CONCLUSION The pooled prevalence of ATTR CA in patients with AS undergoing aortic valve replacement was 11%, and of those, 68.5% had low-flow, low-gradient AS. ATTR CA is associated with worse outcomes in patients with AS, but there is a need for more studies to determine the optimal type of aortic valve replacement.

600.28 Risk Scoring Model for Prediction of Non-Home Discharge After Transcatheter Aortic Valve Replacement
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BACKGROUND Patients undergoing transcatheter aortic valve replacement (TAVR) are likely to be discharged to a location other than home. We aimed to determine the association between preoperative risk factors and non-home discharge.

METHODS Patients admitted from home and discharged alive after TAVR at a single center were identified from a prospectively maintained database. Logistic regression models were fit to identify preoperative factors associated with non-home discharge. Multivariable models were used, and a nomogram-based risk-scoring system was developed for use in preoperative counseling.

RESULTS Out of 697 TAVR patients, 450 were admitted for the procedure with severe symptomatic aortic stenosis (AS) undergoing transcatheter aortic valve replacement (TAVR). In multivariable analysis, factors that were significantly associated with non-home discharge were extreme age (OR: 1.1, 95% CI: 0.13, 0.43, p = 0.001), insulin dependent diabetes mellitus (OR: 1.8, 95% CI: 0.14, 0.82, p < 0.001), a low pre-operative serum albumin (OR: 0.44, 95% CI: 0.14, 0.82, p < 0.001), non-trans-femoral approach (OR: 0.23, 95% CI: 0.10, 0.43, p < 0.001), and a low mean pre-operative transaortic gradient (OR: 0.97, 95% CI: 0.96, 0.99, p = 0.005). The unbiased estimate of the c-index was 0.75, and the model had excellent calibration.

CONCLUSIONS One out of every four patients undergoing TAVR is discharged to a location other than home. Identification of preoperative factors associated with non-home discharge can assist patient counseling and postoperative disposition planning.

600.29 Portable versus Mounted Fluoroscopic Imaging during Transcatheter Aortic Valve Replacement
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OBJECTIVES To compare outcomes of portable angiography system (PAS) versus mounted angiography system (MAS) in high-risk patients with severe symptomatic aortic stenosis (AS) undergoing transcatheter aortic valve replacement (TAVR).

BACKGROUND MAS is the preferred imaging modality for TAVR procedures. The role and safety of PAS have not been systematically studied in TAVR.

METHODS A retrospective study was conducted on 101 consecutive TAVR cases performed at our center from December 2014 to November 2016. Procedural, safety, and clinical endpoints were compared at 30 days and 1 year.

RESULTS 24 patients were in the PAS group, and 77 in the MAS group. There was no significant difference in all-cause mortality between the PAS and MAS group at 30 days (4.2% vs 2.6%, P = 0.56) or at 1 year (21.7% vs 16.0%, P = 0.54). The Kaplan-Meier estimate of cumulative survival shows no significant difference in mortality between the PAS vs MAS group from 30 days to 1 year (Figure 1). The 2 study groups had comparable rates of ischemic stroke (PAS, 4.3% vs MAS, 1.3%, P = 0.42), life threatening or major bleeding (16.7% vs 6.6%, P = 0.21), cardiovascular complication requiring intervention (8.7% vs 5.3%, P = 0.62), pacemaker implantation (13.0 vs 6.7%, P = 0.39), rehospitalization (8.7% vs 18.7%, P = 0.35), improvement in New York Heart Association functional class (P = 0.17), and degree of paravalvular leak (P = 0.22). The PAS group more frequently underwent alternative vascular access (25.0% vs 1.3%, P = 0.001), which was associated with longer length of stay from procedure to discharge (3 days vs 2 days, P = 0.003). Total radiation exposure was significantly less in the PAS group (air kerma 371 mGy vs 683 mGy, P = 0.043).

CONCLUSIONS PAS is a safe and effective imaging modality for TAVR procedures with less total radiation exposure than MAS.

600.30 Six-Month Outcome After Unplanned Conversion from Sedation to General Anesthesia in Patients Undergoing Transfemoral Transcatheter Aortic Valve Replacement
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BACKGROUND Conscious Sedation (CS) has become increasingly popular for patients undergoing transfemoral Transcatheter Aortic Valve Replacement (TAVR). The incidence of periprocedural unplanned conversion from CS to general anesthesia (GA) was at 6% in recent publications. The mortality of patients with conversion due to critical adverse events like CPR or emergency extracorporeal circulation (ECC) is known to be high. The outcome of patients being converted for other reasons is unknown.

METHODS TAVR in CS has been performed at our institution since 2009. Data was prospectively collected in our AVIATOR TAVR registry. We excluded patients needing CPR, defibrillation, or emergency ECC. All-cause mortality at 6 months was chosen as the primary endpoint.

RESULTS Between 2009 and 2017, a total of 1022 transfemoral TAVR procedures were performed under CS. CPR, defibrillation, or ECC were recorded in 34 cases. 988 patients were eligible for analysis. 56 (5.7%) patients required unplanned conversion from CS to GA (“CV”). At 6 months, all-cause-mortality was 5.7% (n = 3) in the CV group and 2.4%
(n=29) in the Non-CV group (p=0.154). Unrest/pain was the most common cause (n=18, 52%) for conversion, followed by respiratory distress (n=17, 30%) and procedural complications (n=16, 29%). 66% of the patients (n=37) were extubated in the operating room. Length of hospital stay was longer in the CV group (median [IQR] (CV: 7.5-11) days, Non-CV: 5 [4-7], p=0.001).

CONCLUSION The observed conversion rate of 5.7% is consistent with published data. There was a trend toward increased 6-month mortality in the CV group, and length of hospital stay was longer. A thorough understanding of the clinical significance of unplanned conversion to GA is vital in order to ensure the ongoing safe practice and delivery of TAVR, especially in intermediate- and lower-risk patients.

## 600.32
### Association between Left Ventricular Diastolic Dysfunction and Health Status before and after Transcatheter Aortic Valve Replacement
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BACKGROUND Left ventricular diastolic dysfunction (LVDD) is associated with increased mortality after transcatheter aortic valve replacement (TAVR). Whether LVDD is associated with health status outcomes following TAVR is unknown.

METHODS Patients with aortic stenosis (AS) who underwent TAVR between 1/2012 and 9/2017 at a single center were classified according to the degree of LVDD at baseline as absent, mild (grade 1), moderate (grade 2), or severe (grade 3) according to published echocardiographic criteria. Health status was quantified at baseline, 1 month, and 12 months using the Kansas City Cardiomyopathy Questionnaire Overall Summary Score (KCCQ os). Cross-sectional analyses at each time point were used to compare average KCCQ os scores across LVDD grades.

RESULTS Among 636 TAVR patients, LVDD grade could not be assessed in 295 patients due to atrial fibrillation, significant mitral valve disease, or discrepant findings. Of the remaining 341 patients, 24 (6.5%) had no LVDD, and 62 (18.2%), 206 (59.8%), and 49 (14.2%) had LVDD grades of 1, 2, and 3, respectively. Complete health status data were available in 162 patients. At baseline, KCCQ os scores were significantly lower in patients with higher grades of LVDD, but no difference was seen at follow-up. Improvement in KCCQ os at 12 months did not vary across LVDD grades (p=0.90).

CONCLUSIONS In our single-center experience, the vast majority of patients undergoing TAVR had LVDD at baseline, and increasing LVDD was associated with worse baseline health status. However, KCCQ os scores and change in KCCQ os over 1 year were similar across the LVDD spectrum. Larger studies are needed to better assess the relation of baseline LVDD with health status after TAVR to determine if health status improvement is dependent on baseline LVDD grade or improvement in LVDD over time.