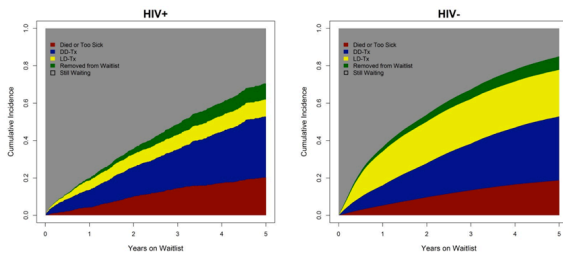


# HIV+ kidney failure patients face hurdles in receiving necessary transplants

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This image shows cumulative incidence of delisting, waitlist mortality, and living and deceased donor transplantation by HIV status. Credit: Jayme Locke

A new study finds that HIV-infected individuals with kidney failure are less likely to receive a kidney transplant—especially from living donors—than their uninfected counterparts. The study appears in an upcoming issue of the *Clinical Journal of the American Society of Nephrology (CJASN)*. Investigators are hopeful that efforts such as the recently passed HIV Organ Policy Equity, or HOPE, Act will provide expanded access to organs for HIV+ patients and reduce the US's current organ shortage.

More than 30% of the 1.2 million individuals in the United States living with HIV have [kidney disease](#) and are at increased risk of developing [kidney failure](#). Also, HIV+ patients with kidney failure are 19-times more likely to die on dialysis compared with uninfected kidney failure patients, and kidney transplantation lowers their risk of premature death by 79% compared with remaining on dialysis.

To examine HIV+ patients' access to kidney transplantation, Jayme Locke, MD, MPH, FACS (University of Alabama at Birmingham) and her colleagues analyzed 2001 to 2012 information from the Scientific Registry of Transplant Recipients, which includes data on all donors,

waitlisted candidates, and transplant recipients in the United States. Their study included 1636 HIV+ and 72,297 HIV- kidney transplant candidates on the transplant waiting list.

The team found that, overall, HIV+ patients were 28% less likely to receive a transplant compared with their HIV- counterparts, and they were half as likely to receive a kidney from a living donor. "The supply of deceased donor organs remains limited, and as such, living [kidney donors](#) have become a critical source of organs," said Dr. Locke. "While the recent HOPE Act permits HIV+ individuals to serve as living kidney donors for HIV+ patients, no HIV+ person has ever been a living kidney donor, likely because little is known about risks HIV+ persons may incur from donating a kidney. We see this study as the foundation for demonstrating the significance/need for identifying a subset of HIV+ persons who are both willing and healthy enough to be living kidney donors such that HIV+ to HIV+ living [kidney transplantation](#) can be done safely and effectively."

In an accompanying editorial, Sindhu Chandran, MD and Peter Stock, MD, PhD (University of California, San Francisco) noted that the risks of receiving an HIV+ kidney need to be balanced against the moral imperative to provide lifesaving organs to patients. "Data from transplants conducted within the framework of the HOPE Act will increase knowledge about the safety and efficacy of HIV+ to HIV+ kidney transplants in the US, including possibly from living donors, and help define the future role of this strategy in improving equity and redressing disparities in transplantation for HIV+ [patients](#)," they wrote.

**More information:** "Access to Kidney Transplantation among HIV-infected Waitlist Candidates," [DOI: 10.2215/CJN.07460716](https://doi.org/10.2215/CJN.07460716)

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