

# *Impact of Pre-Procedural Anemia Severity on Outcomes After TAVR in Older Adults: A Real-World Multicenter Analysis*

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# Disclosure of Relevant Financial Relationships

I, Brandon Wolfe, DO NOT have any financial relationships to disclose.

# Background

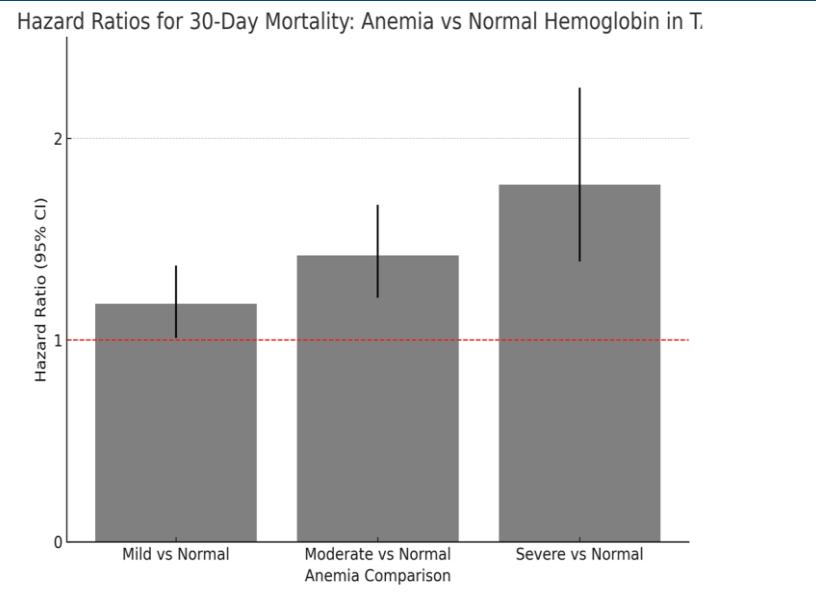
- Anemia is common in older adults undergoing TAVR
- Impact on short-term outcomes not well defined
- Study Aim: Assess association between preprocedural anemia severity and 30-day mortality

# Methods

- Data source: TriNetX Research Network (2020–2024)
- Inclusion: Adults  $\geq 65$  years undergoing TAVR
- Stratified by hemoglobin:
  - No anemia  $\geq 12.0$  g/dL
  - Mild 10.0–11.9
  - Moderate 8.0–9.9
  - Severe  $<8.0$
- Exclusions: Hematologic malignancy, recent bleeding
- Analysis: Propensity matching + Cox proportional hazards

# Results

Covariate	Hazard Ratio	Coefficient	Standard Error	P-value	95% Confidence Interval
Severe vs Normal	1.77	0.572	0.155	<0.0001	(1.39, 2.25)
Moderate vs Normal	1.42	0.350	0.105	<0.0001	(1.21, 1.67)
Mild vs Normal	1.18	0.165	0.085	0.0273	(1.01, 1.37)
Chronic Kidney Disease	1.56–1.85	-	-	<0.001	(1.18–2.33)
Type 2 Diabetes	1.24–1.39	-	-	<0.05	(1.02–1.72)
Transfusion	1.55–2.64	-	-	<0.005	(1.19–4.04)



**Figure.** Cox-adjusted hazard ratios with 95% confidence intervals for 30-day mortality comparing mild, moderate, and severe anemia to normal hemoglobin in older adults undergoing TAVR.

# Conclusion

- Preprocedural anemia severity independently predicts 30-day mortality after TAVR
- Supports routine anemia screening & optimization before intervention