

## **Candidacy for Transcatheter Aortic Valve Replacement**

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 cm<sup>2</sup>
  - 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)

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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

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**Call Kathy Nagle at (773) 834-1500 or email [ucaorta@surgery.bsdc.uchicago.edu](mailto:ucaorta@surgery.bsdc.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  
Sandeep Nathan, MD, MS  
Co-Director, Transcatheter Valve Therapies  
Assistant Professor of Medicine

Office: 773-834-7176  
ashah@bsd.uchicago.edu

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@sugery.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