



PRESS RELEASE

ASN Contacts:

Christine Feheley (202) 640-4638 | cfeheley@asn-online.org

Tracy Hampton thampton@nasw.org

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.

Dr. Sise is supported by the NIDDK grant K23 DK117014 and has received investigator-initiated grants from Merck and AbbVie awarded to the Massachusetts General Hospital for trials of HCV-viremic kidney transplants into HCV-seronegative recipients, followed by antiviral treatment. Dr. Sise has served as an advisory board member to Merck, AbbVie, and Gilead. Dr. Parikh is supported by the NIDDK grant R01DK93770. He also receives consulting fees from Renalytix and is on the DSMB for Genfit and Abbott.

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.

Dr. Blumberg has received research funds from Merck for research related to CMV infection.

This work was supported in part by the Health Resources and Services Administration contract 234-2005-370011C. The content is the responsibility of the authors alone and does not necessarily reflect the views of policies of the Department of Health and Human Services, nor does mention of trade names, commercial products, or organizations imply endorsements by the U.S. Government.

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.

The content of this article does not reflect the views or opinions of The American Society of Nephrology (ASN). Responsibility for the information and views expressed therein lies entirely with the author(s). ASN does not offer medical advice. All content in ASN publications is for informational purposes only, and is not intended to cover all possible uses, directions, precautions, drug interactions, or adverse effects. This content should not be used during a medical emergency or for the diagnosis or treatment of any medical condition. Please consult your doctor or other qualified health care provider if you have any questions about a medical condition, or before taking any drug, changing your diet or commencing or discontinuing any course of treatment. Do not ignore or delay obtaining professional medical advice because of information accessed through ASN. Call 911 or your doctor for all medical emergencies.

Since 1966, ASN has been leading the fight to prevent, treat, and cure kidney diseases throughout the world by educating health professionals and scientists, advancing research and innovation, communicating new knowledge, and advocating for the highest quality care for patients. ASN has more than 20,000 members representing 131 countries. For more information, please visit www.asn-online.org or contact the society at 202-640-4660.

###

Tweet: HCV-infected kidneys safe and effective for transplantation.

Twitter: @PeterPReese1

Facebook: 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.

Mike Iorfino – Senior Medical Communications Officer for Penn Medicine
Email - mike.iofino@pennmedicine.upenn.edu
Cell – 267-588-5939, Office – 215-349-5825