Conclusion. Hypertension, congestive heart failure, stroke, and chronic kidney disease were conditions associated with high RDW. Our study suggests that high RDW may be a marker of cardiovascular and renal dysfunction in well-controlled HIV-infected patients.

Disclosures. All authors: No reported disclosures.

2258. Clinical Predictors of Acute Kidney Injury in HIV Infected Patients Treated With Tenofovir Disoproxil Fumarate (TDF) Don Hileman, MD1; Rachel Wagers, n/a and Alice Thornton, MD, FIDSA2; 1Internal Medicine, University of Kentucky, Lexington, Kentucky, 2University of Kentucky, Lexington, Kentucky

Session: 241. HIV: Metabolic, Cardiovascular, and Renal Complications
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Background. TDF is a nucleotide reverse transcriptase inhibitor used in the management of HIV; Hepatitis B, and in pre-exposure prophylaxis. TDF is potentially toxic to renal proximal tubules leading to overt nephrotoxicity in some recipients. Previous studies have identified risk factors for renal dysfunction in male veterans and Asia. It is unclear if these results generalize to female patients and other ethnic groups.

Methods. We conducted a retrospective review of HIV-infected patients treated with TDF in a Ryan White funded clinic at the University of Kentucky which provides HIV care to ~1,600 patients from central and eastern Kentucky. To be included, subjects had to be at least 18 years of age and started a TDF containing regimen between January 1, 2012 and December 31, 2016. Follow-up was through March 2017. We collected demographic and relevant clinical data from the Electronic Medical Record. Acute kidney injury (AKI) was defined as a ≥50% rise in serum creatinine after TDF initiation. Primary outcome was time to AKI using Kaplan–Meier (KM) and Cox proportional hazards analyses.

Results. The 660 subjects meeting inclusion criteria were largely male (79.8%) and ethnically white (69.7%), African-American (22.6%), and Hispanic (6.8%). Average age was 41.2 years (SD 11.9 years). During the study period 88 subjects developed AKI. In KM analyses, risk of AKI was greater for females (P = 0.041), upper tertile of age (>47.2 years; P = 0.004) and among patients with hypertension (P = 0.001), diabetes mellitus (DM) (P = 0.02) having detectable HIV viremia (P = 0.0004) or Hepatitis C viremia (P = 0.00002). In the Cox model, female sex (hazard ratio [HR] = 1.68, P = 0.035), upper tertile of age (HR=1.94, P = 0.026), HTN (HR=1.70, P = 0.023), unsuppressed HIV viral load (HR=2.75, P = 0.00008), and Hepatitis C viremia (HR=2.65, P = 0.0002) increased risk of AKI. Neither ethnicity nor DM were associated with AKI.

Conclusion. The factors associated with greatest AKI risk during TDF treatment were hepatitis C viremia and HIV viremia. Older age, female sex, and hypertension were significantly associated with increased AKI. We found neither DM nor ethnicity were independently associated with AKI.

Disclosures. All authors: No reported disclosures.

2259. Effect of Discontinuation of Tenofovir Disoproxil Fumarate (TDF) on Renal Function in Elderly Veterans
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Session: 241. HIV: Metabolic, Cardiovascular, and Renal Complications
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Background. A new formulation of tenofovir with alafenamide (TAF) has been introduced that promises to reduce the risk of renal disease. However, the clinical impact of TAF in elderly persons with HIV/AIDS and comorbid renal disease has not been fully investigated. Using patient data from Louis Stokes Cleveland VA Medical Center, we evaluated the effect of TDF discontinuation on renal function.

Methods. With IRB approval, clinical data from 272 veterans with HIV/AIDS were gathered to estimate glomerular filtration rate (eGFR) using CKD-EPI (CE) and Cockcroft-Gault (CG) formulae.

Results. 122 patients were excluded because they did not meet the criteria for the study or for insufficient data. The remaining 150 patients had a mean age of 57.7 years. 96.7% were male, 51% African American, 50% were smokers, 28% had diabetes and 63% had vascular disease risk factors. Baseline mean sCr value was 1.1 ± 0.3. Mean CD4 was 672 ± 372 on TDF containing regimens (703 ± 344 after switch) and 66% had viral loads <20 cp/mL. Serum creatinine (sCr) values before and after the switch were calculated. In a univariate manner, variables were also examined within 3 subgroups: smokers, diabetics and patients with vascular disease risk factors. Changes in boosting medication were rare (5 patients started cobicistat and 7 patients discontinued ritonavir) and thus had little effect on average changes in sCr and eGFR in this cohort. Overall, discontinuation of TDF led to improvement in eGFR.

Conclusion. Discontinuation of TDF and initiation of TAF or other non TDF containing regimens stabilizes eGFR in elderly men with HIV and underlying risk for renal disease.

Disclosures. All authors: No reported disclosures.

2260. HIV Transmission Awareness and Attitudes Following Implementation of the HOPE Act
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Background. As HIV infection has evolved from a highly morbid diagnosis to a functionally chronic condition, comorbid conditions including liver and kidney failure have become more prevalent. Limited organ availability prevents many persons living with HIV (PLWH) from having an opportunity for transplantation. Inclusion of PLWH as organ donors is uniquely suited to increasing access to life saving grafts.

Methods. Using a computer interface, we surveyed 200 patients in an HIV clinic and assessed their awareness of the HOPE Act and attitudes toward transplantation. Incorporated into the survey was a brief explanation of the HOPE Act and background into HIV to HIV transplantation. The information provided during the survey functioned as an intervention, and we again asked participants about their willingness to be an organ donor at the end of the survey.

Results. Over 75% of survey participants indicated support for organ transplantation in general, but less than 50% participants were willing to be listed as organ donors. 85% responded that they did not know whether PLWH were allowed to be an organ donor, and 94% were not familiar with the HOPE Act. However, 80% of respondents reported they would be willing to accept an organ from an HIV-infected donor. Support for organ donation increased to 60% after information about the HOPE Act and HIV transplantation was provided during the survey. Comparison of responses from before and after the intervention resulted in a kappa statistic of 0.42, indicating a change in opinion before and after the survey.

Conclusion. HIV-infected persons are at particularly high risk for organ failure. Most HIV-infected patients were unaware of HIV to HIV transplantation as a possibility and were reluctant to agree to become an organ donor. However, with this brief, passive intervention, attitude toward transplantation improved. These findings suggest that informing PLWH about the HOPE Act and becoming an organ donor would be beneficial as HIV to HIV transplantation becomes more available.