NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE

THE THIRTY SEVENTH MEETING OF THE PANCREAS ADVISORY GROUP AT 10:30AM ON WEDNESDAY 9th SEPTEMBER 2020 VIA MICROSOFT TEAMS MEETING

PRESENT:

Mr John Casey	**Chair**
Dr Arthi Anand	BSHI Representative
Mrs Hazel Bentall	Lay Member Representative
Mr Chris Callaghan	National Clinical Lead for Organ Utilisation (Abdominal)
Mrs Claire Counter	Statistics & Clinical Studies, NHSBT
Mr Ian Currie	National Clinical Lead for Organ Retreival
Mr Martin Drage	Guy's Transplant Unit
Mrs Kirsty Duncan	Recipient Coordinator Representative
Mr Doruk Elker	Cardiff Transplant Centre
Prof. John Forsythe	Medical Director, NHSBT
Ms Anushka Govias-Smith	NSD Scotland
Ms Susan Hannah	Regional Manager Scotland and SNOD Representative
Mr Simon Harper	Cambridge Transplant Centre
Dr David Hopkins	Lead Diabetologist for Islet and Pancreas Program
Dr Stephen Hughes	Islet Laboratory Representative
Prof. Paul Johnson	Pancreas Islet Steering Group Chair
Mrs Julia Mackisack	Lay Member Representative
Prof. Derek Manas	Joint National Clinical Governance Lead, NHSBT
Dr Adam McLean	WLRTC & Hammersmith Hospitals Representative
Mr Anand Muthusamy	WLRTC & Hammersmith Hospitals Representative
Dr Tracey Rees	Chief Scientific Officer, ODT
Mr David Van Dellen	Manchester Transplant Centre
Ms Sadie Von Joel	Lead Nurse Recipient Transplant Co-ordinator
Ms Sarah Watson	NHS England
Prof. Steven White	Newcastle Transplant Centre
Mrs Julie Whitney	Head of Service Delivery, ODT Hub

IN ATTENDANCE:

Miss Sam Tomkings	Clinical & Support Services

Apologies

Mr John Asher, Mr Titus Augustine, Dr Richard Baker, Mr Simon Northover, Prof. James Shaw, Mr Sanjay Sinha, Mr Andrew Sutherland.

Action

1. DECLARATIONS OF INTEREST IN RELATION TO THE AGENDA

1.1 There were no new declarations of interest in relation to the Agenda.

2. MINUTES OF THE MEETING HELD ON 28th APRIL – PAG(M)(20)1 Action

2.1 Accuracy

The minutes of the meeting held on 28 April 2020 were confirmed to be a true and accurate record.

2.2 Action Points PAG(AP)(20)2

All action points had been completed or were included on the agenda. Those with a verbal update are listed below.

AP2 – It was agreed at the last PAG Meeting to hold regular fortnightly PAG Recovery Sub-Group Meetings which has been useful and is an ongoing process. It has since been agreed to reduce these meetings to monthly meetings.

AP3 – D Manas and colleague has looked at a snap shot of what has been reported as injury and retrieval damage and found it is difficult to extract useful data because of the way it has been reported, particularly things like fat and consistency of pancreas. A recent Histopathology audit identified a pancreas that was biopsied on 12 occasions, the reason for this is being looked into in more detail as there was no evidence of lesion in the pancreas. I Currie has been working with a group to change how damage is defined on the retrieval information form and the B form. Encouraging responses have been received from relevant individuals. It is hoped the quality of data for all organs will improve. I Currie and J Casey have discussed preparing education material for training and support for pancreas such as, taking people through classic injury points and how not to damage a pancreas. The aim is to prepare an educational package through films and moving images. This hopefully will take place some time before Christmas. Funding support for this is very small and will need to be looked at. D Manas requested if there is a problem with the pancreas that colleagues must take a photograph of the pancreas at the time of retrieval and send this through the formal governance process. This should not be sent as an email. J Casey agreed and added that photographing of the pancreas is part of the protocol at the time of retrieval and that it should be emphasized when retrieving a pancreas whether it is going for solid organ or islet's, that it should be retrieved with the same care as the pancreas may not end up in a islet centre. **All units**

2.3 Matters arising, not separately identified

There were no separate matters arising.

3 MEDICAL DIRECTOR'S REPORT

3.1 COVID-19 update

J Forsythe thanked all members of the group and because of a team effort across transplantation we have seen a strong recovery in both donor numbers and transplant numbers. All units for other organs are now open.

Regular figures have been circulated from our statistics department and the website is updated on a regular basis. Since the second week in July, the number of donors per week have been on average 30 per week from that time. Figures are slightly better than this time last year.

Action

3.2 Resurgence planning

The resurgence document has largely superseded the reopening document and J Forsythe encouraged members to familiarize themselves with the document and feedback any comments.

J Forsythe advised that more registry data is becoming available on the ODT website which should help clinicians make decisions and help when consenting patients.

4 COVID-19

4.1 Individual centre update

A verbal report was provided by each representative with an update from their unit.

WLRTC and Hammersmith Hospital – A McLean

The plan was to reactivate the pancreas program at the beginning of last week which did not happen because the pancreas program was being reactivated at the same time as the higher risk tier of the kidney alone program which experienced a delay. The pancreas program will be active from today with around half of the preexisting waiting list who represent predominantly a low surgical risk and low anesthetic risk tier. The unit continue to experience lower bed capacity as ICU have given back only half of the HDU which has been a challenge as the unit has been busy with kidney transplantation. Once the unit is happy and things are running smoothly, the list will be expanded to those who were active before.
A McLean highlighted two waiting list patients who had COVID-19, both patients are fine, but the Trust has introduced a standard operating procedure for getting those people back active on the list. J Whitney requested any problems with reactivating the pancreas patients to get in touch with J Whitney and to keep J Casey in the loop regarding any issues with restarting the pancreas program. **A McLean**

Guy's Hospital – C Callaghan

The unit has been reopened to pancreas transplantation for the last week and have reopened the program initially to younger more straightforward patients which is around half of the usual waiting list active. An MDM meeting is taking place today and from that, is expecting to reactivate more patients and anticipate in the next 4 weeks to be up to full compliment of the waiting list. A few offers have been received but one was not able to be transplanted due to pancreas damage.

Oxford – No representative available for an update

J Casey advised Oxford are active for pancreas transplantation and have been transplanting with a limited list. P Johnson added the Trust have asked them to do 5 transplants and review the data.

Cambridge – S Harper

The unit is continuing with a full but small waiting list. The unit is assessing new patients and wait listing new people but are not being restrictive.

Cardiff – D Elker

Cardiff transplant unit opened end of July and have done 5 SPK transplants and 15 kidneys since the end of June. The unit is using ATG immunosuppression for SPK transplants. The live donor transplant has also resumed.

Manchester – D Van Dellen **Action**

A definitive start date for reopening to pancreas transplantation will be 21st September and will re-open the list to younger fitter patients, then open fully to the list. The unit have received some anxious calls from pancreas patients regarding local lockdown arrangements. There have been some local Trust issues, but this has been resolved. J Casey requested that he and J Forsythe are kept up to date with any changes or if there will be a delay with reopening the program as it was agreed at the recovery sub-group meetings that all pancreas centres would be reopened by 1st September. **D Van Dellen**

Newcastle – S White

Newcastle has been open for a number of weeks and have half the number of patients on the waiting list waiting for a pancreas transplant. The unit has been very busy with kidney's and have not transplanted a SPK yet. There has been a reduction in referrals to the clinic but are continuing with telephone consultations. Feedback from the international survey has shown around a quarter of units that use Campath switched from Campath to Simulect and those that used ATG reduced the ATG. Centres internationally either closed down completely because they did not have access to their transplant wards or because they were relocated, however there were centres that did carry on because they could carry out transplants in alternative hospitals that were COVID free.

Edinburgh – J Casey

Program is open fully and have done 3 SPK transplants and 1 SIK since reopening which have all gone well. Basiliximab which is the unit's standard immunosuppression is being used and for islets, the immunosuppression used will be decided on a selective basis.

Islet transplantation – P Johnson

During lockdown Edinburgh and Oxford islet isolation facilities remained opened and King's reopened at the beginning of July. For the transplant programs, the decision was made to avoid Campath. There were 3 patients nationally who were in the window of having their first islet transplant and given Campath and were in the window where a second graft was required but also required a second dose of Campath. Those patients stayed on the list, two of the patients were transplanted and one of those patients fell outside of that window and was suspended on the list. Since lockdown has been eased, the program has been gradually reopened and as of today Edinburgh and Newcastle are open, King's have done one transplant and have no other patients on the waiting list, Oxford was reactivated last week, Manchester will be open from 21st September, Bristol are in a position to reactivate and their Trust require 2 weeks notice but they have no patients on their waiting list but Bristol have reactivated their work up. Prior to lockdown discussions have taken place with Oxford to reestablish the partnership with Bristol which was in place when first commissioned and are keen for collaborative working to be reestablished. P Johnson has a meeting to facilitate this. Royal Free restarted their renal transplants two weeks ago and are in a position to slowly restart islets but only have 1 patient on the list at the moment. P Johnson is in discussion with Royal Free regarding if they cannot restart in the next few weeks how we facilitate that patient being transplanted at King's or Oxford. There are now 6 patients on the waiting list. As a program, rather than have a broad category of patients that are

being relisted, we have looked at each list and individual patients and considered their COVID risk vs their hypoglycemic risk which has been the national policy. **Action**

There has been different views and policies in islet centres around the world regarding Campath vs Basiliximab. For centres in the UK it has been agreed that this will be decided on a patient by patient basis. Overall, the Campath data is stronger than the Basiliximab data. One concern locally has been the prevention of the new vaccine being T Cell dependent and the prolonged T Cell depletion has been a concern by some vaccinologists. Oxford have decided to explain the dilemma to the patient and giving the patient involvement into the decision making regarding the induction agent. Edinburgh are taking the same approach regarding having an individual discussion with patients about their risk benefit of Basiliximab or Campath or being transplanted at all.

S White asked if there has been any discussion with the HTA about guaranteeing a release of islet COVID free product. P Johnson confirmed there have been discussions with the HTA who are happy with the UK program. Facilities had to ensure donor screening and add additional PPE to isolators and are beginning to routine test isolators twice weekly which has been a local decision.

J Casey asked centers if there are significant barriers with listing and the number of patients listed and referrals coming through. C Callaghan stated there is no issue at Guy's with referrals or work up. D Manas added that one of the problems with centres using CPEX assessments is getting the number of patients through. Cardiovascular testing is also limited as patients have to wear PPE to do this. Newcastle do not have a problem with this.

4.2 Resurgence Contingency planning- unit collaborations

Unit collaborations have been discussed at the PAG Recovery Sub-Group fortnightly meetings. Pancreas units are keen to follow similar processes to other abdominal organ units. Centres collaborating would allow pancreas transplantation in one centre if the other centre is unable to provide that service.

Suggested at the last fortnightly meeting was centres pairing up in twos and discussed the possibility of Edinburgh and Newcastle, Manchester and Cardiff, Oxford and West London and Cambridge and Guy's. In the meantime, the suggestion was made to look at where patients are being referred from which would mean units join up in threes. Cardiff have discussed this with Oxford where it was suggested a 3 centre collaboration with Cardiff, Oxford and West London could be workable geographically. D Elker reported S Sinha had discussions within their department and agreed it would be easier collaborating with just two centres.
D Elker added that if Cardiff and Manchester paired up, Manchester receive referrals from Leeds and Cardiff receive referrals from North Wales which could be logistically difficult but could be possible if patient passports were used.
C Callaghan added it would provide more flexibility having a 3 centre approach but highlighted there has been an issue regarding bloc contracts. J Casey proposed that if a 3 centre approach is agreed, it would be West London, Guy's and Oxford. A McLean agreed this would give flexibility if there was an outbreak in the London area. D Van Dellen feels Manchester would geographically work better with Newcastle. The Northern collaborative have looked at distances between centres and managed to produce a template stating a first second and third unit, meaning if

the first unit closed patients could be referred to a reserve unit. **Action**

Discussion took place regarding local collaborations and the transferring of data between centres. T Rees added if this is just a contingency arrangement, it would be better for the H&I laboratories to have a conversation on the night about individual patients and agree who would do the work up and the cross matching and who is going to take responsibility for the assessment of risk for the final transplant. T Rees feels this would work better than trying to transfer data and samples.

J Casey feels that a call should take place amongst all centre leads to clarify which centres would like to collaborate possibly on a 3 centres basis and begin to move this forward. **J Casey**

4.3 Pancreas transplantation post COVID-19

The reopening document has not been updated but agreed at the Clinical Team Meeting was for C Callaghan to look through the document consider how this can be updated and remove sections on donor and recipient virology and put them into separate documents which will be clearer for people using the ODT website. This will be happening in the coming weeks.

4.4 Hub Operations update

J Whitney updated on the progression of the change to lower the maximum age for DBD pancreas donation which was agreed at a previous PAG meeting. This piece of work has now progressed and will be in a position to make that change live at the beginning of October. J Whitney will send communication once the change is in place.

4.5 Summary weekly offer and outcome data – PAG(20)18

C Counter presented the pancreas specific report which details information on the number of pancreas offers and transplants. Figure 1 shows an increase in activity over the last 10 weeks and the number of offers, retrievals and transplants. Over the last 7 weeks an average of 3 transplants have taken place per week which is a similar level to that over the 7 weeks until 23 March.

Cambridge was the most active centre over the last few weeks and mainly seen SPK transplant performed, but also 2 islet alone and 2 pancreas alone transplants. At the time of the report, 5 centres were active with 86 patients on the list. As Guy's reopened the next day there are currently 94 patients on the list, 6 are islet and 88 are whole pancreas.

New registrations are lower in this current time period than the same time period last year, but the number of deaths and removals due to condition deteriorated is similar to the same period in the last year.

4.6 Weekly report on COVID-19 – PAG(20)19

The COVID-19 weekly report is now available on the ODT website.

Table 6 shows the demographics of transplant patients who tested positive for coronavirus up until 19 August. The information by organ shows for SPK transplants there were 1758 with a functioning graft and 1.3% have tested positive

for COVID-19 and of those tested positive there were 5 deaths which is 0.3% of those patients with a functioning graft. **Action**

There were 341 functioning grafts for pancreas alone transplants, of those 1.5% tested positive for COVID-19 and there have been no deaths in that group.

Table 7 shows the information on the transplant waiting list. For SPK patients, 186 were active as at the beginning of February or have been active since and of those, 5.4% have tested positive for COVID-19 but there have been no deaths in that group. For pancreas transplants alone, no waiting list patients tested positive for COVID-19.

A McLean added they have been doing a lot of antibody testing screening within the transplant clinic, predominantly for kidney recipients and the positivity rate is pretty low, under 10% from asymptomatic retrospective antibody positive diagnosis in transplant recipients who were shielding.

5 SIK Working Group

This work comes from a suggestion made at the PAG Islet Steering Group meeting because this group has a slightly different criteria to islet alone. The suggestion was made to put together a small working group led by D Van Dellen to come up with a policy document and take national views towards SIK going forward.

An initial meeting took place at the BTS and a telecon has also taken place which ran through all aspects that were identified as areas of concern. D Van Dellen is waiting on further comments from Pratik Choudhary who has recently transferred to another centre but once all input have been received, a robust document will be available that can be used as a template for SIK criteria and listing and ensure we are collecting the correct outcome data for long term collection to be able to monitor the success of this program.

D Van Dellen would like to circulate this to PAG and PAGISG for comments and the intention is to badge this with NHSBT and BTS guidance. P Johnson and J Casey agreed this should be circulated to both groups. C Callaghan suggested submitting an update to the existing BTS pancreas and islet guidance. D Van Dellen agreed this is the intention. P Johnson added the other consideration should be the capacity of the islet facilities keeping in mind the commissioning arrangements which would be useful to include S Watson within these discussions. J Casey would like this discussed at the next PAG meeting. **D Van Dellen**

6 Any Other Business

There were no other items of business.

7 Date of Next Meeting:

Thursday 5th November 2020 via Microsoft Teams Meeting.

September 2020