



Diabetes is not associated with worse periprocedural and long-term outcomes in patients undergoing TAVI (POL-TAVI Registry)

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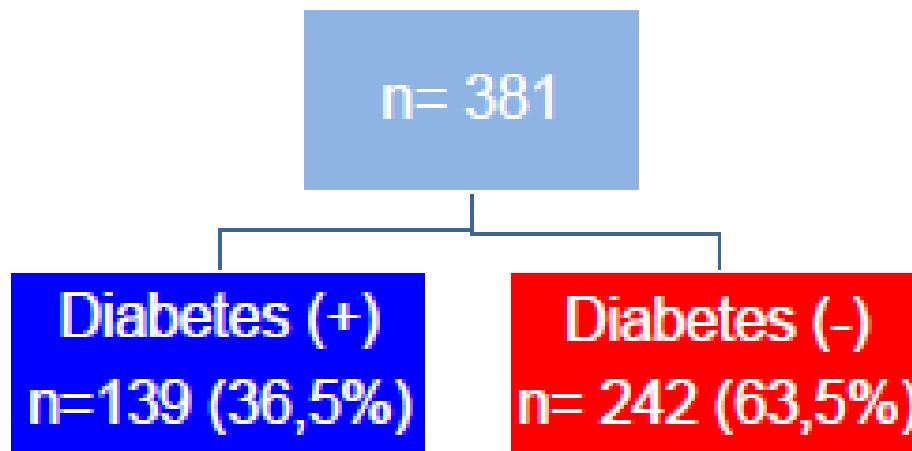
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AIM

Aim of the study was to evaluate the long-term outcomes of TAVI patients presenting with and without diabetes.

STUDY POPULATION

The registry enrolled 381 patients treated in 2013.



Demographic data

Variable	Group A No diabetes	Group B Diabetes	p
Age [years]	79,27 ($\pm 7,48$)	77,80 ($\pm 7,17$)	0,0226*
Weight [kg]	71,60 ($\pm 13,87$)	76,78 ($\pm 14,84$)	0,0001*
BMI	26,57 ($\pm 4,84$)	28,84 ($\pm 4,98$)	<0,0001*
Males	111 (46,1%)	55 (39,6%)	0,2384

Variable	Level	Group A No diabetes	Group B Diabetes	p
Prior interventions on valves	N	241	139	
	No	220 (91,3%)	128 (92,1%)	0,8500
	Yes	21 (8,7%)	11 (7,9%)	
PCI within 12 months	N	241	139	
	No	183 (75,9%)	100 (71,9%)	0,3952
	Yes	58 (24,1%)	39 (28,1%)	
TAVI main indication	N	240	137	
	Formal disqualification of AVR	122 (50,8%)	64 (46,7%)	0,7205
	High intervention risk	114 (47,5%)	71 (51,8%)	
Critical preoperative status	Refusal of surgery	4 (1,7%)	2 (1,5%)	
	N	241	139	
	Yes	5 (2,1%)	3 (2,2%)	1,0000
Intervention mode	No	236 (97,9%)	136 (97,8%)	
	N	241	139	
	urgent	29 (12,0%)	16 (11,5%)	1,0000
LVEF [%]	planned	212 (88,0%)	123 (88,5%)	
	N	216	126	0,0214*
	Mean($\pm SD$)	53,81 ($\pm 11,47$)	51,29 ($\pm 10,45$)	

1 month follow-up

Variable	Measure	Group A No diabetes	Group B Diabetes	p
Death (1m FU)	N	205	119	
	No	184 (89,8%)	107 (89,9%)	1,0000
	Yes	21 (10,2%)	12 (10,1%)	
Rehospitalization (1m FU)	N	190	111	
	No	157 (82,6%)	82 (73,9%)	0,0774
	Yes	33 (17,4%)	29 (26,1%)	
LVEF [%] at 1m FU	N	108	77	0,5099
	Mean(±SD)	55,38 (±8,75)	54,25 (±9,87)	
AVA [cm ²] at 1m FU	N	65	44	0,3299
	Mean(±SD)	1,74 (±0,37)	1,84 (±0,48)	
AVAI [cm ² /m ²] at 1m FU	N	63	44	0,8667
	Mean(±SD)	0,99 (±0,25)	1,00 (±0,23)	
Ao V max (m/s) at 1m FU	N	78	58	0,1419
	Mean(±SD)	2,00 (±0,40)	1,91 (±0,36)	
Mean AVG [mmHg] at 1m FU	N	101	71	0,3944
	Mean(±SD)	9,55 (±4,76)	8,82 (±3,38)	
Maximal AVG [mmHg] at 1m	N	105	75	0,1193
FU	Mean(±SD)	17,00 (±6,83)	15,54 (±5,61)	



6 month follow-up

Variable	Measure	Group A No diabetes	Group B Diabetes	p
Death (6m FU)	N	174	96	
	No	147 (84,5%)	76 (79,2%)	0,3149
	Yes	27 (15,5%)	20 (20,8%)	
Rehospitalization (6m FU)	N	166	98	
	No	114 (68,7%)	56 (57,1%)	0,0637
	Yes	52 (31,3%)	42 (42,9%)	
LVEF [%] at 6m FU	N	105	53	0,2022
	Mean(±SD)	56,72 (±10,17)	54,47 (±10,24)	
AVA [cm ²] at 6m FU	N	66	32	0,5254
	Mean(±SD)	1,70 (±0,37)	1,70 (±0,44)	
AVAI [cm ² /m ²] at 6m FU	N	66	32	0,1690
	Mean(±SD)	0,97 (±0,24)	0,91 (±0,21)	
Ao V max (m/s) at 6m FU	N	74	37	0,1841
	Mean(±SD)	2,08 (±0,51)	1,95 (±0,35)	
Mean AVG [mmHg] at 6m FU	N	95	44	0,0906
	Mean(±SD)	10,43 (±6,34)	8,57 (±3,63)	
Maximal AVG [mmHg] at 6m FU	N	100	50	0,2313
	Mean(±SD)	17,94 (±8,56)	16,16 (±5,97)	

Logistic regression – death @ 6M FU

Variable	OR per	OR (95% CI)	p-value
Gender	Male/Female	0,73 (0,39;1,37)	0,3329
Diabetes	No/Yes	1,43 (0,75;2,71)	0,2748
Prior interventions on valves	No/Yes	1,88 (0,58;5,27)	0,2738
PCI within 12 months	No/Yes	1,08 (0,52;2,15)	0,8276
Critical preoperative status	Yes/No	0,08 (0,01;0,37)	0,0015*

Conclusion

Presence of diabetes did not increase short and long-term mortality as well as rehospitalization in unselected population of patients treated with TAVI.

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