**EVALUATION OF A NOVEL ALGORITHM FOR CARDIAC RISK ASSESSMENT IN PATIENTS REFERRED FOR KIDNEY TRANSPLANT**

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Objectives: To risk stratify and assess cardiovascular events and outcomes in patients referred for cardiac risk assessment prior to kidney transplant.

Background: Our group followed cardiovascular events (myocardial infarction, revascularization procedure, heart failure, and death) according to a novel cardiac risk assessment model in patients with end-stage renal disease (ESRD).

Methods: We collected data retrospectively on patients referred for cardiac risk assessment before kidney transplant. Patients were stratified as low risk (ejection fraction (EF) >50% with normal coronary angiogram and/or normal nuclear stress test); moderate risk (EF 35-50%, moderate left ventricular hypertrophy (LVH), nonobstructive coronary artery disease (CAD) of <50% stenosis in any coronary artery, complete revascularization); or high risk (EF <35% or severe LVH or obstructive CAD of >50 stenosis in any coronary artery). Cardiac event rates were followed according to risk.

Results: The mean age of 289 patients evaluated was 53±11 years; most had diabetes (63%), hypertension (96%), and CAD (57%). The average EF was 55%. Patients were stratified as low (33%), moderate (40%) and high risk (26%). There were 28 (29%) deaths in the low-risk group, 55 (47%) deaths in the moderate-risk group, and 57 (75%) deaths in the high-risk group. Low-risk patients had better survival than moderate-risk and high-risk patients (p <0.01).

Conclusions: Cardiovascular disease is the leading cause of mortality in ESRD and renal transplant patients. Diabetes, CAD, and abnormal stress test are associated with increased risk of cardiovascular events. These patients should be treated aggressively with agents shown to improve outcomes in CAD.