Primary provider beliefs and practice patterns contribute to the lack of HIV/HCV coinfected patients undergoing liver transplantation in the United States

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Methods

The overall response rate = 12.3% (n=387).

The responding cohort included:
- 208 FM, 142 IM, 34 ID, 3 Med-Peds
- Respondent demographics are outlined in Table 1
- 34 (8.7%) self-identified as HIV specialists (28 ID, 6 IM)

Table 1: Respondent Demographics

<table>
<thead>
<tr>
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<th>All Respondents n=352</th>
<th>HIV Specialists n=34</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Age (range)</td>
<td>51.5 ± 11.6 (30-89)</td>
<td>51.2 ± 11.7 (30-89)</td>
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<tr>
<td>Median Years in Practice</td>
<td>20 ± 12.2 (1-61)</td>
<td>20 ± 12.2 (1-61)</td>
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<tr>
<td>University/Academic</td>
<td>17.4%</td>
<td>31%</td>
</tr>
<tr>
<td>Private Practice</td>
<td>59.9%</td>
<td>31%</td>
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<tr>
<td>Median Total Patients/Month</td>
<td>320 ± 273.8</td>
<td>320 ± 273.8</td>
</tr>
<tr>
<td>Median HIV/HCV Patients/Month</td>
<td>1 ± 7.24</td>
<td>1 ± 7.24</td>
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RESULTS (continued)

However, HIV Specialists reported no difference in referral rates for LT evaluation compared to non-HIV specialists (50% vs. 50%, p=1.00, Figure 2).

Figure 2: Likelihood of referral for LT evaluation

** HIV specialists had no significant difference in referral rates for LT evaluation compared to non-HIV specialists (50% vs. 50%, p=1.00).

Conclusions

The majority of primary providers were ambivalent toward or against LT for HIV/HCV coinfected patients.

Half of all respondents were unlikely to refer cirrhotic coinfected patients for LT evaluation.

HIV specialists were significantly more likely to believe transplant should be offered, but reported no difference in likelihood of LT referral.

These findings suggest that primary provider beliefs and self-reported practice patterns may partially explain the paucity of coinfected US liver transplant recipients.

References