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**Socioeconomic independence and kidney transplantation outcomes: a nationwide study of South Korea**

**Sehoon Park**<sup>1</sup>, Ji Eun Kim<sup>2</sup>, Mi-yeon Yu<sup>3</sup>, Yong Chul Kim<sup>4</sup>, Dong Ki Kim<sup>4</sup>, Kwon Wook Joo<sup>4</sup>, Yon Su Kim<sup>4</sup>, Hajeong Lee<sup>4</sup>

<sup>1</sup>Department of Internal Medicine-Nephrology, Korean Armed Forces Capital Hospital, Korea, Republic of

<sup>2</sup>Department of Internal Medicine, Korea University Guro Hospital, Korea, Republic of

<sup>3</sup>Department of Internal Medicine, Hanyang University Guri Hospital, Korea, Republic of

<sup>4</sup>Department of Internal Medicine, Seoul National University Hospital, Korea, Republic of

**Objectives:** A nationwide study regarding the association between socioeconomic dependency accessibility to or prognosis of kidney transplantation has been rarely studied, particularly in an Asian country covering nationwide information.

**Methods:** In this nationwide cohort study, we reviewed the claims database of South Korea. We included 12,899 kidney transplant recipients from 2007 to 2015 and stratified them according to health insurance types that reflect their socioeconomic independence: workplace-independent, workplace-dependent (dependent to the workplace-independent, N=3,661), community-representative (head members of households but self-employed or unemployed, N=2,479), community-independent (dependent to the community-representative, N=1,618), aided-representative (head members of households receiving medical aid by the government, N=1,580), and aided-member (dependent to the aided-representative, N=294). We calculated the incidence proportion of kidney transplantation among prevalent end-stage renal disease patients in each year to assess access to kidney transplantation with those age under 70. We evaluated the risk of graft failure using the Cox proportional hazard models.

**Results:** The recipients who were employed (workplace-independent group) had the highest incidence proportion of kidney transplantation. In addition, the prognoses of the socioeconomically dependent groups were significantly worse than the prognoses of their independent counterparts were [workplace-dependent versus workplace-independent, adjusted HR 1.26 (1.11-1.43) and community-dependent versus community-independent, adjusted HR 1.46 (1.23-1.74)]. Such prognostic disparity based on socioeconomic dependence was not observed within the aided subgroups [aided-dependent versus aided-independent, adjusted HR 1.16 (0.90-1.50)].

**Conclusions:** Socioeconomic independence may be a major determinant of the access to and prognosis for kidney transplantation. ESRD patients may be encouraged to remain employed or socioeconomically independent status.

Figure 1. Incidence proportion of transplantation according to health insurance types

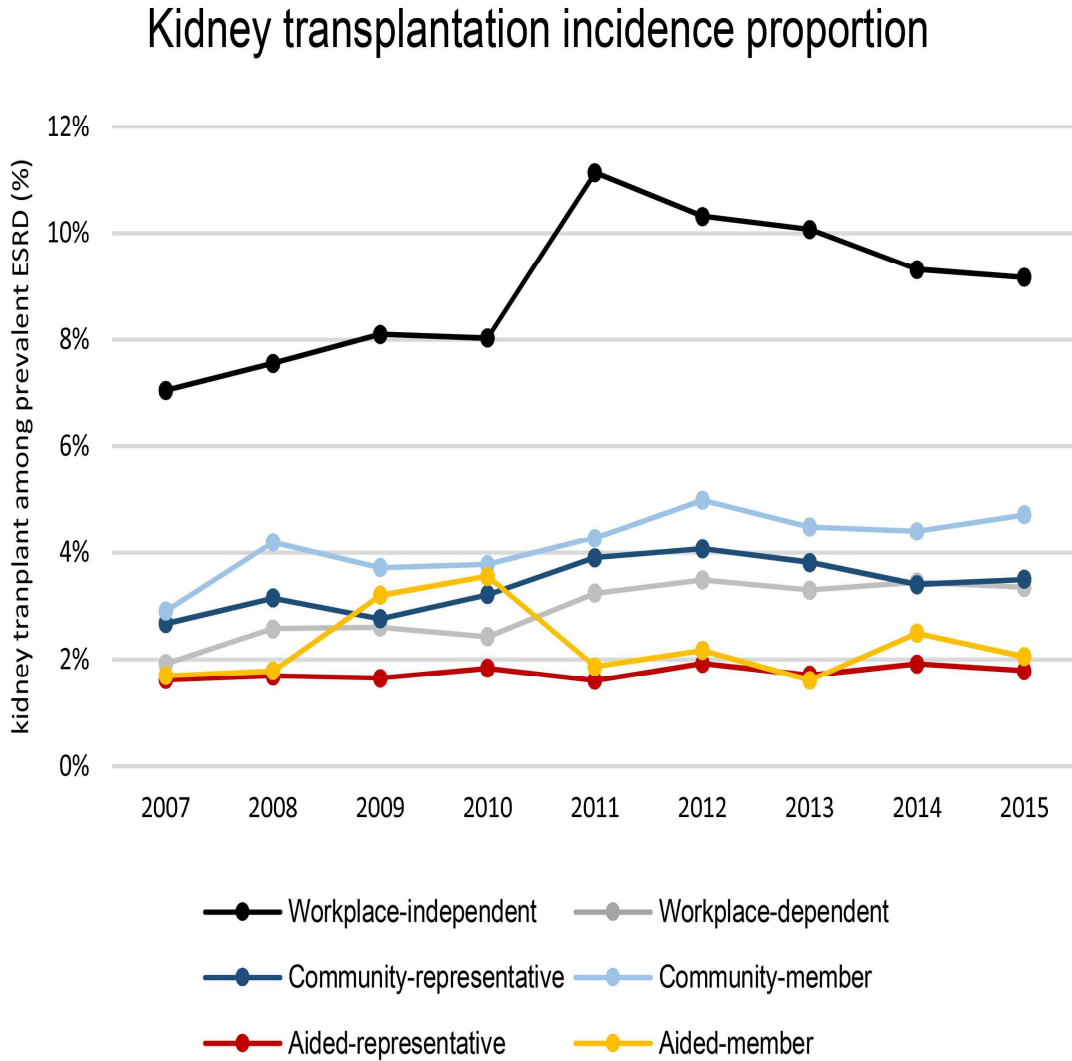


Figure 2. Prognosis of transplantation according to health insurance types

