

# Knowledge and Attitudes About Solid Organ Transplantation for People with HIV in Australian Healthcare Providers and Consumers.

## Authors:

Griffin DWJ<sup>1,2</sup>, Vaz, K<sup>3</sup>, Gopal B<sup>4</sup>, Mulley W<sup>5</sup>, Kotecha S<sup>6</sup>, Levin K<sup>6</sup>, Leet A<sup>7</sup>, Snell G<sup>6</sup>, Trevillyan J<sup>8</sup>, Cogle A<sup>9</sup>, Rule J<sup>9</sup>, Burnett C<sup>10</sup>, Lau J<sup>1,2</sup>, McMahon JH<sup>1,2</sup>, Hoy JF<sup>1,2</sup>

<sup>1</sup>Department of Infectious Diseases, Alfred Health, Melbourne, VIC, <sup>2</sup>School of Translational Medicine, Monash University, Melbourne, VIC, <sup>3</sup>Victorian Liver Transplant Unit, Austin Health, Heidelberg, VIC, <sup>4</sup>Department of Renal Medicine, Alfred Hospital, Melbourne, VIC, <sup>5</sup>Department of Nephrology, Monash Health and Department of Medicine, Monash <sup>6</sup>University, Clayton, VIC, <sup>7</sup>Lung Transplant Service, Alfred Health, Melbourne, VIC, <sup>8</sup>Alfred Heart Transplant Service, Alfred Health, Melbourne, VIC, <sup>9</sup>Department of Infectious Diseases, Austin Health, Heidelberg, VIC, <sup>10</sup>National Association of People with HIV Australia, Sydney, NSW, <sup>11</sup>Living Positive Victoria, Melbourne, VIC

## Background:

Demand for solid organ transplantation (SOT) among people with HIV (PWH) is increasing as co-morbidities increase in this population. Little is known about the obstacles to SOT that PWH in Australia may experience. This study aimed to explore knowledge, attitudes and barriers to organ donation and receipt for PWH from consumers and providers.

## Methods:

We conducted two surveys: 1) healthcare providers involved in HIV and SOT recipient care, and 2) consumers with chronic comorbidities and/or HIV. Surveys were developed in collaboration with HIV community-based organisations and hosted in Qualtrics. Survey responses were multiple choice or five-point Likert scale and disseminated via clinics, community organisations, mailing lists, and professional networks throughout Australia.

## Results:

In total, 111 providers and 108 consumers were surveyed. Providers included 38 Infectious Diseases, and 20 transplant specialists. While 92 (85%) providers thought PWH could be organ recipients, only 22 (22%) thought PWH could be donors. Fifty-three (58%) providers indicated that comorbidities were the greatest barrier to organ receipt. Consumers included 88 PWH, and 20 controls with comorbidities. Fewer PWH than controls believed they could be organ recipients to prolong life (48% vs 75%). PWH were less likely to believe they were eligible (33% vs 55%) and registered as organ donors (17% vs 40%) than controls, but more frequently willing to be donors (90% vs 60%). The most common concern for PWH about organ receipt from another HIV donor was HIV superinfection (n=33, 41%) and controls were most frequently concerned about safety of transplantation (n=6, 38%) or HIV infection (n=4, 25%)

## Conclusion:

Although most providers were aware that PWH could be organ recipients, knowledge among consumers is limited. Knowledge that PWH can donate organs is low in providers and consumers. While SOT from PWH to other PWH appears acceptable

in Australia, awareness about this option remains limited in both consumers and providers.

**Disclosure of Interest Statement:**

JH's institution received reimbursement for her participation in Advisory Boards for Gilead Sciences, ViiV Healthcare and Merck, Sharp & Dohme Australia. Jillian Lau is on an advisory board for ViiV Healthcare, and receives unrelated grants from MSD, and Gilead.

Remaining authors have nothing to disclose.

This study was approved by the Alfred Hospital ethics committee, project number 680/23