SUPPLEMENTAL MATERIAL

Table S1. Univariable associations with mortality between 30 days and 1 year.

	HR (95% CI)	p-value
Clinical Variables		
TAVR (vs. SAVR)	0.75 (0.58-0.97)	0.0272
Age (per 5 year increase)	1.22 (1.11-1.34)	< 0.0001
Female Sex (Female vs male)	0.99 (0.78-1.26)	0.9498
BMI	0.95 (0.93-0.97)	< 0.0001
NYHA (III/IV vs. I/II)	2.50 (1.77-3.52)	< 0.0001
STS PROM	1.10 (1.08-1.12)	< 0.0001
Diabetes mellitus	1.06 (0.83-1.35)	0.6280
Creatinine level >2 mg/dl	1.62 (0.91-2.89)	0.1017
History of HTN	1.26 (0.77-2.07)	0.3484
Peripheral vascular disease	1.47 (1.15-1.86)	0.0017
Prior stroke	1.55 (1.11-2.18)	0.0109
On home oxygen	3.47 (2.66-4.52)	< 0.0001
Coronary artery disease	1.47 (1.11-1.94)	0.0068
Prior CABG	1.00 (0.76-1.31)	0.9892
Prior PCI	1.17 (0.91-1.52)	0.2165
Prior MI	1.24 (0.94-1.63)	0.1342
Prior Afib/flutter	2.33 (1.84-2.95)	< 0.0001
Liver cirrhosis	2.33 (1.15-4.70)	0.0186
Immunosuppressive therapy	1.76 (1.27-2.43)	0.0007
5 meter gait speed (per 1 sec increase)	1.01 (1.01-1.01)	< 0.0001
MMSE (per 1 point lower)	1.05 (1.09-1.01)	0.0142
Does not live independently	2.98 (2.23-4.00)	< 0.0001
ADL deficits (per 1 less deficit)	0.71 (0.77-0.65)	< 0.0001
Discharge echo parameters		
Ejection fraction	0.99 (0.98-1.00)	0.0200
LV mass index	1.00 (1.00-1.01)	0.5333
Mean gradient across aortic valve	1.00 (0.98-1.03)	0.7354

Total aortic regurgitation (moderate/severe vs none/trace/mild)	1.60 (1.00-2.56)	0.0482
Mitral regurgitation (moderate/severe vs. none/trace/mild)	1.70 (1.13-2.55)	0.0102
E/e' (mitral inflow E / average of mitral annular tissue Doppler early diastolic velocity at the septum and lateral walls)	1.02 (1.01-1.04)	0.0046
Discharge medications		
Diuretics	1.88 (1.34-2.62)	0.0002
Beta blockers	1.01 (0.76-1.33)	0.9685
ACE inhibitors	1.01 (0.80-1.29)	0.9056
Angiotensin receptor blockers	0.68 (0.47-0.98)	0.0380
Clinical events (between procedure and 30 days)		
Early Reintervention (surgical or percutaneous)	4.52 (1.69-12.13)	0.0027
Early Stroke (any)	2.23 (1.44-3.45)	0.0003
Early Life threatening or disabling bleed	2.55 (1.88-3.46)	< 0.0001
Early Major bleed	2.08 (1.58-2.75)	< 0.0001
Early Major vascular complication	1.42 (0.84-2.39)	0.1855
Early Acute kidney injury	2.69 (2.01-3.58)	< 0.0001
Early Myocardial infarction	3.44 (1.28-9.23)	0.0142
New permanent pacemaker (in someone without one previously)	1.14 (0.82-1.59)	0.4348

Table S2. Multivariable model for factors associated with mortality between 30 days and 1 year*.

	HR (95% CI)	p-value
Clinical Variables		
TAVR (vs. SAVR)**	0.82 (0.56, 1.21)	0.31
BMI	0.94 (0.91, 0.97)	0.0004
NYHA (III/IV vs. I/II)	2.26 (1.35, 3.76)	0.0018
Peripheral vascular disease	1.40 (0.98, 1.99)	0.0017
Prior stroke	1.55 (1.11-2.18)	0.0615
On home oxygen	2.49 (1.58, 3.94)	<0.0001
Prior Afib/flutter	1.99 (1.41, 2.82)	<0.0001
Liver cirrhosis	2.46 (0.89, 6.82)	0.0835
Immunosuppressive therapy	1.70 (1.06, 2.73)	0.0286
5 meter gait speed	1.01 (1.00-1.01)	0.0060
Does not live independently	1.62 (0.95, 2.77)	0.0765
Clinical events (between procedure and 30 days)		
Early Stroke (any)	2.00 (1.01, 3.96)	0.0482
Early Life threatening or disabling bleed	1.68 (1.01, 2.78)	0.0457
Early Major bleed	1.75 (1.15, 2.66)	0.0095
Early Acute kidney injury	2.84 (1.81, 4.46)	<0.0001
Early Myocardial infarction	7.62 (3.80, 15.29)	<0.0001

*Based on stepwise selection (entry/stay criteria of 0.1/0.1) of variable with a univariable association ($p<0.10$) with mortality between 30 days and 1 year (Table S1).
**TAVR (vs. SAVR) was forced into the model.

Table S3. Blood pressure at baseline, discharge, and 30 days.

	All patients (n=2897)	TAVR (n=1794)	SAVR (n=1103)
SBP (mmHg)			
Baseline (pre-AVR)	n=2894	n=1792	n=1102
Mean ± SD	135.5 ± 20.0	134.2 ± 19.0	137.7 ± 21.3
Discharge (post-AVR)	n=2894	n=1792	n=1102
Mean ± SD	129.6 ± 18.1	130.8 ± 17.7	127.6 ± 18.5
30 days (post-AVR)	n=2792	n=1751	n=1041
Mean ± SD	135.0 ± 20.0	136.9 ± 20.4	131.8 ± 19.0
DBP (mmHg)			
Baseline (pre-AVR)	n=2894	n=1792	n=1102
Mean ± SD	68.9 ± 10.6	68.0 ± 10.2	70.5 ± 11.2
Discharge (post-AVR)	n=2894	n=1792	n=1102
Mean ± SD	61.9 ± 11.3	60.7 ± 11.2	64.0 ± 11.0
30 days (post-AVR)	n=2791	n=1750	n=1041
Mean ± SD	66.9 ± 11.1	66.0 ± 11.3	68.5 ± 10.8

TAVR, transcatheter aortic valve replacement; SAVR, surgical aortic valve replacement; SBP, systolic blood pressure; AVR, aortic valve replacement; DBP, diastolic blood pressure.

Table S4. All-cause and Cardiovascular Mortality rates from 30 Days to 1 Year According to Early Post-AVR Diastolic Blood Pressure (DBP).

Early Post-AVR DBP (mmHg)	N	All-cause mortality rate (n)	Cardiovascular mortality rate (n)
TAVR and SAVR combined			
30 to <40	13	38.5% (5)	38.5% (5)
40 to <50	129	23.0% (29)	18.7% (23)
50 to <60	725	12.5% (89)	8.5% (60)
60 to <70	1272	7.6% (95)	4.4% (54)
70 to <80	623	8.2% (50)	4.8% (29)
80 to <90	125	6.6% (8)	2.6% (3)
90 to <100	9	12.5% (1)	12.5% (1)
TAVR alone			
30 to <40	12	33.3% (4)	33.3% (4)
40 to <50	98	21.7% (21)	17.8% (17)
50 to <60	502	13.1% (65)	8.6% (42)
60 to <70	781	8.0% (62)	5.0% (38)
70 to <80	341	9.8% (33)	5.1% (17)
80 to <90	57	7.3% (4)	2.0% (1)
90 to <100	3	33.3% (1)	33.3% (1)
SAVR alone			
30 to <40	1	100.0% (1)	100.0% (1)
40 to <50	31	26.8% (8)	21.6% (6)
50 to <60	223	11.1% (24)	8.5% (18)
60 to <70	491	6.9% (33)	3.4% (16)
70 to <80	282	6.2% (17)	4.4% (12)
80 to <90	68	6.0% (4)	3.1% (2)
90 to <100	6	0.0% (0)	0.0% (0)

AVR, aortic valve replacement; TAVR, transcatheter aortic valve replacement; SAVR, surgical aortic valve replacement.

Table S5. All-cause and Cardiovascular Mortality rates from 30 Days to 1 Year According to Early Post-AVR Systolic Blood Pressure (SBP).

Early Post-AVR SBP (mmHg)	N	All-cause mortality rate (n)	Cardiovascular mortality rate (n)
TAVR and SAVR combined			
90 to <100	23	26.1% (6)	9.4% (2)
100 to <110	151	16.1% (24)	13.0% (19)
110 to <120	448	12.9% (57)	8.8% (38)
120 to <130	700	8.9% (61)	5.1% (35)
130 to <140	705	8.8% (61)	5.9% (40)
140 to <150	491	7.7% (37)	4.6% (22)
150 to <160	260	9.0% (23)	5.6% (14)
160 to <170	83	6.1% (5)	3.7% (3)
170 to <180	36	8.5% (3)	5.7% (2)
TAVR alone			
90 to <100	15	20.0% (3)	6.7% (1)
100 to <110	79	20.4% (16)	18.1% (14)
110 to <120	228	13.7% (31)	7.8% (17)
120 to <130	405	9.9% (40)	6.5% (26)
130 to <140	469	10.1% (47)	6.6% (30)
140 to <150	324	8.7% (28)	5.6% (18)
150 to <160	188	9.7% (18)	5.5% (10)
160 to <170	61	8.3% (5)	5.1% (3)
170 to <180	25	8.3% (2)	4.3% (1)
SAVR alone			
90 to <100	8	37.5% (3)	16.7% (1)
100 to <110	72	11.4% (8)	7.3% (5)
110 to <120	220	12.1% (26)	9.9% (21)
120 to <130	295	7.4% (21)	3.2% (9)
130 to <140	236	6.1% (14)	4.4% (10)
140 to <150	167	5.7% (9)	2.5% (4)

150 to <160	72	7.1% (5)	5.8% (4)
160 to <170	22	0.0% (0)	0.0% (0)
170 to <180	11	9.1% (1)	9.1% (1)

AVR, aortic valve replacement; TAVR, transcatheter aortic valve replacement; SAVR, surgical aortic valve replacement.

Table S6. Clinical Outcomes According to Early Post-AVR DBP and SBP (all TAVR and SAVR patients).

Early Post-AVR Diastolic Blood Pressure (DBP)						
	Adjusted* HR (95% CI) for each group compared to referent 60 to <80 (additionally adjusted for early post-AVR SBP)					
Early Post-AVR DBP (mmHg)	30 day to 1 year all-cause mortality	30 day to 1 year cardiovascular mortality	30 day to 1 year NON-cardiovascular mortality	30 day to 1 year aortic valve hospitalization	30 day to 1 year stroke (all)	30 day to 1 year myocardial infarction (spontaneous)
30 to <60	1.51 (1.13, 2.01)	2.02 (1.41, 2.88)	0.84 (0.50, 1.41)	1.49 (1.09, 2.05)	1.39 (0.81, 2.41)	1.32 (0.47, 3.74)
60 to <80 (reference)	1.0	1.0	1.0	1.0	1.0	1.0
80 to <100	1.30 (0.63, 2.70)	0.85 (0.26, 2.75)	1.91 (0.74, 4.96)	1.18 (0.51, 2.71)	0.35 (0.05, 2.58)	3.12 (0.66, 14.79)
Early Post-AVR Systolic Blood Pressure (SBP)						
	Adjusted* HR (95% CI) for each group compared to referent 120 to <150 (additionally adjusted for early post-AVR DBP)					
Early Post-AVR SBP (mmHg)	30 day to 1 year all-cause mortality	30 day to 1 year cardiovascular mortality	30 day to 1 year NON-cardiovascular mortality	30 day to 1 year aortic valve hospitalization	30 day to 1 year stroke (all)	30 day to 1 year myocardial infarction (spontaneous)
90 to <120	1.41 (1.03, 1.92)	1.44 (0.99, 2.10)	1.36 (0.79, 2.34)	1.33 (0.93, 1.88)	0.95 (0.50, 1.79)	2.40 (0.78, 7.33)
120 to <150 (reference)	1.0	1.0	1.0	1.0	1.0	1.0
150 to <180	1.18 (0.75, 1.86)	1.25 (0.70, 2.23)	1.05 (0.51, 2.19)	0.93 (0.55, 1.56)	1.29 (0.61, 2.72)	1.04 (0.28, 3.87)

*Adjusted for TAVR (vs. SAVR), BMI, NYHA (III/IV vs. I/II), peripheral vascular disease, on home oxygen, prior Atrial fibrillation/flutter, liver cirrhosis, immunosuppressive therapy, 5 meter gait speed (per 1 sec increase), does not live independently,

early stroke (any), early life threatening or disabling or major bleed, early acute kidney injury, early myocardial infarction. Early was the period between the procedure and 30 days. AVR, aortic valve replacement; TAVR, transcatheter aortic valve replacement; SAVR, surgical aortic valve replacement; BMI, body mass index; NYHA, New York Heart Association.

Table S7. All-Cause Mortality (30 days to 1 year) – Sub-group Analyses for Early Post-AVR Diastolic Blood Pressure (DBP) in the Full Cohort (TAVR + SAVR patients).

Interaction Variable	Interaction p-value
TAVR vs. SAVR	0.82
Patient Risk (extreme, high, intermediate)	0.37
Age	0.17
Sex	0.58
Baseline DBP	0.53
Early Post-AVR Heart Rate	0.99
Early Post-AVR SBP	0.24
Early Post-AVR PP	0.56
Discharge SAC	0.06
Discharge SVR	0.61
Discharge SVI	0.72
Discharge Total AR (moderate/severe vs. none/trace/mild)	0.27
Discharge Ejection Fraction	0.64
Discharge LV mass index	0.04
Creatinine level >2 mg/dl	0.45
Coronary Artery Disease	0.84
Diabetes Mellitus	0.19
Number of Blood Pressure Medications at Discharge	0.39
Ascending Aorta Dimension	0.26
Sinotubular Junction Dimension	0.18
Aortic Annulus Dimension	0.054
Sinuses of Valsalva WIDTH	0.32
Sinuses of Valsalva HEIGHT	0.04
Aortic Root Angulation (in degrees)	0.41
Valve Size (TAVR patients only)	0.99
Type of TAVR valve (CoreValve vs. Evolut R)	0.74
Valve Size (SAVR patients only)	0.95

5 meter gait speed	0.70
Fall in past 6 months	0.09
Does not live independently	0.79
BMI <21 (kg/m^2)	0.15

Early Post-AVR diastolic blood pressure (DBP) categories were defined as 30 to <60mmHg, 60 to <80mmHg, and 80 to <100mmHg. Interactions assessed in Cox proportional hazards models. Interactions with $p<0.05$ were considered significant and further assessed with hazard ratios shown for each subgroup in Table S8. Abbreviations: AVR, aortic valve replacement; TAVR, transcatheter aortic valve replacement; SAVR, surgical aortic valve replacement; SBP, systolic blood pressure; PP, pulse pressure: SAC, systemic arterial compliance: SVR, systemic vascular resistance: SVI, stroke volume index: AR, aortic regurgitation; LV, left ventricular; BMI, body mass index.

Table S8. All-Cause Mortality (30 days to 1 year) – Sub-group Analyses for Early Post-AVR Diastolic Blood Pressure (DBP) in the Full Cohort (TAVR + SAVR patients). Additional information on significant interactions seen in Table S7.

	Early Post-AVR DBP 30 to <60mmHg		Early Post-AVR DBP 60 to <80mmHg		Early Post-AVR DBP 80 to <100mmHg		HR (95% CI) Early Post-AVR DBP 30 to <60 vs. 60 to <80	HR (95% CI) Early Post-AVR DBP 80 to <100 vs. 60 to <80	Interaction p-value
	N	KM mortality rate (#)	N	KM mortality rate (#)	N	KM mortality rate (#)			
Discharge LV mass index (≤ vs. > median)									
≤ Median	265	16.9% (44)	572	8.1% (46)	42	2.4% (1)	2.21 (1.46, 3.35)	0.29 (0.04, 2.08)	0.14
> Median	291	15.7% (45)	551	10.7% (58)	36	14.3% (5)	1.52 (1.03, 2.25)	1.28 (0.52, 3.20)	
Sinuses of Valsalva HEIGHT (≤ vs. > median)									
≤ Median	382	13.9% (52)	768	8.6% (65)	56	5.5% (3)	1.69 (1.18, 2.44)	0.61 (0.19, 1.95)	0.38
> Median	369	15.6% (57)	792	7.2% (56)	57	9.1% (5)	2.31 (1.60, 3.34)	1.25 (0.50, 3.11)	

AVR, aortic valve replacement; TAVR, transcatheter aortic valve replacement; SAVR, surgical aortic valve replacement; KM, Kaplan Meier; LV, left ventricular; HR, hazard ratio; CI, confidence interval.

Table S9. All-Cause Mortality (30 days to 1 year) – Sub-group Analyses for Early Post-AVR Systolic Blood Pressure (SBP) in the Full Cohort (TAVR + SAVR patients).

Interaction Variable	Interaction p-value
TAVR vs. SAVR	0.76
Patient Risk (extreme, high, intermediate)	0.39
Age	0.87
Sex	0.95
Baseline SBP	0.23
Early Post-AVR Heart Rate	0.15
Early Post-AVR DBP	0.65
Early Post-AVR PP	0.71
Discharge SAC	0.06
Discharge SVR	0.21
Discharge SVI	0.25
Discharge Total AR (moderate/severe vs. none/trace/mild)	0.99
Discharge Ejection Fraction	0.16
Discharge LV mass index	0.27
Creatinine level >2 mg/dl	0.55
Coronary Artery Disease	0.28
Diabetes Mellitus	0.04
Number of Blood Pressure Medications at Discharge	0.73
Ascending Aorta Dimension	0.85
Sinotubular Junction Dimension	0.25
Aortic Annulus Dimension	0.75
Sinuses of Valsalva WIDTH	0.66
Sinuses of Valsalva HEIGHT	0.78
Aortic Root Angulation (in degrees)	0.64
Valve Size (TAVR patients only)	0.93
Type of TAVR valve (CoreValve vs. Evolut R)	0.82
Valve Size (SAVR patients only)	0.74

5 meter gait speed	0.81
Fall in past 6 months	0.48
Does not live independently	0.64
BMI <21 (kg/m^2)	0.60

Early Post-AVR systolic blood pressure categories were defined as 90 to <120mmHg, 120 to <150mmHg, and 150 to <180mmHg. Interactions assessed in Cox proportional hazards models. Interactions with $p<0.05$ were considered significant and further assessed with hazard ratios shown for each subgroup in Table S10. AVR, aortic valve replacement; TAVR, transcatheter aortic valve replacement; SAVR, surgical aortic valve replacement; DBP, diastolic blood pressure; PP, pulse pressure: SAC, systemic arterial compliance: SVR, systemic vascular resistance: SVI, stroke volume index: AR, aortic regurgitation; LV, left ventricular; BMI, body mass index.

Table S10. All-Cause Mortality (30 days to 1 year) – Sub-group Analyses for Early Post-AVR Systolic Blood Pressure (SBP) in the Full Cohort (TAVR + SAVR patients). Additional information on significant interactions seen in Table S9.

	Early Post-AVR SBP 90 to <120mmHg		Early Post-AVR SBP 120 to <150mmHg		Early Post-AVR SBP 150 to <180mmHg		HR (95% CI) Early Post-AVR SBP 90 to <120 vs. 120 to <150	HR (95% CI) Early Post-AVR SBP 150 to <180 vs. 120 to <150	Interaction p-value
	N	KM mortality rate (#)	N	KM mortality rate (#)	N	KM mortality rate (#)			
Diabetes Mellitus									
Yes	208	13.3% (27)	717	8.5% (60)	146	13.4% (19)	1.62 (1.03, 2.55)	1.55 (0.93, 2.60)	0.04
No	414	14.6% (60)	1179	8.5% (99)	233	5.2% (12)	1.79 (1.30, 2.47)	0.60 (0.33, 1.09)	

AVR, aortic valve replacement; TAVR, transcatheter aortic valve replacement; SAVR, surgical aortic valve replacement; KM, Kaplan Meier; HR, hazard ratio; CI, confidence interval.

Table S11. Blood Pressure Medication Utilization at discharge and 30 days based on Early Post-AVR Diastolic Blood Pressure (DBP).

	DBP 30 to <60	DBP 60 to <80	DBP 80 to 100
Discharge medications			
Diuretics (%)	81	75	73
Beta-blockers (%)	79	77	81
Angiotensin-converting-enzyme (ACE) inhibitors (%)	36	38	49
Angiotensin II receptor blockers (ARBs) (%)	16	17	16
On 1 or more of the following: Beta blocker, ACE inhibitors, or ARB (%)	89	87	93
On 2 or more of the following: Beta blocker, ACE inhibitors, or ARB (%)	41	43	52
30 day medications			
Diuretics (%)	31	38	46
Beta-blockers (%)	34	42	49
ACE inhibitors (%)	17	21	32
ARBs (%)	8	11	10
On 1 or more of the following: Beta blocker, ACE inhibitors, or ARB (%)	39	48	57
On 2 or more of the following: Beta blocker, ACE inhibitors, or ARB (%)	19	25	34

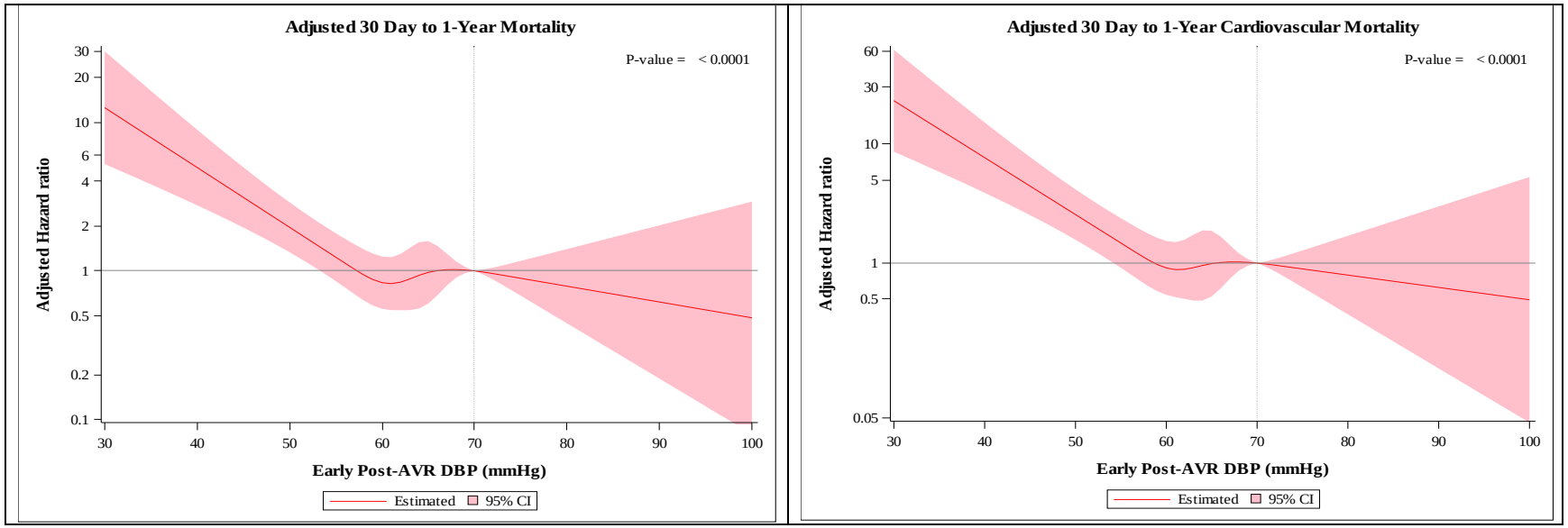
Data reported as % of patients in each DBP category taking the medication(s) at discharge or 30 days.
AVR, aortic valve replacement.

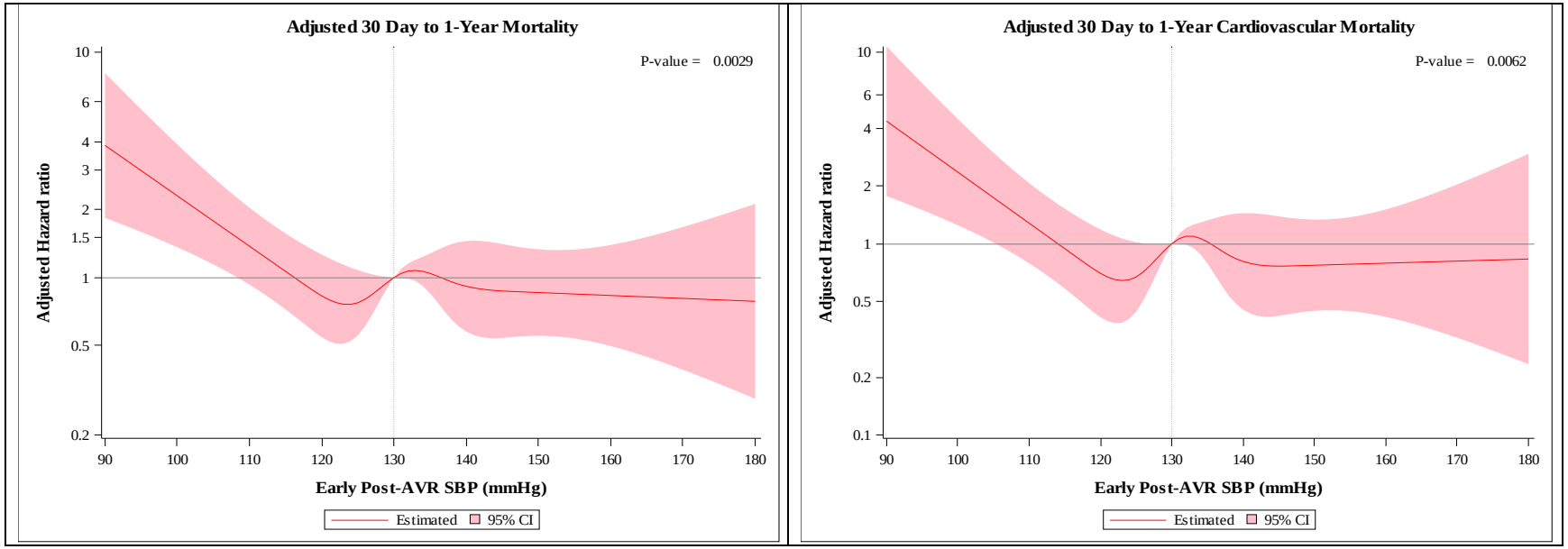
Table S10. Blood Pressure Medication Utilization at discharge and 30 days based on Early Post-AVR Systolic Blood Pressure (SBP).

	SBP 90 to <120	SBP 120 to <150	SBP 150 to 180
Discharge medications			
Diuretics (%)	81	76	70
Beta-blockers (%)	81	77	76
Angiotensin-converting-enzyme (ACE) inhibitors (%)	36	39	40
Angiotensin II receptor blockers (ARBs) (%)	12	17	23
On 1 or more of the following: Beta blocker, ACE inhibitors, or ARB (%)	87	89	88
On 2 or more of the following: Beta blocker, ACE inhibitors, or ARB (%)	40	42	48
30 day medications			
Diuretics (%)	37	36	38
Beta-blockers (%)	40	39	42
ACE inhibitors (%)	19	21	24
ARBs (%)	6	10	15
On 1 or more of the following: Beta blocker, ACE inhibitors, or ARB (%)	43	45	51
On 2 or more of the following: Beta blocker, ACE inhibitors, or ARB (%)	22	23	29

Data reported as % of patients in each SBP category taking the medication(s) at discharge or 30 days.

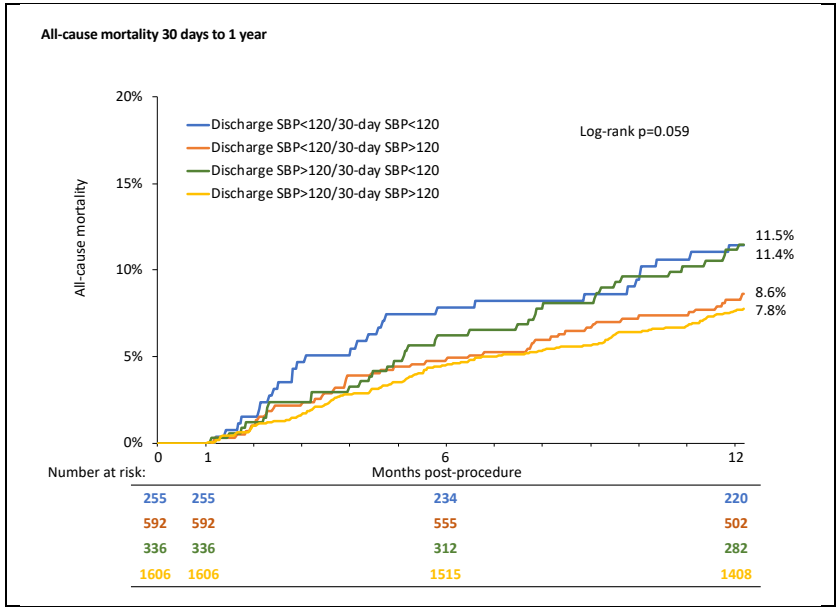
Figure S1. Post-AVR Diastolic and Systolic Blood Pressures and Mortality (excluding patients with moderate or severe total AR on the discharge echocardiogram) (Sensitivity Analysis).

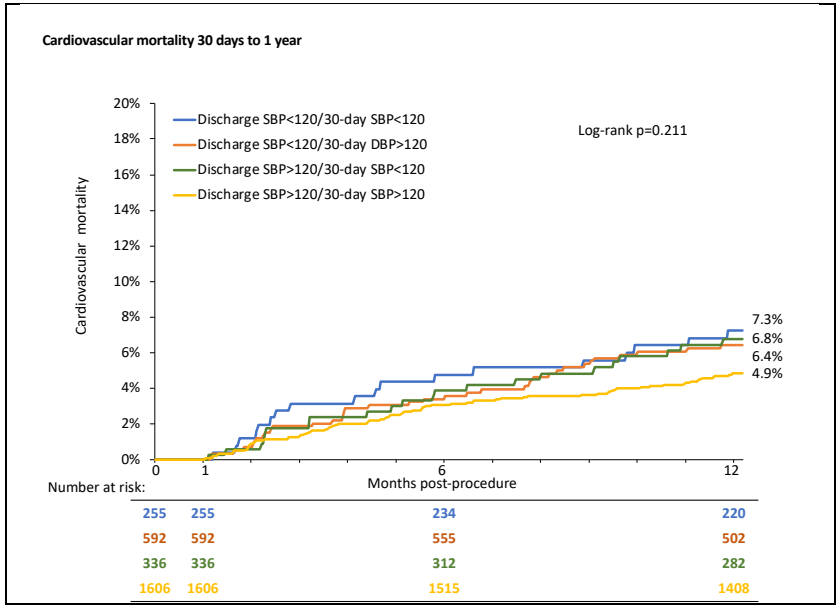




Cox proportional hazard models were performed using restricted cubic splines technique. The association between early post-AVR diastolic blood pressure (DBP) and all-cause (a) and cardiovascular (b) 30 day to 1 year mortality are shown as well as the association between early post-AVR systolic blood pressure (SBP) and all-cause (c) and cardiovascular (d) 30 day to 1 year mortality. Adjustment was made for: TAVR (vs. SAVR), BMI, NYHA (III/IV vs. I/II), peripheral vascular disease, home oxygen use, prior atrial fibrillation/flutter, liver cirrhosis, immunosuppressive therapy, 5 meter gait speed, independent living, early stroke, early life threatening or disabling or major bleed, acute kidney injury, and early myocardial infarction. AVR, aortic valve replacement; TAVR, transcatheter aortic valve replacement; SAVR, surgical aortic valve replacement; BMI, body mass index; NYHA, New York Heart Association.

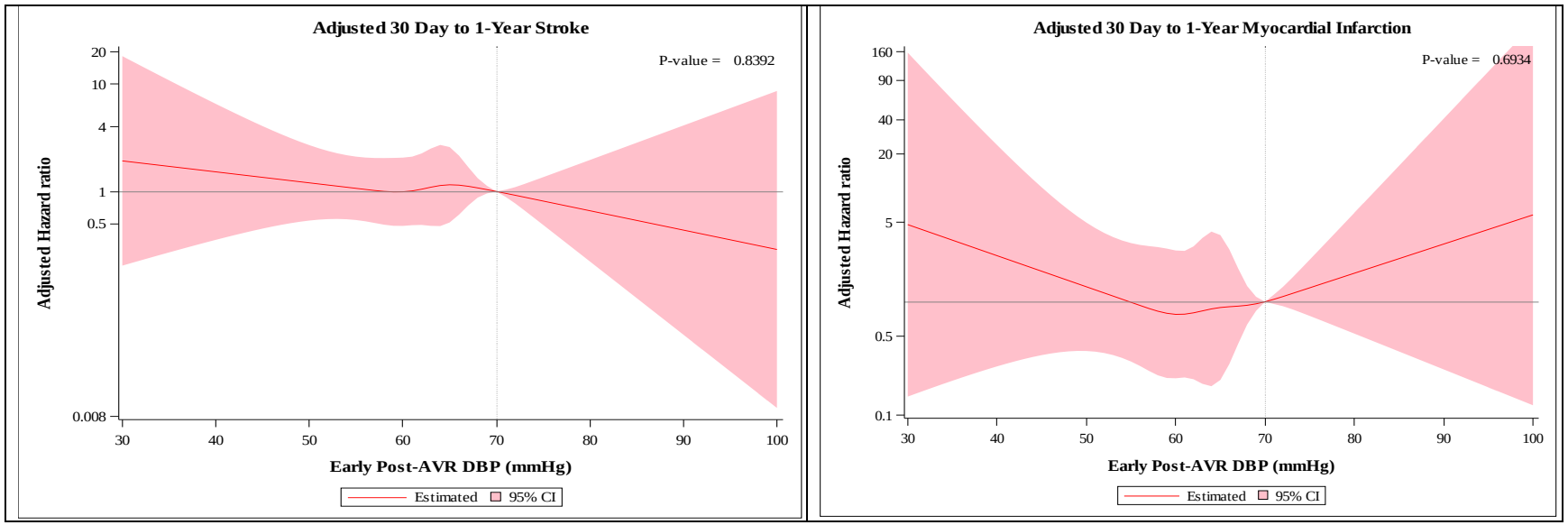
Figure S2. Discharge and 30 Day Systolic Blood Pressure and Outcomes.





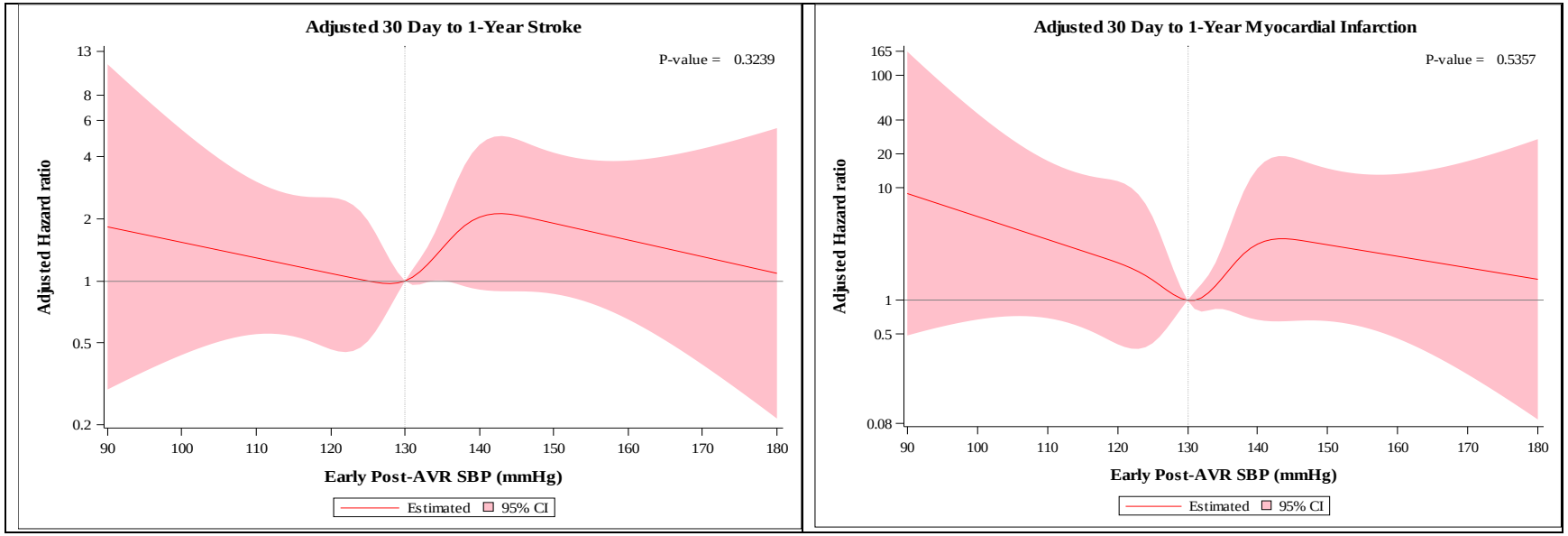
Kaplan-Meier curves are shown for all-cause (a) and cardiovascular (b) mortality between 30 days and 1 year for diastolic blood pressure (DBP) groups defined by discharge systolic blood pressure (SBP) ≥120 versus <120 mmHg and 30-day SBP ≥120 versus <120 mmHg.

Figure S3. Post-AVR Diastolic Blood Pressures and Clinical Outcomes.



Cox proportional hazard models were performed using restricted cubic splines technique. The associations between early post-AVR diastolic blood pressure (DBP) and stroke (a) and myocardial infarction (b) between 30 days and 1 year are shown. Adjustment was made for: TAVR (vs. SAVR), BMI, NYHA (III/IV vs. I/II), peripheral vascular disease, home oxygen use, prior atrial fibrillation/flutter, liver cirrhosis, immunosuppressive therapy, 5 meter gait speed, independent living, early stroke, early life threatening or disabling or major bleed, acute kidney injury, and early myocardial infarction. AVR, aortic valve replacement; TAVR, transcatheter aortic valve replacement; SAVR, surgical aortic valve replacement; BMI, body mass index; NYHA, New York Heart Association.

Figure S4. Post-AVR Systolic Blood Pressures and Clinical Outcomes.



Cox proportional hazard models were performed using restricted cubic splines technique. The associations between early post-AVR systolic blood pressure (SBP) and stroke (a) and myocardial infarction (b) between 30 days and 1 year are shown. Adjustment was made for: TAVR (vs. SAVR), BMI, NYHA (III/IV vs. I/II), peripheral vascular disease, home oxygen use, prior atrial fibrillation/flutter, liver cirrhosis, immunosuppressive therapy, 5 meter gait speed, independent living, early stroke, early life threatening or disabling or major bleed, acute kidney injury, and early myocardial infarction. AVR, aortic valve replacement; TAVR, transcatheter aortic valve replacement; SAVR, surgical aortic valve replacement; BMI, body mass index; NYHA, New York Heart Association.