



Human Tissue Authority

Press pack: pairing kidneys, sharing life

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UK's first kidney swap – pairing organs, sharing life

Press release from the Human Tissue Authority

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Two couples are celebrating the gift of life after surgeons performed the UK's first-ever paired kidney swap.

This new form of donation has been allowed thanks to new systems set up by the Human Tissue Authority (HTA). These give more flexibility in who can donate to whom, whilst ensuring that key ethical principles are maintained.

Before the HTA was established, organ donations from living people could only be made to genetic relatives and to people with close personal relationships or a close emotional tie.

The landmark transplant involved couples in Cambridgeshire and Edinburgh. A donor and recipient couple whose blood or tissue type did not match were paired with a donor and recipient in the same situation.

(For details of how to interview / photograph the couples tomorrow – Wednesday 3 October 2007 – see contact details at the end of this release.)

Kidneys were exchanged by relay: one donor kidney was flown from Edinburgh to Cambridgeshire and transplanted before the other couple's donor kidney was flown back to Scotland for a similar operation.

Adrian McNeil, Chief Executive of the HTA, said: "I am delighted that two couples can now lead a normal life. The arrival of paired donation is a landmark that signals new hope for people waiting for organs. We hope that this novel way of matching suitable organ donors will improve and even save many more lives in

future. We want more people to understand that this form of donation exists and works so that many more can benefit.”

The HTA is responsible for approving all organ transplants from living donors through an independent assessment process. All donors and recipients have to be assessed by an Independent Assessor (IA) who acts independently on behalf of the donor. The IA ensures that the donor fully understands what donation involves, is not under any pressure to donate, and gives consent freely and voluntarily.

By comparing tissue and blood types with other couples in a similar situation, UK Transplant was able to find a ‘match’ so that both couples in need of a transplant could be ‘paired’ together to receive a compatible organ.

Chris Rudge, Managing and Transplant Director for UK Transplant, said: “This first successful paired kidney transplant is a very welcome development – for the patients themselves and because it offers new opportunities for all those still waiting for their transplant. Many more patients could benefit from this innovative new scheme, which we believe could result in up to a further 50 life-changing transplants each year.”

The operations were carried out by John Forsythe, consultant surgeon at the Royal Infirmary of Edinburgh, and Andrew Bradley, Professor of Surgery at Addenbrooke’s Hospital in Cambridge.

The exchange greatly improved the life of the Scottish recipient who now no longer needs dialysis three times a week. The operation also gave a new life to a married couple from Cambridgeshire who were both discharged from hospital in five days.

Most organs for transplants are donated from people who have died, but every year, more people receive organs from living donors.

Transplants from living donors are more successful than from deceased donors. In the last year, almost 800 living-donor transplants have been approved, mainly kidneys.

New ways of donating organs, such as paired donation, provide opportunities for this figure to increase.

Ends

Additional contact information:

All requests for interviews with the respective couples are being handled on 3 October as follows:

Edinburgh – Wednesday 3 October: press briefing, with the Scottish couple present, 3.30pm to 4.30pm, at Chancellor's Hall, Royal Infirmary of Edinburgh. For further details contact Jack Gemmell 0131 536 9006/ 07881 860553: jack.gemmell@lhb.scot.nhs.uk

Map showing Chancellor's Hall: <http://www.ed.ac.uk/maps/little-france/>

Cambridge – Wednesday 3 October: all enquiries to James Woodman, Media Manager, Addenbrooke's Hospital. 01223 274433. james.woodman@addenbrookes.nhs.uk

Map and directions:

http://www.addenbrookes.org.uk/finding_us/maps/location_map.htm

HTA – for further interviews and further information, contact Heath Jeffries, Head of Media: 0207 211 3439/ 07917 551741. heath.jeffries@hta.gov.uk

UKT – further information is available from UK Transplant. Contact John Oliver on 0117 975 7518/ 07825 563434. john.oliver@uktransplant.nhs.uk

Notes to editors

1. The HTA was established on 1 April 2005 to implement the Human Tissue Act (HT Act). The HT Act requires that the HTA must approve all transplant operations involving living donors following an independent assessment. This is the case whether the donor is related or unrelated to the donor who receives it.
2. The HTA also regulates the removal, storage, use and disposal of human bodies, organs and tissue for a number of 'Scheduled Purposes' – such as research, transplantation, and education and training – set out in the HT Act.
3. The HT Act covers England, Wales and Northern Ireland. There is separate legislation in Scotland – the Human Tissue (Scotland) Act 2006 – and the HTA performs certain tasks on behalf of the Scottish Executive (approval of living donation of organs and licensing of establishments storing tissue for human application).
4. As the regulator under the HT Act, the HTA is responsible for licensing a number of activities and carrying out inspections to ensure licence conditions are being met.

These activities include:

- Anatomical examination
- Post mortem examination
- Removal of material from the deceased in certain circumstances
- Storage of post mortem material
- Storage of anatomical specimens
- Storage of material for other purposes – e.g. for human application (transplantation) or research
- Public display of a body or material from a deceased person

5. For more information, visit the HTA website: www.hta.gov.uk



Human Tissue Authority

Background briefing: how the kidney pairing process works

The Human Tissue Authority (HTA) is responsible for approving all organ transplants from living donors through an independent assessment process. The HTA has set up systems to allow paired donation and (non-directed) altruistic donation. These new means of finding suitable organ donors may eventually improve or save the lives of dozens of people a year.

What are paired and altruistic donations?

Paired donation is where a donor and recipient whose blood groups or tissue types are mismatched (or incompatible) are paired with another donor and recipient in the same situation. Paired and altruistic transplants will usually be of a kidney. Nearly one in three of all kidney transplants come from living donors.

Non-directed altruistic donation is where a person chooses to donate an organ to someone they have never met.

In both of these new forms of transplants, it is important that the donor and recipient are not known to each other and that anonymity and confidentiality is maintained, at least until the transplant operation has taken place.

What has changed?

Previously, living donations could only take place between genetic relatives and people with close personal relationships (people who were not genetically related but had an emotional tie with one another, e.g. spouses, partners). The introduction of a system by the HTA to allow paired and altruistic organ donation from living donors allows more flexibility in who can donate to whom (through paired and altruistic donations) so that more people can benefit from a living-donor transplant.

What is the role of the HTA in living-donor transplants?

- All donors and recipients have to be assessed by an Independent Assessor (IA), trained and accredited by the HTA, who acts independently on behalf of the donor. The IA ensures that the donor fully understands what donation involves, is not under any pressure to donate, and gives consent freely and voluntarily. More than 140 IAs have been trained and accredited by the HTA to assess all living-donor transplants and make recommendations to the HTA regarding whether the donation should proceed.
- The IA will submit a detailed assessment and recommendation to the HTA who will check that the requirements of the Human Tissue Act 2004 and the HTA's Codes of Practice have been complied with. Once they are satisfied that all these conditions have been met, donations will be approved by the HTA. If the conditions have not been met, the donation will not be approved.
- Approvals for routine donations, e.g. kidney donations involving 'directed' donations (that is, where the donor and recipient are genetically or emotionally related) are approved by the HTA Executive. A panel of

Authority members approve novel or more complex cases such as paired and non-directed altruistic donations, adult to adult living liver lobe donation, and donations by children and adults who lack capacity. Average turnaround time for approvals in routine cases is two working days.

- Potential paired donor(s) and recipient(s) are put on to a new national list, managed by UK Transplant (UKT), where they may be matched to an appropriate pair. Once approvals for the transplant have been given by the HTA, the transplant can take place.
- The HTA regulates transplants from living donors across the UK. In Scotland, this is done by agreement with the Scottish Government.

National paired donation list

UK Transplant have set up a new national list for paired donation, which matches kidneys to a suitable person or people. The scheme is similar to the way in which organs from deceased people are matched to patients who are waiting for a transplant (on the basis of age, tissue match and blood group). Once a 'matching run' has been completed, the couples are referred to the HTA for assessment. Once approved, the operation must take place within six months.

Joining the national paired donation list

To join the national paired donation list, people should contact their nearest transplant centre for further information. A list of transplant centres is available on the UKT website – www.uktransplant.org.uk

Assessors, and to reaccredit existing IAs (previously given face-to-face training) on an annual basis. The course is also useful for other people at transplant units,

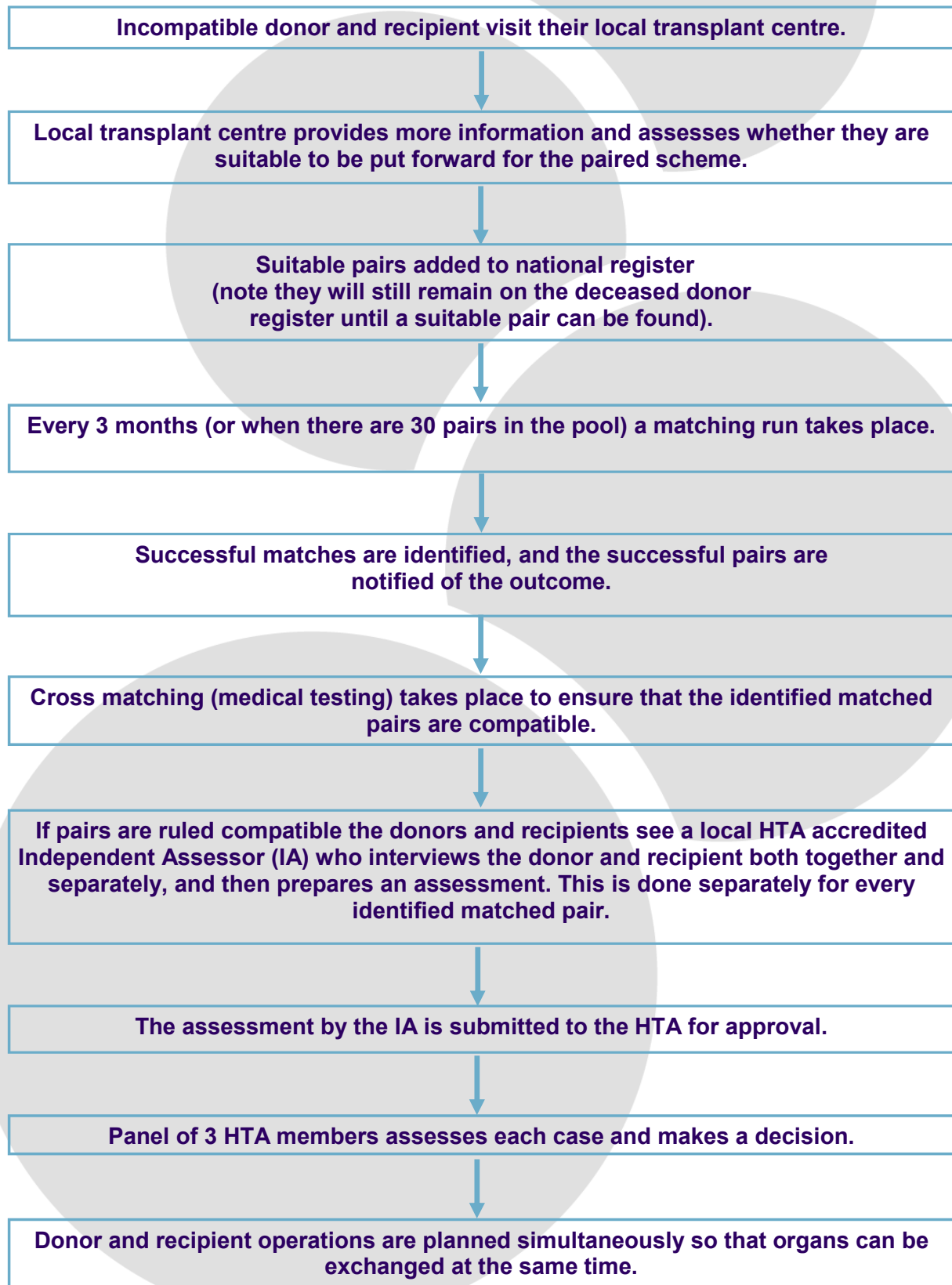
to increase their understanding of how the HTA approvals process works.

The e-learning course includes lots of interactive features, including video and audio clips of the IA process. This allows users to put themselves in the shoes of the IA, in order to make a recommendation about the donation.

The course is open to all, but you need to enter a username and password to enter. A link to the course is available from the HTA website: www.hta.gov.uk

Paired donation

The flow chart below summarises the steps taken in paired donation cases:



Transplantation timeline

- 1954** First successful kidney transplant operation performed in Boston, USA
- 1960** First UK living donor kidney transplant, performed at Edinburgh
- 1965** First kidney transplant in UK using organ from a deceased person
(*Earliest recorded by UK Transplant*)
- 1971** Kidney donor card introduced in the UK
- 1972** National Organ Matching and Distribution Service (NOMDS) founded in Bristol
- 1980s** First transplant coordinators appointed
- 1981** UK kidney donor card changed to multi-organ card including kidneys, corneas, heart, liver, and pancreas
- 1994** NHS Organ Donor Register established
- 2000** UK Transplant established
- 2004** Human Tissue Act 2004 (HT Act) given Royal Assent
- 2005** Human Tissue Authority (HTA) set up to implement and oversee the HT Act
- 2006** HTA sets up systems to allow paired donations (September)
- 2007** First paired operation: 4 July 2007

Source: UK Transplant / Human Tissue Authority



Dr Mark Porter MBE,
Media Medic

“Setting up a kidney exchange system like this makes complete sense. The idea of bringing together two couples who are effectively strangers to each other and swapping their kidneys offers hope to lots of people who are desperately in need of a transplant, but don’t match their partner’s tissue or blood type.

“For a paired transplant to work, it’s really important that the organ donor and recipient are not known to each other, and that anonymity and confidentiality is maintained before the operation goes ahead. The systems set up by the HTA are designed to make sure people feel they know the risks involved, and can freely consent to treatment.”



Claire Rayner
President of the Patients Association

“Bringing together couples to swap their kidneys offers real hope for dozens of patients across the country. Many people with organ failure would choose to have a transplant, and each year more and more people are benefiting from transplants from living donors.

“The new ways of donating organs that are being opened up by the Human Tissue Authority should increase the number of living-donor transplants.

“As this is a new technique, only a small number of people may at first take up the option of swapping their organs, but I really hope that as the confidence of patients, professionals and the public begins to grow, more couples will sign up and the numbers will increase.”