

Hepatitis C + Heart Transplant: Still Disruptive or Standard of Care?

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My goal:
convince you

Transplanting hearts from
HCV viremic donors into HCV-
negative recipients:

- Is increasingly common
- Is safe
- Helps recipients

Pre-DAA era (1990s-2014)

- Few thoracic transplants with HCV+ donors or recipients
- Some HCV+ donor kidneys > livers used only in HCV+ recipients

IFN/RBV poorly tolerated with low efficacy

Liver:

↑ Cirrhosis & HCC
Fibrosing cholestatic hepatitis (FCH)

Kidney:

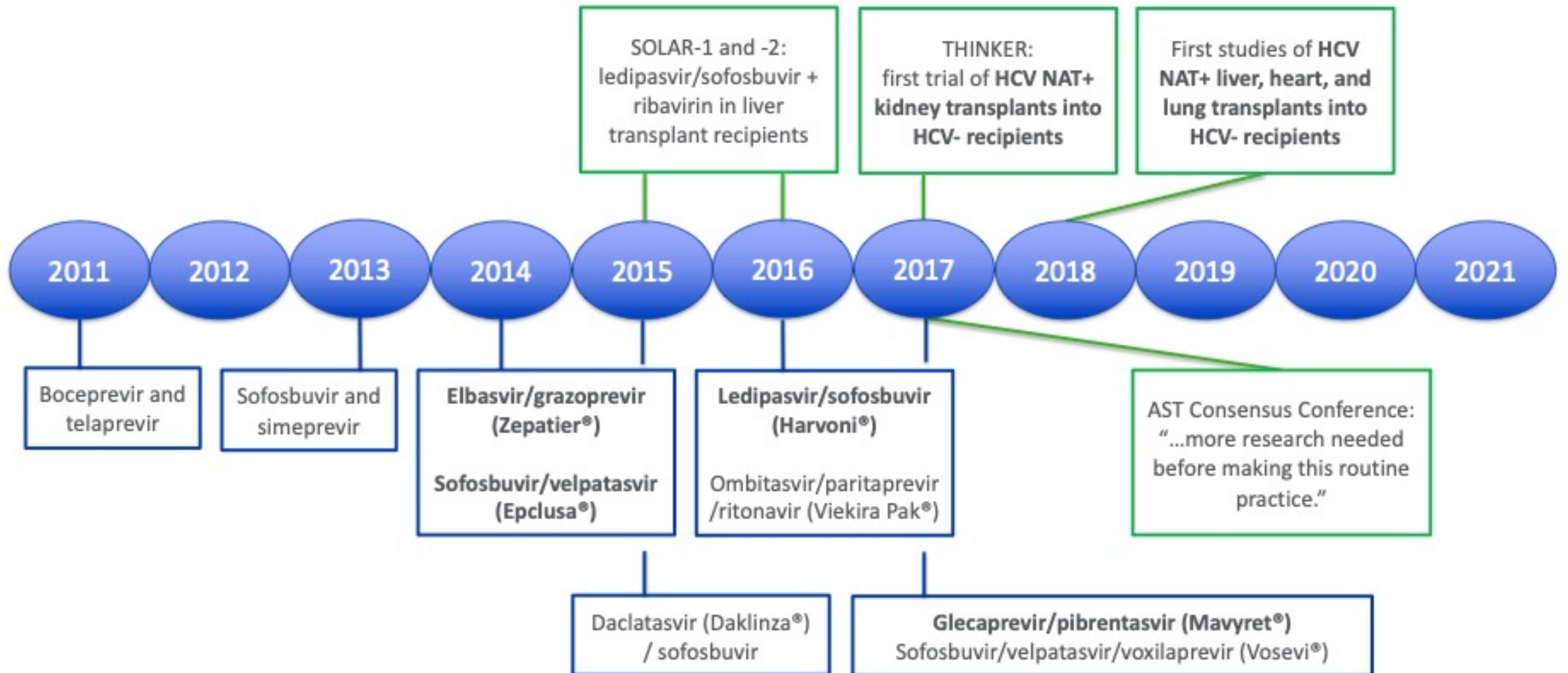
↑ Glomerulonephritis and chronic graft failure

Heart:

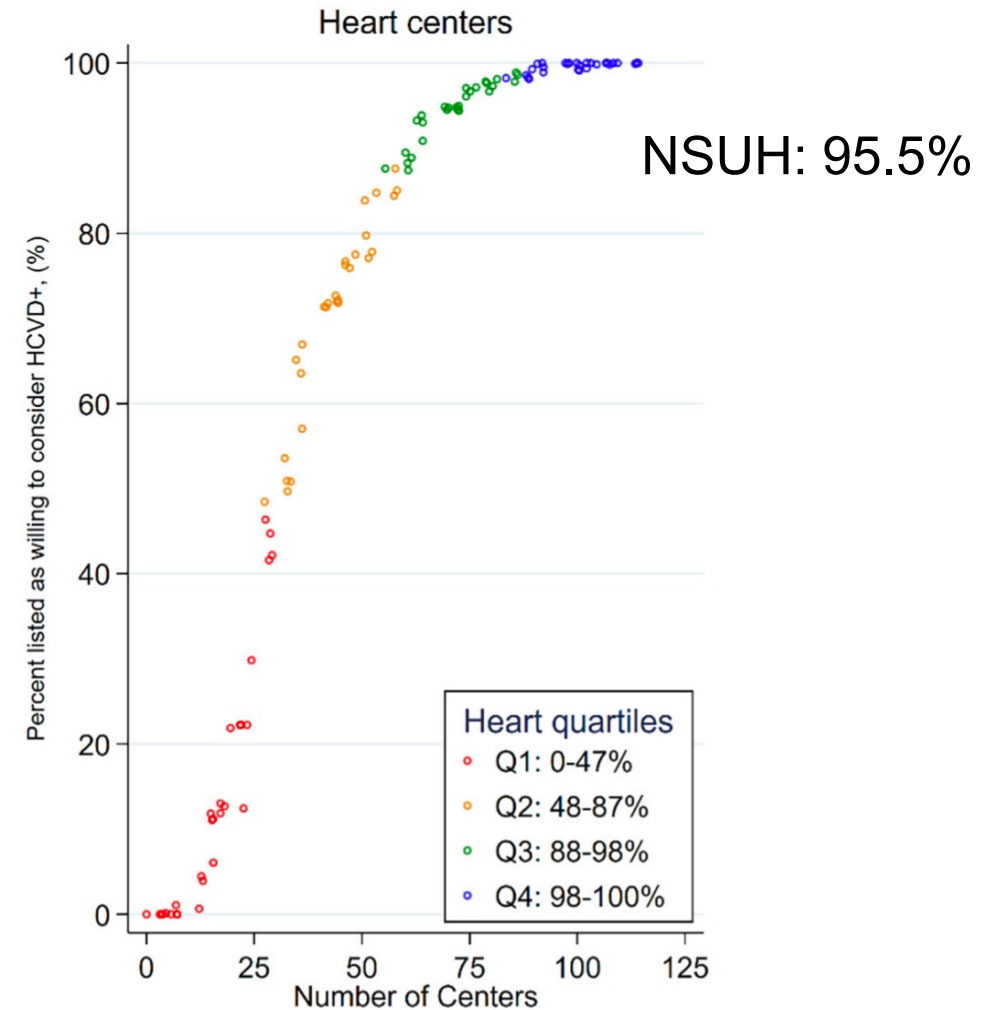
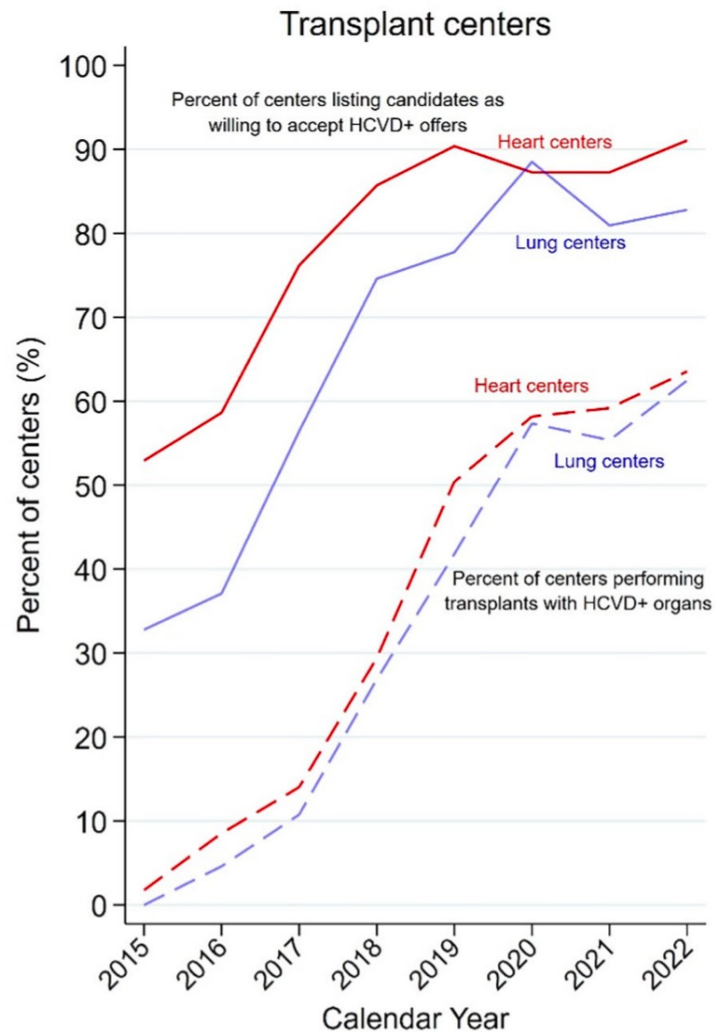
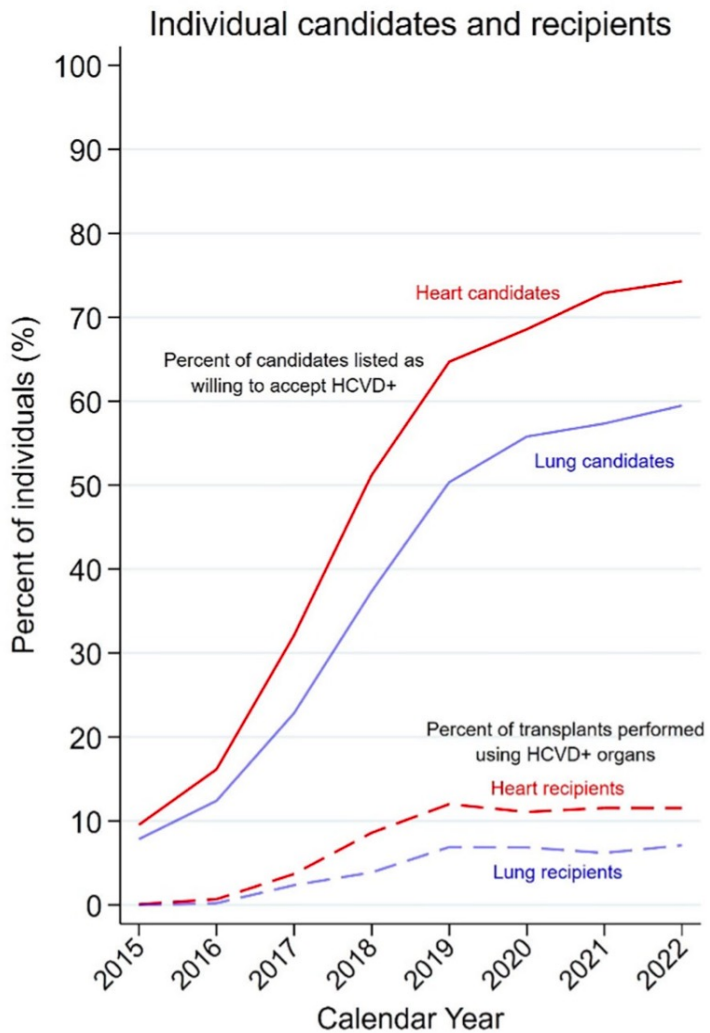
↑ Early cardiac allograft rejection (vasculopathy)

- HCV+ recipients: worse survival compared to HCV- recipients

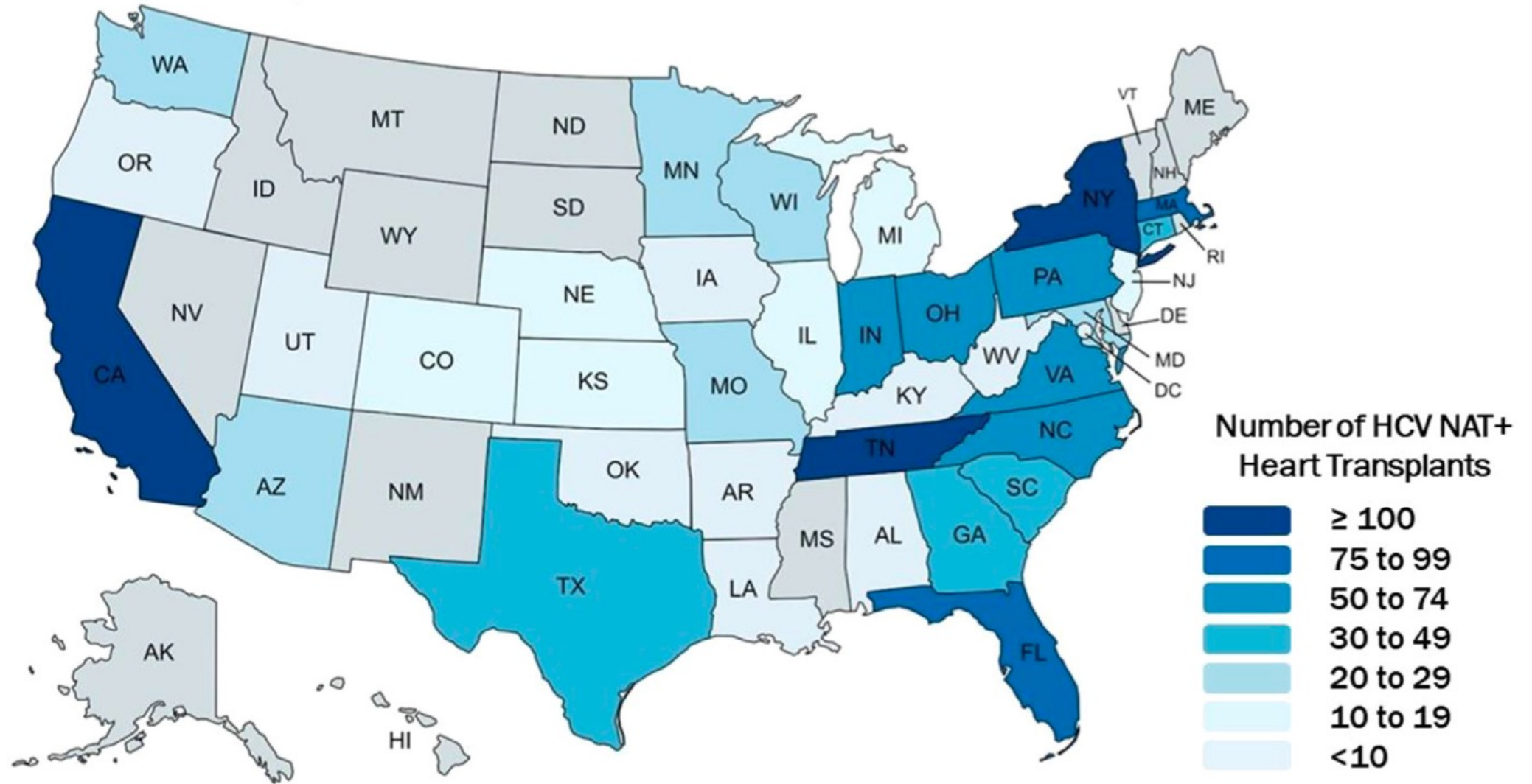
HCV NAT+ transplants in the post-DAA era: from heresy to innovation to standard of care



Listing & transplant trends for HCV D+ hearts

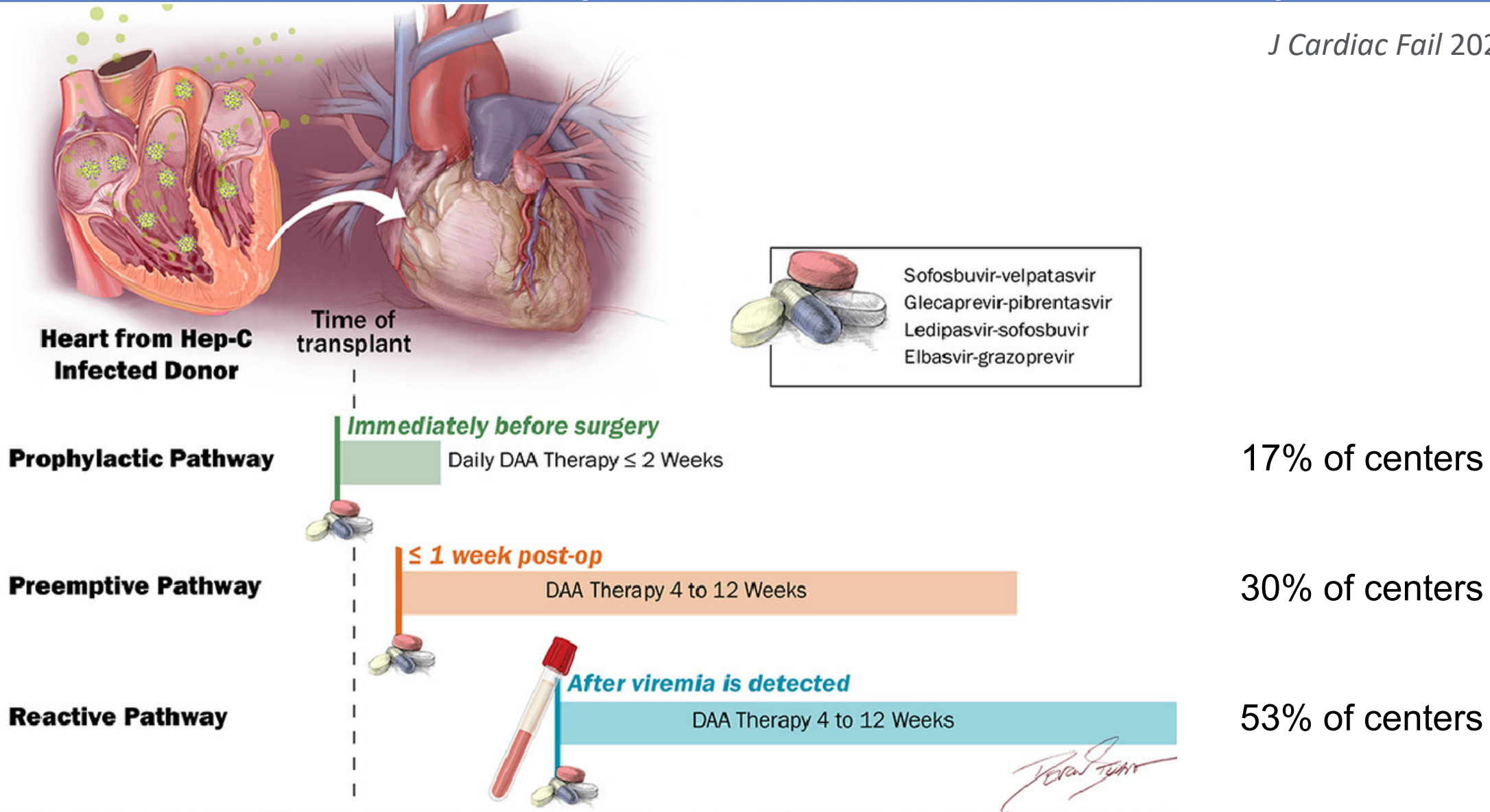


State-wise Distribution of Hepatitis C NAT-positive Adult Heart Transplants in the United States based on SRTR Data 2015 - 2023



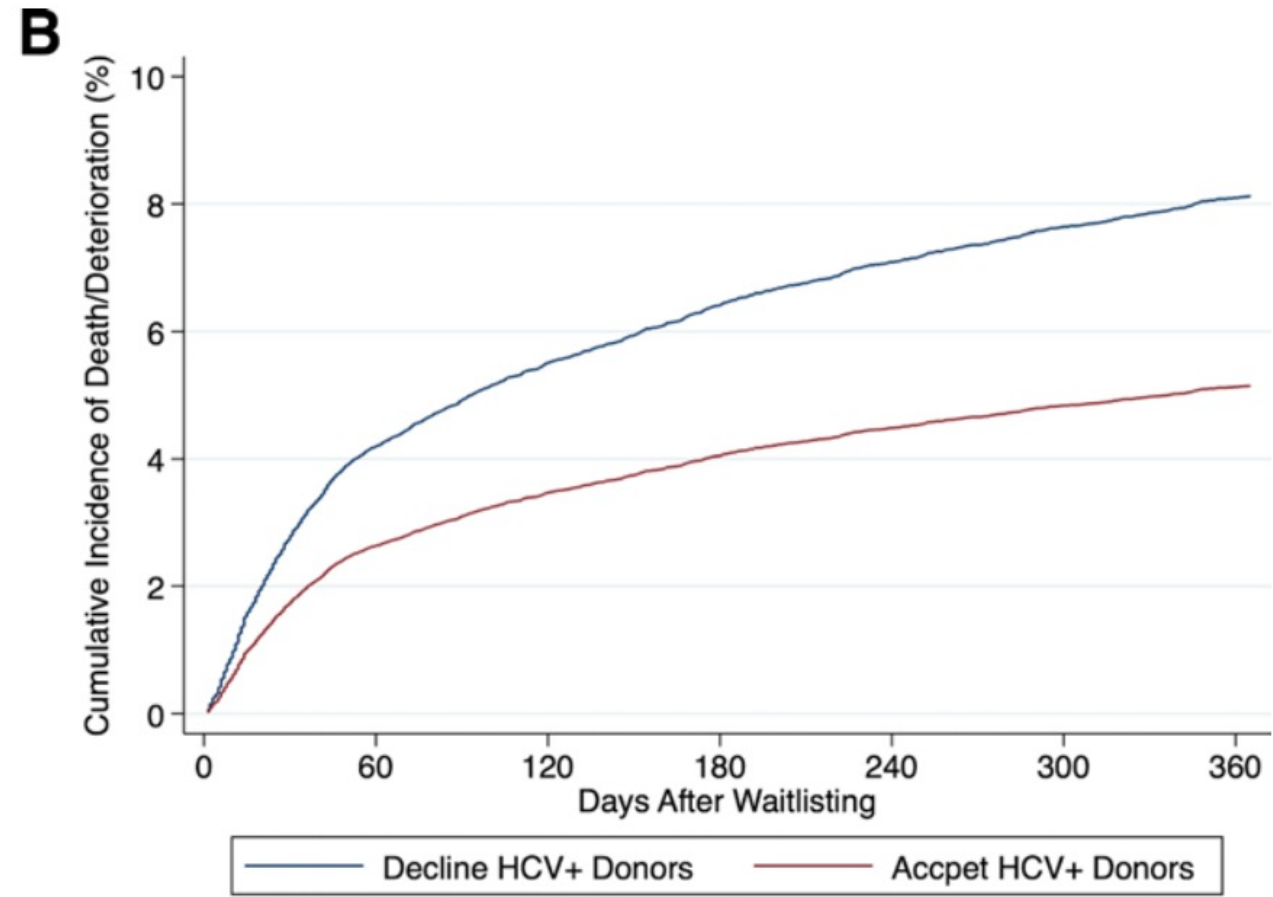
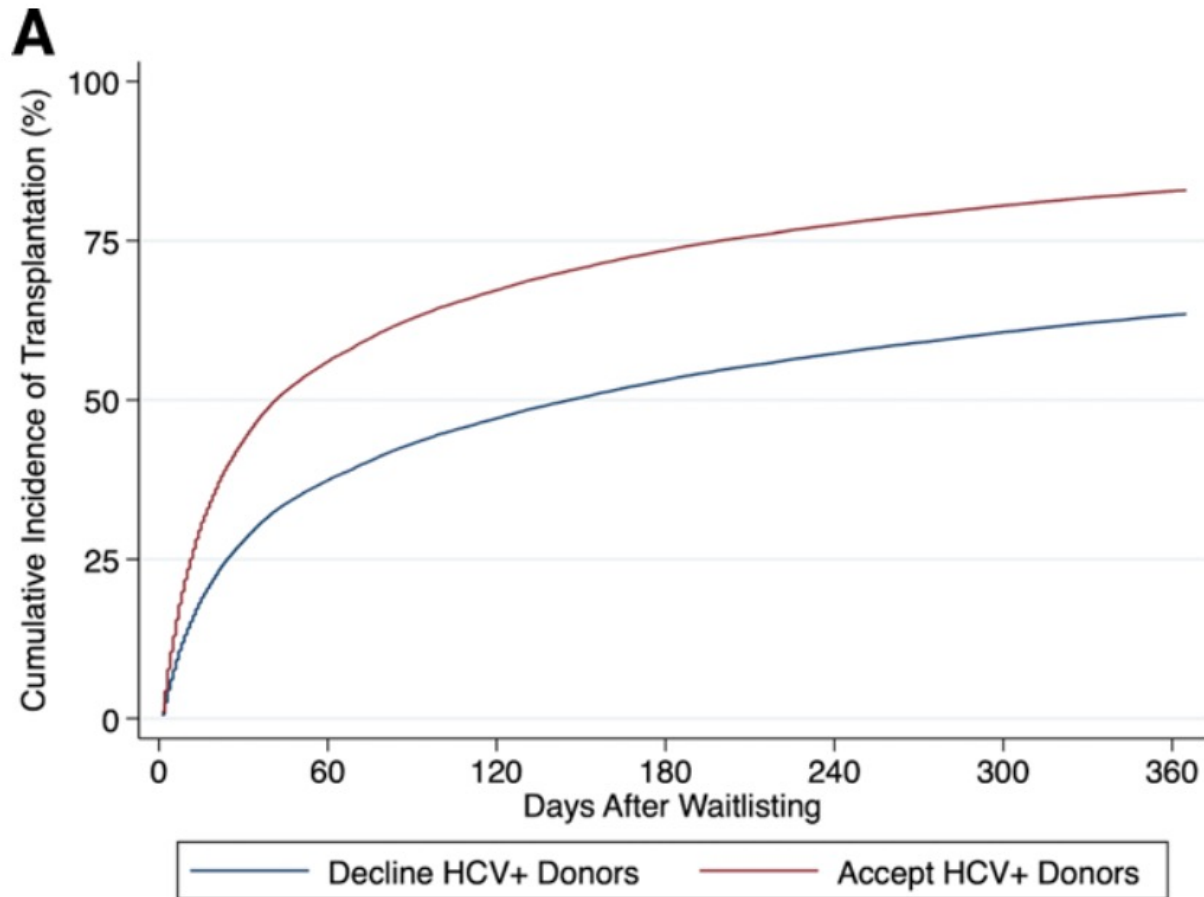
Similar goals, divergent paths: HCV treatment protocols in heart transplantation

J Cardiac Fail 2025; 31: 1795-805

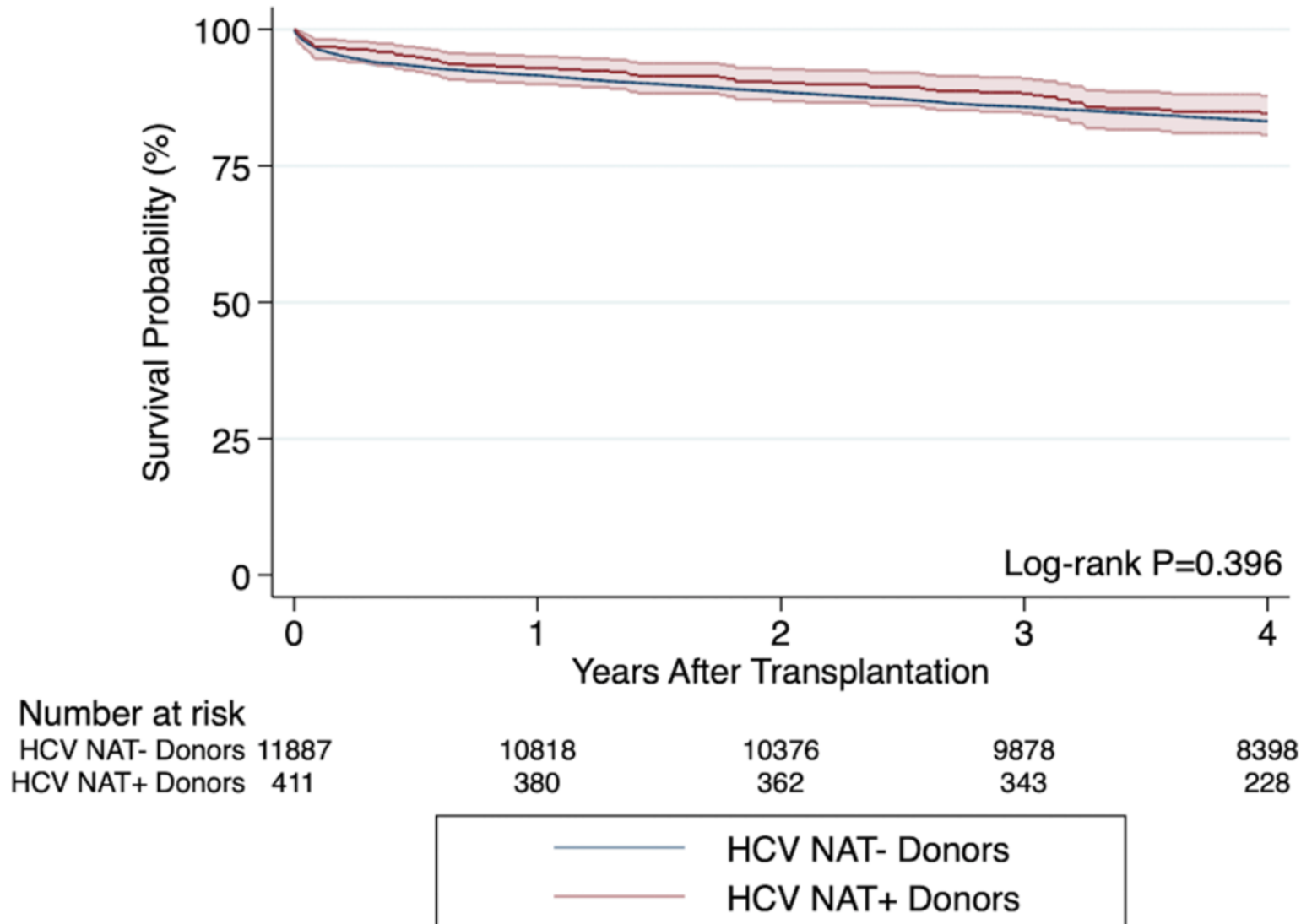


John J. Ryan

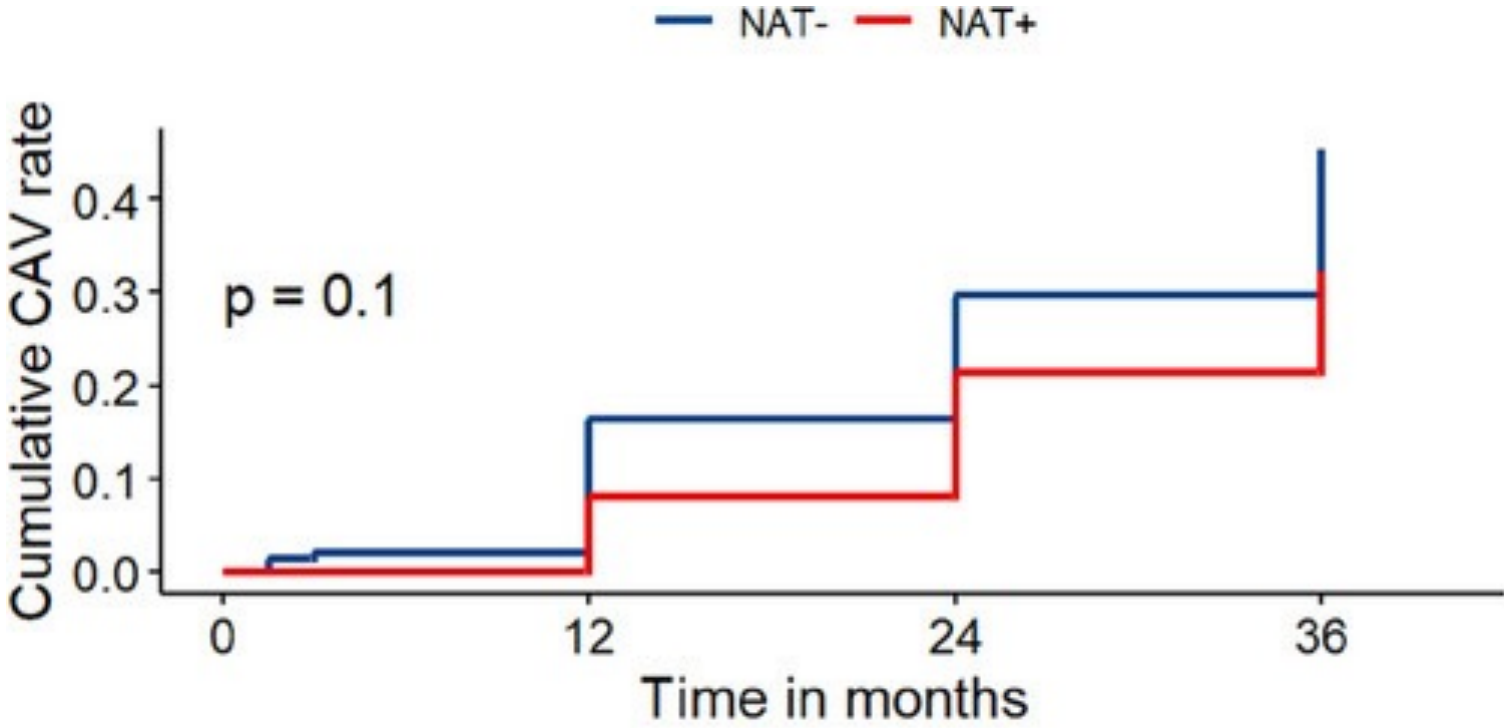
Accepting HCV D+ hearts decreases waitlist mortality in the U.S., 2015-2022



Short- and mid-term survival is similar for HCV D+ & D- heart transplants in the U.S., 2015-2022



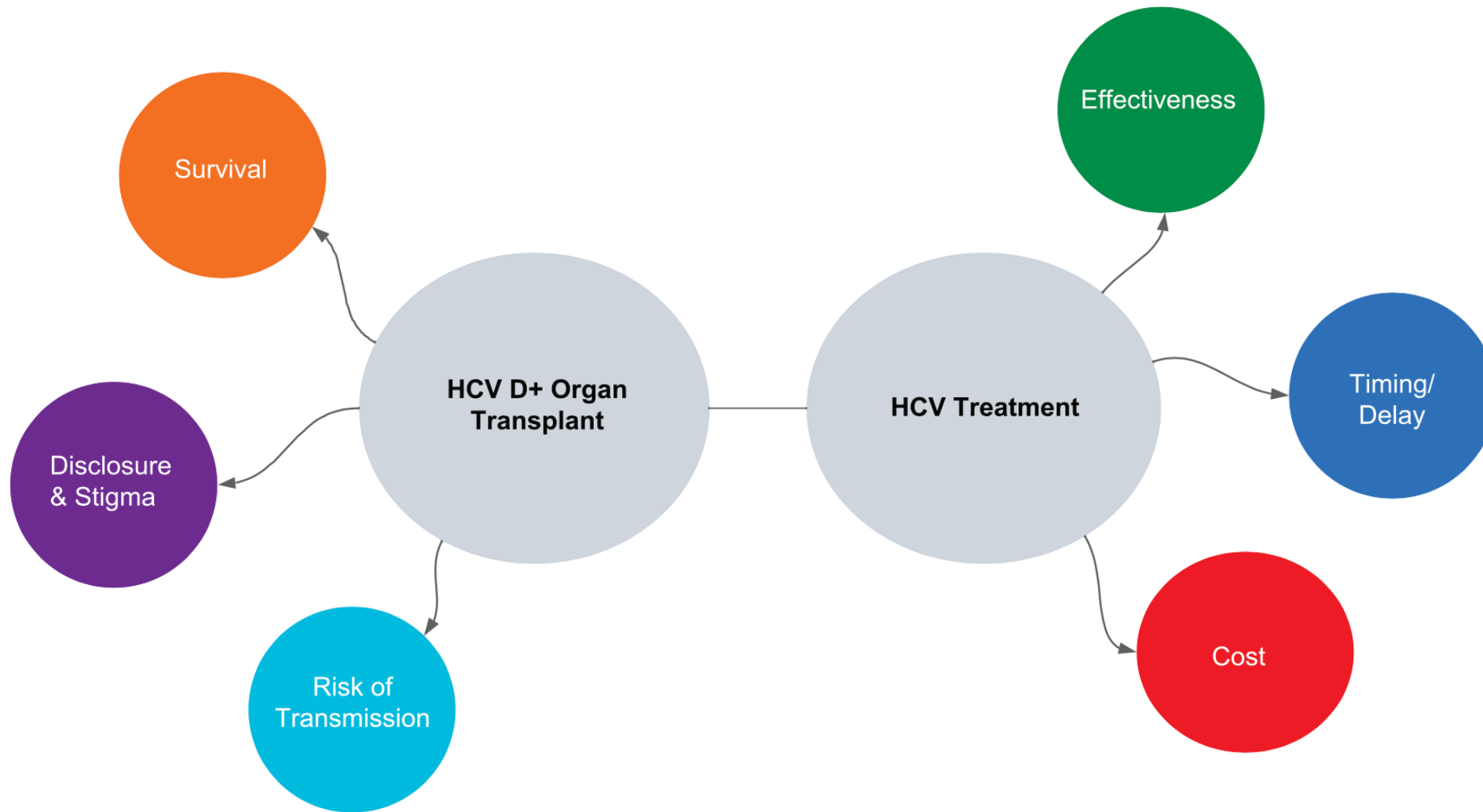
Risk of cardiac allograft vasculopathy (CAV) did not differ between HCV D+ & D- recipients at 2 centers



Number at risk

208	203	157	99
62	62	55	29

Recipient perspectives on HCV D+ transplants



Key points

- Use of HCV+ donors for solid organ transplants is increasingly common and decreases waitlist mortality
- HCV treatment and monitoring protocols vary by transplant center
- HCV D+ heart recipients have similar outcomes as those of HCV D- hearts