

Low-Flow Low-Gradient Severe Aortic Stenosis

How low is too low to treat?

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Disclosure of Relevant Financial Relationships

Within the prior 24 months, I have had a financial relationship with a company producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients:

Nature of Financial Relationship

Grant/Research Support

Consultant Fees/Honoraria

Ineligible Company

Medtronic, Edwards Lifesciences,
Abbott, MedAlliance, Cordis

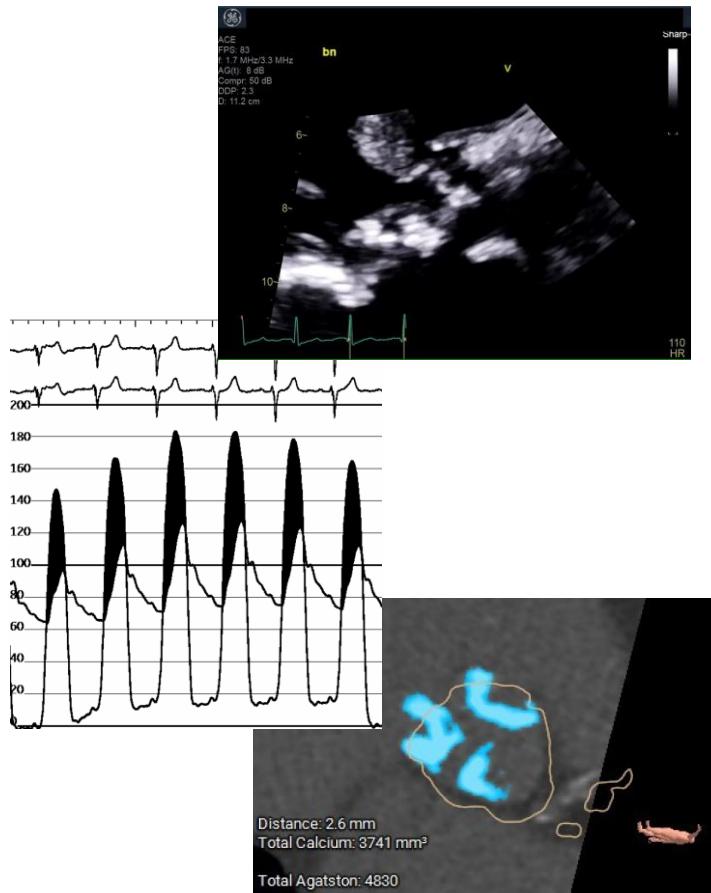
Medtronic

Low-Flow Low-Gradient Severe AS

- 30-45% of patients undergoing TAVR
- AVA $\leq 1.0 \text{ cm}^2$, but MG $< 40 \text{ mmHg}$ and PV $< 4.0 \text{ m/s}$
- Stroke volume index $\leq 35 \text{ ml/m}^2$
- Reduced LVEF (“classical”) or preserved (“paradoxical”)
- Underrepresented in pivotal TAVR studies

Diagnosis

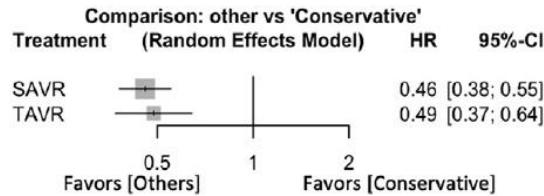
- Transthoracic echo (+/- dobutamine)
 - Transesophageal echo
 - Right/left heart cath (+/- dobutamine)
 - AV calcium score/CT planimetry
 - Projected AVA
-
- Exclude other causes of symptoms



Do LF-LG Severe AS Patients Benefit from TAVR?

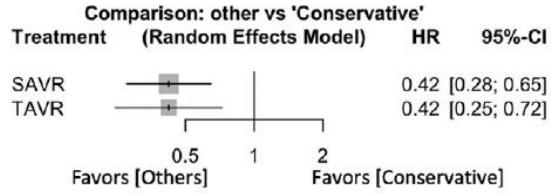
A Classical low-flow, low-gradient

N= (SAVR 498, TAVR 267, Conservative 478)



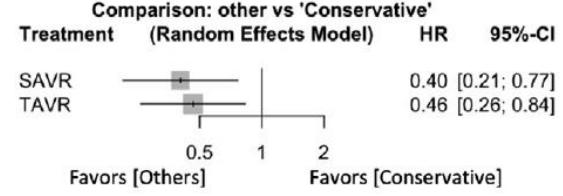
B Paradoxical low-flow, low-gradient

N= (SAVR 236, TAVR 66, Conservative 222)



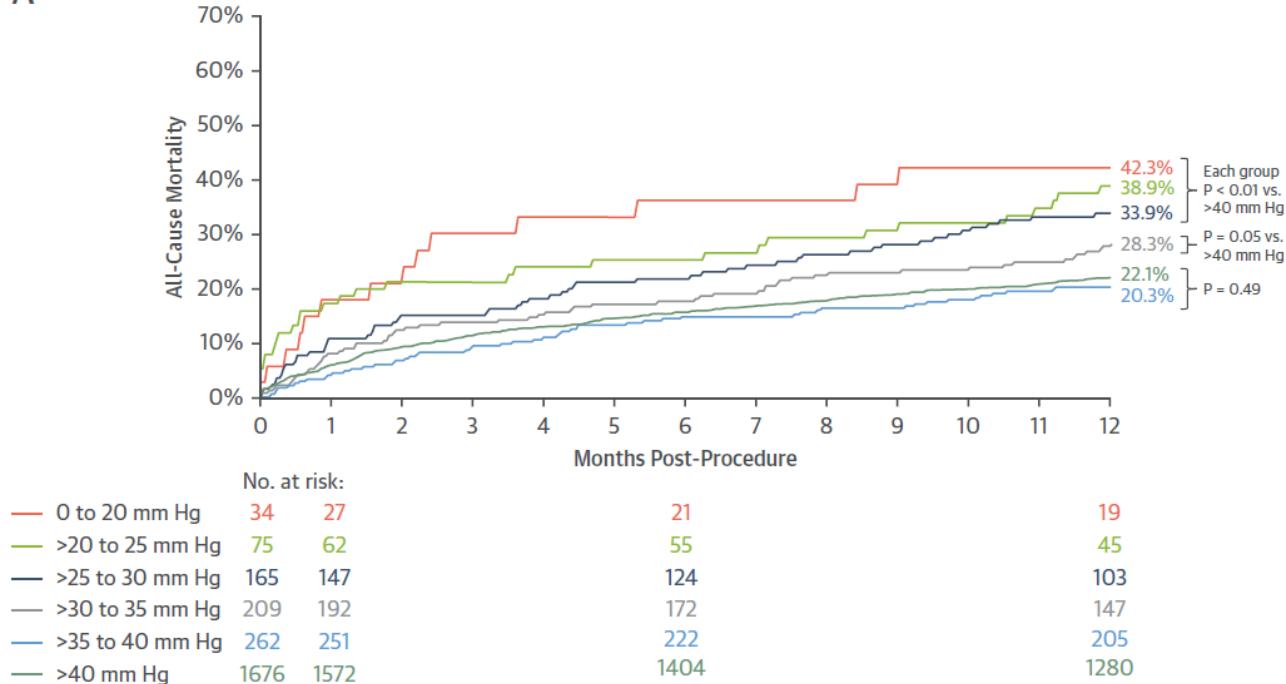
C Normal-flow, low-gradient

N= (SAVR 112, TAVR 114, Conservative 260)



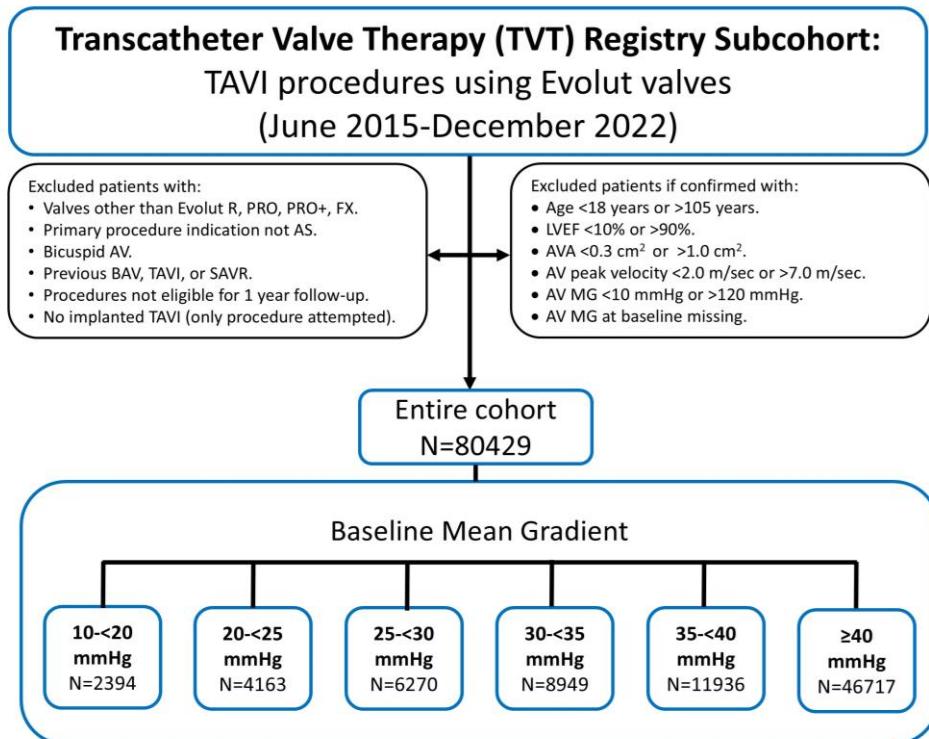
Do LF-LG Severe AS Patients Benefit from TAVR?

A



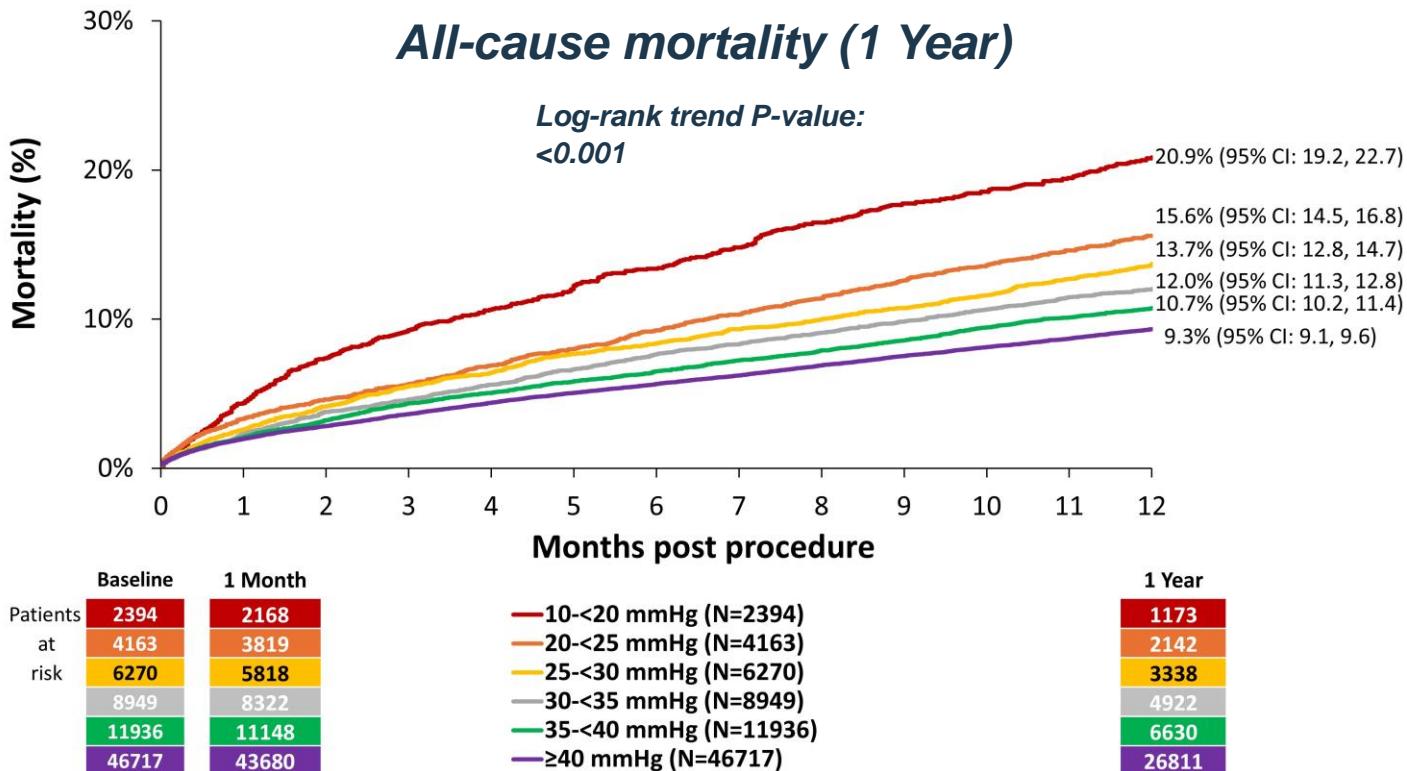
TAVR for Severe AS by Baseline Resting Gradient

Patient flow



Baseline characteristics

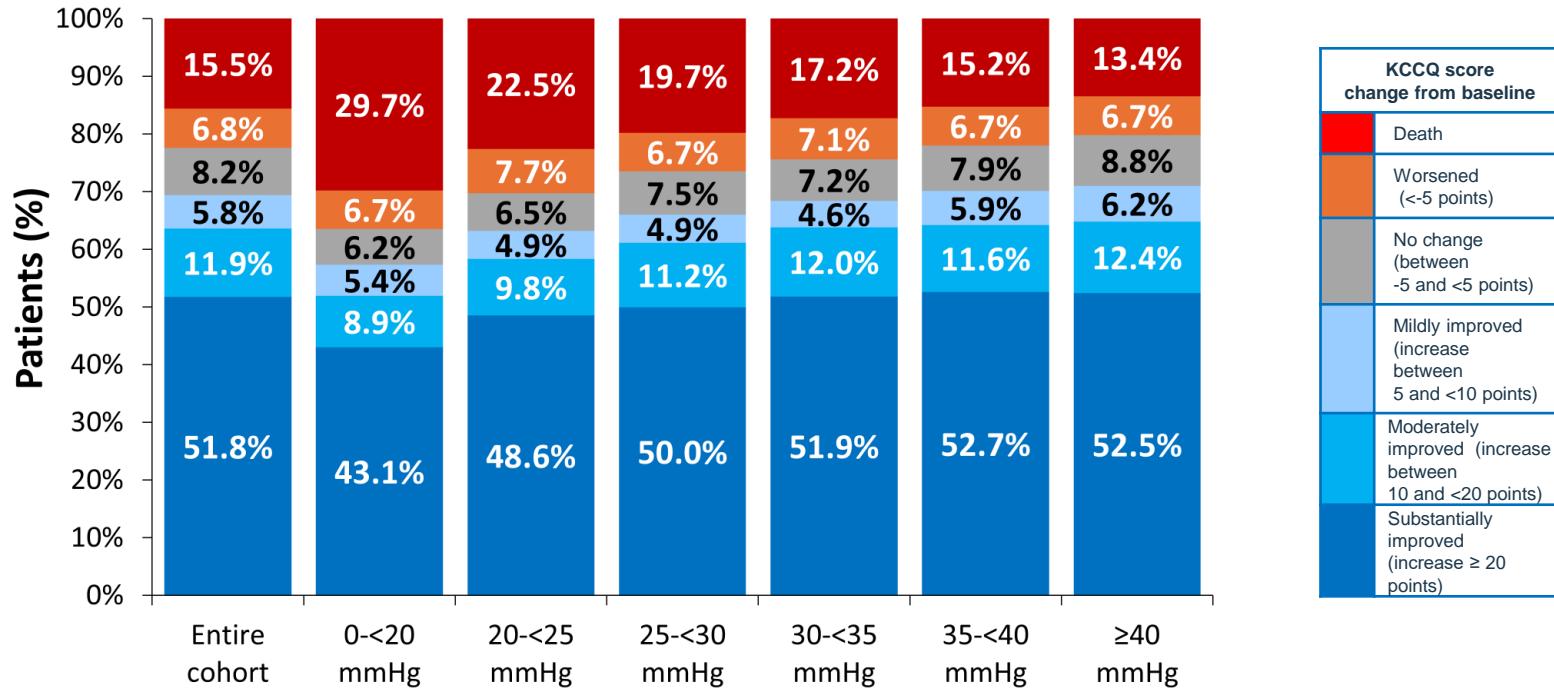
Mean or %	Entire cohort (80429)	10-<20 mmHg (2394)	20-<25 mmHg (4163)
Age (years)	80.7	82.1	81.7
Female	53.9%	49.0%	48.5%
STS-PROM Score (%)	5.1	6.9	6.2
NYHA Class III/IV	67.1%	76.5%	74.1%
LVEF (%)	57.2	46.0	50.5
AVA (cm ²)	0.70	0.77	0.76
AV MG (mmHg)	42.3	16.3	22.2



VARC-3 KCCQ ordinal outcome (1 Year)

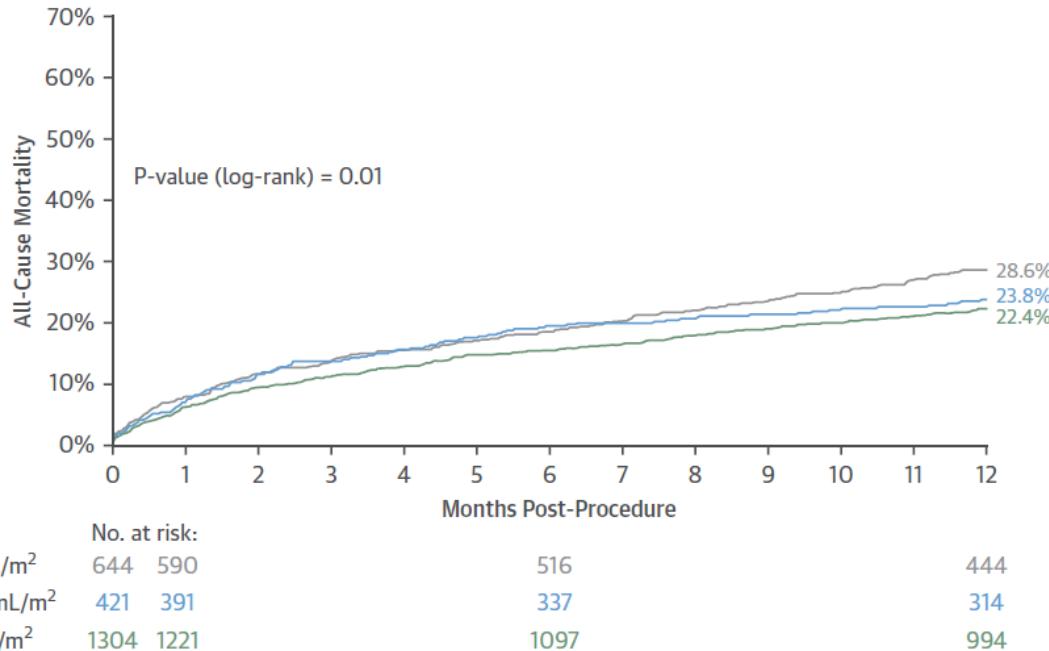
Cochran-Mantel-Haenzel trend test (Nonzero Correlation)

P-value: < 0.001



Does Flow Matter?

B



Only mean gradient was predictive of 1 year mortality

Conclusions

- Severe AS with low resting MG is associated with 1-year all-cause mortality post-TAVR.
- Most of these patients have a significant QoL improvement regardless of resting MG.
- How low is too low? Be very cautious under 20 mmHg.