

Heart transplant access, outcomes for Black patients up significantly since 1987

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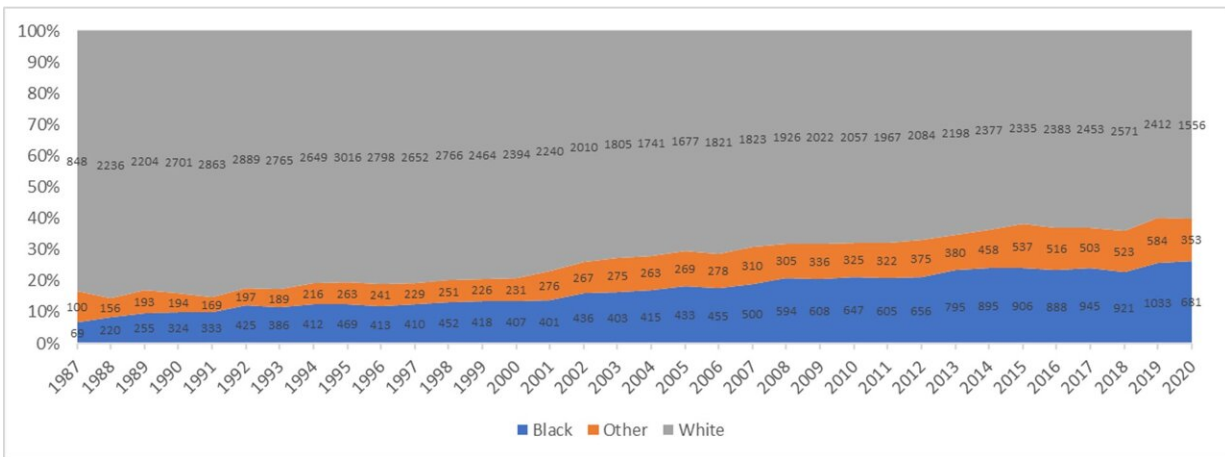


Fig 1. Annual heart transplant listing stratified by race. Credit: DOI: 10.1371/journal.pone.0262945

Researchers at the University of Louisville analyzed data for heart transplants from 1987 to 2019 to better understand equity in access to heart transplant for adult Black and white patients and those of other races, comparing percentages of patients who were placed on the transplant list and those actually transplanted over time. They found that access to transplants for Black patients has improved significantly over the study period, both in the percentage of patients listed for transplant and the percentage of transplants performed.

Jaimin Trivedi, assistant professor and director of clinical research and bioinformatics in the UofL Department of Cardiovascular and Thoracic Surgery, was lead author on an article published in *PLOS ONE* last month detailing the findings.

Trivedi and his colleagues in the department used data from the United Network for Organ Sharing (UNOS) database to analyze changes in the percentage of heart transplants for Black, white and patients of another race since 1987, when the database was established. They analyzed de-identified records for a total of 105,266 adults listed in the database for heart transplants from 1987 through 2020 by Black, white or another race, and the 67,824 patients from the list who received a heart [transplant](#).

The proportion of Black patients on the UNOS heart [transplant list](#) increased from 7% in 1987 to 25% in 2019 and those who received transplants increased from 5% in 1987 to 26% in 2019.

According to 2020 U.S. Census data, 14.2% of the U.S. population is Black or African American alone or in combination with another race.

"Black patients historically have had poorer access to heart transplants, evident in our study as fewer patients listed for transplant and fewer patients actually receiving the transplant," Trivedi said. "But, as the general health care of heart transplant patients improved over the years and the knowledge of racial disparities came into light, all these things came together and eventually the proportion of Black patients listed increased over time."

While the numbers indicate parity among patients of different races, Trivedi said an analysis of equity must also consider the increased risk for [heart disease](#) among Black patients.

"The Black population is at higher risk of cardiac disease based on the CDC data, so that means there are more Black patients likely to have heart failure and they are more likely to require a heart transplant," Trivedi said. "If we are just looking at two numbers in the proportion of patients transplanted right now, it's improved, but we have to look at it from the perspective of how prevalent heart disease is in the Black community and then how many of them are getting a transplant. So more research has to be done before you can meaningfully say whether there is equity in access to heart transplants."

The researchers examined three-year survival of [heart transplant](#) patients. Post-transplant outcomes improved for all patients over the study period due to better post-transplant care, more rapid treatment of transplant rejection and other factors. Outcomes also improved for Black patients, which are reaching levels comparable to white and other patients in recent years.

"There has been a general improvement in transplant survival outcomes across the races. Black patients tended to do slightly more poorly than [white patients](#), but when we look at more recent data over the past five or six years, we have seen that Black patient survival also has been improving and it is reaching par."

Another factor affecting post-transplant survival is access to quality health insurance. With this in mind, the researchers compared data for individuals with private insurance with those who had Medicare or Medicaid, information that was included in the database since 1994.

They found that post-transplant survival for Medicare and Medicaid patients improved over time but remained marginally below that of private insurance patients. The improvement in survival of Black patients was seen through all insurance classes over time, particularly since 2012, which Trivedi said could be multifactorial but also partially

due to reliable insurance coverage after the application of the Affordable Care Act.

More information: Jaimin R. Trivedi et al, Racial disparities in cardiac transplantation: Chronological perspective and outcomes, *PLOS ONE* (2022). [DOI: 10.1371/journal.pone.0262945](https://doi.org/10.1371/journal.pone.0262945)

Provided by University of Louisville

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