

Evidence Discussion (CD 1.6)

Stress testing with imaging is indicated to exclude the presence of significant coronary artery disease as part of evaluating candidacy for any type of organ, bone marrow, or stem cell transplant. While on the transplant waiting list, stress testing with imaging is indicated annually to exclude progression of coronary artery disease. Stress testing with any imaging modality (stress echo, SPECT MPI, stress MRI, or stress cardiac PET perfusion) is supported per the transplant center's protocol. Recommendations regarding stress testing with imaging for pre-transplant evaluation are provided in established evidence-based medical specialty organization guidelines¹.

Stress testing with imaging also has a role in surveillance following cardiac transplant to evaluate for development of obstructive coronary artery disease due to cardiac allograft vasculopathy. Stress testing with any imaging modality (stress echo, SPECT MPI, stress MRI, or stress cardiac PET perfusion) is indicated annually post cardiac transplant. Recommendations regarding stress testing with imaging for post cardiac transplant surveillance are provided in established evidence-based medical specialty organization guidelines².

References:

1. Cheng XS, VanWagner LB, Costa SP, et al. Emerging Evidence on Coronary Heart Disease Screening in Kidney and Liver Transplantation Candidates: A Scientific Statement from the American Heart Association. *Circulation*. 2022 Oct. 146:e299–e324. doi.org/10.1161/CIR.0000000000001104
2. Velleca A, Shullo MA, Dhital K, et al. The International Society for Heart and Lung Transplantation (ISHLT) guidelines for the care of heart transplant recipients. *J Heart Lung Transplant*. 2023 May;42(5):e1-e141. doi: 10.1016/j.healun.2022.10.015. Epub 2022 Dec 20.