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Closing the Gap: Addressing Inequities in Access to Kidney Transplantation for Aboriginal Australians From the Kimberley Region

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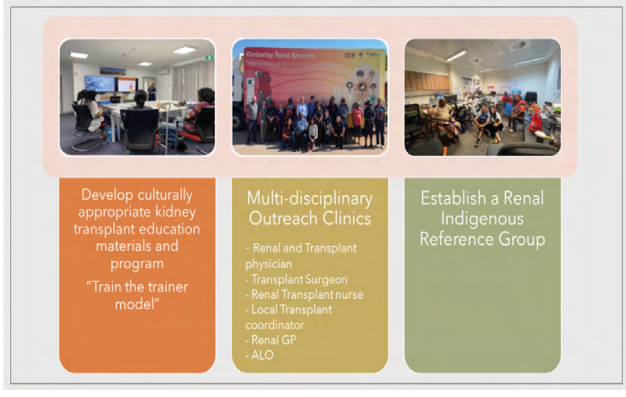
Introduction: Aboriginal and Torres Strait Islander people are at higher risk of developing chronic kidney disease, particularly those in remote areas, when compared with non-Indigenous Australians. While the number of Indigenous Australians requiring kidney replacement therapy has increased over time, rates of kidney transplantation (KTx) in prevalent patients has remained low at 14% compared with 50% in non-indigenous Australians.
Methods: The National Indigenous Kidney Transplant Taskforce (NIKTT) was established in 2018 in response to the disproportionately low rates of KTx among Aboriginal and Torres Strait Islander people in Australia. We describe the outcomes of a NIKTT-sponsored initiative developed by the teams at Sir Charles Gairdner Hospital, Royal Perth Hospital and Kimberley Aboriginal Medical Service aimed at identifying and addressing modifiable barriers to accessing KTx for Aboriginal Australians with kidney failure in the Kimberley, Western Australia. This remote area which is over 1000 km from the capital city of Perth and spans a vast area of northwest Western Australia caters to the dialysis needs of over 150 Aboriginal Australians.
Results: A multi-pronged approach was used. Culturally appropriate KTx education modules were developed for patients and health professionals in close consultation with Aboriginal liaison officers, Aboriginal health service and the members of the newly established Indigenous Reference Groups (IRG) from the region. These materials were utilised during the small group formal education and informal yarning sessions during the Transplant Outreach Clinics. Work is ongoing to create flip-books and posters. Indigenous Reference Groups were formed across the Kimberley region. Three multi-disciplinary Outreach Clinics were conducted in the region, attended by transplant physicians, surgeons and nurses. This resulted in an increase in the number of Aboriginal patients undergoing assessment from 10 to 71, with 23 being approved for transplant suitability. Several patients were identified to have modifiable barriers to transplant work-up. The number of patients active on the transplant waitlist increased from 4 to 12 within a year of outreach visits. To date, 6 patients from the region have successfully received a transplant. Feedback from patients has been overwhelmingly positive.
Conclusion: Improving access to KTx and transplant outcomes for Aboriginal Australians requires a collaborative, holistic and culturally safe approach to the delivery of care. At the core of addressing the inequality in access to kidney transplantation, is the need to effectively communicate, engage and empower the Aboriginal patients and their communities.
National Indigenous Kidney Transplantation Taskforce Equity & Access Sponsorships, Australia.



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The Risk of Venous Thromboembolism Is Enhanced After A Cytomegalovirus Infection in Kidney Transplant Recipient

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Introduction: In immunocompetent patients, past CMV infections have been associated with an increased risk of venous thromboembolism (VTE). In this study, we have investigated in a large prospective cohort of kidney transplanted recipients (KTR) whether the occurrence of a CMV infection which is the most frequent pathogen encountered within the first-year post transplantation could be followed by an increased risk of VTE in addition to the risk of the post-operative period, or repeated hospitalizations.
Methods: We conducted a study on the multicentric DIVAT database which was carried out prospectively and exhaustively on key dates during post-operative follow-up of clinical and biological data for all incident KTR belonging to 8 French transplantation centers (CNIL decision DR-2015-087, N°914184). Multivariable cause-specific time-varying Cox models stratified on centers were used to estimate the relationship between the risk of VTE occurring after well documented first CMV infections (asymptomatic or disease) and which were considered as a time-dependent variable.
Results: 15433 KTR transplanted between 2000 and 2021 were included among whom 1756 presented a CMV infection with a cumulative incidence at 1- and 2 years respectively of 11.6% [95% CI from 11.1% to 12.2%] and 13% [95% CI from 12.4% to 13.5%]). Within the same period of survey VTE occurred in 5.53% (95% CI from 5.17% to 5.92%) and 6.71% (95% CI from 6.31% to 7.14%) at 1- and 2 years respectively. CMV and VTE was observed in 87 KTR. The final multivariable cause-specific time-varying Cox model stratified on centers showed that after a first asymptomatic CMV infection (n=1176) the risk of VTE is 1.61 [95%CI 1.19; 2.17]. The risk enhanced at 2.00 [95%CI 1.32; 3.02] after a symptomatic infection (n=574) in comparison to similar patients free of CMV infection and independently of recipient age, past history of TVE and post-transplant surgical complications. Finally, the increased risk of VTE occurrence did not change whatever it was a primo or a reactivation of the CMV.
Conclusion: After CMV infections and particularly in case of CMV disease, there is an increased risk of VTE. Since to the high frequency of CMV infection after a kidney transplantation, transplant physicians should be aware of such association for a rapid diagnosis and adapted treatment.
*The authors would like to thank all patients who participated in this study and the medical and nurse teems who took and take care of them. We also thank the clinical research associates who participated in the data collection and analyses. *DIVAT (Données Informatisées et VAlidées en Transplantation) Consortium, DIVAT Cohort Collaborators (Medical Doctors, Surgeons, HLA Biologists): Lyon Lionel Badet, Antonin Bouchet, Fanny Buron, Sameh Daoud, Valérie Dubois, François Gaillard, Arnaud Grégoire, Alice Koenig, Charlène Lévi, Louis Manière, Xavier Matillon, Emmanuel Morelon, Maud*