

# FACTORS ASSOCIATED WITH DELAY IN INCLUSION ON THE WAITING LIST IN ARGENTINA

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## INTRODUCTION

Kidney transplant is the best option for renal replacement therapy. For those patients who do not have a living donor, the option is a transplant from a deceased donor, requiring inclusion on the transplant waiting list (LE). The delay in the waiting list inclusion process is a common problem in Argentina (12.5 months average in 2022); Therefore, it is necessary to know the factors associated with said delay. Our aim was evaluate the factors associated with the delay in the registration process of patients on the Renal waiting list.

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## METHODS

Observational, retrospective cohort study with data obtained from the National Dialysis and Transplant Registry. In Argentina, the registration of incident patients in chronic renal replacement therapy and organ transplantation is mandatory. This record contains identification data, cause of admission to dialysis, laboratory tests and comorbidities of the patient, as well as the reason why renal replacement therapy ended (death). Patients who have been registered on the Waiting List for kidney transplant (TX) between January 1, 2007 and October 31, 2023 were analyzed, which were divided into two groups, Group I, those who took the least time of 6 months between the date of transplant indication and the date of registration and Group II that took more than 6 months in this process. The variables of both populations were compared in a univariate and multivariate model adjusted for age, sex and diabetes. A p value <0.05 was considered significant. MedCalc® Statistical Software version 22.013 (MedCalc Software Ltd, Ostend, Belgium; <https://www.medcalc.org;2023>).

GROUP	I	II	P
N	11633	21317	
Median AGE	46,13	49,37	p< 0.0001
Gender Male %M	59%	56%	p< 0.0001
Months on dialysis	3,5	13,2	p< 0.0001
Hypertension	62%	70%	p< 0.0001
Public insurance represented	21%	29%	p< 0.0001
Basic	65%	75%	p< 0.0001
Effective occupation	52%	61%	p< 0.0001

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## RESULTS

Based on a database of 54,686 patients, 32,950 patients were included in the Waiting List for kidney transplantation (TX) as of 1/1/2006. Group I patients had a median age of 46.13 years (1.04-83.5 years) while in Group II patients the median age was 49.37 years (range 1.55-87.08 years); Group I had 59% males and Group II 56% (p< 0.0001).

Time on dialysis was 3.5 months (0-6 months) versus 13.2 months (6-185 months). 62% of patients in Group I had a history of hypertension versus 70% of patients in Group II. (p< 0.0001).

In Group I, the public insurance represented 21%, while in Group II it was 29% (p< 0.0001). Of the patients in Group I, 65% have a basic level of education (elementary/high school) and in group II 75% (p< 0.0001). Group I has 52% of patients who did not have effective occupation, while in Group II it increased to 61% (p< 0.0001). All the mentioned variables were significant when adjusted for age, sex and diabetes.

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## CONCLUSIONS

The delay in inclusion on the waiting list would be associated with the age of the patient (senior people), female, comorbidities (high blood pressure), public insurance and not having an effective occupation. Properly identifying this risk population as well as modifiable barriers will facilitate access to the transplant waiting list.