# NHS BLOOD AND TRANSPLANT

# RESEARCH, INNOVATION AND NOVEL TECHNOLOGIES ADVISORY GROUP

# AVAILABILITY OF ORGANS FOR RESEARCH

#### **SUMMARY**

# **BACKGROUND**

1 This paper investigates the pathway of organs that have been retrieved and not transplanted to assess the availability of organs for research. It also identifies the number of organs received by research studies within the last year.

# **DATA AND METHODS**

Organs that were retrieved and not transplanted were analysed for UK donors between 1 January 2008 and 31 December 2017. Research outcome was split into three categories: No research consent, Used for research and Organ disposed of with research consent.

# CONCLUSION

- Overall, the total number of organs retrieved and not transplanted has steadily increased over time. In addition, the proportion of these organs that have consent/authorisation for research has increased to around 95% for the last two years. However, the number of discarded abdominal organs available with research consent/authorisation was substantially higher in 2017 than in previous years.
- 4 Utilised research organs were distributed across many studies. This suggests that studies that were ranked lower through the allocation scheme were still able to obtain research organs.

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Statistics and Clinical Studies

March 2018

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### AVAILABILITY OF ORGANS FOR RESEARCH

#### **BACKGROUND**

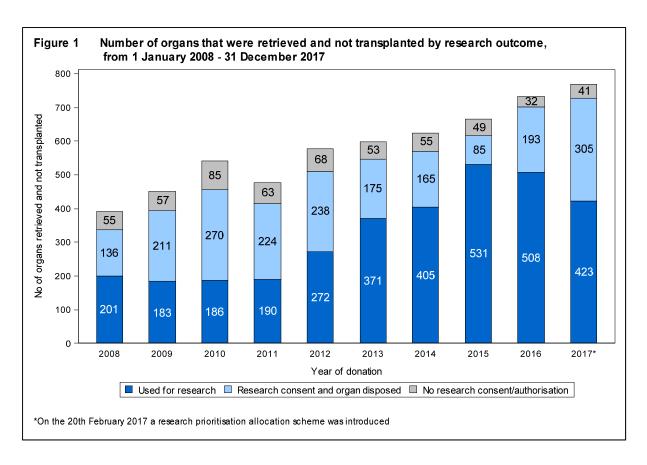
- 1 This paper investigates the pathway of organs that have been retrieved and not transplanted. These organs are potentially available for research purposes. However, some research organs are discarded due to a lack of consent/authorisation and some for other reasons.
- 2 Within this paper we assess the availability of organs for research and identify the number of organs received by each research study over the last year.

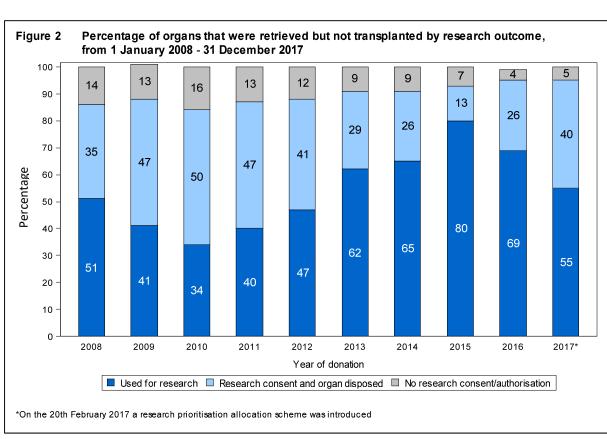
# **DATA AND METHODS**

- Organs that were retrieved and not transplanted were analysed for UK donors between 1 January 2008 and 31 December 2017. Research outcome was split into three categories: No research consent, used for research and organ disposed of with research consent.
- 4 Organs that were used for research in 2017 are presented in terms of which research studies they went to. Details on each of these research studies which are listed in the **Appendix**. Study rankings are as at October 2017.

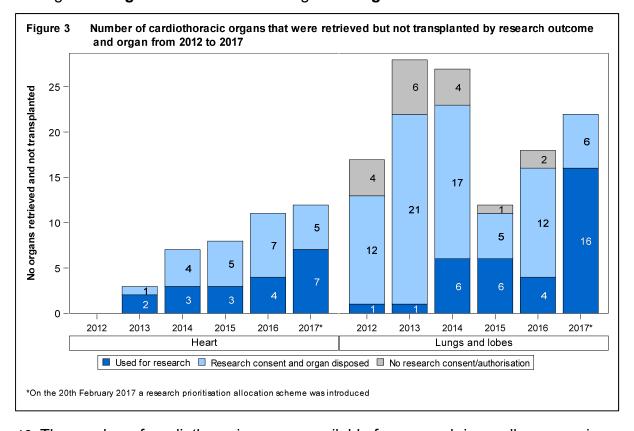
#### **RESULTS**

- 5 **Figure 1** shows the research outcome of UK donor organs that were retrieved and not transplanted between 1 January 2008 and 31 December 2017.
- 6 Overall, the total number of organs retrieved and not transplanted has steadily increased since 2008.
- 7 In addition, the proportion of these organs that have consent/authorisation for research has increased to around 95% for the last two years, as shown in **Figure 2.** The availability of organs for research was therefore at an all-time high in 2017.
- 8 However, despite a total of 727 organs available for research in 2017, only 423 (55%) were used for research. Prior to 2016, the proportion of discarded organs with research consent/authorisation had been steadily decreasing since 2010.

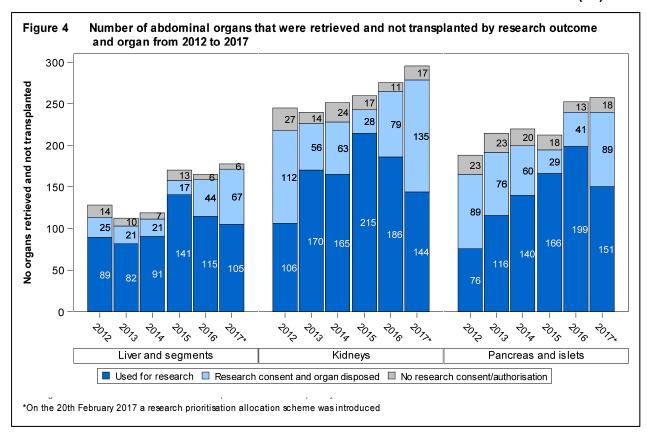




9 The same information from **Figure 1** (number of organs retrieved and not transplanted) is broken down by organ and illustrated in terms of cardiothoracic organs in **Figure 3** and abdominal organs in **Figure 4**.



- 10 The number of cardiothoracic organs available for research is small, as seen in **Figure 3.** However, 2017 saw the highest utilisation of these organs of all six years analysed (64% for hearts and 73% for lungs).
- 11 **Figure 4** shows that the number of abdominal organs available for research has generally been increasing. However, particularly for kidneys and pancreases, the number of discarded organs with research consent/authorisation increased substantially in 2017.



- 12 **Table 1** and **2** show the total number of organs received by research study in 2017 split by cardiothoracic and abdominal organs, respectively.
- 13 The tables show that the research organs utilised were distributed across many studies. This suggests that lower ranked studies were still able to obtain research organs.

					Organs received	
Organ	Study Number	Ranking as at October 2017	Start year	End year	N	%
Hearts	67	1	2017	2021	5	71
	36	NA			1	14
	Not reported				1	14
	Total				7	100
Lungs	66	1	2016	2020	2	13
J	58	2	2016	2020	6	38
	38	NA	2014	2024	1	6
	59	NA	2016	2018	1	6
	Not reported				6	38
	Total				16	100
Cardiothoracic organs	Total				23	100

					Organs received	
Organ	Study Number	Rank	Start year	End year	N	%
Liver and segments	21 62 35 60 33 50 56 52 18 68 36 33/35/62 Unknown study <b>Total</b>	1 1 2 2 3 3 4 5 6 7 Tissue bank Birmingham	2015 2016 2014 2016 2006 2014 2016 2015 2011 2017	2018 2018 2018 2018 2017	5 7 12 11 10 6 8 1 1 1 8 24 <b>105</b>	5 7 11 10 10 10 6 8 1 1 1 8 23 <b>100</b>
Kidneys	53 37 48 63 23 2 19 40 30 31 36 Unknown study <b>Total</b>	1 3 3 4 5 6 7 8 9 Tissue bank Tissue bank	2015 2015 2015 2016 2012 2017 2007 2014 2013	2019 2018 2017 2018 2019 2022 2024	6 9 19 8 16 22 2 4 4 24 4 26 <b>144</b>	4 6 13 6 11 15 1 3 3 17 3 19
Pancreas and Islets	20 45 50 3 2 36 46 47 64 Unknown study <b>Total</b>	1 2 3 5 6 Tissue bank NA	2005 2009 2014 2017 2017 2002 2016	2018 2017  2022 2022   2017	9 32 14 3 5 2 16 4 13 53 <b>151</b>	6 21 9 2 3 1 11 3 9 36 <b>100</b>
Total abdominal organs	Total				400	100

#### CONCLUSION

- 14 Overall, the total number of organs retrieved and not transplanted has steadily increased over time. In addition, the proportion of these organs that have consent/authorisation for research has increased to around 95% for the last two years. However, the number of discarded abdominal organs with research consent/authorisation was substantially higher in 2017 than in previous years.
- 15 Utilised research organs were distributed across many studies. This suggests that studies that were ranked lower through the allocation scheme were still able to obtain research organs.

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# **APPENDIX** – Research studies ranking as at October 2017

Organ	Study	Rank	Location	Study Title	
Heart	67	1	Imperial	Structural and functional analysis of intact myocardium and isolated cells from explanted hearts	
Lung	66	1	Newcastle	Further Evaluation of Ex Vivo Lung Perfusion to Improve Transplantation Outcomes	
Lung	58	2	Edinburgh	ENLIGHTEN - Multiplexed Optical Molecular Imaging and Sensing during Vivo Lung Perfusion (EVLP)	
Lung	38	NA	Harefield	Ex vivo transplant platforms used to explore the pathogenesis of acute lur injury	
Lung	59	NA	Belfast	Human ex-vivo lung perfusion research consortium UK (HELP RCUK)	
Liver	21	1	Cambridge	Development of pre-transplant normothermic perfusion reconditioning for human livers donated after circulatory death	
Liver	62	1	Birmingham	Viability testing and transplantation of marginal livers - VITTAL	
Liver	35	2	Birmingham	Normothermic Liver Perfusion Study (The development of NMLP for	
LIVEI	33	2	Diffilligitatii		
Liver	60	2	Oxford	improvement of marginal human donor liver quality) Exploring the structural and functional effects of normothermic machine perfusion and de-fatting agents on human steatotic livers	
1 5	22	2	Dimenia albana		
Liver	33	3	Birmingham	Expression and Function of Immune Regulatory Proteins in Human Liver	
Liver	56	4	Edinburgh	Human Hepatic Progenitor Cells as a Source of Liver Regeneration	
Liver	52	5	Newcastle	Establishing ex-vivo normothermic and hypothermic perfusion of livers for transplantation	
Liver	50	6	Royal Free	Organ regeneration and disease modelling using 3D biological scaffold	
Liver	18	6	Royal Free	Liver Viability Enhancement during Transportation - LIVET	
Liver	68	7	King's	Hepatocyte Transplantation Project: Studies on isolated hepatocytes	
Kidney	53	1	Cambridge	Quality assessment of Human Kidneys by Ex-vivo Normothermic Perfusion prior to Transplantation	
Kidney	49	2	Birmingham	A study to determine the mechanism and effect of machine perfusion on cadaveric kidneys unsuitable for transplantation	
Kidney	48	3	Newcastle	Establishing ex vivo normothermic perfusion (EVNP) of kidneys for transplantation	
Kidney	37	3	Oxford	Normothermic Perfusion of Discarded Kidneys	
Kidney	63	4	Guys	Transplanting the untransplantable - extending antibody incompatible	
radioy	00	•	Cuyo	transplantation using a normothermic perfusion model with cytoprotective agents	
Kidney	23	5	Cambridge	Characterisation of ischaemia reperfusion injury in human kidneys Non-transplantable Kidneys	
Kidney	2	6	Cambridge	Study of renal ischaemia-reperfusion injury and its amelioration	
Kidney	19	7	Bristol	Establishment of cultured human glomerular cells for study of glomerular function in vitro	
Kidney	40	8	Royal Free	Identification of genes involved in renal, electrolyte and urinary tract disorders	
Kidney	30	9	Hammersmith	Use of Machine Perfusion for Improving Allograft Viability	
Pancreas islets	20	1	Newcastle	Process development for islet isolation targeted at enhancing islet yield and viability	
Pancreas islets	45	2	Oxford	Studies of Factors Influencing the Structure and Function of Human Pancreatic Islets for Transplantation	
Pancreas	50	3	Royal Free	Organ Regeneration and Disease Modelling Using 3D Biological Scaffold	
Pancreas	34	4	Worcester	A pre-clinical study of human islet function to improve long-term graft survival	
Pancreas	3	5	Cambridge	Study of Pancreas Function, Physiology, Pathology and Therapeutics	
Pancreas islets	40	6	Royal Free	Identification of genes involved in renal, electrolyte and urinary tract disorders	
Pancreas	30	7	Hammersmith	Use of Machine Perfusion for Improving Allograft Viability	
				Edinburgh Islet Lab - supporting various islet research studies	
Pancreas islets	46 47	NA	Edinburgh	11 0	
Pancreas islets	47	NA	King's	King's Islet lab	
Pancreas	64		Oxford	Assessment and Significance of Pancreatic steatosis in pancreas transplantation and its associations with graft pancreatitis	
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