**HIV+ to HIV+ Transplant Under the HOPE Act**

**Checklist for Investigators and IRB Review**

|  |  |  |
| --- | --- | --- |
| **1.** | **Check the type of transplant:** | |
|  | **\_\_\_ Kidney**  **\_\_\_ Liver**  **\_\_\_ Other (If other, describe below, and include in the protocol justification for this transplantation based on relevant experience of the study team or others):** | |
| **2.** | **\_\_\_** | **Check here to confirm the protocol includes eligibility criteria outlined for both deceased and living HIV+ donors and for HIV+ recipients as described in Appendix A.** |
| **3.** | **\_\_\_** | **Check here to confirm that the protocol and consent form(s) describe the assignment of an independent advocate to the donor (if living) and a separate independent advocate to the recipient, and the protocol affirms these advocates will meet the criteria as described in Appendix B.** |
| **4.** | **\_\_\_** | **Check here to confirm the key donor and recipient characteristics and outcome measures, as described in Appendix C, are incorporated into the design of the protocol.** |
| **5.** | **Check below to confirm each of the following about the composition of the study team:** | |
|  | **\_\_\_ The study team includes a transplant surgeon, transplant physician, and HIV physician.**  **\_\_\_ The transplant physician and HIV physician collectively have experience with at least 5 HIV- to HIV+ transplants with the designated organ(s) over the past 4 years.** | |
| **6.** | **\_\_\_** | **Check here to confirm the protocol describes how donors with low CD4+ T-cell counts (e.g. ≤ 200/ml) will be assessed with special caution and that the investigator will promptly inform the IRB and sponsor of known or suspected disease transmission events.** |
| **7.** | **Check each of the below to confirm that the recipient consent form adequately details the following:** | |
|  | **\_\_\_ Concerns about transmitted drug resistance and addresses the transplant team’s assessment of risk specific to the organ being offered.**  **\_\_\_ That outcomes of HIV+ to HIV+ transplants are unknown for the US population.**  **\_\_\_ The risk of transmission of an occult opportunistic infection.**  **\_\_\_ There is a higher risk of transplant rejection than in HIV- recipients.** | |
| **8.** | **Check each of the below to confirm that the consent form and consent process for an HIV+ living organ donor includes and documents informational provisions to the donor regarding:** | |
|  | **\_\_\_ The possibility that the loss of organ function resulting from donation could preclude the use of certain antiretroviral drugs in the future.**  **\_\_\_ The risk of kidney or liver failure in the future.**  **\_\_\_ The possibility of transmission of occult opportunistic infections to the recipient.**  **\_\_\_ The absence of U.S. experience in HIV+ to HIV+ organ transplantation; thus, the unpredictable nature of donor and recipient outcomes.** | |

**Appendix A**

**Eligibility Criteria (Recipients):**

***The following HIV-specific criteria must be met when screening for an HIV-positive to HIV-positive organ transplant:***

1. **CD4+ T-cell count ≥200/mL (kidney) and ≥100/mL (liver) within 16 weeks prior to transplant; any patient with history of OI must have a CD4 positive T-cell count ≥200/uL.**
2. **HIV RNA less than 50 copies/mL and on a stable antiretroviral regimen.\***
3. **No evidence of active opportunistic complications of HIV infection.**
4. **No history of primary CNS lymphoma or progressive PML.**
5. **Concurrence by the study team that, based on medical history and ART, viral suppression can be achieved in the recipient post-transplant.**

**\*Patients who are unable to tolerate ART due to organ failure or who have only recently started ART may have detectable viral load and still be considered eligible if the study team is confident there will be a safe, tolerable, and effective antiretroviral regimen for the patient once organ function is restored after transplantation.**

**Eligibility Criteria (Deceased Donors):**

***Minimum eligibility criteria for all HIV-positive deceased donors:***

1. **Documented HIV infection using an FDA-licensed, approved, or cleared test device(s).**
2. **No evidence of invasive opportunistic complications of HIV infection.**
3. **Pre-implant donor organ biopsy to be stored, at a minimum, for the duration of the study (or at least 5 years); additional specimens may be obtained to support specific research goals.**

***Additional eligibility criteria for HIV-positive deceased donors with a known history of HIV and prior treatment with ART:***

* **The study team must describe the anticipated post-transplant antiretroviral regimen(s) to be prescribed for the recipient and justify their conclusion that the proposed regimen will be safe, tolerable, and effective.**

**Eligibility Criteria (Living Donors):**

***Minimum eligibility criteria for HIV-positive living donors:***

1. **Documented HIV infection using an FDA-licensed, approved, or cleared test device.**
2. **Well-controlled HIV infection, as evidenced by: a. CD4+ T-cell count ≥500/mL for the 6-month period preceding donation and b. Fewer than 50 copies/mL of HIV–1 RNA detectable by ultrasensitive or real-time polymerase chain reaction (PCR) assay.**
3. **A complete history of ART regimens and ART resistance.**
4. **The study team must be able to predict a safe, tolerable, and effective regimen to be prescribed for the recipient based on the donor’s current ART regimen as well as the donor’s history of ART resistance.**
5. **No evidence of invasive opportunistic complications of HIV infection.**
6. **A liver biopsy (in liver donors) or a kidney biopsy (in kidney donors) showing no evidence of a disease process that would put the donor at increased risk of progressing to endstage organ failure after donation, or that would present a risk of poor graft function to the recipient.**

**(Source: Federal Register Vol. 80, No. 227, 11/25/2015)**

**Appendix B**

**Independent Advocates (Recipients):**

***Transplant programs performing HIV-positive to HIV-positive transplant must designate and provide each HIV-positive recipient and prospective HIV-positive recipient with an independent advocate who is responsible for protecting and promoting the rights and interests of the HIV-positive recipient (or prospective recipient). The independent advocate for the HIV-positive recipient must:***

1. **Promote and protect the interests of the HIV-positive recipient (including with respect to having access to a suitable HIV-negative organ if it becomes available) and take steps to ensure that the HIV-positive recipient’s decision is informed and free from coercion.**
2. **Review whether the potential HIV-positive recipient has received information regarding the results of SOT in general and transplantation in HIV-positive recipients in particular and the unknown risks associated with HIV-positive to HIV-positive transplant.**
3. **Demonstrate knowledge of HIV infection and transplantation.**

**Independent Advocates (Living Donors):**

***Transplant programs performing HIV-positive donor transplantations must designate and provide each living HIV-positive donor and living prospective HIV-positive donor with an independent advocate who is responsible for promoting and protecting the rights and interests of the HIV-positive donor (or prospective donor). More specifically, the independent advocate for the HIV-positive living donor must:***

1. **Promote and protect the interests of the HIV-positive donor (including with respect to having ample opportunity to withdraw consent from donation) and take steps to ensure that the HIV-positive donor’s decision is informed and free from external pressure.**
2. **Review whether the potential HIV-positive donor has received information regarding (a) risks of organ donation in general, as well as the additional potential risks that are the specific to the HIV-positive donor, including accelerated organ failure, and limitations of future use of specific antiretroviral agents; and (b) the unknown outcome of HIV-positive to HIV-positive organ transplantation.**
3. **Demonstrate knowledge of HIV infection and transplantation.**

**(Source: Federal Register Vol. 80, No. 227, 11/25/2015)**

**Appendix C**

***The following key donor and recipient characteristics and outcome measures must be incorporated into the design of all clinical trials of HIV-positive to HIV-positive transplantations:***

**Type (living or deceased):**

1. **HIV status (HIV-positive new diagnosis, HIV-positive known diagnosis);**
2. **CD4+ T-cell count;**
3. **Co-infection (HCV, HBV);**
4. **HIV viral load;**
5. **ART resistance; and**
6. **Pre-transplant donor allograft biopsy.**

**Living Donors (6, 12, and 24 Months Following Organ Donation):**

1. **Progression to renal insufficiency in kidney donors:**
   1. **Proteinuria defined as urinary protein excretion >150 mg/day or urine protein/creatinine ratio >0.2;**
   2. **eGFR <60 mL/minute/1.73m2;**
2. **Progression to hepatic insufficiency in liver donors (INR >1.5 and/or total bilirubin >2.0);**
3. **Change in ART regimen as a result of decreased organ function;**
4. **Progression to AIDS;**
5. **Failure to suppress viral replication (persistent viremia); and**
6. **Death.**

**Transplant Recipients:**

1. **Rejection rate (annual up to 5 years);**
2. **Progression to AIDS;**
3. **New OIs;**
4. **Failure to suppress viral replication (persistent viremia);**
5. **HIV-associated organ failure;**
6. **Malignancy;**
7. **Graft failure;**
8. **Mismatched ART resistance versus donor; and**
9. **Death.**

**(Source: Federal Register Vol. 80, No. 227, 11/25/2015)**