



HIV-positive Donor to Positive Recipient Liver Transplantation: A Nationwide Survey

Christian Manzardo, Marta Subirana, David Paredes, Asuncion Moreno, Constantino Fondevila, Antonio Rimola, Beatriz Mahillo¹, Gloria de la Rosa¹, **Jose M. Miro**
on behalf of the FIPSE-ONT-GESIDA Investigators.

Hospital Clinic-IDIBAPS-University of Barcelona, Barcelona, Spain.

¹Organización Nacional de Trasplante (ONT), Madrid, Spain.

Background

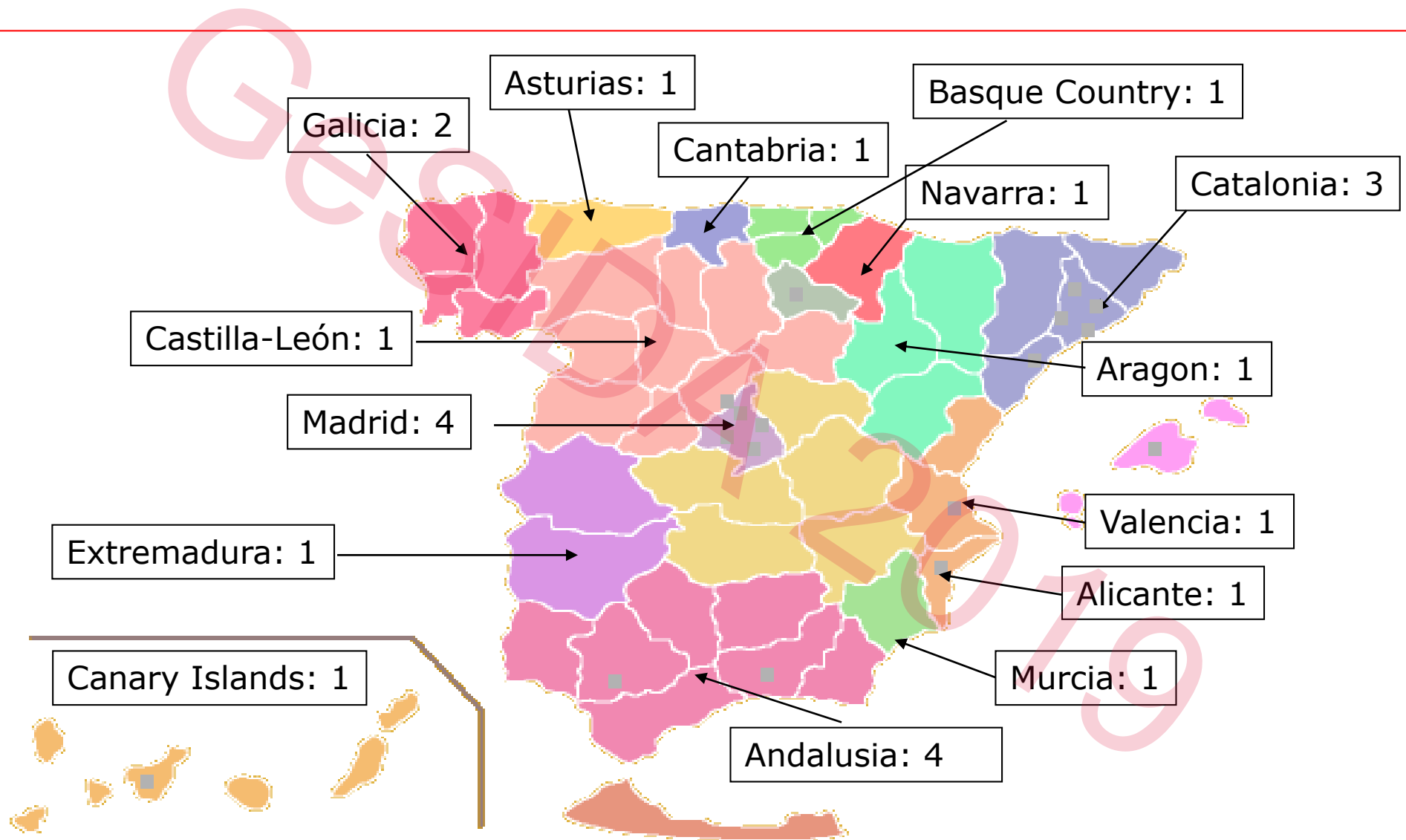
- Liver transplantation (LT) using HIV- organs in HIV+ recipients has good outcomes¹.
- HIV+ donor organs (mostly kidney) can now be transplanted into HIV+ recipients (HIV D+/R+) with end-stage organ disease in several countries¹.
- Spain has one of the biggest cohort of LT in HIV-infected patients and the world's highest donor rate, but using organs from HIV-infected donors is forbidden by law since 1987.

Objectives

- To know the opinion of liver transplant (LT) teams on this new strategy and their attitude toward HIV D+/R+ LT throughout a nationwide survey.

¹Miro JM et al. Intensive Care Med. 2019;45:398-400.

Results: Geographic Distribution of the 24 Spanish Centers Participating in HIV D+/R+ Liver Transplantation Survey



Results: Geographic Distribution of the 24 Spanish Centers Participating in HIV D+/R+ Liver Transplantation Survey

- At least one member of the **24 LT teams (100%)** answered the questionnaire.
- The rate of specialists responding was **68/96 (71%)**
→ **ID, 75%; HEP, 92%; SURG, 58%; CT, 58%**

Madrid: 4

- **Age** (mean, SD) = **54 (8) years.**
- Gender, **males 50 (74%).**
- **Time** working in transplantation and/or donation was **19 (8.5) years.**

Results: According to the Specialty (I)

	HIV/ID N=18	HEP N=22	SURG N=14	TC N=14
Deceased donor*				
- VS on ART**	9.5 (8,10)	7.5 (6,8)	10 (5,10)	9.5 (3,10)
- No VS off ART	2.5 (0,7)	2 (0,5)	1 (0,2)	3 (0,5)
- HIV diagnosis at transplant evaluation	3 (0,5)	1.5 (0,4)	0 (0,2)	3.5 (0,4)
- High risk donor, HIV-	9 (7,10)	8 (6,9)	8 (5,8,10)	9 (8,10)
- Serodiscordant HIV-donor but HIV+ couple	9 (7,10)	9 (8,9)	8 (6,10)	8.5 (1,10)

VS = HIV virologically suppression; ART = Antiretroviral therapy; HIV/ID: HIV/infectious diseases; HEP: hepatology; SURG: liver surgery; TC: transplant coordination teams. 0 = Fully disagree; 10 = Fully agree. * Median (IQR) ** P value: 0.044.

Results: According to the Specialty (II)

	HIV/ID N=18	HEP N=22	SURG N=14	TC N=14
Living donor*				
- VS on ART**	8 (6,10)	7 (5,8)	7 (0,10)	8 (0,10)
- Use of specific Consent Form for HIV-infected receptors*	10 (9,10)	9 (8,10)	10 (9,10)	9 (5,10)
- Willingness to participate in a HIV D+/R+ trial, (%)	100%	86%	86%	71%
		83%, p = 0.172		

VS = HIV virologically suppression; ART = Antiretroviral therapy; HIV/ID: HIV/infectious diseases; HEP: hepatology; SURG: liver surgery; TC: transplant coordination teams. 0 = Fully disagree; 10 = Fully agree. * Median (IQR) ** P value: 0.628.

Conclusions

- HIV D+/R+ LT is feasible and currently is under research studies.
- Most Spanish LT team specialists would use livers from virologically suppressed HIV-infected deceased or living donors for HIV-infected recipients with indications for LT.
- Conversely, they would not use organs from donors that were not HIV suppressed or in which HIV-infection was diagnosed at the time of transplant evaluation.
- The results of this survey could initiate a change of the donor law in Spain.