

Women undergoing TAVR have a different risk profile and greater survival rate than men

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Data from one of the largest national registries of transcatheter aortic valve replacement (TAVR) patients shows that although women are more likely to experience vascular complications in the hospital, their one-year survival rate is more favorable than men. This STS/ACC TVT Registry analysis was presented today as a late-breaking clinical trial at the Society for Cardiovascular Angiography and Interventions (SCAI) 2016 Scientific Sessions in Orlando, Fla.

Investigators evaluated in-hospital and one-year outcomes for 23,652 TAVR patients, including 11,808 women (49.9 percent) and 11,844 [men](#) (51.1 percent), from 2012-2014. Compared to men, women were older, with lower GFR (kidney function) but higher prevalence of porcelain aorta and a higher mean STS adult cardiac surgery risk score (9 percent vs. 8 percent). However, women undergoing TAVR had a lower prevalence of comorbidities, such as coronary artery disease, atrial fibrillation and diabetes.

"Prior to this study, smaller analyses have suggested that men and women have different outcomes following TAVR procedures," said Jaya Chandrasekhar, MBBS, MRCP, FRACP, a post-doctoral research fellow with Roxana Mehran, MD, FACC, FAHA, FSCAI, at the Icahn School of Medicine at Mount Sinai and the primary author of this report. "We wanted to gain in-depth understanding into the differences between men and women undergoing TAVR procedures from the US national registry

and to evaluate the discrepancies by sex in longer-term outcomes."

The study demonstrated that women were treated more often using non-transfemoral access (45 percent vs. 34 percent) with smaller sheath and device sizes but had a higher valve cover index than men. Post-procedure, women experienced more in-hospital vascular complications than men (8.27 percent vs. 4.39 percent, adj HR 1.70, 95 percent CI 1.34 - 2.14, p

Despite these complications for women, the in-hospital survival rate was the same as men. Additionally, one-year mortality was lower in women (21.3 percent) than in men (24.5 percent).

"These findings are promising for women," said Dr. Chandrasekhar. "There is a suggestion that the lower rate of [coronary artery disease](#) in women undergoing TAVR does put them at an advantage for longer-term survival, compared to men. The next step should be to study quality of life metrics and outcomes beyond one year including causes for death in both men and [women](#). At the same time, frailty should be better defined to allow appropriate selection of patients for this procedure."

Dr. Chandrasekhar reports no disclosures.

More information: Dr. Chandrasekhar presented "Sex Based Differences in Outcomes With Transcatheter Aortic Valve Therapy: From STS/ACC TVT Registry" on Friday, May 6, 2016, at 9:00 a.m. ET.

For more information about the SCAI 2016 Scientific Sessions, visit <http://www.scai.org/SCAI2016>.

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