CHRONIC HCV INFECTION PROLONGS WAITING DURATION OF CADAVERIC KIDNEY DONOR CANDIDATES ON WAITING LIST

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OBJECTIVES

Besides severe organ shortage HCV infection is an important obstacle for kidney donor candidates (KDC) on cadaveric waiting lists. Historical HCV therapies with interferon and ribavirin were difficult to tolerate due to vigorous side effects and had low sustained virologic response rates among KDC. Long waiting times on the list, missing of transplantation opportunity, being exposed to complications of chronic HCV infection are life threatening issues because of HCV treatment hitches. New direct acting antivirals (DAA) for HCV are promising. We aimed to compare the calling numbers and waiting durations of HCV positive and negative candidates.

METHODS

A total 407 (mean age 49.9±13.8 years; 53.3% male, 46.7% female) adults were on cadaveric kidney donor waiting list. Invitation lists for cadaveric transplantation were evaluated between January 2011 and June 2016. Demographic data, waiting time, number of invitations for transplantation, and viral serology were evaluated.

Gender n(%)	
Female	190 (46.7%)
Male	217 (53.3%)
Age (years)	49.9±13.8
Mean waiting time (months)	42.7±33.9
Anti HCV n(%)	
Positive	26 (%6.4)
Negative	379 (%93.6)
HCV RNA n(%)	
Positive	12(%46.1)
Negative	14 (%53.8)
Mean number of invitations	1.39±4.3

RESULTS

In this period 407 kidney transplantations (60.4% cadaveric, 39.6% living donor) was performed in our center. Mean waiting duration on the list was 42.7±33.9 months. Twenty-four of 407 candidates were on passive condition due to HCV infection (n:20, 83.3%) and medical reasons (n:4, 16.7%). Twenty six candidates had chronic HCV infection and HCV RNA of 12 candidates was positive in whom 4 was on HCV treatment with new DAA. Mean waiting duration on the list was not significantly different among anti-HCV positive and negative candidates (85.35±38.86 months vs. 39.78±31.64, respectively, p=0.09). Total calling number for transplantation was significantly higher in anti-HCV positive group (10.85±10.41times vs. 0.74±2.5 times, respectively, p<0.001). Mean waiting duration time and total calling number were significantly higher in HCV RNA positive candidates (107.58±7.53 months vs. 39.98±31.99 months, p<0.001; 15±9.71times vs. 0.8±2.8 times, respectively, p<0.001).

CONCLUSIONS

Chronic HCV infection is an important issue leading longer waiting time on the list. Our observation showed that waiting durations of anti HCV positive candidates were longer than that of negative, although they had more frequent opportunity for transplantation.

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