

No racial differences seen in outcomes after liver transplantation

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Minority patients do not necessarily have worse outcomes after liver transplantation. When treated at the same medical centers as Caucasians, they fare just as well. These are the results of a new study in the November issue of *Hepatology*, a journal published by John Wiley & Sons on behalf of the American Association for the Study of Liver Diseases (AASLD).

While some studies have shown that minority patients who undergo liver transplantation have outcomes similar to those of Caucasian patients, many others have revealed discrepancies based on race. A recent nationwide study of all transplant patients found that African American and Asian race were independent risk factors for poorer outcomes, however, that study did not consider the hospital or region where the transplantation was performed.

To address the possibility that discrepancies in outcomes could be explained by access (or lack of it) to the best transplant centers, researchers, led by W. Ray Kim of the Mayo Clinic, considered racial differences in survival after liver transplantation using only data from selected high volume academic liver transplant centers.

They examined data from two NIH sponsored multi-center liver transplant databases: the National Institute of Diabetes and Digestive and Kidney Disease Liver Transplantation Database, and the MELD Study Group Database. The study population included 2823 adult patients who underwent liver transplantation at the Mayo Clinic, the University of

California San Francisco, the University of Nebraska, and Baylor University. Of the patients, 2448 were Caucasian, 135 were African American, and 240 were of another race, including Asian and Hispanic. The researchers analyzed the data, considering demographic, clinical and laboratory factors.

“Although there were noticeable differences in baseline characteristics, such as age, gender, and diagnosis among the three groups, we found no relationship between recipient race and survival,” the authors report. “African American patients did just as well as recipients of other races.” The observation held up in multivariable analyses and, “is in direct contradiction to a report based on UNOS data,” they report.

The difference might be explained by the fact that the study data was from patients at select, high-volume, academic medical centers, which may be expected to provide better outcomes than the national average, the authors suggest. Previous studies have shown that center volume has a significant impact on recipient survival.

“We postulate that the difference between our data and others stems from unequal access to high-quality liver transplant centers between races,” they conclude. “Focused investigations to understand and eliminate barriers along the socioeconomic as well as racial boundaries are warranted.”

The article is also available online at Wiley Interscience:
www.interscience.wiley.com/journal/hepatology .

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