

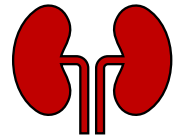
Reassessing Dedicated Transplant Consent for Increased Viral Risk Kidney Donation

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Dr Simon Coghlan
A/Prof Philip Clayton



Acknowledgement of Country

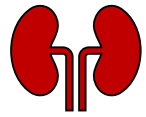
- I would like to acknowledge the Gadigal of the Eora Nation, the traditional custodians of this land, and pay my respects to the Elders past, present and future.



Scenario

- You need a kidney transplant
- Before you can be added to the waitlist, you must give your informed consent
 - Disclosure about associated risks

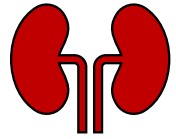




Definitions

- All kidney transplants carry a small risk of donor-derived infection
 - Comprehensive screening of all organs
 - Residual risk of undetected infection

Pathogen	Standard serology	Nucleic acid testing
HIV	17 – 22 days	5 – 6 days
HBV	35 – 44 days	20 – 22 days
HCV	~70 days	3 – 5 days



Definitions

- 11% of donors are assessed at higher risk of undetected blood borne viruses (Hepatitis B/Hepatitis C/HIV) ¹

Table 2.2: Criteria for identifying organ donors at increased risk for HIV, HBV, and HCV infection (MSM= men who have sex with men; derived from Jones^{1B})

People who have injected drugs by intravenous, intramuscular, or subcutaneous route for non-medical reasons in the preceding 30 days*

MSM in the preceding 30 days

People who have been in lockup, jail, prison, or a juvenile correctional facility for more than 72 consecutive hours in the preceding 30 days

People who have had sex in exchange for money or drugs in the preceding 30 days

People who have had sex with a person in any of the above groups in the preceding 30 days

A child who is 18 months old or younger and born to a mother known to be infected with HIV, HBV or HCV infection

A child who has been breastfed within the preceding 6 months and the mother is known to be infected with HIV

When a deceased potential organ donor's medical/behavioural history cannot be obtained, or risk factors cannot be determined

¹ Waller et al, Transplantation, 2022

² TSANZ Clinical Guidelines 2016 (updated 2024)

Transplant Society of Australia and New Zealand



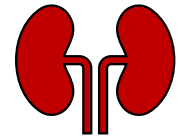
- “It is important that **the recipient has an informed view** of accepting or rejecting an organ at **increased risk of disease transmission**... The conversation with the patient regarding **consent** to receive organs at increased risk of disease transmission should occur early, **ideally at the time of consent to waitlisting.**”
- TSANZ Clinical Guidelines for Organ Transplantation from Deceased Donors, 2016 (Updated 2024)

The Transplantation Society of Australia and New Zealand
Clinical Guidelines for
Organ Transplantation from
Deceased Donors

Version 1.9 – May 2022

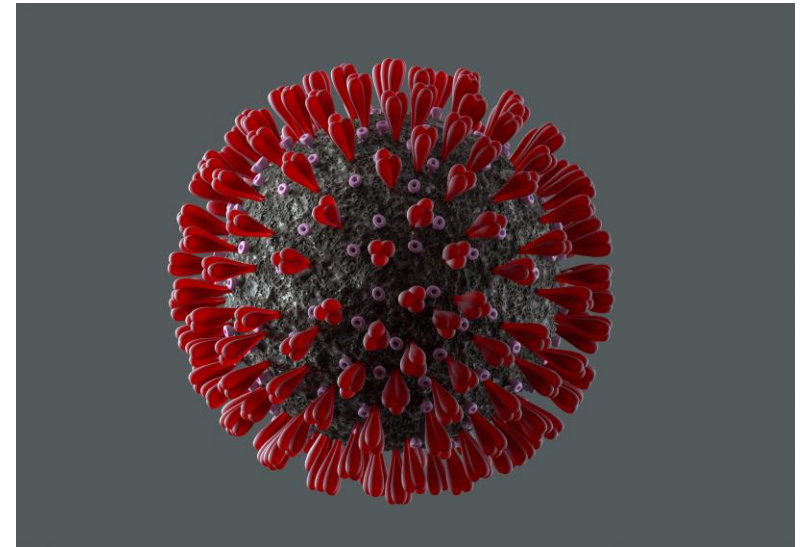
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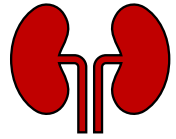




In practice

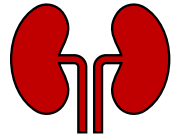
- Variation in emphasis placed on risk of viral transmission
 - Incorporated into standard consent
 - Dedicated consent form
 - Dedicated waitlist





Arguments supporting Pre-consent

- Pre-consent improves efficiency
 - Offers to recipients who are likely to accept
 - Surrogate for risk appetite
- Impaired decision making at the time of offer
 - Emotional Overwhelm
 - Manipulation by circumstance leading to regret
- Risks are material to doctors and recipients

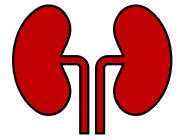


Issue 1

- Disproportionately highlighting risk
 - Misleading sense of danger
 - Risk of transmission < 1 in 200 (HCV) and <1 in 4000 (HIV)
 - Misrepresent risks with non-increased viral risk transplants
 - Similar risk of HIV/Hep C transmission ²
 - Patients making decisions against their best interests
 - Younger donors with fewer comorbidities

¹ CDC, 2020

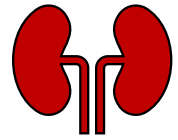
² Waller et al, Transplantation, 2022



Issue 2

- Consent separate from decision
 - Average waiting time for transplant 5-7 years¹
 - Consent is contemporaneous
- People can change their minds

¹ Transplant Australia, 2024

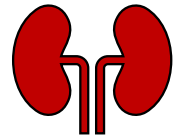


Issue 3

- Promoting stigma
 - Treating Hep B/Hep C/HIV differently reflects bias
 - Knowing transmission of other viruses eg CMV without dedicated consent
 - Missed opportunities for transplant offers
 - Patients assessing donor offers
 - Doctors assessing fitness for donation
 - Donors with HIV unlikely to progress¹
 - Variable consent rates (transplant vs non-transplant centres) ²

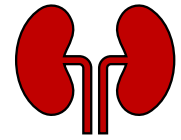
¹ Waller et al, Transplantation, 2022

² Roth et al, Clinical Transplantation, 2022



Conclusion

- Specific pre-consent for increased viral risk does not improve informed consent
- Still a role for pre transplant education and informed consent at the time of offer



Acknowledgement

- Dr Simon Coghlan
- A/Prof Philip Clayton

