

Sociodemographic Correlates of Barriers to Progression from Living Donor Candidate Evaluation to Donor Approval: Analysis of the SRTR Living Donor Collective

K. L. Lentine¹, A. Hart², Y. Ahn³, D. Brennan⁴, P. Dean⁵, M. Doshi⁶, A. Duarte⁷, G. Katz-Greenberg⁸, E. King⁴, M. Levan⁹, A. Matas¹⁰, D. LaPointe-Rudow¹¹, W. McKinney², H. Xiao¹, C. Wooley¹, K. Siegert³, C. Nystedt³, A. Israni², J. Snyder³, A. Waterman¹²

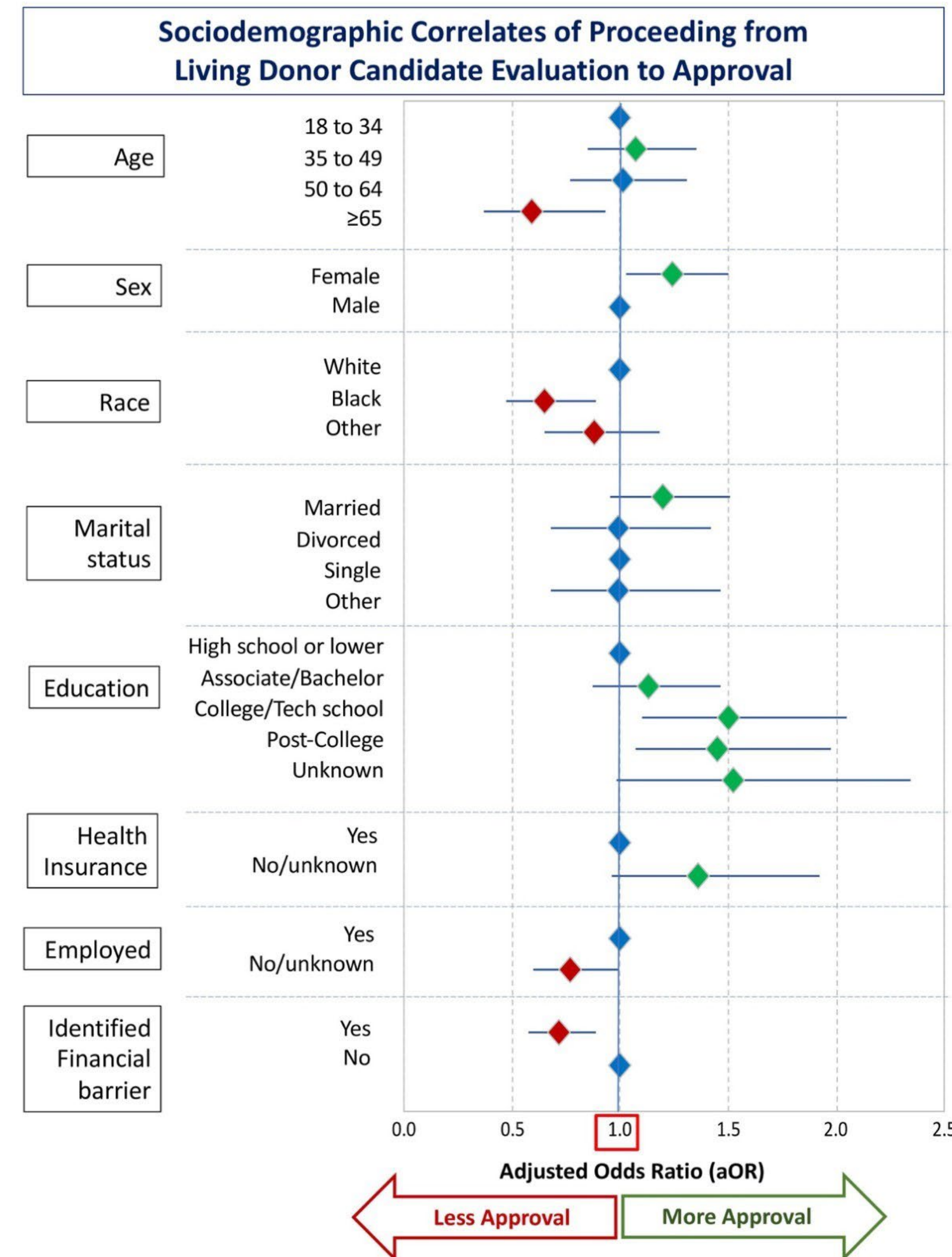
¹SSM Health Saint Louis Univ., St. Louis, MO; ²Hennepin Healthcare, Minneapolis, MN; ³SRTR, Minneapolis, MN; ⁴Johns Hopkins, Baltimore, MD; ⁵Mayo Clinic, Rochester, MN; ⁶Univ. Michigan, Ann Arbor, MI; ⁷Northwestern, Chicago, IL; ⁸Duke, Durham, NC; ⁹NYU, New York, NY; ¹⁰Univ. Minnesota, Minneapolis, MN; ¹¹Mount Sinai, New York, NY; ¹²Houston Methodist, Houston, TX

Purpose

- While living donor (LD) transplantation is a preferred treatment option, living donation in the United States has been relatively static.
- We examined data from the Scientific Registry of Transplant Recipients (SRTR) Living Donor Collective, a novel LD candidate registry, to assess sociodemographic correlates of proceeding to donor approval.

Methods

- LD candidates underwent evaluation for donation at 10 kidney and 6 liver centers in the United States (06/01/18-10/16/23).
- Participating centers registered candidates seen for evaluation based on data abstracted from medical records in routine care.
- Financial barriers were measured as reported income below poverty level or as reported financial hardship (eg, social work assessment).
- Associations of baseline factors with proceeding to LD approval were assessed by multivariate logistic regression (adjusted odds ratio, 95%LCL aOR 95% UCL).



Results

- Among 2,069 evaluated LD candidates (1,486 kidney, 583 liver) who have financial barrier data and a finalized donation approval/decision to donate, financial barriers were identified in 28.6% and were associated with 28% lower odds of proceeding to LD approval (aOR, 0.58 0.72 0.89); not working at evaluation was associated with 23% lower odds (aOR, 0.60 0.77 0.99) (**Fig**).
- Proceeding to LD approval was less likely for those aged 65+ years (aOR, 0.37 0.59 0.93, vs 18-34) and of Black race (aOR, 0.47 0.65 0.89), but higher for women (aOR, 1.03 1.24 1.50) and candidates with higher levels of education (aOR college, 1.10 1.50 2.05, vs high school or less).

Conclusion

- Proceeding from LD candidate evaluation to approval is less likely for older adults, men, Black candidates, those with financial hardship, those not working, and those with lower levels of educational attainment.
- Systematic monitoring of sociodemographic correlates of LD candidate outcomes is critical for directing interventions to potentially modifiable barriers to donation and for supporting good long-term outcomes in those who proceed to donation.