

# Low-Flow Low-Gradient Severe Aortic Stenosis

*How low is too low to treat?*

Matthew Czarny, MD

---



**TCT**®

TRANSCATHETER  
CARDIOVASCULAR  
THERAPEUTICS®

# 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

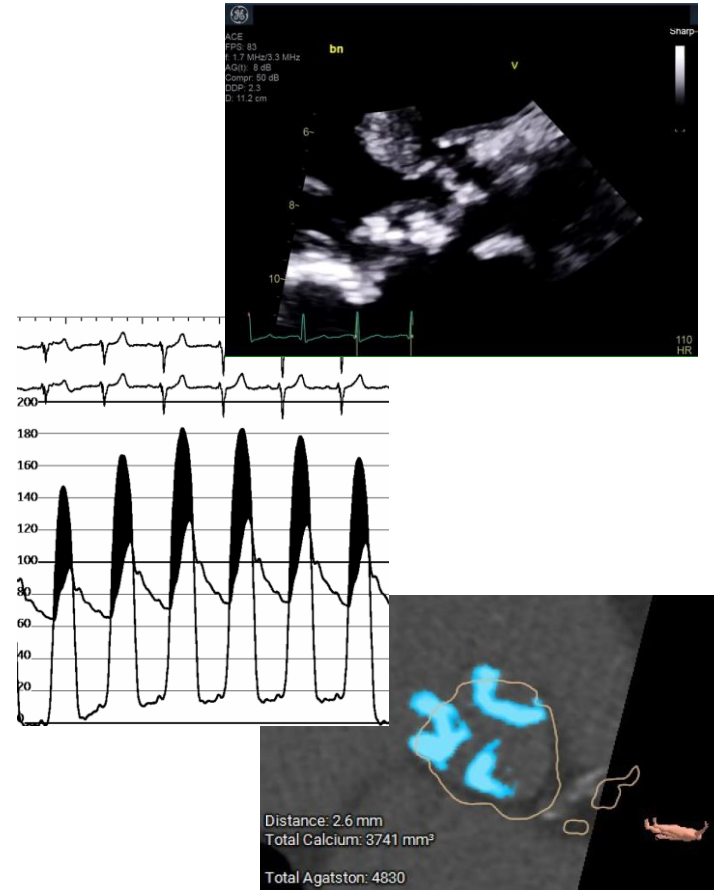
Medtronic

# 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

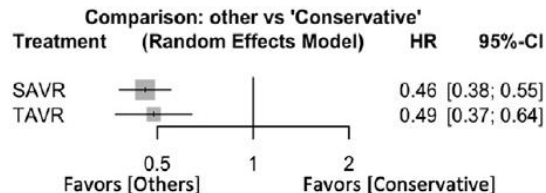
- Transthoracic echo (+/- dobutamine)
- Transesophageal echo
- Right/left heart cath (+/- dobutamine)
- AV calcium score/CT planimetry
- Projected AVA
- Exclude other causes of symptoms



# Do LF-LG Severe AS Patients Benefit from TAVR?

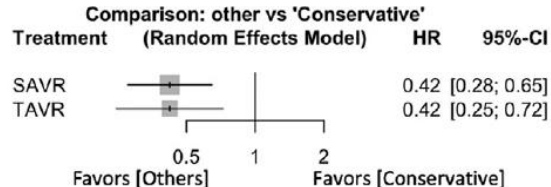
## A Classical low-flow, low-gradient

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



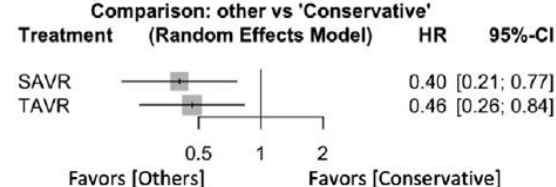
## B Paradoxical low-flow, low-gradient

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



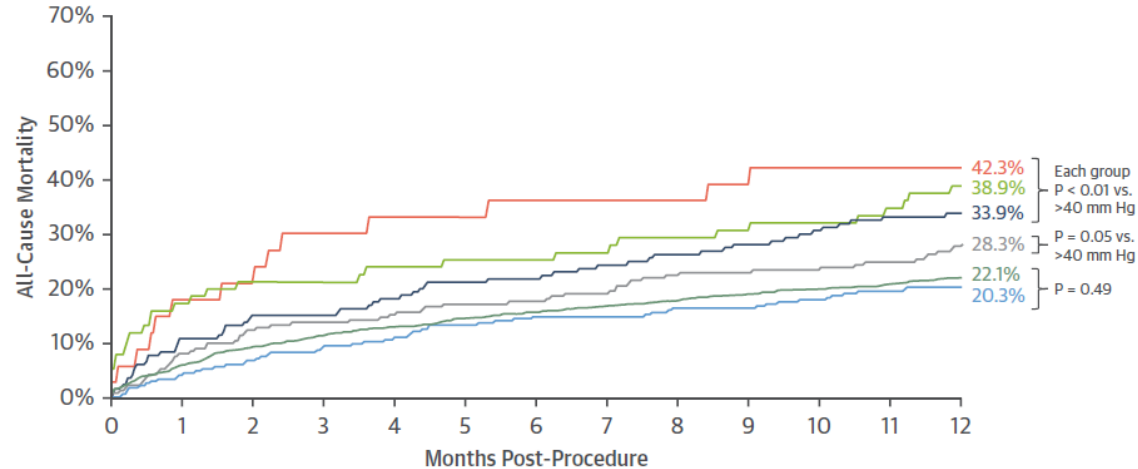
## C Normal-flow, low-gradient

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



# Do LF-LG Severe AS Patients Benefit from TAVR?

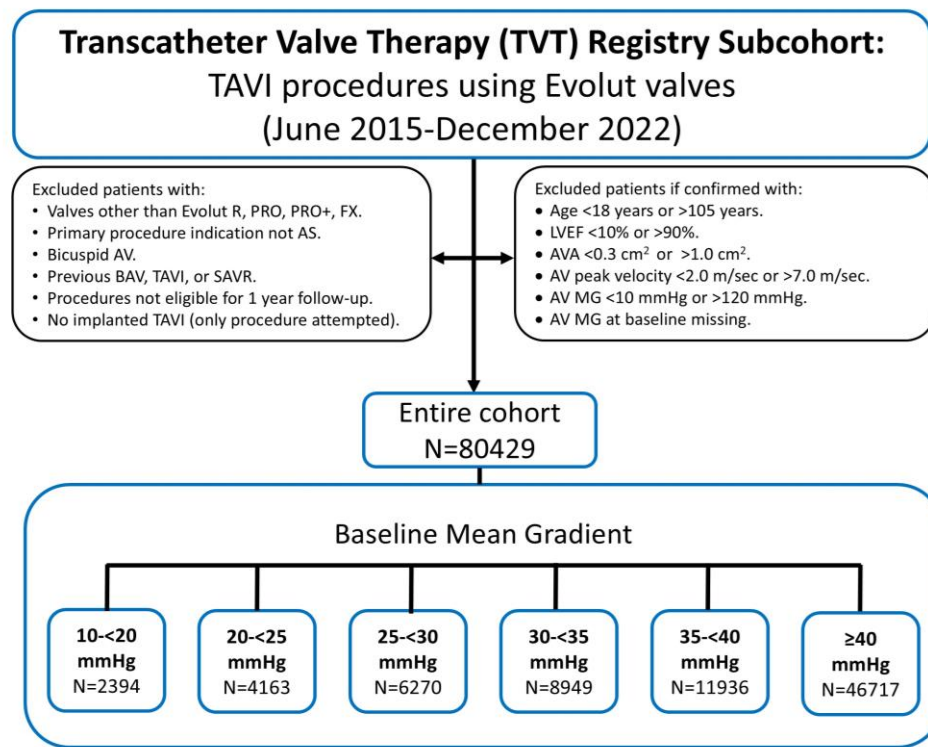
A



|                   | No. at risk: |      |      |
|-------------------|--------------|------|------|
| — 0 to 20 mm Hg   | 34           | 27   | 21   |
| — >20 to 25 mm Hg | 75           | 62   | 55   |
| — >25 to 30 mm Hg | 165          | 147  | 124  |
| — >30 to 35 mm Hg | 209          | 192  | 172  |
| — >35 to 40 mm Hg | 262          | 251  | 222  |
| — >40 mm Hg       | 1676         | 1572 | 1404 |
|                   |              |      | 1280 |

# TAVR for Severe AS by Baseline Resting Gradient

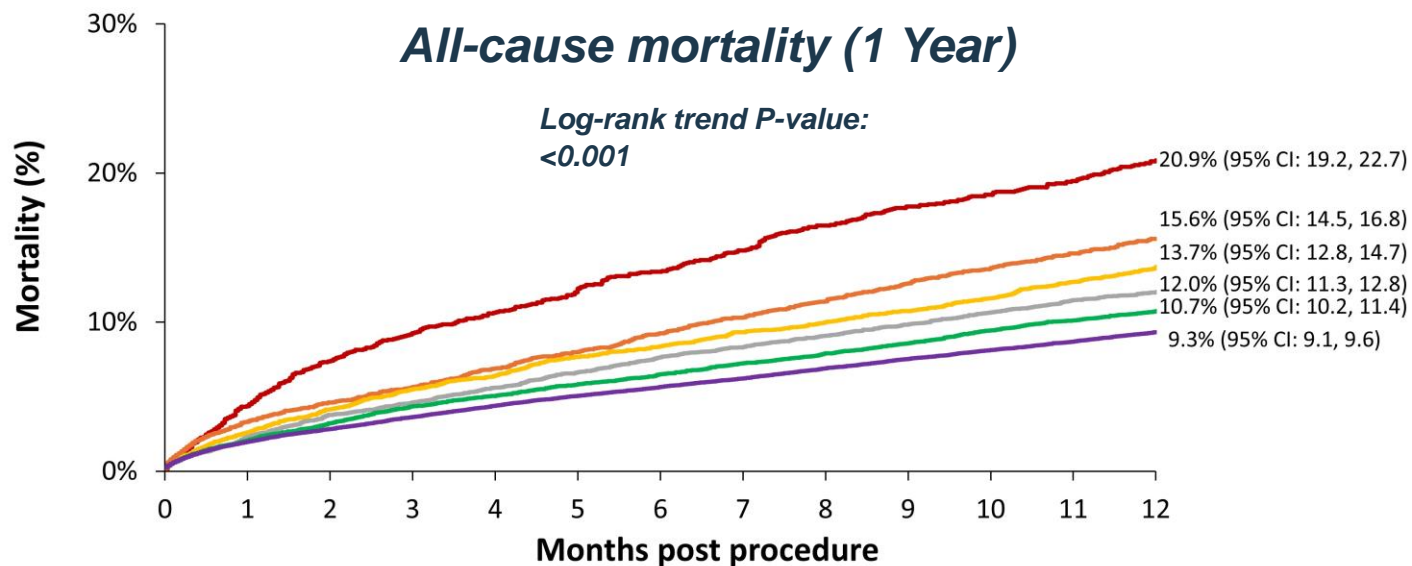
## Patient flow



## 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 <sup>2</sup> ) | 0.70                  | 0.77               | 0.76               |
| AV MG (mmHg)           | 42.3                  | 16.3               | 22.2               |





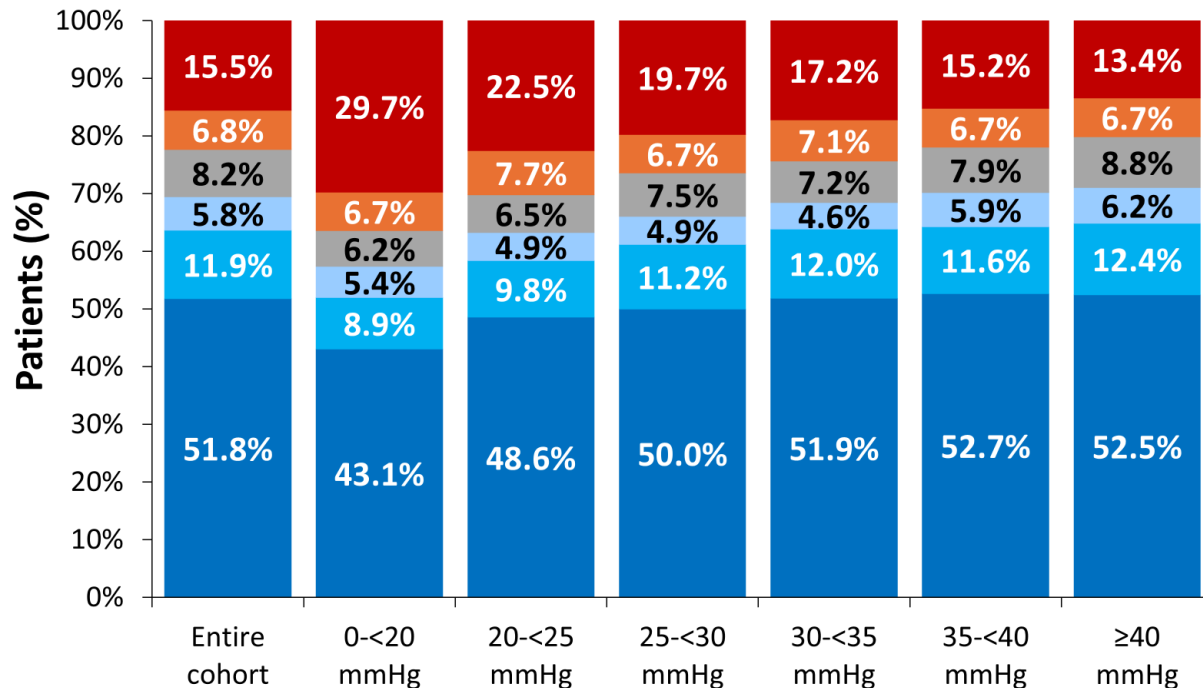
|                        | Baseline | 1 Month |                         | 1 Year |
|------------------------|----------|---------|-------------------------|--------|
| Patients<br>at<br>risk | 2394     | 2168    | — 10-<20 mmHg (N=2394)  | 1173   |
|                        | 4163     | 3819    | — 20-<25 mmHg (N=4163)  | 2142   |
|                        | 6270     | 5818    | — 25-<30 mmHg (N=6270)  | 3338   |
|                        | 8949     | 8322    | — 30-<35 mmHg (N=8949)  | 4922   |
|                        | 11936    | 11148   | — 35-<40 mmHg (N=11936) | 6630   |
|                        | 46717    | 43680   | — ≥40 mmHg (N=46717)    | 26811  |



# VARC-3 KCCQ ordinal outcome (1 Year)

Cochran-Mantel-Haenzel trend test (Nonzero Correlation)

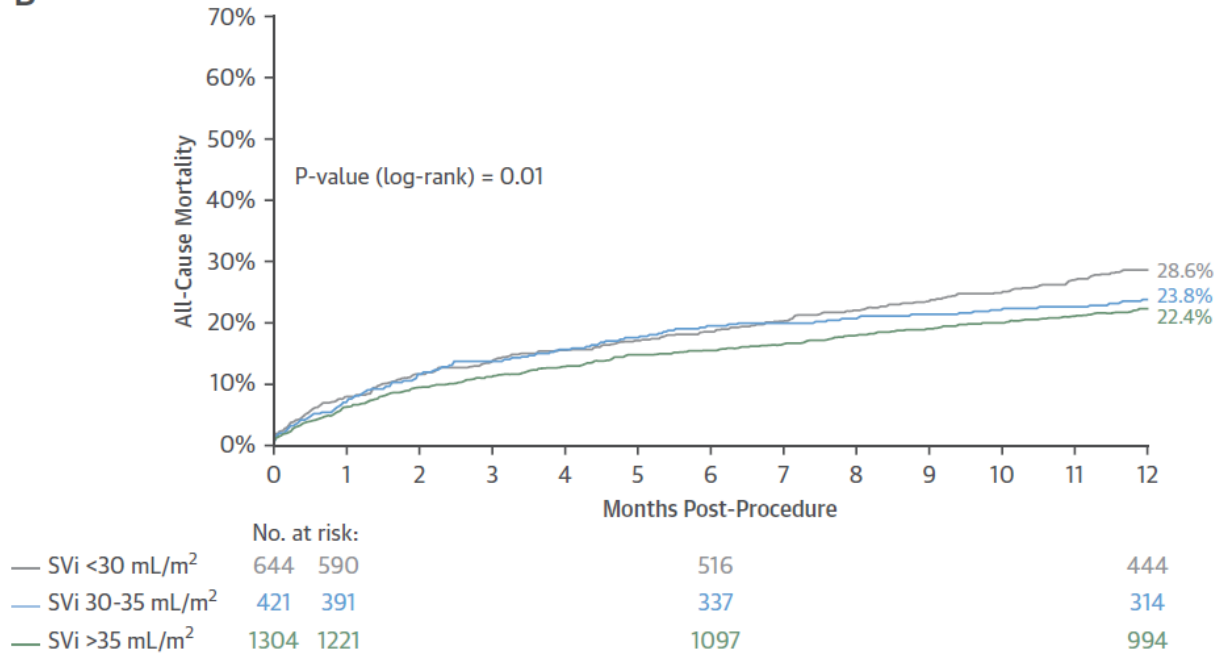
P-value: < 0.001



| KCCQ score change from baseline |  |
|---------------------------------|--|
| <div></div>                     | Death  |
| <div></div>                     | Worsened (<-5 points)                                    |
| <div></div>                     | No change (between -5 and <5 points)                     |
| <div></div>                     | Mildly improved (increase between 5 and <10 points)      |
| <div></div>                     | Moderately improved (increase between 10 and <20 points) |
| <div></div>                     | Substantially improved (increase ≥ 20 points)            |

# 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*.