



Evolving Valve Management Strategies Roundtable Interactive Table Discussions

The following discussion questions have been developed to guide the interactive discussion at the individual tables for each of the sessions. Each session will begin with introductory presentations followed by a 45-60 minute interactive table discussion using the questions below. Individual tables will then report back to the full group with a topline summary of the key issues discussed.

Thursday, December 17, 2015

Session 1: Overview of the Current Guidelines and Challenges in the Assessment and Management of AS and MR

1. How do you approach the patients with low gradient “severe” aortic stenosis?
 2. How do you manage asymptomatic patients with severe AS? Does the apparent benefit of early AVR in patients with asymptomatic severe AS observed in the CURRENT AS registry change your approach?
 3. What is the best methodology for quantifying the degree of MR? What are the challenges in quantifying the severity of MR?
 4. What are the best methods for documenting and quantifying the degree to which MR has impacted your patients’ lives (functional testing, QoL, biomarkers, etc.)? How do you manage patients with severe MR that appear to be asymptomatic?
 5. When do you intervene for patients with severe primary MR? And secondary MR?
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Session 2: Emerging Transcatheter Therapies in AS (TAVR)

1. Do any comorbid conditions (advanced CKD/ESRD, oxygen-dependent COPD, etc) preclude transcatheter valve interventions? How do you determine if your patient is too sick or frail to refer for intervention?
 2. Should TAVR evolve into a routine cath lab procedure? Do we need general anesthesia and TEE?
 3. How do you manage your patients after TAVR? Should all patients be referred to cardiac rehab? Is routine imaging needed after TAVR? Does recent data on subclinical leaflet thrombosis justify dual antiplatelet therapy in all patients?
 4. Given the recent FDA approval for the valve-in-valve indication, when do you select mechanical valve prostheses for patients undergoing surgical valve replacement?
 5. What patient subgroups have better outcomes with TAVR than with SAVR? And vice versa?
 6. How do you incorporate minimally invasive surgical AVR into your discussions with patients?
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Session 3: Future Directions and Improving AS Care

1. Has your TAVR practice already expanded to include intermediate risk patients? And low risk patients? How do we ensure the appropriate utilization of TAVR?
 2. What is the role of advanced imaging modalities for AS at your center? When are they incorporated?
 3. What do you consider to be barriers to AS care?
 4. Should the management of AS be limited to centers of excellence?
 5. As TAVR becomes more routine, is the heart valve team's role diminishing or increasing? What role should they play moving forward?
 6. What kinds of support tools would be the most helpful in making treatment decisions for patients with severe aortic stenosis? What would an ideal tool look like and how would you use it?
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Session 4: Engagement of Patients and Trainees in the Management of Valvular Heart Disease

Tables 1, 2, 3:

1. How do we get clinicians to buy-in and engage their patients in shared decision making?
2. How should shared decision making/patient preferences be incorporated in the development and execution of a treatment plan for AS or MR?
3. What are the key decisions that require a shared decision-making approach?

Tables 4, 5, 6:

4. What strategies are working for training physician and non-physician staff in the use of transcatheter valves?
 5. Which areas are either underserved or oversubscribed for training and education?
 6. How do we harmonize and focus the training of interventional cardiologists and surgeons in transcatheter valve therapies?
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Friday, December 18, 2015

Session 5: Managing MR and the Incorporation of Transcatheter Mitral Valve Repair

1. What is the role of advanced imaging modalities for MR? When are they incorporated?
 2. What is the optimal therapy for patients with symptomatic severe primary MR? What about for symptomatic severe secondary MR? Ischemic MR? When is valve replacement preferred over repair in patients referred for surgery?
 3. When is transcatheter mitral valve repair appropriate (extreme risk patient, degenerative, functional)? Do you consider a transcatheter mitral repair attempt before sending patients to surgery? What factors are key in determining if your patient is a reasonable transcatheter mitral repair candidate?
 4. Where do you envision transcatheter mitral valve replacement (TMVR) will fit into the management of patients with severe MR? Is it likely to better suit patients with primary or secondary MR? Should the adoption of TMVR technologies depend on efficacy in improving survival or is reduction in heart failure hospitalizations sufficient?
 5. What is the appropriate frequency and methods that should be used in following patients with MR initially, during active medical treatment, and post-surgery/post-intervention?
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Session 6: Future Directions and Improving MR Care

1. When should a PCP or general cardiologist refer patients with MR to centers of excellence or for heart valve team/specialist assessment?
 2. What kinds of support tools would be the most helpful in making treatment decisions for patients with severe MR? What would an ideal tool look like and how would you use it?
 3. What defines a center of excellence? What defines an experienced surgeon? How do we ensure competence of interventional cardiologists or surgeons for transcatheter MR therapies? Should the management of MR be limited to centers of excellence?
 4. What do you consider to be barriers to optimal MR care?
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Session 7: Panel Discussion- Investigation and Regulation of Novel Transcatheter Valve Technologies

1. What challenges do you see in clinical practice with the disparity of real-world patient populations versus trial populations for transcatheter therapies?
 2. What are the barriers to adoption of new transcatheter valve technologies in your practice? What can be done to address these barriers?
 3. How do you see novel transcatheter technologies continuing to evolve? What do you think are the new issues that may arise? What do you think is their potential to further aid more patients?
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