

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

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DISCLOSURES

This investigator-initiated research study was supported by a clinical research grant from Bristol-Myers-Squibb

BACKGROUND

- Up to 40% of patients with HIV infection in US are coinfectd with Hepatitis C (HCV).¹⁻³
- Compared to HCV monoinfected patients, coinfectd patients have:
 - Faster progression to cirrhosis^{1,2}
 - Poorer response to HCV treatment⁴
 - Increased incidence of hepatocellular carcinoma (HCC)⁵
- Liver transplant (LT) referrals are uncommon for coinfectd patients despite increased risk of needing LT.

OBJECTIVE

- To determine if primary providers' personal beliefs and self-reported practice patterns may be a barrier to LT for HIV/HCV coinfectd patients.

METHODS

- 25-question survey sent via US Mail
- Study Cohort included all Primary Care and Infectious Diseases physicians in the US-census defined Philadelphia-Camden-Wilmington Metropolitan Statistical Area whose mailing addresses were publicly available (n=3,160).
 - 1608 Family Medicine (FM), 1384 General Internal Med (IM), 168 Infectious Diseases (ID)
 - 53 hospitals in 11 counties in four states (PA, NJ, DE, MD) had websites with a physician locator search function and were included in the study cohort.
- The survey measured provider demographics, practice patterns, and beliefs regarding patients with HIV/HCV coinfection, with and without known cirrhosis.

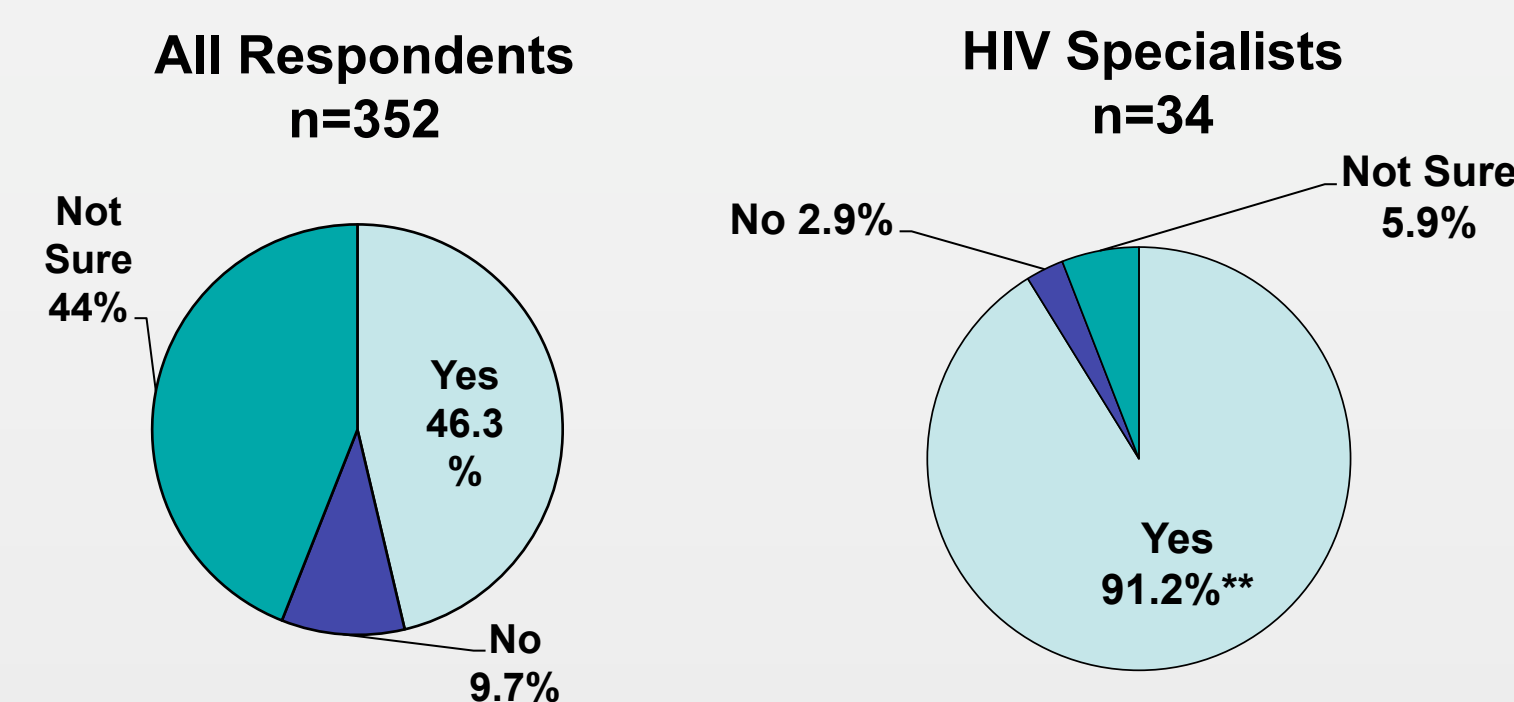
RESULTS

- 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	
Median Age (range)	51.5 ± 11.6 (30-89)
Median Years in Practice	20 ± 12.2 (1- 61)
University/Academic	17.4%
Private Practice	59.9%
Median Total Patients/Month	320 ± 273.8
Median HIV/HCV Patients/Month	1 ± 7.24

- HIV specialists were significantly more likely to believe coinfectd patients should be eligible for LT (91.2% vs. 41.5%, p<0.001, Figure 1)
- No significant differences were found between LT eligibility beliefs of providers trained before or after the introduction of highly active antiretroviral therapy (HAART) (p=0.74) or University vs. Non-University providers (p=0.09)

Figure 1: Should coinfectd patients be eligible for LT?

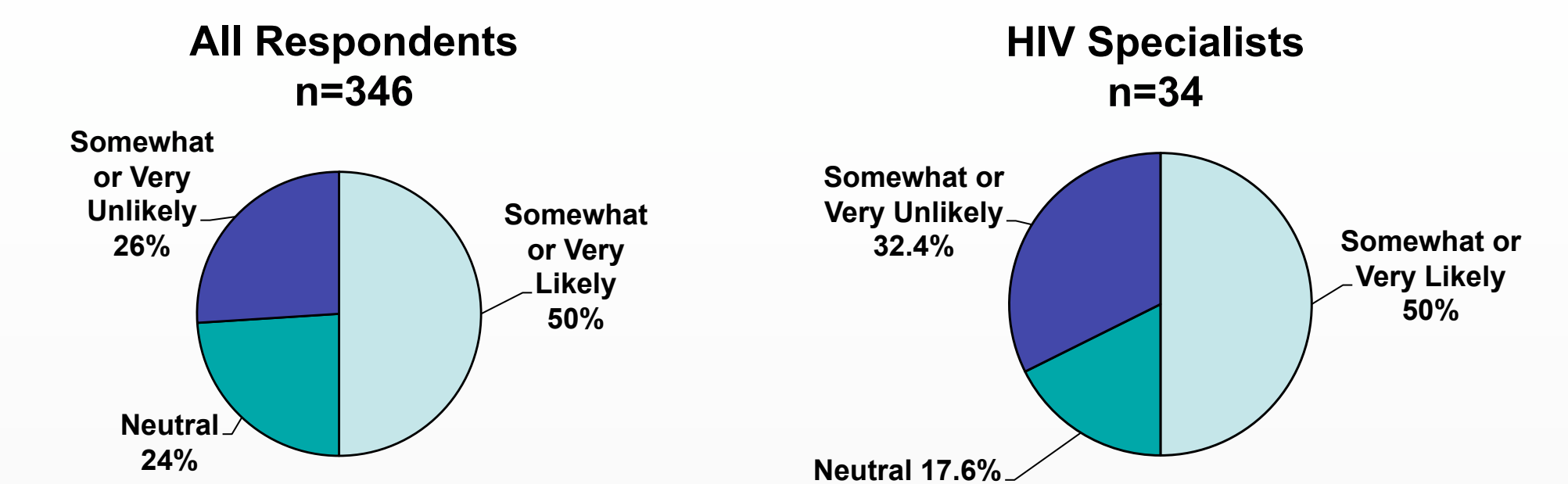


** HIV specialists significantly more likely to believe coinfectd patients should be eligible for LT (OR 14.6, 95% CI 4.36 – 48.6, p<0.001)

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 coinfectd patients
- Half of all respondents were unlikely to refer cirrhotic coinfectd 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 coinfectd US liver transplant recipients.

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