Abstracts - e-Poster Presentations (Mini-Free Communications)

Friday, May 3rd, 2024 from 16:30-18:00 EDT
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FACTORS LIMITING EARLY REFERRAL AND WAITLISTING FOR TRANSPLANTATION IN AN ACADEMIC CKD CLINIC: A SINGLE CENTER EXPERIENCE

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Background: The best treatment for end-stage renal disease is kidney transplant and pre-emptive kidney transplant (PEKT) has shown additional benefits. Many barriers to PEKT have been identified including timely referral, socioeconomic barriers, ethnicity and age.

Objectives: We aimed to characterize patients referred to pre-transplant evaluation in our center's chronic kidney disease (CKD) clinic and to quantify delays between start of pre-transplant evaluation (PTE) and waitlisting for kidney transplant.

Methods: Single center retrospective study using data from the CKD clinic's registered patients in June 2021, followed until July 2022. We assessed differences between referred and unreferred groups using the independent samples t test for continuous variables and chi-squared test for categorical variables.

Results: 203 of the 395 patients with CKD had a progressive disease and were classified by transplantability status. Over a third of patients were considered unsuitable. Of the remaining 125 patients, 38 (30.4%) were referred to PTE, 8 (6.4%) were possible candidates, but did not start PTE and 79 (63.2%) progressive patients were unreferred or had an undetermined status for transplant. Undetermined patients were older (66 years old vs. 57, $p < 0.001$), had a higher Dusseux score (5.9 vs. 3.1, $p < 0.001$), and their estimated glomerular filtration rate was slightly higher (15 ml/min/1,73m^2 vs 11, $p < 0.001$). There was a non-significant trend toward a greater proportion of diabetes, coronary or peripheral vascular disease and dysrhythmias.

Conclusions: Age and subjective burden of comorbidities were limiting factors toward PTE referral and a substantial proportion of patients had an undetermined status, suggesting that PTE and PEKT may be optimized.