

# Disparities exist in wait-listing for pediatric kidney transplants

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Disparities in timely wait-listing among pediatric kidney transplant candidates expose some patients to greater harms from dialysis, according to a study published online Aug. 1 in *Pediatrics*.

Lindsey M. Maclay, from the Columbia University Vagelos College of Physicians and Surgeons in New York City, and colleagues assessed disparities in timely access to transplant wait-listing among 4,506 children (ages 3 to 17 years) added to the U.S. kidney transplant wait list in 2015 to 2019.

The researchers found that female sex, Hispanic ethnicity, Black race, and public insurance were associated with a lower adjusted relative risk for preemptive wait-listing (that is, wait-list addition before receiving dialysis), which was not associated with time from wait-list activation to transplantation (adjusted hazard ratio 0.94; 95 percent confidence interval, 0.87 to 1.02). Nearly two-thirds of transplant recipients wait-listed preemptively had no pretransplant dialysis (68 percent), whereas recipients listed nonpreemptively had a median 1.6 years of dialysis at transplant. For 415 candidates initiating dialysis as children but wait-listed as adults, the transplant rate was lower compared with nonpreemptive pediatric candidates after wait-list activation (adjusted hazard ratio, 0.54; 95 percent confidence interval, 0.44 to 0.66).

"Disparities in timely wait-listing are associated with differences in pretransplant [dialysis](#) exposure despite no difference in time to transplant after wait-list activation," the authors write. "Young adults who experience delays may miss pediatric prioritization, highlighting an area for policy intervention."

**More information:** Lindsey M. Maclay et al, Disparities in Access to Timely Waitlisting Among Pediatric Kidney Transplant Candidates, *Pediatrics* (2024). [DOI: 10.1542/peds.2024-065934](https://doi.org/10.1542/peds.2024-065934)

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