

# HIV patients experience better kidney transplant outcomes than Hepatitis C patients

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HIV (human immunodeficiency virus)-positive kidney transplant patients experienced superior outcomes when compared to kidney transplant patients with Hepatitis C and those infected with both HIV and Hepatitis C, according to a study led by researchers at the Perelman School of Medicine at the University of Pennsylvania and published online in *Kidney International*.

The research team examined outcomes of 124,035 adult kidney recipients transplanted between 1996 and 2013, and found the three-year survival rate of HIV [patients](#) (89 percent) was actually very similar to those of the uninfected patient reference group (90 percent). However, the three-year survival rates for Hepatitis C patients (84 percent) and HIV/Hepatitis C co-infected patients (73 percent) were notably lower. The findings represent the largest retrospective to date study of outcomes in adult [kidney transplant](#) recipients with HIV.

HIV patients are required to have an undetectable viral load in order to receive a kidney transplant, but the same virus-free requirement isn't applied to Hepatitis C-infected patients. In addition, less than 25 percent of centers in the United States offer kidney transplant to HIV patients and overall, fewer HIV patients receive kidney transplants than non-infected groups and Hepatitis C patients.

"These findings show that HIV patients are being unfairly perceived to

have worse kidney transplant outcomes than non-infected groups, and as a result, they often have to wait the longest for transplants and there are fewer living donors," said lead author Deirdre Sawinski, MD, assistant professor in the division of Renal, Electrolyte and Hypertension. "Our hope is that these study findings result in greater access to transplantation for HIV patients, while also inspiring the kidney transplant community to focus on eradicating Hepatitis C in transplant patients—either pre-transplant or if that's not possible, immediately post-transplant—to ensure better outcomes for these patients."

Current guidelines recommend kidney transplantation as the preferred course of treatment for Hepatitis C patients, as compared to continued dialysis; however, these patients experience worse outcomes than their uninfected counterparts. So now, with the recent approval of new, direct-acting Hepatitis C antiviral agents, doctors may be better able to treat the virus either before or just after transplant.

Provided by University of Pennsylvania School of Medicine

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