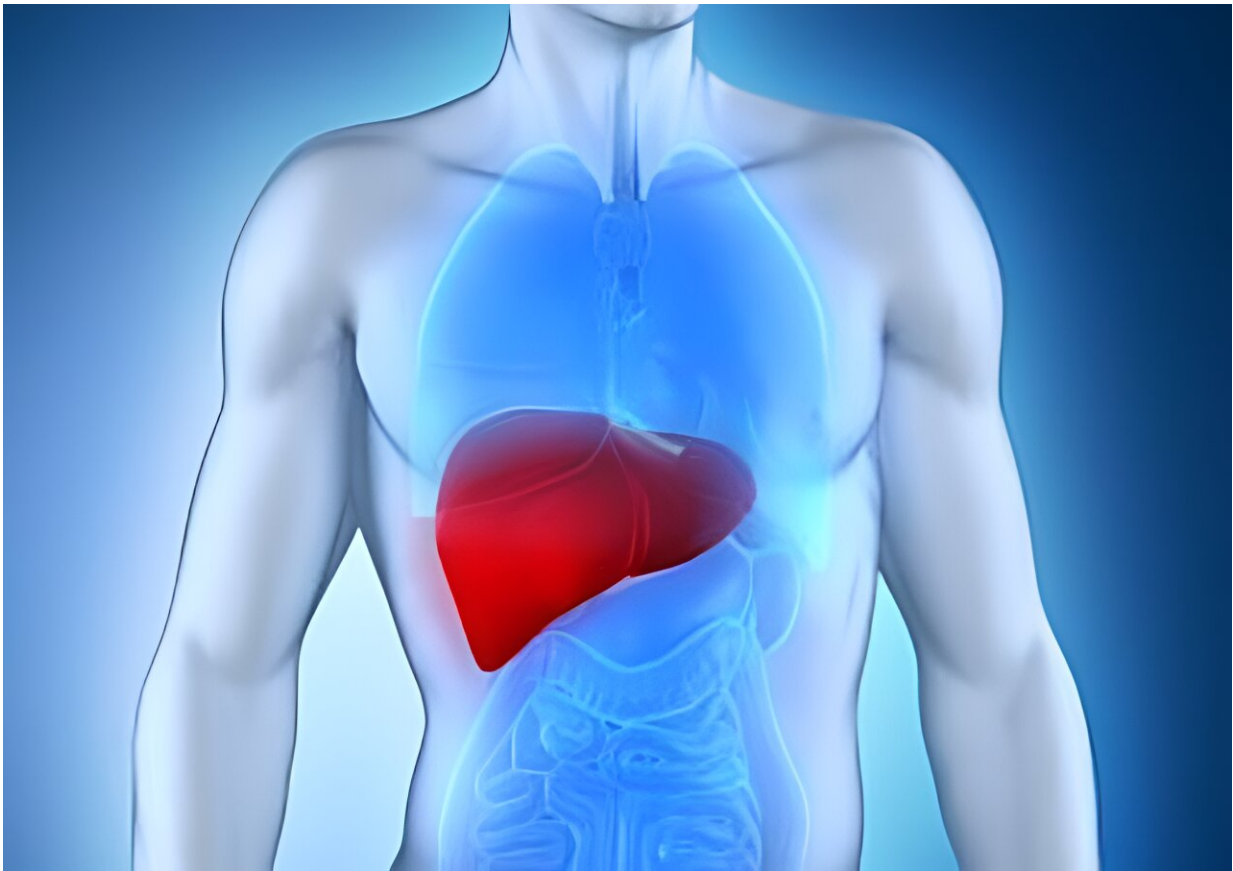


Race, ethnicity plays role in liver transplant survival: Study

March 14 2024, by Carole Tanzer Miller



Researchers hope findings from a new study of liver transplant patients will lead to improved interventions for those from racial and ethnic

minority groups.

The study—led by researchers at UT Southwestern Medical Center in Dallas—found the risk of dying while waiting for a [liver transplant](#) was higher among patients from four minority groups. Their risk for a failed transplant was also higher.

The findings could lead to better awareness of the issue and "improved outcomes for racial and ethnic minority populations," said lead study author Dr. Thomas Cotter, from the Division of Digestive and Liver Diseases at UT Southwestern.

Liver transplants for patients with alcohol-associated liver diseases have jumped during the past decade. In all, 31.5% of transplants involve alcohol-associated cirrhosis (AAC). AAC also accounts for just over 32% of cases on the transplant wait list.

Rates of alcohol-associated hepatitis on the wait list, meanwhile, are also up sixfold and there has been a ninefold surge in transplants, researchers said.

For the study, investigators looked at wait-listed adult patients in the U.S. transplant database from 2015 to 2021.

They found significant racial and [ethnic differences](#) in [death rates](#) for AAC patients on the transplant lists, with American Indian/Alaska Native patients facing a 33% higher risk of premature death than white patients. Other minority groups had similar trends compared to white patients—Asian patients (23% higher risk) and Hispanic patients (17% higher risk). Black patients, meanwhile, had a 7% increased risk.

Hispanic patients with diabetes had a higher risk of dying while on the wait list and a failed transplant, the study found.

Across all ethnic and [racial groups](#), AAC patients who were younger, male, college-educated and employed had lower rates of premature death, as did those with a higher body mass index.

Survival outcomes also differed by race and ethnicity.

Black Americans and American Indian/Alaska Natives had the lowest five-year transplant survival rates. Rates for Hispanic patients, Asian patients and white patients were similar.

Cotter noted that limited access to transplants and delayed referral for evaluation may contribute to the disparities.

To address these gaps, transplant interventions should not only treat [mental health](#) and [substance abuse](#), Cotter said, but also consider how well patients manage immunosuppression, psychosocial challenges and whether they start drinking again.

The findings were recently published in the journal [Transplantation](#).

More information: Thomas G. Cotter et al, Racial and Ethnic Disparities in Liver Transplantation for Alcohol-associated Liver Diseases in the United States, *Transplantation* (2023). [DOI: 10.1097/TP.0000000000004701](#)

The Mayo Clinic has more about [liver transplantation](#).

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Citation: Race, ethnicity plays role in liver transplant survival: Study (2024, March 14) retrieved 12 May 2024 from <https://medicalxpress.com/news/2024-03-ethnicity-plays-role-liver-transplant.html>

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