

## Access to Transplantation in the Elderly: Defining the Unmet Need

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**BACKGROUND:** To what extent the low use of transplantation in the elderly is justified because of a high burden of comorbid disease and limited life expectancy is unclear.

The objectives of this USRDS analysis were:

1) To determine the proportion of incident ESRD patients  $\geq 65$  years that are transplant eligible (TE) and examine their access to transplantation (defined as wait-listing or transplantation).

2) To determine if the Medicare and Medicaid Services (CMS) requirement to report discussion of transplant treatment options at dialysis initiation (implemented in May 2005) was associated with an increase in access to transplantation.

**METHODS:** We defined transplant eligibility using the following conservative criteria: 1) ESRD Survival  $\geq 5$  years, 2) no relative contraindications to transplantation, 3) no comorbid conditions and 4) no inability to ambulate or transfer.

**RESULTS:** Overall 8.5% of elderly incident ESRD patients met our TE criteria, and 15.9% of these patients were ever wait-listed or transplanted. Among 65-9 year olds, 14% were transplant eligible and 30% of these patients gained access to transplantation. Among patients  $\geq 70$  years, 7% were TE but only 9% gained access to transplantation.

Age (years)	All incident patients in USRDS 2000-2	Survived 5 years	No contraindications or comorbid conditions	Access to transplantation (wait-listed or transplanted)
All $\geq 65$	131,926	25,531	11,108 (8.5%)	1772 (15.9%)
65-69	25,107	8004	3627 (14%)	1069 (30%)
70-75	41,047	9561	4211 (10%)	597 (14%)
76-80	32,550	5129	2134 (7%)	96 (4.1%)
$\geq 80$	33,222	2837	1136 (3%)	10 (1%)

In a separate analysis, the proportion of TE elderly patients who gained access to transplantation within one year of first ESRD treatment increased by 100% in the two years after the implementation of the CMS requirement.

**CONCLUSIONS:** We conclude that 85% of TE elderly ESRD patients never gain access to transplantation. However, simple interventions such as required reporting of transplant discussions at dialysis initiation may increase access to transplantation among elderly patients.