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## PE18.1/4-Dialysis and Renal Transplantation in HIV-infected patients: a European Survey in 2008

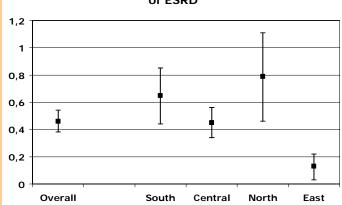
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BACKGROUND: Since the introduction of combined antiretroviral treatments (cART) in 1996 survival of HIV-infected population has improved dramatically. As survival improves, instead of progression to AIDS and dying of AIDS-defining events, HIV-infected patients develop end-stage organ diseases. The interest in kidney diseases in HIV-infected patients has been rising in the most recent years, but there is still a lack of information regarding this issue. **OBJECTIVES**: To determine the prevalence and characteristics of end-stage renal diseases (ESRD) and renal transplant recipients in HIV-infected patients in Europe in the era of cART. **METHODS**: A cross-sectional multicenter survey during 2008 of clinics participating in the EuroSIDA study. ESRD was defined as irreversible kidney damage (glomerular filtration rate < 15ml/min) treated with either hemodialysis (HD) or peritoneal dialysis (PD).

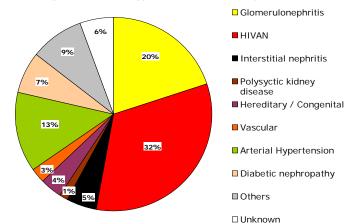
PREVALENCE OF ESRD: From the 41 clinics participating in the study (62,306 HIVinfected patients) overall prevalence of ESRD was 0.46% (95% CI 0.38-0.54%). Regional comparison of prevalence (using the same geographical regions as in the EuroSIDA study) is shown in Figure 1

Figure 1. Overall prevalence and regional prevalence of ESRD



ETIOLOGY OF ESRD (Figure 2): the most frequent causes of chronic kidney disease were HIV-associated nephropathy (32%) and other types of glomerulonephritis (20%)

Figure 2. Etiology of chronic kidney disease



## RENAL TRANSPLANT RECIPIENTS:

- · Number: 26 patients received a RT between year 2000 and 2004
- Type of donor: Cadaveric in 21 patients (95.5%)
- · Graft outcome:
  - ✓ Acute rejection was reported in 8/26 patients (30%) and 5 lost their graft
  - ✓ Therefore, functioning graft was reported in 21 patients (80%)
- Patient outcome
  - √ Vital status reported in 25 of 26 patients (all alive)
  - ✓ Median [IQR] survival time was 2.4 [1.1-3.0] years

**CLINICAL INFORMATION** was provided for 122 patients (96 ESRD - 26 RT) and differences between patients who had ESRD or RT are shown in **Table 1**.

Table 1 –Characteristics of HIV Infected patients with ESRD

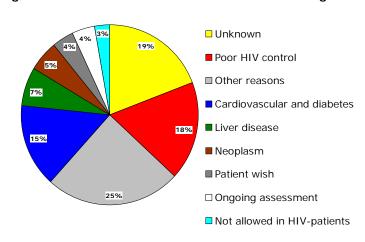
and Renal Transplantation			
	ESRD (N=96)	RT (N=26)	
	N (%) or median [IQR]*	N (%) or median [IQR]	p
Male gender	73 (76%)	16 (62%)	0.14
Age (years)*	48.0 [41.5 - 55.8]	42.1 [40.3 - 51.9]	0.059
Ethnic: White / Black	35(37%)/43(45%)	9(35%)/10(39%)	0.65
HIV risk Homosexual	24 (25%)	7 (27%)	0.93
Group Heterosexual	52 (54%)	13 (50%)	
Years HIV infection*	11.4 [6.2 - 17.3]	10.9 [8.3 - 13.5]	0.69
Prior AIDS-events	34 (37%)	5 (20%)	0.096
Current VL <500 cop/ml	71 (85%)	23 (100%)	0.044
Current CD4 (cell/mm³)*	337 [204 - 470]	391 [286 - 631]	0.10
%	24 [16 - 31]	32 [23 – 39]	0.005
On cART at present	81 (91%)	23 (92%)	0.88
Regimen PI	28 (35%)	6 (26%)	0.56
b-PI	14 (17%)	4 (17%)	
NNRTI	25 (31%)	9 (39%)	
Other	14 (17%)	4 (17%)	
Hepatitis C coinfection	21 (22%)	4 (15%)	0.47
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MODALITY OF AND TIME ON DIALYSIS: The most used modality of dialysis was HD (93%) followed by PD (18%). Median time on HD was 3.3 [1.6.5.7] years and median time on PD 2.0 [1.0-3.1] years (No differences between ESRD and RT patients).

## RENAL TRANSPLANTAT WAITING LIST:

- · 30 out of 88 (34%) ESRD patients were included on RT waiting list
- · Median [IQR] time on list was 1.1 [0.2-2.1] years
- 58 out of 88 (66%) ESRD patients were NOT included on the RT waiting list and reason for exclusion are shown in Figure 3

Figure 3. Reasons for Exclusion From the RT waiting list



CONCLUSIONS: This is the first multi-national cross-sectional study of ESRD/RT among HIV-infected patients in Europe in the HAART era. A low prevalence of ESRD/RT was found. Two-thirds of dialysis patients were excluded from RT usually for non-HIV/AIDS-related pathologies. Most RT HIV-infected patients had a functioning graft despite a high acute rejection