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| Disclosures | | | | |
|---------------------------------------|---|--|--|--|
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| Equity, <1% | Elixir Medical | | | |
| Scientific Advisory Boards/Committees | AMA - JAMA Cardiology (Associate Editor), ACC (BOT Member, SC Member CTR Program), SCAI (Women in Innovations Committee Member), CRF Faculty, Women as One | | | |















| | TEER: Updates fro | m TRILUI | VINATE Piv | otal Study | y |
|----|---|--|--|--------------------------------------|---|
| | #1 Results exte | ended to 3 | -year follow | -up | |
| | #2 Physiological D | ata Suppo | rt Primary Fi | indings | |
| #3 | TR Reduction with T | riClip Impr | oves End-or | gan Damag | е |
| | ANCOVA Results | TriClo | Control | ANCOVA | |
| | Change from Baseline to 12 Months (Only successful TEER patients)* | | | P-Value | |
| | Charge from Baseline to 12 Months (Only successful TEER patients)* eGFR (mL/min/1.73m ²) MELD-XI Score | (n=258) +0.30 ± 0.85 (239) -0.19 ± 0.13 (236) | (N=287) -2.27 ± 0.82 (253) +0.42 ± 0.13 (250) | 0.030 0.0013 | |
| | Charge from Baseloe to 12 Worths (Coly accessity TEEP ackenty) eGFR (mL/mni.1.2m²) MELD-XI Score ANCOVA Results Charge for Baseline to 12 Months (Orly accessital TEER patterns & censoring patients with formal baseline values)? | (n=258) +0.30 ± 0.85 (239) -0.19 ± 0.13 (236) TriClip | (N=287) -2.27 ± 0.82 (253) +0.42 ± 0.13 (250) Control | 0.030 0.0013 ANCOVA P-Value | |





TAKE-HOME Messages

- M-TEER has been confirmed as a valuable treatment option for patients with degenerative mitral regurgitation
- TMVR has achieved a significant technical feasibility milestone; procedural and longterm outcomes continue to improve thanks to next-generation delivery systems, the wide availability of valve sizes, and LVOT-sparing designs
- TRILUMINATE results have been confirmed and corroborated by evidence showing that T-TEER is associated with RV volume reduction, improvement in RV function, and a reduction in end-organ damage
- ◆ The TRISCEND II trial confirms the clinical and quality-of-life benefits of the EVOQUE system for patients with ≥ severe TR

THANK YOU FOR YOUR ATTENTION !



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