**CONTEMPORARY UTILIZATION AND GENDER-RACIAL DISPARITIES IN CORONARY ARTERY BYPASS SURGERY IN THE UNITED STATES: ANALYSIS OF 2 MILLION PATIENTS**

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*Objective:* The aim of study to identify contemporary utilization and gender-racial disparities of coronary artery bypass graft surgery (CABG).

*Background:* Since the advent of CABG, that has been a tremendous progress in lowering the in-hospital mortality of CABG. However, limited data exist regarding current utilization, trends of outcomes and influence of race and gender on CABG mortality.

*Methods:* We have used 10 years (2003-2012) of largest all-payer inpatient data from the Nationwide Inpatient Sample with over 2 million CABG admissions. Isolated CABGs were identified using ICD- 9 codes. The study cohort of 2,005,386 CABGs was analyzed using descriptive and logistic regression analysis to evaluate the utilization, In-hospital mortality trends and extent of disparities and predictors of In-hospital mortality of CABG.

*Results:* Over a decade (2003- 2012), there has been significant steady decline of 45.8% in CABG utilizations (13.68% vs 7.42%, p<0.0001) and 34.4% in In-hospital mortality (2.12% vs 1.39%, p<0.0001). However, there has been inclination of 3% in mean length of stay (8.8 vs 9.1 days, p<0.0001) and 10.4% in mean cost of hospitalization ($35,723 vs $39,428, p<0.0001). In multivariate models, after controlling for relevant patient and hospital factors including Charlson’s score, we found that female CABG patients, irrespective of their racial/ethnic group, experienced higher In-hospital mortality rate compared to the male counterparts. Specifically, black CABG patients experienced significantly higher in-hospital mortality rates (Male 21.3%, Female 46.5% p<0.0001) compared to white male patients.

*Conclusions:* With the advancements in CABG procedures and the availability of quality medical care, there has been decline in In-hospital mortality and utilization of CABG. All females of different ethnic groups have significant increased risk of In-hospital mortality than males, especially black females.