

Table S1. Comparison of baseline characteristics of patients with available vs unavailable sPAP

Baseline characteristics	Available sPAP (n = 378)	Unavailable sPAP (n = 257)	<i>P</i>
Age	80 [74-85]	77 [71- 82]	< .01
Female sex, %	163 (43)	99 (39)	.25
History of cardiac surgery	52 (14)	36 (14)	.99
Coronary artery disease	143 (38)	117 (46)	.06
TIA/stroke	32 (8)	27 (11)	.40
Peripheral artery disease	22 (6)	30 (12)	.01
Chronic lung disease	65 (17)	55 (21)	.22
Atrial fibrillation/flutter	167 (44)	134 (52)	.05
History of cancer	65 (17)	40 (16)	.66
Elective procedure	209 (84)	7 (58)	.03
Hypertension	240 (64)	186 (73)	.02
Diabetes mellitus	63 (17)	74 (29)	< .01
Smoking history	103 (27)	103 (40)	< .01
Dyslipidemia	160 (42)	138 (54)	< .01
NYHA class III-IV	230 (61)	168 (66)	.21
Diuretics	319 (85)	216 (86)	.82
Euroscore II	4.0 [2.4-6.5]	4.4 [2.1-7.1]	.50

NYHA, New York Heart Association; TIA, transient ischemic attack.

The data are expressed as No. (%) or median [interquartile range].

Table S2. Procedural features and outcomes

Baseline characteristics	Total patients (n = 378)	Baseline no PH (n = 229)		Baseline PH (n = 149)		<i>P</i> (all groups)
		No PH n = 139	New PH n = 90	Normalized PH n = 48	Persistent PH n = 101	
<i>Number of clips</i>	2 [1-2]	2 [1-2]	1 [1-2]	2 [1-2]	2 [1-2]	.46
<i>Technical success</i>	278/299 (93)	96/107 (90)	73/79 (92)	36/36 (100)	73/77 (95)	.06
<i>Death</i>	2/371 (1)	0/136 (0)	2/89 (2)	0/47 (0)	0/47 (0)	.12
<i>Conversion to surgery</i>	2/372 (1)	0/136 (0)	0/89 (0)	0/48 (0)	2/99 (2)	.15
<i>Severe hypotension</i>	15/272 (6)	3/105 (3)	4/60 (7)	5/37 (14)	3/70 (4)	.15
<i>Stroke</i>	7/372 (2)	0/136 (0)	2/89 (2)	2/48 (4)	3/99 (3)	.08
<i>Tamponnade</i>	3/272 (1)	1/105 (1)	1/60 (2)	1/37 (3)	0/37 (0)	.50
<i>Vascular complication</i>	32/371 (9)	9/135 (7)	7/89 (8)	2/48 (4)	14/99 (14)	.14
<i>Echocardiographic data</i>						
LVEF (%)	50 [40-60]	50 [40-60]	44 [30-55]	55 [45-60] ^a	50 [40-60]	< .01
MR postintervention ≥ moderate	58/377 (16)	17/139 (12)	15/89 (17)	4/48 (8)	22/101 (22)	.10
TR postintervention ≥ moderate	59/343 (17)	11/125 (9) ^a	17/80 (22)	3/42 (7) ^a	28/96 (29)	< .01
sPAP postintervention, mmHg	41 [31-50]	35 [30-38] ^a	47 [45-51] ^a	36 [31-40] ^a	50 [45-60]	< .01
TAPSE, mm	18 [15-22]	18 [15-22]	17 [13-20] ^a	17 [16-24]	19 [16-23]	.02

LVEF, left ventricular ejection fraction; sPAP, systolic pulmonary artery pressure; TAPSE, tricuspid annular plane systolic excursion; TR, tricuspid regurgitation.

The data are expressed as n/N (%) or median [interquartile range].

^a *P* < .05 persistent vs no PH.

^b *P* < .05 new vs no PH

^c < .05 normalized vs persistent.

Table S3. Sensitivity analysis using alternative clinically relevant post-TEER sPAP thresholds

Post-TEER sPAP threshold (mmHg)	Adjusted HR (95%CI)	<i>P</i>	AIC	ΔAIC
35	1.61 (0.85-3.07)	.145	542.1	4.1
40 (prespecified)	2.09 (1.16-3.75)	.013	538.0	0.0
45	1.96 (1.08-3.58)	.028	539.7	1.7
50	2.21 (1.10-4.47)	.027	539.8	1.8

AIC, Akaike Information Criterion; CI, confidence interval; HR, hazard ratio; sPAP, systolic pulmonary artery pressure; TEER, transcatheter edge-to-edge repair.

Models were adjusted using the same covariates as the primary multivariable Cox regression analysis. Lower AIC values indicate better model fit. ΔAIC was calculated relative to the model with the lowest AIC.

Table S4. Sensitivity analysis using inverse probability weighting for complete sPAP assessment

Variable	IPW-adjusted HR (95%CI)	<i>P</i>
History of cardiac surgery	1.69 (0.99-2.90)	.056
Peripheral artery disease	1.52 (0.78-2.97)	.222
Residual MR grade 3-4	2.49 (1.54-4.02)	< .001
Post-TEER sPAP > 40 mmHg	2.01 (1.41-2.88)	< .001

CI, confidence interval; HR, hazard ratio; MR, mitral regurgitation; sPAP, systolic pulmonary artery pressure.

Sensitivity analysis using stabilized inverse probability weighting to account for the probability of having complete baseline and postprocedural sPAP measurements. Stabilized weights were estimated from a logistic regression model including age, diabetes mellitus, smoking history, dyslipidemia, peripheral artery disease, hypertension, atrial fibrillation, and coronary artery disease and truncated at the 1st and 99th percentiles.

Figure S1. Freedom from the combined event according to availability of systolic pulmonary artery pressure (sPAP).

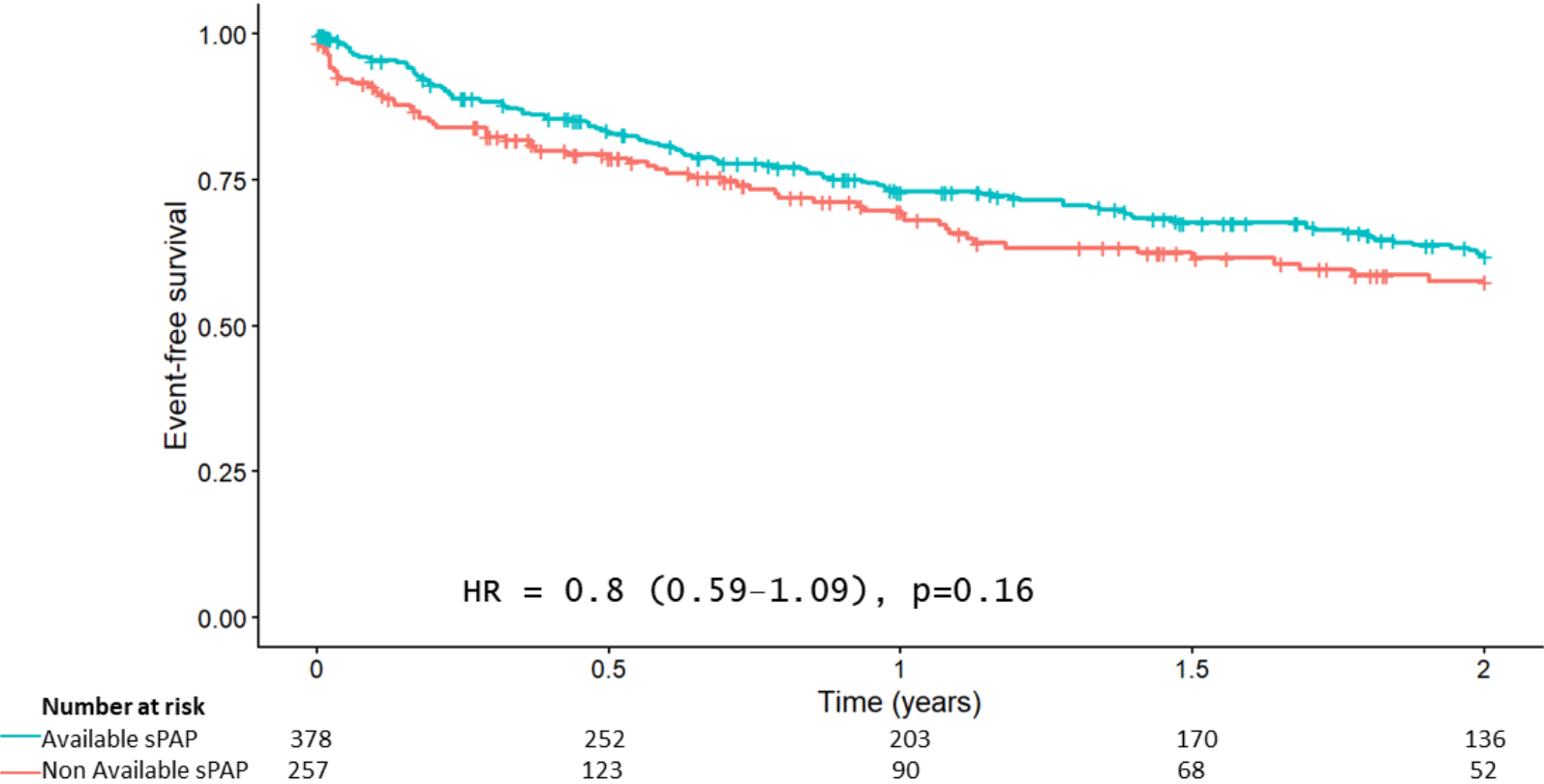
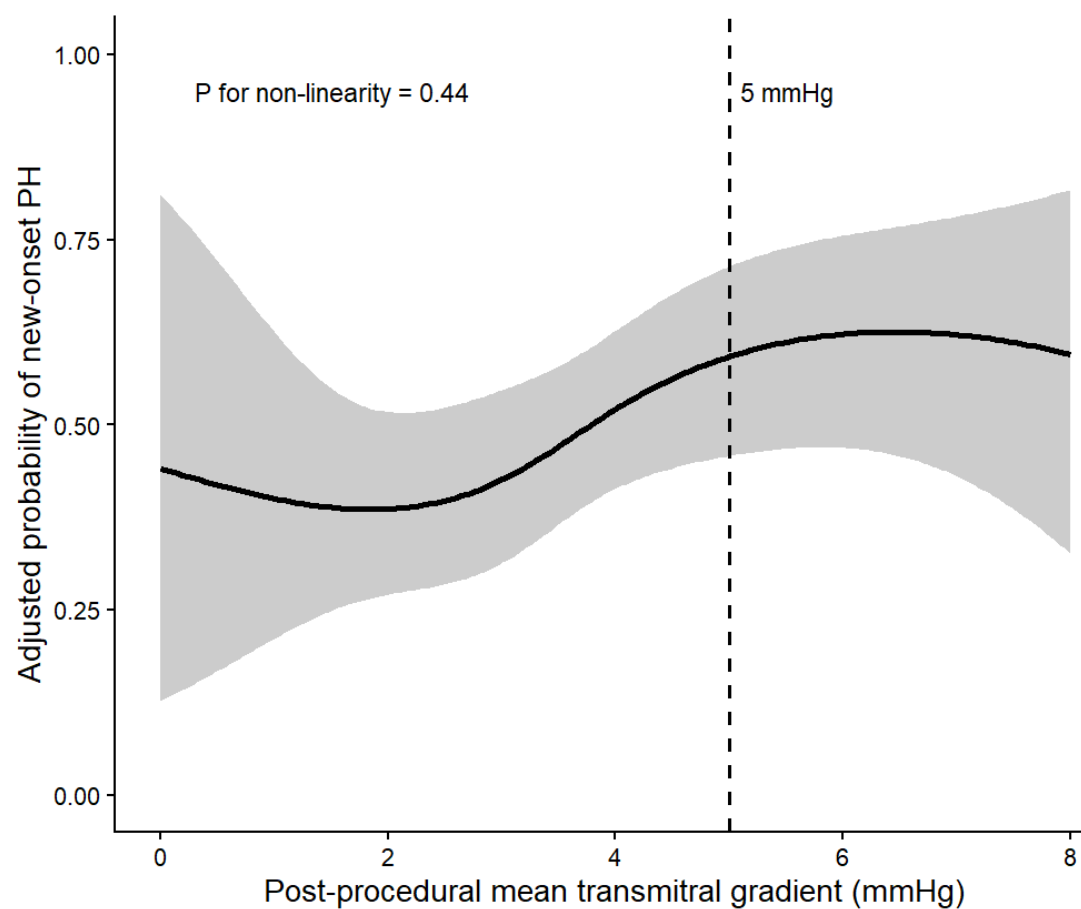


Figure S2. Adjusted restricted cubic spline showing the association between postprocedural mean transmitral gradient and the probability of new-



onset PH among patients without baseline PH.

The model was adjusted for the mechanism of MR. No evidence of a nonlinear association was observed (P for nonlinearity = 0.44). The vertical dashed line indicates the clinically used threshold of 5 mmHg.

Figure S3. Freedom from combined event according to changes in systolic pulmonary artery pressure. A: in SMR, B: in PMR. NS, nonsignificant, PH, pulmonary hypertension; SMR, secondary mitral regurgitation; PMR, primary mitral regurgitation.

