THE EFFECT OF RACE ON ALL CAUSE MORTALITY AFTER CARDIAC SURGERY. A SINGLE INSTITUTIONAL EXPERIENCE IN A VETERAN POPULATION OVER 20 YEARS

ACC Poster Contributions
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Background: African Americans (AA) have been reported to have a higher mortality compared to Caucasians (CC) following cardiac surgery although existing data and follow up is limited. We analyzed the influence of race on survival in patients undergoing cardiac surgery over a period of 20 years in a Veteran population.

Methods: A total of 2,205 consecutive patients undergoing cardiac surgery from 1990 to 2008 were followed for maximum of 20 years with a mean follow up of 11 years. All cause mortality was assessed utilizing both the VA Continuous Improvement in Cardiac Surgery Project and the death data field in the VA CPRS-VISTA electronic medical record. All cause mortality was compared in AA and CC.

Results: The baseline characteristics were similar for CC (n=1636; 64.3 +/- 9.7 yrs) and AA (n=569; 62.7 +/- 10.4 yrs) except for diabetes (36.9%, 30.9% p=0.005) and hypertension (52.4%, 46.1% p=0.006) both of which were more common in AA. During a total 20 year follow up there were a total of 602 deaths (195 in AA; 407 in CC). Cox multivariate modeling after adjustment of baseline differences demonstrated no differences in 30 day post operative morbidity and mortality between races however during the 20 year follow up period the adjusted mortality was 50% higher in African Americans then in Caucasians (hazard ratio=1.5; CI 1.2-1.8; p<0.001).

Conclusion: In a single institutional Veteran population with long term follow up African American patients have a significantly higher all cause mortality compared to Caucasians.