

**NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE**

PANCREAS ADVISORY GROUP

AUDIT OF STANDARD CRITERIA FOR LISTING

SUMMARY

INTRODUCTION

- 1 Selection criteria for patients onto the national pancreas transplant list were agreed to accompany the pancreas allocation scheme and ensure equitable access to pancreas transplantation in the UK. Adherence to the criteria has been audited via the Supplementary Pancreas/Islet Registration form since 1 May 2012. This paper reports form return rates and any patient listings that do not meet the agreed criteria.

FORM RETURN RATES

- 2 There were 523 registrations between 1 January 2017 - 31 December 2018. Nationally the return rates for the supplementary forms reached 94% for whole pancreas registrations and 100% for islet registrations.

STANDARD LISTING CRITERIA

- 3 Of the 135 new supplementary forms received between 1 August 2018 - 31 January 2019, two (1%) patients did not meet the standard listing criteria and were not circulated to the Pancreas Advisory Group Exemptions Panel.
 - Two SPK patients were recorded to be not receiving dialysis and have an estimated GFR > 20mls/min. One patient was listed as suspended and has subsequently met the criteria and has been activated. The second patient has been removed from the list following suspension as they still did not meet the criteria.

RECOMMENDATIONS

- 4 Members are asked to review the registrations that did not meet the standard listing criteria and are reminded that patients should only be registered as either active or suspended when they meet the appropriate registration criteria to ensure no advantage is gained over other patients.
- 5 Members are reminded that patients who no longer meet the requirement for a priority islet listing (e.g routine graft has failed or reactivation to priority list following period of suspension is more than 12 months after routine transplant) will need to liaise with ODT Hub Information Services when removing the patient from the priority list and activating them on the routine transplant list in order to preserve the patient's accrued waiting time.

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INTRODUCTION

- 6 Selection criteria for patients onto the national pancreas transplant list were agreed to accompany the pancreas allocation scheme and ensure equitable access to pancreas transplantation in the UK. An audit of new registrations was proposed to ensure these criteria are being met and data collection commenced 1 May 2012. This paper reports form return rates between 1 January 2017 - 31 December 2018 and patient listings between 1 August 2018 - 31 January 2019 that do not meet the agreed criteria.

FORM RETURN RATES

- 7 **Table 1** shows the number of new registrations at each centre and the supplementary form return rates for the period 1 January 2017 - 31 December 2018. **Table 1** also shows the number of registrations that were within criteria or were approved by the Pancreas Advisory Group Exemptions Panel. Nationally the return rates reached 94% for whole pancreas registrations and 100% for islet registrations.
- 8 The majority of centres have a 100% return rate however, Manchester (vascularised pancreas) has a return rate of 75%. Consequently, at Manchester it is not possible to monitor whether all patients registered are within the approved standard listing criteria. Lists of registered patients with outstanding supplementary forms are sent out to centres each month.

Table 1 Centre specific return rates for the standard listing criteria form, 1 January 2017 - 31 December 2018

Centre	Number of new registrations	Forms returned		No. within criteria/ approved	
		N	%	N	%
Vascularised pancreas					
Cambridge	41	41	100	41	100
Cardiff	23	23	100	23	100
Edinburgh	50	50	100	50	100
Guy's	66	65	98	65	100
Manchester	88	66	75	64	97
Newcastle	21	21	100	21	100
Oxford	135	133	99	133	100
WLRTC	29	28	97	28	100
Total	453	427	94	425	100
Pancreatic islet					
Edinburgh	23	23	100	22	96
King's College	3	3	100	3	100
Manchester	26	26	100	26	100
Newcastle	9	9	100	9	100
Oxford	6	6	100	6	100
Royal Free	3	3	100	3	100
Total	70	70	100	69	99

STANDARD LISTING CRITERIA

- 9 **Table 2** shows the number of patients, by registration type, for whom we have received a registration form between 1 August 2018 - 31 January 2019 and who met the standard listing criteria.
- 10 Of the 135 new supplementary forms received, two (1%) did not meet the standard listing criteria. The two registrations were not deemed clinical exceptions to the criteria and approved by members of the Pancreas Advisory Group appeals panel. The standard listing criteria are shown in **Appendix 1**.

Registration type	Number of new forms received	Outside criteria		Approved appeals		Outside criteria and not approved	
		N	(% of forms received)	N	(% of forms received)	N	(% of forms received)
IAPK	1	0	(0%)	0	-	-	-
SIK	8	0	(0%)	0	-	-	-
SPK	108	2	(2%)	0	(0%)	2	(100%)
PTA	1	0	(0%)	0	-	-	-
PAK	8	0	(0%)	0	-	-	-
ITA	5	0	(0%)	0	-	-	-
IAK	3	0	(0%)	0	-	-	-
Priority islet	1	0	(0%)	0	-	-	-
Total	135	2	(1%)	0	(0%)	2	(100%)

- 11 **Table 3** shows, by registration type, the criteria that were not met for those two registrations. Further details are given in **Appendix 2**. Patient 1 was listed as suspended with an eGFR of 22 and then was activated following an eGFR result of 15 on 9th March. Patient 2 was initially activated on 20th February with an eGFR of 22 and was then suspended, when the centre was informed of the eGFR result. As the eGFR is still not below the criteria limit the patient has now been removed from the list.

Registration type	Criteria not met	Number of registrations
SPK	Not receiving dialysis and estimated GFR > 20mls/min	1
SPK	Not receiving dialysis and estimated GFR > 20mls/min	1
Total		2

ACTION

- 12 Members are asked to review the registrations that did not meet the standard listing criteria and are reminded that patients should only be registered as either active or suspended when they meet the appropriate registration criteria to ensure no advantage is gained over other patients.
- 13 Members are reminded that patients who no longer meet the requirement for a priority islet listing (e.g routine graft has failed or reactivation to priority list following period of suspension is more than 12 months after routine transplant) will need to liaise with ODT Hub Information Services when removing the patient from the priority list and activating them on the routine transplant list in order to preserve the patient's accrued waiting time.

Appendix 1: Standard listing criteria by registration type

The standard listing criteria are:

Simultaneous kidney/ pancreas (SPK) and simultaneous kidney/ islet (SIK)

- a. All patients listed should have insulin treated diabetes
- b. Patients listed with type 2 diabetes must have a BMI of $\leq 30\text{kg/m}^2$
- c. Patients listed must be receiving dialysis or have a GFR of ≤ 20 mls/min

Pancreas transplant alone (PTA)

- a. All patients listed should have insulin treated diabetes
- b. Patients listed with type 2 diabetes must have a BMI of $\leq 30\text{kg/m}^2$
- c. At least 2 severe hypoglycaemic episodes in the last 24 months and be assessed by a diabetologist to have disabling hypoglycaemia

Pancreas after kidney (PAK)

- a. All patients listed should have insulin treated diabetes
- b. Patients listed with type 2 diabetes must have a BMI of $\leq 30\text{kg/m}^2$

Islet transplant alone (ITA)

- a. All patients listed should have insulin treated diabetes
- b. Patients should have type 1 diabetes or diabetes secondary to pancreatectomy / pancreatitis. All should have confirmed C-peptide negativity in presence of glucose >4 mmol/l
- c. At least 2 severe hypoglycaemic episodes in the last 24 months and be assessed by a diabetologist to have disabling hypoglycaemia

Islet after kidney (IAK)

- a. All patients listed should have insulin treated diabetes
- b. Patients should have type 1 diabetes or diabetes secondary to pancreatectomy / pancreatitis. All should have confirmed C-peptide negativity in presence of glucose >4 mmol/l
- c. A history of severe hypoglycaemia within the last 24 months or HbA1c ≥ 53 mmol/mol

Priority islet transplant (since 3 September 2014)

- a. All patients should be listed within 12 months of routine graft
- b. All patients should have a functioning routine graft (C-peptide ≥ 50 pmol/L) at the time of priority listing.

**Appendix 2: Registrations that did not meet standard listing criteria by registration type,
forms received between 1 August 2018 – 31 January 2019**

(information highlighted indicates the information that does not meet the criteria)

Simultaneous kidney/ pancreas (SPK)

Patient	Transplant type	Registration date	Centre	Is the recipient insulin treated	Cause of diabetes	BMI	Is the recipient receiving dialysis	Estimated GFR at time of registration	Approved Y/N
1	SPK	20 February 2018	Manchester	Y	Type 1	24	N	22.0	N
2	SPK	20 February 2018	Manchester	Y	Type 1	29.7	N	22.0	N