



# PRESS RELEASE

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## RACIAL/ETHNIC DIFFERENCES IN MORTALITY FOR PATIENTS ON DIALYSIS IN U.S. TERRITORIES AND STATES

### Highlight

- In an analysis of patients treated with dialysis in the 5 U.S. territories and the 50 U.S. states between 1995 and 2012, the mortality rates were similar for Whites or Blacks, and higher for Hispanics and Asians in the territories.

**Washington, DC (December 19, 2019)** — A recent analysis found differences in mortality rates for various racial/ethnic groups among patients undergoing dialysis in the U.S. territories vs. the 50 U.S. states. The findings, which appear in an upcoming issue of *CJASN*, point to the need for research into the causes of these disparities.

In the United States, mortality rates among patients with kidney failure who are treated with dialysis differ by racial/ethnic groups, but little is known about potential kidney disease–related disparities in the U.S. territories, namely Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa. The combined dialysis population of these territories exceeds that of over 27 U.S. states, with a disproportionately high rate of diabetes related kidney failure.

To investigate, Guofen Yan, PhD (University of Virginia), Keith Norris, MD, PhD (David Geffen School of Medicine at UCLA), and their colleagues examined information on 22,828 patients treated with dialysis in the 5 U.S. territories and 1,524,610 treated in the 50 U.S. states between 1995 and 2012.

The researchers found that the mortality rates were similar for Whites or Blacks in the territories compared with their counterparts with similar age and medical conditions in the states, and higher for Hispanics and Asians in the territories.

“To our knowledge, our study is the first to document important differences in dialysis mortality for various racial and ethnic groups in the U.S. territories vs. the U.S. 50 states,” said Dr. Yan. “Although dialysis care should be similar everywhere, we found that Hispanic and Asian patients undergoing dialysis in the U.S. territories were more likely to die than their counterparts with similar age and medical conditions living in the 50 United States. Now that we know this, our next question to answer is, why?” Reasons could include dietary patterns, health behaviors, access to care, quality of care, insurance status, health care system factors, underlying illness, and biologic and genetic factors.

A Patient Voice editorial accompanies the study.

Study co-authors include Jenny Shen, MD, Rubette Harford, PhD, Wei Yu, MA, MS, Robert Nee, MD, Mary Jo Clark, PhD, Jose Flaque, MD, Jose Colon, MD, Francisco Torre, MD, Ylene Rodriguez, MD, Jane Georges, MD, and Lawrence Agodoa, MD.

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The article, entitled “Racial and Ethnic Variations in Mortality Rates for Patients Undergoing Maintenance Dialysis Treated in U.S. Territories Compared to U.S. 50 States,” will appear online at <http://cjasn.asnjournals.org/> on December 19, 2019, doi: 10.2215/CJN.03920319.

The editorial, entitled “Disparities in Health Outcomes with Dialysis in United States Vary by Race,” will appear online at <http://cjasn.asnjournals.org/> on December 19, 2019, doi: 10.2215/CJN.13881119.

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Twitter: Racial/ethnic differences in mortality for patients on dialysis in US territories and US states

Facebook: A recent analysis found differences in mortality rates for various racial/ethnic groups among patients undergoing dialysis in the U.S. territories vs. the 50 U.S. states. The findings, which appear in *CJASN*, point to the need for research into the causes of these disparities.

