



### 【Symposium 3-4】

#### Pre-transplantation evaluation of cardiovascular diseases

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Cardiovascular disease (CVD) is the leading cause of mortality among patients with chronic kidney disease and those undergoing kidney transplantation, highlighting the urgent need for effective cardiovascular evaluation in this group. Despite the prevalence of CVD, kidney transplantation offers improved survival and quality of life, with a reduction in cardiovascular events. However, the current clinical practice guidelines for pretransplantation cardiovascular assessment, primarily based on expert opinion, lack standardized screening practices and high-quality evidence. This assessment, aimed at identifying asymptomatic cardiac disease, involves a range of tests like electrocardiography, chest X-rays, cardiac ultrasonography, and coronary angiography, but is often limited by variability in test utility and a high incidence of false positives. Recent studies advocate for a de-escalation in screening and question the necessity of preemptive revascularization in asymptomatic patients, highlighting a gap in guidance for assessing cardiovascular fitness in these high-risk individuals. This review emphasizes the need for a 'cardio-nephrology' care model for better multidisciplinary collaboration and continuity in clinical practices. The dynamic health status of patients on the waiting list necessitates periodic cardiac reevaluation. Moreover, preemptive transplantation and shorter dialysis therapy before transplantation are associated with better outcomes, indicating a potential shift in current practices to improve patient and graft survival, reduce cardiovascular complications, and enhance quality of life. This underscores the need for updated, evidence-based guidelines to optimize cardiovascular evaluation in potential kidney transplant recipients.

