



PRESS RELEASE

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TRANSPLANT CANDIDATES' THOUGHTS ABOUT TRADEOFFS OF SHORTER WAIT TIME FOR LOWER QUALITY KIDNEYS

Results may help reduce the discard rate of donor organs.

Highlight

- In a choice-based study of patients who were waiting for or had received a kidney transplant, the average respondent would accept a kidney today with 6.5 years of expected survival of the transplanted organ to avoid waiting 2 additional years for a kidney with 11 years of expected survival.

Washington, DC (August 19, 2022) — Approximately 20% of deceased donor kidneys are discarded each year in the United States, but a recent study in *CJASN* indicates that many patients on the transplant waitlist would prefer accepting such lower quality kidneys in return for a shorter waiting time.

For the study, Sanjay Mehrotra, PhD (Northwestern University) and his colleagues conducted a choice-based experiment that presented the option of deceased donor kidneys to 605 patients who were waiting for or had received a kidney transplant. The choices involved tradeoffs between accepting a kidney today or a future kidney.

The average respondent would accept a kidney today with 6.5 years of expected survival of the transplanted organ to avoid waiting 2 additional years for a kidney with 11 years of expected survival.

Three patient-preference classes were identified. Class 1 was averse to additional waiting time but still responsive to improvements in kidney quality. Class 2 was less willing to accept increases in waiting time for improvements in kidney quality. Class 3 was willing to accept increases in waiting time even for small improvements in kidney quality.

Relative to class 1, respondents in class 3 were likely to be age 61 or younger and to be waitlisted before starting dialysis, and respondents in class 2 were more likely to be older, Black, not have a college degree and have greater functional impairment.

“With more than 90,000 patients waiting for a kidney transplant, and more than 15,000 deaths or waitlist removals each year, we have a major opportunity to save lives and dialysis costs, while improving patient quality of life. Our study provides national evidence

on patients' willingness to accept marginal kidneys, which will be thrown away because of policy and operational inefficiencies in the national transplant system," said Dr. Mehrotra.

An accompanying editorial notes that the greatest predictor for improved survival for individuals with kidney failure is whether or not they receive a transplant at all. "This study clearly demonstrates something that we all know—that considering waitlisted patients as a monolithic group that views the tradeoff between waiting time and organ quality similarly is a mistake," the authors wrote.

An accompanying Patient Voice article provides the perspectives of a lifelong kidney patient and three-time kidney transplant recipient. The author notes that "the study can serve as a vehicle to discuss much needed innovation in creating a more transparent and patient choice–driven organ allocation system."

Additional study authors include Juan Marcos Gonzalez, PhD, Karolina Schantz, MPH, Jui-Chen Yang, MEM, John Friedewald, MD, and Richard Knight, MBA.

Disclosures:

J. Friedewald reports consultancy agreements with Sanofi and Eurofins - Transplant Genomics, Inc.; research funding from CSL Behring, Hansa BioPharma, NIH, Eurofins Viracor, Inc., and Veloxis; honoraria from Sanofi; patents or royalties from Northwestern University/Scripps Research Institute; serving in an advisory or leadership role for Eurofins - Transplant Genomics, Inc.; and speakers bureau for Sanofi.

J.M. Gonzalez Sepulveda reports consultancy agreements with Biomarin, IQVIA, Merck, and Vertex; research funding from Janssen, Astellas, Grifols, GSK, and Amgen; honoraria from RAND Corporation; and serving in an advisory or leadership role for International Academy of Health Preference Research and ISPOR.

R. Knight reports employment with the American Association of Kidney Patients; honoraria from Johns Hopkins Center for Health Equity, Personalized Medicine Coalition, American Kidney Fund, Northwestern University, Otsuka, Labcorp, and Novartis; serving in an advisory or leadership role for NIDDK Advisory Council, SRTR Review Committee, and Scientific Advisory Board for the "Rescuing Kidneys at Risk of Discard" project; serving as AAKP President and Quality Insights Patient Advisory Committee Member; and other interests or relationships with Bowie State University Board of Advisors and SRTR Review Committee.

S. Mehrotra reports consultancy agreements with The Joint Commission, ownership interest in Medecipher, Inc., and serving in an advisory or leadership role for Medecipher, Inc.

J-C Yang reports employment with and ownership interest in Pacific Economic Research, LLC.

The article, titled "Patient Preferences for Waiting Time and Kidney Quality," will appear online at <http://cjasn.asnjournals.org/> on August 19, 2022, doi: 10.2215/CJN.01480222.

The editorial, titled “Improving the Utilization of Deceased Donor Kidneys by Prioritizing Patient Preferences,” will appear online at <http://cjasn.asnjournals.org/> on August 19, 2022, doi: 10.2215/CJN.08500722.

The Patient Voice, titled “Getting a Kidney – Where is Patient Choice?” will appear online at <http://cjasn.asnjournals.org/> on August 19, 2022, doi: 10.2215/CJN.08400722.

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