Candidates for transcatheter aortic valve replacement (TAVR) are patients with severe, symptomatic aortic stenosis who are deemed inoperable.

- Severe aortic stenosis is defined as:
  - Valve area < 1.0 cm²
  - Aortic velocity: > 4 m/sec or
  - Mean gradient > 40 mmHg
  -> AS patients with low EFs (<45%) who do not meet this criteria may need a dobutamine stress echocardiographic test to further define their aortic stenosis

- Inoperability is determined by a surgeon - inoperable patients are likely to have one or more of the following:
  - preop predicted AVR mortality > 10%
  - preop predicted AVR mortality or irreversible morbidity > 40%
  - extreme advanced age
  - previous heart surgery
  - pulmonary hypertension
  - previous radiation to the chest
  - systemic steroids
  - severely calcified aorta (i.e. a porcelain aorta)
  - severe COPD
  - O2 dependence
  - extreme frailty
  - diabetes with diabetic-related complications (e.g. renal dysfunction, retinopathy, peripheral neuropathy)

Evaluation includes assessment of the aortic valve, peripheral vasculature, aortic calcification, coronary disease, hemodynamics, cardiac function, lung function, and frailty. This evaluation requires the following tests (within 6 months of implant):

1. TTE and/or TEE
2. CTA Chest/Abdomen/Pelvis with lower extremity runoff
3. Cardiac Catheterization
4. Frailty Testing
5. Pulmonary Function Tests, if known or suspected lung disease

Call Kathy Nagle at (773) 834-1500 or email ucaorta@surgery.bsd.uchicago.edu to discuss any potential candidates with the University of Chicago Valve Team
Transcatheter Aortic Valve Replacement at the University of Chicago

University of Chicago - Physician Contact

Atman Shah, MD
Co-Director, Transcatheter Valve Therapies
Assistant Professor of Medicine
Office: 773-834-7176
ashah@bsd.uchicago.edu

Sandeep Nathan, MD, MS
Co-Director, Transcatheter Valve Therapies
Assistant Professor of Medicine
Office: 773-702-2697
snathan@medicine.bsd.uchicago.edu

Mark Russo, MD, MS
Co-Director, Center for Aortic Diseases
Assistant Professor of Surgery
Office: 773-702-3034
mrusso@surgery.bsd.uchicago.edu

Atman Shah, MD
Co-Director, Transcatheter Valve Therapies
Assistant Professor of Medicine
Office: 773-834-7176
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Sandeep Nathan, MD, MS
Co-Director, Transcatheter Valve Therapies
Assistant Professor of Medicine
Office: 773-702-2697
snathan@medicine.bsd.uchicago.edu

Mark Russo, MD, MS
Co-Director, Center for Aortic Diseases
Assistant Professor of Surgery
Office: 773-702-3034
mrusso@surgery.bsd.uchicago.edu

University of Chicago - Physician Liaison Outreach Team

Carrie Sota
Assistant Director, Physician Relations
Office: 773-702-0335
Carrie.Sota@uchospitals.edu

Anthony Turner
Physician Relations Associate
Office: 773-702-0146
Anthony.Turner@uchospitals.edu

Demetria Avant
Physician Relations Associate
Office: 773-702-0146
demetria.avant@uchospitals.edu