



# PRESS RELEASE

## ASN Contacts:

Christine Feheley (202) 640-4638 | [cfeheley@asn-online.org](mailto:cfeheley@asn-online.org)

Tracy Hampton [thampton@nasw.org](mailto:thampton@nasw.org)

## STUDY EXAMINES FACTORS AFFECTING RACIAL DISPARITIES BEFORE KIDNEY TRANSPLANTATION

*Socioeconomic status and comorbidities may affect disparities in getting on transplant wait lists.*

### Highlight

- Among adults with kidney failure who were referred for transplantation, 60% of black and 66% of white patients were waitlisted within the first year. Differences in socioeconomic status and comorbidities between black and white patients could explain up to 58% of the disparity in listing.
- Fewer black patients on transplant wait lists received transplants compared with white patients, but differences in socioeconomic status and comorbidities did not explain this disparity.

**Washington, DC (May 7, 2020)** — Among adults with kidney failure in need of a transplant, socioeconomic status and medical illnesses likely contribute to racial disparities in being put on transplant wait lists. The findings come from a study that will appear in an upcoming issue of *CJASN*.

Black adults are more likely than white adults to develop kidney failure, and yet their odds of being listed for and receiving a kidney transplant are lower. To assess whether socioeconomic status and illnesses besides kidney disease (comorbidities) affect these disparities, Mara McAdams-DeMarco, PhD, Karly Murphy, MD, MHS (Johns Hopkins Medical Institutions), and their colleagues examined information on 3,013 patients with kidney failure who were referred for and who started the transplant process between 2009 and 2018.

“We examined socioeconomic status—using income, education level, and employment status—and 17 medical comorbidities as potential mediators, both individually and combined, to explain racial disparities in listing for kidney transplant or for receiving a kidney transplant,” said Dr. McAdams-DeMarco.

The team found that within the first year, 60% of black and 66% of white patients were waitlisted. Differences in socioeconomic status explained 36% of the disparity in listing, while differences in comorbidities explained 44% of the disparity in listing. Together, differences in socioeconomic status and comorbidities between black and white patients could explain up to 58% of the disparity in listing.

Among 2,109 listed candidates, transplants occurred at rates of 19 and 24 per 100 persons per year for black and white candidates, respectively. Differences in socioeconomic status and comorbidities did not explain the disparities in receipt of transplants between black and white transplant candidates.

“We found that socioeconomic status and medical history most likely influence the likelihood that a person would be listed for transplant but did not change the likelihood of receiving a kidney transplant,” said Dr. McAdams-DeMarco.

Study co-authors include John W. Jackson, ScD, Tanjala S. Purnell, PhD, MPH, Ashton A. Shaffer, BA, Christine E. Haugen, MD, Nadia M. Chu, PhD, MPH, Deidra C. Crews, MD, ScM, Silas P. Norman, MD, and Dorry L. Segev, MD, PhD.

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The article, entitled “Association of Socioeconomic Status and Comorbidities with Racial Disparities During Kidney Transplant Evaluation,” will appear online at <http://cjasn.asnjournals.org/> on May 7, 2020, doi: 10.2215/CJN.12541019.

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