Most Kidney Transplant Candidates Will Accept Risk Of Infection

The majority of patients would accept a kidney from a donor at increased risk of viral infection.

March 26, 2010

Most kidney transplant candidates are willing to receive a kidney from a donor at increased risk of viral infection, according to a study appearing in an upcoming issue of the *Clinical Journal of the American Society Nephrology* (*CJASN*). The results suggest that kidney disease patients can make rational tradeoffs between the virtues and risks conferred by donated kidneys.

Because thousands of patients die each year in the United States while waiting for a kidney transplant, greater efforts are needed to expand the pool of kidneys for transplantation. These efforts might include allowing patients to receive less-than-ideal organs, for example from deceased individuals at increased risk of viral infection. In these cases, patients must weigh the advantages of getting a transplant against the small risk of getting a serious infection such as HIV. The average dialysis patient has a 20% chance of dying annually, similar to the death rate from metastatic cancer. Therefore patients may decide that it's better to accept an organ from a donor at increased risk of viral infection than to remain on dialysis.

Peter Reese, MD, Scott Halpern MD, PhD (University of Pennsylvania) and their colleagues conducted a study to determine what proportion of kidney transplant candidates would accept a kidney from a donor at increased risk of viral infection. They also examined what factors influenced this decision.

The investigators studied 175 kidney transplant candidates who responded to hypothetical scenarios that tested their willingness to accept a kidney from a donor at higher risk of viral infection. Each scenario varied the donor age (as a substitute for kidney quality), the risk of contracting HIV and the waiting time until the next offer of a kidney transplant. Among 175 respondents, 42 (24.0%) rejected kidneys from donors at increased risk of viral infections under all conditions, 103 (58.9%) accepted them under some conditions, and 31 (17.7%) always accepted them. Patients were more likely to accept a kidney from donors at increased risk of viral infections when the donor was younger, HIV risk was lower, and when the waiting time was longer. Also, patients on dialysis and older patients more commonly accepted such kidneys.

Increasing the use of kidneys from donors at increased risk of viral infections could improve access to kidney transplantation only if transplant candidates are willing to

accept these organs. "Our study shows that the majority of kidney transplant candidates would accept the tradeoff some of the time – that is, they would accept a kidney transplant even if the risk of HIV infection was slightly elevated," said Dr. Reese.

According to the authors, transplant physicians should talk with their patients about the possibility of receiving organs from donors at increased risk of viral infections without fearing that such conversations will undermine the ability to place these organs.

Study co-authors include Tara Tehrani, MD, MaryAnn Lim, MD, David Asch, MD, Emily Blumberg, MD, Maureen Simon, RN and Roy Bloom, MD (University of Pennsylvania).

The authors reported no financial disclosures.

The article, entitled "Determinants of the Decision to Accept a Kidney from a Donor at Increased Risk for Blood-Borne Viral Infection," will appear online at http://cjasn.asnjournals.org/ *[1] on March 25, 2010, doi 10.2215/CJN.08251109.*

Source URL (retrieved on *12/28/2014 - 9:48pm*):
http://www.surgicalproductsmag.com/news/2010/03/most-kidney-transplant-candidates-will-accept-risk-infection?qt-recent_blogs_articles=0

Links:
[1] http://cjasn.asnjournals.org/