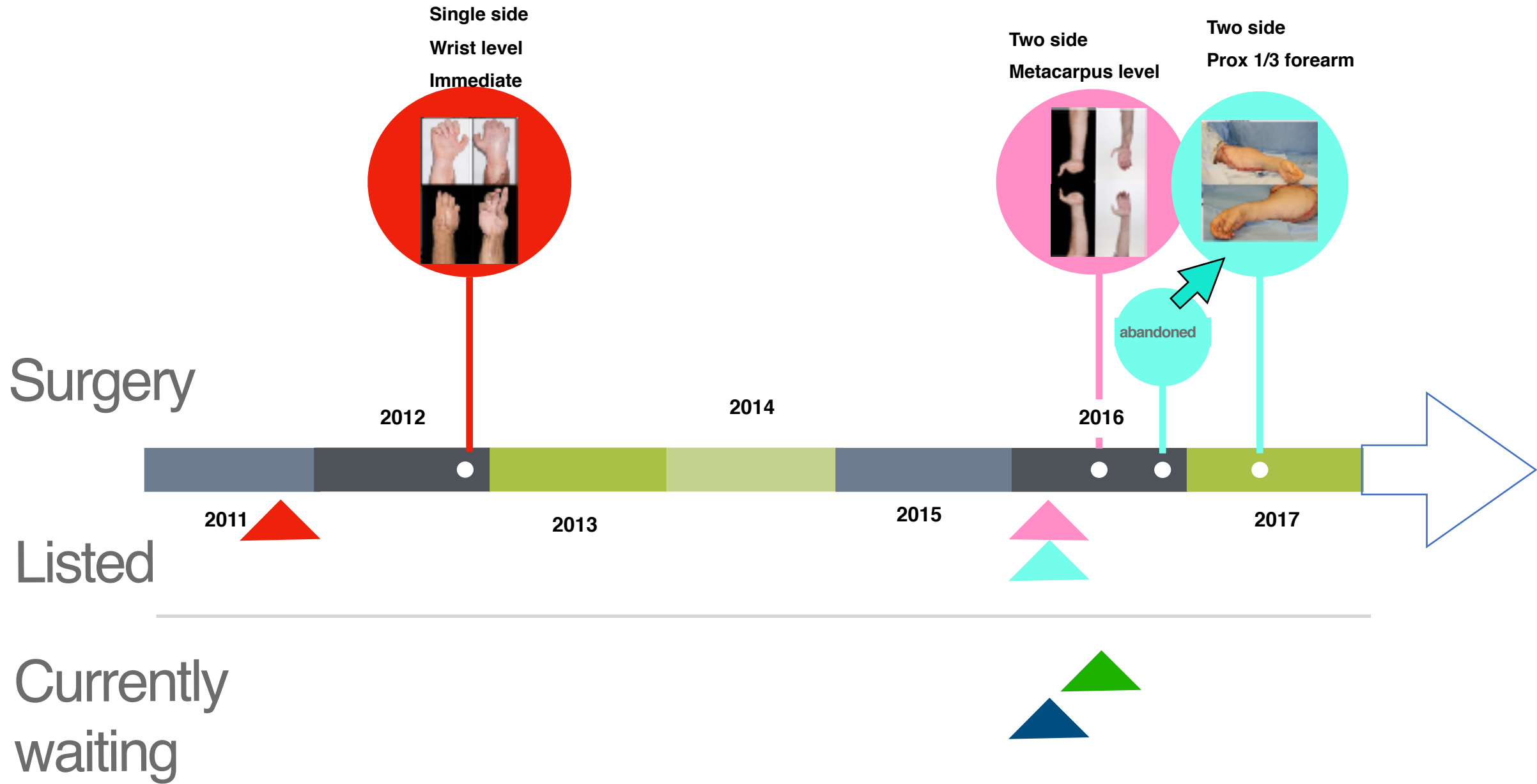


# Leeds UK hand transplant programme

simon kay

# Leeds and Transplant Progress

- First approaches 2001
- 2010 agreed principle of first two cases “at risk”
- 2010 to 2012 wide consultation with stakeholders inc NHSBT
- 2012 First hand transplantation
- 2013 March: commissioning changes: representation to HSS begins
- 2013 - 16 protocols, costings, evidence, RDAG, consultations continue
- 2015 Leeds commissioned for five years: estimate of 2 Tx per annum
- 2016 Second transplant: bilateral hands
- 2017 Third transplant (prev. abandoned Nov '16) Biateral forearms



# Enabling activity

- SNOD training
- Outreach to SNODs and CLODs initially Yorkshire
- Then NW and Northern
- Frequent meetings with NHSEng
- Looming problem with CRG in disability: should referrals only be from prosthetics and rehabilitation

# summary protocols

- Loss one or both limbs
- Trial prosthetics complete
- Psychological screen over 1 year for stability and suitability
- Not under 16 (TBR)
- Levels
- Demands and expectations

# Support

- Large multidisciplinary Team
- International mentor and liaison (Lyon, Pittsburgh)
- Existing competencies in Tx, immunology, microsurgery, prosthetics
- Strong psychology team within the unit already
- NHSBT from the start
- Specialty societies (BSSH BTS BAPRAS)
- Leeds Teaching Hospitals NHS Trust
- Oxford University Hospitals NHS Trust

# Results

- 3 ex 3 Tx survival. Mean 24 months (5 - 57)
- Multiple episodes acute rejection, esp first year
- Prompt detection AR, prompt Rx by steroid pulse
- 1x mucormycosis forearm: Rx wide excision, cover 6/12 antifungals

# Contrast with SOT

- Small numbers
- Not perceived as life preserving
- Prosthetic “solution” available (high rejection rate).
- Aesthetic matching
- Media recognition
- Emotional complexity
- Visible rejection: skin rejection.
- Slow recovery dictated by nerve regeneration



# Common opposition attitudes

- Not life saving (no data)
- Immunomodulation solely for lethal disease (cf other conditions)
- Trial of prosthetics: (protocol)
- Psychological rejection (protocol)
- Prosthetics safe and cheap (pay for what you get: mechanical not sensory not human)
- Never get normal function (no, really?)

# Current status controversies and future opportunities

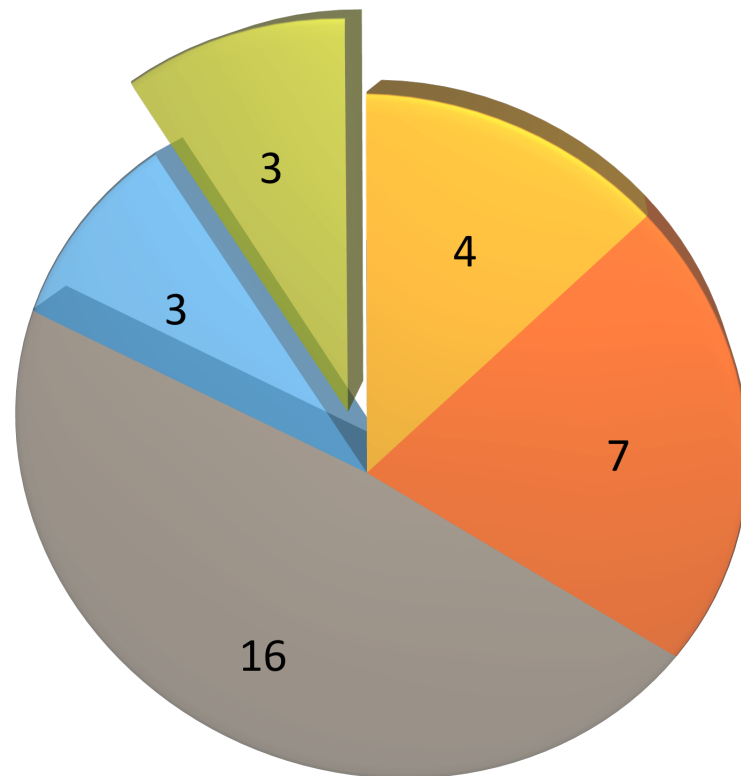
- Proof of concept well established
- Long term survival: longest 17 years
- Children? quadrimembral
- Unilateral?
- Very proximal?

# Challenges in the year to come

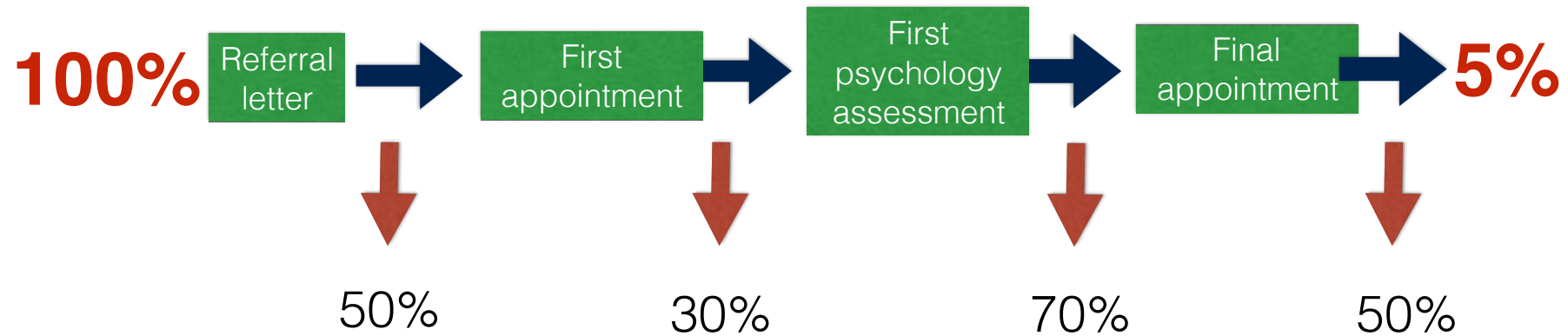
- Resist CRG pressure to hand referral control to rehabilitation
- Free up referral process
- Increase waiting list numbers to allow donor uptake
- Increase donor outreach to allow greater options
- Open negotiations on ethics of child recipients

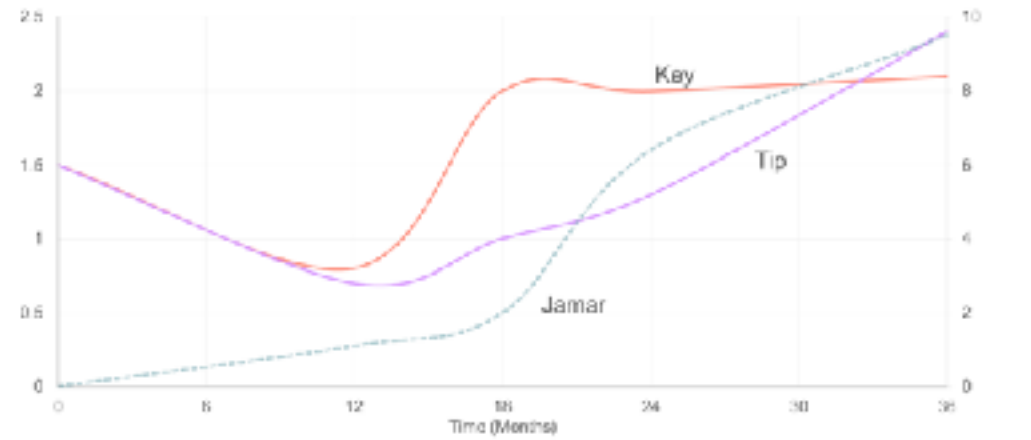
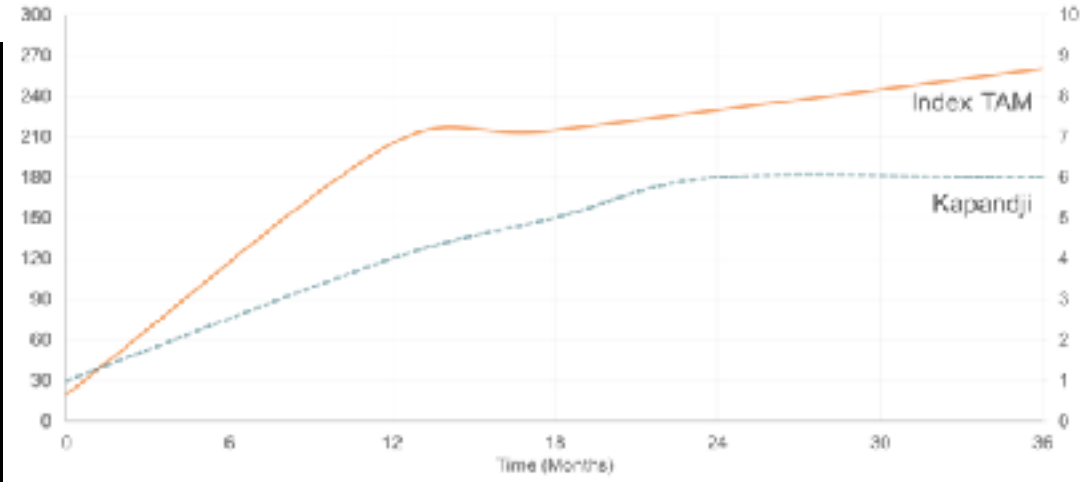
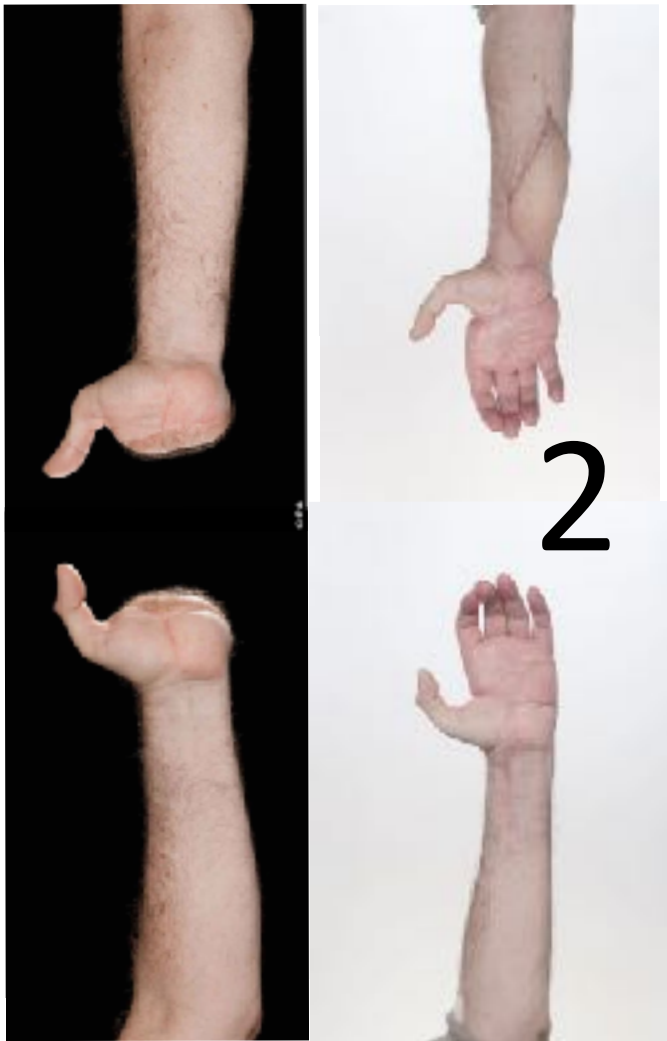
# Appendix

# 36 referrals into HAUL-VCA clinic Leeds



# Screening





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# Two Important Known Unknowns

- The effects of immunosuppression in healthy patients
- The natural history of handlessness