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Veterans Health Administration Washington DC 20420

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UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

SOLID ORGAN AND BONE MARROW TRANSPLANTATION FOR VETERANS INFECTED WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV)

1. This Under Secretary for Health's Information Letter provides information regarding evaluation of HIV-infected candidates for solid organ and bone marrow transplantation services.

2. Background

- a. Veterans who are HIV-infected are living longer, and for many, HIV infection has become a manageable chronic condition. These patients face many new health challenges including organ failure, which may arise from HIV itself; long-term effects of medications; or other causes unrelated to HIV. Approximately one-third of persons with HIV in the United States are also infected with hepatitis C. These co-infected individuals are more likely to progress to severe liver damage than those infected with hepatitis C alone. Other conditions related to HIV can also lead to end-stage failure of other organs. Transplantation services may improve survival and quality of life for HIV-infected veterans.
- b. Title 38 United States Code (U.S.C.) Section 7333, states that veterans eligible for treatment under Title 38 Code of Federal Regulations (CFR) Chapter 17 who are infected with HIV, shall not be discriminated against in admission or treatment by a Department of Veterans Affairs (VA) health care facility solely on the basis of HIV status. The implementing regulation at 38 CFR Chapter 17.47(j) states that this prohibition does not preclude the role of clinical judgment in determining appropriate treatment that takes into account the patient's immune status and/or the infectivity of the HIV.
- c. HIV-infected veterans have not been considered as candidates for receipt of solid organ transplantation in the past because it was feared that post-transplant immunosuppression might accelerate HIV disease progression and significantly shorten life expectancy.
- d. With the advent of highly-active anti-retroviral therapy (HAART), many HIV-infected veterans have a long life expectancy, long-term suppression of HIV viral replication, and a preserved immunologic function. While deaths due to Acquired Immune Deficiency Syndrome (AIDS)-related conditions have decreased, increasing numbers of HIV-infected veterans are dying of organ failure.

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e. Research studies with short to medium term follow-up of treatment outcomes have shown that patient and graft survival following transplantation in HIV-infected persons are similar to those of HIV-negative persons. VA Transplant Centers have not yet performed solid organ or bone marrow transplants on HIV-infected veterans; however, VA medical centers are providing care for veterans that have received such transplants from non-VA Transplant Centers.

3. The Provision of Solid Organ or Bone Marrow Transplant Services to HIV-infected Veterans

- a. Given the potential benefit of solid organ or bone marrow transplantation for certain HIV-infected veterans and the limited but growing body of knowledge supporting the efficacy of transplantation, VA will evaluate HIV-infected veterans for solid organ or bone marrow transplants according to VHA policy (see VHA Directive 2001-027) and offer transplants to appropriate recipients when donors organs are available.
- b. Uniform criteria for evaluation and selection of candidates is employed based on the best available scientific data. The process of evaluating these candidates takes into account:
- (1) Each HIV-infected transplant case is evaluated locally by a medical professional experienced in HIV care; and
- (2) Veterans who are HIV-infected undergo the same pre-transplant examinations for solid organ and bone marrow transplantation as non-HIV infected transplant candidates and meet all existing criteria.
- **4.** <u>Inquiries.</u> Questions regarding this information letter may be addressed to the Clinical Program Manager in the VA National Transplant Program, Brenda Salvas, at (202) 273-8492, or email <u>Brenda.Salvas@va.gov</u>.

S/ Louise Van Diepen for Jonathan B. Perlin, MD, PhD, MSHA, FACP Acting Under Secretary for Health

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