were established by the area under the systolic and diastolic part of the velocity curve.

Results: Cycle-average Ptc, Uc and MR did not change acutely with TAVI aortic valve pressure increased from 63±5 to 71±5 mmHg (p<0.05). Systolic VTI increased by 25% from 2.7±0.3 to 3.3±0.4 cm and diastolic VTI decreased by 13% from 8.1±0.9 to 7.0±0.9 cm (p<0.05). As a result, FW waves markedly improved: FCW increased from 6.4±2.6 to 11.5±1.6 cm/s±2 and FEW from 1.9±1.7 to 5.0±1.4 cm/s±2 (p<0.005). The increase in FCW was related to the augmentation in systolic VTI (p<0.7; p<0.05). TAVI did not alter the BW waves.

Conclusion: In contrast to earlier studies, removal of the AVS substantially improves forward waves, without a change in mean coronary perfusion or pressure. The backward waves are not reduced after TAVI. Longer term remodelling and reduced LV wall stress will likely improve ventricular mechanics, hence augmenting the BW waves and coronary perfusion.

P541 | BEDSIDE
Mid-term prognostic value of coronary artery disease in patients undergoing transcatheter aortic valve implantation: a meta-analysis of adjusted observational results
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Aims: Coronary Artery Disease (CAD) negatively affects prognosis in patients undergoing surgical aortic valve replacement, consequently being appraised in the most common used risk score. Our meta-analysis aims to clarify the association of CAD on mid-term survival in patients undergoing TAVI.

Methods and results: A systematic literature review was performed looking for studies reporting multivariate predictors of adverse outcomes in patients undergoing TAVI and pooled, when appropriate, using a random-effect method. 960 citations were first screened and finally 7 studies (2472 patients) were included. Diagnosis of CAD was reported in 37% to 51% of patients and 1169 Edwards SAPIEN and 1303 CoreValve prostheses were implanted. Follow-up time was 452 (357-585) days. After a median follow up of 452 days (357-585) 24% of patients (19-33) died, and 23 (14-32) for cardiovascular death which was mentioned 452 (357-585) days. After a median follow up of 452 days (357-585) 24% of patients (19-33) died, and 23 (14-32) for cardiovascular death which was mentioned 452 (357-585) days. After a median follow up of 452 days (357-585) 24% of patients (19-33) died, and 23 (14-32) for cardiovascular death which was mentioned 452 (357-585) days. After a median follow up of 452 days (357-585) 24% of patients (19-33) died, and 23 (14-32) for cardiovascular death which was mentioned 452 (357-585) days. After a median follow up of 452 days (357-585) 24% of patients (19-33) died, and 23 (14-32) for cardiovascular death which was mentioned 452 (357-585) days.

Conclusions: CAD does not affect mid-term TAVI outcome, and this finding should be weighted to accurately evaluate risk and strategies for patients with severe aortic stenosis.

P541 | BEDSIDE
Effect of sex differences on one-year mortality after transcatheter aortic valve implantation for severe aortic stenosis: results from a multi-centre real-world registry
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Aims: The backward waves are not reduced after TAVI. Longer term remodeling and reduced LV wall stress will likely improve ventricular mechanics, hence augmenting the BW waves and coronary perfusion.

Methods: Consecutive patients (n=1432) undergoing TAVI in the period between January 2009 and June 2010 in Germany, were evaluated. Differences in all-cause mortality were examined with Kaplan-Meier estimates and proportional hazards models.

Results: Women comprised 57.8% of the cohort. The Edwards-Sapien valve (18.5%) and CoreValve (81.5%) were used through the transfemoral (87.7%), subclavian (3.0%), transapical (8.6%), or transaortic approach (0.7%). At baseline, women had higher aortic gradients and were older. Men had more comorbidities: previous myocardial infarction, prior revascularization, prior coronary artery bypass surgery, peripheral arterial vascular disease and chronic obstructive pulmonary disease. Women had more peri-procedural vascular complications in comparison to men (25.2% vs. 17.2%, p<0.001). There was no significant difference in mortality at 30-day follow up (7.6% for women vs. 8.6% for men, p=0.55). The adjusted odds ratio for one-year all-cause mortality favored women, 0.73 (95% confidence interval: 0.58 to 0.9) with mortality rate 17.3% versus 23.6% for men.

Conclusions: Female sex is associated with better one-year survival after TAVI. These results suggest that TAVI might be the preferred treatment option for elderly women with symptomatic severe aortic stenosis.