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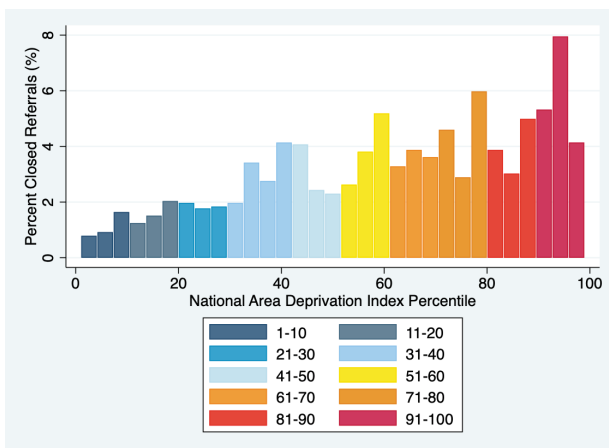
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Abstract# OA-4

Socioeconomic Deprivation of “Closed for No Contact” Kidney

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Introduction: The kidney transplant process has a high attrition rate. Socioeconomic factors have been associated with low evaluation completion. After a kidney transplant referral is placed, patients receive calls and letters from the transplant center. If engagement is unsuccessful, the referral is closed. This investigation assesses the socioeconomic deprivation of patients referred for kidney transplantation who never started the transplant process. **Methods:** Single-center retrospective cohort study of all referrals for kidney transplantation between 2014-2018 “closed for no contact” (internal designation of referrals with failed initial engagement). Nine-digit zip codes for each record were analyzed using the Area Deprivation Index (ADI), a validated measure of socioeconomic deprivation. State deciles (1-10) and national percentiles (1-100) of deprivation were calculated for each closed referral. Higher values correspond to higher deprivation areas. **Results:** 1,522 referrals were identified. The most common state of permanent residence was Michigan (n=1,303), followed by Ohio (n=42), and Florida (n=21). The mean (SD) state ADI decile was 5.9(± 2.9), and the mean national percentile was 58.9(±27.2). The most common ADI percentile in the sample was 100th(n=54), followed by 98th(n=46), and 99th(n=40). The least common ADI percentiles were 3rd (n=2), 11th(n=2), and 14th(n=2). A Shapiro-Wilk test showed a significant departure from normality for the sample distribution, W=0.95, p=0.00. **Conclusion:** Patients who were “closed for no contact” disproportionately resided in neighborhoods with higher structural disadvantage. Interventions are needed to support early engagement of socially vulnerable patients with the kidney transplant evaluation process.



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