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## **STUDY REPORTS EXCELLENT OUTCOMES AMONG HIV+ KIDNEY TRANSPLANT RECIPIENTS**

*Co-infection with hepatitis C virus lowers kidney and patient survival rates, however*

### **Highlights**

- Compared with uninfected (HIV-/HCV-) kidney transplant recipients, mono-infected HIV+ (HIV+/HCV-) recipients had similar 5-year and 10-year kidney survival rates, while HIV+ recipients co-infected with HCV (HIV+/HCV+) had worse kidney survival rates.
- Patient survival among mono-infected HIV+ recipients was similar to uninfected recipients but was significantly lower for co-infected recipients.

*Over the last decade there has been a 10-fold increase in the number of kidney transplants performed in HIV+ patients.*

**Washington, DC (March 19, 2015)** — HIV+ kidney transplant recipients who are not infected with hepatitis C virus (HCV) have similar kidney and patient survival rates as HIV- recipients, according to a study appearing in an upcoming issue of the *Journal of the American Society of Nephrology* (JASN). The findings suggest that excellent outcomes can be achieved among HIV+ kidney transplant recipients.

Chronic diseases, such as end-stage kidney disease, represent the leading cause of death among HIV-positive individuals. Kidney transplantation is now offered as an acceptable treatment option for HIV+ patients with end-stage kidney disease, although experience with HIV+ kidney transplantation is in its relative infancy. “Understanding long-term outcomes among HIV+ kidney transplant recipients is paramount to ensure continued access to life saving kidney transplantation for this vulnerable population,” said Jayme Locke, MD, MPH, FACS (University of Alabama at Birmingham).

To get a better understanding of the long-term health of HIV+ patients who undergo kidney transplantation, Dr. Locke and her colleagues examined the health of the US HIV+ kidney transplant population from 2002 to 2011. During that time, 510 HIV+ adults underwent kidney transplantation. These patients were matched 1:10 with HIV- adults who underwent kidney transplantation.

Among the major findings:

- Overall, 5- and 10-year kidney survival rates were significantly lower among HIV+ recipients compared with HIV- recipients (69% vs. 75% and 50% vs. 54%, respectively); however, when limited to patients without HCV, mono-infected HIV+ recipients had similar 5-year and 10-year kidney survival rates compared with uninfected recipients.
- Overall, patient survival among HIV+ recipients was significantly lower than survival rates of HIV- recipients; however, when limited to patients without HCV, rates were similar for mono-infected HIV+ recipients and uninfected recipients at both time points.
- HIV+ recipients co-infected with HCV had inferior kidney and patient survival rates.

The findings reveal that HIV+ kidney transplant recipients who are not infected with HCV have similar kidney and patient survival rates as HIV- recipients. Importantly, though, almost 25% of HIV+ kidney transplant recipients are co-infected with HCV, compared with only 5% of the general kidney transplant recipient population. This study's results suggest caution in transplanting co-infected patients.

“Locke and colleagues should be commended for providing a national perspective on the status of HIV transplantation which supports the expanded use of kidney transplantation in this group,” wrote Alissa Wright, MD and John Gill, MD, MS (University of British Columbia, in Canada) in an accompanying editorial.

Study co-authors include Shikha Mehta, MD, Rhiannon Reed, MPH, Paul MacLennan, PhD, Allan Massie, PhD, Anoma Nellore, MD, Christine Durand, MD, and Dorry Segev MD, PhD.

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The article, entitled “A National Study of Outcomes among HIV-infected Kidney Transplant Recipients,” will appear online at <http://jasn.asnjournals.org/> on March 19, 2015.

The editorial, entitled “Kidney Transplantation in HIV-Infected Recipients: Encouraging Outcomes, but Registry Data Are No Longer Enough,” will appear online at <http://jasn.asnjournals.org/> on March 19, 2015.

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