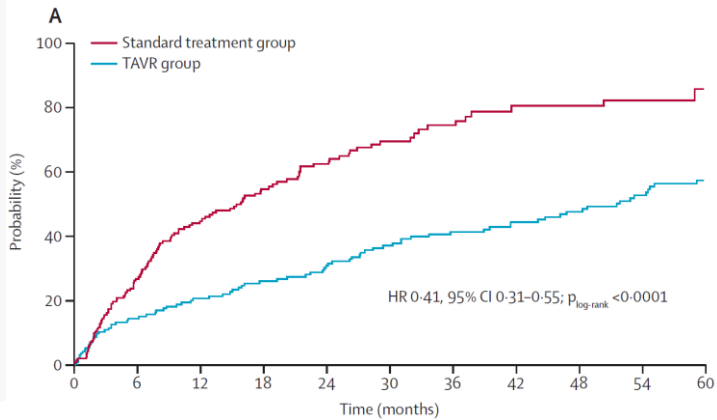


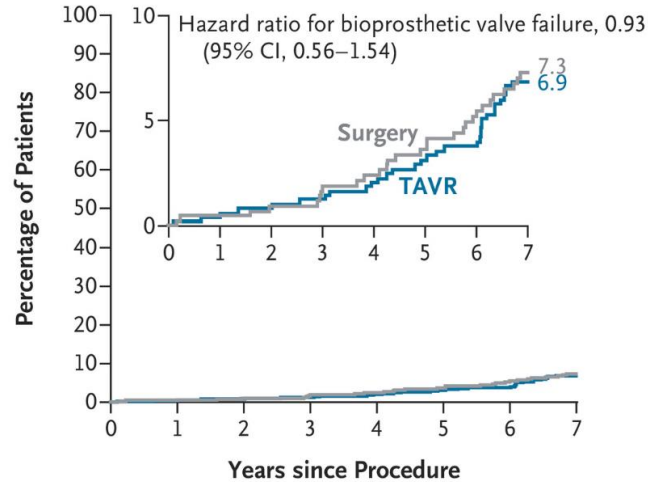
# TAVI – more than 10 years of data



## INOPERABLE HIGH-RISK PTS

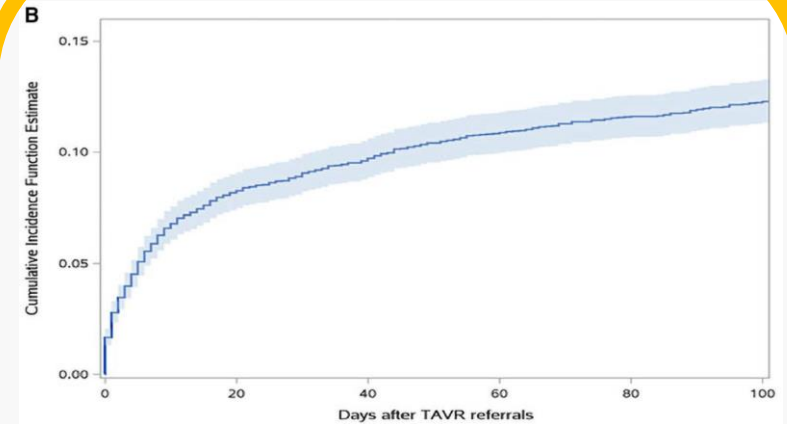
As compared to medical therapy, TAVI reduces CV death by  $\approx 60\%$ , hospital readmissions by  $\approx 70\%$ , improving quality of life (pts and care-givers)

## C Bioprosthetic Valve Failure



## LOW-RISK PTS

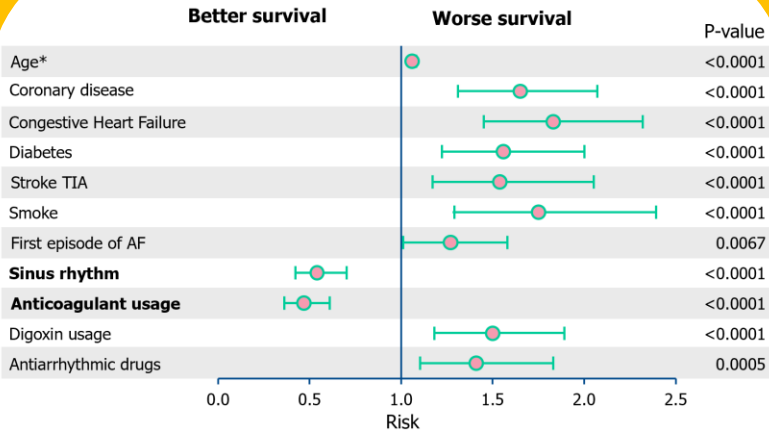
As compared to surgery, TAVI shows long-term efficacy in terms of valve performance and clinical events



## WAITING LIST

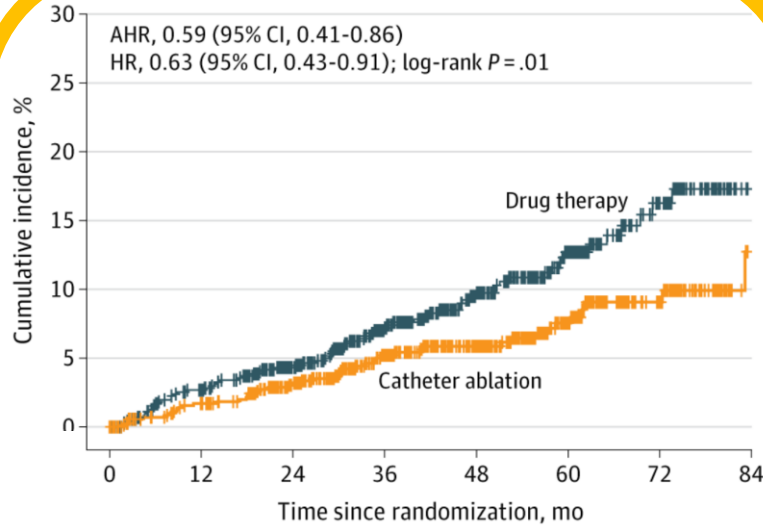
To wait 3 months for TAVI is associated to 4% risk of death and 10% risk of hospital readmission for heart failure

# Atrial Fibrillation – ablation



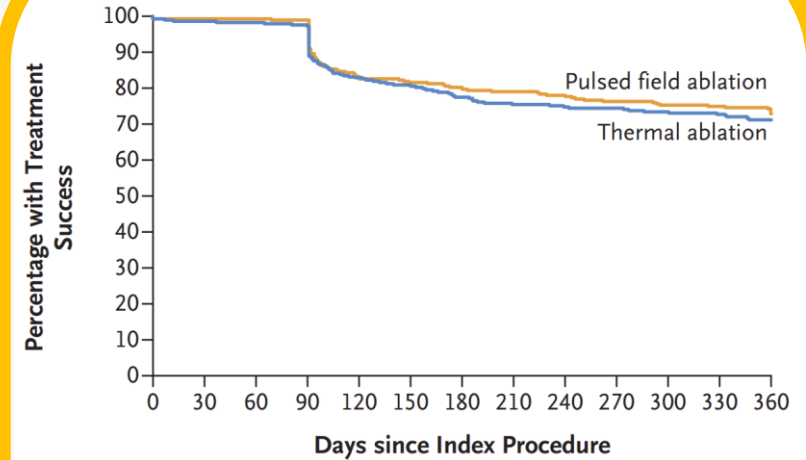
## RHYTHM vs RATE CONTROL

In patients with AF, the use of oral anticoagulation and the maintenance of sinus rhythm are associated with improved mortality and quality of life



## DRUG vs ABLATION

In AF patients, ablation is associated with less hospital readmissions and better quality of life



## PULSED FIELD ABLATION

As compared to thermal ablation, PFA shows same efficacy, shorter procedural time, same/better safety

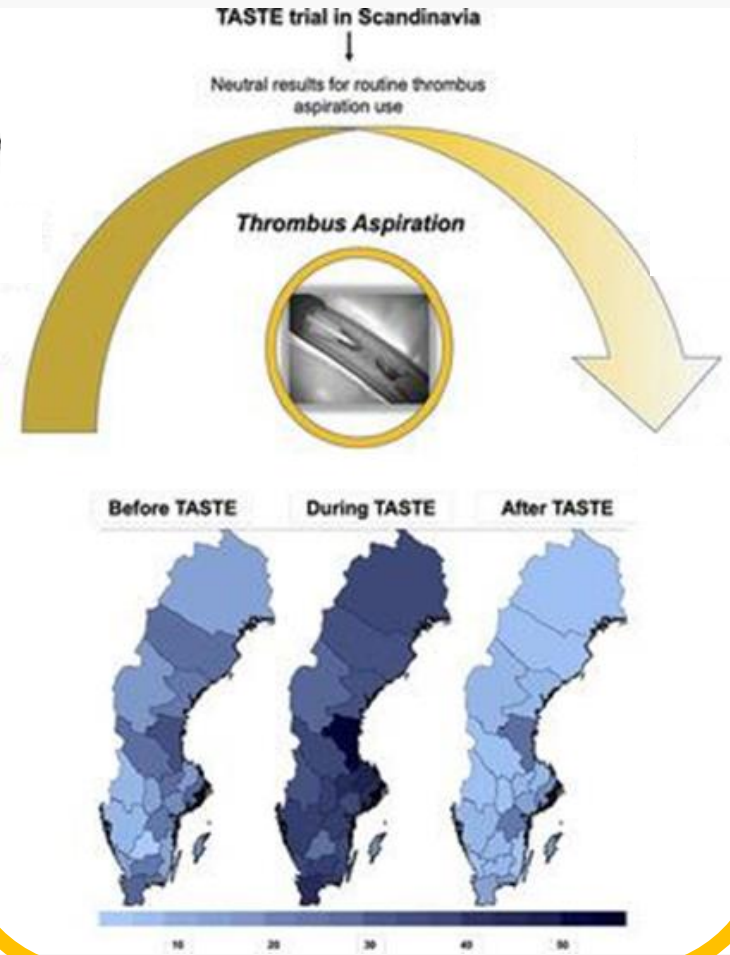
# Clinician perspective



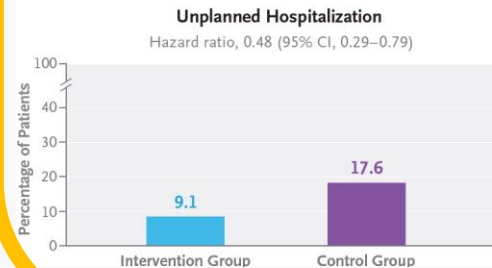
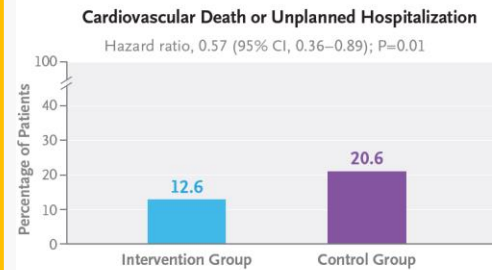
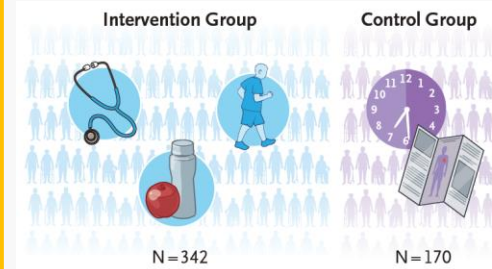
**What's the best  
way to manage  
innovation?  
Arbitrariness vs  
Science**

# Clinician perspective

## SwedeHeart



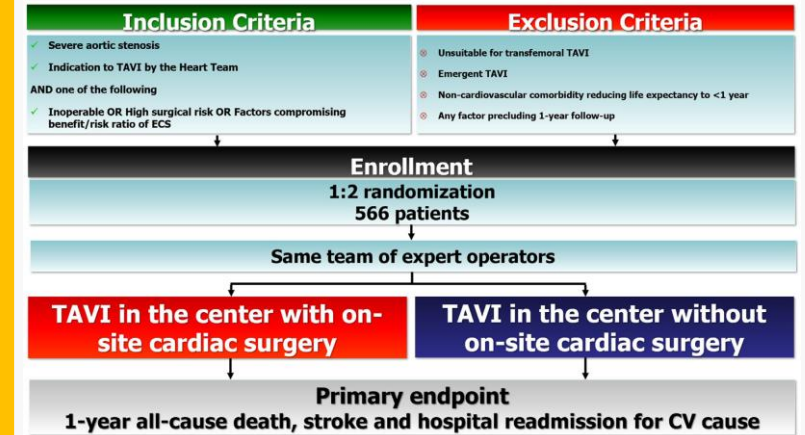
## PIpELINe



Multidomain cardiac rehab improves outcomes in older MI patients



## TRACS



The involvement of centers without on-site cardiac surgery may reduce waiting list guaranteeing the same outcome