Peripheral artery disease (PAD) is common, and the prevalence of and outcomes associated with PAD in a population undergoing transcatheter aortic valve replacement (TAVR) has not been described.

**BACKGROUND**

- Peripheral artery disease (PAD) is common, and risk factors overlap with those of aortic stenosis (AS).
- PAD is associated with increased mortality, and increased risk of stroke and bleeding in patients undergoing cardiovascular procedures.
- The prevalence of and outcomes associated with PAD in a population undergoing transcatheter aortic valve replacement (TAVR) has not been described.

**METHODS**

- We identified patients ≥ 65 years old undergoing TAVR for AS between November 2011 and September 2015 in the STS/TVT Registry linked to Medicare claims data.
- Calculated unadjusted hazard ratios (HR) for all-cause death, readmission, myocardial infarction (MI), and stroke, and for bleeding for patients with PAD compared with those without at one year follow-up, and HRs adjusted for baseline characteristics and post-procedural medications.
- Analyses were performed separately by access site (transfemoral [TF] and non-TF).

**RESULTS**

- 4810 of 19,660 patients (24.4%) undergoing TF TA VR had PAD, and 3730 of 7780 (47.9%) undergoing non-TF TAVR.

**DISCUSSION/CONCLUSION**

- PAD is present in nearly 1 in 4 patients undergoing TF TA VR.
- Compared with patients without PAD, patients with PAD undergoing TF TAVR had a higher risk-adjusted incidence of 1-year death, readmission, and bleeding.

**LIMITATIONS**

- Observational design precludes firm causal conclusions, but associations are nevertheless important for counseling and decision-making.
- Cohort only includes patients enrolling in Medicare.

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