

**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 261 registrations between 1 April 2018 - 31 March 2019. Nationally the return rates for the supplementary form have reached 95% for whole pancreas registrations and 92% for islet registrations.

**STANDARD LISTING CRITERIA**

- 3 Of the 67 new supplementary forms received between 1 February 2019 - 31 May 2019, one (1%) patient did not meet the standard listing criteria and was not circulated to the Pancreas Advisory Group Exemptions Panel.
  - One ITA patient did not have confirmed C-peptide in the presence of glucose

**ACTIONS**

- 4 Members are asked to ensure the supplementary registration form is completed in full and returned as near to the registration of a patient as possible. Lists of outstanding forms are sent to centres on a monthly basis.
- 5 Members are asked to review the registrations that did not meet the standard listing criteria.
- 6 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 April 2018 - 31 March 2019 and patient listings between 1 February 2019 - 31 May 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 April 2018 - 31 March 2019. **Table 1** also shows the number of registrations that were within criteria or were approved by the PAG Exemptions Panel. Nationally the return rates reached 95% for whole pancreas registrations and 92% for islet registrations.
- 8 The majority of centres have a 100% return rate however, there are four centres who do not have a return rate of 100%. Consequently, at these centres 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.

<b>Table 1 Centre specific return rates for the standard listing criteria form, 1 April 2018 - 31 March 2019</b>					
<b>Centre</b>	<b>Number of new registrations</b>	<b>Forms returned</b>		<b>No. within criteria/ approved</b>	
		<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
<b>Vascularised pancreas</b>					
Cambridge	22	22	100	22	100
Cardiff	10	7	70	7	100
Edinburgh	27	27	100	27	100
Guy's	27	26	96	26	100
Manchester	39	32	82	31	97
Newcastle	10	10	100	10	100
Oxford	72	72	100	72	100
WLRTC	15	15	100	15	100
<b>Total</b>	<b>222</b>	<b>211</b>	<b>95</b>	<b>210</b>	<b>100</b>
<b>Pancreatic islet</b>					
Edinburgh	10	8	80	7	88
King's College	2	2	100	2	100
Manchester	18	17	94	17	100
Newcastle	3	3	100	3	100
Oxford	4	4	100	4	100
Royal Free	2	2	100	2	100
<b>Total</b>	<b>39</b>	<b>36</b>	<b>92</b>	<b>35</b>	<b>97</b>

**STANDARD LISTING CRITERIA**

- 9 **Table 2** shows the number of patients, by registration type, for whom we have received a registration form between 1 February 2019 - 31 May 2019 and who met the standard listing criteria.
- 10 Of the 67 new supplementary forms received, one (1%) did not meet the standard listing criteria. The one registration was 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)
SIK	1	0	(0%)	0	-	0	-
SPK	58	0	(0%)	0	-	0	-
PTA	2	0	(0%)	0	-	0	-
PAK	1	0	(0%)	0	-	0	-
ITA	3	1	(33%)	0	(0%)	1	(100%)
Priority islet	2	0	(0%)	0	-	0	-
<b>Total</b>	<b>67</b>	<b>1</b>	<b>(1%)</b>	<b>0</b>	<b>(0%)</b>	<b>1</b>	<b>(100%)</b>

- 11 **Table 3** shows, by registration type, the criteria that were not met for the one registration. Further details are given in **Appendix 2**. The centre was contacted regarding this patient, and the confirmation of C-peptide could not take place on the day of registration. However, the centre will confirm the C-peptide negativity as soon as possible.

Registration type	Criteria not met	Number of registrations
ITA	Not confirmed C-peptide negativity in presence of glucose >10 mmol/l	1
<b>Total</b>		<b>1</b>

**ACTION**

- 12 Members are asked to ensure the supplementary registration form is completed in full and returned as near to the registration of a patient as possible. Lists of outstanding forms are sent to centres on a monthly basis.
- 13 Members are asked to review the registrations that did not meet the standard listing criteria.
- 14 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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**Statistics and Clinical Studies**

**July 2019**

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

### *Pancreas transplant alone (PTA)*

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

### *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  $>10$  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  $>10$  mmol/l
- c. A history of severe hypoglycaemia within the last 24 months or HbA1c  $\geq 53$  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  $\geq 50$  pmol/L) at the time of priority listing.

**Appendix2: Registrations that did not meet standard listing criteria by registration type**  
*(information highlighted indicates the information that does not meet the criteria)*

*Islet transplant alone (ITA)*

Patient	Transplant type	Registration date	Centre	Is the recipient insulin treated	Cause of diabetes	Is the recipient receiving dialysis	Confirmed C-peptide negativity in presence of glucose more than 10mmol/l Y/N	Hypoglycaemic episodes in last 24 months	Diabetologist Assessment Y/N	Approved Y/N
1	ITA	12 March 2019	Edinburgh	Y	Type 1	N	N	7	Y	N