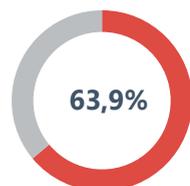


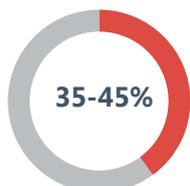
TRICUSPID REGURGITATION AND CAVAL REFLUX

The **Right Heart disease** due to Tricuspid Regurgitation (TR) is a prevalent and highly undertreated condition. TR has a low survival rate independently of baseline clinical characteristics and optimal medical management with diuretics⁽¹⁾.

Due to comorbidities, these patients are often considered to be of **high risk for surgery**^(2,3). **Transcatheter** therapies such as TricValve can be considered as a **safe and less invasive** option for these patients⁽²⁾.



1-year survival rate in severe TR⁽¹⁾

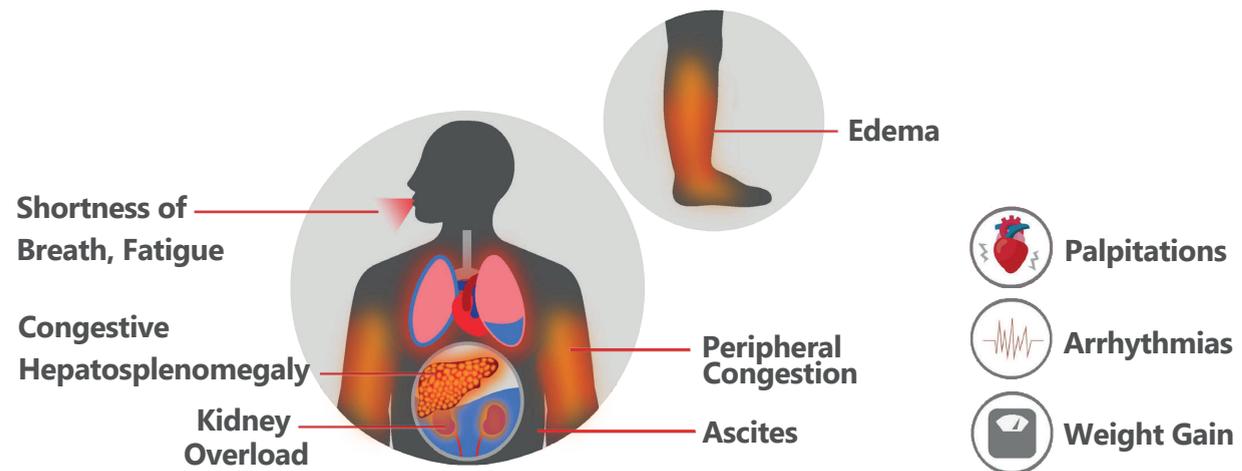


Survival at 5 years for moderate to severe TR⁽¹⁾



Tricuspid repair surgery mortality risk^(2,3)

CONDITION OF PATIENTS WITH CLINICALLY RELEVANT TR



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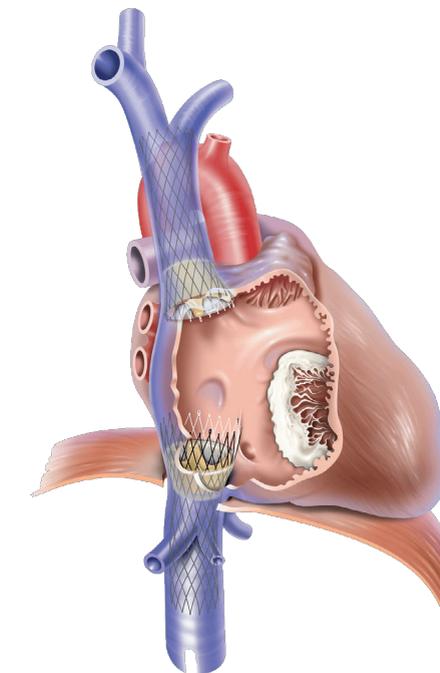
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TRICVALVE® TRANSCATHETER BICAVAL VALVES



THE COMPLETE SOLUTION TO TREAT
RIGHT HEART FAILURE AND TRICUSPID REGURGITATION.

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PFHV01.FL003.Rev01

PARAMETERS TO BE CONSIDERED FOR TRICVALVE THERAPY

Tricuspid regurgitation and caval reflux must be present, ventricular function must be preserved.

✓ **V-Wave in SVC & IVC $\geq 15\text{mmHg}$**

✓ **sPAP $\leq 65\text{mmHg}$**

✓ **TAPSE $\geq 12\text{mm}$**

✓ **LVEF $\geq 30\%$**

THE TRICVALVE SYSTEM

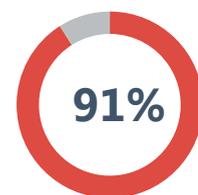
TricValve is a minimally invasive transcatheter bicaval system for patients with TR and significant symptoms of **Right Heart Failure**.

The implantation of self-expanding valves into the superior (SVC) and inferior (IVC) vena cava effectively **abolishes Caval Reflux** and increases cardiac output by reducing backward regurgitant flow in patients with clinically relevant TR. This will help **eliminate peripheral venous congestion** reducing right heart failure symptoms and improving the overall clinical condition of the patients⁽⁴⁾:

➤ **Improvement of NYHA functional class⁽⁴⁾**

➤ **Improvement in the 6 Minute Walk Test Distance⁽⁴⁾**

➤ **Improvement in quality of life⁽⁴⁾**

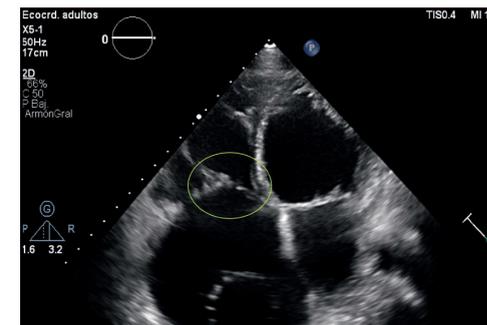
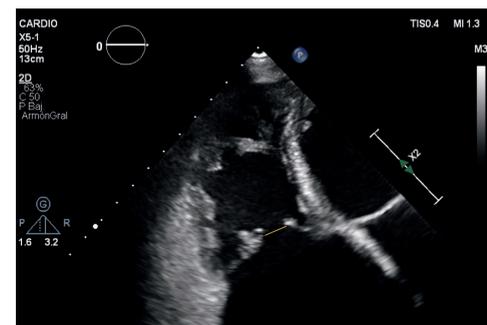


Survival rate in 1 year follow-up⁽⁴⁾

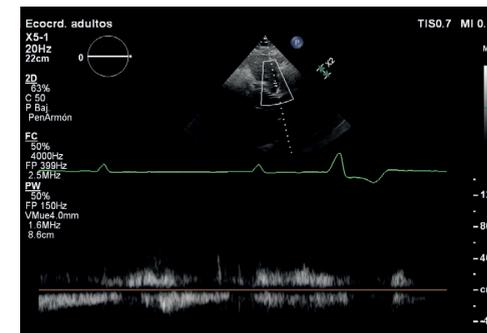
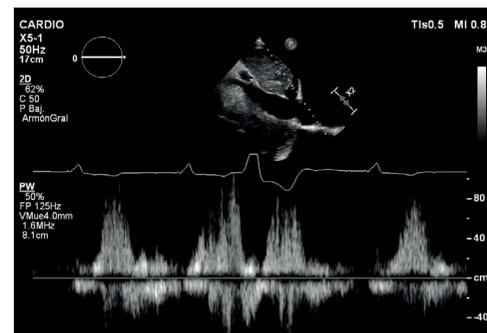
THE TRICVALVE SOLUTION



Pre-procedure and post-procedure volumes in the right heart chambers⁽⁵⁾ after **TricValve** implantation in SVC and IVC. **Heart remodeling** is due to the reduction of liquid congestion by abolishing the blood backflow at the superior and inferior vena cava.



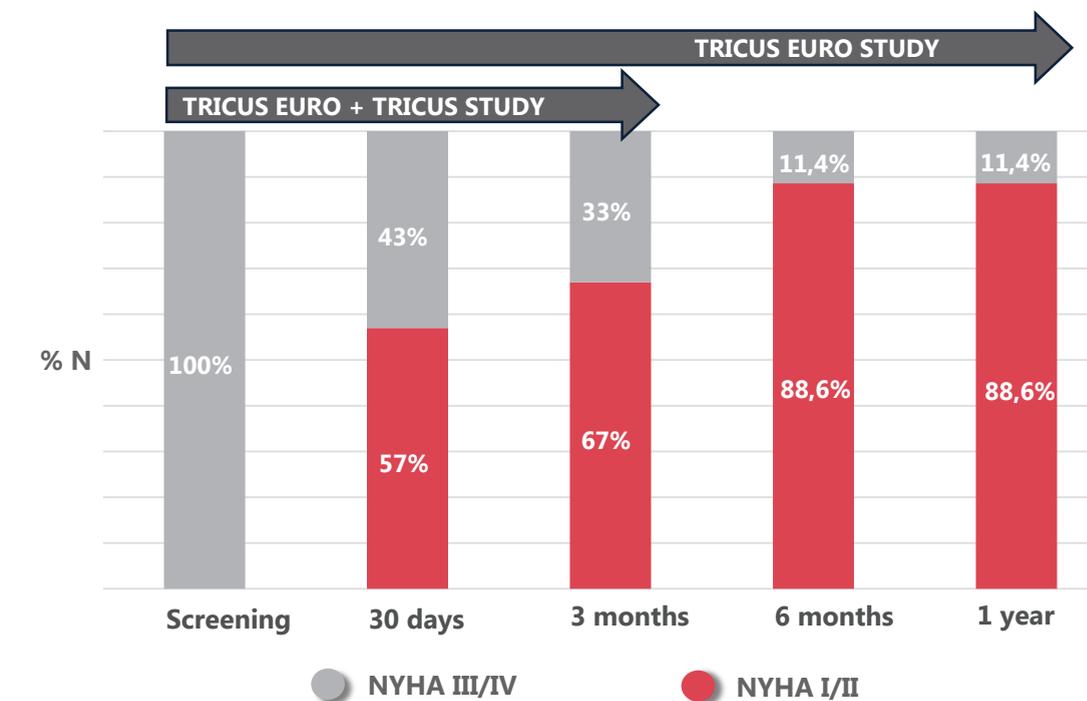
TTE showing the tricuspid valve **leaflet gap** before the TricValve procedure vs a **competent leaflet** coaptation after the TricValve procedure due to tissue approximation.



Doppler echo showing previous **reversal flow in the hepatic veins** vs **abolition of backflow** after TricValve procedure.

POST-PROCEDURE CLINICAL IMPROVEMENT⁽⁴⁾

Treatment with TricValve shows a sustained improvement in the New York Heart Association (NYHA) class. More than **88%** were in functional **class I/II** after **1 year**⁽⁴⁾.



- Benfari G, Antoine C, Miller WL, et al. Excess mortality associated with functional tricuspid regurgitation complicating heart failure with reduced ejection fraction. *Circulation*. July 16, 2019;140(3):196-206. doi:10.1161/CIRCULATIONAHA.118.038946.
- Goliasch G, Mascherbauer J. Interventional treatment of tricuspid regurgitation: an important innovation in cardiology. *Wiener klinische Wochenschrift*. February 2020;132(3-4):57-60. doi:10.1007/s00508-020-01621-0
- Enriquez-Sarano M, Messika-Zeitoun D, Topilsky Y, et al. Tricuspid regurgitation is a public health crisis November 9, 2019. *Prog Cardiovasc Dis*. November-December 2019;62(6):447-451. doi:10.1016/j.pcad.2019.10.009
- Preliminary findings in TRICUS/TRICUS EURO Study: Safety and Efficacy of the TricValve Transcatheter Bicaval Valves System in the Superior and Inferior Vena Cava in Patients With Severe Tricuspid Regurgitation
- As observed by a CT scan follow-up carried out in Hospital Clinico de Valladolid. Dr. Ignacio Amat-Santos and Dr. Alfredo Redondo Diéguez

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