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South Asian and Muslim Canadian Patients are less Likely to Receive Living Donor Kidney Transplant offers Compared to Caucasian, Non-Muslim PatientsAbeera Ali¹, Ali Ayub¹, Candice Richardson¹, Nathaniel Edwards¹, Tibyan Ahmed¹, Marta Novak^{2,3}, Istvan Mucsi¹¹Multi-Organ Transplant Program, Department of Surgery, Toronto General Hospital, Toronto, ON, Canada; ²Centre for Mental Health, University Health Network, Toronto, ON, Canada; ³Department of Psychiatry, University of Toronto, Toronto, ON, Canada.

Background: Patients with End-Stage Kidney Disease (ESKD) who belong to ethnocultural minorities are less likely to receive Living Donor Kidney Transplant (LDKT) compared to Caucasian patients. However, no studies have assessed whether Muslim Canadians face similar barriers to accessing LDKT. We explored how frequently Muslim or South Asian patients with ESKD receive LDKT offers and if they had a potential living donor (LD) identified and how this compares to Caucasian patients.

Methods: We used a cross-sectional, convenience sample of ESKD patients over 18 years of age from several hospitals in the Greater Toronto Area. Non-English speaking patients and patients unwilling to consent were excluded. Based on self-identified religious affiliation and ethnicity patients were grouped as: 1) Muslims 2) Caucasian, Non-Muslims 3) South Asian, Non-Muslims 4) Non-Caucasian, Non-Muslims. Patients were asked whether anyone had offered to be a living donor for them and if they had a LD identified

(outcome variables). Univariable and multivariable logistic regression was used to analyze the association between religion/ethnicity and outcome variables in STATA14.

Results: Out of 367 participants 5% (18) were Muslim, 37% (134) Caucasian, non-Muslim and 12% (44) South Asian, non-Muslim. The mean (\pm SD) age was 58(\pm 13) years, 60%(221) were male. Muslim patients tended to be younger in comparison to Caucasian, non-Muslims (53[\pm 14] versus 58[\pm 14] years, $p=0.074$). Compared to Caucasian, Non-Muslims, Muslim patients tended to be less likely to report receiving an offer for living donation (OR=0.47, CI: 0.17-1.30, $P=0.147$), although the association was significant only after adjusting for age, gender, and education (OR=0.32, CI: 0.11-0.96, $P=0.043$). South Asian, Non-Muslims, in comparison to Caucasian, Non-Muslims, also seemed to be less likely to report receiving an offer for living donation (OR=0.64, CI: 0.32-1.25, $P=0.190$). The association tended to be significant after adjusting for age, gender, and education (OR=0.48, CI: 0.23-1.01, $P=0.052$). Qualitatively similar results were seen for "having a potential living donor identified" in both groups.

Discussion: Muslim patients with ESKD are less likely to receive a living kidney donation offer than Caucasian, Non-Muslims. A similar trend was seen for South Asian non-Muslims. An unclear understanding of the Islamic perspective on organ donation and additional cultural or religious factors may contribute to the observed inequity. Limitations in this study are the small number of Muslim and South Asian patients, and cross-sectional design.

Conclusion: Muslim and South Asian patients with ESKD are less likely to receive a living kidney donation offer compared to Caucasian, Non-Muslims. These patients are, therefore, less likely to receive a LDKT. Culturally competent education may help to reduce these inequities.