INTERACTIVE TABLE DISCUSSION QUESTIONS

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

Please select a representative from your table for each session to take notes and report back to the full group at the end of discussion.

SESSION 1: CURRENT GAPS AND CONTROVERSIES IN THE DIAGNOSIS AND MEDICAL MANAGEMENT OF TRICUSPID VALVE REGURGITATION

Tables 1, 2, 3

1.   Is significant tricuspid regurgitation (TR) under diagnosed? If so, in whom (based on symptoms or signs) should testing (echo) be recommended?

2.   Are additional guidance documents for the clinician needed to improve the diagnosis of TR? Are additional studies needed to improve the classification of TR?

3.   How should patients be followed up after cardiovascular implantable electronic device (CIED) for the appearance of TR?

4.   Should patients with TR who undergo mitral transcatheter edge-to-edge repair (TEER) be followed for resolution and/or worsening of TR?

Tables 4, 5, 6

1.   What does adequate diuresis for TR look like (e.g., right ventricular function changes)?

2.   How should the management of TR vary based on its severity?

3.   Should guidance be created to improve management of TR?

4.   What is the role of the general cardiologist, heart failure specialist and other members of the heart team in the medical management of TR?

SESSION 2: RECENT ADVANCES AND FUTURE DIRECTIONS IN TRICUSPID REGURGITATION INTERVENTIONS

Tables 1, 2, 3

1. Do any comorbid conditions preclude TR interventions? What factors are key in determining if your patient is a reasonable transcatheter edge-to-edge repair candidate?

2. What are important endpoints in clinical trials of TR? Is the dose of loop diuretic a good outcome measure? Is the Kansas City Cardiomyopathy Questionnaire (KCCQ) a good quality of life (QoL) metric for TR? What is an adequate follow-up time for outcome endpoints?

3. Are intermediate endpoints such as B-type natriuretic peptide (BNP), QoL, and the 6 Minute Hall Walk (6MHW) useful for evaluating TR interventions? Is the utility similar to the use in mitral regurgitation or left sided heart failure?

4. How should we combine the severity of TR and the amount of right ventricular dilation or dysfunction to predict right ventricular failure?

5. How does atrial fibrillation affect TR and should rhythm control be recommended in patients with moderate or greater TR?

Tables 4, 5, 6

1. How should intracardiac leads be managed prior to tricuspid valve interventions? What are the pitfalls of device lead extraction? When should device lead extraction not be pursued?

2. What are the regulatory issues for new devices? What are the coverage issues for TR devices? Should TR percutaneous procedures be mandated by the Centers for Medicare & Medicaid Services (CMS) using the coverage with evidence development (CED) mechanism for patient registry enrollment to fulfill coverage and payment requirements?

3. What data are needed to support the development of a risk calculator for TR? Is there a way to leverage existing databases? If so, which ones? What feedback from a risk calculator would be most useful?

4. What are potential mechanisms for coordination of TR management strategies- surgical, percutaneous, and medical management of TR? Should a medical management "specialist" be consulted first before invasive intervention as with mitral regurgitation?

5. Should additional guidance documents for the use of TR interventions be created? If not, what additional data are needed?