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## Novel Transcatheter Solution Approved for Tricuspid Regurgitation

### ReachMD Announcer:

Welcome to ReachMD. This medical industry feature is titled "Novel Transcatheter Solution Approved for Tricuspid Regurgitation," featuring Director of the Structural Heart and Valve Center at NewYork-Presbyterian and Columbia, Dr. Susheel Kodali. This video is a production of NewYork-Presbyterian with world-class doctors from Columbia & Weill Cornell Medicine.

### Dr. Kodali:

Hi. My name is Susheel Kodali. I'm Director of the Structure, Heart and Valve Center at New York Presbyterian and Columbia University. One of our major focuses here over the last decade has been investigating transcatheter treatment options for customer regurgitation.

For many patients, medical therapy is ineffective and surgery has a high morbidity and mortality. So that's why there's an unmet need, and we've been looking for other solutions that will benefit these patients.

The Tricent 2 trial was a combination of that work and demonstrated the efficacy of the INVOKE system for treating severe symptomatic TR.

The INVOKE transcatheter heart valve is a bovine pericardial tissue valve that is designed to be delivered via catheter without any incisions.

The valve itself is sewn into a nitinol frame and compressed onto a delivery catheter that allows it to be advanced from the femoral vein to the heart. Once the valve is in the right position across the native tricuspid annulus, it is slowly expanded. As it expands, it anchors onto the native tricuspid valve leaflets and once it is fully deployed, the native valve is excluded and the new prosthetic valve takes over the function.

We had successful implantation 96% of patients with a cardiovascular mortality of 3% at 30 days. The patients themselves reported a more than 20 point improvement in quality of life based on the KCCQ scale. More than 90% were able to be discharged home. Right now, we're at the early stage of our understanding of this disease state. Multidisciplinary care is key to the success of trans cathode therapies. Not only do we need to educate patients, but also the referring community and positions on when treatment is appropriate. We also need to make the technology more available while continue to critically analyze the data and to make sure the right patients are benefiting from this therapy.

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