Removal of Race-Based Equation Increases Kidney Transplants for Black People

Kidney transplant policy changes “translate into real clinical impacts for patients.”

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For years, national guidelines for transplant waiting lists used an equation that factored in race—along with age and sex—to estimate kidney function. However, the equation was found to make Black patients’ kidneys appear healthier than they really were, leading to its ban in 2021. Then, in 2023, waiting times for Black kidney candidates were reassessed. A 2026 study from researchers at Mass General Brigham and collaborating institutions found that the reversal of the race-based equation led to an increase in kidney transplants among Black patients.

“This study provides important evidence that guideline and policy changes can translate into real clinical impact for patients,” said Martha Pavlakis, MD, the paper’s senior author in a press release. “Correcting wait time inequities has meaningful implications for transplant access, and it reinforces the importance of aligning clinical practice and policy with principles of fairness and evidence-based care.”

Chronic kidney disease affects people of all backgrounds, but due to socioeconomic factors, genetics and barriers to health care access, people of color are at higher risk. Compared with white Americans, Black people and Latinos are, respectively, four times and 1.3 times more likely to experience kidney failure, according to the National Kidney Foundation. Although Black people make up only 13.5% of the population, a study based on data from 2018 found that 36.2% of patients on dialysis, a treatment that filters waste and excess fluid from the blood when the kidneys are failing function, were Black. Similarly, in 2025, 29% of people on the kidney transplant waiting list were Black, according to the Department of Health and Human Services Office of Minority Health.

The glomerular filtration rate (GFR), which measures how well the kidneys are removing waste, is one of the primary measures for detecting kidney disease severity and, by proxy, transplant necessity. Measuring GFR is a long and complex process, so GFR is typically estimated with a

blood test measuring creatinine levels, one of the waste products filtered from the kidneys. The equation for estimated GFR includes age, sex, body weight and, at one point, race.

The study compared kidney transplant data on over 180,000 people (56,000 of whom were Black) before and after the race-based equation was banned in 2023. Between January 2023 and June 2025, the wait times for 21,119 transplant candidates were modified according to the new equation, resulting in an average decrease of 1.7 years. For Black transplant candidates, the policy change caused an increase of 5.3 transplants per 1,000 people on the list. The transplant rate for non-Black patients did not change and remained highest for white patients.

“These tangible results are not only significant for nationwide efforts to ensure that kidney transplantation in the United States is fair and equitable for all those facing kidney failure, but they are deeply meaningful for the more than 21,000 people who have received wait time modifications since this policy was implemented,” said LaVarne Burton, president and CEO of the American Kidney Fund, in response to the paper’s publication.

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