

Supplementary material

Huczek Z, Jędrzejczyk S, Jagielak D, et al. Transcatheter aortic valve-in-valve implantation for failed surgical bioprostheses: results from Polish Transcatheter Aortic Valve-in-Valve Implantation (ViV-TAVI) Registry. Pol Arch Intern Med. 2022; 132: 16149. doi:10.20452/pamw.16149

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Figure S1. Types of failed surgical aortic valves referred for ViV-TAVI.

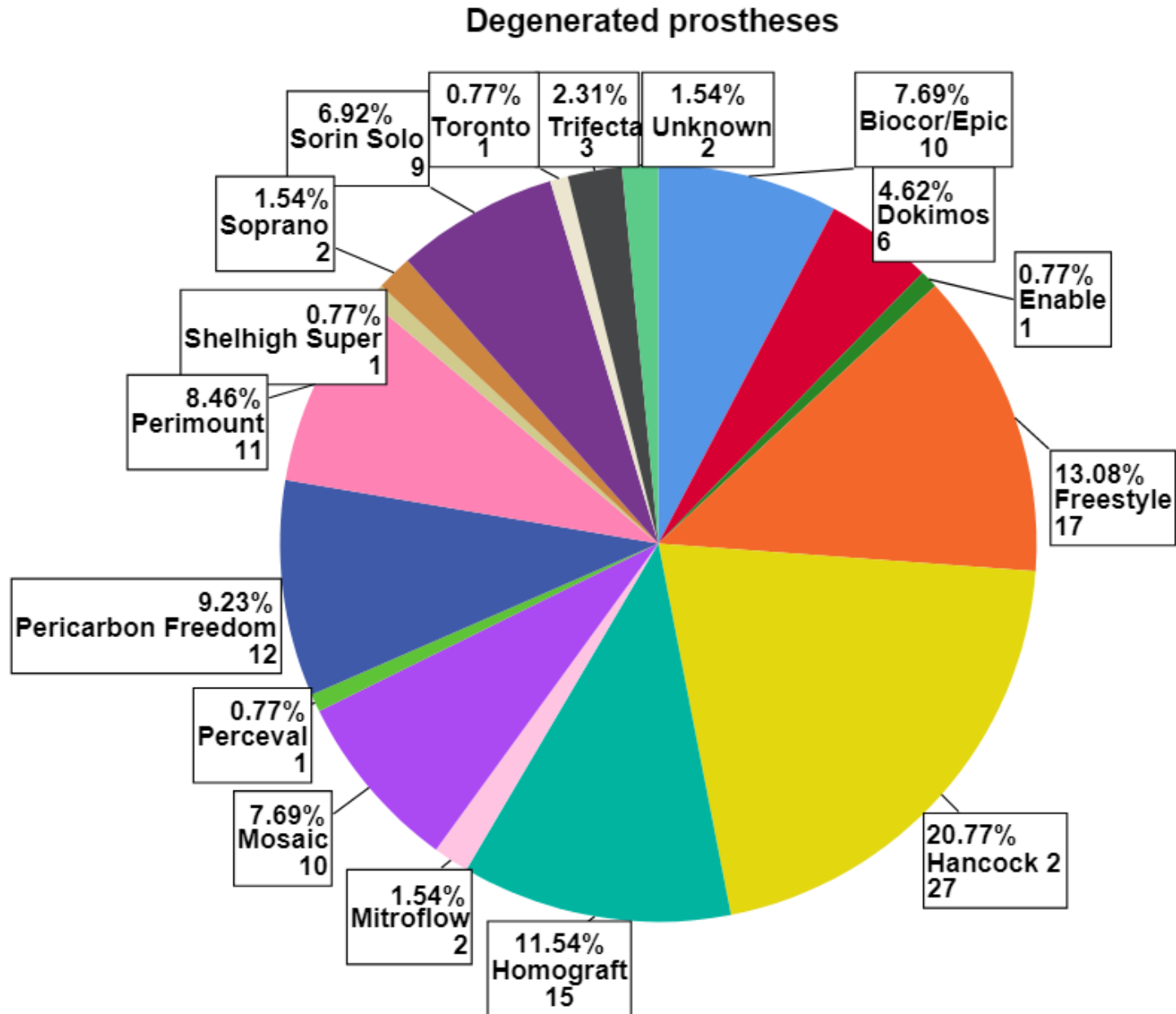
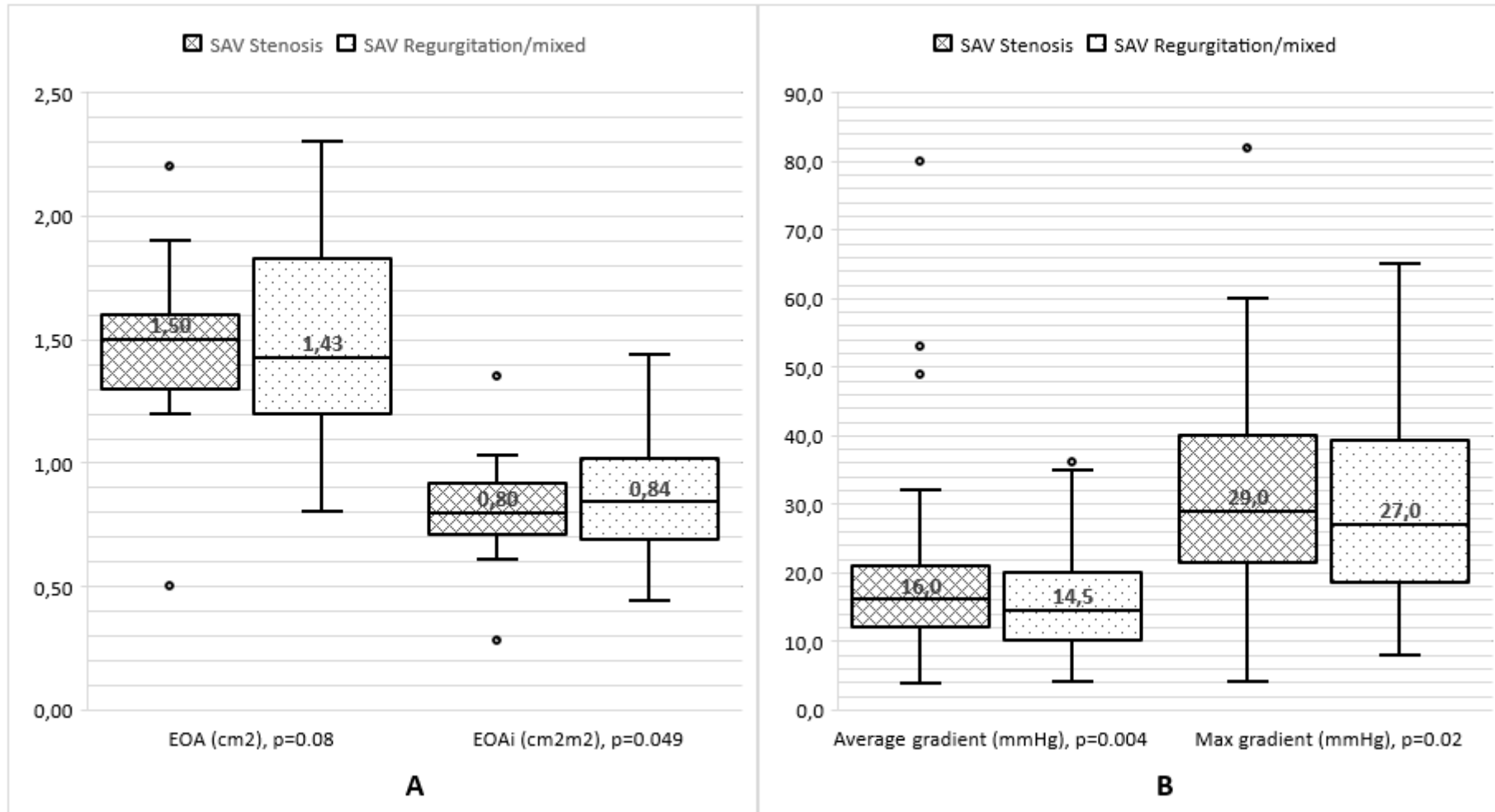


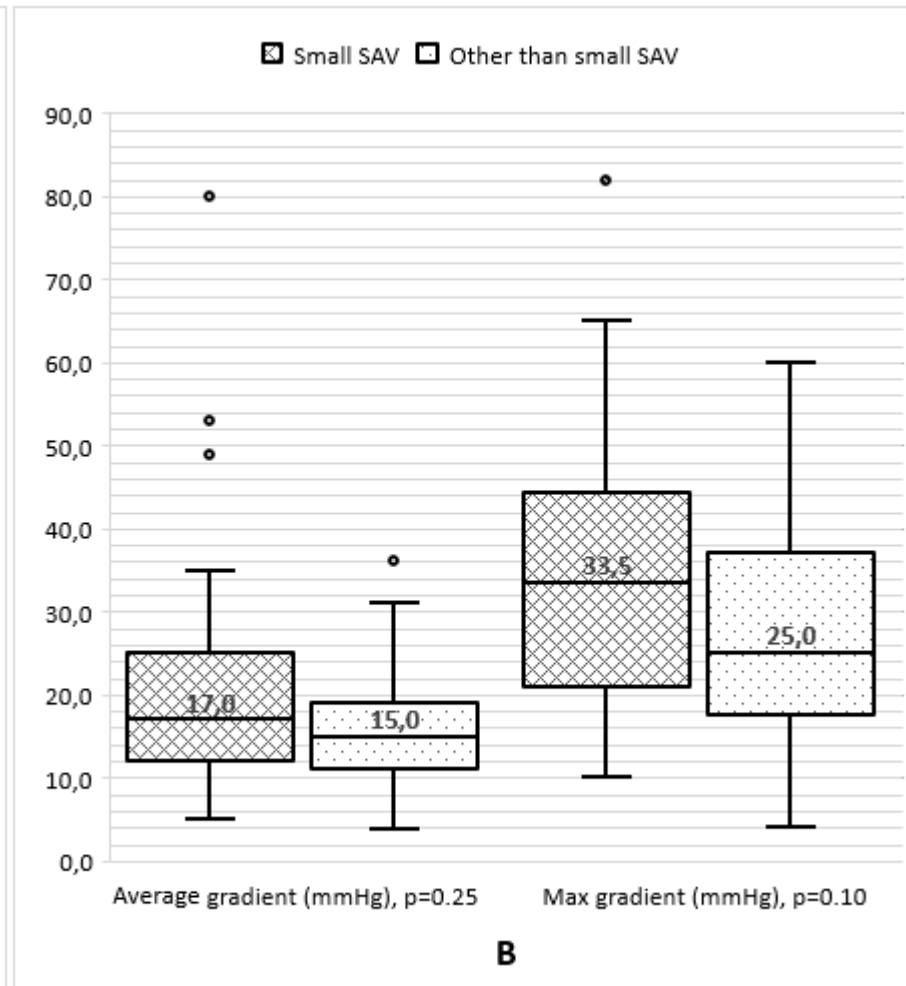
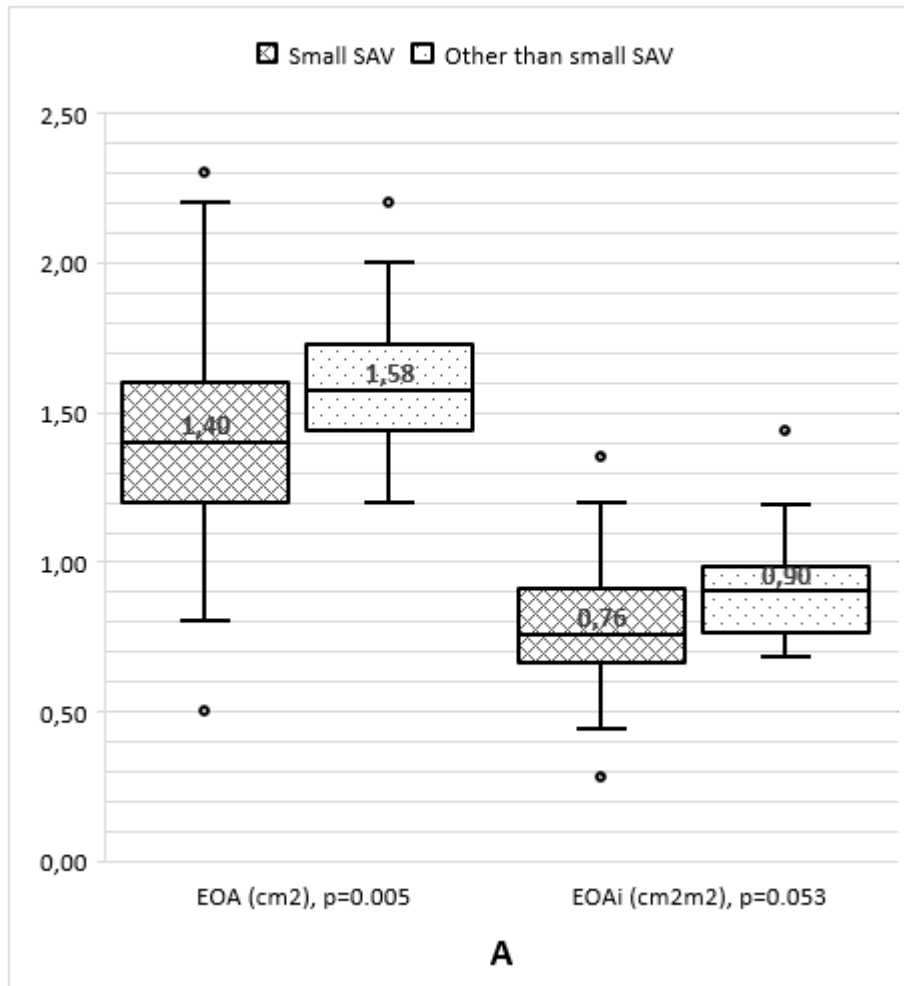
Figure S2. Comparison of effective orifice area/index (A) and average/maximal transvalvular gradients (B) after ViV-TAVI in patients with (1) surgical aortic valve stenosis at baseline vs those with regurgitation or mixed disease, (2) failed small-size surgical aortic valve (≤ 21 mm) vs remaining patients, (3) the use of supra-annular vs intra-annular TAV.

EOA, effective orifice area. EOA, effective orifice area; SAV, surgical aortic valve.

1.



2.



3.

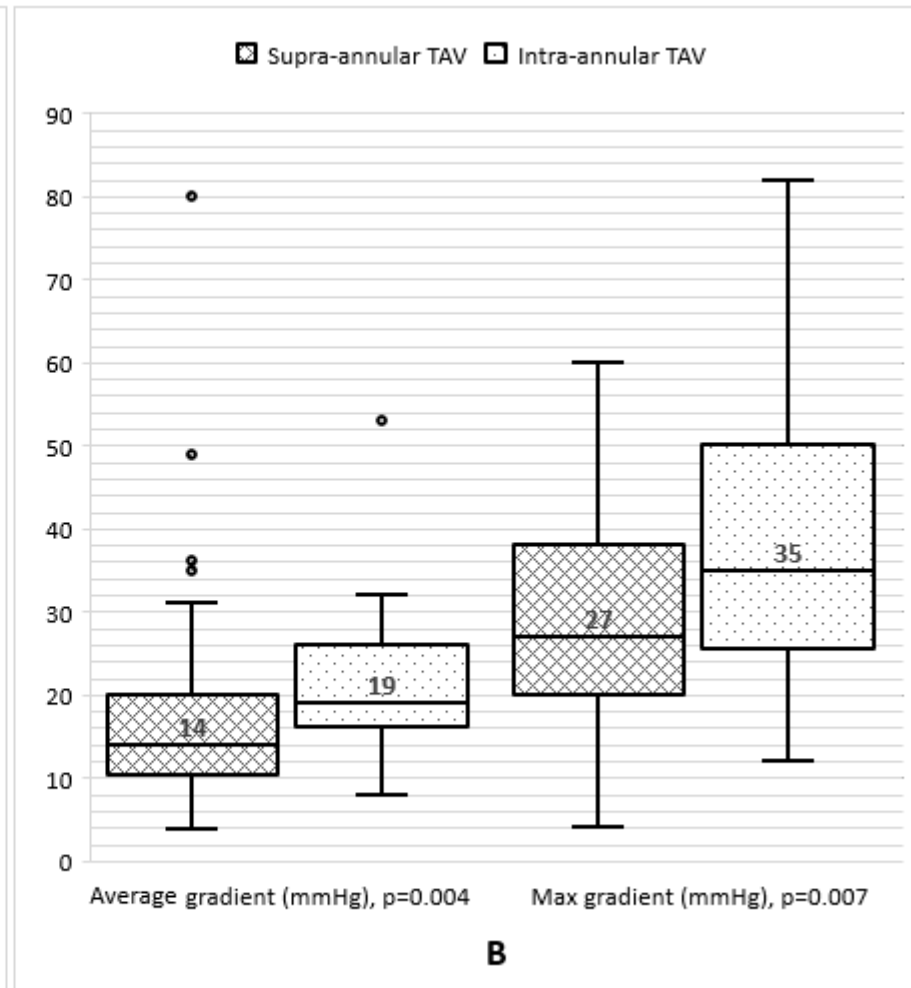
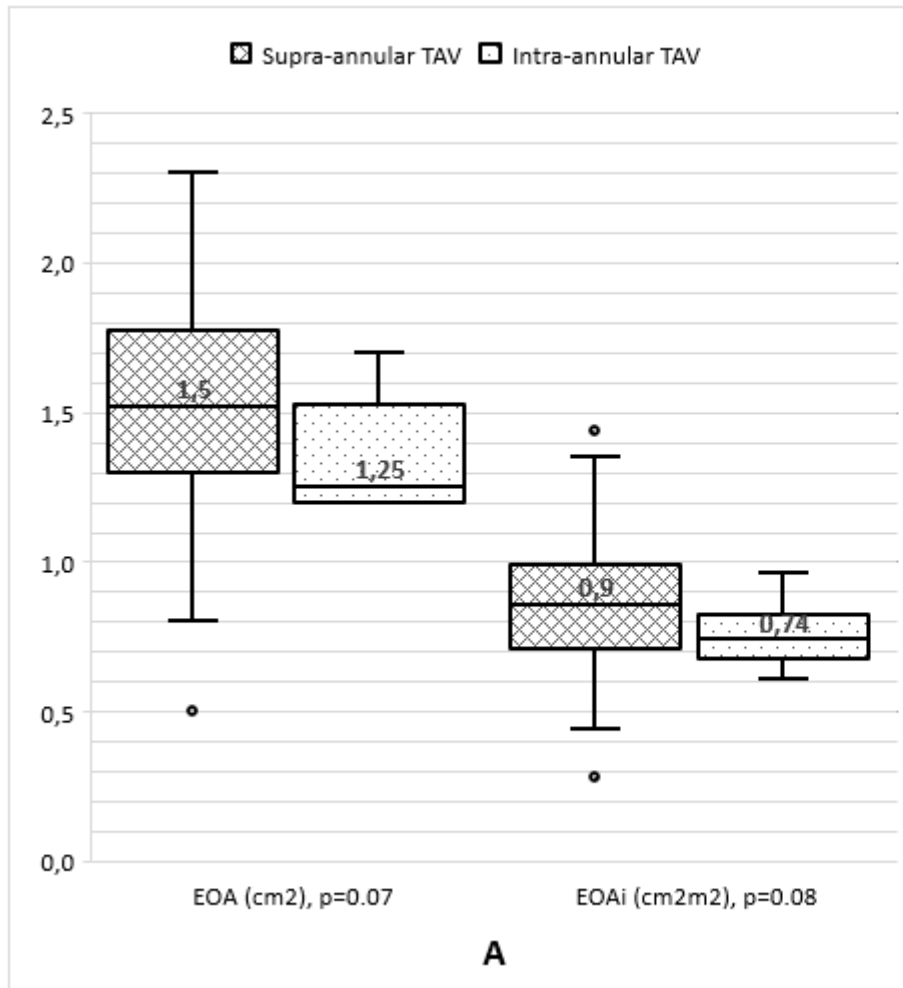
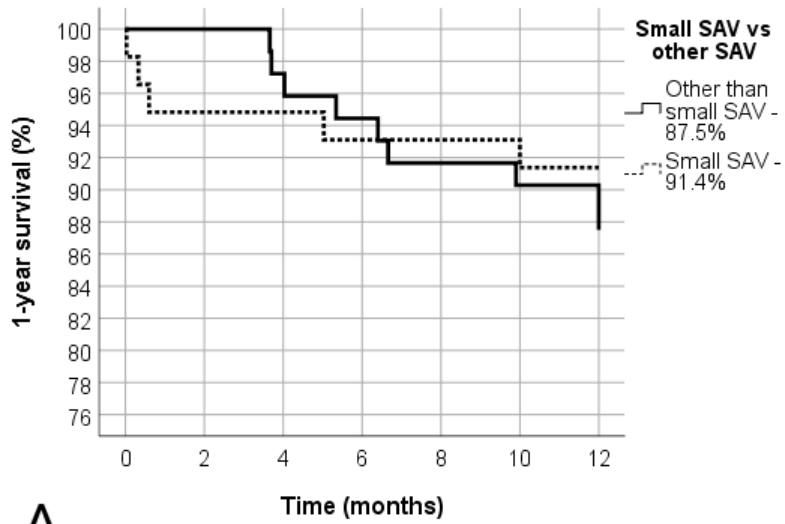
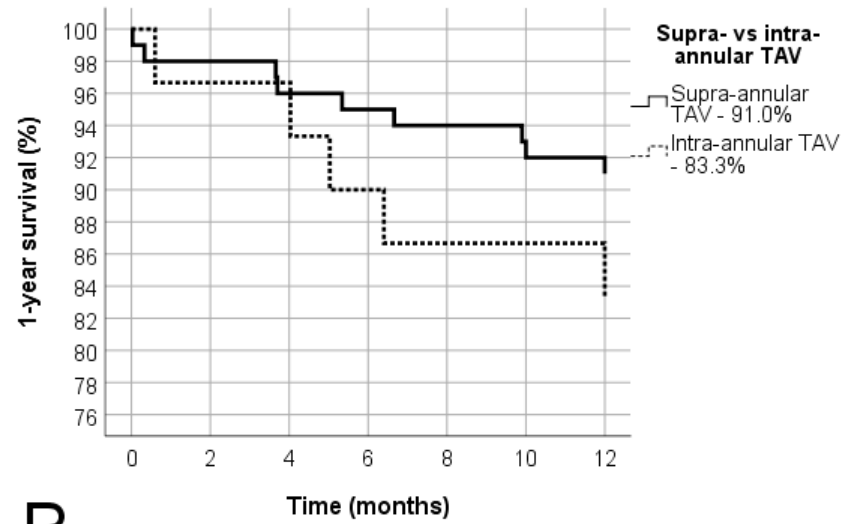


Figure S3. All-cause and cardiovascular mortality in different subgroups. A. Failed small (≤ 21 mm) vs large [>21 mm] surgical aortic valves, B. The use of supra-annular vs intra-annular transcatheter aortic valve, C. Surgical aortic valve stenosis at baseline vs regurgitation or mixed disease. SAV, surgical aortic valve; TAV, transcatheter aortic valve; HR, hazard ratio for second-generation TAVI use in multivariable analysis.



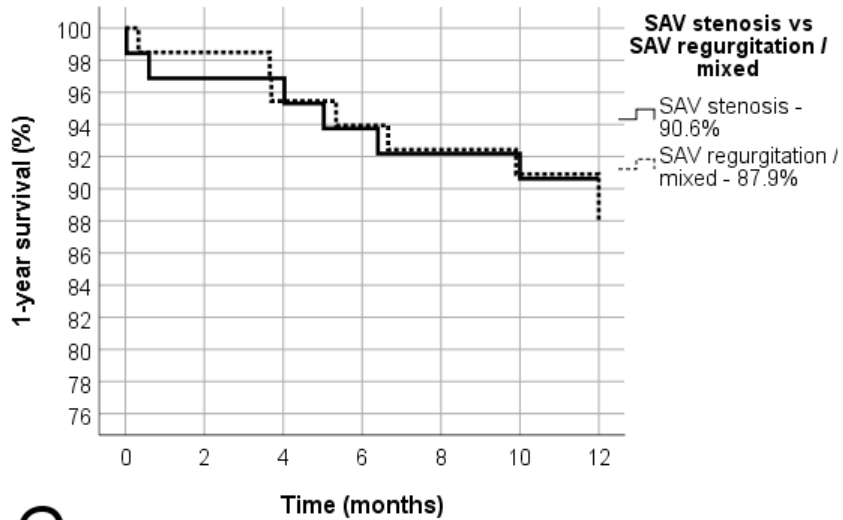
A

All-cause death, Log-rank (Mantel-Cox) $p=0.52$



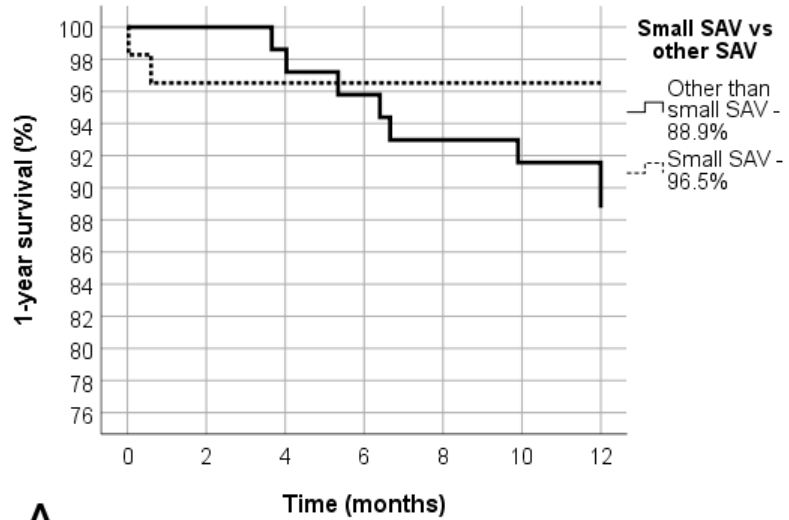
B

All-cause death, Log-rank (Mantel-Cox) $p=0.24$

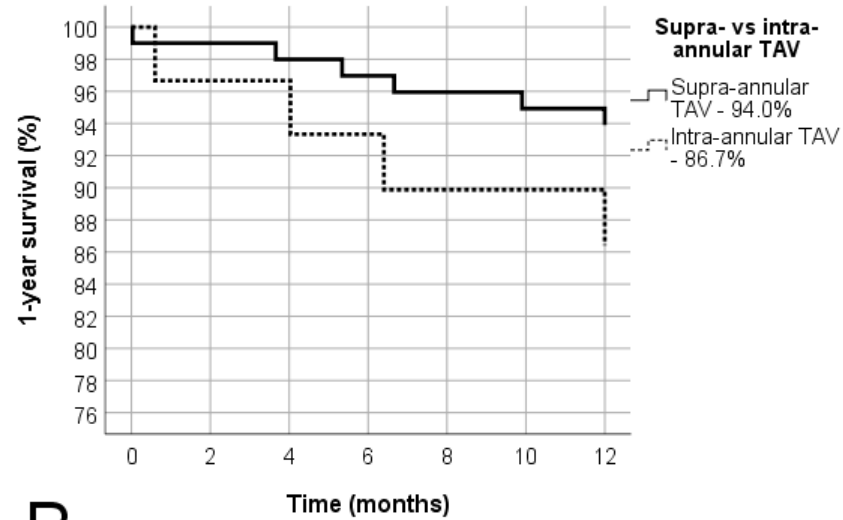


C

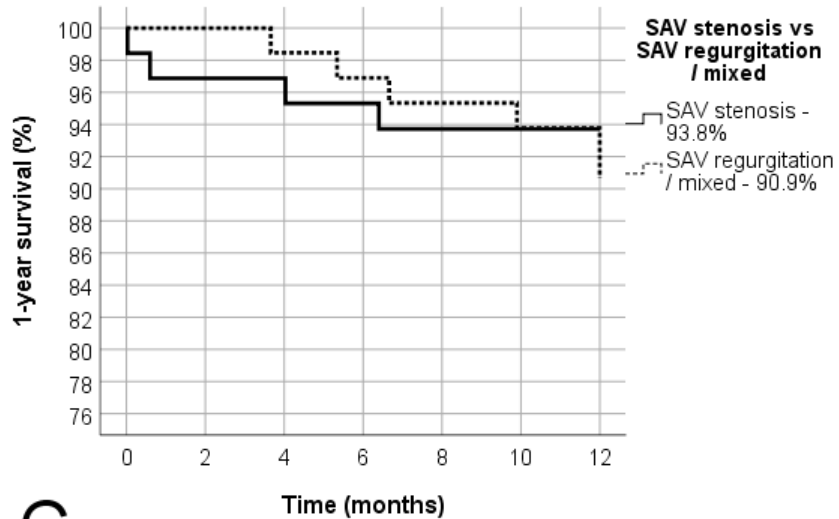
All-cause death, Log-rank (Mantel-Cox) $p=0.64$



A
Cardiovascular death, Loq-rank (Mantel-Cox) $p=0.12$

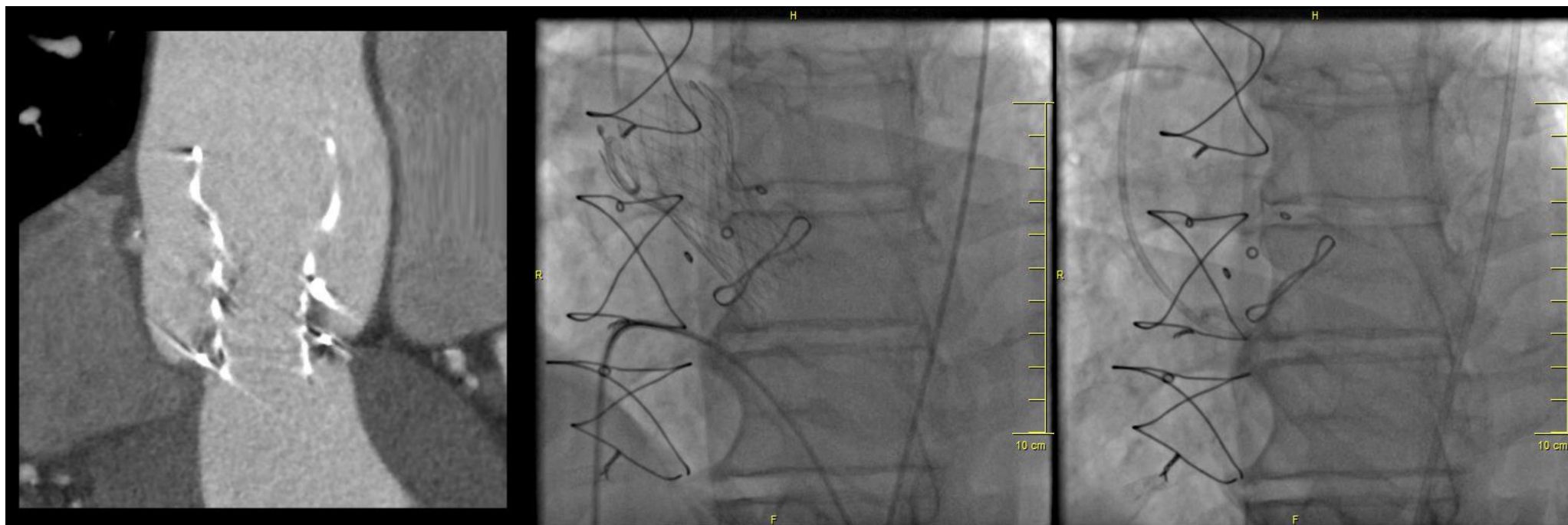


B
Cardiovascular death, Loq-rank (Mantel-Cox) $p=0.18$

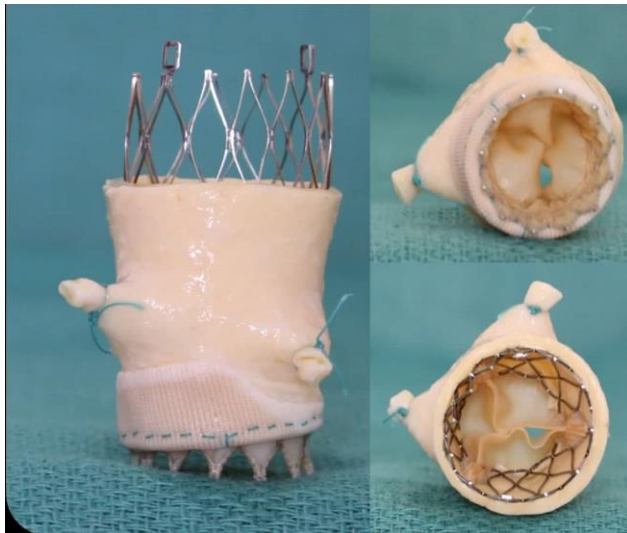
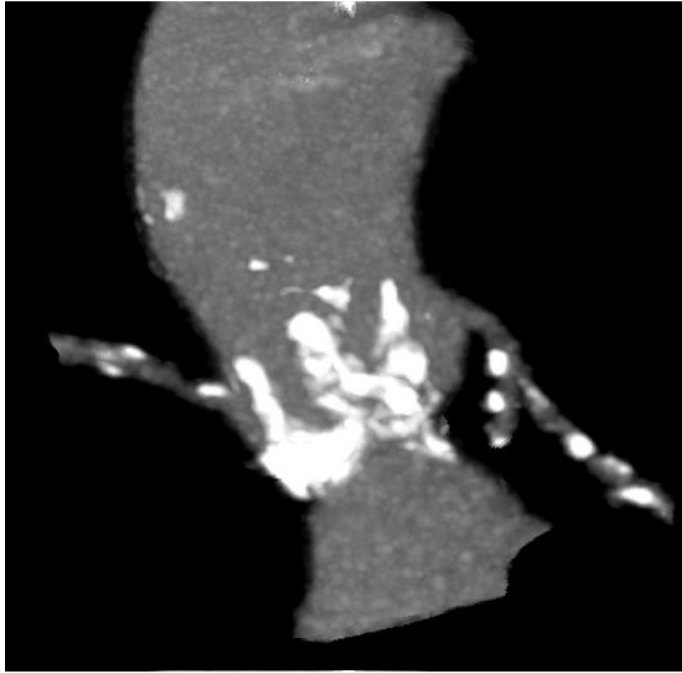


C
Cardiovascular death, Loq-rank (Mantel-Cox) $p=0.56$

Figure S4. A. Preprocedural CT and pre- and post-op fluoroscopic presentation of 26-mm Evolut R into 25-mm stented Hancock II valve-in-valve implantation (ex vivo image from Clinical Atlas of Transcatheter Aortic Valve Therapies “Valve in Valve Aortic app” by *UBQO and Dr. Vinayak (Vinnie) Bapat*)



B. Preprocedural CT and pre- and post-op fluoroscopic presentation of 26-mm Evolut R into 25-mm stentless Toronto valve-in-valve implantation (ex vivo image from Clinical Atlas of Transcatheter Aortic Valve Therapies “Valve in Valve Aortic app” by *UBQO and Dr. Vinayak (Vinnie) Bapat*).



C. Preprocedural 3D CT and pre- and post-op fluoroscopic presentation of 23-mm Evolut R into 21-mm stented Trifecta valve-in-valve implantation (ex vivo image from Clinical Atlas of Transcatheter Aortic Valve Therapies “Valve in Valve Aortic app” by *UBQO and Dr. Vinayak (Vinnie) Bapat*).

