Background: There is no established protocol to manage high-cardiac-risk patients on a kidney transplantation waitlist. The role of a joint cardio-renal MDT to maximise available resources, yet maintain patients safely on the waitlist is unknown, which this study investigated.

Methods: The study, approved by hospital Clinical Effectiveness and Audits Committee included 164 episodes in 126 patients discussed in cardio-renal MDT, between 1-10-2014 to 30-09-2017 and followed till 2-10-2017.

Results: Clinical characteristics of the 164 patient episodes were; age 61±8years, BMI 28±5 kg/m2, cholesterol 4.0±1.1 mmol/L, 61% diabetes, 96% hypertension, 63% haemodialysis and 27% pre-dialysis.

On discussion of cardiac/general health of 164 patient episodes, 66% were activated (n=19) or remained active (n=73). Seven patients were deemed unsuitable for transplantation due to poor cardiovascular/general health. Forty percent of the patient episodes resulted in further cardiovascular tests. There was no difference in age, diabetes or any other CV risk factors between the patients who were removed from the list and remained active/activated patients.

96 cardiac procedures were requested immediately following MDT including stress echocardiogram 66 (68%), echocardiogram 9 (9%), coronary angiogram 13 (13%), percutaneous coronary intervention 4 (4%) and coronary artery bypass graft 4 (4%). Non-invasive tests resulted in further 19 angiograms, 10 PCI and 1 CABG.

Over 604±345 days 40% of patients were transplanted (n=24) or remained active (n=26); 16% undergoing further work-up; 20% suspended temporarily; 24% (n=31) removed from the transplant work up of various reasons, where 6% (n=8) died. Six percent suffered cardiovascular events. There was no difference in age, diabetes or other CV risk factors between transplanted/active patients with patients who were removed from list, died or suffered CV events.

Conclusion: The cardio-renal MDT was successful in maintaining majority of the patients active on the transplantation waitlist, utilising mainly (70%) non-invasive cardiac testing, and identifying patients unsuitable for transplantation who avoided further cardiac tests.