

Il "continuum cardiovascolare" nel genere femminile: tappe di vita, malattia e cura

Donna e malattia degenerativa valvola aortica

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Eur Heart J. 2003 Jul;24(13):1231-43.

A prospective survey of patients with valvular heart disease in Europe: The Euro Heart Survey on Valvular Heart Disease.

lung B1, Baron G, Butchart EG, Delahaye F, Gohlke-Bärwolf C, Levang OW, Tornos P, Vanoverschelde JL, Vermeer F, Boersma E, Ravaud P, Vahanian A.

Severe aortic stenosis is the commonest form of valvular abnormality in the developed world and accounts for 40% of patients with native valvular disease with an approximately equal prevalence in males and females

Trends of Hospitalizations in the United States from 2000 to 2012 of Patients >60 Years With Aortic Valve Disease



Demographic Variables	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Total	P-value for Trend
Total No. of Observations (>60 yrs age) with AV Disorders Age (years)	7,213	7,905	7,830	7,881	7,696	7,546	8,267	7,931	8,950	10,539	8,895	11,663	11,531	113,847	<0.001
60-69	23.4%	22.1%	23.1%	24.3%	24.0%	24.4%	24.0%	24.4%	24.1%	25.0%	24.9%	24.2%	23.4%	24.0%	< 0.001
70-79 >80	44.3%	44.5% 33.4%	43.8% 33.1%	41.1% 34.6%	40.9% 35.1%	40.6% 35.1%	41.7%	39.0% 36.6%	37.2% 38.7%	38.0% 37.0%	35.9% 39.2%	35.1% 40.8%	34.6% 42.1%	39.3% 36.7%	< 0.001
Male Female	53.6% 46.4%	52.8% 47.2%	53,6% 46,4%	53.9% 46.1%	54.7% 45.3%	55.4% 44.6%	54.6% 45.4%	56.4% 43.6%	55.5% 44.5%	56.7% 43.3%	56.3% 43.7%	55,4% 44,6%	56.0% 44.0%	55,1% 44,9%	
Non-hispanic Whites	69.0%	65.5%	60.6%	62.3%	64.9%	64.1%	65.3%	66.6%	69.7%	68.6%	74.7%	77.6%	79.1%	69.0%	< 0.001
Others	9.0%	10.1%	10.0%	10.7%	9.4%	9.7%	10.4%	12.0%	11.8%	12.3%	12.8%	14.2%	14.9%	11.6%	< 0.001
Missing	22.1%	24.4%	29.4%	27.0%	25.7%	26.3%	24.2%	21.4%	18.5%	19.1%	12.5%	8.2%	6.0%	19.4%	< 0.001

Among 113 847 patients admitted with an aortic valve disorder diagnosis in the United States, 44,9% were female

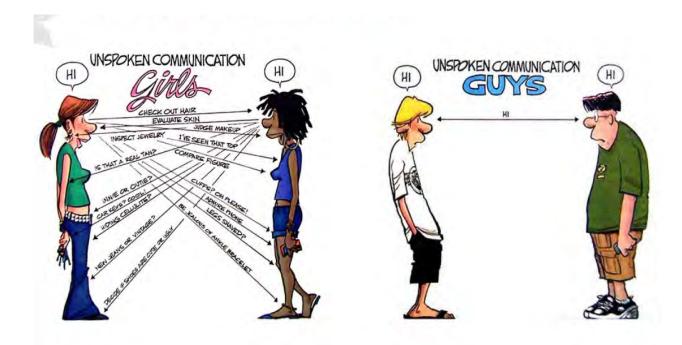


Gender differences

le malattie delle donne sono diagnosticate e trattate sulla base di modelli clinici studiati sugli uomini??????



diverso modo di vedersi



diverso modo di comunicare

Prevalence, Referral Patterns, Testing, and Surgery in Aortic Valve Disease: Leaving Women and Elderly Patients Behind?

Treatment	Female gender	Male gender	p-value
Diagnosed patients (age ≥65)	73,674	54,550	7.7
Specialist visit (%)	85.4	88.0	< 0.001
Echocardiogram (%)	84.3	84.8	0.01
Stress test (%)	25.1	33.0	< 0.001
AVR	1.4	2.7	< 0.001

Female gender is associated with lower rates of specialist visits, diagnostic testing, and AVR

AVR: Aortic valve replacement.

Treatment	F	emale gender		Male gender		
	Age 65-79 years	Age ≥80 years	p-value	Age 65-79 years	Age ≥80 years	p-value
Diagnosed patients (age ≥65)	42,316	31,358		37,300	17,250	
Specialist visit (%)	85.9	84.8	< 0.001	88.0	87.7	0.32
Echocardiogram (%)	85.2	83.0	< 0.001	84.7	84.9	0.62
Stress test (%)	31.3	16.9	< 0.001	37.3	23.6	< 0.001
AVR (%)	1.9	0.8	< 0.001	3.2	1.6	< 0.001

AVR: Aortic valve replacement.

Prevalence, Referral Patterns, Testing, and Surgery in Aortic Valve Disease: Leaving Women and Elderly Patients Behind?

Table VI: Multivariate logistic models for the association of gender and age group with treatment of aortic valve disease.

Variable	Specialist visit		Echocardiogram		Stress test		AVR	
	OR (95% CI)	p-value						
Female	0.74 (0.72-0.76)	< 0.001	0.93 (0.9-0.96)	< 0.001	0.68 (0.66-0.7)	< 0.001	0.5 (0.46-0.54)	< 0.001
Age ≥80 years	0.83 (0.81-0.86)	< 0.001	0.82 (0.8-0.85)	< 0.001	0.48 (0.47-0.49)	< 0.001	0.39 (0.36-0.43)	< 0.001
Angina	2.37 (2.3-2.44)	< 0.001	1.45 (1.4-1.49)	< 0.001	3.57 (3.46-3.67)	< 0.001	1.86 (1.69-2.04)	< 0.001
Heart failure	1.77 (1.72-1.83)	< 0.001	1.55 (1.49-1.61)	< 0.001	0.7 (0.68-0.72)	< 0.001	3.3 (3.02-3.62)	< 0.001
Syncope	1.4 (1.36-1.45)	< 0.001	1.37 (1.32-1.42)	< 0.001	1.02 (0.99-1.05)	0.21	0.95 (0.87-1.04)	0.28
Dyspnea	1.56 (1.52-1.61)	< 0.001	1.58 (1.52-1.63)	< 0.001	1.31 (1.28-1.35)	< 0.001	2.17 (1.98-2.39)	< 0.001
CCI	1.04 (1.03-1.04)	< 0.001	0.97 (0.96-0.97)	< 0.001	0.97 (0.96-0.97)	< 0.001	0.71 (0.7-0.73)	< 0.001

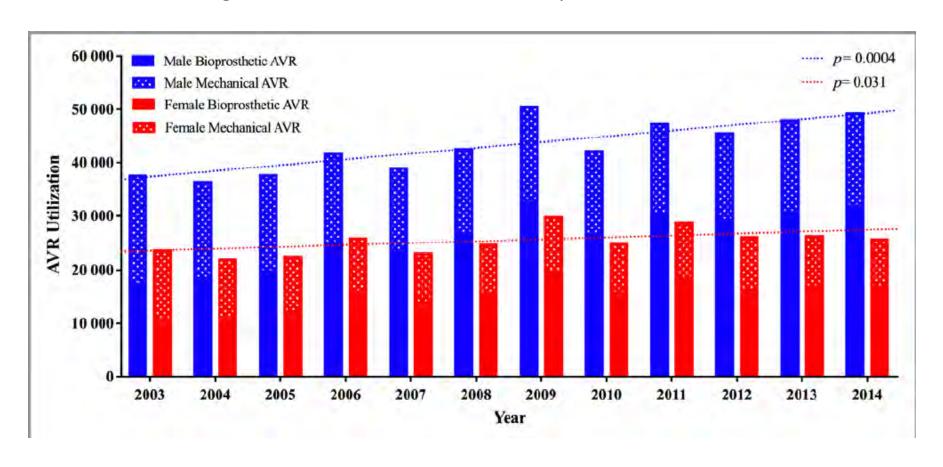
AVR: Aortic valve replacement: CCI: Charlson Comorbidity Index; CI: Confidence interval; OR: Odds ratio.

Sex Differences in the Utilization and Outcomes of Surgical Aortic Valve Replacement for Severe Aortic Stenosis

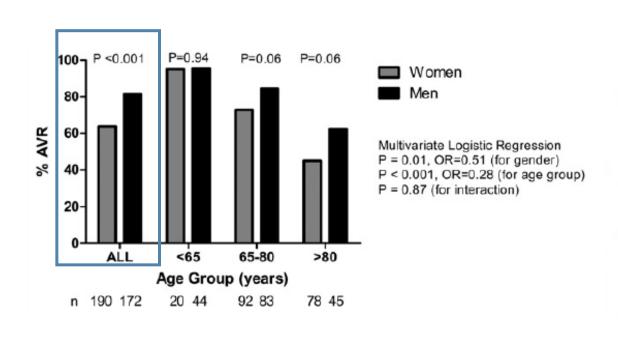
Zakeih Chaker, MD; Vinay Badhwar, MD; Fahad Alqahtani, MD; Sami Aljohani, MD; Chad J. Zack, MD; David R. Holmes, MD; Charanjit S. Rihal, MD; Mohamad Alkhouli, MD

166.890 pts underwent AVR

higher utilization of AVR in men compared with women



Effect of Gender on Treatment and Outcomes in Severe Aortic Stenosis



Independent predictors of undergoing aortic valve replacement

Variable	Odds Ratio (95% confidence interval)	p Value
Age	0.87 (0.83-0.91)	< 0.001
Chest pain	2.34 (1.11-4.94)	0.03
New York Heart Association class (every class decrease)	1.66 (1.21–2.28)	0.002
Absence of previous myocardial infarction	2.85 (1.31–6.19)	0.008
Absence of chronic renal insufficiency	2.48 (1.25–4.90)	0.010
Absence of cancer	7.88 (2.35–26.5)	0.001
Aortic valve mean gradient (every 10-mm Hg increase)	1.34 (1.05–1.71)	0.018
Male gender	2.08 (1.13-3.81)	0.018

Gender differences in clinical presentation

AVR patients

Table 1 Baseline clinical characteristics

	All patients n=408	Women n=215, 53%	Men n=193, 47%	p Value
Demographic data			774.770	
Age, years	70.3±10.7	73.7±9.3	66.5±11.0	< 0.001
Age >75 years	152 (37.3)	104 (48.4)	48 (24.9)	< 0.001
Body mass index, kg/m ²	27.3±4.5	27.3±5.1	27.3±3.8	0.926
Body surface area, m ²	1.87 ± 0.21	1.77±0.20	1.99 ± 0.17	< 0.001
Clinical data				
NYHA functional class, mean±SD	2.1±0.7	2.3 ± 0.7	2.0±0.7	< 0.001
Class I	74 (18.2)	30 (14.0)	44 (23.0)	
Class II	208 (51.2)	97 (45.1)	111 (58.1)	
Class III	123 (30.3)	87 (40.5)	36 (18.9)	
Class IV	1 (0.3)	1 (0.5)	0 (0.0)	
CCS class, mean±SD	1.5±0.7	1.6±0.7	1.5±0.6	0.043†
CCS ≥III	40 (9.9)	27 (12.6)	13 (6.8)	
Presyncope	12 (2.9)	9 (4.2)	3 (1.6)	0.116
Syncope	60 (14.7)	35 (16.3)	25 (13.0)	0.344
Dizziness during exercise	57 (14.0)	39 (18.4)	18 (9.3)	0.010
EuroSCORE	6.5 ± 2.6	7.3±2.3	5.5±2.6	< 0.001
Creatinine, mmo//	1.11±0.47	1.09 ± 0.57	1.13±0.31	0.035*

Gender differences in clinical presentation

TAVI patients

Table 1 Characteristics of the study population

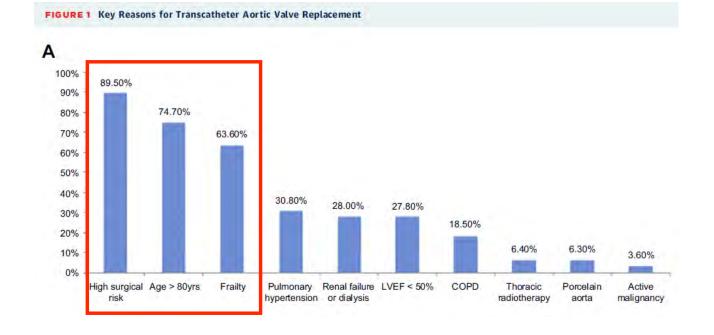
	Women $(n = 423)$	Men $(n = 487)$	p
Baseline characteristics		38:30	
Age (years)	82.0 ± 7.6	80.9 ± 8.4	0.051
Body Mass Index (Kg/m ²)	28.7 ± 16.2	27.5 ± 5.8	0.115
Body Surface Area (m ²)	1.75 ± 0.22	2.02 ± 0.21	< 0.0001
Society of Thoracic Surgery Risk Score (%)	7.9 ± 3.7	7.1 ± 4.0	0.007
Hypertension	367 (88.0%)	401 (82.9%)	0.030
Hyperlipidemia	301 (72.7%)	359 (74.8%)	0.479
Diabetes mellitus	151 (37.7%)	194 (42.0%)	0.195
Chronic kidney disease	188 (45.0%)	229 (47.6%)	0.430
End stage renal disease	10 (2.6%)	16 (3.6%)	0.376
Coronary artery disease	263 (63.1%)	360 (74.7%)	< 0.0001
Peripheral artery disease	118 (29.4%)	163 (35,3%)	0.067
Chronic obstructive pulmonary disease	85 (21.9%)	98 (21.9%)	0.993
Atrial fibrillation	115 (27.2%)	155 (31.8%)	0.259
Previous coronary bypass/percutaneous coronary intervention	147 (36.8%)	265 (56.9%)	< 0.0001
Previous cerebrovascular accident	81 (20.7%)	88 (19.8%)	0.749
Permanent pacemaker	69 (16.4%)	103 (21.6%)	0.050

Acute and 30-Day Outcomes in Women After TAVR



Results From the WIN-TAVI (Women's INternational Transcatheter Aortic Valve Implantation) Real-World Registry

223.25, 2,	8.3 + 7.4
Society of Thoracic Surgeons score	6.0 (4.1-9.7)
C. 5157-4-7	17.8 ± 11.7
EuroSCORE I	14.4 (10.1-21.8
Chronic kidney disease	306 (30.8)
Prior stroke	76 (7.5)
Atrial fibrillation on baseline electrocardiography	200 (19.6)
Prior TAVR	4 (5.9)
Prior aortic valve procedure	68 (6.8)
Prior other cardiac surgery	117 (11.6)
Prior CABG	63 (6.2)
PCI within 30 days of TAVR	58 (24.9)
Prior PCI	233 (22.9)
Prior myocardial infarction	98 (9.6)
Current smoker	33 (3.3)
Diabetes mellitus	264 (26.1)
Hypertension	819 (81.7)
Body mass index, kg/m²	26.0 ± 5.5
Caucasian	976 (95.8)
Age, yrs	82.5 ± 6.3



Gender differences in echocardiographic characteristics

AVR patients

Table 2 Baseline echocardiographic characteristics

	Women $(n = 190)$	Men (n = 172)	p Value
Ejection fraction (%)	69 (60–75)	62 (54–70)	< 0.001
Ejection fraction <50%	11% (21)	17% (30)	0.08
Ejection fraction ≤35%	4% (7)	6% (11)	0.24
Left ventricular outflow tract (cm)	1.9 ± 0.2	2.1 ± 0.2	< 0.001
End-diastolic dimension (mm)	42 ± 5	49 ± 7	< 0.001
Posterior wall thickness (mm)	11.9 ± 2.0	12.4 ± 2.0	0.02
Septal wall thickness (mm)	12.7 ± 2.0	13.1 ± 1.9	0.09
Relative wall thickness	0.58 ± 0.13	0.52 ± 0.11	< 0.001
Aortic valve area (cm ²)	0.62 ± 0.15	0.70 ± 0.15	< 0.001
Aortic valve area index	0.36 ± 0.09	0.35 ± 0.08	0.26
Aortic valve peak gradient (mm Hg)	91 ± 24	88 ± 22	0.28
Aortic valve mean gradient (mm Hg)	56 ± 15	54 ± 13	0.22
Mitral regurgitation grade 3 or 4	15% (29)	10% (18)	0.18
Aortic insufficiency grade 3 or 4	6% (11)	6% (11)	0.81
Bicuspid aortic valve	8% (15)	16% (28)	0.01
Pulmonary artery systolic pressure (mmHg)	47 ± 14	45 ± 14	0.31

Measurements are presented as mean \pm SD, median (interquartile range), or percentage of patients (number).

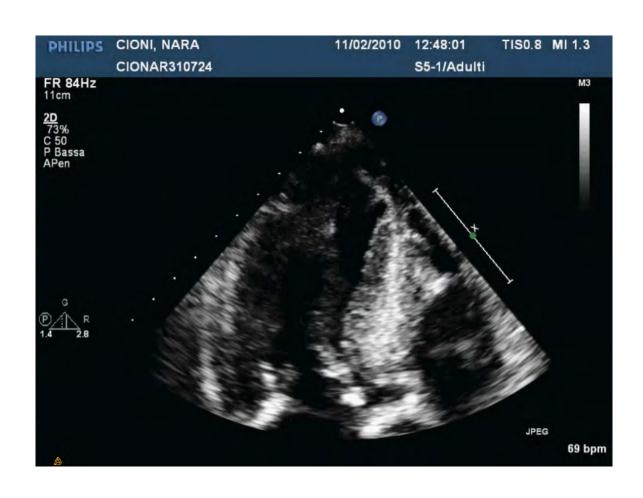
TAVI patients

Table 1 Characteristics of the study population

	Women $(n = 423)$	Men $(n = 487)$	p
Echocardiographic findings		- 1 × 1 × 1 × 1	
Left ventricle ejection fraction <40%	56 (13.3%)	96 (20.0%)	0.008
Left ventricle ejection fraction (%)	57.1 ± 12.8	52.3 ± 13.1	< 0.0001
Stroke Volume Indexed (ml/beat/m ²)	39.5 ± 11.3	36.2 ± 12.3	< 0.0001
Aortic valve mean gradient (mmHg)	46.4 ± 14.4	43.2 ± 13.2	0.001
Aortic valve area (cm ²)	0.65 ± 0.18	0.71 ± 0.19	< 0.0001
Aortic peak velocity (m/sec)	4.4 ± 0.62	4.3 ± 0.62	0.001
Bicuspid aortic valve	44 (10.5%)	61 (12.6%)	0.325
Mitral valve mean gradient (mmHg)	40+25	20+18	<0.0001
Mitral annular calcium	394 (93.1%)	407 (83.6%)	< 0.0001
Aortic regurgitation ≥moderate	54 (12.9%)	41 (8.5%)	0.031
Mitral regurgitation ≥moderate	74 (17.5%)	88 (18.1%)	0.810
Pulmonary Hypertension	240 (74.8%)	269 (75.6%)	0.811
Left atrial volume (ml)	81.8 ± 33.7	85.3 ± 29.3	0.164

Sannino et al; Am J Cardiol 2018

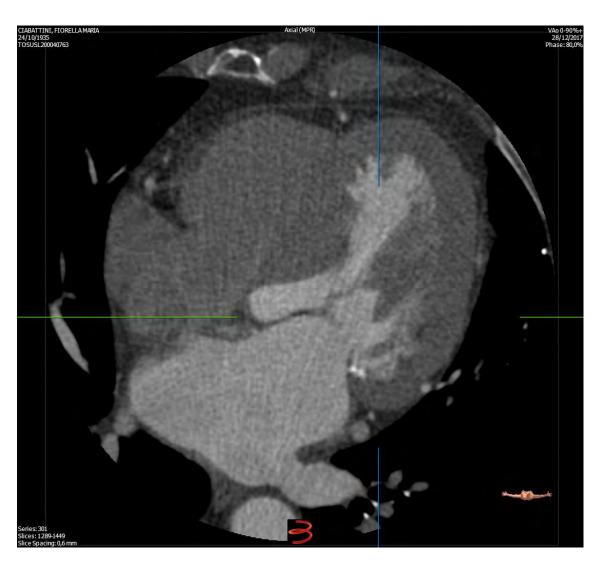
Gender differences in echocardiographic characteristics





Gender differences in MSCT characteristics

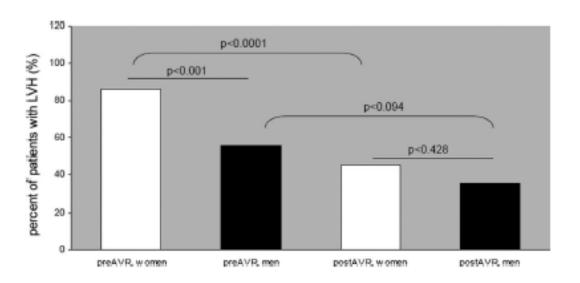




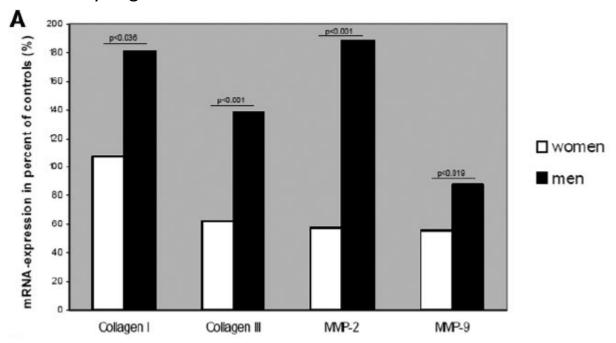
Regression of Myocardial Hypertrophy After Aortic Valve Replacement

Faster in Women?

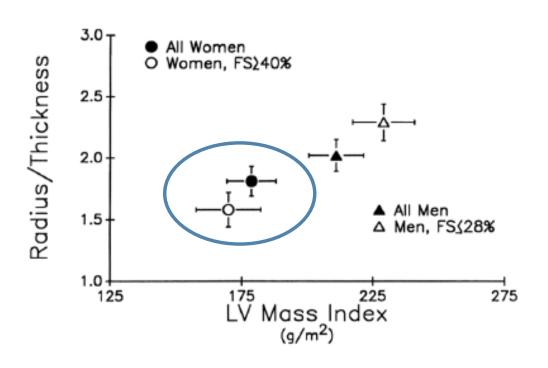
women exhibit faster regression of LVH in the early postoperative course after AVR compared with men

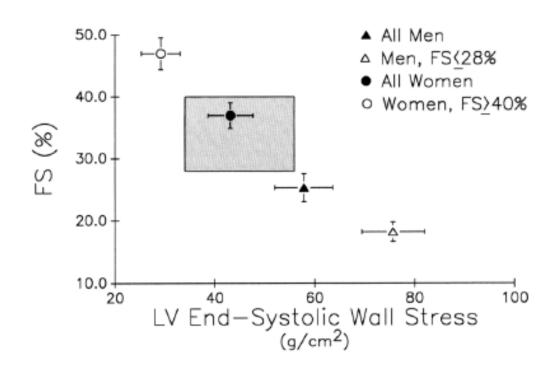


dysregulation of extracellular matrix turnover

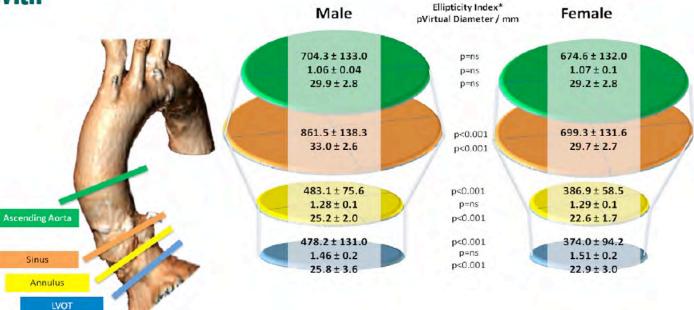


Sex-associated differences in left ventricular function in aortic stenosis of the elderly





Aortic Root Dimensions Among Patients With Severe Aortic Stenosis Undergoing Transcatheter Aortic Valve Replacement



computed tomography

	(n = 177)	Male (n = 80) (45.2%)	Female (n = 97) (54.8%)	p Value
Annulus				
Perimeter	74.7 (7.1)	79.1 (6.1)	71.0 (5.5)	< 0.000
Area (mm²)	430.4 (82.1)	483.1 (75.6)	386.9 (58.5)	< 0.000
Diameter max.	26.2 (2.6)	27.7 (2.4)	25.0 (2.2)	< 0.000
Diameter min.	20.5 (2.3)	21.8 (2.1)	19.4 (1.9)	< 0.000
Left ventricular outflow tract				
Perimeter	76.0 (11.4)	81.1 (11.4)	71.8 (9.5)	< 0.000
Area (mm²)	421.1 (123)	478.2 (131)	374.0 (94.2)	< 0.000
Diameter max.	27.9 (4.4)	29.6 (4.5)	26.5 (3.8)	< 0.000
Diameter min.	19.0 (3.1)	20.5 (2.9)	17.8 (2.7)	<0.000
Coronary ostia				
Height left coronary ostium	14.4 (3.6)	15.1 (3.7)	13.7 (3.4)	0.011
Height right coronary ostium	16.7 (3.6)	17.7 (3.9)	15.9 (3.1)	0.001

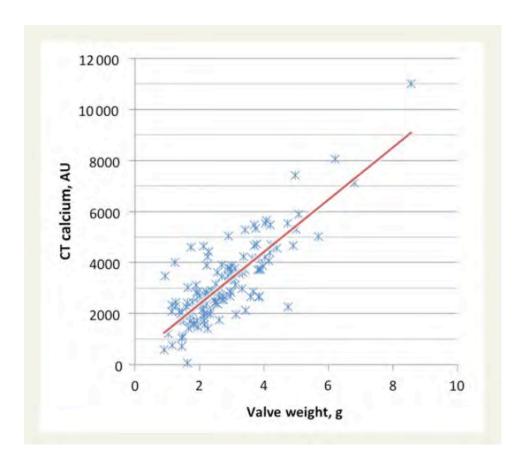
Female sex is associated with smaller annular and LVOT but not aortic dimensions.

Area / mm²

Sex-related differences in calcific aortic stenosis: correlating clinical and echocardiographic characteristics and computed tomography aortic valve calcium score to excised aortic valve weight

Table 3 Sex differences in valve weight after stratification by valve morphology and correcting for body surface area and left ventricular outflow tract area

	Male	Female	<i>P</i> -value
All patients			
Valve morphology			0.08
Bicuspid (%)	165 (30)	79 (24)	
Tricuspid (%)	394 (70)	250 (76)	
Valve weight (g)	3.08 ± 1.32	1.94 ± 0.88	< 0.0001
Valve weight indexed to BSA (g/m²)	1.48 ± 0.62	1.09 ± 0.48	< 0.0001
Valve weight indexed to LVOT area (g/cm ²)	0.71 ± 0.29	0.54 ± 0.23	< 0.0001



Impact of Aortic Valve Calcification, as Measured by MDCT, on Survival in Patients With Aortic Stenosis

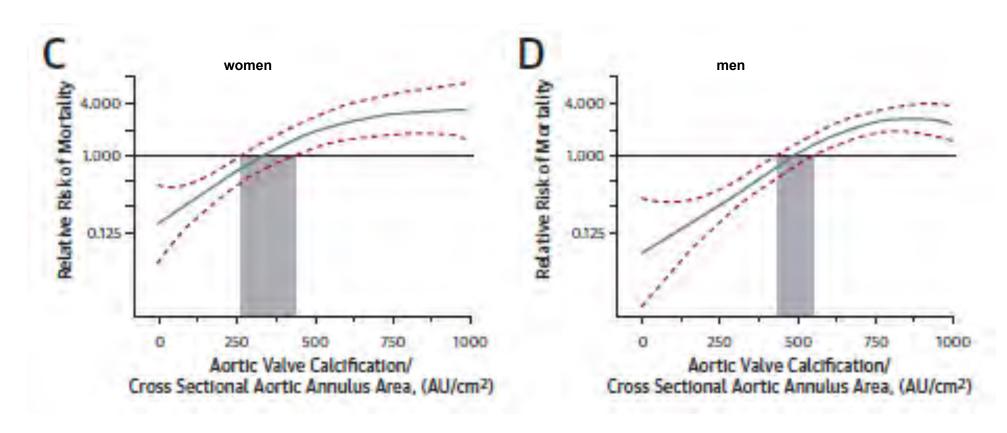
Results of an International Registry Study

TABLE 1 Baseline Clinical, Echocardiographic, and MDCT Characteristics

		Study Groups			
	Nonsevere AVC _{density} * (n = 384)	Severe AVC _{density} † (n = 410)	p Value	All Patients (N = 794)	
Echocardiographic data					
Peak aortic jet velocity, m/s	3.0 ± 0.7	4.4 ± 0.8 47 ± 17	< 0.0001	3.7 ± 1.0	
Mean gradient, mm Hg	22 ± 11		<0.0001 <0.0001 <0.0001	35 ± 19	
Aortic valve area, cm ²	1.34 ± 0.39	0.87 ± 0.21		1.10 ± 0.39	
AVAi, cm ² /m ²	$\textbf{0.71} \pm \textbf{0.20}$	0.46 ± 0.11		$\textbf{0.58} \pm \textbf{0.20}$	
LV outflow tract diameter, cm	2.25 ± 0.20	$\textbf{2.22} \pm \textbf{0.22}$	0.10	2.23 ± 0.21	
LV ejection fraction, %	62 ± 10	58 ± 14	< 0.0001	60 ± 12	
LV mass index, g/m ²	108 ± 26	127 ± 37	< 0.0001	118 ± 33	
MDCT data					
Aortic valve calcification, AU					
Men	1,070 (575-1,531)	3,403 (2,662-4,458)	< 0.0001	2,022 (1,042-3,397)	
Women	436 (211-782)	1,879 (1,355-2,774)	< 0.0001	1,103 (495-2,028)	
AVC _{density} , AU/cm ²					
Men	257 (136-364)	790 (630-1,011)	< 0.0001	473 (256-789)	
Women	127 (58-215)	553 (401-819)	< 0.0001	318 (142-593)	
Coronary artery calcium load,‡ AU	362 (39-1,199)	920 (235-2,322)	< 0.0001	719 (107-1,916)	

Impact of Aortic Valve Calcification, as Measured by MDCT, on Survival in Patients With Aortic Stenosis

Results of an International Registry Study



impact on mortality occurs at lower scores in women compared with men

EuroIntervention

The gender paradox

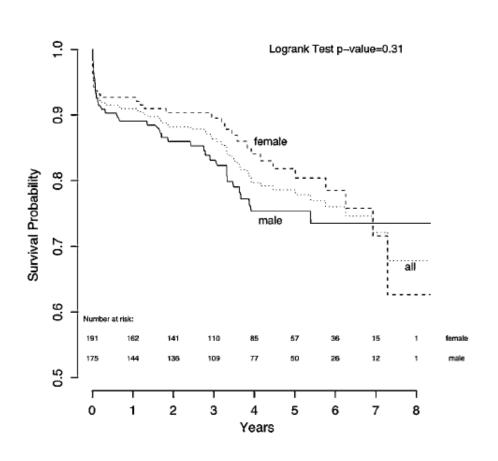


WORST BASIC CONDITIONS BETTER LONG TERM RESULTS

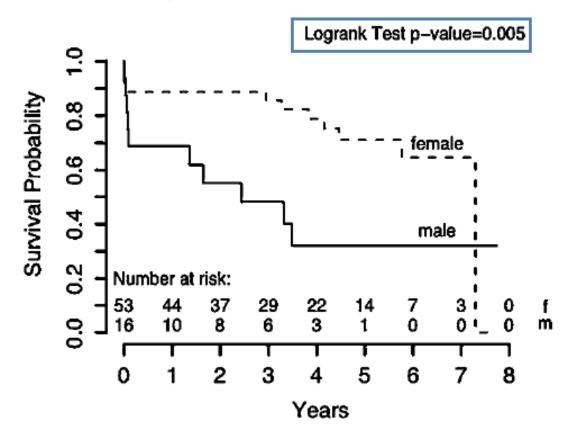
Summary of the Literature on Gender Disparity Following Surgical Aortic Valve Replacement

		Combi	ned Surgical AVR* and CABG†	
Author, Year	# Patients (F)	Settings	Results	Conclusions
Arank¹i et al. 1993	717 (326)	Single Center, Retrospective	30-day mortality: M [‡] : 5.6% AVR vs 7.4% AVR+CABG (p=0.31) F [§] : 2.9% AVR vs 10.3% AVR+CABG (p=0.006)	Short term Mortality better in females after isolated AVR but worse after AVR/CABG
Morris² et al. 1994	1012 (329)	Single Center, Retrospective	Combined AVR+ CABG: 30-day mortality: 6% F, 2% M (p<0.02). 5-year mortality: 23% F, 17% M (p<0.02).	Short and long term mortality worse in females.
Ibrahim³ et al. 2003	1570 (497)	Single Center, Retrospective	In-hospital mortality: Isolated AVR: 2.3% F vs. 1.7% M (p=NS) Combined AVR/CABG 7% F vs. 4% M (p=0.02).	Short-term mortality similar for isolated AVR but worse in females after combined AVR+CABG.
Doenst ⁴ et al. 2006	1567 (496)	Single Center, Retrospective	Combined AVR+ CABG: 30-day mortality: 7% in F vs. 4% in M (p=0.026). 5-yr survival rate: 77% F vs 78% M (p= 0.062). 10-yr survival rate: 50% F vs 56% M (p= 0.062).	Short-term mortality worse in females in combined AVR+CABG but long term mortality similar
Dow			Isolated Surgical AVR	
Author, Year	# Patients (F)	Settings	Results	Conclusions
Hanssen⁵ et al. 1999	195 (99)	Single Center, Prospective	30-day mortality: 5.6% F vs. 3.1% M (p=0.229).	Similar short term mortality (underpowered)
Duncan ^e et al. 2006	2212 (782)	Single Center, Retrospective	In-hospital mortality: Unadjusted 3.5% F vs. 1.6% M (p=0.005) Adjusted 3.9% F vs. 3.9% M (p=0.99)	Similar short term mortality
Caballero- Borrego ⁷ et al. 2009	577 (254)	Single Center, Retrospective	In-hospital mortality: Unadjusted 13% F vs. 7.4% M (p=0.019) Adjusted HR in F 2.5 (Cl 0.79-7.26, P=0.12)	Similar short term mortality
Hamed [®] et al. 2009	406 (183)	Single Center, Retrospective	30-day mortality: 3.4% overall with no difference between F and M	Similar short term mortality
Kulik [®] et al. 2009	3118 (1261)	Single Center, Retrospective	10-yr actuarial survival rate: Bioprosthetic AVR: 70% F vs. 55.9% M (p<0.001). Mechanical AVR: 79.1% F vs. 73.3% (p=0.74).	Long term mortality better in females only in bioprosthetic AVRs
Fuchs¹º et al. 2010	408 (215)	Single Center, Retrospective	1,2,5 years actuarial survival rates: 92.8%, 89.8%, 81.4% F vs. 89.1%, 86.6%, 76.3% M (p=0.31)	Similar short term mortality
Elhmidi ¹¹ et al. 2014	2197 (907)	Single Center, Retrospective	30-day mortality: 4.4% F vs. 1.6% M (p<0.001) 1-yr mortality: 13% F vs. 9.6% M (p=0.04)	Short and long term mortality worse in females

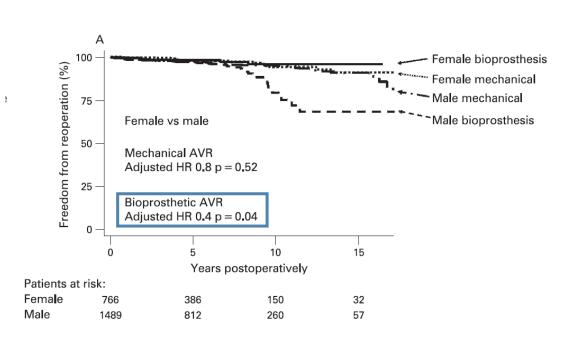
Gender differences in the long term outcomes after valve replacement



79 years and older



Gender differences in the long term outcomes after valve replacement

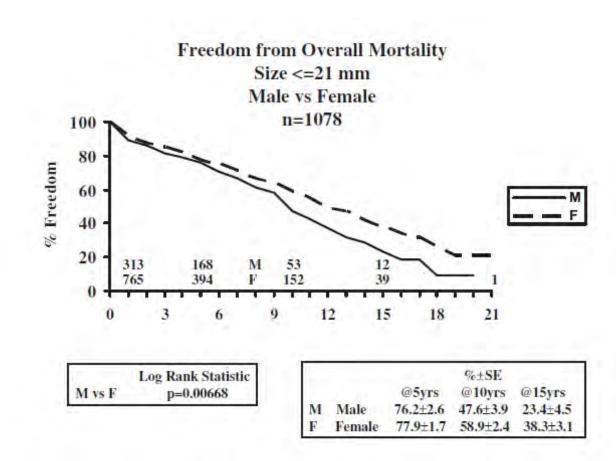


	AVR $(n = 2255)$	AVR $(n = 2255)$				
	Female (n = 766)	Male (n = 1489)	p Value			
Preoperative characteristics						
Age	68.3 (12.3)	64.3 (14.1)	< 0.0001			
BMI	27.7 (6.2)	28.0 (5.6)	0.46			
Preoperative NYHA III/IV	269 (35.1%)	497 (33.4%)	0.42			
Non-elective surgery	147 (19.2%)	331 (22.2%)	0.1			
LVEF < 50%	84 (11.0%)	202 (13.6%)	0.08			
Preoperative hypertension	447 (58.4%)	758 (50.9%)	0.16			
Smoker	95 (12.4%)	280 (18.8%)	< 0.0001			
Diabetes	42 (5.5%)	65 (4.4%)	0.25			
Atrial fibrillation	30 (3.9%)	49 (3.3%)	0.47			
Cerebrovascular disease	3 (0.4%)	5 (0.3%)	1.0			
Operative characteristics	1000	72772				
Reoperation	5 (0.6%)	11 (0.7%)	1.0			
Bioprosthesis	486 (63.6%)	815 (54.7%)	< 0.0001			
Mechanical valve	278 (36.4%)	674 (45.3%)	< 0.0001			
CABG	238 (31.2%)	651 (44.0%)	< 0.0001			
CPB time	117.1 (39.6)	127.0 (44.8)	< 0.0001			
Cross-clamp time	78.1 (24.9)	84.9 (27.4)	< 0.0001			

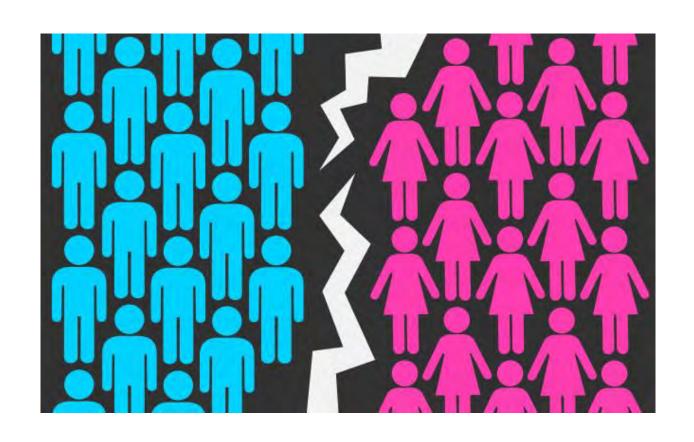
Influence of patient gender on mortality after aortic valve replacement for aortic stenosis

TABLE 4. Multivariate predictors of late mortality

	Late (overall)		
	HR (95% CI)	P value	
Male gender	1.25 (1.07-1.45)	0.006	
Age 61-70 y	2.15 (1.75-2.65)	< 0.0001	
Age > 70 y	3.87 (3.13-4.79)	< 0.0001	
LVEF < 35%	1.41 (1.05-1.89)	0.022	
NYHA III/IV	1.23 (1.04-1.46)	0.014	
Diabetes mellitus	1.51 (1.18-1.93)	0.001	
Renal failure	1.47 (1.17-1.85)	0.001	
COPD	1.35 (1.06-1.72)	0.015	
CHF	1.37 (1.18-1.60)	< 0.0001	
Bioprosthetic valve	1.26 (1.06-1.49)	0.009	
Concomitant CABG	1.24 (1.09-1.41)	0.001	



<u>Transcatheter aortic valve implantation</u> for severe aortic <u>stenosis</u> is the first area of <u>interventional cardiology</u> where women are treated as often as men



TAVI Registries: Female Rate

Pilot European registry

Variable (nb observations)	Total, n (%) 4,571	<80, n (%) 1,721 (37.5%)	>80, n (%) 2,850 (62.4)	p-value
Male/Female (4,571 patients)	2,291 (50.1)/2,280 (49.9)	(58.6)/(41.4)	(45.0)/(55.0)	< 0.01
Diabetes mellitus (4,547 patients)	1,259 (27.7)	618 (36.1)	641 (22.6)	< 0.01

EuroIntervention 2013

French Registry

Characteristic	All Patients (N=3195)	Edwards SAPIEN (N=2107)	Medtronic CoreValve (N = 1043)
Age — yr	82.7±7.2	82.9±7.2	82.3±7.2
Male sex — no. (%)	1630 (51.0)	981 (46.6)	626 (60.0)
Society of Thoracic Surgeons score — %†	14.4±11.9	15.6±12.4	14.2±11.2
Logistic EuroSCORE — %‡	21.9±14.3	22.2±14.3	21.3±14.3

N ENGL J MED 366;18 NEJM.ORG MAY 3, 2012

STS/ACC TVT Registry

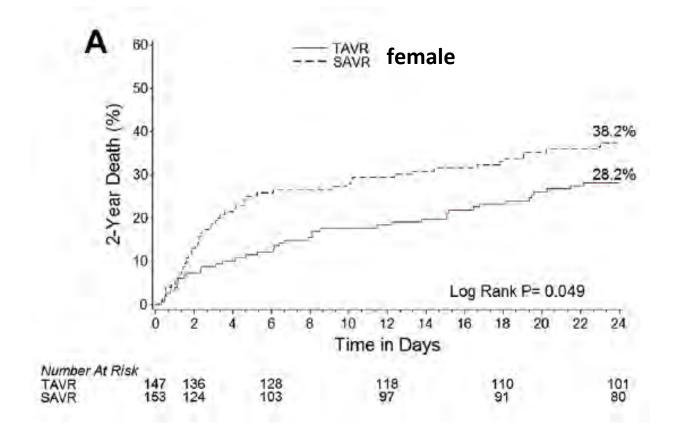


Sorajja et al. 2016

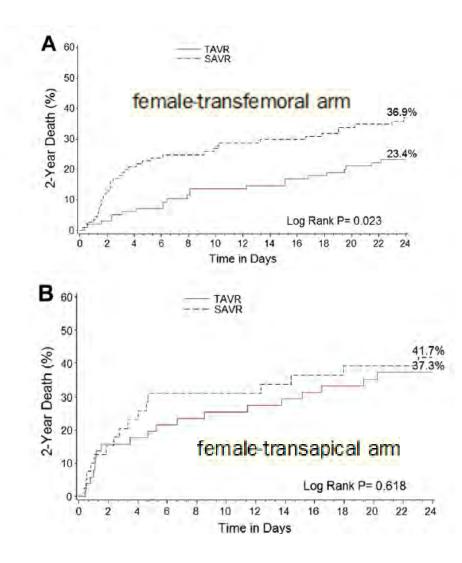
Transcatheter Mitral Valve Repair in the United States

Sex-Related Differences in Outcomes After Transcatheter or Surgical Aortic Valve Replacement in Patients With Severe Aortic Stenosis

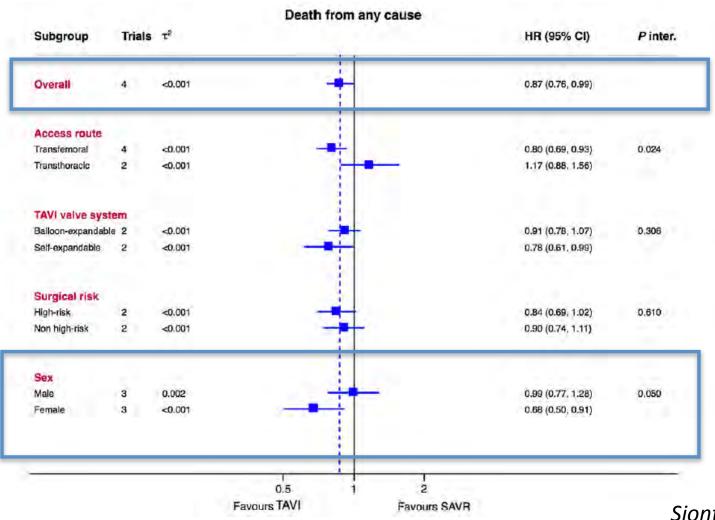
Insights From the PARTNER Trial (Placement of Aortic Transcatheter Valve)



TAVR may be preferred over surgery for high-risk female patients



Transcatheter aortic valve implantation vs. surgical aortic valve replacement for treatment of severe aortic stenosis: a meta-analysis of randomized trials



Female-specific survival advantage from transcatheter aortic valve implantation over surgical aortic valve replacement: Meta-analysis of the gender subgroups of randomised controlled trials including 3758 patients

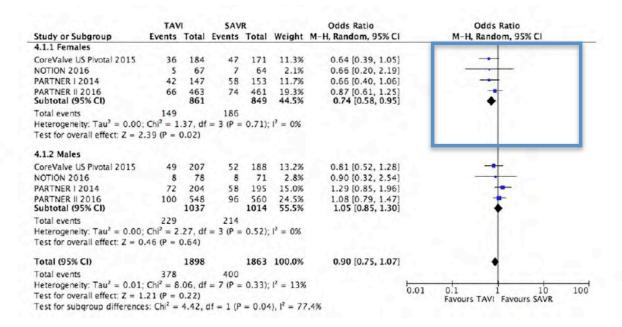
1 year

	TAV	/1	SAV	R		Odds Ratio		Odds Ratio
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% CI		M-H, Random, 95% CI
2.3.1 Females								
CoreValve US Pivotal 2014	23	183	36	170	12.2%	0.54 [0.30, 0.95]		-
NOTION 2015	1	67	4	64	1.1%	0.23 [0.02, 2.09]	1 -	
ARTNER 2011	27	147	41	151	12.8%	0.60 [0.35, 1.05]		-
PARTNER 2016 Subtotal (95% CI)	51	463 860	56	461 846	19.2% 45.3%		ь	•
Total events	102		137					
Heterogeneity: $Tau^2 = 0.02$ Test for overall effect: $Z = 2$			= 3 (P =	0.31);	12 = 15%		ᆫ	D 1
2.3.2 Males								
CoreValve US Pivotal 2014	32	207	31	187	13.2%	0.92 [0.54, 1.58]		_
OTION 2015	4	78	4	71	2.5%	0.91 [0.22, 3.76]		-
ARTNER 2011	57	201	48	200	17.0%	1.25 [0.80, 1.96]		-
ARTNER 2016 Subtotal (95% CI)	72	548 1034	68	560 1018	22.0% 54.7%	1.09 [0.77, 1.56] 1.09 [0.86, 1.39]		*
Fotal events Heterogeneity: Tau² = 0.00 Fest for overall effect: Z = 0			151 = 3 (P =	0.84);	i ² = 0%			
Total (95% CI)		1894		1864	100.0%	0.88 [0.69, 1.11]		•
Total events	267		288					
Heterogeneity: Tau ² = 0.03 Fest for overall effect: Z = 1 Fest for subgroup difference	.12 (P =	0.26)					0.01	0.1 1 10 1 Favours TAVI Favours SAVR

TAVR may be preferred over surgery for high-risk female patients

In women TAVI has a 26 to 31% lower mortality odds than SAVR

2 year



Summary of the Literature on Gender Disparity Following Surgical and Transcatheter Aortic Valve Replacement

, 201			Transcatheter AVR	
Author, Year	# Patients (F)	Settings	Results	Conclusions
Buchanan ¹² et al. 2011	305 (146)	Single Center, Retrospective	30-day mortality following TAVR: 4.7% F vs. 4.7% M (p=0.99)	Similar short term mortality
Humphries ¹³ et al. 2012	641 (329)	Multicenter, Retrospective	30-day mortality: 6.5% F, 11.2% M (p=0.05).	Better short term mortality in females
Hayashida ¹⁴ et al. 2012	260 (131)	Single Center, Prospective	30-day mortality: 12.2% F, 17.8% M (p=0.207) 1-yr mortality: (HR 1.62, CI 1.03-2.53, p=0.037)	Similar short term but better 1-yr mortality in females
Zhao¹⁵ et al. 2013	9118 (4942)	Meta analysis (through April 2013)	30-day mortality: Higher in males (HR 1.37, 95% CI 1.07-1.76). 1-yr mortality: Higher in males (HR 1.30, 95% CI 1.14-1.49).	Short and long term mortality better in females
Conrotto ¹⁶ et al. 2014	836 (464)	Multicenter, Retrospective	30-day mortality: 6.5% F, 5.6% M (p=0.62) 1-yr mortality: 18.1% F, 22.6% M (p=0.11)	Similar short and long term mortality
Stangl ¹⁷ et al. 2014	7973 (4242)	Meta analysis (through June 2014)	30-day mortality: Lower in F (HR 0.78, CI 0.64-0.96) Long-term mortality: Lower in F (HR 0.70, CI 0.59, 0.82)	Short and long term mortality better in females
Erez ¹⁸ et al. 2014	224 (127)	Single Center, Retrospective	30-day mortality: 4% F, 5% M (p=0.45).	Similar short term mortality
Williams ¹⁹ et al. 2014	699 (300)	Multicenter, Prospective	2-yr mortality: In F, 28.2% TAVR vs. 38.2% SAVR (p=0.049) In M, 37.7% TAVR vs. 32.3% SAVR (p=0.42)	Long term survival benefit for female but not for males with TAVR



TVT Registry From 2011 to 2014

Old generation device

	Female Patients (n = 11,808)	Male Patients $(n = 11,844)$	p Value
Age, yrs	82.28 ± 8.52	81.67 ± 8.63	< 0.0001
Race	7.7.00		< 0.000
White	10,972 (92.92)	11,273 (95.18)	
African American	566 (4.79)	300 (2.53)	
Asian	124 (1.05)	159 (1.34)	
Other	45 (0.38)	50 (0.42)	
Body surface area, m ²	1.7 (1.6-1.9)	1.9 (1.8-2.1)	< 0.000
BMI, kg/m ²	28.38 ± 7.48	27.51 ± 5.68	< 0.000
STS risk score, %	9 ± 6	8 ± 6	< 0.000
Diabetes	4,133 (35.00)	4,679 (39.51)	< 0.000
Current smoker	508 (4.30)	709 (5.99)	< 0.000
Prior PCI	3,485 (29.51)	4,965 (41.92)	< 0.000
Prior PCI <360 days	1,906 (16.18)	2,561 (21.68)	< 0.000
Prior CABG	1,941 (16.44)	5,460 (46.10)	< 0.000
Prior aortic valve procedure	1,737 (14.71)	1,823 (15.39)	< 0.000

	Females $(n = 11,808)$	Males (n = 11,844)	Unadjusted OR*	Adjusted OR* (95% CI)	p Value
NACE	2,239 (18.96)	1,630 (13.76)	1.48	1.14 (0.99-1.30)	0.0662
Death, MI, or stroke	961 (8.14)	726 (6.13)	1.35	0.94 (0.77-1.15)	0.5350
Death or MI	710 (6.01)	538 (4.54)	1.34	0.90 (0.73-1.13)	0.3711
Death or stroke	914 (7.74)	699 (5.90)	1.33	0.93 (0.76-1.13)	0.4631
Death	661 (5.6)	507 (4.28)	1.32	0.89 (0.71-1.11)	0.2936
MI	74 (0.63)	52 (0.44)	1.45	, <u>-</u> ,	(÷)
Stroke	305 (2.58)	220 (1.86)	1.41	2.0	121
VARC-2 major bleeding	946 (8.01)	706 (5.96)	1.40	1.19 (0.99-1.44)	0.0680
Major vascular complication	976 (8.27)	520 (4.39)	2.01	1.70 (1.34-2.14)	< 0.0001
New requirement for dialysis	203 (1.7)	211 (1.8)	0.97	0.62 (0.44-0.87)	0.008
Conduction/native pacer disturbance	1,057 (8.9)	1,014 (8.5)	1.04	1.08 (0.88-1.32)	0.45
Atrial fibrillation	933 (7.9)	607 (5.1)	1.59	1.16 (0.95-1.42)	0.11



TVT Registry From 2011 to 2014

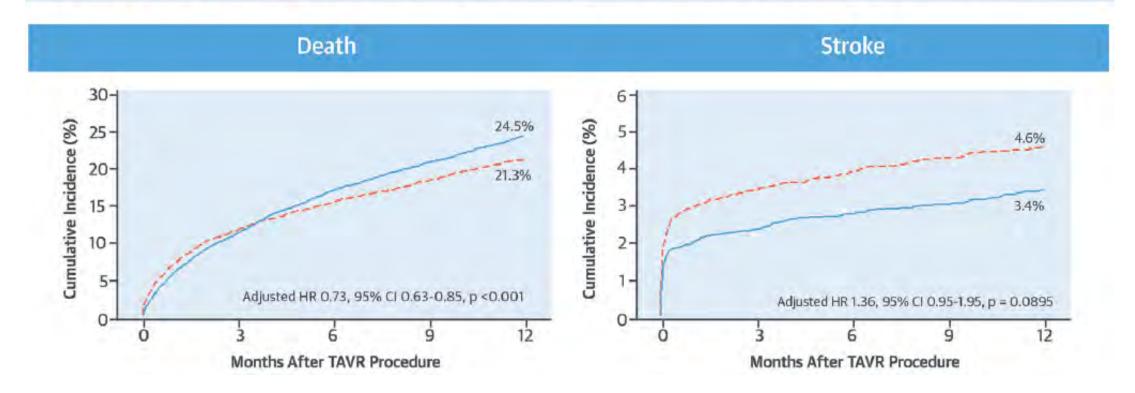
	Overall (N = 23,652)	Female Patients (n = 11,808)	Male Patients (n = 11,844)	p Value
Device success	21.531 (92.56)	10.725 (92.45)	10.806 (92.68)	0.5096
Conversion to open surgery	319 (1.35)	205 (1.74)	114 (0.96)	< 0.0001
Reasons for conversion			7.7.1	< 0.0001
Ventricular rupture	60 (18.93)	45 (22.17)	15 (13.16)	
Annulus rupture	40 (12.62)	28 (13.79)	12 (10.53)	
Aortic dissection	27 (8.52)	22 (10.84)	5 (4.39)	
Coronary occlusion	21 (6.62)	19 (9.36)	2 (1.75)	
Valve dislodged in aorta	8 (2.52)	6 (2.96)	2 (1.75)	
Valve dislodged in the left ventricle	69 (21.77)	24 (11.82)	45 (39.47)	
Other	92 (29.0)	59 (29.1)	33 (29.0)	
Urgent valve-in-valve implantation	600 (2.54)	250 (2.1)	350 (3.0)	0.0001

	Females (n = 11,808)	Males (n = 11,844)	Unadjusted OR*	p Value
Device embolization in the aorta	35 (0.30)	29 (0.24)	1.20	0.5234
Device migration	36 (0.30)	45 (0.38)	0.80	0.3807
Device recapture	39 (0.33)	59 (0.50)	0.67	0.0561
Aortic valve re-intervention	35 (0.30)	50 (0.42)	0.71	0.1318
Coronary obstruction or compression	83 (0.70)	17 (0.14)	4.92	0.0001
Unplanned other cardiac surgery	288 (2.4)	189 (1.6)	1.53	0.0001
Post-procedure severe AI	367 (3.1)	399 (3.4)	0.92	0.2731



TVT Registry From 2011 to 2014

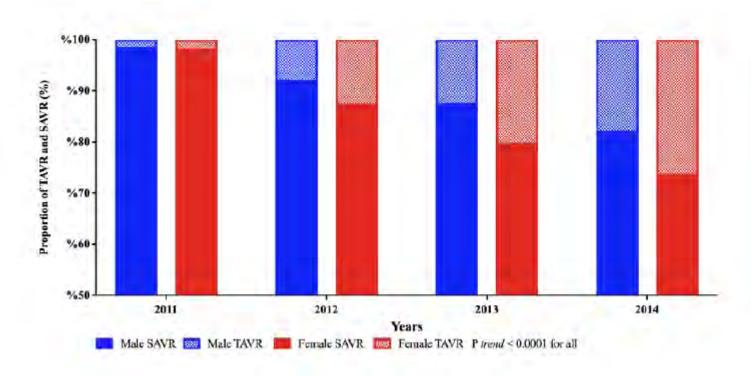
CENTRAL ILLUSTRATION Sex-Based Differences in TAVR: Crude and Adjusted 1-Year Outcomes



Sex Differences in the Utilization and Outcomes of Surgical Aortic Valve Replacement for Severe Aortic Stenosis

Zakeih Chaker, MD; Vinay Badhwar, MD; Fahad Alqahtani, MD; Sami Aljohani, MD; Chad J. Zack, MD; David R. Holmes, MD; Charanjit S. Rihal, MD; Mohamad Alkhouli, MD

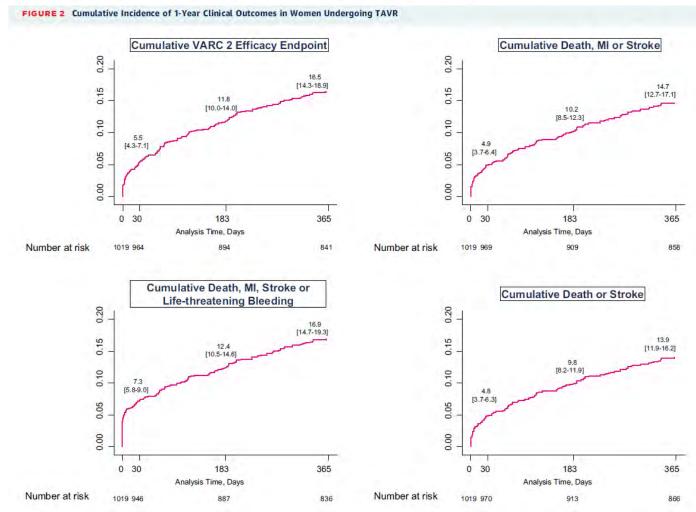
Proportion of TAVR and SAVR among Males and Females who underwent aortic valve replacement since commercial approval of TAVR



1-Year Clinical Outcomes in Women After Transcatheter Aortic Valve Replacement



Results From the First WIN-TAVI Registry



Chieffo et al; JACC Interv. 2018

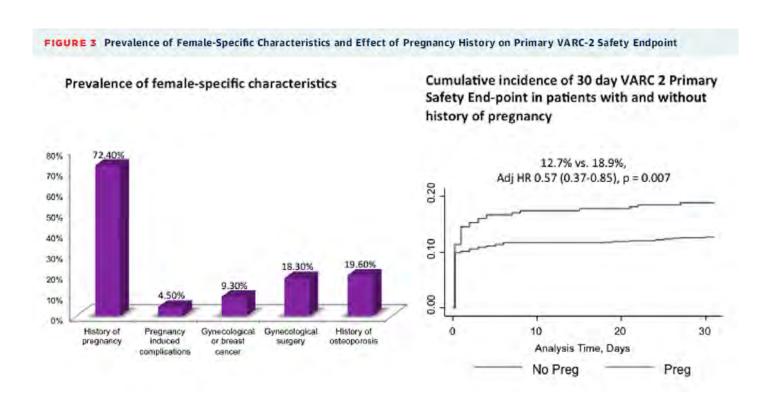
Acute and 30-Day Outcomes in Women After TAVR

1-Year Clinical Outcomes in Women After Transcatheter Aortic Valve Replacement



Results From the WIN-TAVI (Women's INternational Transcatheter Aortic Valve Implantation) Real-World Registry

Results From the First WIN-TAVI Registry



	Univariate Assoc	lations	Multivariate Associations		
	HR (95% CI)	p Value	HR (95% CI)	p Value	
Age, yrs	1.02 (0.99-1.05)	0.14			
BMI, kgm²	0.98 (0.95-1.00)	0.10			
Prior strake	1.59 (0.97-2.59)	0.064			
Prior PCI or CABG	1.29 (0.93-1.79)	0.13	1.72 (1.17-2.52)	0.006	
Prior M	1.38 (0.87-2.18)	0.17			
Baseline PAD	1.35 (0.85-2.16)	0.21			
Baseline a trial fibrillation	1.37 (0.96-1.96)	0.079			
LVEF <30%	0.84 (0.35-2.05)	0.71			
EuroSCORE I	1.02 (1.01-1.04)	0.004	1.02 (1.00-1.04)	0.027	
Baseline renal dysfunction	1.27 (0.92-1.74)	0.14			
Diabetes	0.98 (0.69-1.38)	0.89			
Frailty	0.90 (0.66-1.24)	0.53			
Discharge DAPT	0.76 (0.54-1.07)	0.12	0.70 (0.49-1.01)	0.059	
Discharge antimagulant agent	1.45 (1.01-2.08)	0.043			
Procedure-related variables					
TAVR device generation (new vs. old)	0.87 (0.63-1.20)	0.39			
Access (transfernoral vs. nontransfernoral)	1.01 (0.60-1.69)	0.96			
Device size (>26 mm vs. ≤26 mm)	1.24 (0.86-1.81)	0.25			
Moderate or severe	1.16 (0.76-1.78)	0.50			
Female-specific characteristics					
History of pregnancy	0.83 (0.60-1.16)	0.28			
Age of menopause	1.01 (0.98-1.05)	0.50			
History of asteoparasis	0.93 (0.62-1.40)	0.73			

Sex-Related Differences in Outcomes After Transcatheter or Surgical Aortic Valve Replacement in Patients With Severe Aortic Stenosis

men had a more than 3-fold higher incidence of moderate-to-severe paravalvular leak compared with women (10.3% vs. 3%)

	Female			Male				
	(a) TAVR (n - 146)	(b) Surgery (n - 134)	p Value	(d) TAVR (n - 201)	(e) Surgery (n – 198)	p Value	p Value (a) vs. (d)	p Value (b) vs. (e)
Peak gradient	22.72 ± 8.55	25.00 ± 9.91	0.06	19.60 ± 8.18	22.04 ± 10.19	0.08	0.001	0.008
Mean gradient	11.86 ± 4.84	12.91 ± 5.45	0.08	10.13 ± 4.30	11.13 ± 5.13	0.17	0.002	0.004
AVA, cm²	1.49 ± 0.42	1.36 ± 0.42	0.01	1.71 ± 0.55	1.55 ± 0.48	0.009	< 0.001	0.001
AVAL cm ² /m ²	0.89 ± 0.27	0.81 ± 0.26	0.03	0.90 ± 0.30	0.81 ± 0.27	0.009	0.97	0.98
PVL								
None	280	83.9	< 0.0001	23.9	80.7	< 0.0001	0.41	0.50
Trace	27.3	12.5	0.004	23.9	13.8	0.02	0.50	0.76
Mild	417	3.6	< 0.0001	41.8	4.9	< 0.0001	0.97	0.76
Moderate	30	0.0	0.13	9.2	0.7	0.0007	0.03	1.0
Severe	0.0	0.0	NA	11	0.0	0.51	0.51	NA
Ejection fraction	57.8 ± 11.4	54.4 ± 12.40	0.20	53.6 ± 12.0	520 ± 12.0	0.39	0.07	0.35



TVT Registry From 2011 to 2014

TABLE 2 Procedural Characteristi	cs			
	Overall (N = 23,652)	Female Patients (n = 11,808)	Male Patients (n = 11,844)	p Value
Cover index				< 0.0001
Median	10.34 (4.35-15.38)	11.54 (4.35-17.24)	10.34 (3.85-15.38)	
<8%	8,435 (40.21)	3,600 (34.30)	4,835 (46.13)	_
≥8%	12,541 (59.79)	6,895 (65.70)	5,646 (53.87)	

Female have a higher cover index after TAVI

Conclusion

Severe aortic stenosis has an equal prevalence in males and female

Higher utilization of AVR in men compared with women

Disparity in referral to valve replacement is not seen with the current TAVI practice

TAVR may be preferred over surgery for high-risk female patients



Tank for Your attention