

NHS BLOOD & TRANSPLANT
RESEARCH, INNOVATION AND NOVEL TECHNOLOGIES ADVISORY GROUP
RESEARCH CONSENT/AUTHORISATION RATES

SUMMARY

INTRODUCTION

- 1 This paper summarises how research consent/authorisation rates have changed over the last ten years in the UK.
- 2 Families can give generic consent/authorisation for research use of any organs that are found to be unsuitable for transplantation. They are only asked this question if consent/authorisation for transplantation has been ascertained. No organ specific questions are asked regarding research consent/authorisation.

DATA AND METHODS

- 3 Research consent/authorisation rates were analysed for actual organ donors (where at least one organ was retrieved for the purposes of transplantation) in the UK from 1 January 2009 to 31 December 2018.
- 4 When considering organ specific consent/authorisation rates, donors with contraindications for specific organs were excluded.

CONCLUSION

- 5 The overall UK consent/authorisation rate for research was 83% in 2009 and has risen to 91% in 2018. England and Wales have had the highest consent rates for research over the past 4 years ranging from 91% to 95%.

Cathy Hopkinson
Statistics and Clinical Studies

February 2019

NHS BLOOD & TRANSPLANT

RESEARCH, INNOVATION AND NOVEL TECHNOLOGIES ADVISORY GROUP

RESEARCH CONSENT/AUTHORISATION RATES

INTRODUCTION

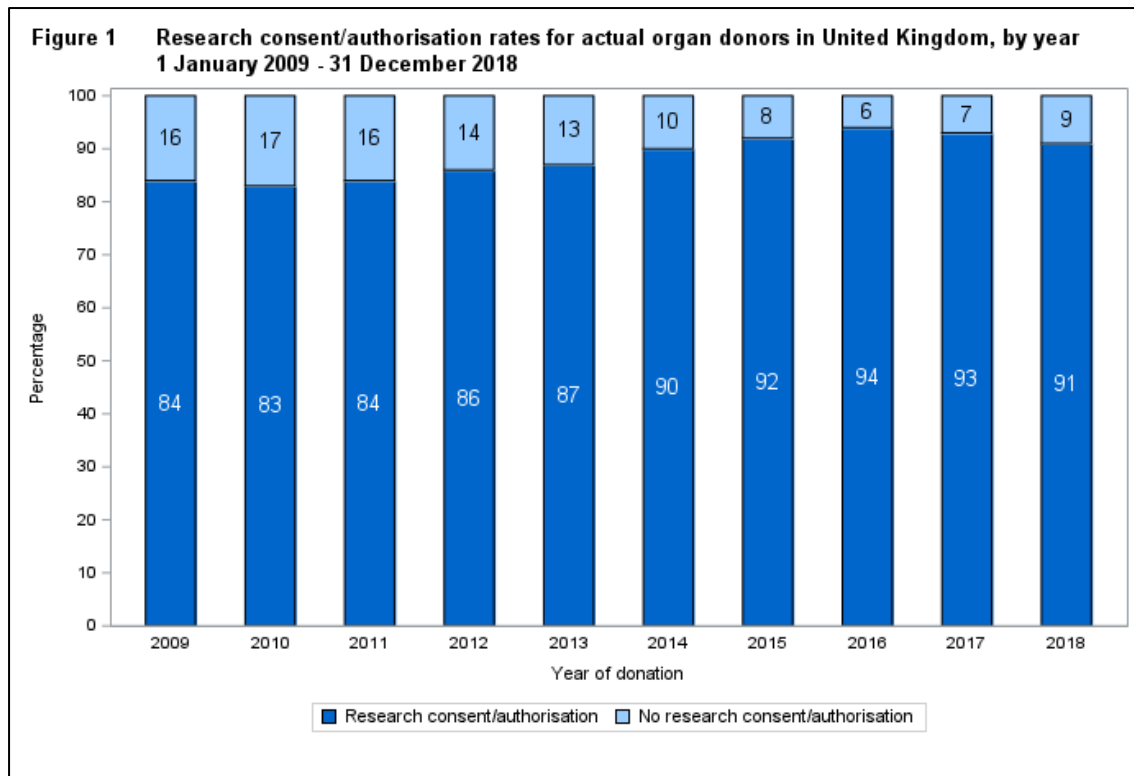
- 1 This paper summarises how research consent/authorisation rates have changed over the last ten years in the UK.
- 2 Families can give generic consent/authorisation for research use of any organs that are found to be unsuitable for transplantation. They are only asked this question if consent/authorisation for transplantation has been ascertained. No organ specific questions are asked regarding research consent/authorisation.

DATA AND METHODS

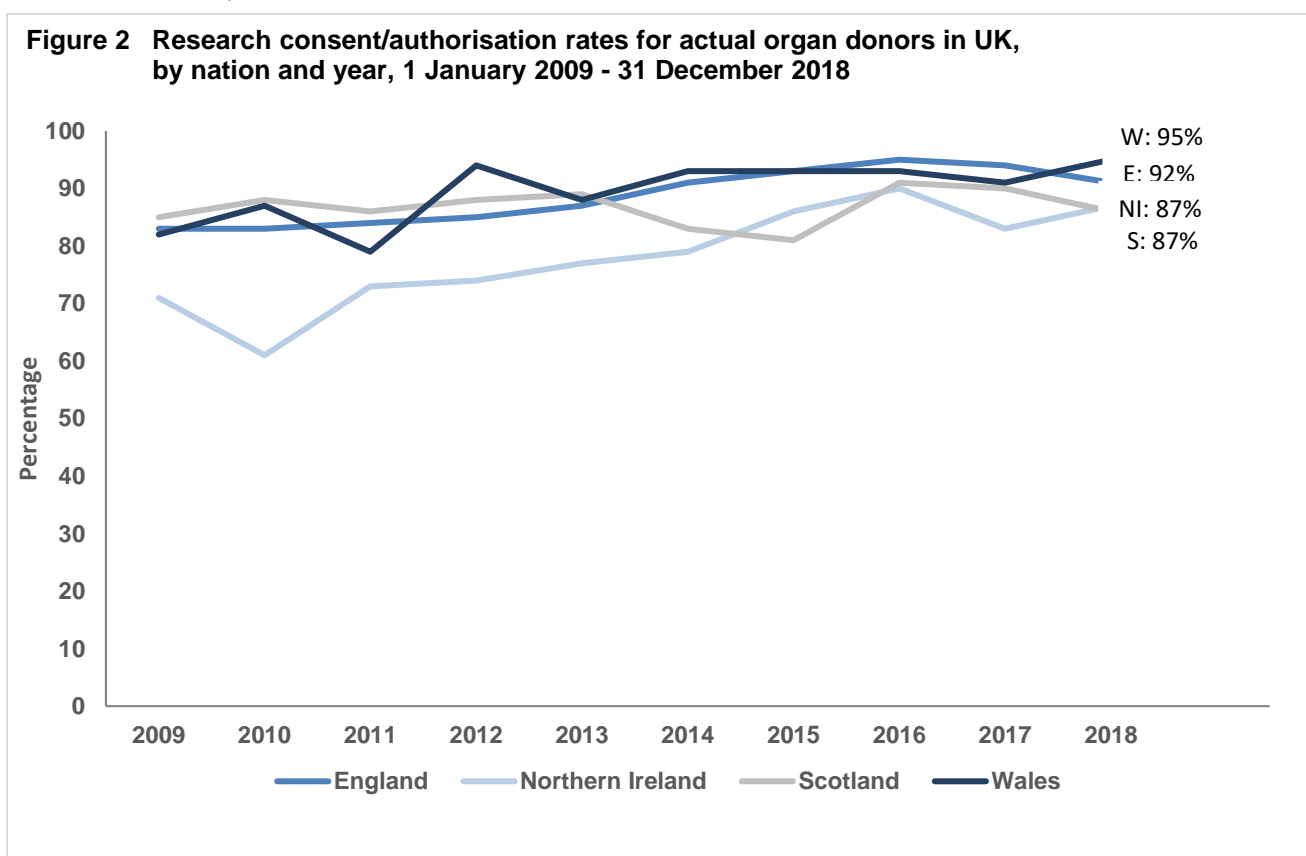
- 3 Research consent/authorisation rates were analysed for actual organ donors (where at least one organ was retrieved for the purposes of transplantation) in the UK from 1 January 2009 to 31 December 2018.
- 4 When considering organ-specific consent/authorisation rates, donors with organ-specific contraindications for transplantation were excluded:
 - Intestinal: donors aged ≥ 56 or weighing ≥ 80 kg excluded
 - Pancreas and islets: donors aged >60 excluded
 - Heart: donors aged ≥ 65 or died of myocardial infarction excluded
 - Lung: donors aged ≥ 65 excluded

RESULTS

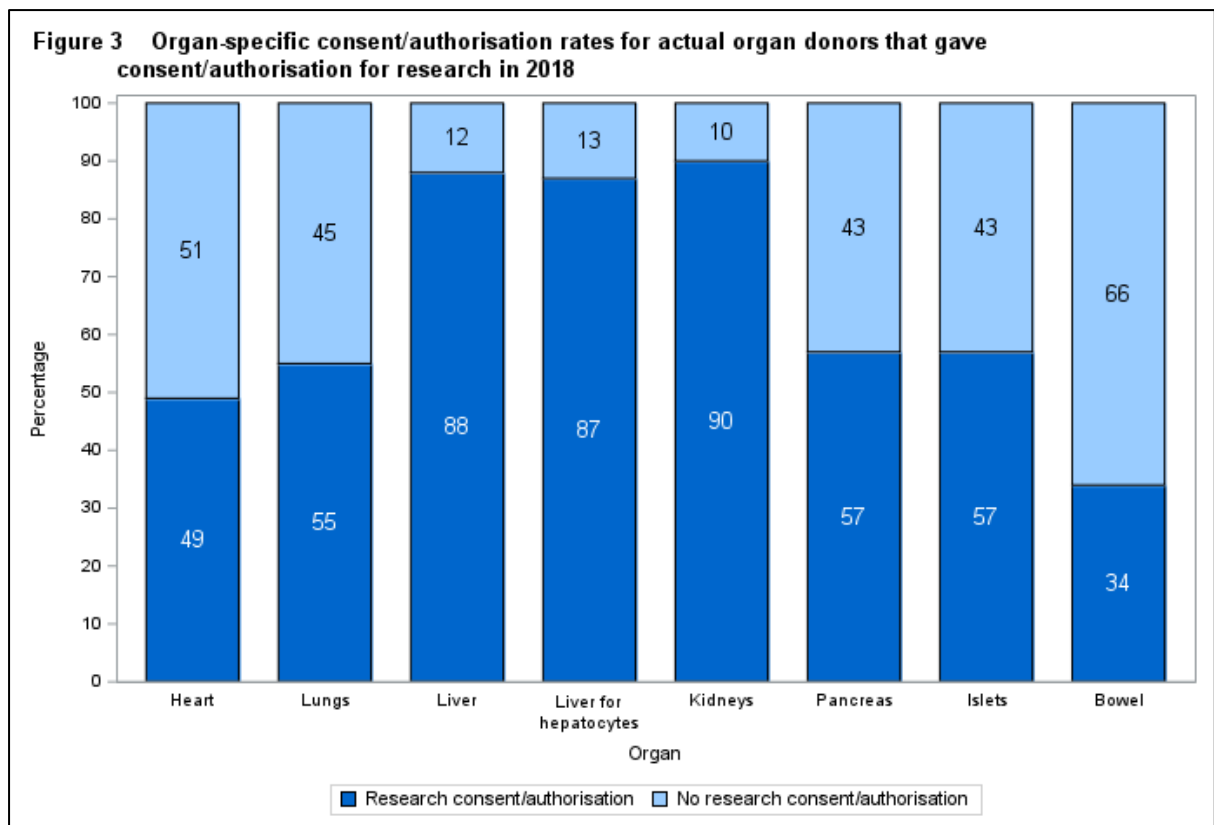
- 5 **Figure 1** illustrates that overall UK research consent/authorisation rates for solid organ donors have generally increased from 83% in 2009 to 91% in 2018. This shows that the large majority of donors that donate at least one solid organ also have consent/authorisation for research.



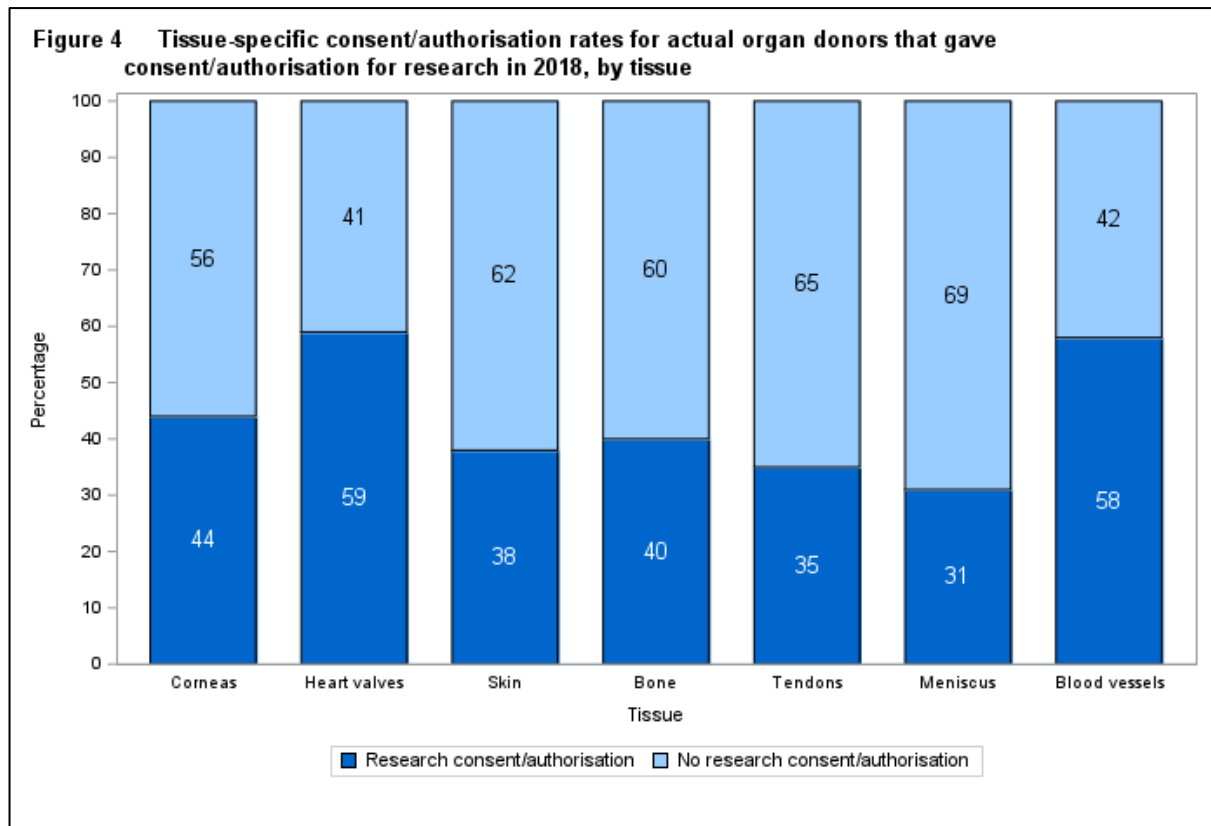
6 **Figure 2** breaks down research/authorisation rates for actual organ donors by nation and year. England and Wales have had the highest consent rates over the past 4 years ranging from 91% to 95%. Northern Ireland has seen an overall increase in research consent rate since 2009, to 87% in 2018. Rates for Scotland, Northern Ireland and Wales fluctuate more as there are fewer donors.



- 7 **Figures 3 and 4** show consent/authorisation rates broken down by organ and tissue, respectively. These rates are shown for actual solid organ donors in 2018 for which consent/authorisation for research had been ascertained. However, please note that when discussing organ/tissue-specific consent/authorisation, SNODs ask these questions in relation to donation for transplantation as opposed to research.
- 8 **Figure 3** shows that kidneys (90%) and liver (88%) gained the highest rates of consent/authorisation for actual donors with consent/authorisation for research.



- 9 **Figure 4** illustrates that tissues have lower consent/authorisation rates than solid organs. Please note that this cohort excludes tissue-only donors.



CONCLUSION

- 10 The overall UK consent/authorisation rate for research was 83% in 2009 and has risen to 91% in 2018. England and Wales have had the highest consent rates for research over the past 4 years ranging from 91% to 95%.

Cathy Hopkinson
Statistics and Clinical Studies

February 2019