Transplant Disparities in Kids

Even children can face considerable inequities when it comes to receiving transplants. This message was driven home in a recent analysis of data from the U.S. Renal Data System from 2000 to 2008 that revealed that the average annual rate of preemptive transplantation was higher among white children with kidney failure than among those who were Hispanic and black. Racial differences were also evident in the type of preemptive transplants children received, where more white children had living donors (78.8 percent), compared with Hispanics (57.3 percent) and blacks (48.8 percent). Hispanics had a 50 percent and blacks a 56 percent lower rate of preemptive transplants than whites. Differences in the incidence of preemptive transplantation were unexplained by socioeconomic status, as determined by neighborhood poverty and health insurance.

“Among pediatric kidney disease patients in the United States, which patients have a significantly higher rate of getting a kidney transplant without ever starting dialysis compared to blacks and Hispanics,” said Emory University’s Rachel Patzer, PhD, who co-authored the study and presented it at ASN’s Kidney Week.

“The reasons for this racial disparity are not entirely clear, but could be due to lower access to health care among minority patients,” she added.

One potential explanation could be that children in underrepresented minority groups may have less access to care, noted ASN’s immediate past president, Joseph Bonventre, MD, PhD. “It is important to raise the awareness of kidney disease in children among general pediatricians so that all children are evaluated and kidney care can be picked up early enough so that appropriate management can be brought to bear,” he said.

Patzer was also part of a research team that examined racial differences in deaths among children with kidney failure. The study included all kidney failure patients younger than 21 years of age who went on dialysis between January 2000 and September 2008 and did not receive a transplant during the study, which ended in September 2009. The investigators censored patients at death or end of follow-up and excluded patients who received a transplant. They considered neighborhood poverty and health insurance as measures of socioeconomic status.

Among 8146 pediatric kidney failure patients in the study, 896 (9.7 percent) died. Transplantation was the only possible cure for 834 (9.6 percent) of those who died were black.

“When a child develops end stage kidney disease, their best chance for survival and a good quality of life is to receive a kidney transplant, compared with remaining on dialysis. Sadly, some children die before they ever receive a transplant,” said first author Sandra Amaral, MD, of Emory University.

The effect of race on death was significantly more profound among both pediatric as well as adult populations and alerted our primary care providers to the signs of early kidney disease may go far to establish a diagnosis at an earlier stage in all racial groups and ultimately result in better outcomes for our patients,” Bonventre said.

5.2 Of Prostaglandins and Torsades de Pointes: In clinical RCC studies of VOTRIENT, QT prolongation (>500 msec) was identified on routine electrocardiogram monitoring in patients treated with pazopanib in the randomized phase (2/586 (0.3%) of patients who received VOTRIENT). QT prolongation was greater in patients with a history of hypertension, diabetes mellitus, electrolyte abnormalities, or a combination of these factors. In the randomized studies, QT intervals were observed more frequently with pazopanib compared to placebo. In randomized control trials, QT prolongation has been reported in patients treated with pazopanib in the randomized trials. In the randomized studies, QT intervals were observed more frequently with pazopanib compared to placebo. In randomized control trials, QT prolongation has been reported in patients treated with pazopanib in the randomized trials. In the randomized studies, QT intervals were observed more frequently with pazopanib compared to placebo. In randomized control trials, QT prolongation has been reported in patients treated with pazopanib in the randomized trials. In the randomized studies, QT intervals were observed more frequently with pazopanib compared to placebo.