

Trained navigators help patients with kidney transplant process

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be waitlisted after 500 days (hazard ratio, 3.31; 95 percent confidence interval, 1.20 to 9.12). There was no association between use of the navigator and starting the evaluation (85 versus 79 percent; $P = 0.11$) or completing the evaluation (58 versus 51 percent; $P = 0.14$), but intervention patients had more living donor inquiries (18 versus 10 percent; $P = 0.03$).

"A transplant center-based navigator targeting disadvantaged patients improved waitlisting, but not until after 500 days of follow-up," the authors write. "However, the absolute impact was relatively small."

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(HealthDay)—A trained patient navigator helps to increase access to the transplant waitlist for disadvantaged patients with kidney failure who need a longer time to get through the transplant evaluation process, according to a study published online March 26 in the *Clinical Journal of the American Society of Nephrology*.

Mohua Basu, M.P.H., from Emory University in Atlanta, and colleagues randomized 401 [patients](#) referred for kidney [transplant](#) evaluation (January 2013 to August 2014, and followed through May 2016) at a single center to either a trained navigator-assisted [intervention](#) or regular care.

The researchers found that waitlisting was not significantly different among intervention and control patients overall ($P = 0.17$). Time from referral to waitlisting was 126 days longer for intervention patients. While there was no difference in waitlisting in the early period between intervention and control patients (hazard ratio, 1.03; 95 percent confidence interval, 0.69 to 1.53), intervention patients were 3.3 times more likely to

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