Severe Aortic Stenosis: Who does not undergo AVR?

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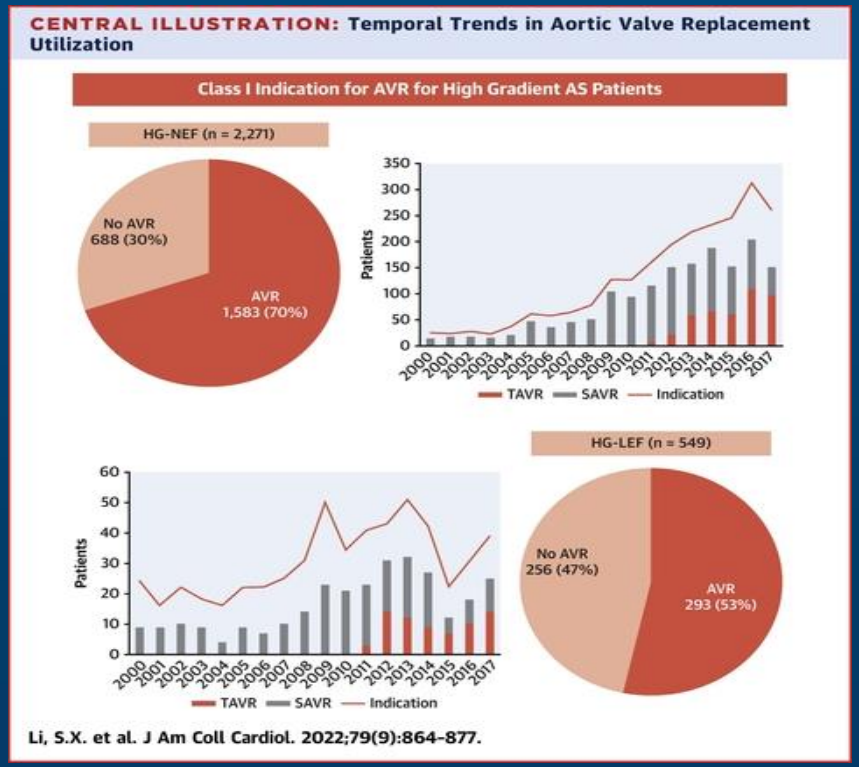
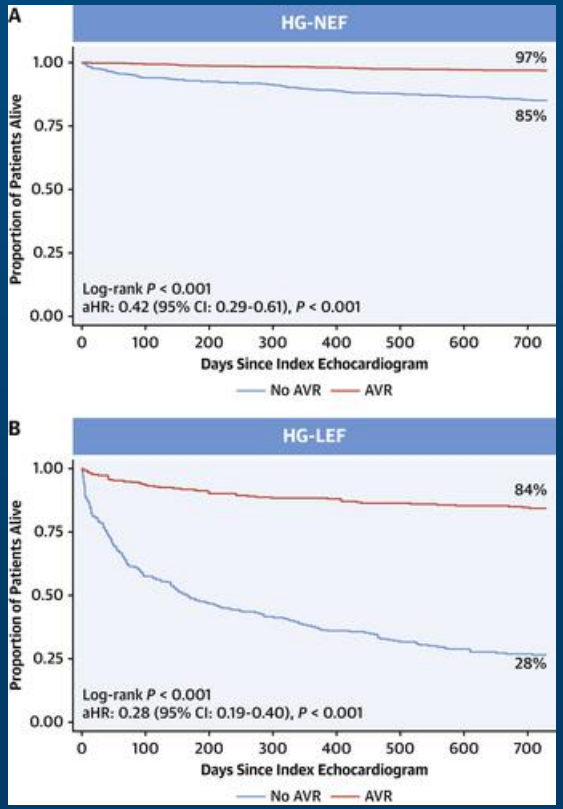
Disclosure of Relevant Financial Relationships

I, William Downey MD, DO NOT have any financial relationships to disclose.

Faculty disclosure information can be found on the app.

Many Patients with Severe AS Do Not Get AVR

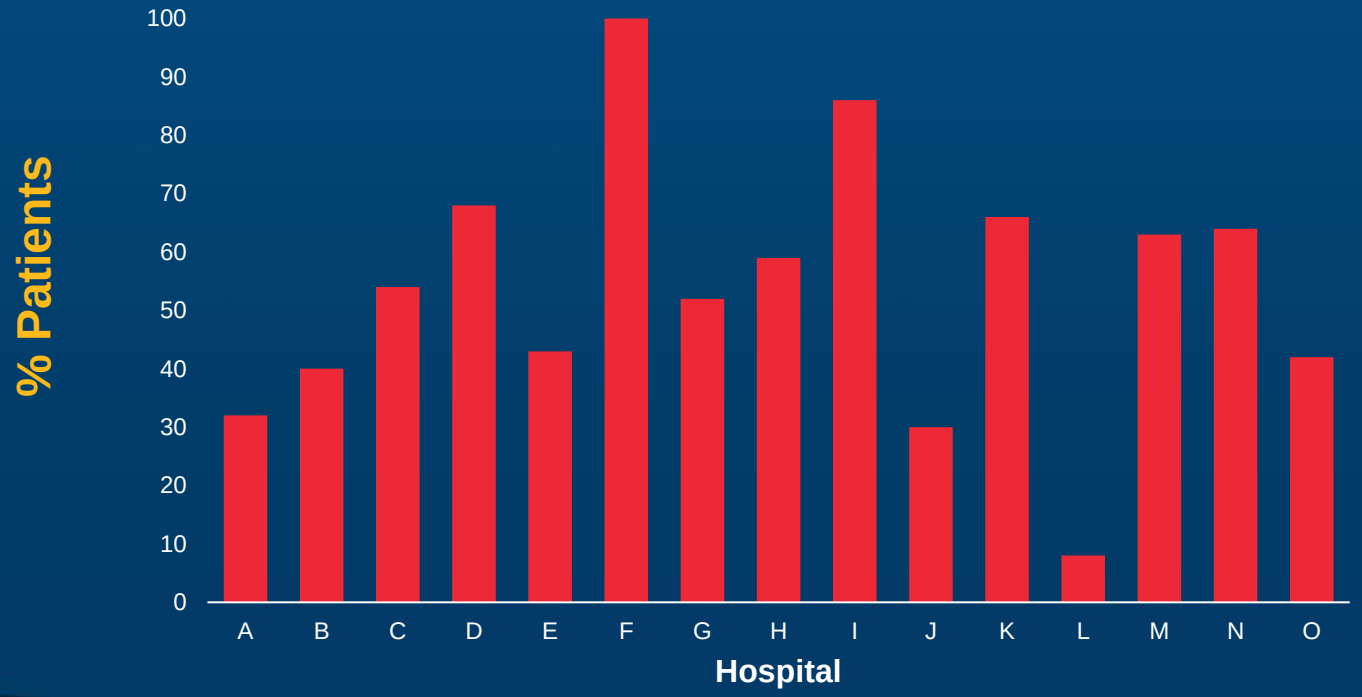




Li et al. *JACC.* 2022; 79: 864-877.

Target AS: Pilot

Symptomatic severe AS treated with TAVR/SAVR within 90 days of diagnosis.



Lindman et al. *Circ Cardiovasc Qual Outcomes.* 2023; 16: 432-436.

The Alarm Blares for Undertreatment of Aortic Stenosis

How Will We Respond?*

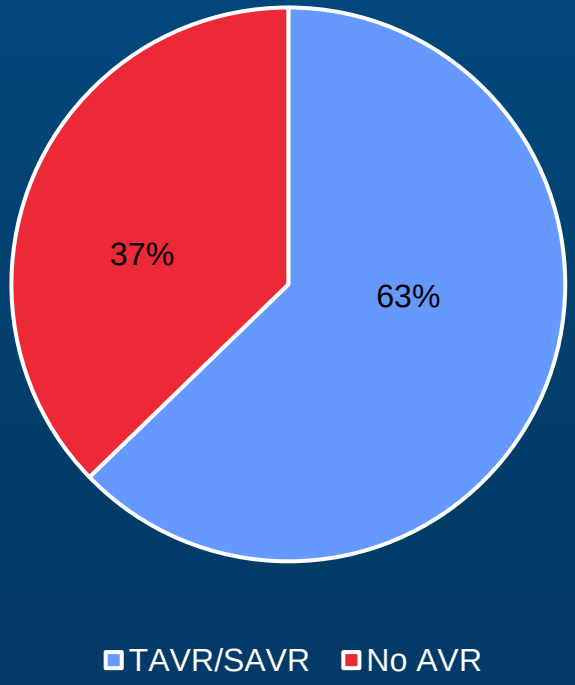
Brian R. Lindman, MD, MSc, Angela Lowenstern, MD, MHS

Li et al. *JACC.* 2022; 79: 864-877.

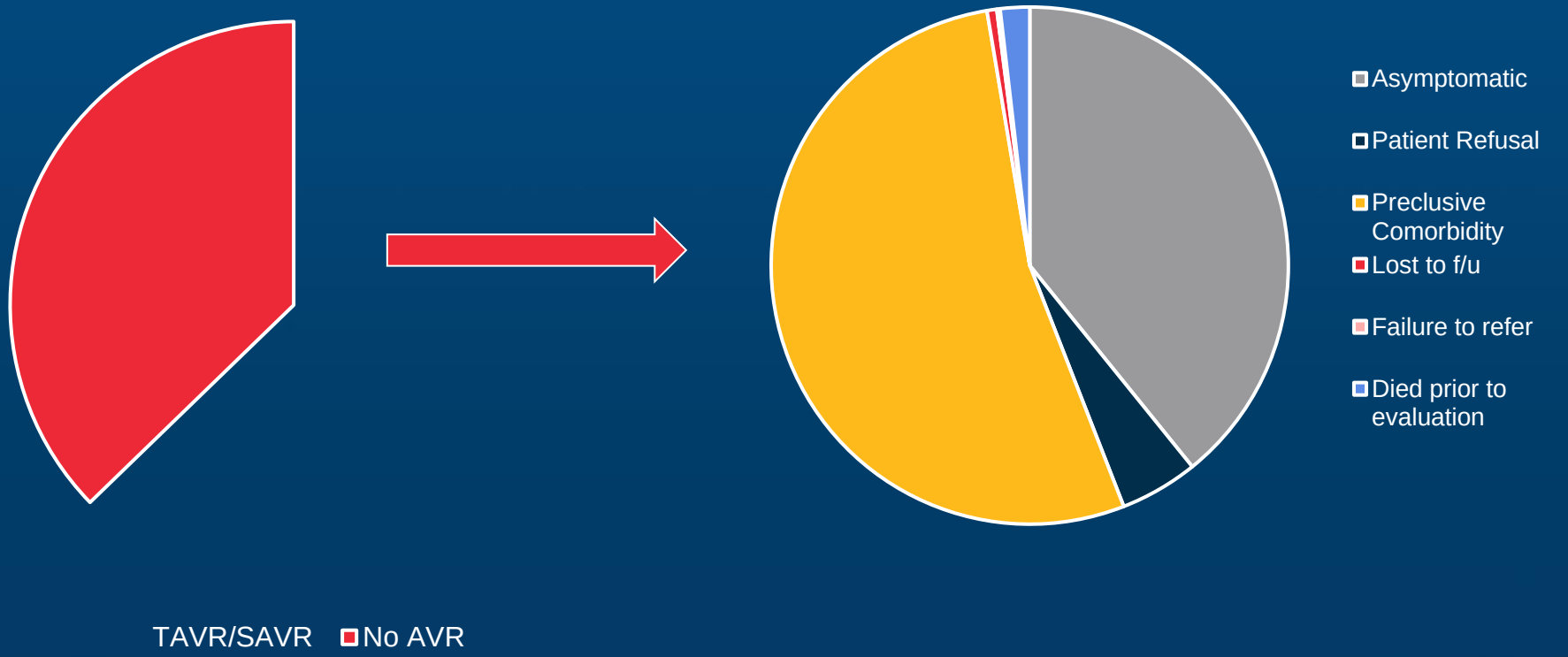
SHVI Aortic Stenosis Program

- Setting: Large metropolitan area and surrounding rural areas.
- All hospital and office-based TTEs 1/1/2021 - 4/17/2023.
- Identified classic severe AS (mean $\Delta \geq 40$mmHg and/or peak velocity >4 m/s).

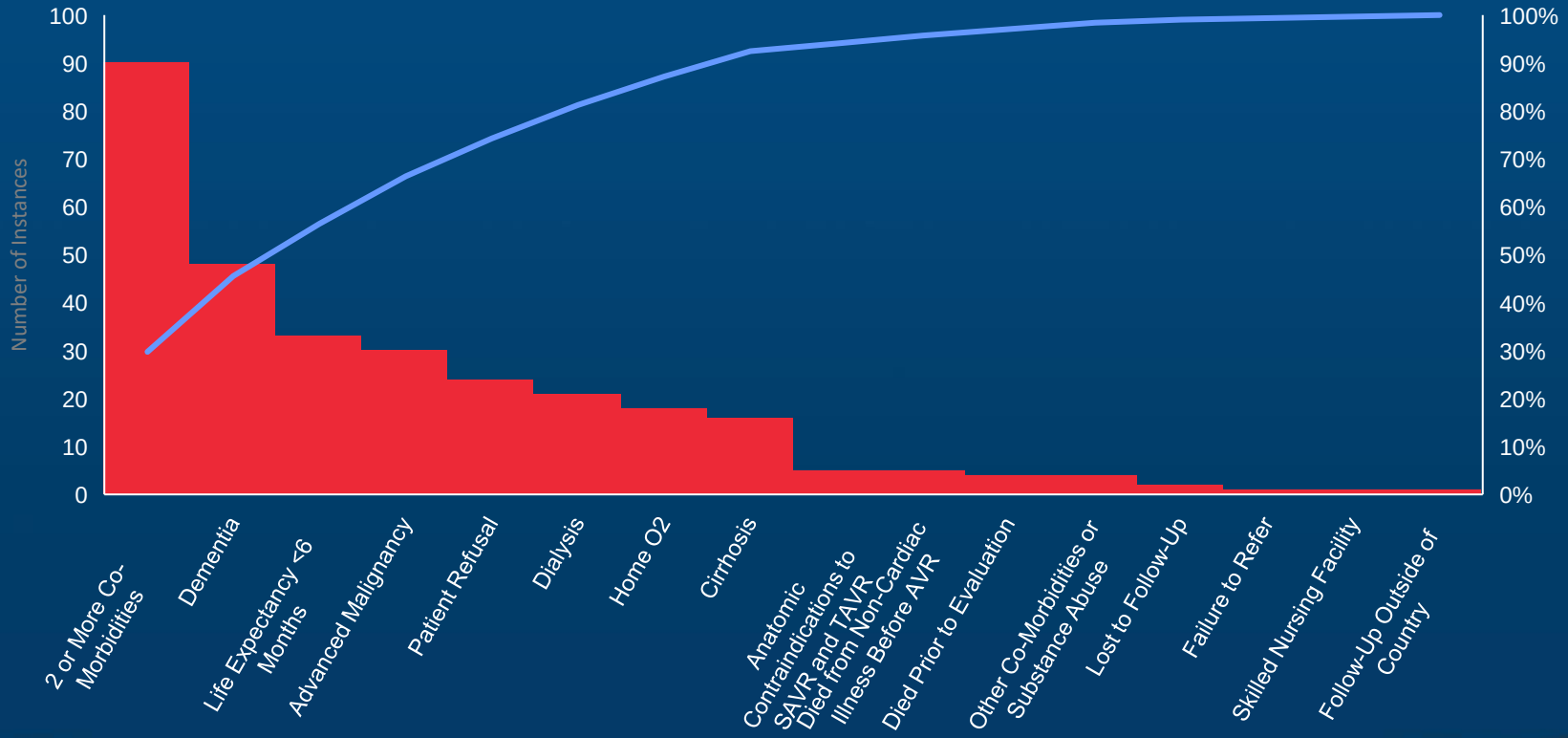
1329 Patients with Classic Severe AS



All Patients with Classic Severe AS



Patients not Undergoing AVR



Conclusion

- Among patients who did not undergo AVR:
  - The plurality were recommended for a watchful waiting strategy due to their asymptomatic status.
  - Most of the remainder were not offered AVR due to advanced non-cardiac comorbidities.
  - 4% were offered AVR but declined.

- Once severe AS diagnosed, care gaps were minimal.

Moving Forward

- Challenge ourselves to meet Lindman's call to action.
- Expand diagnostic capabilities
  - AI-supported EKG screening
  - Standard echo reporting and notification.
- Integrate tools to link clinical data sources and facilitate assessment of our pathways of care.

- QI initiatives need to account for comorbidities and patient choice.