**IMPACT OF ADVANCES IN TAVR TECHNOLOGY ON PROCEDURAL VOLUME**

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Aortic stenosis (AS) is the most common valve disease in the elderly population and as the population of the United States ages, it is becoming increasingly prevalent. Transcatheter aortic valve replacement (TAVR) is approved in the US for the treatment of severe symptomatic AS in patients at high or prohibitive risk for surgical aortic valve replacement (SAVR). Heart team and valve clinic has become essential in evaluating patients for sAVR vs. TAVR. The availability of newer TAVR systems enhances the ability to perform TAVR on an increasing number of patients who are not optimal SAVR candidates. We compiled a database of all patients who were referred to the University of Iowa valve clinic for possible TAVR from 2011 through June 2015, and documented whether they proceeded to TAVR, SAVR, or remained on medical therapy. All patients were evaluated by the heart team for suitability for TAVR vs. sAVR. These groups were subdivided into patients evaluated before and July 2014 who were treated commercially with the Sapien valve, and after July 2014 who were treated commercially with Sapien Xt (S3) valve. We found a 9% increase in the number of patients who underwent TAVR after the introduction of the newer valve. In order to compare the procedural risk and characteristics of referred patients, the STS risk score was calculated for both cohorts, and no significant difference was found between the patient populations who underwent either TAVR or SAVR before or after the introduction of the S3 valve (7.21% ± 0.4920 vs 5.99% ± 0.6137, P = 0.1196).In conclusion, as the technology for transcatheter based valve replacement improves, we are able to offer this intervention to an even greater number of patients who previously had limited definitive treatment options for their aortic stenosis despite having similar risk scores.