Study Encourages More Hepatitis C Positive Liver Donations for Transplants

Livers from donors with hepatitis C or donors who have experienced circulatory death were generally safe—and underutilized.

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A new study encourages transplant centers to increase the utilization of livers from donors with hepatitis C (HCV) or from donors who have experienced circulatory death, according to a news release from The Ohio State University Wexner Medical Center Comprehensive Transplant Center.

More than 6,000 people die each year while awaiting an organ, according to the Health Resources and Services Administration.

Published in Transplantation, the study analyzed data from the United Network for Organ Sharing. Researchers looked at all deceased donor liver transplants that occurred between November 2016 and December 2021, including follow-up data through September 2022.

Transplants were divided into four groups: HCV-negative donation after circulatory death, HCV-negative donation after brain death, HCV-positive donation after circulatory death, and HCV-positive donation after brain death. (Those who receive HCV positive livers are given antiviral therapy to eliminate the virus.)

Brain death occurs when the brain permanently stops functioning. Most organ donation occurs after brain death, according to the Donation Network of Arizona. Circulatory death occurs when blood permanently ceases to circulate. In some cases, the organs, tissues and eyes of people who die a circulatory death may be used for donation.

Throughout the study period, about 570 liver transplant surgeries involving donors in all four categories were performed.

When looking at the health of transplant recipients and the transplanted organ one year post-surgery, study authors observed that using livers from donors with HCV or donors who had experienced circulatory death did not compromise short-term patient outcomes. Despite this, the analysis found that these types of donated livers are underutilized in the United States.

“The number of liver transplant surgeries in the United States has increased over the past few years, but people continue to die while waiting for a transplant or get taken off the waiting list when they get too sick to undergo a liver transplant,” said corresponding author Sai Rithin Punjala, MBBS, a clinical assistant professor of surgery, in the release. “Our research shows transplant centers can safely expand the donor pool by using livers from a greater variety of donors.”

Across all four donor categories, no difference was observed found in the amount of time patients spent in the hospital post-surgery, readmission within one year, one-year patient survival and one-year organ survival.

“Ohio State performs the most liver transplants from hepatitis C positive and donation after circulatory death donors in the country,” said Navdeep Singh, MBBS, clinical assistant professor of surgery and study coauthor. “We follow rigorous guidelines to ensure favorable outcomes for patients on our waitlist.”

To read more, click #Liver Transplant. There, you’ll find headlines such as “New Liver Transplant Policy Raises Concerns About Increased Costs and Equity,” “Black People With Liver Cancer Are Less Likely to Receive Liver Transplants” and “Revolutionary Advances in Liver Disease Research Unveiled at EASL Congress 2024.”
