Opportunities to Leverage Personal Networks to Increase Living Donor Kidney Transplant

Karen-Marie Eaton[1]; Michael O'Shea, MD[2]; Steven M. Brunelli, MSCE, MD[1]; Francesca Tentori, MS, MD[1]

[1]DaVita Clinical Research, Minneapolis, Minnesota, USA; [2]DaVita, Inc., Denver, Colorado, USA

Introduction

- Kidney transplant is the best treatment option for patients with kidney failure; however, there are more patients who need a transplant than there are available organs from deceased donors.
- Living donor kidney transplant (LDKT) offers an alternative option to gain access to an organ and may result in a faster transplantation than the typical deceased donor transplant path. Additionally, a kidney from a living donor typically lasts about twice as long as a kidney from a deceased donor.
- Previous studies indicate that while many dialysis patients and care partners are aware of LDKT, they are unable to leverage their personal networks to obtain a living donation.

Objective

- In this study, we sought to understand dialysis patients' and care partners' knowledge, beliefs, and attitudes toward transplant and living donation.

Methods

- Participants were interviewed by phone between May and August 2021.
- Interviews ranged in time from 10-45 minutes and included a spectrum of participants including dialysis patients and their care partners.
- Interviews were recorded and transcribed verbatim; responses were analyzed separately using the inductive thematic analysis procedure.[1]
- Analysis involved the following stages:
  - Review of the data to identify key patterns (themes) relevelant to research topic
  - Generation of inital categories whereby similar areas of text are grouped together across the data set
  - Review of themes
  - Coding of interviews with report generation

Results

Study Participant Characteristics

Type of Participant	Number of Respondents
Chronic Kidney Disease (CKD) patients	9
In-Center Hemodialysis (ICHD) patients	3
Peritoneal Dialysis (PD) patients	7
Home Hemodialysis (HHD) patients	2
Care Partners (CP)	5
Total	26

Transplant almost always discussed and LDKT perceived to be superior to deceased donation and dialysis

- Almost all patients and care partners indicate that **LDKT was discussed** with them by the dialysis team or nephrologist.
- Patient and care partner perceptions of LDKT are almost always postive. Many citing that organs from living donors:
  - lead to better clinical outcomes
  - are in "better condition"
  - improve quality of life for longer

Personal experience with negative outcomes colors perceptions

- Of the few patients who do not hold postive perceptions of LDKT, all cite knowing someone with a poor experience.

"I had a friend that went through this journey and she got her transplant and the day my husband ended up in the ICU she died from complications from it, from the transplant." (Care Partner)

"And you know just having a major surgery you can have blood clots, infections. As in my father's case 3 ½ months [after the LDKT] he died so it's not all rosy." (CKD patient)

For some patients, dialysis is the worst option, thereby increasing the importance of transplant

"[When it] gets to that point where they tell me I need dialysis I'm very close to saying no. I'm not going to do it, I'd rather die than do dialysis. I'd rather a kidney transplant" (CKD patient)

LDKT knowledge varies among patients and care partners

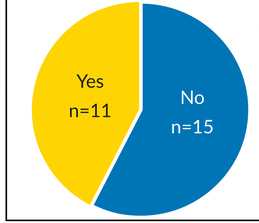
- While all patients are familiar with LDKT, the amount of knowledge is not consistent among patients.
- Common misconceptions include:
  - having to be on dialysis for a minimum of years
  - inaccurate informtion about chain/paired donations

    "And then it was like well how do I know when I give the kidney that it's going to go to you." (PD patient's prospective donor)
  - requirements for the donor

    "[Donor] has to be [at least] 25" (CKD patient)
  - health requirements for recipients

Living Donor Conversations

Have you had a LDKT conversation?



- Of the 42% of patients who have had a LDKT conversation with a prospective living donor, most broach the topic with a close relative:
  - 4 with their child/in-law
  - 3 with siblings
  - 4 with other friends/family

Few patients see their dialysis care team (DCT) as a key information source for transplant education

- When asked where they get LDKT information, patients cite transplant centers and online resources, but rarely mention their DCT. Reasons for this include the patient's perception that:
  - DCT lacks expertise/abundant alternatives for information/preference for PCP/nephrologist information
  - DCT is not invested in helping patients get transplants, increased transplants represent a threat to dialysis business
- Patients stated that the optimal support DCT can provide is by connecting prospective LDKT patients with past ESKD patients who have had a successful transplant.

Results

Patients who have successfully identified a living donor are likely to have had someone volunteer

- Of the 26 patients and care partners interviewed, 5 have identified a living donor and are at various stages of testing/evaluation.
  - *4/5 were proactively offered a kidney*

"I was having breakfast with my two best friends one morning, sorry it's emotional, one of my best friends looked at me and said I just talked to both of my kids yesterday, I want to be tested for you." (PD patient)

"A cousin of mine when I was first diagnosed with kidney disease offered to give me a kidney, so it wasn't like I had to go ask." (CKD patient)

"My daughter in law actually volunteered …everybody [in the family] knew that I had [ESKD] and I was trying to get a transplant…so she just out of the blue kinda surprised me [and] volunteered. I said are you sure you want to do this and she said yes. ..[S]o it was more herself, she initiated it herself rather than me asking her." (ICHD patient)

Conclusions

- Families are not always skilled in leveraging all resources to identify potential donors and patients/care givers could use assistance crafting their donor pitch as well as a viable strategy to leverage personal and extended networks.

References

1. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Acknowledgments

We extend our sincere appreciation to the teammates in more than 2,000 DaVita clinics who work every day to take care of patients and also to ensure the extensive data collection on which our work is based. We thank DaVita Clinical Research® (DCR®), and specifically acknowledge Kathryn Husarek of DCR for editorial contributions in preparing this poster.

*Correspondence: Karen-Marie.Eaton@davita.com

Poster available at www.davitaclinicalresearch.com

American Society of Nephrology Kidney Week, November 3-6, 2022

© 2022 DaVita Inc. All rights reserved. Proprietary. May not be copied, reprinted, or distributed without the permission of DaVita Inc.