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Session Title : -

Women in donation

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With the large difference in those with organ failure needing organ transplants, and the limited supply of deceased donor organs in the world, transplant centers worldwide have depended on living donors for both kidneys and livers. In the US for example, living donation accounts for about ~32% of kidney transplants and about 5% of all liver transplants. Kidney donation is considered a safe procedure, although there are risks in the perioperative period, and studies have shown that donors have a slightly higher risk of cardiovascular and long-term kidney disease than the healthy population. Living kidney donors have quality of life that are the same or better after the donation and in comparison with non-donors. Living donor may have to bear a financial burden (uncovered financial expenses and lost salary) and difficulty organizing their life during the donation period. Importantly, for more than two decades, women have outnumbered men as living donors in North America. Even as rates of living donation remain stagnant, women continue to donate and continue to increase as donors proportionally compared to men. In less developed countries, women are also disproportionately donors. There are a number of reasons this may exist. Women are less likely to have ESKD while more likely to have CKD compared to men. However, they are less likely to have other medical comorbidities that may exclude men the same age and race/ethnicity. However, in some societies, women may be pressured to donate to support their spouse, children and other male family members due to important economic dynamics within the family structure. Recent studies have shown that women donate their kidneys without concern for their own health, with an optimistic and positive attitude and *without* believing that they are committing a heroic deed. The intersectional roles and economic and psychological concerns may vary depending on the donor relationship with the intended recipient. These relationships may be disconnected in paired kidney donation in the immediate but not in the longer term. A concern for fertile women is the ability to become pregnant after donation and any negative impact on their kidney function. While recommendations varied across donor centers, the recommendations were often quite strict waiting for a year or longer post-donation. This led to some candidates withdrawing their plan for live donation. Overall, the risk of pregnancy-associated complications following kidney donation is small but potential female kidney donors should be counseled on the possible increased risk of preeclampsia and hypertension. Further

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investigation is ongoing to assess this disproportionate donation across the world. More data are needed facilitated by registries including the Asian Society of Transplantation – Women in Transplantation Transplant Registry and the Global Observatory on Data and Transplantation. These results will be reviewed in this presentation. References

1. Dobson R et al. *BMJ* 2002;325:851
2. Rota-Musoll et al. *BMC Nephrology* (2021) 22:59
3. Davis S et al. *Clinical Transplantation*. 2019;33:e13453.
4. Kim Y et al. *Transplantation*. 2021 Sep 1;105(9):1888-1891.