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Access to Kidney Transplantation among HIV-Infected Waitlist Candidates

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Abstract

Background and objectives Kidney transplantation among HIV-infected patients with ESRD confers a significant survival benefit over remaining on dialysis. Given the high mortality burden associated with dialysis, understanding access to kidney transplantation after waitlisting among HIV+ candidates is warranted.

Design, setting, participants, & measurements Data from the Scientific Registry of Transplant Recipients were linked to Intercontinental Marketing Statistics pharmacy fills (January 1, 2001 to October 1, 2012) so that we could identify and study 1636 HIV+ (defined as having filled one or more antiretroviral medications unique to HIV treatment) and 72,297 HIV- kidney transplantation candidates.

Results HIV+ waiting list candidates were more often young (<50 years old: 62.7% versus 37.6%; $P<0.001$), were more often men (75.2% versus 59.3%; $P<0.001$), were more often black (73.6% versus 27.9%; $P<0.001$), had longer time on dialysis (years: 2.5 versus 0.8; $P<0.001$), were more often coinfecting with hepatitis C virus (9.0% versus 3.9%; $P<0.001$), and were less likely to remain active on the waiting list (37.7% versus 49.4%; $P<0.001$). Waitlist mortality among HIV+ candidates was similar compared with HIV- candidates (adjusted hazard ratio, 1.03; 95% confidence interval, 0.89 to 1.20; $P=0.67$). In contrast, likelihood of living donor kidney transplantation was 47% lower (adjusted hazard ratio, 0.53; 95% confidence interval, 0.44 to 0.64; $P<0.001$), and there was a trend toward lower likelihood of deceased donor kidney transplantation (adjusted hazard ratio, 0.87; 95% confidence interval, 0.74 to 1.01; $P=0.07$) compared with in HIV- candidates.

Conclusions Our findings highlight the need for additional study to better understand disparities in access to kidney transplantation, particularly living donor kidney transplantation, among HIV+ kidney waitlist candidates.

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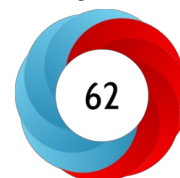
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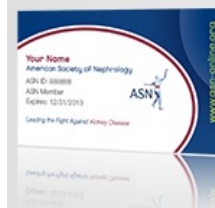
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