



WITS  
TRANSPLANT

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# Ethics of HIV+ to HIV- liver transplantation vs HIV+ to HIV- renal transplantation—where are we?

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Patient-centred. Independent. Academic.

MEDICLINIC



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# Where we've been

The National Organ  
Transplant (NOTA)  
Act, USA

Swiss Federal Act of  
Transplantation of  
Organs, Tissues and Cells

The HIV Organ  
Procurement Equity  
(HOPE) Act, USA

1988

2003

2007

2010

2013

2017

2019

First  
**HIV-negative-to-HIV-positive**  
SOT (kidney), USA

First  
deceased donor  
**HIV-positive-to-HIV-positive**  
SOT (kidney), SA

First  
**HIV-positive living donor**  
SOT (liver), SA  
  
First  
**HIV-positive-to-HIV-negative**  
SOT (liver), SA

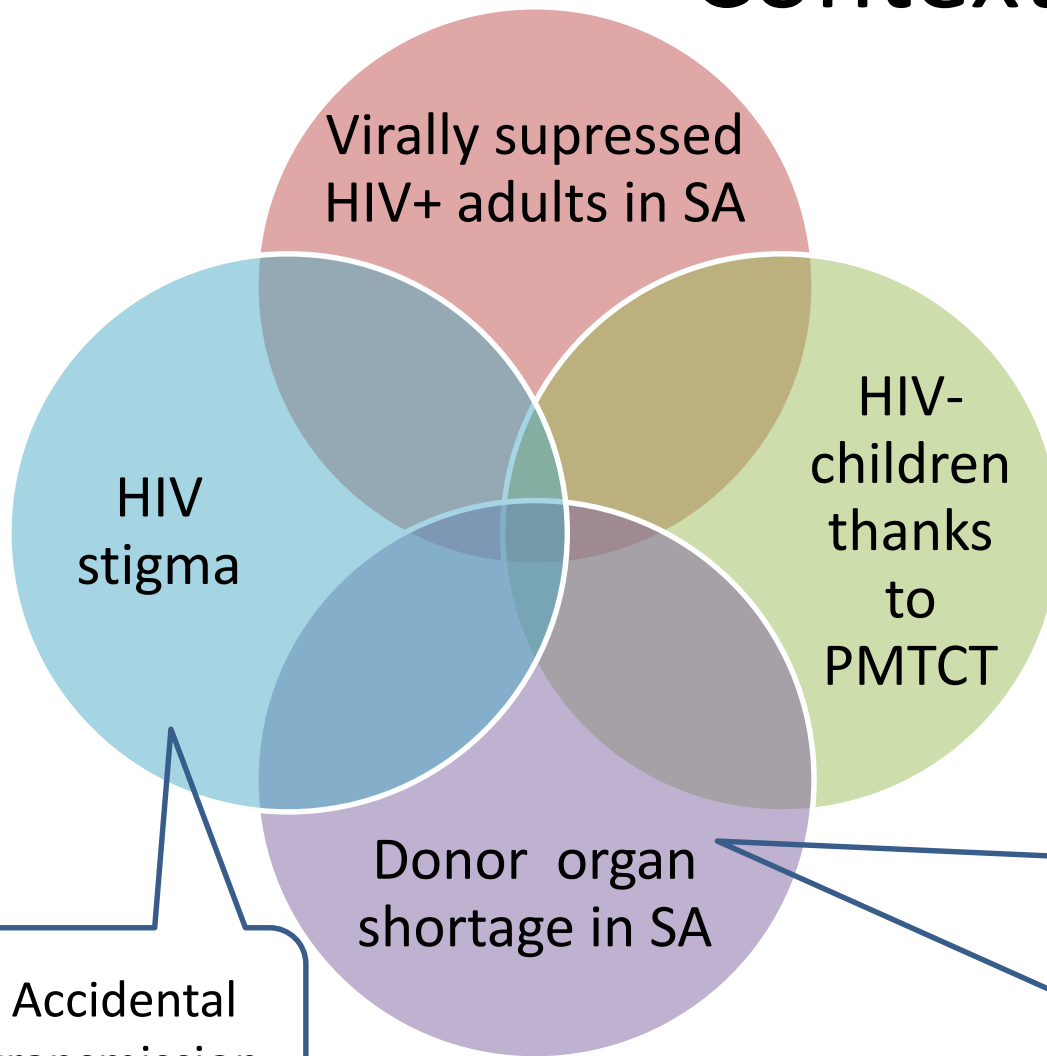
Second  
HIV-positive  
living donor SOT  
(first kidney),  
USA

D-/R+

D+/R+

D+/R-

# Context

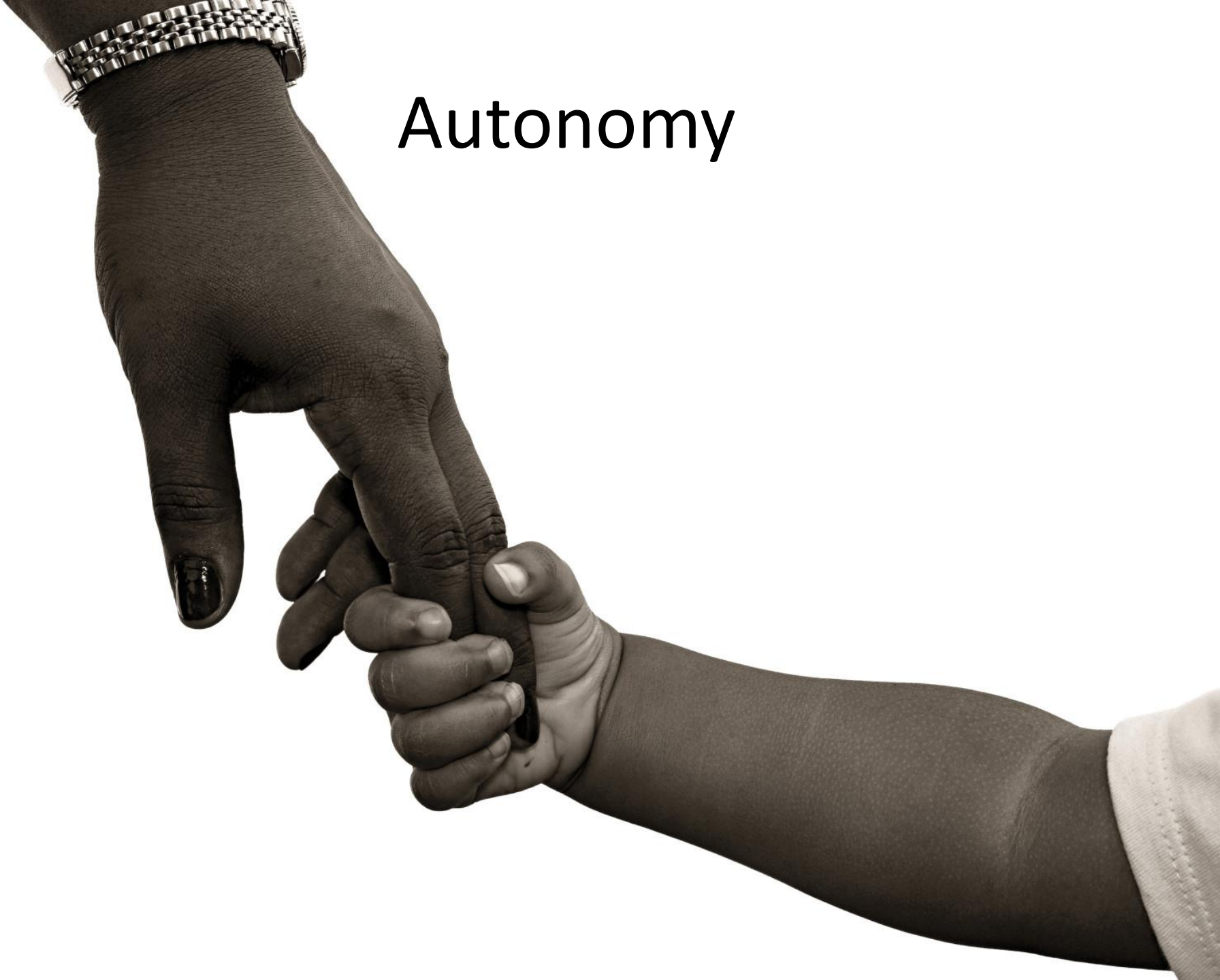


Accidental  
transmission

## At Wits Transplant

- Split liver tx
- Living donor liver tx
- Expanded criteria (non-resectable CLM)
- ABOi liver tx

Autonomy



# Precedent

- **SA – No legislation. NHA – Informed consent.**
- **International – HOPE Act**
  - IRB-approved research protocol ✓
  - Considerations of autonomy ✓
  - Independent donor advocates ✓
  - HIV+ living donor inclusion criteria ✓
  - HIV- recipient selection criteria ✗

# IRB Approval

- Dying of liver failure vs Living HIV positive – controlled transmission

?

- Principles of justice and equal access
- Capacity to care for HIV+ transplant recipient
- Uncertainties about the future
- Parents autonomy & child's best interests
- Information giving and informed consent
- Unproven treatments – Declaration of Helsinki S37

# HIV+ to HIV- LDLT to date

- 3 patients
- 1 survives – BA, private pt, HIV-antibody response from 47 days post-tx, waned to undetectable
- 2 deaths (SAE's)
  - BA, Influenza A, 4m post-tx, private pt (GEMS) – HIV-antibody response 2 weeks post-tx. Disclosure?
  - Acute HAV, ARDS, 8d post-tx, state pt – Antibody testing not performed
- We thought infection was inevitable. NICD - No HIV-virus has ever been detected at any time-point, in any of the patients, by any available testing method (VL, PCR, PMBC's, HIV reservoir testing in tissue, nested PCR's).

# Going forward

- Selection, socio-economic status, access to post-tx care in national programme
- ALF's
- Disclosure
- Uncertainty re HIV status
- Disclosure to the child?
- Analytic Treatment Interruption
- Vaccines?



# Main ethical principles

- Autonomy – of donors, of recipients
- Justice – access, follow-up
- Best interests of child recipients



# Into the kidney – and further afield

- HIV+ living donors -> Long term considerations? Dialysis?
- HIV– Recipients -> Transmission risk? Resources?
- HIV+ deceased donors -> More extensive utilisation?

Where are we?

It's not about

“Should we do this?”

It's about how we do it.

# Acknowledgements

- Wits Transplant Team
- HIV Transplant Team and the NICD incl Prof Jean Botha, Dr June Fabian, Prof Caroline Tiemessen, Sr Mary Duncan, Carla Wilmans and Dr Francesca Conradie
- Sanofi for meeting funding