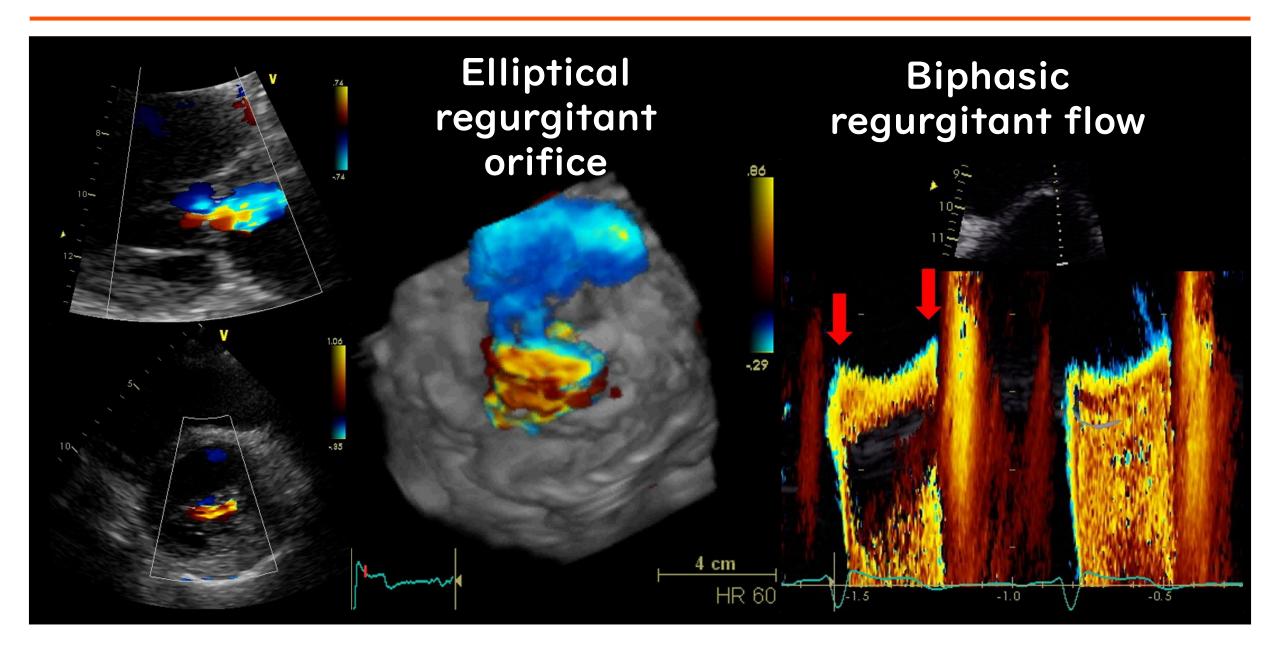
# Revisiting the threshold for secondary mitral regurgitation management

Session: Game-changers in valvular heart disease EUROVALVE 2025 Congress

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#### Characteristics of functional MR



#### Quantification of MR

① Pulse Doppler

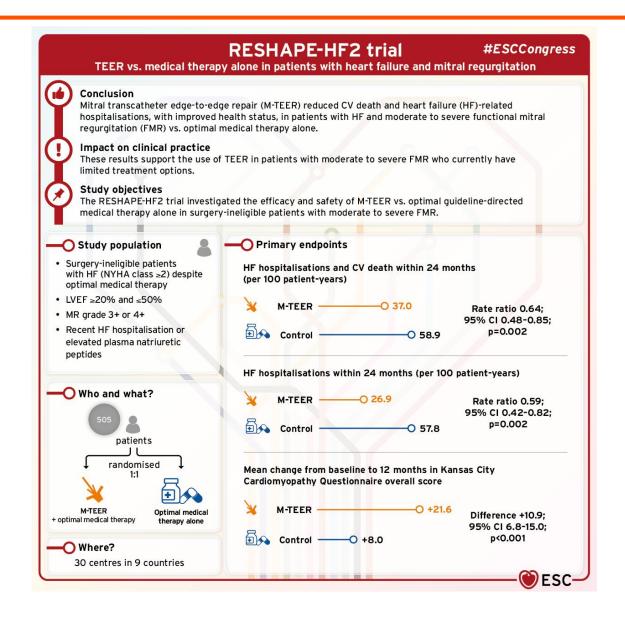
$$CSA_{MV} = \times VTI_{MV} - SV_{LVOT} = RegVol$$

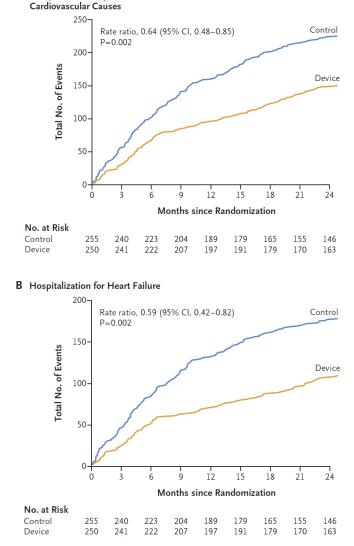
2 Volumetric

$$EDV \bigcirc -ESV \bigcirc -SV_{LVOT} = RegVol$$

③ PISA

#### **RESHAPE-HF2 Trial**





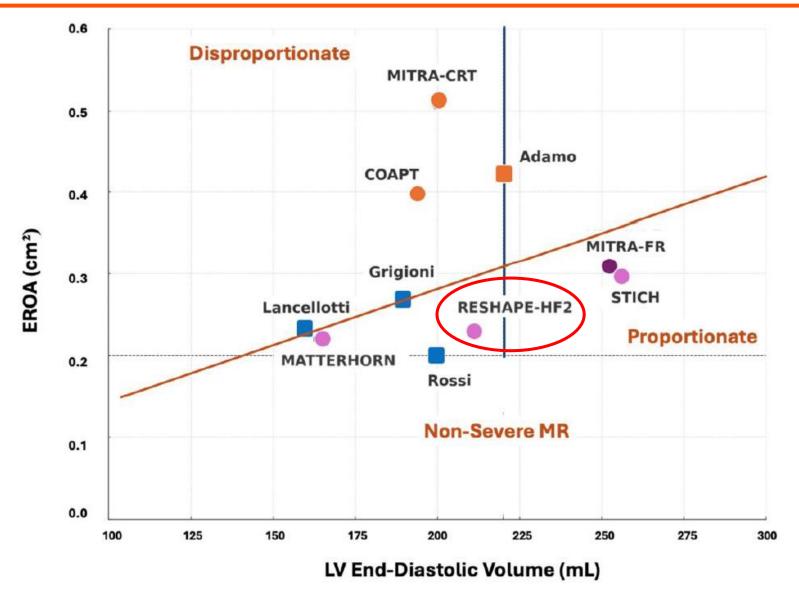
A Composite of Hospitalization for Heart Failure or Death from

Anker SD, et al. N Engl J Med 2024;391:1799-1809.

# Revisiting secondary MR threshold severity

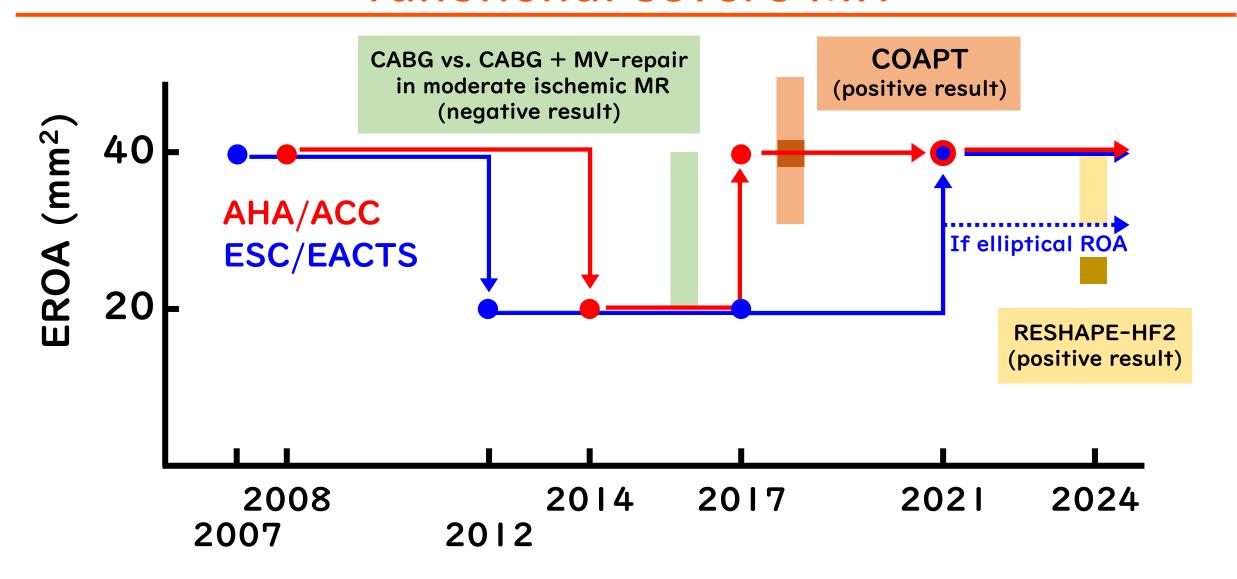
|  | COAPT<br>(n = 614)                   | MITRA-FR<br>(n = 304)                 | RESHAPE-HF2<br>(n = 506)             | MATTERHORN<br>(n = 208)   | STICH<br>(n = 204) <sup>a</sup> |
|--|--------------------------------------|---------------------------------------|--------------------------------------|---------------------------|---------------------------------|
| Trial intervention                               | TEER vs. control                     | TEER vs. control                      | TEER vs. control                     | TEER vs. Surgical         | CABG vs. control                |
| Age, years                                       | 72 ± 11                              | $70 \pm 10$                           | 70 ± 10                              | 71 ± 8                    | 61 ± 9                          |
| Sex (male)                                       | 64%                                  | 75%                                   | 80%                                  | 60%                       | 82                              |
| Aetiology—ischaemic                              | 61%                                  | 59%                                   | 65%                                  | 44%                       | 100%                            |
| EuroSCORE II, median (IQR)                       | NR                                   | 6.6 (3.5–11.9) <sup>b</sup>           | 5.3 (2.8–9.0)                        | 3.0 (1.7–4.3)             | NR                              |
| 6-min walk distance, m                           | 240 (146–331)                        | 310 ± 126 <sup>c</sup>                | 292 ± 107                            | 347 (240-400)             | 307 ± 113                       |
| ACEI or ARB or ARNI                              | 67%                                  | 84%                                   | 82%                                  | 70%                       | NR                              |
| Beta-blocker                                     | 90%                                  | 90%                                   | 96%                                  | 84%                       | NR                              |
| Diuretics  | 89%                                  | 99%                                   | 95%                                  | NR                        | NR                              |
| SGLT2 inhibitor                                  | NR                                   | NR                                    | 9%                                   | 10%                       | NR                              |
| NYHA III/IV                                      | 61%                                  | 67%                                   | 75%                                  | 86%                       | 52%                             |
| NT-proBNP, pg/mL                                 | 5174 ± 6567 <sup>b</sup>             | 3407 (1948–6790) <sup>b</sup>         | 4185 ± 4340                          | NR                        | NR                              |
|  |                                      |                                       | 2745 (1407–5385)                     |                           |                                 |
| eGFR, mL/min/1.73 m <sup>2</sup>                 | 49 ± 26                              | $50 \pm 20$                           | 56 ± 21                              | $57 \pm 21$               | NR                              |
| LV ejection fraction, %                          | 31 <u>+</u> 9                        | 33 <u>+</u> 6                         | 31 ± 8                               | 43 ± 12                   | 27 ± 8                          |
| LV end-diastolic volume, (mL/m²)                 | 101 ± 34                             | 135 ± 35                              | 110 ± 40 <sup>d</sup>                | $86 \pm 30^{d}$           | 138 ± 46                        |
| EROA, cm²  | 0.41 ± 0.15                          | $0.31 \pm 0.10$                       | 0.25                                 | $0.20 \pm 0.10$           | 0.30 <sup>e</sup>               |
| Severe MR (EROA≥0.4 cm²)                         | 41%                                  | 16%                                   | 14%                                  | NR                        | 21%                             |
| Mortality, control group                         | 2 years: 46.1%                       | 2 years: 34.2%                        | 2 years: 29.6%                       | 1 year: 8.3% <sup>b</sup> | 5 years: 55% <sup>f</sup>       |
| All heart failure hospitalization, control group | 2 years: 67.9 per 100 patients-years | 2 years: 106.9 per 100 patients-years | 2 years: 46.6 per 100 patients-years | 1 year: 3% <sup>b</sup>   | NR                              |

### Revisiting secondary MR threshold severity



Lancellotti P, Sugimoto T, Bäck M. Eur Heart J Open 2024;4:oeae084.

# Evolution of diagnostic criteria for functional severe MR

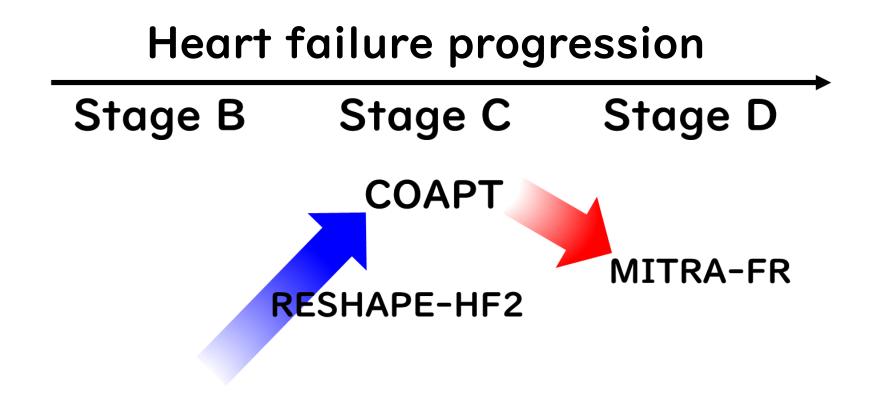


#### Management of HF by Early TEER

**EROA** 

≥40mm<sup>2</sup>

≥20mm<sup>2</sup>



**Progression of MR** 

Decline in LV contractility

## Key messages

- ✓ The RESHAPE-HF2 trial highlights the need to reconsider the current EROA threshold for secondary MR intervention.
- ✓ TEER has shown to be beneficial even in patients with lower MR severity, suggesting that earlier intervention could improve outcomes.
- ✓ A more dynamic and integrated approach, considering both MR severity and LV remodeling, is essential for optimizing patient selection and treatment success.