F.8 Tricuspid regurgitation – right ventricular function on cardiac MRI

			Quality ass	No of patients		Effect	Quality				
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Right ventricular function on CMR	Control	Relative (95% Cl)		
RVEF per 5% higher to predict cardiac death following TR surgery - adjusted HR (Severe isolated functional TR and underwent isolated TR surgery) (follow-up median 57 months)											
1	cohort studies	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	75		HR 0.71 (0.53 to 0.97)	⊕OOO VERY LOW	

Table 21: Clinical evidence profile: Right ventricular function on cardiac MRI

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functiona	I TR and under	went isolated	TR surgery) (follow-up	median 57 mor	hths)					
1	cohort studies	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	23	52	HR 5.06 (1.56 to 16.46)	⊕OOO VERY LOV
10ml/m2 i months)	ncrements of R	RV-ESVI to pre	dict cardiac death foll	owing TR surge	ry - adjusted HR (Sev	rere isolated functional 1	R and underwent isolated	TR surger	y) (follow-up medi	an 57
1	cohort studies	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	75		HR 1.18 (1.03 to 1.37)	⊕OOO VERY LOV
RV-ESVI à up media	276 ml/m2 vs R n 57 months)	V-ESVI <76 m	I/m2 to predict cardiac	death following	TR surgery - unadju	sted estimate (Severe is	olated functional TR and u	nderwent i	solated TR surger	ry) (follow-
1	cohort studies	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	50	25	HR 0.29 (0.09 to 0.91)	⊕OOO VERY LOV
RVEF per TR and u	5% higher to p nderwent isolat	redict major p ed TR surger	oostoperative cardiac e /) (follow-up median 57	events (cardiac o months)	death or unplanned c	ardiac-related readmiss	ion) following TR surgery -	adjusted I	HR (Severe isolate	d function
1	cohort studies	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	75		HR 0.8 (0.65 to 0.97)	⊕OOO VERY LO\
RVEF <46 provided underwer	% vs ≥46% to p - Major postope it isolated TR s	oredict major erative cardia urgery) (follov	postoperative cardiac o c events (cardiac death v-up median 57 month	events (cardiac n or unplanned o s)	death or unplanned c ardiac-related readm	cardiac-related readmiss hission) following TR su	ion) following TR surgery - rgery - unadjusted estimate	unadjuste (Severe i	ed estimate from d solated functional	lata TR and
1	cohort studies	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	23	52	HR 3.94 (1.59 to 9.76)	⊕OOO VERY LO\
10ml/m2 i NYHA cla adjusted	ncrements of R ss, haemoglobi HR <u>(</u> Severe isol	RV-ESVI to pre in level and gl lated function	dict major postoperati omerular filtration rate al TR and underwent is	ve cardiac even - Major postop solated TR surg	ts (cardiac death or u erative cardiac event ery) (follow-up media	unplanned cardiac-relate s (cardiac death or unpl n 57 months)	ed readmission) following T anned cardiac-related read	R surgery nission) fo	- adjusted for age bllowing TR surge	≽, sex, ∤ry -
1	cohort studies	very serious ¹	no serious inconsistency	serious ²	serious ³	none	75		HR 1.1 (1 to 1.22)	⊕OOO VERY LO\
RV-ESVI	276 ml/m2 vs R	V-ESVI <76 m	l/m2 to predict major p	ostoperative ca	rdiac events (cardiac	death or unplanned car	ˈ diac-related readmission) f	ollowing T	R surgery - unadi	usted

							50			
1	cohort	very serious ¹	no serious	serious ²	serious ³	none		25	HR 0.46 (0.19 to	$\oplus OOO$
	studies		inconsistency					l	1.11)	VERY LOW

¹ 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 ² Population - all underwent intervention for severe functional TR so does not represent population where there is uncertainty about whether there is an indication for intervention; and outcome - only includes cardiac deaths and not all deaths.

³ 95% CI crosses null line