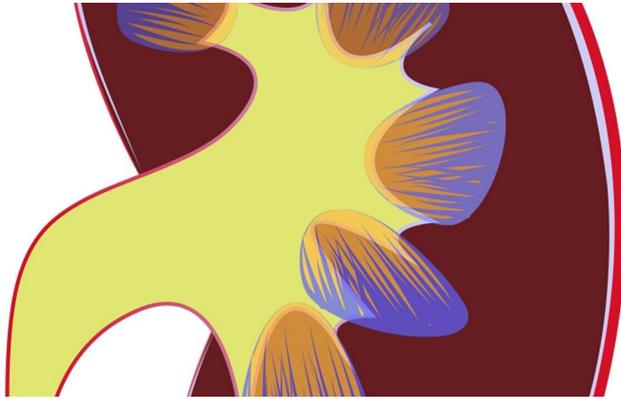


# Many kidneys discarded in the United States would be transplanted in France

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French organ transplant centers are far more likely to accept "lower-rated" kidneys, like those from older organ donors, than centers in the United States, according to a first-of-its kind analysis published today in *JAMA Internal Medicine*. French transplant centers would have transplanted more than 60 percent—about 17,500 kidneys—of the nearly 28,000 deceased-donor kidneys discarded in the United States between 2004 and 2014, according to the research team from Penn Medicine and the Paris Transplant Group.

"These findings highlight the striking disparities in organ acceptance between the two countries and suggest that many of the 90,000 Americans awaiting a [kidney transplant](#) could reap major benefits from a more aggressive approach," said study co-author Peter Reese, MD, MSCE, an associate professor of Medicine and Epidemiology in the Perelman School of Medicine at the University of Pennsylvania. "Our study provides fresh evidence that organs from older deceased donors are a valuable, underused resource—particularly for people on the waitlist who otherwise may not receive a transplant at all."

The lack of organs available for [kidney transplantation](#) is a major global health problem. In the United States, an estimated 37 million adults have [chronic kidney disease](#) and more than 720,000 people have end-stage renal disease, meaning their kidneys have failed, and they require either a transplant or dialysis in order to survive. In July, the Trump administration signed an executive order—shaped, in part, by research published by experts at Penn Medicine—to improve kidney care and increase the number of transplants. In recent years, innovative solutions, including the use of Hepatitis C-infected organs, have helped to increase the supply of transplantable kidneys. Yet, every year, 5,000 Americans die while waiting for a kidney transplant.

To identify best practices for kidney allocation and organ use, researchers analyzed the acceptance and use of deceased-[donor](#) kidneys in France and the United States between 2004 and 2014. During that timeframe, centers in the United States discarded about 18 percent of the 156,089 deceased-donor kidneys recovered—about two times as high as the discard rate in France. Researchers found that, over the 10-year-period, transplant centers in France addressed the need for organs by accepting lower-rated kidneys, such as those from [older donors](#). For example, the average age of a kidney donor in France was 56 years old—17 years older than the average age of a donor in the United States.

Although donor age is a risk factor for organ failure, studies have shown that kidneys from donors in their 50s or 60s may extend life for transplant candidates, particularly older recipients. Previous research found that transplant candidates older than 65 lived longer if they reduced their wait time by accepting kidneys from an "extended criteria" donor—those older than 60, or older than 50 with comorbidities, such as [high blood pressure](#).

Researchers noted the significant need for viable

kidneys suitable for [older adults](#) in the United States, where the percentage of transplant recipients older than 60 has increased from 22 percent in 2004 to 32 percent in 2017. More than 35,000 people older than 60 in the United States remain on the waitlist for a kidney. By adopting a similar model to France, the United States could provide more than 10,000 years of life with a functioning kidney transplant to its patients each year.

"This study demonstrates that there is more the U.S. can do to prevent the deaths of thousands of Americans each year who are waiting for a [transplant](#)," said coauthor Dr. Alexandre Loupy, nephrologist at the Department of Nephrology and Kidney Transplantation at Necker Hospital in Paris and Head of the Paris Transplant Group. "Our findings reinforce how collaboration between countries can lead to a concrete, new direction on how to help address a global health problem and advance care for wait-listed [kidney](#) patients in the United States."

Provided by Perelman School of Medicine at the University of Pennsylvania

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