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Correction

Projecting the Economic Impact of Compensating Living Kidney Donors in the United States: Cost-Benefit Analysis Demonstrates Substantial Patient and Societal Gains

Value Health. 2022;25(12):2028-2033.

DOI of original article: [10.1016/j.jval.2022.04.1732](https://doi.org/10.1016/j.jval.2022.04.1732)

There was an error in [Table 1](#) of the published article in which row 6 was inadvertently omitted. The complete, corrected version of [Table 1](#) is shown below:

The online version of the article has been updated to reflect this change.

doi: <https://doi.org/10.1016/j.jval.2022.12.003>

Table 1. Key parameters for a cost-benefit analysis.

No.	Parameter	Value
1	Economic value of a year in good health	\$150 000
2	Real interest rate (ie, nominal interest rate minus inflation; used to discount future costs and benefits)	3%/year
3	Quality of life (assuming good health = 1.0)	0.52 (while receiving dialysis therapy)
4		0.75 (after transplant)
5	Percentage of costs of patients with kidney failure paid by taxpayers (federal and state)	79%
6	Cost for all medical care while receiving maintenance dialysis therapy per year	\$114 000
7	Cost of a transplant procedure (including organ acquisition charge) per event	\$133 000
8	Cost of all medical care for a functioning graft (including medications) per year	\$34 000
9	Cost of kidney graft failure per event	\$82 000
10	Half-life of first kidney transplant (due to graft failure alone, not patient death)	32.8 years
11	Average age at which 50% of patients with newly diagnosed kidney failure with the longest life expectancies would receive first transplants	53.8 years

Note. Sources for all parameters are detailed in Appendix Supplement 3 in Supplemental Materials found at <https://doi.org/10.1016/j.jval.2022.04.1732>.