## Online data supplement and appendix

**Supplemental figure 1.Influential analyses**

**a) Composite outcome of all-cause mortality and stroke**

| | RR | 95%-CI | p-value | tau^2 | I^2 |
|---|---|---|---|---|---|
| Omitting NOTION 2015 | 0.6622 | [0.4855; 0.9033] | 0.0093 | 0.1947 | 65.6% |
| Omitting SURTAVI 2018 | 0.7106 | [0.5237; 0.9643] | 0.0283 | 0.0913 | 49.7% |
| Omitting EVOLUT 2019 | 0.4634 | [0.3011; 0.7132] | 0.0005 | 0.0000 | 0.0% |
| Omitting PARTNER 3 2019 | 0.7388 | [0.5389; 1.0128] | 0.0600 | 0.0714 | 40.2% |
| Pooled estimate | 0.6589 | [0.4951; 0.8768] | 0.0042 | 0.0989 | 48.5% |

**b) Pacemaker implantation**

Influential analysis (Fixed effect model)

| | RR | 95%-CI | p-value | tau^2 | I^2 |
|---|---|---|---|---|---|
| Omitting NOTION 2015 | 2.6285 | [2.0404; 3.3862] | < 0.0001 | 0.2827 | 80.2% |
| Omitting SURTAVI 2018 | 3.0548 | [2.3622; 3.9505] | < 0.0001 | 0.6666 | 88.6% |
| Omitting EVOLUT 2019 | 3.7277 | [2.5250; 5.5035] | < 0.0001 | 2.4180 | 91.3% |
| Omitting PARTNER 3 2019 | 4.1437 | [3.0946; 5.5485] | < 0.0001 | 0.9267 | 82.3% |
| Pooled estimate | 3.2508 | [2.5399; 4.1605] | < 0.0001 | 0.5957 | 85.7% |

**c) Atrial fibrillation**

Influential analysis (Fixed effect model)

| | RR | 95%-CI | p-value | tau^2 | I^2 |
|---|---|---|---|---|---|
| Omitting NOTION 2015 | 0.2385 | [0.1983; 0.2868] | < 0.0001 | 0.0396 | 55.9% |
| Omitting SURTAVI 2018 | 0.2470 | [0.2071; 0.2946] | < 0.0001 | 0.0678 | 72.0% |
| Omitting EVOLUT 2019 | 0.2548 | [0.2038; 0.3187] | < 0.0001 | 0.1194 | 75.3% |
| Omitting PARTNER 3 2019 | 0.2849 | [0.2376; 0.3417] | < 0.0001 | 0.0086 | 22.6% |
| Pooled estimate | 0.2551 | [0.2165; 0.3005] | < 0.0001 | 0.0512 | 62.9% |

**d) Moderate to severe paravalvular leaks**

Influential analysis (Fixed effect model)

| | RR | 95%-CI | p-value | tau^2 | I^2 |
|---|---|---|---|---|---|
| Omitting NOTION 2015 | 4.7090 | [1.7410; 12.7365] | 0.0023 | 0.3676 | 27.3% |
| Omitting SURTAVI 2018 | 6.7046 | [2.6736; 16.8131] | < 0.0001 | 0.9439 | 54.6% |
| Omitting EVOLUT 2019 | 7.0330 | [2.3677; 20.8910] | 0.0004 | 1.5651 | 56.3% |
| Omitting PARTNER 3 2019 | 10.5552 | [3.5582; 31.3114] | < 0.0001 | 0.0000 | 0.0% |
| Pooled estimate | 7.0262 | [2.9282; 16.8591] | < 0.0001 | 0.5074 | 34.4% |

**e) Major or life-threatening bleeding**

Influential analysis (Fixed effect model)

| | RR | 95%-CI | p-value | tau^2 | I^2 |
|---|---|---|---|---|---|
| Omitting SURTAVI 2018 | 0.1995 | [0.1399; 0.2844] | < 0.0001 | 0.2096 | 75.5% |
| Omitting EVOLUT 2019 | 0.2583 | [0.1803; 0.3700] | < 0.0001 | 2.0405 | 95.9% |
| Omitting PARTNER 3 2019 | 0.4899 | [0.3279; 0.7319] | 0.0005 | 0.7542 | 88.8% |
| Pooled estimate | 0.2737 | [0.2030; 0.3690] | < 0.0001 | 0.8925 | 91.7% |

**Figure 1S.**

**Table 1S. Search strategy in PubMed**

| Search strategy in PubMed |
|---|
| ((((randomized controlled trial[pt] OR controlled clinical trial[pt] OR randomized[tiab] OR placebo[tiab] OR clinical trials as topic[mesh:noexp] OR randomly[tiab] OR trial[ti] NOT (animals[mh] NOT humans[mh])))) AND (transcatheter aortic valve replacement OR TAVR OR surgical aortic valve replacement OR SAVR OR TAVI OR SAVI)) AND low risk |

A similar strategy was modified and used for the search in Embase and Cochrane

**Table 2S. PRISMA checklist**

| Section/topic | # | Checklist item | Reported on page # |
|---|---|---|---|
| TITLE | | | |
| Title | 1 | Identify the report as a systematic review, meta-analysis, or both. | 1 |
| ABSTRACT | | | |
| Structured summary | 2 | Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number. | 2 |
| INTRODUCTION | | | |
| Rationale | 3 | Describe the rationale for the review in the context of what is already known. | 5 |
| Objectives | 4 | Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS). | 5,6 |
| METHODS | | | |
| Protocol and registration | 5 | Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number. | N/A |
| Eligibility criteria | 6 | Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale. | 6 |
| Information sources | 7 | Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched. | 6 |
| Search | 8 | Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated. | 6 |
| Study selection | 9 | State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis). | 6 |
| Data collection process | 10 | Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators. | 7 |
| Data items | 11 | List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made. | 7 |
| Risk of bias in individual studies | 12 | Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis. | 7 |
| Summary measures | 13 | State the principal summary measures (e.g., risk ratio, difference in means). | 7 |
| Synthesis of results | 14 | Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., $I^2$) for each meta-analysis. | 7 |
| Risk of bias across studies | 15 | Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies). | 8 |
| Additional analyses | 16 | Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified. | 8 |
| RESULTS | | | |
| Study selection | 17 | Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram. | 8, 9 |
| Study characteristics | 18 | For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations. | 8, 9 |
| Risk of bias within studies | 19 | Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12). | 8, 9 |
| Results of individual studies | 20 | For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot. | 8, 9 |
| Synthesis of results | 21 | Present results of each meta-analysis done, including confidence intervals and measures of consistency. | 8, 9 |
| Risk of bias across studies | 22 | Present results of any assessment of risk of bias across studies (see Item 15). | N/A |
| Additional analysis | 23 | Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]). | 8, 9 |
| DISCUSSION | | | |
| Summary of evidence | 24 | Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers). | 9, 10,11 |
| Limitations | 25 | Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias). | 11 |
| Conclusions | 26 | Provide a general interpretation of the results in the context of other evidence, and implications for future research. | 12 |
| FUNDING | | | |
| Funding | 27 | Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review. | 1 |

*From:* Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

For more information, visit: www.prisma-statement.org.

**Table 3S. Baseline characteristics of trials and population.**

| | PARTNER 3, 2019 | | EVOLUT, 2019 | | SURTAVI, 2018 | | NOTION, 2015 | |
|---|---|---|---|---|---|---|---|---|
| | TAVR = 496 | SAVR = 453 | TAVR = 725 | SAVR = 678 | TAVR = 131 | SAVR = 123 | TAVR = 145 | SAVR = 135 |
| Age years | 73.3 | 73.6 | 74.0 | 73.8 | 75.1 | 75.4 | 79.2 | 79.0 |
| Male | 67.5% | 71.1% | 63.8% | 66.5% | 67.9% | 68.3% | 53.8% | 52.6% |
| Mean STS PROM | 1.9% | 1.9% | 1.9% | 1.9% | 2.3% | 2.3% | 2.9% | 3.1% |
| Diabetes | 31.2% | 30.2% | 31.1% | 30.5% | 22.9% | 17.1% | 17.9% | 20.7% |
| Hypertension | NA | NA | 84.9% | 82.9% | NA | NA | 71.0% | 76.3% |
| Creatine>2 mg/dl | 0.2% | 0.2% | 0.4% | 0.1% | 0% | 0.8% | 1.4% | 0.7% |
| CAD | 27.7% | 28.0% | NA | NA | 48.1% | 51.2% | NA | NA |
| CVD | 12.7% | 11.3% | 10.1% | 11.4% | NA | NA | NA | NA |
| PVD | 6.9% | 7.3% | 7.6% | 8.5% | 19.1% | 14.6% | 4.1% | 6.7% |
| NYHA III/IV | 31.2% | 23.8% | 24.6% | 27.9% | 40.5% | 48.8% | 48.6% | 45.5% |
| Prior stroke | 3.4% | 5.1% | NA | NA | 4.6% | 7.3% | 16.6% | 16.3% |
| Prior CABG | NA | NA | 2.5% | 2.3% | 7.6% | 7.3% | NA | NA |
| Prior PCI | NA | NA | 13.9% | 12.7% | 21.4% | 14.6% | 7.6% | 8.9% |
| Prior MI | 5.7% | 5.8% | 6.7% | 5.3% | 10.7% | 8.1% | 5.5% | 4.4% |
| Prior AF/Flutter | 15.7%* | 18.8%* | 15.5%* | 14.0%* | 25.2% | 22.8% | 27.8% | 25.6% |
| Prior PPM | 2.4% | 2.9% | 3.4% | 3.8% | 6.9% | 4.9% | 3.4% | 4.4% |

All values in mean or number (%).

Abbreviations: SAVR=Surgical Aortic Valve Replacement; TAVR=Transcatheter Aortic Valve Replacement; STS PROM=Society of Thoracic Surgeons Predicted Risk of Mortality; CAD=Coronary artery disease; CVD=Cerebrovascular disease; PVD=Peripheral vascular disease; NYHA=New York Heart Association; CABG=Coronary artery bypass graft; PCI=Percutaneous coronary intervention; MI=Myocardial infarction; AF=Atrial fibrillation; PPM=Permanent pacemaker

**Does not include atrial flutter*

**Table 4S. Procedural and in-hospital characteristics of the included trials.**

| | PARTNER 3, 2019 | | EVOLUT, 2019 | | SURTAVI, 2018 | | NOTION, 2015 | |
|---|---|---|---|---|---|---|---|---|
| TAVR Valve Types | Edwards SAPIEN 3 balloon-expandable | | Medtronic Evolut R self-expanding | | Medtronic CoreValve self-expanding | | Medtronic CoreValve self-expanding | |
| Access approach | TF 100% | | TF 99%; TT 1% | | TF 94.7%; TT 5.3% | | TF 96.5%; TT 3.5% | |
| Conscious sedation (TAVR) | 65.1% | | 43.1% | | 56.9% | | 18.3% | |
| | TAVR | SAVR | TAVR | SAVR | TAVR | SAVR | TAVR | SAVR |
| Mean procedure time (minutes) | 58.6 | 208.3 | 148.2 | 276.6 | 52.3* | 203.7* | 90.3 | 177.2 |
| In-hospital mortality | 0.4% | 0.9% | 0.4% | 1.2% | NA | NA | NA | NA |
| Index hospital mean LOS (days) | 3 | 7 | 3 | 8 | NA | NA | 8.9 | 12.9 |
| Home discharge | 96% | 73% | NA | NA | NA | NA | NA | NA |
| Mild PVL at 1 Year | 28.7% | 2.9% | 36.0% | 3.0% | NA | NA | 55.4% | 16.8% |
| Valve thrombosis | 0.2% | 0 | 0.1% | 0.1% | NA | NA | NA | NA |
| AV reintervention | 0 | 0 | 0.2% | 0.4% | 4.6% | 0.9% | 0 | 0 |

*Reported for the whole cohort

Abbreviations: TAVR = Transcatheter aortic valve replacement; SAVR = Surgical aortic valve replacement; PVL = Paravalvular leak; AV = Aortic valve; LOS = Length of stay; TF = Transfemoral; TT = Transthoracic;