

ETHNICITY AND ORGAN DONATION: THE OPTN/SRTR REGISTRY

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Background: In the US there are persistent and growing disparities in morbidity, mortality and disability between Caucasians (whites) and other ethnic groups, likely related to socio-economical status and education. These factors affect the sense of trust in health care and government regulated systems. Being transplantation a highly regulated system, organ donation may reflect these ethnic disparities.

Material and Methods: We reviewed the OPTN/SRTR data base for deceased (DD) / living donor (LD) kidney and DD / LD liver transplants (DDL/LDL).

Results: From 1997 to 2006 a total of 115,397 kidney (DD 58,422 / LD 56,975) and 58,463 liver transplants (DD 55,497 / LD 2,966) were performed in the US.

White has been the most represented of all ethnic donor groups regardless the increasing presence of other ethnicities. In 2006 for DDK / LDK respectively 68.5% / 70.3% W, 14.5% / 12.5% AA, 13.9% / 13% HL, 2.5% / 2.9% A, 0.7% / 1.2% other: for DDL / LDL respectively 67.5% / 81.5% W, 16.15 / 3.8% AA, 13.4 / 11.5 HL, 2.4% / 2.8 AA, 0.6% / 0.7% other without significant changes during the entire decade. Of note, by the 2010 census, whites may actually represent a numeric minority.

Even more, whites do not have the most benefit in term of graft survival being the Asians with the best short and long term outcomes. 5 year graft survival for DDK (non ECD) / LDK respectively 72.1% / 81% W, 61.7% / 72.2% AA, 74.4% / 83.7% HL, 78.2% / 87% A, 73.5% / 81.7% other. 5 year graft survival for DDL / LDL respectively 67.8% / 68% W, 59.9% / 55.8% AA, 69.5% / 71.9% HL, 69.9% / 76.5% A, 65% / 88.2 other.

Conclusions: Ethnic disparities in organ donation have remained unchanged over the past decade. Changes in trust of health care system through education may increase rate of organ donation in minorities.