Transplant Trends

January 9, 2012 By Tim Horn

A little more than a decade ago, there wasn't much hope for HIV-positive people with a failing organ, such as a liver ravaged by hep C–related cirrhosis. Transplant surgeons were often reluctant to operate on—and prescribe immune-suppressing anti-rejection drugs for—people with low CD4 cell counts. Even if a surgeon was willing, he or she would likely have trouble securing an organ for someone widely perceived to have an already limited life expectancy.

Fortunately, times change. Newer, more potent HIV meds have lessened the worries about low CD4 counts and survival. At least 21 transplant centers in the United States alone have stepped up to provide organ transplants to people living with HIV, noting that the need is even greater today than it was before combo HIV therapy: As people live longer with HIV, infections such as hep C have time to fester and cause serious disease.

Survival rates following liver transplants are excellent, whether the recipient is coinfected or not. Roughly 73 percent of transplant patients coinfected with HIV and hepatitis C virus (HCV) were still alive after three years, according to one liver transplant study. Not bad, considered the 78 percent three-year survival rate in those living with HCV alone.

Obstacles remain, though. Higher cancer rates and post-transplant drug interactions are two major concerns for coinfected people to contend with. Fortunately, many transplant teams are now able—and willing—to help. You can find them at hivtransplant.com.

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