'High-Risk' Organs Safe When Screened with Current Methods

American Society of Nephrology

Relabeling them may provide additional organs to patients in need

Approximately 10% of deceased donor kidneys are considered "high-risk" for infection (HIV, HCV, HBV) and disease transmission according to criteria set by the Centers for Disease Control and Prevention. But new research suggests that many of these organs are safe and therefore should not be labeled as high-risk. Results of this study will be presented at ASN Kidney Week 2013 November 5-10 at the Georgia World Congress Center in Atlanta, GA.

Researchers led by Moya Gallagher, RN (New York-Presbyterian Hospital/Columbia University Medical Center) found that since 2004, a total of 170 patients received kidneys that met CDC's high-risk criteria at Columbia University Medical Center. In addition to standard pre-transplant blood screening for HIV, HCV, and HBV, these patients were also screened by antibody and DNA testing at 6, 12, and 24 weeks post transplant. All patients received standard immunosuppressive therapy.

Among the donors, 57.1% had a history IV drug use, 25.9% had high-risk sexual behavior, 11.8% were incarcerated, 7.1% were men who had sex with men, and 4.7% had received multiple blood transfusions. The majority (77.8%) were imported from other centers, suggesting that other centers declined to use these organs. After a median of 2.4 years of follow up, 86.5% of transplants were functioning, and there was no transmission of the viral diseases in question.

The findings demonstrate the relative safety of so-called high-risk deceased donor organs when screened by current methods. These organs should probably be labeled as "identified risk" rather than "high-risk," according to the investigators.

"Utilization of these organs represents an opportunity for shortening wait time for patients while providing good outcomes and an extremely low level of risk for transmission of infections," said Gallagher. "For most deceased organ donors, the medical/social history is obtained second or third hand, and it is erroneous to assume that some of these patients do not fall into the groups that constitute the 'high-risk' classification. Therefore, we believe that the current dichotomized classification is misleading and does a disservice to those patients on the waiting list," she added.

For more information, visit American Society of Nephrology [1].

http://www.mdtmag.com/news/2013/10/high-risk-organs-safe-when-screened-current-methods

Links:
[1] http://www.asn-online.org