

## **Race-specific approach to spirometry disadvantages Black patients**

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A race-specific approach to spirometry interpretation results in a lower



lung allocation score (LAS) for Black patients and a higher LAS for White patients, according to a study published online May 26 in the *Annals of the American Thoracic Society*.

J. Henry Brems, M.D., from the Johns Hopkins University School of Medicine in Baltimore, and colleagues examined the impact of a racespecific versus race-neutral approach to spirometry interpretation on LAS among 8,982 adults (90.3 percent White; 9.7 percent Black) listed for <u>lung transplant</u> in the United States between Jan. 7, 2009, and Feb. 18, 2015. At listing, the LAS was calculated using a race-specific and race-neutral approach.

The researchers found that the mean percent predicted forced vital capacity was 4.4 percent higher among White patients and 3.8 percent lower among Black patients. Under both a race-specific and race-neutral approach, Black patients had a higher mean LAS compared with White patients (43.9 versus 41.9 and 44.3 versus 41.3, respectively). Under a race-neutral approach, the mean difference in LAS was –0.6 versus +0.6 for White versus Black patients. Under a race-neutral approach, the differences in LAS were most pronounced for those with pulmonary vascular disease and restrictive lung disease.

"A race-specific approach may have contributed to decreased access to lung transplant among Black compared to White patients on the waitlist," the authors write. "Race-specific equations may promote inequitable care, and their future use must be carefully considered."

**More information:** J Henry Brems et al, Race-specific Interpretation of Spirometry: Impact on the Lung Allocation Score, *Annals of the American Thoracic Society* (2023). DOI: 10.1513/AnnalsATS.202212-1004OC



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