Mean logistic European System for Cardiac Operative Risk Evaluation (EuroSCORE) and Society of Thoracic Surgeons (STS) score were 21.6 ± 15.5 and 7.0 ± 5.6, respectively. Rates of death at 30 days and 1 year were 3.4% and 10.6%, respectively. At 30 days, the incidence of all stroke, major vascular complications, life-threatening bleeding, and acute kidney injury (stage 2 or 3) were 3.0%, 5.2%, 7.6% and 4.2%, respectively. Paravalvular regurgitation moderate or greater occurred 9.5%. Device success rate and combined safety endpoint at 30 days were 86.2% and 81.0%, respectively. In a multivariate model, female, chronic kidney disease, diabetes mellitus, pulmonary disease, peripheral vascular disease, paravalvular regurgitation mild or greater, and STS score were significantly associated with reduced survival.

CONCLUSIONS This registry reflects the real-life experience of TAVR in patients with increased risk in Asian Pacific countries.

![Clinical outcomes of TAVR in Asian Pacific countries](image)

**CATEGORIES** STRUCTURAL: Valvular Disease: Aortic

**KEYWORDS** Asian, Clinical outcomes, TAVR

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**TCT-93** Improvement in Renal Function and its Impact on All-cause Mortality after Transcatheter Aortic Valve Replacement (TAVR): Experience from the PARTNER Trial

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**BACKGROUND** High surgical risk and inoperable patients with severe aortic stenosis (AS) undergoing TAVR often have reduced baseline renal function. The impact of TAVR on improving this reduced baseline renal function is unknown.

**METHODS** All patients undergoing TAVR from the PARTNER IA (high surgical risk), PARTNER IB (inoperable), and both the randomized and non-randomized continued access cohorts with glomerular filtration rate (GFR, utilizing the modification of diet in renal disease formula) < 60 mL/min were analyzed. Patients were categorized as improved GFR (30-day follow-up GFR >10% higher than baseline pre-TAVR GFR), worsened GFR (30-day follow-up GFR <10% lower than baseline pre-TAVR GFR), or no significant change (not sitting either previous group). Baseline characteristics and 1-year all-cause mortality, as well as repeat hospitalization rates, were compared between groups. Cox regression models were used to determine multivariable predictors of all-cause 1-year mortality.

**RESULTS** In total, 822 patients were analyzed, of which 345 (42%) showed an improvement in GFR, 197 (24%) had worsening in GFR, and 280 (34%) had no significant change in GFR. Comparing patients with improved GFR with those with worsening GFR and those with no significant change in GFR, there was no difference in the mean age, BMI, diabetes mellitus, COPD, CAD, PAD, pulmonary hypertension, renal disease (Cr > 2 mg/dl), NYHA class III or IV symptoms, liver disease, mean transaortic gradient, mean cardiac index, or mean baseline EF. The improved GFR group had a greater percentage of females (55.1% for improved GFR group vs. 40.1% for worsened GFR group vs. 47.1% for no change group, p < 0.01), lower median STS score (10.9 vs. 11.0 vs. 10.6, p = 0.04), and had less smokers (39.4% vs. 54.6% vs. 48.0%, p < 0.01). Adjudicated 1-year all-cause mortality was lower in the improved GFR group compared to the worsened and no significant change groups (15.4% vs. 25.8% vs. 19.1%, p < 0.01), as well as 1-year repeat hospitalization (35.1% vs. 30.4 vs. 30.3%, p < 0.01). In a multivariable analysis, after adjusting for age, gender, BMI, STS score, diabetes mellitus, COPD, stroke or TIA, baseline ejection fraction, prior CABG, and baseline GFR, improvement in GFR was associated with a reduced 1-year mortality (HR 0.51, 95% CI 0.34-0.76, p < 0.01).

**CONCLUSIONS** Among those with reduced baseline GFR, TAVR results in an improvement in GFR in a substantial portion of patients. Improvement in GFR following TAVR is independently associated with a reduction in all-cause 1-year mortality in patients with severely symptomatic AS who are at high surgical risk or are inoperable.

**CATEGORIES** STRUCTURAL: Valvular Disease: Aortic

**KEYWORDS** Renal function, Transcatheter aortic valve replacement

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**TCT-94** Balloon Post-Dilation of the Self-Expanding CoreValve Transcatheter Aortic Valve Bioprosthesis: Procedural Results and In Hospital Outcomes from 3532 Patients in the CoreValve US Pivotal and Continued Access Trials

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**BACKGROUND** The CoreValve self-expanding frame does not require balloon expansion, but procedural post-dilation of the frame can be performed in patients with suboptimal acute results. We sought to define the incidence of balloon post-dilation (BPD) and the association...