Study	Recruitment	Inclusion Criteria	Sample	Demographics	Results
	Period (Year)		Size (n)		
Dewey et al. ³⁰	2005 to 2008	 Transapical Age ≥70 STS >15% Surgically inoperable Transfemoral EuroSCORE >20% STS >10% 	201	 CAD group Mean age 84.7 ± 5.4 years Male 50.0% DM 34.6% HTN 88.5% CVA 26.9% Non-CAD group Mean age 83.1 ± 4 years Male 55.6% DM 44.4% HTN 66.7% CVA 33.3% 	Mortality higher in patients with CAD than without (35.7 versus 18.4%, p=0.01). On logistic regression, presence of CAD has OR 10.1 (2.1–174.8, p=0.009) for 30-day mortality.
Masson et al. ³¹	2005 to 2007	 All patients who underwent success TAVI. Not candidates for surgical AVR on review of two surgeons. 	136	 Mean age 85.1 years Male 50.7% BMI 24.4 DM 25.7% HTN 64.7% CVA 19.1% 	No difference in 30-day mortality between groups with CAD and without (p=0.56). One year survival 77.9% (95% CL: 70.9, 84.9) with no difference between groups (p=0.63).
Gautier et al. ³²	2006 to 2009	 EuroSCORE >20% STS >10% Contraindication to surgery 	240	 Mean age 82 ± 8 years Male 54.8% 	No difference in 30-day mortality between CAD group and non-CAD group (10 versus 15%, p=0.37). No difference in 1-year mortality between CAD group and non-CAD group (23.6 versus 29.4%, p=0.28).
Italian TAVI registry (Ussia et al.) ³³	2007 to 2009	 All patients undergoing TAVI in 14 centres across Italy 	663	 Mean age 81.2±5.8 years Male 44% 	No difference in 30-day mortality between CAD group and non-CAD group (6.0 versus 5.9%, adjust OR 0.78, 95%CI: 0.30–2.01, p=0.605).

Table 1: Studies of Prognostic Impact of Coronary Artery Disease on Patients Undergoing TAVI

		 Contraindication to surgical AVR by local heart team 		 DM 26.3% HTN 75.0% CVA 7.3% 	No difference in 30-day major adverse cerebrovascular and cardiac events between CAD group and non-CAD group (adjusted OR 0.77, 95% CI: 0.29 to 1.72, p=0.449). No difference in 1-year mortality between CAD group and non-CAD group (14.5 versus 15.9%, HR 0.74, 95% CI 0.40–1.36, p=0.331). No difference in 1-year major adverse cerebrovascular and cardiac events between CAD group and non-CAD
					group (15.7 versus 18.3%, adjusted HR 0.76, 95% CI: 0.42 to 1.36, p=0.353).
German TAVI registry (Abdel-Wahab et al.) ³⁴	2009 to 2010	 EuroSCORE ≥20% EuroSCORE <20% and liver cirrhosis, chronic pulmonary disease or porcelain aorta. 	1382	 CAD group Mean age 81.5 ± 6.1 years Male 49.4% BMI 26.4 ± 5.8 DM 36.9% CVA 9.1% 	In-hospital mortality higher in patients with CAD compared with patients without (10.0 versus 5.5%, OR 1.90, 95% CI: 1.23–2.93, p<0.01), not significant after adjustment for confounders (adjusted OR 1.41, 95% CI 0.85–2.33, p=0.18)
				 Non-CAD group Mean age 82.1 ± 6.3 years Male 30.0% BMI 27.8 ± 14.3 DM 31.2% CVA 6.1% 	

the UK. TAVI registry (Snow et al.) ³⁵	2007 to 2011	 All patients undergoing TAVI in 31 THE UK centres 	2588	 Mean age 81.31 ± 7.57 years Male 36.3% BMI 26.85 DM 22.2% CVA 17.5% 	 Presence of CAD not found to predict increased HR for 30-day mortality (HR 1.18, 95% CI: 0.83–1.66, p=0.36). Presence of CAD not found to predict increased HR for 1 year mortality (HR 1.18, 95% CI: 0.96–1.45, p=0.122). Presence of CAD predicted increased HR for 4 year mortality on univariate analysis (HR 1.20, 95% CI: 1.03–1.39, p=0.02) but not in multivariate analysis (HR 1.14, 95% CI: 0.97–1.35, p=0.10).
Matta et al. ³⁶	2016 to 2020	 Consecutive patients referred for TAVI at Toulouse University Hospital 	1336	 Mean age 84.3 ± 7 years Male 45.2% BMI 26.2 ± 5 DM 74.4% HTN 68.7% CVA 10.7% 	No difference in in-hospital mortality between CAD group and non-CAD group (3 versus 2.6%, p=0.72). No increase in odds of death on multivariate logistic regression for CAD group against non-CAD group (OR 2.28, 95% CI: 0.73–7.1).
Bern TAVI registry (Franzone et al.) ³⁷	2007 to 2013	 All patients undergoing TAVI in Bern 	744	 CAD group Mean age 82.1 ± 5.6 years Male 37.9% BMI 26.1 ± 4.7 DM 33.5% HTN 89.5% CVA 10.5% Non-CAD group Mean age 81.9 ± 5.7 years Male 37.9% BMI 26.3 ± 5.4 DM 24.2% 	No difference for 30-day mortality between CAD and non-CAD group (4.4 versus 4%, HR 1.12, 95% CI: 0.47– 2.63, p=0.80). No difference for 1 year mortality between CAD and non-CAD group (16.6 versus 12.5%, HR 1.35, 95% CI: 0.85–2.15, p=0.21). Increased 1 year death, CVA or myocardial infarction between CAD and non-CAD group (16.8 versus 9.8%, HR 1.75, 95% CI 1.06 – 2.89, p=0.030).

		· HTN 77.8%	
		· CVA 7.3%	

AVR = aortic valve replacement; BMI = body mass index; CAD = coronary artery disease; CI = confidence interval; CVA = cerebrovascular accident; DM = diabetes mellitus; HR = hazard ratio; HTN = hypertension; OR = odds ratio; TAVI = transcatheter aortic valve intervention.

References:

30. Dewey TM, Brown DL, Herbert MA, et al. Effect of concomitant coronary artery disease on procedural and late outcomes of transcatheter aortic valve implantation. *Ann Thorac Surg* 2010;89:758–67; discussion 767. <u>https://doi.org/10.1016/j.athoracsur.2009.12.033</u>; PMID: <u>20172123</u>.

31. Masson JB, Lee M, Boone RH, et al. Impact of coronary artery disease on outcomes after transcatheter aortic valve implantation. *Catheter Cardiovasc Interv* 2010;76:165–73. <u>https://doi.org/10.1002/ccd.22501;</u> PMID: <u>20665855</u>.

32. Gautier M, Pepin M, Himbert D, et al. Impact of coronary artery disease on indications for transcatheter aortic valve implantation and on procedural outcomes. *EuroIntervention* 2011;7:549–55. <u>https://doi.org/10.4244/EIJV7I5A90</u>; PMID: <u>21930458</u>.

33. Ussia GP, Barbanti M, Colombo A, et al. Impact of coronary artery disease in elderly patients undergoing transcatheter aortic valve implantation: insight from the Italian CoreValve Registry. *Int J Cardiol* 2013;167:943–50. <u>https://doi.org/10.1016/j.ijcard.2012.03.089</u>; PMID: <u>22459391</u>.

34. Abdel-Wahab M, Zahn R, Horack M, et al. Transcatheter aortic valve implantation in patients with and without concomitant coronary artery disease: comparison of characteristics and early outcome in the German multicenter TAVI registry. *Clin Res Cardiol* 2012;101:973–81. <u>https://doi.org/10.1007/s00392-012-0486-5</u>; PMID: <u>22772776</u>.

35. Snow TM, Ludman P, Banya W, et al. Management of concomitant coronary artery disease in patients undergoing transcatheter aortic valve implantation: the United Kingdom TAVI Registry. *Int J Cardiol* 2015;199:253–60. <u>https://doi.org/10.1016/j.ijcard.2015.06.166</u>; PMID: <u>26209948</u>.

36. Matta AG, Lhermusier T, Parada FC, et al. Impact of coronary artery disease and percutaneous coronary intervention on transcatheter aortic valve implantation. *J Interv Cardiol* 2021;2021:6672400. <u>https://doi.org/10.1155/2021/6672400</u>; PMID: <u>33824628</u>.

37. Franzone A, Stortecky S, Raber L, et al. Effects of coronary artery disease in patients undergoing transcatheter aortic valve implantation: A study of age- and gender-matched cohorts. *Int J Cardiol* 2017;243:150–5. <u>https://doi.org/10.1016/j.ijcard.2017.05.071</u>; PMID: <u>28536005</u>.