UFHealth
HEART AND VASCULAR CARE

Please call **352.352.0820** to send a patient to a cardiologist.

Please call **352.265.5470** to send a patient to a surgeon.

Please call **352.273.7837** to learn more about our clinical trials.

UFHealth.org/heart

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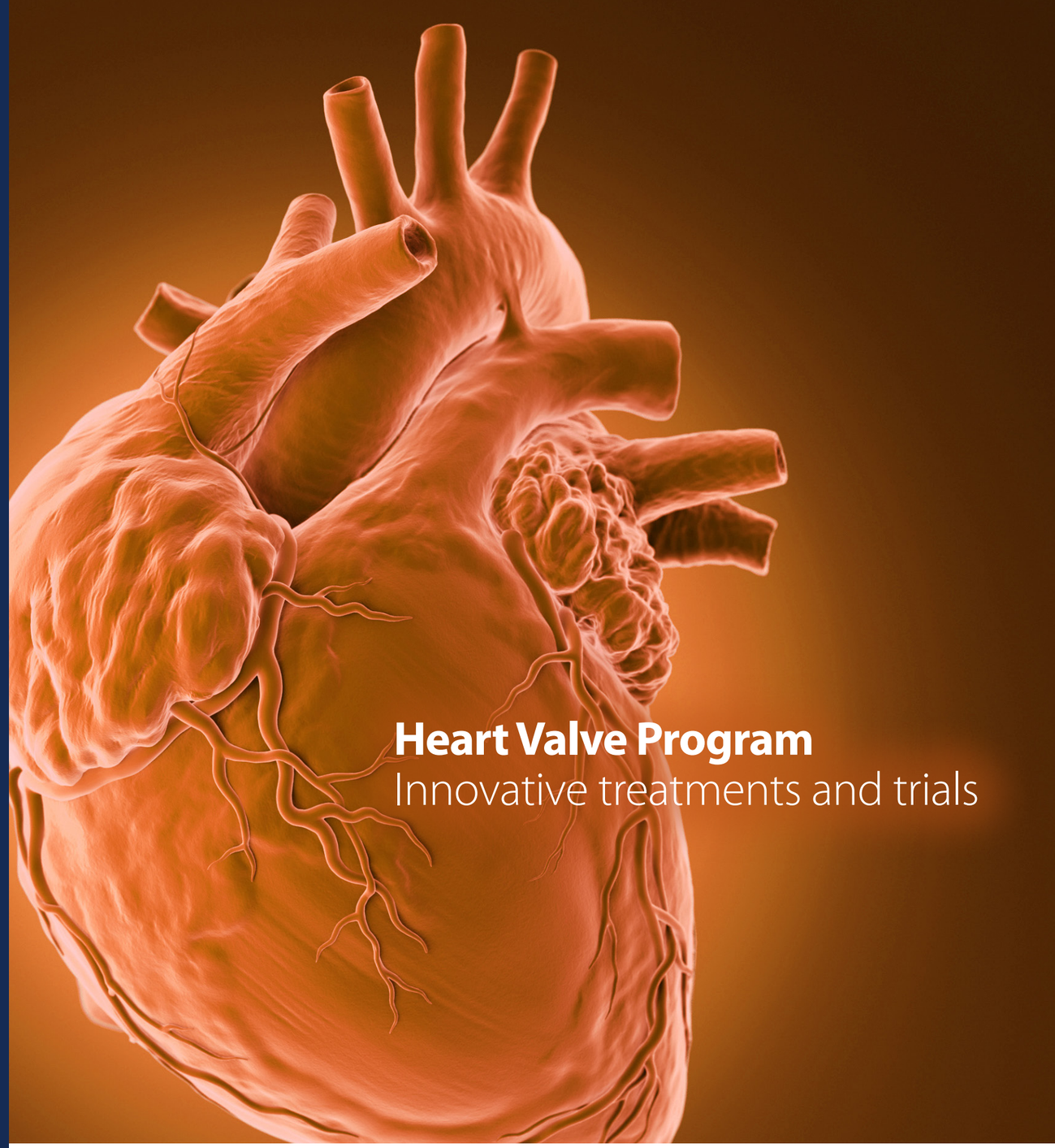


Heart Valve Program

Innovative treatments and trials

UFHealth
UNIVERSITY OF FLORIDA HEALTH

UF Health Heart & Vascular Hospital state-of-the-art facility

UF Health cardiologists and cardiovascular surgeons see and treat patients at the UF Health Heart & Vascular Hospital in Gainesville, Florida.

This modern facility is designed for the optimal patient experience with combined cardiology and cardiovascular surgery clinics, with an immediately adjacent heart station for convenient testing.

On the second floor there are five cardiac catheterization laboratories, five operating rooms and three new hybrid operating rooms for transcatheter valves and endovascular procedures.

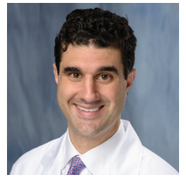
All of our inpatient rooms are private with comfortable accommodations for families.

Meet our team

UF Health's Heart Valve Program offers the latest technology and minimally invasive therapy options in a patient-centered environment. Our multi-disciplinary team of cardiologists and cardiothoracic surgeons work side by side in the UF Health Heart & Vascular Hospital to care for patients with valve disease.

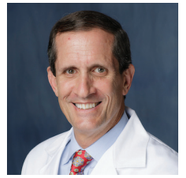
Our surgeons and cardiologists are experts at performing heart valve repairs and are at the forefront of the latest research, including multiple clinical trials for new devices and treatment options.

George J. Arnaoutakis, MD
Surgical Director,
Transcatheter Valve Program
Division of Cardiovascular Surgery
352.281.4977
george.arnaoutakis@surgery.ufl.edu

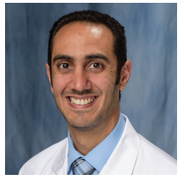


Eric I. Jeng MD
Assistant Professor of Surgery
Division of Cardiovascular Surgery
310.922.4265
eric.jeng@surgery.ufl.edu

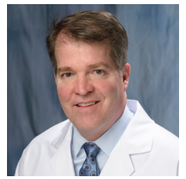
R. David Anderson, MD
Professor of Medicine
Division of Cardiovascular Medicine
352.256.5266
david.anderson@medicine.ufl.edu



Michael Massoomi, MD
Assistant Professor of Medicine
Division of Cardiovascular Medicine
404.401.1363
michael.massoomi@medicine.ufl.edu

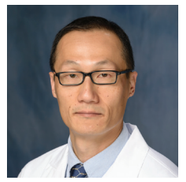


Thomas M. Beaver, MD, MPH
Professor of Surgery
Chief, Division of
Cardiovascular Surgery
352.316.2456
thomas.beaver@surgery.ufl.edu

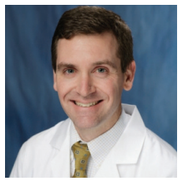


Tomas Martin, MD
Professor of Surgery
Director, UF Health Aortic Disease Center
Division of Cardiovascular Surgery
352.538.2354
tomas.martin@surgery.ufl.edu

Calvin Choi, MD, MS, FACC
Associate Professor of Medicine
Division of Cardiovascular Medicine
240.421.7480
calvin.choi@medicine.ufl.edu



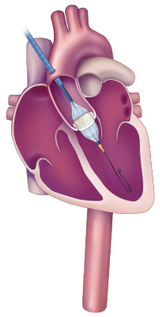
John W. Petersen, MD
Associate Professor of Medicine
Division of Cardiovascular Medicine
352.642.3270
john.petersen@medicine.ufl.edu



Khanjan B. Shah, MD, MPH
Assistant Professor of Medicine
Division of Cardiovascular Medicine
864.908.6302
khanjan.shah@medicine.ufl.edu

INNOVATIVE TREATMENT

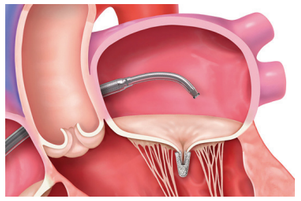
TRANSCATHETER AORTIC VALVE REPLACEMENT



For patients with aortic stenosis who are not candidates for open heart surgery, transcatheter aortic valve replacement, or TAVR, may be an option. As one of the top volume centers in the nation, our program performed over 170 TAVRs in 2019, and have performed over 1,000 procedures overall.

UF Health cardiologists and surgeons work together in our hybrid operating rooms to perform this minimally invasive procedure. The artificial valve — framed by a stent and wrapped around a balloon — is transported up to the aortic valve via a larger catheter in the leg. The new valve is then anchored into position inside the diseased valve by either inflation of a balloon or using a self-expanding design. Placement of the stent is monitored with X-ray and ultrasound imaging. The UF Health hybrid imaging and surgery suite is well-equipped to handle this revolutionary procedure. The hospital stay for either Transcatheter Aortic or Transcatheter Mitral Valve Replacement (TAVR or TMVR) is typically only one or two days.

TRANSCATHETER MITRAL VALVE REPAIR WITH MITRACLIP™

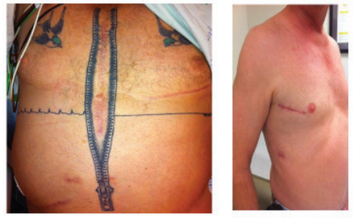


For patients suffering from mitral regurgitation who are not candidates for open heart surgery, UF Health now offers a minimally invasive procedure to repair malfunctioning and leaky mitral valves of the heart.

During a MitraClip™ procedure, our cardiologists and surgeons insert a catheter into a vein in the patient's leg, then insert the MitraClip™ through the catheter and place it over the mitral valve tissue known as leaflets. This small, metal and polyester device allows our physicians to repair the mitral valve instead of replacing it. The MitraClip™ holds the valve's leaflets together in the center, reducing the blood flowing backward into the heart. The hospital stay for MitraClip™ is typically only one to two days.

OPEN AND MINIMALLY INVASIVE AORTIC AND MITRAL VALVE SURGERY

Open surgery remains an excellent option for patients that are not candidates for TransCatheter Valve and MitraClip™ procedures. Our surgeons are also skilled in minimally invasive valve surgery. Smaller incisions lead to fewer transfusions, less discomfort and faster recovery.



traditional *minimal*

CLINICAL TRIALS

We have multiple clinical trials underway involving the use of new pharmacotherapeutic agents, new devices or therapeutic strategies.

Please call **352.273.7837** for the information about these trials and enrollment options.

EDWARDS SAPIEN 3™ TAVR VALVE PARTNER II (INTERMEDIATE RISK) AND PARTNER III (LOW RISK) CLINICAL TRIALS

The Edwards SAPIEN 3™ is a device used in TAVR procedures for the treatment of patients suffering from severe, symptomatic aortic stenosis who have been determined to be at intermediate risk for open-heart surgery. TAVR with the SAPIEN 3 valve demonstrated 75% lower rates of 30-day all-cause mortality and disabling stroke compared with open surgery for intermediate risk patients.

Better than surgery for intermediate-risk patients*

1.1%
All-cause mortality[1]

1%
Disabling stroke[1]

75%
Lower than surgery[1]

**The PARTNER II trial intermediate-risk cohort, VI population (n=2,005); the difference in the primary endpoint (composite of all-cause mortality, all stroke and ≥ moderate aortic regurgitation at one year) event rate between TAVR with the SAPIEN 3 valve and surgery appeared to be clinically significant.*

[1]The PARTNER II trial intermediate-risk cohort 30-day unadjusted clinical event rates for TAVR with the SAPIEN 3 valve, AT population (n=1,077).

The Partner lll Trial determines the safety and effectiveness of the Edwards SAPIEN 3™ transcatheter heart valve in patients with severe, calcific aortic stenosis, who are at **low operative risk** for standard aortic valve replacement.

PROACT XA ON-X AORTIC VALVE NOVEL ANTI-COAGULATION

The trial is for patients with the ON-X mechanical valve and examines whether they can be maintained safely and effectively with the factor Xa inhibitor Apixiban (Eliquis) versus traditional anti-coagulation with warfarin.

EDWARDS EARLY TAVR TRIAL

This trial evaluates TAVR using a SAPIEN 3™ valve in participants with asymptomatic severe aortic stenosis compared to standard clinical surveillance.

Usually, patients with severe aortic stenosis who do not have symptoms are monitored by their cardiologist and do not undergo treatment until they develop symptoms. Many elderly patients with asymptomatic severe aortic stenosis can develop irreversible heart damage or even die while waiting for symptoms to appear. This trial evaluates whether there is benefit to performing a TAVR procedure before patients develop symptoms, compared to the standard of care of watching the patient until symptoms develop.

Patients are randomized (TAVR or surveillance) based on their ability to perform a treadmill stress test, as well as other factors. Those patients with a positive treadmill stress test or who do not meet other factors for randomization may be followed in a registry for data collection on subsequent treatment.