

CANADIAN-AUSTRALASIAN RANDOMISED TRIAL OF SCREENING KIDNEY TRANSPLANT CANDIDATES FOR CORONARY ARTERY DISEASE

Status: Recruiting

Eligibility Criteria

Sex: All

Age Group: 18 years and over

Inclusion Criteria:

adults aged 18 years of age or older Dialysis-dependent kidney failure and currently being assessed for OR active on the kidney transplant waiting list expected to require further screening for CAD prior to transplantation (by current standard of care); able to give consent; anticipated to undergo transplantation more than 12 months from date of enrolment

Exclusion Criteria:

patients with signs or symptoms suggestive of uncontrolled cardiac disease such as unstable coronary syndromes, decompensated heart failure, uncontrolled arrhythmia, and severe valvular heart disease; patients who "on-hold" for transplantation due to a medical problem; patients with other solid organ transplants; multi-organ transplant candidates (e.g. kidney-pancreas transplant candidates); patients with planned living donor transplant; patients unable to give consent.

Conditions & Interventions

Interventions:

Other: No screening, Other: Regular Screening

Keywords:

Clinics and Surgery Center (CSC)

More Information

Description: Cardiovascular disease is the most common cause of death while on the kidney transplant waiting list and after transplantation. Current standard care involves screening for coronary artery disease prior to waitlist entry, then every 1-2 years, according to perceived risk, until transplanted. The aim of screening is two-fold. Firstly, to identify patients with asymptomatic coronary disease to enable either correction, by bypass surgery or angioplasty, or removal of the patient from the list, with the ultimate aim of preventing premature cardiovascular mortality at the time of, or soon after, kidney transplantation. Secondly, from a societal perspective, to prevent mis-direction of scarce donor organs into recipients who experience early mortality. This current screening strategy is not evidence based, has substantial known and potential harms, and is very costly. Two major issues of uncertainty require addressing in sequence: (1) whether to periodically screen asymptomatic wait-listed patients for occult coronary artery disease; and (2) whether to revascularise coronary stenoses in asymptomatic patients prior to transplantation. The CARSK study seeks to address the first of these 2 issues.

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