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â??Minimally invasive therapies are reshaping the treatment landscape for structural heart disease, particularly for older or medically complex patientsâ?•

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While conditions such as heart attacks and blocked arteries dominate cardiovascular conversations, experts are increasingly warning about a lesser-known but potentially serious heart valve disorder: Tricuspid Regurgitation (TR), often referred to as the â??forgotten valve diseaseâ??. What makes TR significant is not only how frequently it is overlooked, but also how common it may be among older adults. As we celebrate World Heart Day on 29th September, BioSpectrum reached out to Dr Saibal Kar, Programme Director, Cardiovascular Disease Fellowship, Los Robles Regional Medical Director, California, and Physician Director, Interventional Cardiology HCA Healthcare, US; and Sudheer Mirajkar, Country Manager, Structural Heart (India and Subcontinents), Abbott, to find out more about this condition and its treatment.

Tricuspid regurgitation has long been labelled the “forgotten valve disease”. What has historically kept TR out of mainstream cardiovascular discussions, and what factors are now driving its emergence as a major clinical priority?

Dr Saibal Kar- For many years, tricuspid regurgitation was seen largely as a secondary consequence of other heart conditions, particularly diseases affecting the left side of the heart. Its symptoms can also be subtle and develop gradually—fatigue, breathlessness or swelling, for example—which means patients may adapt to them or attribute them to ageing or other health issues. Historically, limited treatment options for patients at high surgical risk also contributed to TR receiving less attention.

The understanding has changed significantly now. We now know that significant TR is not simply a bystander—it can progressively affect the functioning of the heart, a person’s quality of life and long-term outcomes. Improved echocardiography and multimodality imaging are also enabling clinicians to assess the tricuspid valve, the mechanism of regurgitation and right ventricular function with far greater precision. Most importantly, the emergence of dedicated transcatheter treatment options means that clinicians can now consider intervention for appropriately selected patients who may not be suitable for open-heart surgery. We therefore have both a stronger understanding of the consequences of untreated TR and a growing ability to address it. This is shifting the clinical mindset from observing the disease until symptoms become severe to recognising it earlier, referring patients at the right time and actively evaluating whether intervention may offer meaningful benefit.

As structural heart interventions continue to evolve, how do you see minimally invasive therapies transforming the treatment paradigm for patients who previously had limited or no viable treatment options?

Dr Saibal Kar- Minimally invasive therapies are reshaping the treatment landscape for structural heart disease, particularly for older or medically complex patients who may be at high risk for traditional open-heart surgery. In the past, some of these patients had limited treatment choices and were often managed primarily with medicines to help control their symptoms. Advances in catheter-based technologies are changing this by enabling certain heart valve conditions to be treated through less invasive approaches. For appropriately selected patients, these therapies can offer an alternative to conventional surgery, with the potential for shorter recovery and reduced burden associated with a major surgical procedure. Less invasive approach will be readily welcome by patients and physicians.

The larger shift, however, is from simply managing symptoms to creating more possibilities for treating the underlying structural problem. Continued innovation is also allowing care to become increasingly tailored to the individual patient, taking into account their anatomy, overall health and clinical needs. As these options expand, technology alone will not determine outcomes. Earlier identification of disease, timely referral and evaluation by a multidisciplinary heart team will be equally important. The goal is ultimately to ensure that the right patient receives the right treatment at the right time—helping address unmet needs and giving more people the opportunity for improved quality of life.

Looking ahead five to ten years, what do you think will define excellence in tricuspid valve care: earlier diagnosis, improved imaging, better patient selection, technological innovation, or a combination of these factors?

Dr Saibal Kar - Excellence in tricuspid valve care over the next five to ten years will likely be defined by a combination of these factors working together. The biggest opportunity is to identify the disease earlier—before patients become severely symptomatic and their overall health begins to decline. Better imaging will help clinicians understand the severity of the condition and determine which patients may benefit from intervention. At the same time, continued innovation in minimally invasive technologies is expected to expand treatment possibilities, particularly for patients who may not be suitable for traditional surgery.

But progress should ultimately be measured by what it means for patients. The goal is not simply to treat a valve, but to help people experience fewer symptoms, maintain their independence and return to the everyday activities that matter to them. Bringing together earlier diagnosis, timely referral, appropriate patient selection and innovative treatment can help move tricuspid valve care towards a future where more patients have the opportunity not just to receive treatment, but to live with a better quality of life.

What are the current challenges and growth drivers for the Tricuspid Regurgitation medtech market in India, and how is Abbott addressing these challenges?

Sudheer Mirajkar- For many years, Tricuspid Regurgitation (TR) received less attention than many other heart conditions, even though it can significantly affect a person's health and daily life. Symptoms such as fatigue, breathlessness, and reduced ability to stay physically active often develop gradually, making the condition easy to miss until it becomes more serious. Access to specialized heart care and advanced treatment options is often limited to major cardiac centres, which can delay diagnosis and treatment. The good news is that awareness of heart valve diseases is growing. Better imaging technologies, greater clinical expertise, and minimally invasive treatment options are helping more people receive care earlier. As India's population ages and heart disease patterns change, there is an increasing need for treatment options that can improve quality of life with shorter recovery time. At Abbott, we are helping expand access to minimally invasive heart therapies for structural heart conditions, including tricuspid valve disease. We also work closely with healthcare professionals through education, clinical training, and awareness programs to help more patients benefit from timely and personalised care.

What is the current scope for innovation in Tricuspid Regurgitation, both globally and in India?

Sudheer Mirajkar Innovation in Tricuspid Regurgitation (TR) is advancing rapidly driven by a better understanding of the condition and its impact on patients. For many years, treatment options were limited, especially for those at high surgery risk. Today, advances in imaging, device technology, and minimally invasive catheter-based procedures are expanding treatment options and helping physicians deliver more precise, personalised care. Globally, these innovations are improving how doctors assess patients, plan procedures, and select therapies tailored to individual needs. In India, growing healthcare infrastructure, increasing physician expertise, and wider adoption of minimally invasive treatments are creating a strong foundation for the introduction for broader access to advanced TR treatments. As innovation continues, the focus is not only in developing new technologies but also on making them more accessible, so that more patients can receive timely treatment and achieve better outcomes.

Abbott has been at the forefront of structural heart innovation globally. Beyond technological advancements, what role can the industry play in building awareness, education and upskilling around under-recognised conditions such as TR?

Sudheer Mirajkar- Innovation has the greatest impact when patients are aware of their options and can access timely care. For conditions such as Tricuspid Regurgitation, which are often overlooked and diagnosed late, raising awareness is critical to helping people understand heart valve disease and seek medical attention when symptoms appear. Equally important is supporting healthcare professionals through ongoing education, and training as structural heart therapies continue to evolve. Collaboration, knowledge-sharing and skills development can help ensure patients receive accurate diagnoses and appropriate treatment. The industry can also work with healthcare institutions and other stakeholders to strengthen care pathways and expand access to advanced treatment options. When innovation is combined with clinical expertise, awareness, and access, more patients can benefit from timely treatment, improved outcomes, and healthier, more active lives.

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