

Table 1. Peri-procedural characteristics of study population

Variables	GIB group N (%) 14 (7)	Non-GIB group N (%) 179 (93)	p-value
Baseline characteristics			
Male	7 (50)	91 (50)	1.00
Caucasian	14 (100)	176 (98)	1.00
Prior CVA	1 (7.2)	22 (12)	1.00
Hypertension	13 (92.8)	175 (98)	0.32
Hyperlipidemia	7 (50)	95 (53)	1.00
Diabetes Mellitus	5 (36)	53 (30)	0.76
Atrial fibrillation/ flutter	8 (57)	52 (29)	0.04
History of CAD	9 (64)	139 (78)	0.32
Smoking			
Active smoker	3 (21)	5 (3)	
Quit	6 (43)	107 (60)	
Non-smoker	5 (36)	67 (37)	0.02
PPI use	4 (29)	127 (71)	0.002
Pre-procedural echocardiographic characteristics			
Pre-TAVR AV Mean gradient (mmHg)			
<25	-	17(9)	
25-39	7 (50)	56 (31)	
>/=40	7 (50)	104 (58)	0.29
Pre-TAVR AV area (cm ²)			
<1	13 (93)	171 (96)	
1-1.5	1 (7)	6 (3)	0.42
Procedural characteristics			
Procedural approach			
Transfemoral	12 (86)	148 (83)	
Transapical	-	11 (6)	
Transaortic	2 (14)	6 (3)	
Subclavian	-	13 (7)	0.20
Peri-procedural TEE	14 (100)	174 (97)	1.00
Type of valve			
Sapien 3	5 (36)	79 (44)	
Sapien XT	4 (29)	37 (21)	
CoreValve	5 (36)	62 (35)	0.67
Post-procedural findings and antithrombotic regimen			
30 day AV mean gradient (mm Hg)			
<25	11(79)	142(80)	
25-40	-	2(1)	1.00
Type of antithrombotic therapy			
Antiplatelet only	2 (14)	97 (54)	
Anticoagulant only	1 (7)	3 (2)	
Antiplatelet and anticoagulant	10 (71)	74 (41)	
None	1 (7)	5 (3)	0.008
All-cause mortality	1 (7)	15 (8)	1.00
Stroke	1 (7)	3 (2)	0.26
		Median (Range)	Median (Range)
Length of stay of index hospitalization (days)	6.5 (3-77)	5 (2-49)	0.33
No. of units of blood transfusion post-TAVR	4 (0-67)	0 (0-2)	<0.0001

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The Impact of Gradient And Flow on the Outcomes of TAVR in Severe Aortic Stenosis with Preserved Left Ventricular Ejection Fraction



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BACKGROUND While transaortic flow and gradient are important determinant of prognosis in patients with severe AS treated medically or with surgical aortic valve replacement, it is unclear whether these echocardiographic values are still predictive of outcomes in patients with severe aortic stenosis with preserved ejection fraction who are undergoing transcatheter aortic valve replacement (TAVR) is less defined.

METHODS We identified consecutive patients presenting for TAVR between 01/2011 to 6/ 2016 with an aortic valve area (AVA) < 1.0cm² and EF ≥ 50%. The primary outcome was 1-year mortality. Normal flow (NF) was defined as having stroke volume index (SVI) of ≥ 35 ml/m²; while low Flow (LF) was defined as SVI<35. High gradient (HG) was define as mean gradient of ≥ 40 mmHg; while low gradient (LG) was defined as < 40 mmHg.

RESULTS A total of 264 patients were included in the analysis with a 1-year follow up. At baseline there was no significant difference in baseline characteristics in regards of age, race, gender, or baseline characteristics including hypertension, hyperlipidemia, diabetes or coronary artery disease. There was no difference in 1-year mortality outcomes after TAVR in relation to either gradient (12.5% LG vs. 17.3% HG; P=0.63) or transaortic flow (15.5% LF vs. 19.4% NF; P=0.63).

CONCLUSIONS TAVR seems to help improving the prognosis of severe aortic stenosis regardless of transaortic flow and gradient in patients with normal ejection fraction.

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Impact of Female Gender on 30-Day Outcomes Following Transcatheter Aortic Valve Replacement with Contemporary Valves



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BACKGROUND The impact of gender on early outcomes following transcatheter aortic valve replacement (TAVR) in the setting of contemporary valves is not well known. We aimed to evaluate gender-specific differences on 30-day outcomes in adults undergoing TAVR with contemporary valves.

METHODS The study population included 179 consecutive patients who underwent TAVR with a contemporary valve [Sapien 3 valve (Edwards Life Sciences, Irvine, CA) or CoreValve Evolut R or Evolut Pro (Medtronic, Minneapolis, MN)] from December 2015-October 2017 at an academic tertiary medical center.

RESULTS Of the 179 patients, 100 (55.9%) were men and 79 (44.1%) were women. Women had a trend towards older age (82 vs 79 years, p=0.065). They had lower serum creatinine (1.0 vs 1.6mg/dl, p=0.001) and hemoglobin (11.2 vs 12.2 g/dl) and higher platelet count (245 vs 193 K/uL). Women had lower rates of prior myocardial infarction, prior coronary artery bypass graft surgery, atrial fibrillation, chronic obstructive pulmonary disease, abdominal aortic aneurysm, and less severe coronary artery disease. Women also had smaller aortic annular area (391 vs 502mm², p<0.001) and perimeter (72.2 vs 81.7mm, p<0.001) and underwent implantation of small TAVR valves. Women had higher rates of periprocedural intubation and lower rates of conscious sedation. Women were also more likely to be discharged on aspirin (98.7% vs 88.9%, p=0.013) and more likely to be sent to a skilled nursing facility (26.9% vs 14.1%, p=0.034). No significant differences in rates of 30-day outcomes were noted in men and women (Figure).

CONCLUSIONS In this observational study of adults undergoing TAVR with contemporary valves, gender is not associated with higher rates of 30-day clinical outcomes. Further studies examining gender disparities in TAVR peri-procedural care and outcomes are warranted.