Background

- Kidney transplantation (KT) is associated with a better survival than hemodialysis in selected elderly and stage renal disease (ESRD) patients.
- In the general population,
- In people living with HIV (PLHIV).
- Because of persistent antiretroviral therapy (ART) availability, the number of KT increases over time in PLHIV since the early 2000s.
- Transplant survival is close to the kidney transplant survival in HIV-uninfected people aged at least 65 years.
- Survival of PLHIV after KT is comparable to survival of HIV-uninfected people.
- A lower access to KT in PLHIV has recently been described in the US (Urban E. Clin. J. Am. Soc. Nephrol. 2017).
- Even in the context of free access to health care, nephrologists might be reluctant to KT in PLHIV because of potential interactions between antiretroviral and immunosuppressive drugs, free of lower adherence rate and higher risk of infection due to immunosuppression.

Objectives

- To investigate the impact of HIV infection on the access to the KT waiting list and on the access to KT in France.

Methods

Population

- Enrols the EpiDialysis and Information Network (national registry of all patients dialyzed in France).
- Adults ≥18 years, initiating dialysis between January 2006 and December 2010.
- Exclusion criteria: ongoing cancer, previous KT, need of a combined solid organ transplantation.
- Each PLHIV matched with one or two HIV-uninfected individuals (on age h1-3 years), sex, year of dialysis initiation, diabetic nephropathy, and continent of birth whenever possible.
- HIV-specific data (ART, HIV viral load (VL), CD4 cell count) were extracted from the French hospital database on HIV (PAS ARMS CoD).

Results

- 255 PLHIV and 476 HIV-uninfected controls were included.
- Median follow-up: 5.4 (3.0-7.2) and 6.3 (5.0-7.9) years respectively.
- Information on HIV infection for 180 PLHIV (70.6%).

Discussion

- Among patients initiating dialysis in France between 2006 and 2010 and followed up until the end of 2015, PLHIV had lower rates of enrollment on KT waiting list and of KT than their matched HIV-uninfected controls.
- Similar results were observed when analyses were restricted to PLHIV with immunovirological success on ART.
- Despite an improvement over time, access to the waiting list was still lower in the most recent period where ART with lower interaction with immunosuppressive drugs is available.
- We also noted that access time was not necessarily lower before ART because of the potential interactions between ART and immunosuppressive drugs.
- There were no differences in predicted mortality in the recent period or in predicting mortality in PLHIV compared to HIV-uninfected individuals.

Conclusion

- The reasons for an impaired access of PLHIV to KT must be explored.
- Nephrologists and cardiologists need to be informed about the benefits of KT over dialysis for PLHIV.