Access to renal transplantation

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UKRR/UKT Joint analysis
Equity in renal transplantation

• Equitable organ allocation (UKT)
• Equitable access to the waiting list (unit level)
Number of patients on RRT

% of patients on active list (risk-adjusted for patient & centre factors)

Renal unit
National proportion
95% confidence interval
99.8% confidence interval
Problems

• Point prevalence analysis
  – Short-term fluctuation
  – Enrichment with unsuitable patients
Guideline 1.4
There must be demonstrable equity of access to deceased donor kidney transplantation irrespective of gender, ethnicity or district of residence.
Audit measures

- The time to placement on the UK Transplant national transplant list in relation to start date of dialysis

- A comparison between renal units of the proportion of dialysis patients placed on the national transplant list corrected for differences in identified unit and patient specific variables including co-morbidity.
Analysis

• Access to the waiting list
  – Prevalent patients
  – Incident patients

• Time to listing
Access to the waiting list

• Point prevalence analysis
  The proportion of patients on dialysis who were also active on the waiting list on 31/12/06

• Incident patient analysis
  The % of incident dialysis patients between 01/01/03 – 31/12/04 were subsequently activated on the WL within 2 years of commencing dialysis

• Only patients <65 years were considered for inclusion
Percentage of all dialysis patients by centre on the active transplant waiting list on 31/12/2006 for patients aged under 65

N = 11,554
Point prevalence

n = 11,554
Percentage of incident patients aged <65 years active on the transplant waiting list within 2 years of commencement of dialysis
Incident patient
\( n = 4816 \)

Funnel plot for percentage on waitlist (under 65s)
Time to wait-listing

- Incident patients between 01/01/03 – 31/12/04 used as cohort for consideration and then followed up until 30/09/07

- Time taken to activate on WL = date of first activation – date of start of dialysis

- Patients achieving pre-emptive deceased or live donor transplantation were considered to have spent 0 days on the WL
Significant centre variation [P < 0.0001] persisted even after correcting for age, gender and PRD
Combined unit performance

[Incident patients]
Conclusions

• Several units are significant outliers in % of both prevalent and incident patient wait-listed
• Several units are significant outliers in the time taken to activate patients on the waiting list
• Some units have both a low % of incident patients on the waiting list and take longer to work patients up for activation
• The reason for differences between units needs to be explored
Cautions

Need to correct for patient and centre specific factors

- Patient
  - Age
  - PRD
  - Graft number

- Centre
  - Size of renal unit
  - Size of LD programme
  - Listing practice of LD transplants