



PRESS RELEASE

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INEQUITIES IN ACCESS TO KIDNEY TRANSPLANTATION EXIST EVEN WITH UNIVERSAL HEALTHCARE

Lower socioeconomic status and other patient factors linked with lower likelihood of being put on transplant waiting lists in the UK

Highlight

- In a study of patients with newly diagnosed kidney failure at 71 kidney centers in the UK, older age, additional illnesses, obesity, and lower socioeconomic status were associated with a lower likelihood of being put on transplant waiting list.

Washington, DC (May 28, 2020) — A new study has uncovered inequities in access to kidney transplantation in the UK despite its universal healthcare system. The findings appear in an upcoming issue of *CJASN*.

Kidney transplantation is the optimal treatment for patients with kidney failure, and it's important that patients have equal access to transplantation regardless of their geographical location, ethnicity, and socioeconomic status. Studies have revealed that although the UK has a universal healthcare system, ethnic minorities and individuals from lower socioeconomic groups have lower access to transplantation.

To examine whether practices by kidney centers play a role in this disparity, Rishi Pruthi, PhD (Guys and St. Thomas' NHS Trust, in London) and his colleagues analyzed prospective data on patients with kidney failure seen at 71 kidney centers in the UK between November 2011 and March 2013.

Of 2,676 patients with newly diagnosed kidney failure, 26% were put on transplant waiting list before starting dialysis, and 30% of patients who started dialysis were listed with 2 years of initiating treatment. Patient factors including older age, additional illnesses, obesity, and lower socioeconomic status were associated with a lower likelihood of being listed and accounted for much of the observed variations between centers. Ethnic minority associations were inconsistent, and reduced access was only seen for waitlisting before starting dialysis.

Kidney center factors were less important than patient factors, although being registered at a transplanting-center and having a universal approach to discussing transplantation were associated with higher rates of listing before patients started dialysis, and using a

written wait-listing protocol was negatively associated with listing within 2 years of starting dialysis.

“Further research is needed to understand the causal pathways between socioeconomic status and listing for transplantation, including the role of health literacy in influencing access to transplantation,” said Dr. Pruthi.

An accompanying editorial notes that the study underscores some of the challenges that persist in kidney transplantation even when healthcare access is universal. “Although only health policy can ensure that the door to kidney transplantation is open for all patients who could benefit, equity in transplantation will only be achievable if we are also ready to clear the path beyond the door,” the authors wrote.

Study co-authors include Matthew L. Robb, PhD, Gabriel C. Oniscu, MD, Charles Tomson, DM, Andrew Bradley, PhD, John L. Forsythe, MD, Wendy Metcalfe, MD, Clare Bradley, PhD, Christopher Dudley, MD, Rachel J. Johnson, MSc, Christopher Watson, MD, Heather Draper, PhD, Damian Fogarty, MD, Rommel Ramanan, MD, and Paul J. Roderick, MD.

Disclosures: Dr. Draper was a member of United Kingdom Donation Ethics Committee 2010–2016. Dr. Fogarty reports other from Vifor Pharmaceuticals (anemia products), personal fees from ACI Clinical, other from Amicus Pharmaceuticals (treatment for Fabry disease), and personal fees from Pharmacosmos Pharmaceuticals (anemia products) outside the submitted work. All remaining authors have nothing to disclose.

The article, entitled “Inequity in Access to Transplantation in the United Kingdom: A Prospective Observational Cohort Study,” will appear online at <http://cjasn.asnjournals.org/> on May 28, 2020, doi: 10.2215/CJN.11460919.

The editorial, entitled “Will Universal Access to Healthcare Mean Equitable Access to Kidney Transplantation?” will appear online at <http://cjasn.asnjournals.org/> on May 28, 2020, doi: 10.2215/CJN.03000320.

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