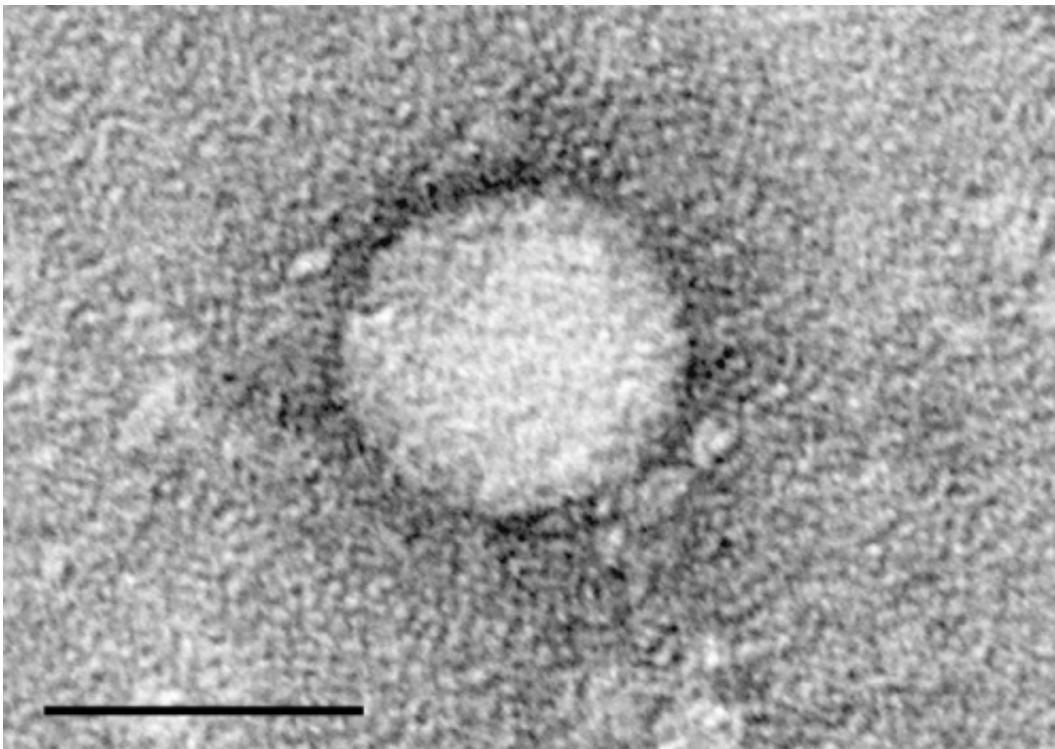


Prophylactic antivirals prevent chronic hepatitis C in patients receiving kidneys from positive donors

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Electron micrographs of hepatitis C virus purified from cell culture. Scale bar is 50 nanometers. Credit: Center for the Study of Hepatitis C, The Rockefeller University.

Prophylactic treatment with direct-acting antivirals (DAAs) prevented chronic hepatitis C virus (HCV) infection in 10 patients receiving

kidneys from HCV positive deceased donors. This approach has potential to help shorten waiting times on the organ waitlist. A brief research report is published in *Annals of Internal Medicine*.

Kidneys from deceased donors with HCV are increasingly available, yet hundreds are discarded annually because of a limited number of HCV-viremic candidates. An innovative strategy of transplanting kidneys from HCV-positive donors to HCV-negative recipients (HCV D+/R-) by using DAAs has shown early success, but the optimal timing and duration of DAA therapy remain unclear.

In the REHANNA (Renal Transplants in Hepatitis C Negative Recipients With RNA Positive Donors) clinical trial, researchers from Johns Hopkins School of Medicine investigated outcomes with 4-week prophylaxis with the pan-genotypic combination of glecaprevir and pibrentasvir (G/P). Eligible candidates had HCV antibody and RNA negativity, were on the deceased-donor kidney transplant waitlist, and did not have HIV, active hepatitis B virus, or liver disease. Participants received 1 G/P dose before organ perfusion, then 1 dose daily for 4 weeks. HCV RNA was measured on postoperative days 1 and 4; prophylaxis weeks 1, 2, and 4; and post-prophylaxis follow-up weeks 1, 4, 8, and 12. The researchers found that in all 10 cases where a patient received a [kidney](#) from an HCV-positive donor, 4-week G/P prophylaxis prevented HCV without treatment-related adverse events or substantial liver enzyme abnormalities.

More information: Abstract:

<https://www.acpjournals.org/doi/10.7326/M20-1468>

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