

EMBARGOED NEWS from the *Clinical Journal of the American Society of Nephrology (CJASN)* until September 23, 2010 – 5:00 PM (EDT)

ASN Contact: Shari Leventhal • 202-416-0658 (p) • sleventhal@asn-online.org

African Americans face kidney disease–related disparities, according to two upcoming studies in CJASN.

Early Online Releases:

1. Among HIV-Infected Kidney Disease Patients, African Americans are More Likely to Develop Kidney Failure and Die Prematurely

Genetic, Social, and Other Clinical Risk Factors May Be to Blame

Washington, DC (September 17, 2010) — Because of improved antiretroviral therapies in recent years, HIV-infected individuals are living long enough to develop chronic conditions. Among African Americans, HIV infection is increasingly recognized as an important risk factor for developing chronic kidney disease. African American men and women are more likely to die from the complications of HIV infection compared with Caucasian men and women. To see if racial disparities also exist in the rates of kidney disease progression and death among HIV-infected individuals, Tahira Alves, MD, T. Alp Ikizler, MD, Todd Hulgan, MD (Vanderbilt University Medical Center) and their colleagues studied the health of 2468 HIV-infected patients cared for at the Comprehensive Care Center in Nashville from 1998 through 2005. Rates of kidney function decline were similar in African American and non-African American HIV-infected individuals, but African Americans were more likely to develop kidney failure or end-stage renal disease and had a higher risk of dying during the study period. "It is likely that the current observations result from the interaction of multiple factors, including, but not limited to, possible genetic, social, and other clinical risk factors," the authors noted. The findings warrant further exploration and may have significant public health implications. The article, entitled "Race, Kidney Disease Progression, and Mortality Risk in HIV-Infected Persons," will appear online at <http://cjasn.asnjournals.org/> on September 23, 2010, doi 10.2215/CJN.00520110.

2. African American or Older Kidney Transplant Candidates Have Slimmer Chances of Receiving Living Donor Organs

To Blame: Lower Likelihoods of Recruiting Potential Living Donors and of Recruited Potential Donors Actually Donating

Washington, DC (September 17, 2010) — For patients with severe chronic kidney disease, the best treatment option is usually a kidney transplant from a living donor. Unfortunately, African American and older patients are much less likely than patients of other races or ages to receive kidney transplants from living donors. A recent study by Francis Weng, MD (Saint Barnabas Medical Center) and his colleagues found that African American or older kidney transplant candidates were less likely to have friends or family members contact their transplant center to volunteer as possible living kidney

donors. Furthermore, African American or older kidney transplant candidates who did have potential living donors were still less likely to receive living donor kidney transplants. The researchers studied 1617 kidney transplant candidates, 791 (48.9%) of whom recruited at least one potential living donor and 452 (28.0%) of whom received living donor kidney transplants. Compared with candidates of other races, African American transplant candidates were less likely to receive living kidney donor transplants (20.5% versus 30.6%), recruit potential living donors (43.9% versus 50.7%), and receive living kidney donor transplants if they had potential donors (46.8% versus 60.3%). Compared with those younger than 40 years of age, transplant candidates 60 years of age and older were less likely to receive living donor kidney transplants (15.1% versus 43.2%), recruit potential living donors (34.0% versus 64.6%), and receive living donor kidney transplants if they had potential donors (44.5% versus 66.8%). “Barriers at both these steps in the living donor process contribute to the lower rates of living donor kidney transplant among African American or older patients,” said Dr. Weng. The article, entitled “Barriers to Living Donor Kidney Transplantation among Black or Older Transplant Candidates,” will appear online at <http://cjasn.asnjournals.org/> on September 23, 2010, doi 10.2215/CJN.03040410.

For a complete list of disclosures and additional information, please contact Shari Leventhal at sleventhal@asn-online.org or 202-416-0658.

The content of this article does not reflect the views or opinions of The American Society of Nephrology (ASN). Responsibility for the information and views expressed therein lies entirely with the author(s). ASN does not offer medical advice. All content in ASN publications is for informational purposes only, and is not intended to cover all possible uses, directions, precautions, drug interactions, or adverse effects. This content should not be used during a medical emergency or for the diagnosis or treatment of any medical condition. Please consult your doctor or other qualified health care provider if you have any questions about a medical condition, or before taking any drug, changing your diet or commencing or discontinuing any course of treatment. Do not ignore or delay obtaining professional medical advice because of information accessed through ASN. Call 911 or your doctor for all medical emergencies.

Founded in 1966, the American Society of Nephrology (ASN) is the world’s largest professional society devoted to the study of kidney disease. Comprised of 11,000 physicians and scientists, ASN continues to promote expert patient care, to advance medical research, and to educate the renal community. ASN also informs policymakers about issues of importance to kidney doctors and their patients. ASN funds research, and through its world-renowned meetings and first-class publications, disseminates information and educational tools that empower physicians.

###