

PAG meeting 11 April 2018
Analysis of pancreas utilisation decisions

1.0 Summary

This paper outlines the proposed pathways by which individual solid organ pancreas utilisation decisions will be scrutinised.

2.0 Recommendations

PAG are asked to:

- 1) Note the following pathways by which solid organ pancreas utilisation decisions will be analysed and scrutinised.
- 2) Agree that summary data on letters sent to units will be presented to PAG on a regular basis, e.g. six monthly.

3.0 Background

At the previous PAG meeting, the definition of an 'ideal' pancreas donor was presented (Appendix 1), and data were presented on how often pancreases from such donors were discarded, and recorded reasons for discard (PAG(17)32). It was also proposed that prospective analysis of pancreas utilisation decisions be put in place, in line with current pathways in deceased donor kidney transplantation. It is hoped that these processes will identify opportunities for improving pancreas utilisation.

4.0 Pathways

Two organ utilisation pathways will be analysed:

- 1) Decline of an offer of a pancreas from an apparently 'ideal' pancreas donor
- 2) Discard of an apparently 'ideal' pancreas

Where donors are identified that meet the pancreas core donor data form (CDDF) criteria shown in Appendix 1, individual CDDFs, offering pathways, and reasons for decline / discard will be analysed. Free text information in the CDDF will be analysed and considered. If the donor subsequently meets the clinical definition of an 'ideal' pancreas donor (i.e. a deceased pancreas donor where no

reasonable clinician would decline / discard the offer / organ) and there are significant concerns about utilisation decisions, or lack of adequate data on reasons for decline / discard, a letter seeking further information will be sent to the clinical team. Advice will be sought from the PAG Chair and/or Professor John Forsythe, if needed.

5.0 Implementation and summary data presentation

The above schemes will be introduced by July-August 2018. It is proposed that summary data be presented to PAG on a regular basis.

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Appendix 1

Pancreas 'ideal' donor CDDF criteria
Age >15 and <50 years
No malignancy
HBs Ag neg
HCV Ab neg
HIV neg
HTLV neg
BMI <27 kg/m ²
DBD donor
No cardiac arrest >60 mins duration
ITU stay <10 days

All of the above criteria need to be met for the CDDF to go through to the next stage of analysis.