

Elimination of national kidney allocation policy improves minority access to transplants

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A new study published in the *American Journal of Transplantation* reveals that since the elimination of the kidney allocation priority for matching for HLA-B on May 7, 2003, access to kidney transplantation for minorities has been improved. Improvement is a result of a policy that reduced the requirements for tissue matching.

Prior national kidney allocation rules provided priority to candidates who shared HLA-B antigens with potential deceased donors. On May 7, 2003, allocation priority for HLA-B matching was eliminated. Improvements in medications used to prevent [transplant rejection](#) reduced the benefit that previously had been associated with HLA-B matching. Additionally, it was recognized that matching for HLA-B had the unintended consequence of reducing transplant opportunities for minority candidates.

Led by Valarie Ashby, MA, of The University of Michigan Kidney Epidemiology and Cost Center, researchers reviewed outcomes before and after this change using data from the Scientific Registry of Transplant Recipients. Analyses were based on 108,701 solitary deceased [donor kidney](#) recipients during the six years before and after the policy change.

Results found that since the change in the kidney allocation policy, minorities are now transplanted in proportion to the percentage by which

they are added to the waiting list. In the six years before and after the policy change, the overall number of deceased donor transplants rose 23%, with a larger increase for minorities (40%) and a smaller increase for non-Hispanic whites (8%).

"The current policy, which offers no allocation priority for HLA-B similarity and gives only one and two points for matches at HLA-Dr, has improved access to transplantation for all minority groups and has not been associated with a decrease in 2-year [graft survival](#) during the first six years following the policy change," Ashby concludes.

Provided by Wiley

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