

LATE REFERRAL AND ACCESS TO RENAL TRANSPLANTATION

To the Editor:

Cass et al\(^1\) showed that late referral (LR) (<3 months before first renal replacement therapy [RRT]) was associated with poor registration rates on renal transplant waiting list and renal transplantation rates after adjustment for age, sex, number of comorbidities, and indigenous status. We studied registration on renal transplantation waiting list in France,\(^2\) with adjustment for age, sex, country of birth, rapidly progressive end-stage renal disease (ESRD) (patients' normal renal function 6 months before first RRT), LR (<6 months before first RRT), comorbidities (eg, type 1 diabetes, type 2 diabetes, cardiovascular diseases, and malignancy), year of first RRT, and centers: LR was not statistically associated with a decrease in registration rate.

Difference in results may be explained firstly by differences in study sizes and in definition of LR. Secondly, in the study by Cass et al,\(^1\) patients with rapidly progressive ESRD were excluded. In our study, those patients were included with adjustment on this variable. It was one of the factors significantly associated with a decrease in registration rate because it was associated with poor 1-year survival after first RRT. Thirdly, center effect was not taken into account in the study by Cass et al.\(^1\) Fourthly, analysis was not adjusted on patients' comorbidities but on the number of comorbidities.

Interpretation of effect of LR remains difficult, because this variable can be explained by confounding factors such as acute renal failure, indolent course of chronic renal disease, comorbidities, or socioeconomic factors. Those factors are biases in analysis of LR and have to be taken into account in such studies.

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REFERENCES


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In Reply:

While appreciating the interest of Villar’s group in our paper,\(^1\) we dispute some of their comments. Their study—an incident cohort of 549 patients commencing RRT at 3 French renal units—showed an association between being elderly or diabetic and having a lower rate of placement on a transplantation waiting list.\(^2\) Finding no significant association between LR and access to a waiting list, they question the validity of our finding that late referred patients had both a lower rate of placement on a waiting list and a lower transplantation rate.

Unlike their study, we focussed on potential transplant recipients. Our study included 3,310 patients aged 18 to 64 years; Villar et al’s study,\(^2\) which included 290 patients aged 15 to 64 years, is comparatively underpowered to detect a significant association between LR and access to transplantation.

We excluded patients diagnosed with rapidly progressive renal diseases, because it was the underlying disease, not the patterns of care they received prior to RRT, that was likely to determine timing of referral. This exclusion strengthens the validity of our findings. Thirdly, our national cohort study is less susceptible to “center effect” than Villar et al’s regional study\(^3\) of 3 centers.

Our findings are consistent with international research demonstrating an association between LR and poor treatment outcomes.\(^3\) To improve access to renal transplantation and to achieve optimal outcomes of ESRD management, the health systems in all countries must rise to the challenge of coordinating care across the continuum of chronic kidney disease.

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