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Incidence of Risk Factors after Transfer of Pediatric Renal Transplant Recipients to Adult Providers

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Improvements in kidney transplantation have increased the survival of children with end-stage renal disease. Patients transplanted as children have complex needs and too often transfer of care from pediatric to adult providers is associated with poor outcomes including graft loss. The aim of this study was to use a national database, the Scientific Registry of Transplant Recipients (SRTR), to describe the incidence of post-transfer (from pediatric to adult providers) risk factors (medication non-compliance (NC), acute rejection (AR), insurance status, change in serum creatinine (SCr)) for kidney transplant recipients during a 2-3 year post-transfer follow-up period. A retrospective, longitudinal, design was used to describe the risk factors for 250 pediatric kidney transplant recipients (age range 16-25) post-transfer of care. Risk factors were reported at transfer, at 1 year, 2 years and 3 years post-transfer of care. The incidence of NC was fairly consistent by year post-transfer, with an average incidence of 12.8 cases per year (5% at transfer, 5.6% at 1 year, 5.2% at 2 years, and 4.8% at 3 years post-transfer). AR also remained fairly consistent, with an average incidence of 10.5 (4% at transfer, 4.4% at 1 year, 5.2% at 2 years, and 2.8% at 3 years post-transfer). The number of individuals with private insurance coverage declined yearly after transfer (from 29% to 13%, respectively). SCr increased after transfer, with an average increase in SCr of 27.8% from transfer to 3 years post-transfer. Although NC and AR remained fairly consistent, the increase in SCr and change in insurance coverage are crucial in predicting poor outcomes and are potential risk factors for graft loss after transfer of care. These risk factors need to be further explored.

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