New Responsibilities for the HEART-Team

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Dear Readers,

In this issue of Cardiovascular Medicine, Bashir Alaour and Thomas Pilgrim take on the demanding task of summarizing the challenges involved in the management of patients with aortic stenosis over the course of their lives [1]. In their engaging review, the authors emphasize the importance of a patient-tailored approach in the lifetime management of aortic stenosis. As a result, it is essential that not only interventional cardiologists and surgeons but also resident cardiologists and general practitioners are involved in finding the best management for each individual patient, from the diagnosis to intervention and any potential re-intervention.

New technologies, especially the expansion of transcatheter aortic valve implantation (TAVI) to younger patients with a longer life expectancy, create both new possibilities and new questions regarding the treatment of aortic stenosis. Above all, the question of whether a second intervention will become necessary in the future must be addressed early in the discussion of an initial intervention. This is because the type and modality of any initial valve intervention significantly influence subsequent valve interventions and their risk.

In addition to the already existing experience with redo-surgical aortic valve replacement (SAVR), the experience and evidence of TAVI-in-TAVI, TAVI-in-SAVR, and SAVR after TAVI continue to grow. However, many questions remain unanswered. Furthermore, procedures such as the Ross procedure are gaining in popularity due to their excellent long-term outcomes in younger patients [2, 3]. As a result, the HEART-team's role is even more critical for the patients, since the question is not only TAVR or SAVR but also what strategy to prefer if a second intervention becomes necessary. This is a topic that, in the future, will most likely also be applied to the management of other valve pathologies. The presented review provides an excellent overview of clinical and technical aspects that could potentially influence the strategy.

If the management of aortic stenosis is not your primary field of interest, I am sure that one of the other articles in this issue will catch your attention. This diverse issue of Cardiovascular Medicine includes a critical comment on current trends in the health care system, novel results from the CLEAR (Cholesterol Lowering via Bempedoic Acid, an ACL-Inhibiting Regimen) program, a comparison of His bundle and left bundle branch area pacing, an article discussing the diagnostic approach in a young patient with wide-complex tachycardia and a case report of broken heart syndrome following mitral valve surgery.

I hope you enjoy reading.

Yours sincerely,
Luca Koechlin

References

1 Alaour B, Pilgrim T. Challenges in the Lifetime Management of Patients with Aortic Stenosis. Cardiovasc Med. 2024 May;27(4):71–76.
2 El-Hamamsy I, Toyoda N, Itagaki S, Stelzer P, Varghese R, Williams EE, et al. Propensity-Matched Comparison of the Ross Procedure and Prosthetic Aortic Valve Replacement in Adults. J Am Coll Cardiol. 2022 Mar;79(8):805–15.
3 Yokoyama Y, Kuno T, Toyoda N, Fujisaki T, Takagi H, Itagaki S, et al. Ross Procedure Versus Mechanical Versus Bioprosthetic Aortic Valve Replacement: A Network Meta-Analysis. J Am Heart Assoc. 2023 Jan;12(1):e8066.