elective work, including TAVI services from March 2020. We sought to evaluate clinical outcomes and time delays in patients undergoing TAVI during the pandemic period compared to an age and risk factor-matched cohort of patients prior to COVID-19. We hypothesized that there were significant time delays, more emergency procedures and related adverse outcomes in patients who underwent TAVI during the pandemic period.

**Methods** We analysed prospectively collected data (patient characteristics, procedural details, complications and in-hospital outcomes) of 210 consecutive patients who underwent TAVI between March 2019 and February 2021 in a tertiary centre in the UK (The centre serves for a population of 2.5 million and provided in-patient treatment for 5590 COVID-positive patients over a 12-month period). We compared time-lags from an initial referral to outpatient review, CT aortograms, MDT discussions, valve implantations and 30-day mortality between patients who underwent TAVI between March 2019 and February 2020 (Control group=134) and those who underwent TAVI between March 2020 and February 2021 (COVID Group=76).

**Results** The mean age of the cohort was 81.9 ±6.4 years compared to 80.9±6.9 in the COVID-19 group. 59% of the control group and 43% of the COVID-19 group were female. Majority were in the moderate risk category (EuroSCORE II=4.3±5.5). Mean Katz index in the control group was 5.4 ±0.9 and 5.7±0.5 in the COVID-19 cohort. Patient characteristics are summarised in table 1. Of the total cohort, 4 (5.3%) patients acquired COVID-19 pneumonia during the hospital stay. The comorbidities and risk scores were comparable between the control group and the COVID cohort. (Table 1). There were no significant differences in procedural complications in the control group compared to the COVID-19 group (table 2). The median waiting time from referral to TAVI clinic was significantly shorter in the COVID-19 group (33 (8-66) vs. 51(17-89) days (P=0.04)) and there was no significant difference in time delays for CT aortogram, MDT or TAVI procedure between the two groups (Figure 1). The median length of stay (2 (2-4) vs 2.5(2-9) days) and 30-day mortality (1.4% vs 5.3%) was comparable between the two groups.

**Conclusion** Contrary to our hypothesis, our analysis demonstrated that there were no significant time delays, excess complications or mortality in TAVI procedures during the COVID-19 pandemic period despite the excess burden imposed on our local health services. More importantly, very few TAVI patients acquired COVID-19 sepsis during in-hospital stay. This is likely due to prompt identification of innovative ways of re-configuring an existing local patient pathway, by the TAVI team, to deliver safe and uninterrupted TAVI services during this unprecedented pandemic setting.

**Conflict of Interest** None
Conclusion Fabry disease is a recognised lysosomal storage disorder associated with aortic root dilatation, although the exact mechanism remains incompletely understood. The prevalence of aortic root dilatation in our cohort was lower than previously reported. This may reflect advancements in treatment strategies and varying criteria used to define dilatation in previous studies. In our patient cohort the degree of aortic dilatation was mild, not reaching surgical requirement, and was not related to a history of hypertension. Although numbers were small, a higher prevalence was seen in patients with myocardial involvement by their Fabry disease, suggesting a possible link between the cardiac Fabry process and changes in the aortic wall.

Conflict of Interest none