Hospital outcomes for transcatheter aortic valve replacement (TAVR) may be dependent on the quality of care provided to patients undergoing surgical aortic valve replacement (SAVR). Kundi and coauthors analyzed US Centers for Medicare and Medicaid Services Medicare Provider and Review data from 2010 to 2015 to determine whether hospitals with better SAVR outcomes achieved better TAVR outcomes. Among 51,924 TAVR procedures performed in 519 hospitals, 30-day and 1-year mortality rates increased with increasing baseline hospital SAVR risk-adjusted mortality. In an Invited Commentary, Carroll notes the complexities of studying associations of SAVR and TAVR outcomes and emphasizes the need for ongoing research to optimize care for patients with aortic valve disease.

Mutations Contributing to Clonal Hematopoiesis in Chronic HF
Somatic mutations causing clonal hematopoiesis of indeterminate potential (CHIP) increase with age and are associated with atherosclerosis and inflammation, but the association of CHIP with heart failure (HF) is unknown. Dorsheimer and coauthors analyzed bone marrow–derived mononuclear cells from 200 patients with ischemic HF. Mutations were found in 38 patients, most commonly in the genes DNMT3A and TET2. During a median follow-up of 4.4 years, there were significantly higher rates of mortality and HF rehospitalization in patients with either DNMT3A or TET2 mutations compared with non-CHIP carriers after adjustment for age. Libby and coauthors note in an Editorial that these observations promise considerable translational potential as pharmacologic approaches targeting the downstream elements of the inflammasome evolve.

Long-term Outcomes of Tetralogy of Fallot
Long-term outcomes after surgical repair of tetralogy of Fallot (TOF) have not been studied extensively. Smith and coauthors examined transplant-free survival of 3283 patients enrolled in the National Institutes of Health–sponsored Pediatric Cardiac Care Consortium who underwent TOF repair from 1982 through 2003. Survival at 25 years after surgery was 94.5%. Staged repair and non–valve-sparing operations were associated with increased early mortality, and genetic abnormalities were associated with increased early and late postoperative mortality. In an Invited Commentary, de Freitas states that this large, contemporary, multicenter database provides important clues about surgical factors that affect mortality over the first several decades of life.

Association of Malignant LVH With HF in Black Individuals
Factors underlying the transition from at-risk to clinical heart failure (HF) among African American individuals are incompletely understood. Pandey and coauthors studied 3987 African American participants in the Jackson Heart Study without prevalent HF to evaluate contributions of left ventricular hypertrophy (LVH) and subclinical myocardial injury (SMI) as determined by high-sensitivity cardiac troponin-I measurements toward HF risk. Greater LVH and SMI were independently associated with risk of HF with a significant interaction between the. Men with LVH and SMI had a greater than 14-fold higher risk of HF compared with those with neither LVH nor SMI. In contrast, women with this phenotype had a nearly 4-fold higher risk of HF.