

# Sex-disparities exist in liver transplant allocation

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was associated with DDLT. Laboratory and allocation Model for End-stage Liver Disease scores were associated with increases in disparities in wait list mortality (50.1 percent increase among women) and DDLT (10.3 percent increase among women). The strongest association with disparities between men and women in wait list mortality (125.8 percent increase among women) and DDLT (49.0 percent increase among [women](#)) was seen for candidate anthropometric and liver measurements.

"The findings suggest that mitigating sex-based disparities in [liver](#) allocation may require a comprehensive approach that extends beyond geographic factors currently being considered in the [transplant](#) community," the authors write.

One author disclosed financial ties to CareDx, Natera, and Veloxis.

(HealthDay)—Women are more likely than men to die waiting for a liver transplant, according to a study recently published in *JAMA Surgery*.

Jayne E. Locke, M.D., from University of Alabama at Birmingham School of Medicine, and colleagues assessed adult liver-only transplant listings reported to the Organ Procurement and Transplantation Network from June 18, 2013, through March 1, 2018. Sex disparities in wait list mortality and deceased donor [liver transplant](#) (DDLT) were evaluated.

The researchers identified 81,357 adults wait-listed for liver transplant only (36.1 percent women; mean age, 54.7 years). Women were 8.6 percent more likely to die while on the waiting list (adjusted hazard ratio [aHR], 1.11) and 14.4 percent less likely to receive a DDLT (aHR, 0.86), compared to men. Organ procurement organization was significantly associated with increased disparity between female sex and wait list mortality (aHR, 1.22), but no measure of the geographic domain

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