

Notification about an ongoing organ donation research study

Information for patients on the abdominal organ transplant waitlist

Notification of organ donation study

An important study sponsored by Ontario Health Trillium Gift of Life Network (TGLN) is ongoing to assess a new technology used in organ donation outside of Canada. The technology could improve the quality and number of organs available for transplant.

As a patient awaiting the transplant of an abdominal organ, TGLN wants you to be aware of the study because you may be offered an organ from a donor who has participated in it. TGLN strives to ensure complete transparency about all aspects relating to organ donation research.

This booklet provides general information about the study. You are not being asked to participate in this study.

If you have further questions, please get in touch with a member of the study team using the contact information at the end of this booklet.



Background

As you may know, there are two forms of deceased organ donation: donation after "brain death" and donation after "circulatory determination of death."

In donation after circulatory determination of death, donor organs may be damaged before they are transplanted due to a lack of blood and oxygen. Unfortunately, this can lead to complications for organ recipients.

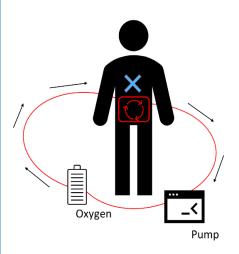
To address this challenge, TGLN is considering implementing abdominal normothermic regional perfusion (A-NRP) as standard practice in donation after circulatory determination of death.

A-NRP is a technology used during organ recovery surgery to improve the quality and number of organs recovered from donors.

A-NRP works by mechanically circulating oxygenated blood in the donor's abdomen *after* they have died to recondition organs that may have been damaged during the dying process.

Study purpose

Before A-NRP is used broadly Ontario, researchers want to confirm that it does not result in blood flow to the deceased donor's brain.



A-NRP uses a pump, oxygen, and tubing to circulate blood in the deceased donor's abdomen. To prevent blood flow to the brain, the arteries to the head are blocked.

Although any blood flow to the brain during A-NRP is highly unlikely, it could in theory lead to the return of some brain activity. This would be contrary to the donor's end-of-life wishes.

The purpose of this study is to confirm that the use of A-NRP does not lead to the resumption of brain blood flow in deceased organ donors.

Am I being asked to participate?

No. While some organ donors will be participating in the study, the recipients of their organs are not.

This study is not investigating whether A-NRP improves recipient outcomes. In fact, there is evidence from observational studies that A-NRP benefits organ recipients.

Because the researchers will not be assessing the benefits of A-NRP, you are not being asked to participate.

How will this affect my care?

This study will not affect your care in any way, and it will not alter the usual pattern of organ allocation.

While you may be offered an organ that has undergone A-NRP, that organ would have been offered to you even if it had not. So, you can be reassured that all organs that undergo A-NRP were identified as viable for transplant even before the donor was enrolled in the study.

Key messages

This study will establish whether an organimproving technology called "abdominal normothermic regional perfusion" (A-NRP) leads to the resumption of brain blood flow in deceased organ donors.

You are not being asked to participate in this study. This booklet is for your information only.

If you are offered an organ that received A-NRP, you can be reassured that the organ would have been offered to you *even if* it had not.

A-NRP is already used in countries such as France, Italy, Norway, Spain, United Kingdom, and USA.

Observational studies have shown that A-NRP leads to more organs recovered for transplant and improved outcomes for the recipients of abdominal organs.

rom your conversations with your health care team				



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