



RESEARCH SCHOLAR PROGRAM – 2018

SUPERVISOR & PROJECT INFORMATION FORM

Please complete and return, via email only (crems.programs@utoronto.ca) by **November 3rd 2017** (forms received after this date will not be posted).

Supervisor Information

Name: **Istvan Mucsi**

Email: Istvan.mucsi@utoronto.ca

Degree: **MD/PhD**

SGS Appointment (IMS, IHPME, LMP etc.): **IMS**

Academic Rank: **Associate Professor of Medicine**

Field of Research: **kidney transplantation/outcomes
research/patient reported outcomes**

Research Institution Affiliation (if applicable): none

Allocation of student contact time (number of hours per week YOU are available to the student for any concerns or to review progress):

2-4 hrs/wk

Project Information

Title: **Ethnocultural barriers to living donor kidney transplantation**

Description (max 500 words):

We will investigate readiness to accept living donor kidney transplant (LDKT) and also ethnocultural barriers to accepting LDKT in patients with chronic kidney disease (CKD). The new knowledge generated in our study will inform the development of personalized, culturally appropriate education tools to facilitate equal access to LDKT. In 2013 over 23,000 Canadians were treated with dialysis but only about 15% of these patients were wait-listed for kidney transplantation (KT). Compared to deceased donor kidney transplantation, living donor kidney transplantation (LDKT) is the optimal treatment for suitable patients with end stage kidney disease (ESKD): the wait time is shorter and the prognosis is better. Only 30-40% of kidney transplant recipients, however, will receive LDKT in Canada. Approximately 10% of Canadians have CKD and 30-35% of these patients in Ontario are of East Asian, South Asian or African Canadian background. Many of the South Asian and African Canadian patients are Muslim. Compared to Caucasians, ethnic and religious minorities are less likely to receive a KT and even less likely to undergo LDKT. The reasons for these ethnocultural and religious inequities are unknown. Socio-economic, cultural and religious factors may also play a role.

Methods: In this study we will utilize a mixed methods approach: we will assess potentially modifiable ethnocultural factors, transplant knowledge and readiness to accept LDKT using validated questionnaires in a relatively large cohort (5-600) of patients who are referred for assessment of their KT candidacy. Barriers to accepting LDKT will also be assessed employing qualitative research methodology in a subset of patients. We will also obtain information about knowledge and attitudes about transplant using surveys completed by members of the ethnocultural groups. We are working together with community and religious organizations to organize events where surveys are completed and discussions about transplant and organ donation are held. Members of these communities will also be asked to participate in focus groups.

Hypotheses to be tested in the quantitative study: Compared to Caucasians, patients of East Asian, South Asian or African Canadian background are less likely to have a potential living donor identified and are less ready for LDKT at the time of presenting to the kidney transplant centre for evaluation. Furthermore, individuals from these ethnocultural groups have less transplant knowledge and more hesitant attitudes about transplantation compared to Caucasian Canadians. In the qualitative arm we will investigate the ethno-cultural barriers to LDKT in individuals of East Asian, South Asian or African Canadian background. The paucity of literature about these ethnic groups, particularly those living in Canada, precludes the development of meaningful hypotheses at this stage. We will use focus groups to generate new knowledge about verbal and non-verbal attitudes and beliefs among patients of East Asian, South Asian or African Canadian background pertinent to LDKT. This information could not be fully captured with questionnaires and the focus group study methodology will facilitate expeditious collection of a large amount of data in a relatively short timeframe.

If human subjects are involved, have Ethics been obtained?

YES NO Application Submitted N/A

Do you expect this work will be published within the 20 months?

YES NO Uncertain

Student's roles and responsibilities (please be specific)

Literature review; enrolling patients; collecting data using electronic data capture system; data entry, data cleaning; analysis of data using STATA statistical software; preparing abstracts, posters for conferences ; writing papers

Please indicate who will serve as the student's direct report (PI, PhD student, technician etc...)

Student will report directly to PI