SUPPLEMENTAL MATERIALS

Refined Staging Classification of Cardiac Damage Associated with Aortic Stenosis and Outcomes after Transcatheter Aortic Valve Intervention

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Supplementary Table 1. Difference between the original and modified stating classification of cardiac damage

Original Staging System	Modified Staging System
Stage 1 (LV Damage)	Stage 1 (LV Damage)
LV hypertrophy (LV mass index >115 g/m2 Male, >95 g/m2	LV hypertrophy (LV mass index >115 g/m2 Male, >95 g/m2
Female)	Female)
LV diastolic dysfunction (E/e'>14)	LV diastolic dysfunction (Grade ≥2*1)
LV systolic dysfunction (LVEF <50%)	Subclinical LV systolic dysfunction (LVEF<60%)
Stage 2 (LA/Mitral valve Damage)	Stage 2 (LA/Mitral valve Damage)
LA dilation (LAVi >34mL/m2)	LA dilation (LAVi >34mL/m2)
Mitral regurgitation ≥moderate	Mitral regurgitation ≥moderate
Atrial fibrillation	Atrial fibrillation
Stage 3 (Pulmonary vasculature/Tricuspid valve Damage)	Stage 3 (Pulmonary vasculature/Tricuspid valve Damage)
Pulmonary hypertension	Pulmonary hypertension
(Systolic PAP ≥60mmHg)	(Systolic PAP ≥60mmHg or Mean PAP≥25mmHg)
Tricuspid regurgitation ≥moderate	Tricuspid regurgitation ≥moderate
Stage 4 (RV Damage)	Stage 4 (RV Damage/Low-flow state)
Moderate to severe RV systolic dysfunction (visually assessed)	RV systolic dysfunction (quantitatively assessed)*2
	Moderate-to-severe low-flow (SVi <30ml/m ²)
* LV diastolic dysfunction (grade ≥II) and RV dysfunction (quantit recommendations.	atively assessed) were defined in accordance with the guideline

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LV = left ventricular; LVEF = left ventricular ejection fraction; LA = left atrial; PAP = pulmonary artery hypertension; RV = right ventricular; SVi = stroke volume index.

Supplementary Table 2. Echocardiographic and Invasive data according to stage of cardiac damage

	Total population	Stage 0 or 1	Stage 2	Stage 3	Stage 4	p-value			
	N = 1156	N = 52	N = 105	N = 278	N = 721				
LV systolic function	LV systolic function								
LVEF (%)	53.6 ± 15.1	60.5 ± 10.5	57.9 ± 12.5	57.7 ± 12.5	50.8 ± 15.9	< 0.001			
Stroke volume index (ml/m²)	29.1 ± 9.9	35.8 ± 8.1	36.6 ± 9.6	32.8 ± 8.0	25.9 ± 9.4	< 0.001			
LV diastolic function									
Average E/e' ratio	21.0 ± 11.3	16.5 ± 7.7	17.7 ± 9.2	21.6 ± 11.4	21.8 ± 11.8	0.007			
TR velocity (m/s)	2.87 ± 0.58	2.51 ± 0.70	2.66 ± 0.55	2.98 ± 0.51	2.88 ± 0.59	< 0.001			
LA volume index (ml/m ²)	43.5 ± 21.2	26.5 ± 5.3	46.5 ± 13.8	42.3 ± 15.9	44.9 ± 24.1	< 0.001			
LV mass index (g/m ²)	143.6 ± 49.2	125.9 ± 45.5	152.0 ± 55.2	139.9 ± 42.4	145.4 ± 50.8	0.010			
RV function									
TAPSE (mm)	19.2 ± 5.8	23.0 ± 4.4	23.5 ± 4.6	22.6 ± 4.5	16.9 ± 5.3	< 0.001			
DTI (S') velocity (cm/s)	11.9 ± 3.2	14.1 ± 4.0	13.3 ± 2.5	13.1 ± 2.53	11.0 ± 3.2	< 0.001			
FAC (%)	40.9 ± 10.7	44.4 ± 7.9	46.2 ± 9.2	44.6 ± 8.8	38.1 ± 11.0	< 0.001			
Valvular abnormality									
Mitral regurgitation moderate or severe	238 (21.0%)	0 (0.0%)	14 (13.3%)	48 (17.4%)	176 (25.0%)	<0.001			

Tricuspid	regurgitation	165 (14.5%)	0 (0 0%)	0 (0.0%)	39 (14.1%)	126 (17.9%)	<0.001
moderate or sev	rere	103 (14.3%)	0 (0.0%)	0 (0.0%)	39 (14.170)	120 (17.970)	
Pulmonary artery pressure							
Systolic PAP		49.6 ± 16.6	32.0 ± 6.8	35.4 ± 7.5	53.2 ± 14.1	51.7 ± 17.2	< 0.001
Mean PAP		31.9 ± 11.8	18.3 ± 4.5	18.9 ± 3.8	33.9 ± 9.4	33.9 ± 12.1	< 0.001

LV = left ventricular; LVEF = left ventricular ejection fraction; TR = tricuspid regurgitation; LA = left atrial; RV = right ventricular; TAPSE = tricuspid annular plane systolic excursion; DTI = doppler tissue imaging; FAC = fractional area change; PAP = pulmonary artery pressure.

Supplementary Table 3. Sensitivity analysis: clinical outcomes at 1 year in patients underwent TAVI after September 2012

	Stage 0	Stage 1	Stage 2	Stage 3	Stage 4	linear trend Hazard Ratio/Odds Ratio	p-value**
	N = 14	N = 23	N = 66	N = 162	N = 447	(95% CI)	
All-cause death (n, %)	1 (7.7)	1 (4.3)	7 (10.7)	16 (9.9)	69 (15.6)	1.36 (1.03-1.79)	0.030
Cardiovascular death (n, %)	0 (0.0)	0 (0.0)	5 (7.7)	7 (4.4)	47 (10.9)	1.72 (1.13-2.61)	0.011

The Kaplan-Meier estimated event rates and hazard ratios with 95% confidence intervals are provided.

^{*}p-values for a linear trend.

Supplementary Table 4. Clinical outcomes at 1 year in patients who were uncategorized to any of the sub-groups in Stage 4

	Un-subclassified (Stage 4)
	N = 135
All-cause death (n, %)	17 (12.8)
Cardiovascular death (n, %)	9 (7.1)
Myocardial infarction (n, %)	0 (0.0)
Disabling stroke (n, %)	2 (1.6)
Major/life-threatening bleeding (n, %)	30 (22.5)

Supplementary Table 5. Clinical outcomes at 1 year according to the refined cardiac staging system (Figure 4)

	Early stage	Transitional Stage	Advanced Stage	Linear trend Hazard Ratio/Odds	p-value**	
	N=52	N = 580	N = 552	Ratio (95% CI)		
All-cause death (n, %)	2 (3.9)	58 (10.1)	122 (22.4)	2.41 (1.80-3.22)	<0.001	
Cardiovascular death (n, %)	0 (0.0)	34 (6.0)	90 (16.9)	3.19 (2.18-4.67)	< 0.001	
NYHA III or IV (n, %)*	3/49 (6.1)	58/494 (11.7)	66/396 (16.7)	1.57 (1.12-2.19)	0.009	

The Kaplan-Meier estimated event rates and hazard ratios with 95% confidence intervals are provided.

Patients were hierarchically classified into the most advanced stage if at least one of the following criteria was met within that stage: advanced stage − RV dysfunction or severe pulmonary hypertension; transitional stage − low-flow state, mild or moderate pulmonary hypertension; ≥moderate tricuspid regurgitation, atrial fibrillation, ≥moderate mitral regurgitation, or LA dilatation; early stage − no cardiac damage, LVEF <60%, LV diastolic dysfunction ≥grade II, or LV hypertrophy (Figure 4).

^{*}Numbers of patients with NYHA III or IV/numbers of patients assessed at 1 year and odds ratios with 95% confidence intervals are provided.

^{**}p-values for a linear trend.