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RACIAL DISPARITIES EXIST IN CHILDREN'S ACCESS TO KIDNEY TRANSPLANTATION

Reduced access contributes to an increased risk of death in black children with kidney failure

Highlights

- In a study of children with kidney failure who were followed for a median of 7.1 years, black children had a 36% higher risk of dying than white children. The increase risk was mostly attributed to differences in access to transplantation.
- Hispanic children had lower risk of death than white children even though they had lower access to transplantation.

Washington, DC (December 29, 2016) — Researchers have uncovered a higher risk of death in black vs. white children with kidney failure over the last two decades that seems to be mediated by differences in access to kidney transplantation. The findings, which appear in an upcoming issue of the *Journal of the American Society of Nephrology* (JASN), point to the need to develop strategies that will ensure equal access to transplantation for children.

Children with kidney failure are given high priority in the allocation of deceased donor kidneys because kidney disease interferes with normal growth. It's unclear if some children face racial disparities in this allocation, however.

To investigate whether there are racial disparities in the survival of children with kidney failure, Elaine Ku, MD (University of California San Francisco) and her colleagues analyzed information on 12,123 non-Hispanic black, Hispanic, and non-Hispanic white children who started renal replacement therapy (either dialysis or transplantation) between 1995 and 2011 and were followed up through 2012.

During a median follow-up of 7.1 years, 1600 children died. Black children had a 36% higher risk of death than white children, which was mostly attributed to differences in access to transplantation. Hispanic children had lower risk of death than non-Hispanic white children even though they had lower access to transplantation. Also, when investigators accounted for black children's reduced access to transplantation, there was no longer an appreciable difference in survival in black and white children.

“We believe it is critically important to understand differences in transplantation and death by race so that changes can be made to either the allocation of donated organs or current practices in the treatment of kidney disease in children to eliminate the differences that we observed,” said Dr. Ku.

Study co-authors include Kirsten Johansen, MD, Charles McCulloch, PhD, and Barbara Grimes, PhD.

Disclosures: The authors reported no financial disclosures.

The article, entitled “Racial disparities in survival of children with end-stage renal disease,” will appear online at <http://jasn.asnjournals.org/> on December 29, 2016, doi: 10.1681/ASN.2016060706.

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