

Table S1 – univariable regression analysis for clinical variables

Variable	HR	95% CI	p-value
Age	1.014	0.980 – 1.049	0.422
Male sex	1.531	0.950 – 2.468	<b>0.080</b>
BMI	0.915	0.868 – 0.966	<b>0.001</b>
CAD	0.989	0.621 – 1.575	0.963
Diabetes mellitus	1.747	1.089 – 2.802	<b>0.021</b>
Arterial hypertension	0.678	0.348 – 1.322	0.254
Hyperlipidemia	0.646	0.402 – 1.038	<b>0.071</b>
Active smoker	0.956	0.347 – 2.631	0.931
Atrial fibrillation	1.170	0.731 – 1.875	0.513
Stroke	0.329	0.081 – 1.344	0.122
PAD	1.105	0.549 – 2.223	0.780
Cerebrovascular AD	0.760	0.400 – 1.447	0.404
Liver disease	1.383	0.504 – 3.792	0.529
COPD	0.925	0.443 – 1.929	0.835
Previous MI	0.844	0.405 – 1.760	0.651
Previous CABG	1.185	0.568 – 2.473	0.651
Previous PCI	0.952	0.579 – 1.564	0.846
Previous valve surgery	0.978	0.394 – 2.428	0.961
PM prior to TAVR	0.914	0.438 – 1.906	0.810
History of syncope	1.070	0.563 – 2.035	0.836
Recent revascularization	1.082	0.635 – 1.846	0.771
eGFR	0.979	0.968 – 0.991	<b>0.001</b>
Hematocrit	0.955	0.918 – 0.993	<b>0.021</b>
proBNP per SD	1.310	1.104 – 1.554	<b>0.002</b>
LVEF	1.103	0.884 – 1.377	0.386

Univariable Cox regression was used to assess the influence of established cardiovascular risk factors and recent revascularization on all-cause mortality in patients undergoing TAVR, after a median follow-up of 218 [84, 422] days. BMI body mass index, CABG coronary artery bypass graft, CAD coronary artery disease, CI confidence interval, COPD chronic obstructive pulmonary disease, eGFR estimated glomerular filtration rate, HR hazard ratio, LVEF left ventricular ejection fraction, MI myocardial infarction, proBNP N-terminal B-type natriuretic peptide, PAD peripheral artery disease, PCI percutaneous coronary intervention, PM pacemaker, SD standard deviation, TAVR transcatheter aortic valve replacement.

Figure S1 – flowchart of patients included into the study

