Obese Donors Have Good Kidney Function at Six Months and One Year after Kidney Donation; Long-Term Effects Less Clear

Kidney function in obese kidney donors remains strong one year after donation, although long-term effects on renal function are uncertain, said Peter Reese and his colleagues at the University of Pennsylvania-Philadelphia, in a session on "Care Delivery in Kidney Transplantation and Peri-Operative Complications" at the Renal Week session.

As transplant centers work to maximize appropriate live donor transplantation, uncertainties remain concerning the potential risks of accepting kidney donors from obese patients. Investigators from the University of Pennsylvania-Philadelphia reported that obesity is common among live donors, especially among black and Hispanic donors, who also are more likely to develop kidney disease. Although long-term risks are uncertain, obesity was associated with better outcomes for patients and reduced long-term costs.

The study was a retrospective analysis of data from the University of Pennsylvania's kidney transplant program, which included 5300 donors studied from 2004 to 2005. Among the 5300 donors, nearly 1200 (22.5 percent) were obese. The authors of the study noted that obesity is common among live donors, especially among black and Hispanic donors, who also are more likely to develop kidney disease.

Obese donors were more likely to favor research on transplantation, considered transplantation as a treatment of choice for elderly patients more than 60 years old, and also transplantation as a treatment of choice across all age groups as an overall option. The study found that obesity is common among live donors, especially among black and Hispanic donors, who also are more likely to develop kidney disease.

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Although both urban and rural physicians felt that race and socioeconomic factors were the main contributors to disparities, urban physicians saw age and inner city residence as additional major contributors, while the rural group considered gender and rural residence as contributors to the disparities. The study found that obesity is common among live donors, especially among black and Hispanic donors, who also are more likely to develop kidney disease.

In a related study, Pritika Shrivastava, MD, a nephrology and hypertension fellow at Penn State, surveyed nephrologists to gauge their perceptions on transplantation as the treatment of choice for the majority of patients with ESRD, on preemptive transplants, and on providing the procedure to the elderly. She segmented the data according to whether respondents were transplant or nontransplant (general) nephrologists. Shrivastava presented her findings at a poster session on "Variations in Nephrologists' Perceptions of Patient Suitability for Renal Transplantation."

"We found that transplant nephrologists favored transplant. Preemptive transplant was favored by transplant nephrologists and . . . if the physician was less than 50 years old or . . . in practice less than 10 years," Shrivastava said. "And for the elderly, again, transplant nephrologists seem to favor it." All differences were statistically significant at the $P<0.005$ level or better.

Physicians' perceptions about patient age and suitability for kidney transplant were also significantly associated with their own age and proportion of time in practice. "Physicians who were more than 50 years old favored transplant in patients who were more than 60 years old," Shrivastava said. Compared to physicians ≥50 years old, 50 percent more younger physicians opposed transplant in patients >60 years old (OR=1.5; $P<0.009$). Those in clinical practice for less than 50 percent of their time were 30 percent more likely to oppose transplant in older patients compared to nephrologists in clinical practice more than 50 percent of their time.

Shrivastava concluded that nephrologists' demographic and practice characteristics influence their perceptions of patients' suitability for kidney transplantation. Given the differences in perceptions that her study discovered, she acknowledged, "Maybe also it's indicating that patients should go to transplant nephrologists if they want to be considered for transplant."