Study Finds Biases in Liver Transplant System

BY ROBERT FINN

San Francisco Bureau

SAN FRANCISCO — Despite the introduction in 2001 of an objective scoring system for liver disease, African Americans and Medicaid recipients remain less likely than other groups to receive the special exemptions that can shorten the wait for a liver transplant, according to a poster presentation at the American Transplant Congress.

Compared with whites, African Americans are 22% less likely to receive a special case exemption (SCE). And compared with patients with private insurance, those receiving Medicaid are 38% less likely to receive an SCE, according to the study by Dr. Curtis K. Argo and colleagues at the University of Virginia, Charlottesville.

"Most worrisome," wrote the investigators, is the fact that self-payers were 64% more likely than those with private insurance to receive an SCE. "[This] implies that more SCEs are awarded to the wealthiest candidates." The investigators noted that 37% of self-pay patients are foreign nationals.

The study involved 66,153 liver transplant candidates who were listed on the United Network for Organ Sharing waiting list from the inception of the Model for End-Stage Liver Disease (MELD) scoring system in 2001 through April 2006.

Of those, 28% had received a transplant, 50% remained on the waiting list, and 22% had died or had been removed from the waiting list for other reasons.

Special case exemptions are allowed for certain genetic or physiologic conditions such as hepatopulmonary syndrome or familial amyloidosis, or for certain symptom-based reasons such as refractory ascites, refractory encephalopathy, or refractory pruritus.

In all, 7.9% of the transplant recipients received an SCE.

Other research has determined that re-

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ceiving an SCE decreases the likelihood that a patient will die on the waiting list by 71%.

After adjustment for MELD score, region, ABO blood group, degree of encephalopathy, degree of ascites, ethnic group, gender, year of listing, age at listing, and primary insurance payer, an African American patient's odds ratio of receiving an SCE was 0.78, compared with that of a white patient, a statistically significant difference.

There were no significant differences between white and Hispanics or members of other ethnic groups.

Compared with patients covered by private insurance, a Medicaid patient's odds ratio of receiving an SCE was 0.62, and self-payers had an odds ratio of 1.64, with both differences being statistically signifi-

There were no significant differences between patients with private insurance and those on Medicare or those receiving their insurance from another government agency.

The investigators concluded, "These findings strongly support additional close scrutiny of current SCE award procedures and insinuate that SCE awards criteria require significant revision due to these biases."

The congress was cosponsored by The American Society of Transplant Surgeons and the American Society of Tranplanta-

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Brief Summary. See full package brochure for complete information.
Patients should be counseled that this product does not protect against HIV-infection (AIDS) and other sexually transmitted diseases.
CONTRAINDICATIONS: Oral contraceptives should not be used in women who currently have the following conditions: • Thrombophlebitis or thromboembolic disorders • Carethovascular or coronary artery disease (current or history) • Vahvular heart disease with thrombogenic complications • Uncontrolled hypertension • Diabetes with vascular involvement • Headaches with focal neurological symptoms • Major surgery with prolonged immobilization • Known or suspected carcinoma of the breast or personal history of breast cancer • Carcinoma of the endometrium or other known or suspected estrogen dependent neoplasia • Undiagnosed abnormal genital bleeding • Cholestatic jaundice of pregnancy or jaundice with prior pill use • Hepatic adenomas or carcinomas, or active liver disease • Known or suspected prenancy • Newessnitivity to any comonened to this norduct pregnancy · Hypersensitivity to any component of this product

*Cholestatic jumilior of pregnancy or jumilior with prior politics of Hopatic adenomas or carcinomas, or active liver disease *Nown or suspected pregnancy + hypersensitivity is any component of this product *WARNINGS**

Cigarette smoking increases the risk of serious cardiovascular side effects from oral contraceptive use. This risk increases with age and with heavy smoking (15 or more cigarettes per day) and is quite marked in women over 55 years of age. Women who use oral contraceptives should be strongly advised not to smoke.

The use of oral contraceptives is accossful with increaser risk of several serious conditions including women and arterial fromotheria and thromboembolics and strongly and the production of the pr

confinuing and contraceptive spessiss for all east 9 years for women 40 of 49 years oil who had used and contraceptives for five or more years, but this increased risk was not demonstrated in other age groups. In another study in Great Britain, the risk of developing cerebrovascular disease persisted for all east 9 years after wower, port studies were performed with oral contraceptive formulations containing 50 micrograms or higher of estrogens.

2. Estimates of Morality from Contraceptive Subrect and himself was very small. However, both studies were performed with oral contraceptive formulations containing 50 micrograms or higher of estrogens.

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findings of minimal risk may be related to the use of oral contraceptive formulations containing lower hormonal doses of estrogens and progestogens.

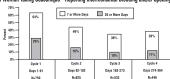
8. Carbohydrate and Lipid Metabolic Effects: Oral contraceptives have been shown to cause glucose infolerance in a significant percentage of users. Oral contraceptives containing greater than 75 micrograms of estrogens cause be estrogen cause less glucose infolerance. Progestogens increase insulin sesterion and create insulin resistance, this effect varying with different progestational agents. However, in the nondiabetic woman, oral contraceptives aprea to have no effect on dating blood glucose. Because of these demonstrated effects, prediabetic and diabromes should be carefully observed while taking oral contraceptives. A small proportion of vomen will have persistent hypertrigh ceridemia while on the pill. As discussed earlier (see WARNINGS, a. and 16.), changes in serum trigh/cerides and lipoprotein contraceptives there is the programment of the pill. As discussed earlier (see WARNINGS, a. and 16.), changes in serum trigh/cerides and lipoprotein contraceptives there is no effective users.

9. Levetate Blood Pressure: Women with significant hypertension should not be stated on hormonal contraceptive users.

9. Levetate Blood Pressure women transfer increase is more disclosed to the programment of the pill. As discussed earlier (see WARNINGS, and the increase in the contraceptive users.)

9. Levetate Blood Pressure with contraceptives and this increase is more disclosed to the encouraged to use another method of contraceptives. Women with a history of hypertension or hypertension-related diseases, or renal disease should be encouraged to use another method of contraception. If women with hypertension elect to use or advantage these should be descontinued (see CONTRAINIDICRITORS). For most women, elevated blood pressure via more pressure to the course of the pressure occurs, and an advantage there is no difference in the occurrence of hypertension of migram or t

ਲਬਾਮ. entage of Women Taking Seasonique™ Reporting Intermenstrual Bleeding and/or Spotting.



As in any case of bleeding irregularities, nonhormonal causes should always be considered and adequate diagnostic measures taken to rule out malignancy or pregnancy. In the event of amenorine, pregnancy should be ruled out. Some women may encounter post-pill amenorinea or oligomenorinea (possibly with anoutation), especially when such a condition was preexistent.

PRECAUTIONS

1. Sexually Transmitted Diseases: Patients should be counseled that this product does not protect against HIV infection (AIDS) and other sexually transmitted diseases.

mitted diseases.

2. Physical Examination and Follow-up: A periodic history and physical examination are appropriate for all women, including women using oral contraceptives. The physical examination, however, may be deferred until after initiation of oral contraceptives if requested by the woman and judged appropriate by the clinician. The physical examination should include special reference to blood pressure, breasts, abdomen and pelvic organs, including cervical cyfology; and relevant blootatory tests. In case of undiagnosed, presistent or recurrent abnormal vaginal bleeding, appropriate diagnostic measures should be conducted to rule out malignancy. Women with a strong maliny history of reseast cancer or who have breast nodules should be monitored with particular care.

3. Lipid Disorders: Women who are being treated for hyperlipidemias should be followed closely if they elect to use oral contraceptives. Some progestogers may elevate LOL levels and may render the control of hyperlipidemias more difficult (See WARNINGS 1d.) In patients with familial defects of lipoprotein metallorism reaking astrone-containing preparations. Their have been case reports of solimitant elevations of plasma triborations feel soliminate demands.

may eleate LUL levels and may render the control of hyperlipotemas more difficult. (See WARNINGS 1d.) In patients with transitial defects of hipportenia metaloisin receiving stroppen-containing preparations, their has been case reports of significat eleating to particise sellaring to parcreatins.

4. Liver Function: If jaundice develops in any woman receiving such drugs, the medication should be discontinued. Steroid hormones may be poorly metabolized in patients with impaired liver function.

5. Fluid Retention: Oral contraceptives many cause some degree of fluid retention. They should be prescribed with caution, and only with careful monitoring, in patients with conditions, which might be aggravated by fluid retention.

6. Emotional Disorders: Women with a history of depression should be carefully observed and the drug discontinued if depression recurs to a serious degree. Patients becoming significantly depressed while taking oral contracepthese should stop the medication and use an alternate method of contraception in an attempt to determine whether the symptom is forgretated.

7. Contact Legses: Contact-lens usergrey who developin visual channes or channes in lens tolerance should be assessed by an orbitathermonist

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7. Contact Lenses: Contact-lens wearers who develop visual changes or changes in lens belerance should be assessed by an onthital mologist.

8. Ornal interactions: Changes in contraceptive effectiveness associated with oradinistration of other products. *a. Anti-infective agents and anticonvolusants. Contraceptive effectiveness provides the contraceptive defectiveness and the contraceptive are oradinistration of other products. *a. Anti-infective agents and anticonvolusants, contraceptive effectiveness provides the contraceptive and other drugs that increase the metabolism of contraceptive steroids. This could result in unintended pregnancy or breakthrough bleeding. Examples include rifamphic, and breakthrough bleeding have been reported in the flerature with concomitant administration of antibiotics such as ampolition and breakthrough bleeding have been reported in the flerature with concomitant administration of antibiotics such as ampolition and contraceptive steroids. The provides are provided in the flerature with contraceptive steroids with co-administration of an all-fly protease inhibitors. Several of the anti-HIV protease inhibitors. Several of the anti-HIV protease inhibitors. Several of the anti-HIV protease inhibitors are provided in the products of the several products of the several products of the services of the anti-HIV protease inhibitors. Several of the anti-HIV protease inhibitors. Several and contraceptive products may be affected with to evaluation of an anti-HIV protease inhibitors. Several and contraceptive products may be a several products of the s

OVERDOSAGE: Serious ill effects have not been reported following acute ingestion of large doses of oral contraceptives by young children. Overdosage may cause nausea, and withdrawal bleeding may occur in females.

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Reference: 1. Data on file. Duramed Pharmaceuticals Inc, Pomona, NY.

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