

Removing race may up equity in preemptive listing for kidney transplant

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(HealthDay)—Including race coefficients in calculations of the

estimated glomerular filtration rate (eGFR) contributes to racial disparities in preemptive listing of kidney transplant candidates, according to a study published online Dec. 23 in the *Clinical Kidney Journal*.

Mersema Abate, M.D., from Norwell Health in Manhasset, New York, and colleagues evaluated differences in racial distribution of preemptive listing before and after application of the Modification of Diet in Renal Disease (MDRD) and Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) formula race coefficients to all preemptively listed non-Black kidney transplant candidates (eGFR modulation) using the Scientific Registry of Transplant Recipients database. The odds of preemptive listing were calculated by race before and after eGFR modulation; Black race was used as the reference.

The researchers found that 30.7 percent of the 385,087 kidney-alone transplant candidates from Jan. 1, 2010, to Dec. 2, 2020, were identified as preemptively listed (71.7 percent White, 19 percent Black, 7.8 percent Asian, 0.6 percent multiracial, 0.6 percent Native American, and 0.3 percent Pacific Islander). The adjusted odds of preemptive listing for White compared with Black candidates decreased from 2.01 before eGFR modulation to 1.18 with the MDRD and 1.37 with the CKD-EPI equations, after adjustment for race coefficients.

"Our data show significant [racial disparities](#) derived from the inclusion of [race](#) coefficients when calculating eGFR at the time of preemptive listing of Black kidney transplant candidates," the authors write.

One author disclosed financial ties to the biopharmaceutical and medical technology industries.

More information: [Abstract/Full Text](#)

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