

Children today face reduced racial disparities in kidney transplantation

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A policy instituted in 2005 has reduced racial disparities in kidney transplantation among children, according to a study appearing in an upcoming issue of the *Journal of the American Society Nephrology* (JASN). Children are better off receiving kidneys from live donors, though, and receiving organs from deceased donors can diminish the limited supply of organs available to kidney failure patients on waiting lists.

Everyone with kidney failure deserves a transplanted kidney that works well. But because children with the disease have the greatest long-term potential for a healthy future, in 2005 the United Network for Organ Sharing instituted a policy, Share 35, to preferentially offer kidneys from younger (What effects have Share 35 had on [kidney transplantation](#) ? For example, in the past, black and [Hispanic children](#) with kidney failure experienced reduced access to transplantation compared with white children. Has Share 35 had an impact on these [racial disparities](#)? Also, has Share 35 inadvertently promoted deceased organ donation over living donation for children in need of a kidney transplant?

To answer these and other questions, Sandra Amaral, MD (The Children's Hospital of Philadelphia) and her colleagues analyzed data from the US [Renal Data System](#) before and after Share 35. These data applied to 2,299 [pediatric kidney](#) failure patients who received a transplant before Share 35 and 2,467 patients who received one after.

Among the major findings:

- On average, patients were 46% more likely to receive a deceased-donor kidney transplant after Share 35 was implemented, with increases of 81% for Hispanics, 45% for blacks, and 37% for whites.
- Patients received a deceased-donor kidney transplant earlier after Share 35: 201 days earlier for Hispanics, 90 days earlier for blacks, and 63 days earlier for whites.
- All races experienced a shift from living- to deceased-donor sources after Share 35, with a 48% reduction in [living donors](#) for Hispanics, a 46% reduction for blacks, and a 25% reduction for whites.

These results indicate that Share 35 has attenuated racial disparities in terms of how likely and how soon children will receive a deceased-donor [kidney transplant](#).

"Reduced racial disparities in access to deceased [donor kidney](#) transplant for children with end-stage kidney disease is a very positive step toward achieving equity in overall transplant access for all children; however, greater declines in living donors for all pediatric patients, particularly for those of black or Hispanic ethnicity, may be a concern," said Dr. Amaral. "Less access to living donors for children with end-stage kidney disease may mean that these patients have less access to the best quality kidneys and less potential for the best graft survival," she explained. More studies are needed to understand how these changes will impact racial differences in the long-term health of transplanted kidneys.

More information: The article, entitled "Racial Disparities in Access to Pediatric Kidney Transplantation Since Share 35," will appear online on April 26, 2012, [doi: 10.1681/ASN.2011121145](https://doi.org/10.1681/ASN.2011121145)

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