

# Study concludes no racial disparities in long-term outcomes in recipients of liver transplants

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New research published in the *Journal of the American College of Surgeons* shows long-term survival and liver rejection rates are equivalent for African-American liver transplant patients as compared with patients of other races. The study also suggests that although other factors such as liver cancer or hepatitis may negatively influence long-term survival, race does not.

Racial disparities in incidence, severity, methods of treatment and access to care have previously been shown in a variety of diseases, including liver disease. African-American patients appear to be underrepresented among liver transplantation recipients. In 2005, for instance, only 6.8 percent of all patients in the United Network for Organ Sharing database and 9.4 percent of liver transplant recipients were African American, compared with the general population of the United States, in which African Americans represented 12.9 percent of the total.

“Survival rates after liver transplantation have been shown to be influenced by race, but earlier data on this subject has been conflicting and may not reflect current management of liver transplant recipients,” says Dr. Johnny C. Hong, assistant professor of surgery, Department of Surgery and Liver and Pancreas Transplantation at the University of California, Los Angeles Medical Center in Los Angeles, California. “Although our study is the first to find equivalent long-term outcomes among racial groups after liver transplantation, access to care for all patients with end-stage liver disease clearly remains a major goal for all transplant centers. Like many diseases, our patients are best served with early involvement of a multidisciplinary team.”

Liver transplantation is required for patients with severe (end-stage) liver disease. People who have

liver transplants require close monitoring after their operation and must take drugs that prevent rejection of the transplanted organ (immunosuppressants) for the rest of their lives.

Using information from the UCLA transplant database, researchers reviewed 2,728 patients who underwent primary liver transplantation at the Dumont-UCLA Transplant Center from 1984 to 2007. Among these patients, 57 percent were Caucasian, 28 percent were Hispanic, 11 percent were Asian and 4 percent were African American.

Results were analyzed during two time periods correlating to the primary immunosuppressant drug used during that era (cyclosporine from 1984-1993 and tacrolimus from 1994-2007). The use of the modern immunosuppressant drug tacrolimus substantially reduced the risk of acute rejection, graft loss and patient death compared with cyclosporine and resulted in a marked improvement of patient and graft survival outcomes in African-American patients after liver transplantation. Statistically significant independent predictors of diminished survival in liver transplant patients were older age (> 55 years), cryptogenic cirrhosis (scarring of the liver), liver cancer and hepatitis C cirrhosis. Race was not found to be a predictor of survival.

Source: Weber Shandwick Worldwide

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