Hearts Transplanted From Donors With Hep C Fare Well

One year after such transplantations, the outcomes are similar to those who receive hearts not infected with hepatitis C.

December 25, 2019 By Benjamin Ryan

People on the waiting list for a heart transplant may do well to accept an organ from a donor who had hepatitis C virus (HCV). A recent study found that outcomes one year after transplantation were similar between those receiving hearts from donors with or without HCV.

Kelly Schlendorf, MD, of Vanderbilt University Medical Center in Nashville, and colleagues conducted a prospective, single-center observational study of 80 adults who received a heart transplant at Vanderbilt from donors who tested positive for HCV antibodies. The study ran from September 2016 to April 2019.

Seventy of the donors were chronically infected with HCV, meaning they tested positive for viral RNA, while the other 10 tested negative, which likely means they had previously cleared the virus.

The study authors compared outcomes among the study members with people who received hearts from HCV-negative donors during the same period.

Fifty-seven (71%) of the participants were men, 55 (69%) were white and 17 (26%) were Black. The median age upon receiving the transplant was 55 years old.

After they signed the consent form to receive a heart from an HCV-positive donor, the median time until the participants received their transplant was four days.

None of the participants who received hearts from donors who tested negative for HCV RNA contracted the virus.

Sixty-seven (96%) of the participants who received hearts from HCV RNA-positive donors contracted the virus from the transplant during a median follow-up of 301 days. All were treated with direct-acting antivirals, and all achieved a sustained virologic response 12 weeks after completing therapy (SVR12), considered a cure. Treatment was well tolerated.

Of those who contracted HCV, 90.4% were still living one year after their transplant. This survival

rate was statistically equivalent to the rates seen among people whose donor was HCV positive but who did not contract the virus and among the individuals in the comparison group, whose donor did not have HCV.

“In the era of direct-acting antivirals,” the study authors concluded, “hepatitis C–positive donors are a viable option to expand the donor pool, potentially reducing wait-list duration and mortality. In heart transplant recipients with donor-derived hepatitis C, infection is well-tolerated and curable, and one-year survival is equivalent to that in recipients of hepatitis C–negative donors.”

To read the study abstract, click here.

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