

# Racial and Ethnic Differences in Left Atrial Appendage Occlusion Wait Time, Complications, and Periprocedural Management

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August 24, 2020

## Abstract

**Introduction:** Non-white patients are underrepresented in left atrial appendage occlusion (LAAO) trials, and racial disparities in LAAO periprocedural management are unknown. **Methods:** We assessed sociodemographics and comorbidities of consecutive patients at our institution undergoing LAAO between 2015 – 2020, then in adjusted analyses, compared procedural wait time, procedural complications, and post-procedure oral anticoagulation (OAC) use in whites versus non-whites. **Results:** Among 109 patients undergoing LAAO (45% white), whites were less likely to have heart failure than non-whites (18% vs. 48%,  $p=0.001$ ), prior stroke (14% vs. 43%,  $p=0.001$ ), or end stage renal disease (0 vs. 20%,  $p<0.001$ ). Whites had lower CHA<sub>2</sub>DS<sub>2</sub>VASc scores, on average (4.0 vs. 4.8,  $p=0.006$ ). There was no difference in median time from index event or initial outpatient cardiology encounter to LAAO procedure (whites 10.5 vs. non-whites 13.7 months,  $p=0.9$ ; 1.9 vs 1.8 months,  $p=0.6$ , respectively), and there was no difference in procedural complications (whites 4% vs. non-whites 5%,  $p=0.33$ ). After adjusting for CHA<sub>2</sub>DS<sub>2</sub>VASc score, OAC use at discharge tended to be higher in whites (OR 2.4, 95%CI [0.9-6.0],  $p=0.07$ ). When restricting the analysis to those with prior gastrointestinal (GI) bleed, adjusting for CHA<sub>2</sub>DS<sub>2</sub>VASc score and GI bleed severity, whites had a nearly five-fold odds of being discharged on OAC (OR 4.6, 95% CI [1-21.8],  $p=0.05$ ). **Conclusion:** Despite an increased prevalence of comorbidities amongst non-whites, wait time for LAAO and procedural complications were similar in whites versus non-whites. Among those with prior GI bleed, whites were nearly five-fold more likely to be discharged on OAC than non-whites.

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