“I never knew about that!”

Just how much should we consent our patients for?

A case

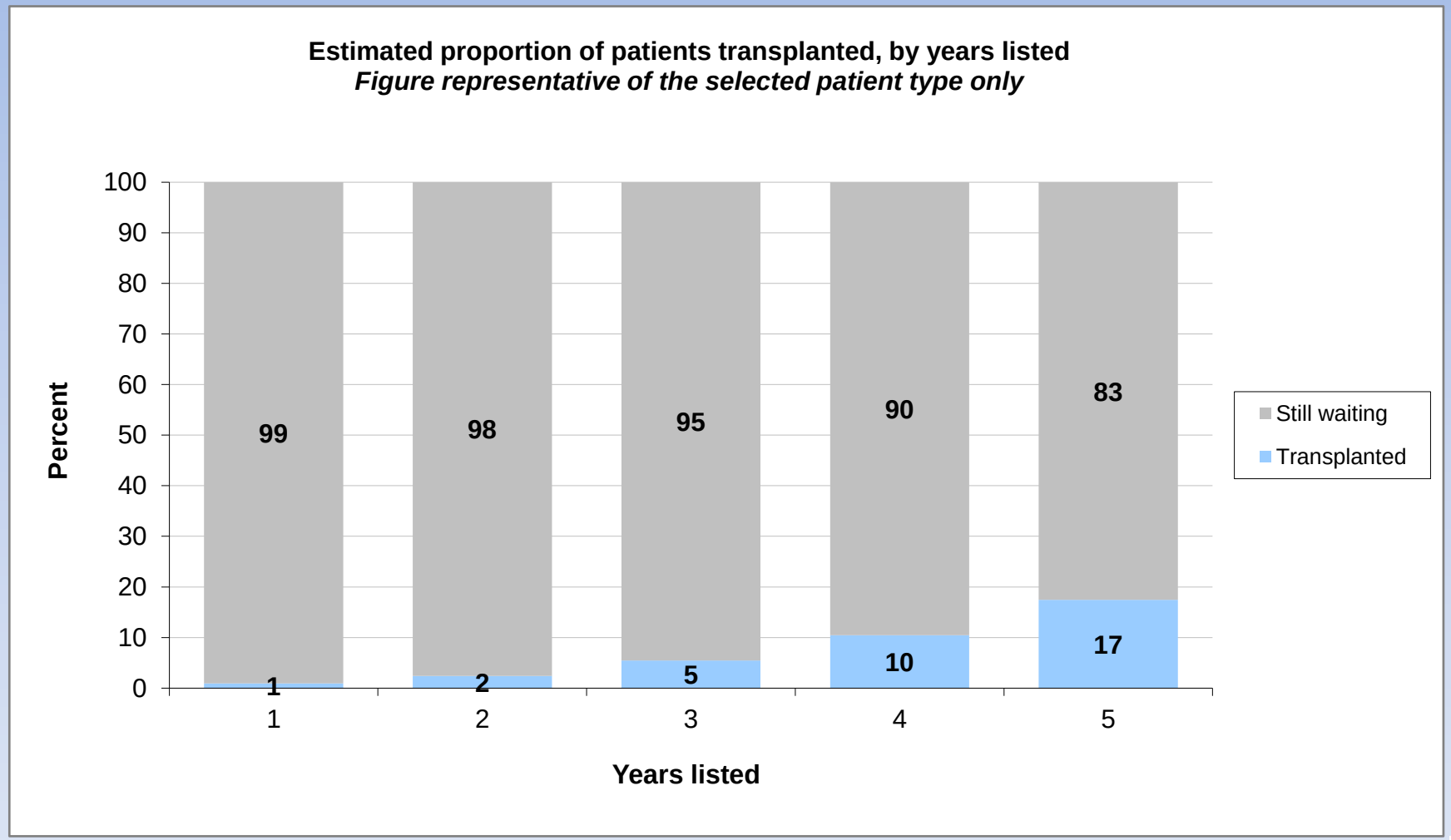
Matt Welberry Smith

Leeds Transplant Centre
Leeds Kidney Unit
The Leeds Teaching Hospitals NHS
NHS Trust

Case

- 41y male
- Previous transplant 2008
- LTFU
- Represented 2015, eGFR 12ml/mi
- Worked up for re-transplantation
- Matchability = 8, i.e. difficult

Chance of transplant calculator



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Immunosuppression in Leeds

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- Standard:
  - Alemtuzumab induction
  - Tacrolimus monotherapy maintenance
  - 2DR mismatches have MMF added

- Leeds “Red List” policy
  - Removal of low MFI antibody specificities to increase access to transplantation
  - Specifically consented for this in Consent Clinic
  - Augmented immunosuppression
    - Addition of MMF +/- Prednisolone depending on details

Red List option

- cRF 89%
- …but some low level specificities that can be safely removed if augmented immunosuppression is used
- Reduces cRF to 31%

Should we consent him before doing this?

- A: YES
- B: NO

What are the risks of Red Listing?

- Chance of being called in then not proceeding
  - If unexpected positive XM occurs
- Increased chance of early rejection
- Increased immunosuppression*
  - Increased infection risk
  - Increased long term cancer risk
- Increased frequency of serum screening
  - Monthly rather than 3 monthly

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*note Alem / Tac / MMF standard IS in INTAC

Which of the risks should we consent him for?

A: Chance of being called in then not proceeding

B: Increased chance of early rejection

C: Increased infection risk

D: Increased long term cancer risk

E: Increased frequency of serum screening

What are the risks of Red Listing?

- Chance of being called in then not proceeding
  - If unexpected positive XM occurs
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  - Increased infection risk
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Consent Clinic – what happened

- Interaction through an interpretter
- Patient focused on the words “rejection” and “cancer”
- Declined Red Listing

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Consequences of declining

- Reduced access to transplantation
- Prolonged time on dialysis with associated morbidity and mortality

Would it have been ethical not to consent him specifically for this?

- A: YES
- B: NO

Did attempting to consent him inadvertently disadvantage him?

- A: YES
- B: NO

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H&I aspects

- Tissue type

A1, A23(9); B51(5), B73 (defaults to B7); Cw15, Cw16, DR1, DR8, DQ4, DQ5(1)

- Matchability = 8, i.e. difficult

- HLA antibodies
  - CII, including DQA.