

# Heart Symposium

Dr. Justin Collier, Cardiothoracic Surgeon

Presbyterian Dallas Hospital

September 06, 2025

---

---


---

---

---

---

---



## What is a Heart Team High Risk Group?

Multidisciplinary: Cardiologists, surgeons, imaging specialists, and others.

**Purpose:** Optimize treatment decisions, reduce risks, improve efficiency.

**Guideline Support:** Class I recommendation (ACC/AHA, ESC) for complex CAD and valvular disease.

**Benefits:** Lower mortality, fewer complications, better resource use.

---

---

---


---

---

---

---

## Shock



Study	Year	Focus
Holmes et al.	2013	Heart Team framework <a href="#">[1]</a>
Badhwar et al.	2020	Interventional cardiology/surgery <a href="#">[2]</a>
Domingues et al.	2020	Complex CAD (n=166) <a href="#">[4]</a>
Lee et al.	2024	High-risk PCI <a href="#">[6]</a>
Patterson et al.	2022	Cardiac MDM guidance <a href="#">[3]</a>
Lardizabal et al.	2024	Multidisciplinary CAD <a href="#">[5]</a>

---

---


---

---

---

---

---

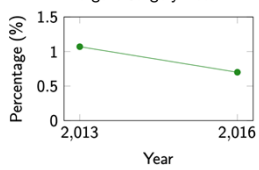
**TAVR** 

### Implementation of Heart team to Tavr Program

Heart Teams: >50% decline in aborted TAVR procedures (down to 0.5% for transfemoral access) [1].

Decline in Emergent surgery post-TAVR: 1.07% (2013) to 0.7% (2016) [1].

Emergent Surgery Post-TAVR



Year	Percentage (%)
2,013	1.07
2,016	0.7

---

---

---


---

---

---

---

---

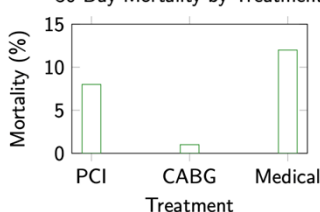
**CABG** 

In-hospital mortality: 3.9% overall [4, 5].

30-day mortality: 4.8%; CABG observed 2.2% vs. expected 4.1% (ratio 0.54) [4].

By strategy: PCI 8%, CABG 1%, Medical 12% [5].

30-Day Mortality by Treatment



Treatment	Mortality (%)
PCI	8
CABG	1
Medical	12

Expected CABG Mortality, 2.2% vs. 4.1%  
15% reduction in preprocedural delays for PCI

---

---

---


---

---

---

---

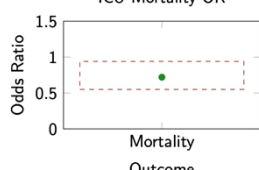
---

**Cardiogenic Shock** 

**Cardiogenic Shock:** Lower ICU mortality (OR: 0.72; 95% CI: 0.55–0.94, p=0.016) [5].

- Benefits: Shorter ICU stays, reduced mechanical ventilation [5].
- Retrospective: Improved PCI mortalities post-Heart Team at Emory University [6].

ICU Mortality OR



Mortality Outcome	Odds Ratio
ICU Mortality	0.72

---

---

---

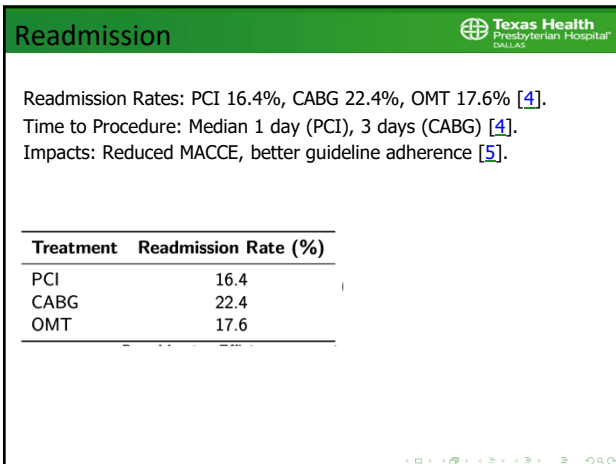
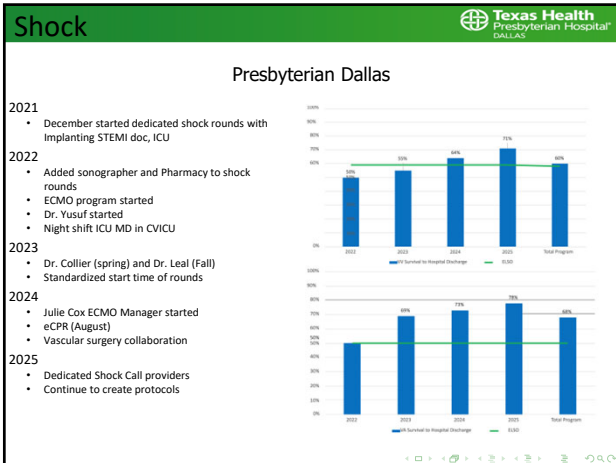
---

---

---

---

---



### Heart Team Impact

Metric	Without Heart Team	With Heart Team
Aborted TAVR	>1%	0.5%
Emergent Surgery	1.07%	0.7%
ICU Mortality (Shock)	Baseline	OR 0.72
CABG 30-Day Mortality	4.1%	2.2%

## Conclusion



**Takeaway:** Heart Teams reduce risks (20–50%), improve survival, enhance efficiency [4, 5].

**Call to Action:** Implement regular multidisciplinary meetings for all Heart Service lines.

**Future Directions:** Study cost savings, long-term efficiency.

**Quote:** "Collaboration turns high risk into high successes."



---

---

---





---

---

---

## References



-  Holmes DR Jr, et al. J Am Coll Cardiol. 2013;61(9):903–907.  
 Badhwar V, et al. American College of Cardiology. 2020.  
 Patterson T, et al. Heart. 2022;108(11):e2.  
 Domingues CT, et al. J Am Heart Assoc. 2020;9(8):e014738. Lardizabal JA, et al. Vessel Plus. 2024;8:2.  
 Lee J, et al. J Thorac Dis. 2024;16(6):3833–3841.



---

---

---

---

---

---