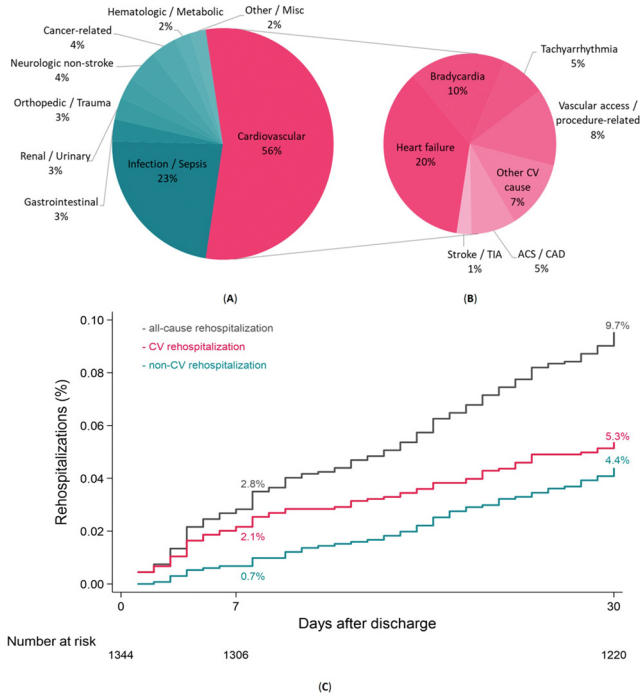
Results: 1,347 patients (44% women, age 81 ± 6 years) were included. 9.7% had early rehospitalization, most frequently due to infection (22.9%), heart failure (HF, 19.8%), and bradyarrhythmia (9.9%). Predictors of rehospitalization for infection were chronic HF (OR 2.60, 95% CI 1.02–6.59; p=0.045), COPD (OR 3.18, 95% CI 1.27–7.96; p=0.013), and contrast dye (OR 1.25 per 25 ml, 95% CI 1.09–1.44; p=0.002). Rehospitalization for HF was caused by chronic HF (OR 3.82, 95% CI 1.24–11.81; p=0.020), PVL ≥ mild (OR 5.05, 95% CI 1.50–16.98; p=0.009) and reduced LV-EF (OR 3.85, 95% CI 1.20–12.50; p=0.022). Conduction disorders at discharge predicted rehospitalization for bradyarrhythmia requiring pacemaker implantation (OR 4.65, 95% CI 1.39–15.57; p=0.013). Early (≤ 2 days) discharge was not associated with an increased risk of rehospitalization. 1-year mortality was increased after early rehospitalization (HR 3.03, 95% CI 1.90–4.86; p<0.001).
Conclusion: 10% were readmitted, most often due to infection, HF, and bradyarrhythmia. Modifiable risk factors were contrast dye volume, ≥mild PVL and conduction disorders. Early discharge did not predict rehospitalization. Mortality risk at 1 year was three times higher in patients requiring early rehospitalization.



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83230 | Do Early Complications After Transcatheter Aortic Valve Implantation Impact the Quality of Life?

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Background: The Valve Academic Research Consortium (VARC)-3 recommends the 12-item Short Form survey (SF-12) to assess quality of life (QoL) after transcatheter aortic valve implantation (TAVI). Although SF-12 outcomes after TAVI have been previously reported, most studies have focused primarily on pre- and post-procedural improvements. The association between clinical complications and post-TAVI QoL outcomes remains unexplored. This LANDMARK sub-study investigates the impact of early clinical complications on 1-year SF-12–derived QoL outcomes following TAVI.
Methods: LANDMARK, a prospective, open-label, non-inferiority trial, was conducted at 31 centers across Europe, New Zealand, and Brazil. Participants were randomized (1:1) to receive either the Myval THV series or a contemporary THV (Sapien or Evolut THV series). Changes in SF-12 components: Physical (PCS-12) and Mental Component Summary scores (MCS-12) and a ≥2.5-point decrease, at 1 year were compared between patients with and without early clinical complications (all stroke, bleeding type 3 or 4, major vascular complications, acute kidney injury stage 2-4, ≥moderate prosthetic valve regurgitation, and new permanent pacemaker implantation).
Results: A total of 662 patients were included in the 1-year. SF-12 at 1-year was imputed for 40 patients. Both PCS-12 and MCS-12 scores at 1-year were comparable between patients with and without clinical complications (PCS-12: 6.78 ± 13.05 vs. 6.82 ± 13.48, p=0.98; MCS-12: 6.78 ± 15.06 vs. 4.67 ± 16.03, p=0.14). Similarly, a comparable decline of ≧2.5 points in SF-12 components was observed at 1-year between patients with and without clinical complications (PCS-12: 17.3% vs. 22.1%, p=0.26; MCS-12: 24.7% vs. 29.5%, p=0.29). The mean PCS-12 score was higher in non-disabling stroke patients, while the MCS-12 score was higher in AKI stage 2-4 patients.
Conclusion: SF-12–derived QoL outcomes improved at 1-year after TAVI, irrespective of early clinical complications. Additionally, a ≥2.5 points decrease in SF-12 components at 1-year was similar between patients with and without clinical complications, suggesting a limited impact of early complications on 1-year QoL outcomes.

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83239 | Tendyne Transcatheter Mitral Valve System in Patients With Severe Mitral Annular Calcification (MAC): Characterization and Stratified Outcomes by MAC Severity in the SUMMIT Trial

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Background: The Tendyne Transcatheter Mitral Valve Replacement (TMVR) system was designed for mitral valve anatomy with a D-shaped dual frame that can be recaptured and repositioned prior to deployment, enabling treatment of patients with even the most severe mitral annular calcification (MAC). The SUMMIT trial previously demonstrated favorable safety and efficacy outcomes, which led to commercial approval. TMVR outcomes stratified by MAC severity have not been previously reported. Herein we report baseline characteristics and outcomes stratified by MAC severity in patients from the SUMMIT trial.
Methods: SUMMIT is a non-randomized, prospective study to assess the safety and effectiveness of the Tendyne TMVR System in patients with significant mitral disease and includes a high risk, severe MAC cohort (n=103). The study used independent computed tomography (CT) and