there is limited data regarding the outcomes of patients undergoing cardiac revascularization to achieve transplant candidacy, particularly in patients receiving percutaneous coronary intervention (PCI). We investigated the outcomes of potential transplant candidates who underwent PCI and assessed their post-intervention outcomes.

METHODS: A retrospective, single-institution analysis of transplant candidates who underwent PCI between 2009-2017 was performed. 497 patients were reviewed. The outcomes of candidates were assessed based on the attrition rates of patients who survived until their transplant and overall mortality after PCI at 30 days and 1 year.

RESULTS: 31% of liver and lung candidates received a transplant following PCI, 27% in multi-visceral, 67% in pancreas and 26% in kidney candidates. No intestinal candidates received a transplant. 30-day mortality following PCI was noted at 4.9% for liver, 5.4% for kidney and 12.2% for lung patients. No deaths were noted at 30 days for multi-visceral, pancreas or intestinal transplant candidates. 1-year mortalities were 23.1% for liver, 7.8% for kidney, 12.2% for lung and 37.9% for multi-visceral candidates. No deaths were recorded for pancreas and intestinal transplants at 1 year.

CONCLUSION: Transplant candidates with cardiac risk factors have variable rates of mortality at 30 days and 1 year. However, these rates of mortality are difficult to attribute to their cardiac disease. While revascularization techniques in this population may extend their days to transplant, ultimately a fraction of these patients ever survive to their transplant dates.

Pre-Liver Transplant Patient Perception of Current Weight and Weight Loss Motivation
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INTRODUCTION: Obesity associated co-morbidities increase risks for patients undergoing liver transplant. While weight guidance is offered to waitlisted patients, patient perspectives and motivation for weight management have not been explored and may pose significant barriers for weight loss. We examined actual weight and weight perception among pre-liver transplant patients.

METHODS: An IRB approved survey of liver transplant waitlist patients (age 18+) was conducted in 12/2020. The survey collected information on current weight perception and interest in weight management. Demographic and clinical data, including body mass index (BMI), were collected from EPIC.

RESULTS: 126 of 313 (40%) waitlisted patients responded, with a 30% completion rate. 31.6% of patients BMI 30-35, 46.7% BMI 35-40, and 60% BMI >40 felt they were not overweight. Of patients self-identifying as overweight, 53.3% and 73.3% (BMI 18.5-25); 53.8% and 76.9% (BMI 25-30); 30.8% and 76.9% (BMI 30-35), 50% and 62.5% (BMI 35-40); and 50% and 100% (BMI >40) had attempted to lose weight or seriously considered losing weight within six months, respectively. Patients who perceived weight loss since being waitlisted had an increase in actual recorded BMI.

CONCLUSION: Many patients with BMI>30 did not perceive themselves as overweight and were not actively trying to lose weight. Weight perception was not consistent with actual weight change while waitlisted for liver transplantation. More work is needed to understand how weight perception impacts motivation for weight loss and actual weight change. In addition to actual weight, weight perception should be considered in the development of future interventions.

The Impact of Race on Liver Transplant Outcomes in Obese Recipients
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INTRODUCTION: The obesity epidemic in the United States has led to increasing proportion of obese liver transplant (LT) recipients. Previous studies have not found significant differences in graft survival (GS) and patient survival (PS) between obese and non-obese recipients. However, obesity is a complex, socioeconomic disease that is intrinsically tied with race. Thus, the aim of this work was to analyze the effects of race on liver transplant outcomes in obese recipients.

METHODS: National (OPTN) data of adult-only, first-time LTs was analyzed between 1995 and 2019. Outcomes of interest were long-term PS and GS after LT. Race was analyzed alongside PS and GS with a multivariable Cox Proportional-Hazards model and long-term survival with Kaplan-Meier curves. Pairwise comparisons were used to compare survival curves with a significance level of p < 0.05 and 95% confidence intervals (CI).

RESULTS: Black LT recipients had a PS hazard ratio (HR) of 1.18 (95% CI 1.14-1.23, p < 0.001) and GS HR of 1.19 (95% CI 1.15-1.23, p < 0.001) compared to non-black recipients. Kaplan-Meier survival analysis showed that obese black LT recipients had the poorest long-term PS and GS compared to non-obese black, non-obese non-black, and obese non-black LT recipients (p< 0.001).

CONCLUSION: Black LT recipients face 18% lower PS and 19% lower GS compared to non-black recipients in the United States. Additionally, obese black LT recipients suffer from worse long-term survival outcomes. Further work is essential to understand