Kidney and Patient Survival Rates High in Positive Transplant Recipients

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HIV-positive people undergoing a kidney transplant are just as likely to survive and thrive with their new organ as HIV-negative individuals receiving a new kidney, provided certain risk factors for transplant failure are recognized and tightly managed. The encouraging report, based on an analysis of data collected by the United Organ Sharing Network (UNOS), is published in the January issue of Archives of Surgery.

Historically, people living with HIV were not considered transplant candidates because survival rates after transplantation were thought to be greatly compromised by the disease. That changed with the advent of antiretroviral (ARV) therapy, which dramatically increased the survival rate of those with HIV. In addition, ARVs allow for the safe use of medications needed to suppress the immune system in order to prevent organ rejection.

Although many hospital centers have begun offering transplant procedures to HIV-positive people, little is known about post-transplant survival rates among people living with the virus. Kidney disease accounts for more than 10 percent of HIV-related deaths, and many HIV-positive people require life-long dialysis or a kidney transplant to survive.

Jayme Lock, MD, MPH, of Johns Hopkins University School of Medicine in Baltimore and his colleagues evaluated one-year kidney survival rates and one-year patient survival rates of 36,492 HIV-negative and 100 HIV-positive kidney transplant recipients listed on the UNOS list who received transplants between January 2004 and June 2006.

The chances of patient survival, Lock's team reports, were the same in both groups. However, kidney survival rates in these two groups showed that HIV-negative recipients had a 94.6 percent survival rate, compared with 87.9 percent in people with HIV.

When the investigators broke down the results into subgroups, they learned that some of the kidneys transplanted into HIV-positive recipients were relatively late getting to full function. This so-called delayed graft function (DGF) reduced kidney survival by 30 percent. When this group was removed from the rate comparison, both HIV-positive and HIV-negative groups had equal kidney and patient survival rates.

According to the authors, this is significant because DGF can be avoided by controlling certain negative risk factors such as advanced organ donor age, deceased-donor kidneys (versus live-donor kidneys) and long cold ischemic times (the time the kidney is without blood flow before transplant).

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