

**Focus session 1:**  
**Inequities in transplantation: strategies to improve access**

**OP01**

**AFRICAN CANADIAN AND EAST ASIAN CANADIAN PATIENTS ARE LESS LIKELY TO HAVE POTENTIAL LIVING DONORS WHEN FIRST PRESENTING FOR EVALUATION**

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Research has shown that Canadian patients who belong to visible minorities may have less access to living donor kidney transplant compared to their Caucasian counterparts but there is a general paucity of data in this area. To better understand these disparities, we examined the association between ethnicity and having a potential living donor identified at the time of first encounter with the transplant center. We conducted a single-centre retrospective cohort study of 1,462 adult patients referred for kidney transplantation between January 1, 2006 and December 31, 2013. Data was extracted from the patients' medical record. Only patients for whom data about ethnicity was available (n = 1,462) were included. Univariable and multivariable associations between ethnicity and whether a potential living donor was identified were explored using logistic regression models. The mean ( $\pm$  SD) age was 50 ( $\pm$  14) years, 62% were male, and 41% had a history of diabetes. Thirty eight percent of the patients were white, 10% black, 9% East Asian, 7% South Asian and 33% 'other or unknown race'. Fifty-seven percent of patients had at least one potential living donor identified at the time of first encounter with the transplant center. African Canadians were 52% less likely (95% CI 0.32-0.74), while East Asians were 68% less likely (95% CI 0.21-0.49) than whites for having a living donor identified. These associations remained significant even after adjusting for age, gender, comorbidities (diabetes, heart disease and stroke), not being able to communicate in English, marital status and socioeconomic status. Patients with African and East Asian heritage are less likely to have a potential living donor identified at the time of presentation for transplant evaluation in Ontario. They are ultimately also less likely to receive living donor kidney transplants. We need to learn more about specific factors contributing to these disparities in access to kidney transplantation and help patients overcome potentially modifiable barriers to living donor kidney transplant.

**OP02**

**PSYCHOSOCIAL IMPACT OF PAEDIATRIC LIVING-DONOR TRANSPLANTATION IN DONORS, RECIPIENTS AND THE FAMILY: A SYSTEMATIC REVIEW**

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Living-donor kidney and liver transplantation yield superior graft and patient survival in paediatric recipients as compared to deceased-donor transplantation. Nevertheless, their impact on recipients' psychosocial wellbeing and quality of life remains uncertain. This impact can only be adequately understood when investigated in conjunction with the implications for the wellbeing of the donor, as well as for the quality of the relationships within the family unit. Therefore, we systematically reviewed quantitative and qualitative studies addressing the psychosocial impact of paediatric living-donor kidney and liver transplantation in recipients, donors, and the family. In accordance with the PRISMA guidelines, we systematically searched the databases Medline, Web of Knowledge, Cinahl, Embase, ERIC, and Google Scholar. 23 studies met our inclusion criteria, revealing a mixed picture of favourable and unfavourable outcomes. Although many recipients felt more able to cope with situations of emotional and social distress and experienced improved relationships with their peers, others reported symptoms of anxiety or depression, worries about the future and felt ashamed about their body. As for the impact in donors, many experienced a heightened self-esteem, felt more self-confident and appreciated the emotional support that they received from professionals, family and friends, but also complained about post-operative pain and a lack of emotional support. Transplantation often improved family relations, which was characterized by strong feelings of identification, admiration and gratitude between donor and recipient. Nevertheless, feelings of indebtedness or guilt towards the donor sometimes resulted in significant distress for recipients.

