Multiple wait listing: the advantage and the advantaged

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Summary: In the U.S., patients may be wait-listed for deceased donor kidney transplantation (DDKT) in multiple centres. Using US registry data (1995-2010) we determined 1) factors associated with multiple listing (logistic regression) and 2) the association of multiple listing with DDKT (Cox regression) after adjustment for patient demographic, biologic, geographic and socioeconomic factors. Among 310,349 wait-listed candidates, 8.0% were multiply wait-listed. Factors associated with multiple wait listing included recipient age, male sex, non-black race, non-diabetic, ABO blood group, PRA > 30%, full-time employment, increased education, non-medicaid insurance; and median centre wait time > 2 years. Multiple waitlisted candidates had a higher likelihood of DDKT compared to singly listed candidates and this advantage increased over time. Given the organ shortage and wait-list growth for DDKT, ensuring that all difficult to transplant candidates have equitable access to multiple listing irrespective of socio-economic barriers, is essential. This data could help inform implementation of similar policies in Canada.