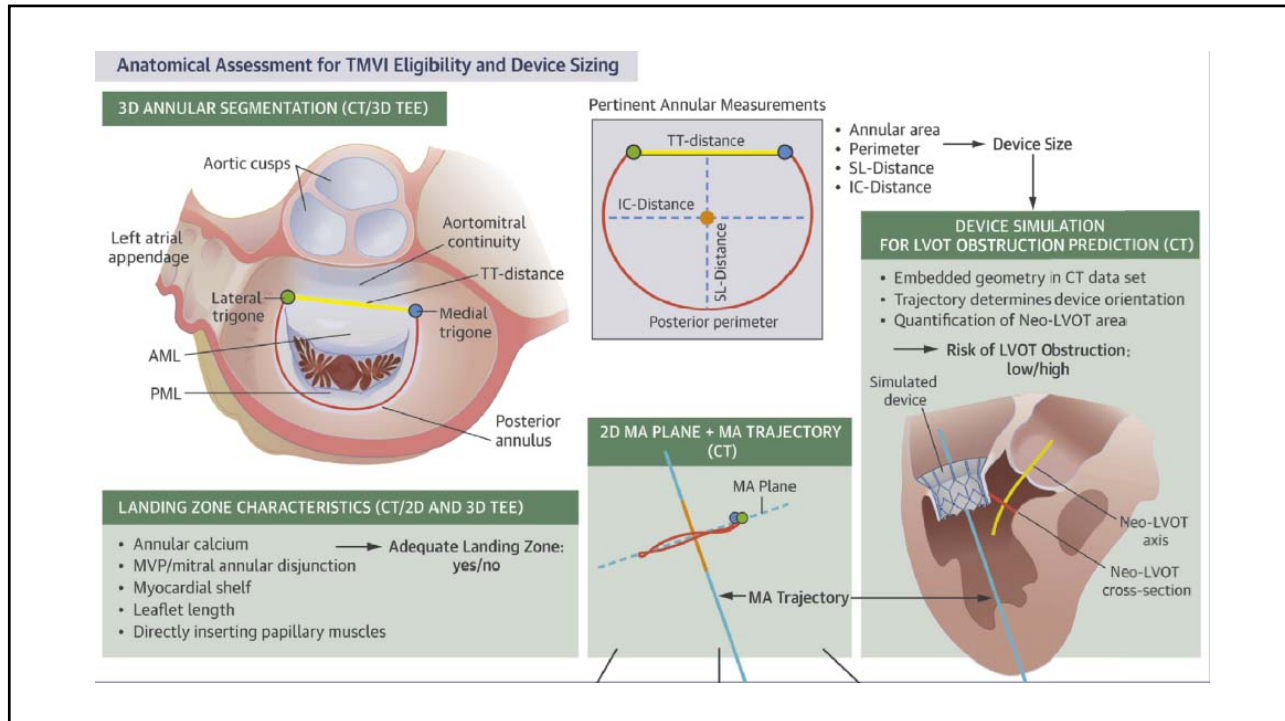
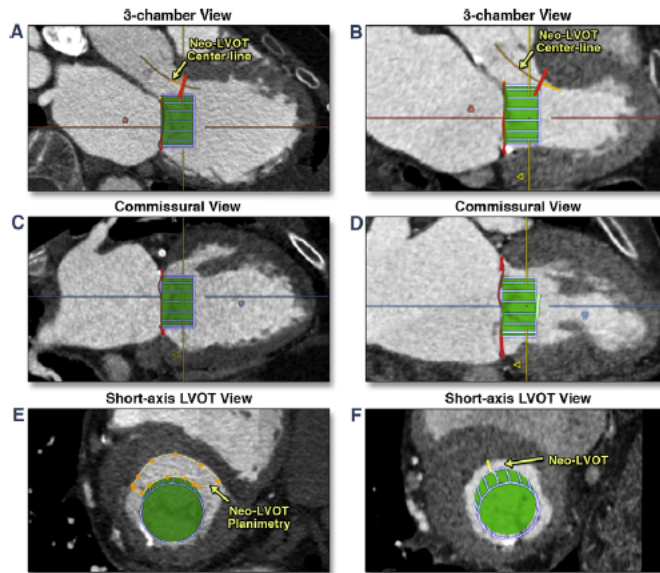
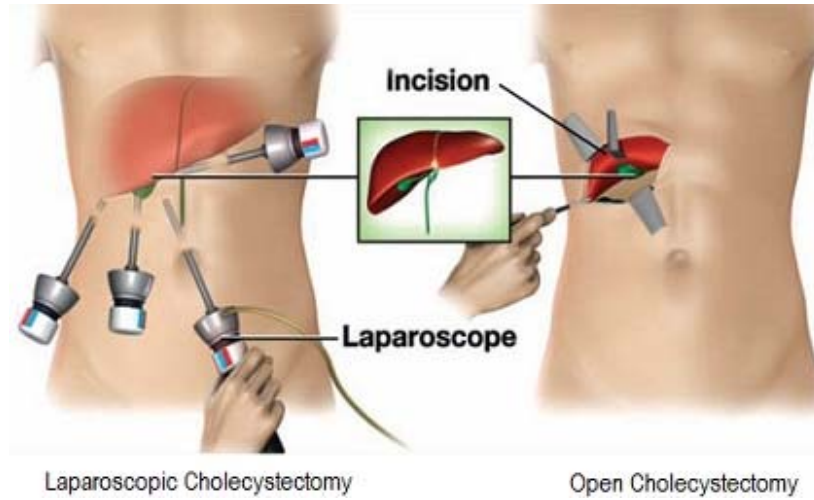


FIGURE 10 Prediction of Neo-LVOT Dimensions



Less invasive always wins!



TMVR Devices in Human Trials



Tendyne



Twelve



CardiaQ



Cephea



Neovasc Tiara



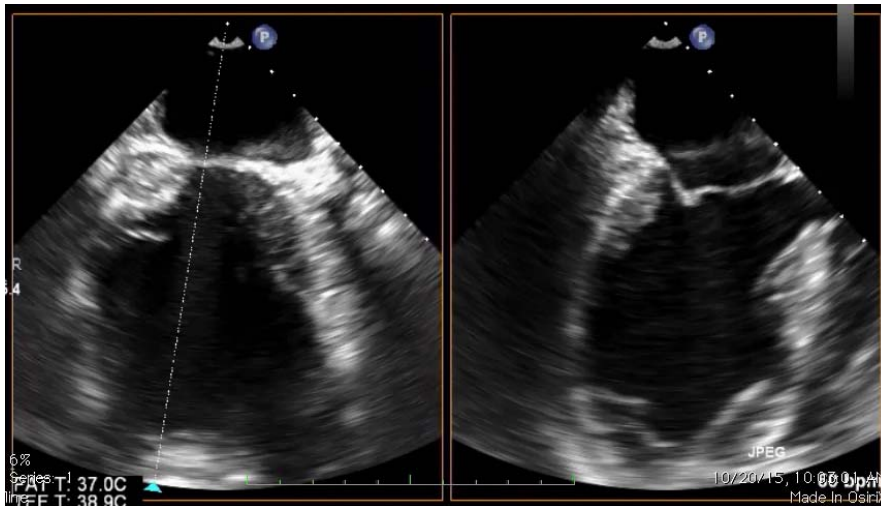
MValve

Different Designs for the Same Thing

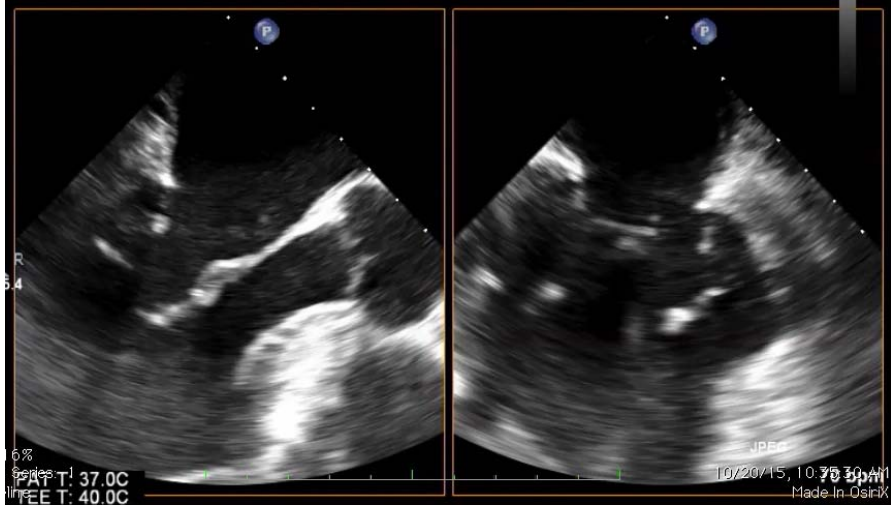


Over time, TMVR devices will get smaller and better!

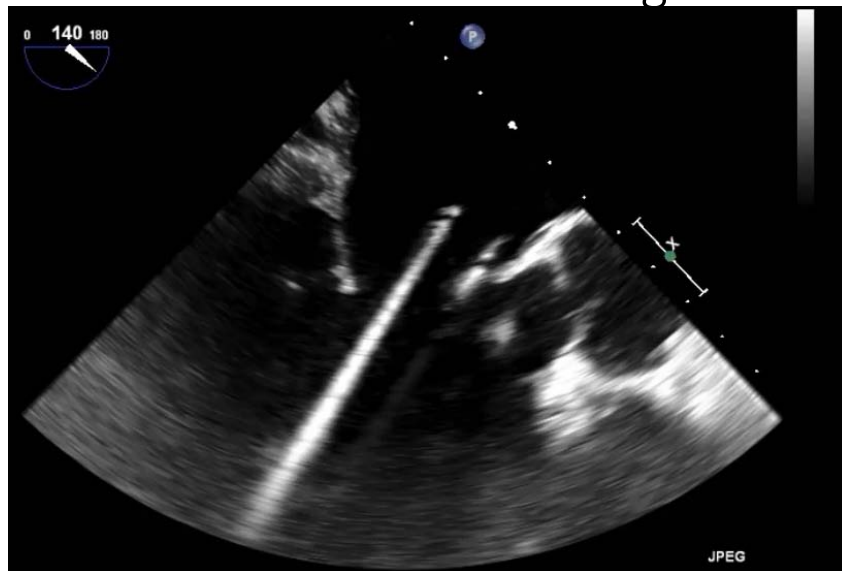
Finger at LV Apex



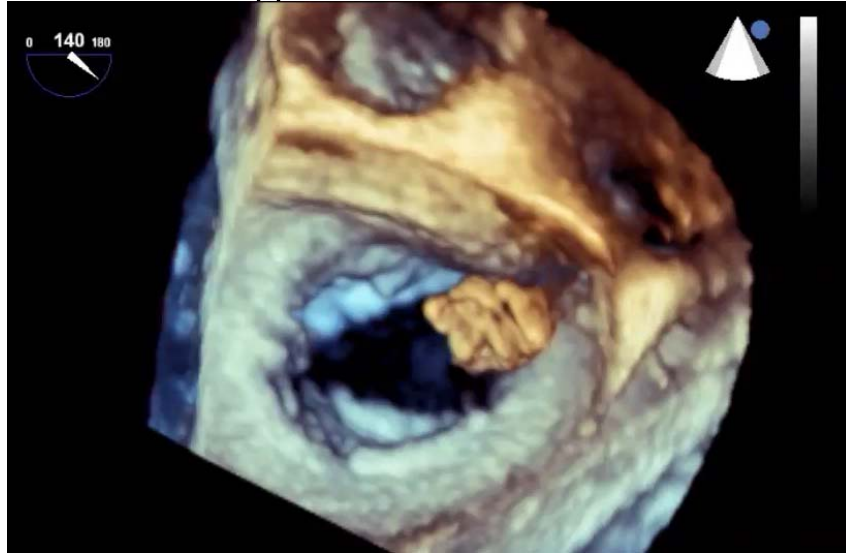
Wire in LUPV – Balloon to LA



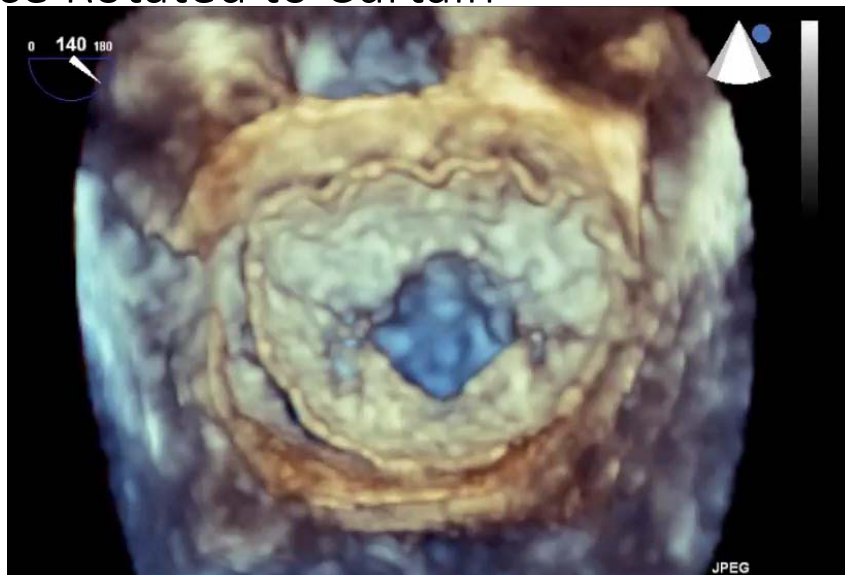
32F Sheath in LA – What's Wrong?



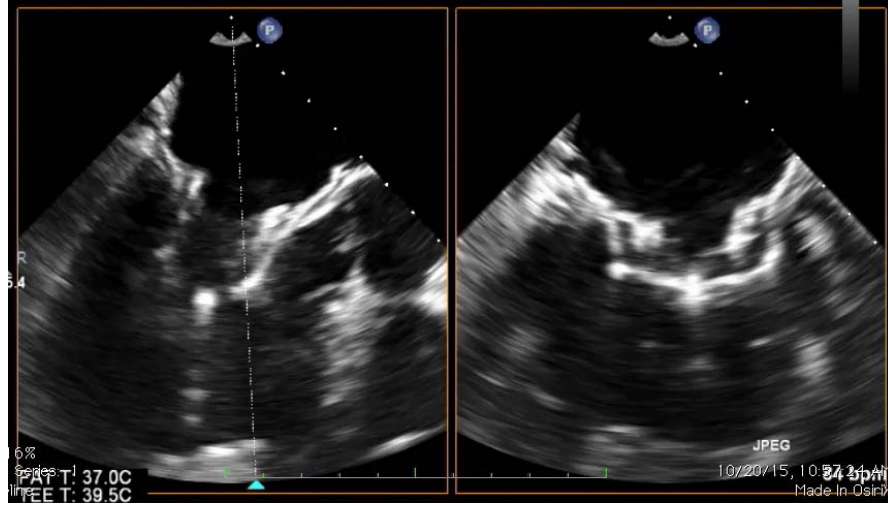
Device Extruding from Sheath



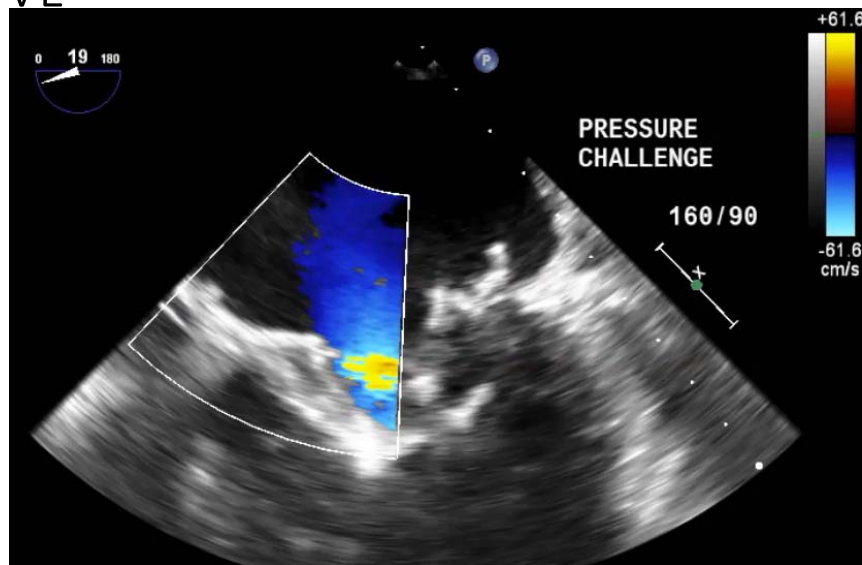
Device Rotated to Curtain

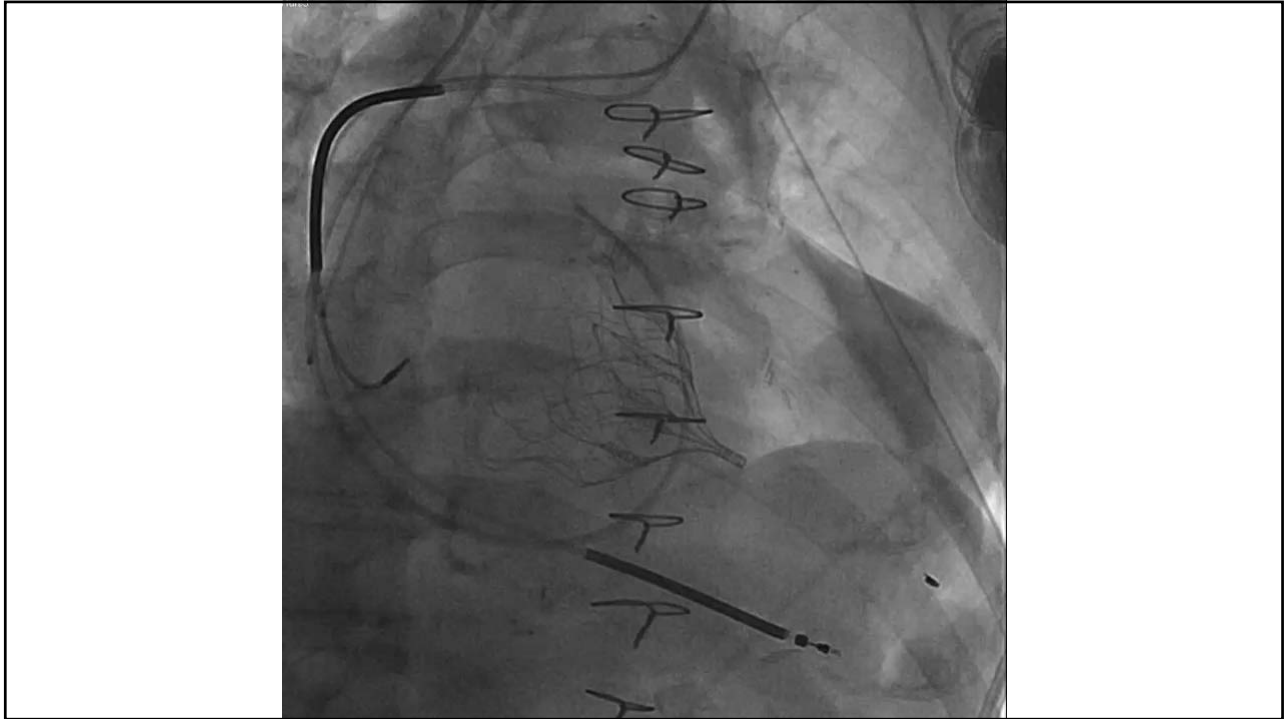


Device Seated



No PVL





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 ISSN 0735-1097/\$36.00
<http://dx.doi.org/10.1016/j.jacc.2016.10.068>

Transcatheter Mitral Valve Replacement for Patients With Symptomatic Mitral Regurgitation

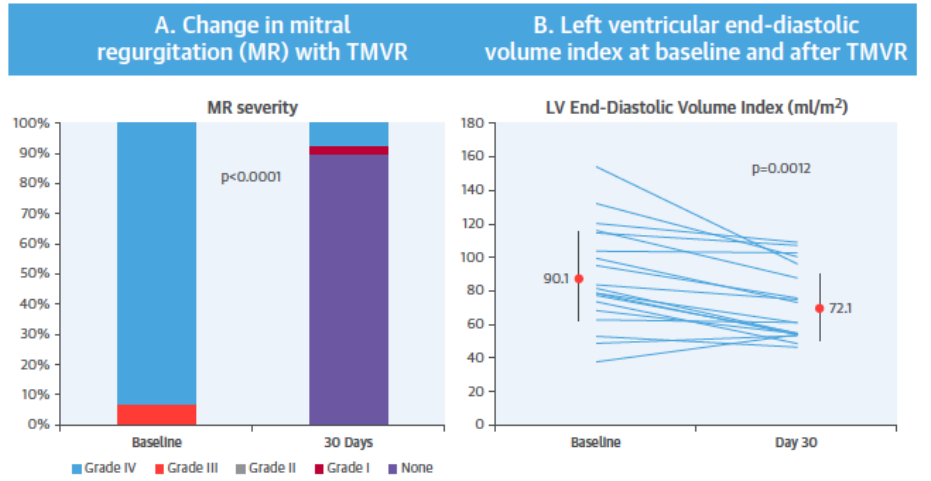
A Global Feasibility Trial

David W.M. Muller, MBBS, MD,^a Robert Saeid Farivar, MD,^b Paul Jansz, MBBS, PhD,^a Richard Bae, MD,^b
 Darren Walters, MBBS, MPhil,^c Andrew Clarke, MBBS,^c Paul A. Grayburn, MD,^d Robert C. Stoler, MD,^d Gry Dahle, MD,^e
 Kjell A. Rein, MD,^e Marty Shaw, MBBS,^a Gregory M. Scalia, MBBS,^c Mayra Guerrero, MD,^f Paul Pearson, MD,^f
 Samir Kapadia, MD,^g Marc Gillinov, MD,^g Augusto Pichard, MD,^h Paul Corso, MD,^h Jeffrey Popma, MD,ⁱ
 Michael Chuang, MD,^j Philipp Blanke, MD,^j Jonathon Leipsic, MD,^j Paul Sorajja, MD,^b
 on behalf of the Tendyne Global Feasibility Trial Investigators

0/30 cardiovascular deaths at 30 days
 1/3 (3.3%) noncardiovascular death (Hosp acq pneumonia)
 0/30 strokes
 0/30 acute MIs

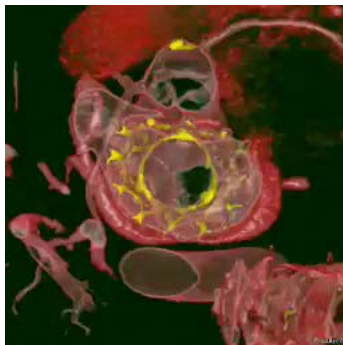
Tendyne 30-Day Results

CENTRAL ILLUSTRATION Change in Mitral Regurgitation and LV Volumes After TMVR

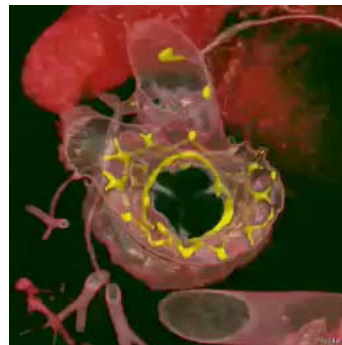


Device Thrombosis

One month post TMVR
 INR 1.1
 Mean gradient 10 mmHg



Three months post TMVR
 INR 4.0
 Mean gradient 2 mmHg



TMVR Devices

- Multiple device designs resemble surgical bioprosthetic valves
- Differences in leaflet tissue
 - Porcine vs bovine pericardium
- Differences in anchoring
 - Apical tether, annular fixation, leaflet clips, other
- First-in-human trials underway in Europe, Asia, United States

Profile Can Be Very Large



Challenges

- Mitral anatomy/function complex
- Mitral annular calcium
- Large device profiles
- Delivery systems large, mostly transapical
- LVOT obstruction / SAM
- Anchoring
- Paravalvular MR / hemolysis
- Device thrombosis
- Device-specific imaging needs

Multidisciplinary Mitral Valve Clinic





Thank you!

