

Most living kidney donors are women, and men are donating less than before

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A new study reveals that changes in living kidney donation in the United States over the last decade have varied by sex, resulting in a widened gap in donation between women and men. Income may be an important factor contributing to this discrepancy. The findings, which appear in an upcoming issue of the *Journal of the American Society of Nephrology* (*JASN*), suggest that strategies to remove financial barriers to living donation may be important to maintain living donation.

Receiving a [kidney](#) from a living [donor](#) is the preferred treatment for patients with kidney failure, but the number of living donor transplantations in the United States has been decreasing since 2005. To determine the factors underlying this decline, Jagbir Gill, MD, MPH (University of British Columbia, in Vancouver) and his colleagues examined data from the Scientific Registry of Transplant Recipients and the US Census.

Between 2005 and 2015, the unadjusted rate of living kidney donation was 30.1 and 19.3 per million population in [women](#) and men, respectively. After adjusting for differences in age, race, the incidence of [kidney failure](#), and geographic factors, the incidence of donation was 44% higher in women. Over time, the incidence of donation was stable in women but declined in men, resulting in a widened gap in donation between women and men.

Living donation rates varied by income in both women and men, but the decline in living donation was most marked in men from lower income

groups. Finally, the investigators found that living related donations declined in both women and men, in all income groups.

"We found that the biggest drop in donation has been in men, while women have continued to donate at similar rates. We also found that the drop in donation was greatest in lower income populations suggesting that the financial costs of donation may be preventing more men from donating in the current economic climate, leaving more women to donate instead, said Dr. Gill. "This research strongly supports initiatives to reduce or reimburse all costs associated with donation so that people who come forward to donate don't have to worry about incurring any out of pocket expenses."

In an accompanying editorial, Arthur Matas, MD (University of Minnesota, Minneapolis) and Rebecca Hays, MSW, APSW (University of Wisconsin Hospital and Clinics) noted that many countries have enacted policies to ensure that donors are compensated for costs related to living donors and that their jobs are protected during recovery.

"Living donors are heroes; they undergo a major operation, with associated risks and of no medical benefit. Irrespective of [donation rates](#), donors should not also have to pay donation-related costs," they wrote.

"The body of research from Gill and coauthors suggests that eliminating financial barriers may also decrease gender disparities in living [kidney donation](#)."

More information: "The Change in Living Kidney Donation in Women and Men in the United States (2005-2015): A Population-Based Analysis," *Journal of the American Society of Nephrology* (2018).

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