

## F.1 Aortic stenosis – left ventricular ejection fraction (LVEF) on cardiac MRI

Table 14: Clinical evidence profile: LVEF on cardiac MRI

Quality assessment							No of patients		Effect	Quality
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	LVEF on cardiac MRI	Control	Relative (95% CI)	
<b>LVEF &lt;50% compared to ≥50% for predicting all-cause mortality following aortic valve intervention - adjusted HR (Severe AS scheduled for aortic valve intervention) (follow-up median 3.8 years)</b>										
1	cohort studies	very serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	serious <sup>3</sup>	none	71	369	HR 1.53 (0.76 to 3.06)	⊕○○○ VERY LOW
<b>LVEF &lt;50% compared to ≥50% for predicting adverse cardiac events after aortic valve intervention - unadjusted (Severe AS scheduled for aortic valve intervention) (follow-up median 38.8 months)</b>										
1	cohort studies	very serious <sup>1</sup>	no serious inconsistency	serious <sup>4</sup>	serious <sup>3</sup>	none	43		HR 1.6 (0.57 to 4.5)	⊕○○○ VERY LOW
<b>LVEF 30-49% compared to ≥50% for predicting all-cause mortality following TAVI - unadjusted (AS undergoing TAVI) (follow-up median 850 days)</b>										
1	cohort studies	very serious <sup>1</sup>	no serious inconsistency	very serious <sup>5</sup>	serious <sup>3</sup>	none	65	108	HR 1.19 (0.69 to 2.04)	⊕○○○ VERY LOW
<b>LVEF &lt;30% vs ≥50% for predicting all-cause mortality following TAVI - unadjusted (AS undergoing TAVI) (follow-up median 850 days)</b>										

1	cohort studies	very serious <sup>1</sup>	no serious inconsistency	very serious <sup>5</sup>	no serious imprecision	none	14	108	HR 2.54 (1.17 to 5.53)	⊕○○○ VERY LOW
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<sup>1</sup> Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

<sup>2</sup> Population - all already have an indication for intervention as scheduled for aortic valve intervention

<sup>3</sup> 95% CI crosses null line

<sup>4</sup> Population - all already scheduled for AVR so no uncertainty as to whether there is an indication for intervention prior to cardiac MRI; and outcome - composite of multiple outcomes in the protocol combined rather than reported separately

<sup>5</sup> Population - all already have an indication for intervention as scheduled for TAVI; and prognostic factor - splits LVEF into two separate thresholds compared with the same referent rather than using a single threshold. Also some uncertainty as to whether measured on CMR or echocardiography, though overall details suggest this is CMR measurements