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**Author's reply re: UK Criteria for Uterus Transplantation: A  
Review. (Response to BJOG-19-0957)**

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Author's reply re: UK Criteria for Uterus Transplantation: A Review. (Response to BJOG-19-0957)

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For Review Only

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Letter to the Editor, BJOG Exchange

Author's reply re: UK Criteria for Uterus Transplantation: A Review. (Response to BJOG-19-0957)

To the Editor of BJOG,

I thank you for the opportunity to respond to the letter submitted in response to my original article 'UK Criteria for Uterus Transplantation: A Review'.<sup>i</sup> I read with interest the letter as it is written by the members of the UK based team that are soon to conduct uterus transplants.<sup>ii</sup> The information has clarified and supported many of the points that I have raised within my article.

The response engages with three of the five criteria that I considered; the use of own ovum by recipients, the preference for a partner, and donors. The authors have taken the time to clarify and provided the medical justifications for these selection criteria for the research trials. Overall, the authors agree with my own recommendations on these three points; that whilst medical justification currently does not support the use of donor ovum this may be alleviated in the future; that *'it is inappropriate and unjust to exclude single women, and potential recipients with appropriate social support should be eligible for UTx'*, and that the use of deceased donors should be prioritised *'if similar or superior outcomes are demonstrated'*. As I also acknowledged, the authors note that the scarcity of deceased donors is a major limitation, and I welcome the news that the UK team are pursuing research into bioengineered uteri. Whilst not yet a realistic option, bioengineered uteri will overcome the concerns that I, and others, have raised about living donation.<sup>iii</sup> The thoughts of the UK team on the other two selection criteria that I also raised in my article would be welcomed.

What becomes apparent from the original article and the response letter, is that there is an ongoing tension between medical justifications for selection criteria, and legal and ethical justifications. In my article, the legal and ethical justifications for selection criteria were discussed, and the authors response engages with the medical justifications. This is understandable considering the different viewpoints and expertise from which we are writing. It is not disputed that medical justifications for selection criteria that support the best interests of the participants are not appropriate, rather that as an outside (non-medical) observer of uterus transplantation, greater engagement by the medical community with the legal and ethical principles and other stakeholders should be embraced. Interdisciplinary approaches are welcomed and encouraged, particularly in the sphere of reproductive medicine where medicine, ethics, law, religion, and cultural perspectives all have a role to play. It is recognised that the UK team have engaged with non-medical stakeholders,<sup>iv</sup> and I hope that this continues, both within the UK and with other teams worldwide.

Yours sincerely,

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Disclosure of Interests: None declared

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<sup>i</sup> Hammond-Browning, N. UK Criteria for Uterus Transplantation: A Review. *BJOG* 2019; doi.org/10.1111/1471-0528.15844

<sup>ii</sup> Jones, B, Srdjan, S, Quiroga, I, Yazbek, J, Smith J R. Re. UK Criteria for Uterus Transplantation: A Review (First comment on BJOG-18-0323.R1)

<sup>iii</sup> Williams, NJ. Should deceased donation be morally preferred in uterine transplantation trials? *Bioethics* 2016;30:415-24

<sup>iv</sup> For example, Jones BP, Williams NJ, Saso S, Thum M-Y, Quiroga I, Yazbek J, Wilkinson S, Ghaem-Maghani S, Thomas P, Smith JR. *Uterine Transplantation in Transgender Women* *BJOG* 2019;126:152-156