PRESS RELEASE

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KIDNEY TRANSPLANTS FROM DONORS WITH HCV SAFE AND FUNCTIONAL 1-YEAR POST-TRANSPLANTATION

Analysis shows that increasingly, U.S. transplant centers are using these organs for patients without HCV.

Highlights

- There has been a substantial increase in the number of transplants using HCV-infected kidneys across the United States.
- Since September 2018, most HCV-infected kidneys were transplanted into patients without the infection.
- HCV-infected kidneys function just as well as uninfected kidneys throughout the year after transplantation.

Washington, DC (September 12, 2019) — A recent analysis reveals that kidneys from donors infected with hepatitis C virus (HCV) are now routinely used in transplants at many U.S. centers, and they are functioning well one year after transplantation. The findings, which appear in an upcoming issue of *JASN*, are reassuring that the use of these organs is safe and effective in the near-term.

There are more than 2 million adults in the United States with HCV infection, and due to the opioid epidemic, there has been a large increase in the number of young organ donors who have become infected. Prior to 2015, many kidneys from donors with HCV were discarded, but since then, studies have shown that physicians can successfully transplant these kidneys and treat the infection with antiviral medications after transplantation.

Questions have remained, however. First, because HCV can damage the kidneys, it was not clear whether HCV-infected kidneys have a comparable function to similar uninfected kidneys. Second, it was unknown if the promising results of earlier studies would be confirmed in a larger study that included patients from across the United States.

To investigate, Vishnu S. Potluri, MD, MPH, David S. Goldberg, MD, MSCE and Peter P. Reese, MD, MSCE (University of Pennsylvania) and their colleagues analyzed 2015-

2019 national transplant registry data on the use of HCV-infected kidneys. They also compared outcomes for HCV-infected kidneys to similar quality HCV-uninfected kidneys.

The researchers found that there has been a substantial increase in the number of transplants using HCV-infected kidneys across the United States. There also has been a change in the use of HCV-infected kidneys: until September 2018, most HCV-infected kidneys were transplanted into patients with pre-existing HCV, but since September 2018, the majority of HCV-infected kidneys were transplanted into patients without the infection. The team also found that HCV-infected kidneys function just as well as uninfected kidneys throughout the first year after transplantation.

“Our study showed that transplants with HCV- infected kidneys are now routinely performed at many centers, and they are functioning well at one year after transplant,” said Dr. Reese. The authors noted that the findings provide strong evidence that HCV-infected kidneys are a valuable resource for transplantation, and that disincentives for accepting these organs should be addressed. In the future, it may also be harder for patients with pre-existing HCV infection to get access to these HCV-infected organs for transplantation. “These findings represent a small, but important victory, in the effort to make every organ donation count,” added Dr. Potluri.

Study co-authors include David S. Goldberg, M.D., M.S.C.E, Sumit Mohan, M.D., Roy D. Bloom, M.D., Deirdre Sawinski, M.D., Peter L. Abt, M.D., Emily A. Blumberg, M.D., Chirag R. Parikh, M.D., Ph.D., James Sharpe, M.S., K. Rajender Reddy, M.D., Miklos Z. Molnar, M.D., Ph.D., and Meghan Sise, M.D., M.S.

Disclosures: Preliminary findings of this research were presented by Dr. Potluri at the National Kidney Foundation Spring Clinical Meeting Young Investigators Forum in May 2019; and by Dr. Reese at the American Transplant Congress in June 2019.
Dr. Potluri’s work was supported by a Ben J Lipps grant from the American Society of Nephrology.
Drs. Reese and Goldberg have received investigator-initiated grants from Merck and AbbVie awarded to the University of Pennsylvania for trials of HCV-viremic kidney transplants into HCV-seronegative recipients, followed by antiviral treatment.
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Dr. Mohan is supported by research funds from the NIH (NIDDK, NIAID, NIMHD, NIBID). He is also the deputy editor for Kidney International Reports and is a consultant for Bravado Health, Jazz Pharma, and Angion.
Dr. Molnar served as an advisor for Merck and AbbVie.

Dr. Reddy served as an ad-hoc advisor to Merck, Gilead, AbbVie, Spark Therapeutics, Shionogi, and Dova. Dr. Reddy received research support (paid to the University of Pennsylvania) from Merck, Gilead, AbbVie, Mallinckrodt, Intercept, Conatus and Exact Sciences.
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The article, entitled “National Trends in Utilization and One-Year Outcomes with Transplantation of HCV-Viremic Kidneys,” will appear online at http://cjasn.asnjournals.org/ on September 12, 2019, doi: 10.1681/ASN.2019050462.

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