

Charleston 2009

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**Current Status of
Xenotransplantation**

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- **Current science: What is holding us back?**
 - Organ xenografts
 - Islets
- **Regulatory progress: Where are we?**
 - Changsha, Islets, and beyond
- **A view forward**

Hyperacute Rejection

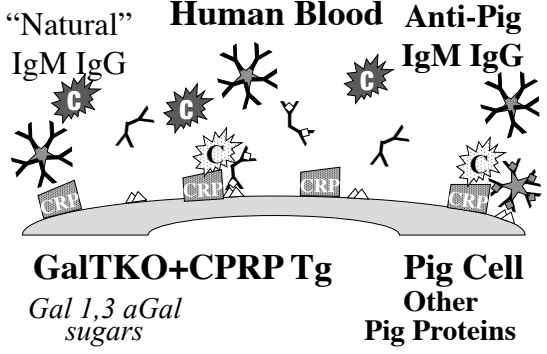
“Natural” Human Blood

**Anti-Gal
IgM IgG**

Injured Pig Endothelial Cell

Gal 1,3 α Gal Other
sugars Pig Proteins

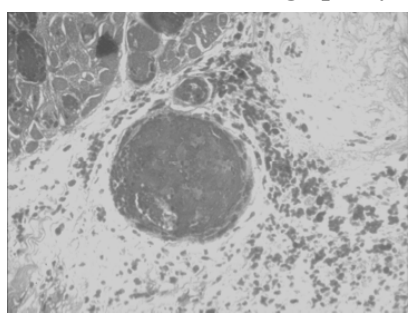
Two Key Pig Modifications Together



GalTKO and/or hCRP organs in non-human primates

- **Early graft failure (EGF) unusual**
 - with one modification: ~0-40%
 - with two modifications: <10%
- **Where are we today in preclinical models?**
 - Heart: up to 6 month survival, but TM limiting
 - Kidney: up to 3 month survival, Rx complic. limiting
 - Liver: up to 7 days, thrombocytopenia limiting
 - Islets: over one year, clinically acceptable Rx needed

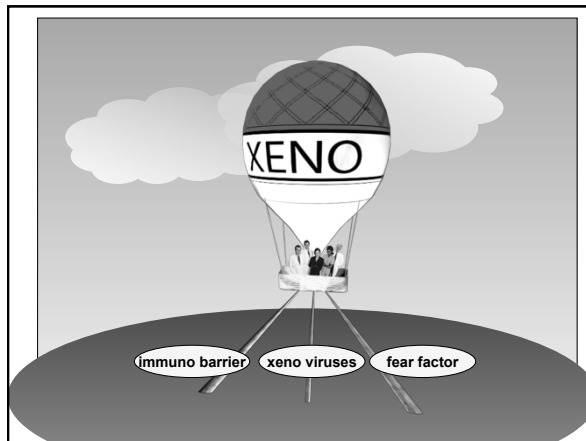
Thrombotic Microangiopathy



Caused by anti-pig antibody? Complement?
Coagulation pathway activation?

GaTKO and/or hCRP organs in non-human primates

- **Multiply modified pigs**
 - GaTKO, hCPRP, coag regulator, immunomodulator
- **Where are we today in preclinical models?**
 - Heart: elicited Ab vs thromboregulation
 - Kidney: (elicited Ab vs thromboregulation)
 - Liver: prevent thrombocytopenia
 - CD47-SIRPα (Wang/Yang, Venice 2009: IXA-O-12.6)
 - αGP1B/vWF (Deckmyn, Venice 2009: IXA-O-6.2)
 - Islets: islet modification, anti-CD40 Rx



Transmission of xenogeneic pathogens

J. Fishman, Xenotransplantation 2009

- Extensive studies of xenogeneic pathogens have furthered understanding of risks
- Transplantation of pig tissues to humans and primates has not yet resulted in viral infection, even with immunosuppression
- It seems reasonable to initiate carefully monitored clinical trials *when efficacy likely*

“Xenonauts”: When to Launch?

- **International regulatory guidelines (Changsha)**
 - Monitoring of recipient and close contacts
 - Archive cells and serum
- **Ethical consent**
 - Correct patient
 - No better options
- **Scientific basis secure**
 - Likely to succeed
 - Likely to be safe
- **Public education, consultation**



When to proceed: Regulatory

National regulatory body approval

Hospital IRB approval

- Published IXA guidelines
- Address local concerns

Monitoring, oversight

- Each jurisdiction (country) must decide who will do this
- Registry (WHO)
- Archiving (FDA-equivalent)

Crucial step: international consensus

Changsha Communique (2008)

WHA action ~2011

IXA Islet Consensus Statement (2009)

Ongoing comment process in Xenotransplantation

Expert advice ad hoc to review proposed exceptions

**“Xenotransplantation is
the future of transplantation.....**

and always will be”

Sir Roy Calne/ Norman Shumway

The future

The history tells us that procedures

- that were inconceivable yesterday,
- and are barely achievable today,
- often become routine of tomorrow.

– *Thomas E. Starzl, 1982*





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What do you think?
