

# Liver transplant survival rates lower in black than white pediatric patients

December 5 2013

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Novel research reveals racial and socioeconomic disparities among pediatric liver transplant patients. Findings published in *Liver Transplantation*, a journal of the American Association for the Study of Liver Diseases and the International Liver Transplantation Society, indicate that graft and patient survival was higher in white children than minorities.

For patients with end-stage [liver](#) disease (ESLD) the only [treatment option](#) for survival is liver transplantation. Studies show that over the last 30 years pediatric patient survival, at one year following [liver transplant](#), is 90% compared to 70% prior to 1980. Experts suggest that as survival rates improve, understanding racial and socioeconomic differences in pediatric populations are important factors to consider for overall health status.

"Little is known about the impact of race, ethnicity and [socioeconomic status](#) disparities on outcomes after liver transplantation among pediatric and adolescent recipients," explains first author Rekha Thammana, MD of Emory University Department of Medicine in Atlanta, GA. "Our study is the first to investigation the impact of race and socioeconomic status on graft and patient survival among white and minority children."

Researchers included 208 liver transplant recipients, aged 22 or younger, who were transplanted at Children's Hospital of Atlanta between January 1998 and December 2008. Participants were followed through November 2011. Data from the United Network for Organ Sharing

(UNOS) on transplant outcomes and donor characteristics was linked with Georgia Transplant Foundation financial aid data to examine the contribution of socioeconomic status to the observed racial disparities.

Results show that 51% of transplant recipients were white, 35% were black and 14% were other races or ethnicities. At 1, 3, 5, and 10 years following liver transplant the graft and patient survival was higher among white children compared to the minority children. The 10-year graft survival was 84% for white, 60% among black and 49% for the remaining minority patients. Patient survival at 10 years post-transplant was 92%, 65%, and 76% among whites, blacks, and other races, respectively.

Further analyses show that graft failure and mortality rates remained higher among minority groups compared to [white children](#) after accounting for differences in demographic, clinical, and socioeconomic factors. "While our study determined differences in post-transplant outcomes between minority and white pediatric liver transplant recipients, we were unable to fully explain the reason for these disparities," concluded senior author Rachel Patzer, PhD, MPH with the Division of Transplantation at Emory University. "Further investigation of the reasons for racial and ethnic differences, particularly on a national level, is necessary to indentify interventions that may help reduce disparities in pediatric [liver transplantation](#)."

**More information:** Racial and Socioeconomic Disparities in Pediatric and Young Adult Liver Transplant Outcomes." R.V. Thammana , S. J. Knechtle, R. Romero, T. G. Heffron, C. T. Daniels and R. E. Patzer. *Liver Transplantation*; [DOI: 10.1002/lt.23769](https://doi.org/10.1002/lt.23769)

Provided by Wiley

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