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â??Emerging economies continue to face a substantial burden of rheumatic heart diseaseâ?•

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As longer life expectancy and younger patient populations reshape cardiac surgery, clinical decisions are increasingly made with decades in mind. Against this backdrop, US-based Edwards Lifesciences, the leading global structural heart innovation company, convened more than 120 leading cardiac surgeons from 10 countries across Asia-Pacific at the RESILIA Summit 2026 in Bangkok on June 20, to help shape the next phase of cardiac surgical care. The forum also recognised a decade of RESILIA tissue durability and the growing focus on long-term outcomes and lifetime valve management across the region. BioSpectrum Asia engaged in a detailed conversation with Amit Raheja, Senior Vice President, Asia-Pacific, Edwards Lifesciences, Singapore and Dr Vikram Jasinghani, Senior Director, Medical Affairs, Edwards Lifesciences, Australia during the event, to discuss the rising prevalence of heart valve disease, the advantages of RESILIA tissue technology, and the growing market opportunities across the Asia-Pacific region.



RESILIA tissue has been positioned as a significant advancement in valve technology. How does RESILIA tissue differ from conventional bioprosthetic valve tissues, and what key advantages does it offer to patients? Are you planning to launch it in India?

Dr Vikram Jaisinghani: One of the most important shifts we are seeing in structural heart disease is that patients are living longer and remaining active later in life. As a result, durability has become an increasingly important consideration when choosing a valve therapy. RESILIA tissue was developed with this need in mind. The technology is designed to address one of the key mechanisms associated with structural valve deterioration, tissue calcification. By modifying tissue preservation and reducing free aldehydes that can contribute to calcium binding, RESILIA tissue is designed to support long-term tissue integrity.

This technology is supported by long-term clinical evidence. In the COMMENCE trial, RESILIA tissue demonstrated 97.9 per cent freedom from structural valve deterioration at 10 years. For patients, this translates into greater confidence in the durability of their therapy and the opportunity to maintain their quality of life over time.

Amit Raheja: Regarding our plans for India, the commercial rollout is actively scaling. Our surgical portfolio, including the INSPIRIS aortic and MITRIS RESILIA mitral valves, is already integrated into premier cardiothoracic centres across the country. More recently, we introduced our next generation transcatheter aortic valve replacement platform featuring this advanced tissue, the SAPIEN 3 Ultra RESILIA valve to the Indian market. Given India's unique bimodal patient demographic, which includes a vast population of younger patients requiring long-term durable valvular solutions, our regional commercial strategy focuses heavily on comprehensive clinical proctorship, surgical education, and building localised real-world registries to ensure excellent long-term clinical patient outcomes. This establishes a reliable ecosystem for advanced cardiovascular care across hospital networks.

How do you see the structural heart market evolving across the APAC region, particularly in key markets such as India, China, Japan, South Korea, Australia, and Southeast Asia?

Amit Raheja: One of the biggest trends shaping structural heart care across Asia-Pacific is the growing focus on long-term outcomes. Durability is no longer simply a clinical consideration, it is increasingly becoming a healthcare system priority as populations age and demand for advanced cardiovascular therapies continues to grow.

That said, Asia-Pacific is far from homogeneous. Each market has distinct demographic, clinical, and healthcare system characteristics. India continues to manage a dual burden of rheumatic and degenerative valve disease, and Southeast Asian markets are progressing at different stages of healthcare development.

Despite these differences, one theme is consistent across the region – healthcare systems are increasingly seeking therapies that can deliver durable outcomes while making efficient use of healthcare resources.

As patient populations grow and life expectancy increases, solutions that reduce the likelihood of repeat interventions are becoming increasingly important.

The future of structural heart care in Asia-Pacific will be shaped not only by innovation itself, but by how effectively healthcare systems can translate innovation into long-term patient benefit.

What are the key growth opportunities and expansion strategies for Edwards Lifesciences in emerging markets?

Amit Raheja: Emerging markets present significant opportunities, but they also require a different approach. Healthcare needs, disease patterns, and access challenges vary across regions, so success depends on understanding local realities rather than applying a one-size-fits-all model.

While many developed markets are primarily focused on degenerative aortic valve disease in older patients, emerging economies continue to face a substantial burden of rheumatic heart disease, particularly among younger and working-age populations. As a result, there is a growing need for therapies that not only address complex mitral and tricuspid valve disease but also deliver durable outcomes over the long term.

Beyond innovation itself, expanding access remains a key priority. This requires continued investment in physician training, the generation of local clinical evidence, and strong collaboration with healthcare institutions and professional societies. Building clinical confidence and supporting the development of local expertise are essential to ensuring that more patients can benefit from advanced structural heart therapies.

At the same time, strengthening regional infrastructure and supply capabilities helps improve the reliability and availability of these technologies. Our goal is to work alongside healthcare stakeholders to support sustainable structural heartcare pathways and improve outcomes for patients across emerging markets.

Given the high cost of advanced valve technologies, how does Edwards Lifesciences view affordability and accessibility of these therapies, especially in price-sensitive markets like India?

Amit Raheja: Affordability and access are important considerations in many healthcare systems across Asia, including India. However, when evaluating heart valve therapies, it is also important to consider the long-term impact on patients. For patients who require valve replacement at a relatively young age, durability becomes particularly important. If a therapy can maintain valve performance over many years, it may help reduce the likelihood of future interventions and the clinical burden

associated with repeat procedures.

As healthcare systems continue to balance growing demand with limited resources, there is increasing recognition that long-term patient outcomes matter alongside upfront treatment costs. This is why clinical evidence demonstrating durability and sustained performance is becoming increasingly relevant to treatment decisions.

Ultimately, improving access to advanced therapies requires collaboration across the healthcare ecosystem, including clinicians, hospitals, policymakers, and industry. Our focus is on supporting these efforts through innovation, clinical evidence, and education, with the goal of helping more patients benefit from effective and durable treatment options.

As cardiac care continues to evolve, what do you believe will be the next major wave of innovation in heart valve therapies and structural heart interventions?

Dr Vikram Jaisinghani: I believe the future of structural heart disease care will be shaped by earlier diagnosis, more personalised treatment decisions, and continued advances in minimally invasive therapies. As clinical evidence continues to grow and technology evolves, physicians will be better equipped to identify the right treatment for the right patient at the right time. At the same time, ongoing innovation will continue to improve procedural outcomes and expand treatment options for patients who previously had limited choices. The goal is not simply to introduce new technologies, but to help patients achieve better long-term outcomes and quality of life through safe, effective, and durable therapies.

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