

Coronary Artery Bypass Graft Outcomes in Patients Being Evaluated for Renal Transplantation

Zachary W. Sollie MD, Chakradhari Inampudi MD, Jingwen Zhang MS, Tristen Covall BS, Alex Turkopolus BS, Brett A. Welch MBA MHA, Joseph Scalea MD, Ruth Campbell MD, Prabhakar Baliga MD, Arman Kilic MD

Medical University of South Carolina, Charleston, SC

INTRODUCTION

- There is a paucity of literature defining outcomes for patients undergoing coronary artery bypass grafting (CABG) who being evaluated for Kidney Transplant (KT)
- This study aims to describe CABG post-operative outcomes and renal transplant waitlist outcomes in this population

METHOD

- Single-institution retrospective analysis of all CABG patients also undergoing KT evaluation
- Time Period: August 2020 May 2025
- Primary outcomes were all-cause mortality rates, occurrence of major adverse cardiovascular events (MACE), and occurrence of subsequent renal transplant
- MACE was defined as stroke, subsequent NSTEMI, or subsequent percutaneous coronary re-intervention
- Firth logistic regression was performed to identify the level of risk associated with each variable

RESULTS

Table 1: Baseline characteristics.

Variable	Overall
Patients (N)	60
Age	59.6 (9.7)
Gender (Male)	45 (75.0%)
Race	
White	20 (33.3%)
African American	35 (58.3%)
Hispanic	3 (5.0%)
Asian	1 (1.7%)
Other	1 (1.7%)
BMI	28.9 (4.5)
Hypertension	58 (96.7%)
Diabetes	54 (90.0%)
Smoking History	
None	38 (63.3%)
Former	19 (31.7%)
Current	3 (5.0%)
Cardiac Symptoms	• •
Asymptomatic	46 (76.7%)
Unstable Angina/NSTEMI	14 (23.3%)
STS Short Term Mortality risk	2.9 %(2.6)
Procedure Performed	
CABG	54 (90.0%)
CABG + AVR	5 (8.3%)
CABG + MVR	1 (1.7%)
LHC Results	
Single Vessel	4 (6.7%)
Two Vessel	7 (11.7%)
Three or more vessels	49 (81.7%)
LVEF	55.5 (12.9)
LVEF	
<40%	6 (10.0%)
≥ 40%	54 (90.0%)
Dialysis Type	
None	8 (13.3%)
HD	40 (66.7%)
PD	12 (20.0%)
Dialysis Duration Prior to Surgery	38.2 (44.5)
(Months)	
Kidney Failure Etiology	
Diabetes	15 (25.0%)
HTN	6 (10.0%)
Mixed Diabetes/HTN	32 (53.3%)
Nephrotic Syndrome	1 (1.7%)
ADPKD	2 (3.3%)
Failed Prior Transplant	4 (6.7%)

Table 2. Operative Characteristics.

Variable	
Cardiopulmonary Bypass Time-mean (SD)	91.0 (43.9)
Cross Clamp Time- mean (SD)	63.8 (32.7)
Number of Bypass Grafts – N (%)	
One	7 (11.7%)
Two	22 (36.7%)
Three	26 (43.3%)
Four	5 (8.3%)

Table 3. CABG Outcomes

Variable	N (%)
Mortality at 30 days	2 (3.3%)
Mortality at 1 year	11 (18.3%)
Stroke at 1 year	2 (3.3%)
Cardiac Event/NSTEMI at 1 year	7 (11.9%)
Coronary Re-intervention at 1	4 (6.7%)
year	
Median follow-up	549 (244, 1039)

Figure 1. Kaplan-Meier analysis for event free survival at 1 year

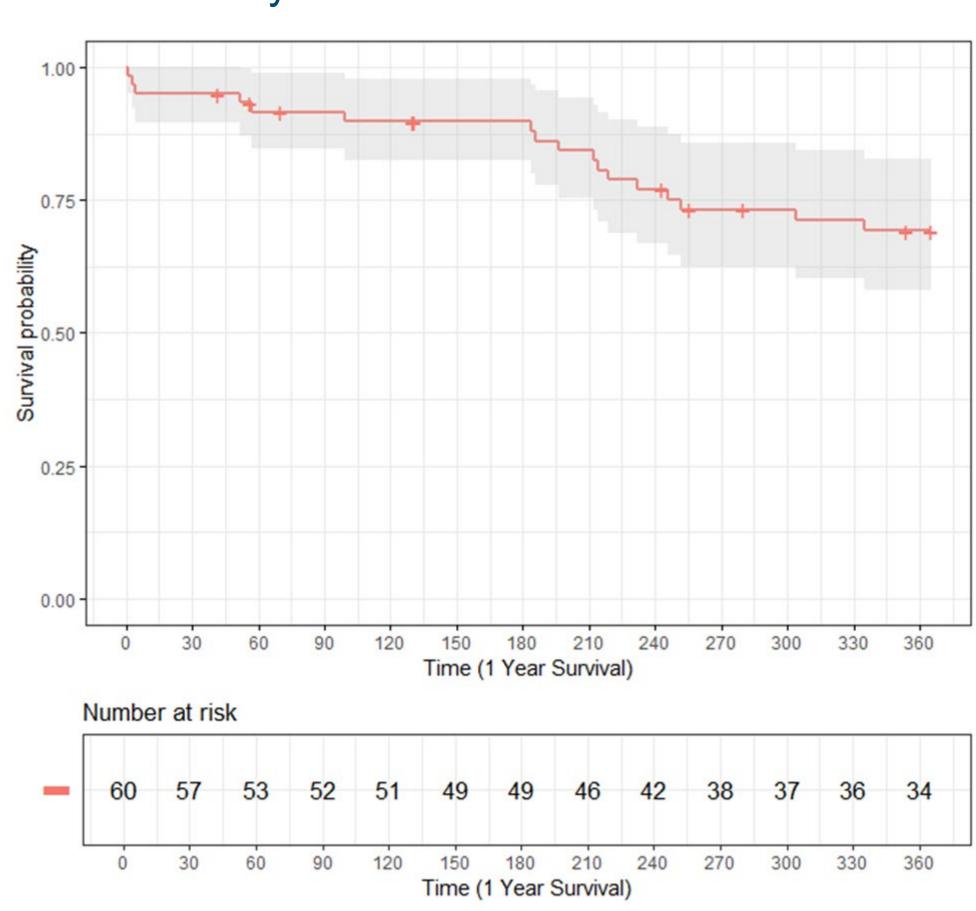


Table 4. Predictors of 1 year mortality by logistic regression

Variable	1 Year Mortality	
Cardiac Symptoms		
Asymptomatic	Reference	
Unstable Angina/NSTEMI	5.77 (1.44-23.11; 0.013)	
LVEF		
<40%	11.4 (1.81-71.94; 0.01)	
≥ 40%	Reference	

^{*}Display of variables with significant outcomes. All variables from table 1 included in complete analysis.

Results

Table 4. Kidney transplant outcomes

Kidney Transplant Outcome	N (%)
Transplanted	11 (18.3%)
Kidney	9 (15.0%)
Deceased Donor	8 (13.3%)
Living donor	1 (1.7%)
Kidney-Pancreas	2 (3.3%)
Active on Waitlist	3 (5.0%)
Inactive/Not listed	46 (76.7%)
Pending Review	12 (20.0%)
Denied for cardiac reasons	4 (6.7%)
Denied for other reasons	12 (20.0%)
Temporarily Inactive	4 (6.7%)
Death	14 (23.3%)
Median time to transplant	564 (404, 725)

SUMMARY

- Patients who receive CABG while undergoing KT evaluation experience significant 30-day and 1-year mortality
- Predictors of 1-year mortality include acute presentation for coronary disease and LVEF <40%
- Despite the risk, a portion of these patients make it to KT or active listing
- Further research is needed to guide individualized peri-operative decision making

REFERENCES

Wong EJ, McDonald CM, Thomas E, Zarrinpar A, Lee L, Kim KM, Beaver TM, Al-Bahou R, Al JG, Calhoon JH, Hui DS. Outcomes of Coronary Artery Bypass Grafting for Asymptomatic Patients Referred for Renal Transplant. Clin Transplant. 2025 Mar;39(3):e70128. doi: 10.1111/ctr.70128. PMID: 40038064

DISCLOSURES

Arman Kilic is a speaker and consultant for Abiomed, Abbott, 3ive, and LivaNova. Additionally, A.K. is the founder and owner of Qlmetrix. All additional authors have

no financial relationships to disclose.