NHS BLOOD AND TRANSPLANT
ORGAN AND TISSUE DONATION AND TRANSPLANTATION

THE FORTY FIRST MEETING OF THE PANCREAS ADVISORY GROUP AT 10:00AM ON TUESDAY 26th APRIL 2022 VIA MICROSOFT TEAMS MEETING

PRESENT:

Prof. Steven White	**Chair**
Dr Arthi Anand	BSHI Representative
Dr Richard Baker	AMD Clinical Governance, NHSBT
Mr John Casey	PAG Islet Steering Group Chair
Mrs Claire Counter	Statistics and Clinical Research, NHSBT
Mr Martin Drage	Guys Transplant Unit
Mrs Kirsty Duncan	Recipient Coordinator Representative
Mr Doruk Elker	Cardiff Transplant
Ms Aileen Feeney	Lay Member Representative
Ms Anushka Govias-Smith	National Specialist and Screening Services (NSD)
Ms Lora Irvine	Islet Isolation Lab manager, Edinburgh
Mr Sanjay Sinha	Oxford Transplant Centre
Ms Susan Hannah	RM & SNOD Representative – Organ Donation, NHSBT
Mr Simon Harper	Cambridge Transplant Centre
Prof. Paul Johnson	Clinical Islet Lead, Oxford
Dr Adam McLean	WLRTC & Hammersmith Hospital Representative
Mr Anand Muthusamy	WLRTC & Hammersmith Hospital Representative
Mr Simon Northover	Recipient Coordinator Representative
Mr Joseph Parsons	Statistics and Clinical Research, NHSBT
Dr Tracey Rees	Chief Scientific Officer, OTDT
Ms Sarah-Jane Robinson	Patient representative
Mr Lewis Simmonds	Statistics and Clinical Research, NHSBT
Mr Andrew Sutherland	Edinburgh Transplant Centre
Dr Ines Ushiro-Lumb	Lead Clinical Microbiologist, OTDT
Mr David Van Dellen	Manchester Transplant Centre & National CLU Lead
Mrs Julie Whitney	Head of Service Delivery, OTDT Hub
Mr Colin Wilson	Newcastle Transplant Centre & BTS Representative

IN ATTENDANCE:

Ms Alicia Jakeman	Medical Director & Group support, NHSBT (minutes)

Apologies

Dr Ayesha Ali, Mr Chris Callaghan, Mr Frank Dor, Dr David Hopkins, Prof. Paul Johnson, Dr Tracey Rees, Prof. Jim Shaw, Mr Sanjay Sinha, Ms Sarah Watson

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1. Declarations of interest in relation to the agenda

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

2. Minutes of the meeting held on 11th November 2021 - PAG(M)(21)2

2.1 Accuracy

The minutes of the meeting held on 11th November 2021 were confirmed to be a true and accurate record.

2.2 Action Points PAG(AP)(21)2

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

2.3 Matters arising, not separately identified

There were no matters arising.

2.4 Future format and frequency of Pancreas meetings

S White informed the group of his intention to include an extra meeting in June/July 2023 for Centre Leads with the next meeting in November 2022, one in February/March 2023 and then one in June 2023 before we break for the summer.

2.5 Pancreas Forum

S White informed the Group of the upcoming Pancreas Forum in Edinburgh, on the 16th and 17th of May, to contact A Butler or Susan Keggie to book a place. There's also an IPITA islet isolation workshop on the 19th to the 21st June.

3. Associate Medical Director's Report

R Baker updated the group on the new structure with the appointment of AMDs. Julie Whitney advised of more changes with R Baker being appointed, with Sanjay Sinha as the Surgical Lead. Lorna Marson is the AMD for R&D.

3.1 OTDT Hub update

3.1.1 HTA B return rates/HTA B Completion - PAG(22)01

J Whitney presented the paper showing each of the centre's return rates, highlighting the improvement made over the six month period. She advised that the new chase process appears to be working, having to send out very few reminders at the 33 day point. Further changes will be made if centres can nominate a person for the 33 day chase email to be sent to. The 10 day chase will be removed.
J Whitney presented a new performance dashboard for all centres, looking at forms across the pathway, this will look across all of the indicators across the pathway, working with Hub Operations and Information Services.

3.1.2 Proposal for unacceptable antigen listing during re-registration - PAG(22)02

J Whitney discussed the paper that outlines some changes that have been made after encountering a number of problems and reoccurring issues with unacceptable antigens, when a patient is listed in one centre with particular antigens and then they are delisted and moved to another centre or relisted in that same centre with different antigens. The original antigens remain on the system as it is currently. Information Services email and call labs, but it's not really picked up in real time. Meanwhile, that patient is listed with different antigens to what they were listed with, so this proposal outlines the changes that have been made to the system. It will flag

ACTION

it at the time when the patient is registered with different antigens, allowing Information Services to notify the centre in real time via a phone call. The centre can accept that and register them with those antigens, or they have to manually take them off, sending email confirmation. It required an IT change which will come into effect in July when the next release comes out.

4. Governance

4.1 Incidents for review: PAG Clinical Governance Report - PAG(22)03

R Baker reported that there have been no triggers.

4.2 Summary of CUSUM monitoring following pancreas transplantation - PAG(22)04

C Counter reported there have not been any pancreas CUSUM signals. C Counter advised that implementation of CUSUM monitoring of kidney graft outcome following SPK has been slightly delayed.

4.3 Pancreas damage - PAG(22)05

S White informed the group that the most important thing in the report is that the severe injury rate is about 10%. The most recent data shows that this has been reduced down to 3%, so there has been quite a significant improvement.

4.3.1 Pancreas quality damage paper - PAG(22)06

No questions were raised.

4.4 Solid Organ Pancreas Clinical Leads in Utilisation

D Van Dellen provided an update on behalf of C Callaghan, on the Clinical Leads in Utilisation (CLU) scheme, the program has been extended for the first quarter of this year with funding.

The group have identified a number of areas that they're focusing on, which are predominantly retrieval issues and trying to improve the quality of retrieval. To improve utilization, trying to identify and develop an objective tool to assess damage at retrieval and also degrees of fattiness infiltration. There's also a piece of work trying to look at retrospective data of photography and to correlate that with outcomes. C Wilson reported that Newcastle have a digital histopathology device that’s been copyrighted, but it will be available for all NHSBT users within two years as part of a sharing agreement. A Sutherland, P Johnson, D Elker and C Wilson all feel that specific photos would help with pancreas damage issues, identifying a fatty pancreas, a steatotic pancreas, BMI and variations of anatomy before the organ is accepted. If the accepting centre has strong opinions of certain capsular damage or something that they can already decide there and then and reduce time before the organ is redirected. Often the photos trigger a conversation directly between retrieval surgeon and implant surgeon which is really important.

He advised that there are various photography streams going on within NHSBT. D Manas has been trying to coordinate them all together, they agreed that they will share processes and have these coordinated.

4.5 High quality organ offer declines

D Van Dellen reported on C Callaghan’s program that was instituted prior to COVID which was paused over COVID and reinstituted last November. This triggers weekly potential donors that are high quality donors, they assess donors that have been declined and transplanted elsewhere. There's a deep dive into the offering

form to make sure that there's no hidden factors that may be accounting for what's occurred. Since November there have been 13 or 14 cases a month. There are logistical issues due to the lack of ICU beds due to COVID and centres only being able to accommodate one liver transplant at a time, therefore declining the second organ. C Wilson suggested moving the patients and organs. S White advised that if they have an offer for a liver and a pancreas at the same time during the day, they try and break into another list, so they can accommodate both transplants. A Sutherland agreed that smaller centres could 'buddy up', S White asked D Van Dellen to organise a Teams meeting with the relevant parties to discuss whether to write to the hospitals when there is no ICU bed availability and also what to do with the duty of candour letters.

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DVD

5. COVID-19

5.1 SARS-CoV2 RNA positivity in donors

I Ushiro-Lumb shared her presentation on 24 COVID positive donors including 6 SPKs, whose recipients all tested negative for COVID with the group and advised of the publication of revised guidance, which was put onto the website on the 30th of March.

5.2 Mutual aid

S White advised that after the mutual aid meeting in January there did not appear to be any need to move this forward.

6. Transplant Risk Communication Tool

C Counter advised that the pancreas risk communication tool is now live and demonstrated how to access the tool on the ODT website. Members were in agreement that they don't have the necessary sensitisation information to complete the tool as patients are seen once in Clinic and then listed at MDT. R Baker mentioned obtaining a spreadsheet of sensitisation once a month from the H&I lab.

7. National Pancreas Offering Scheme

7.1 Fast Track Scheme - PAG(22)07

C Counter presented a paper auditing 36-months of activity since the change to the scheme to not offer a pancreas with a cold ischaemic time (CIT) of over eight hours was introduced in April 2019. A further change to the scheme was made in October 2020 to reduce the maximum CIT for whole organs to 4 hours. Of the 993 pancreas donors in the 36-month period, 38% were offered through the scheme compared with 43% during 2018-2019. The scheme will continue to be monitored.

7.2 Transplant list and transplant activity - PAG(22)08

C Counter presented the activity, at the end of 2021 there were 276 patients on the waiting list, the highest since 2012. The number of donors increased in 2021 to 312, but not quite back to pre-COVID levels (467 in 2019). In 2021, there were 143 transplants from 108 donors after brain death and 35 donors after circulatory death. It was agreed that unfunded units would be removed from the report.

7.2.1 Group 2 patients report

No comments.

7.3 Transplant outcome - PAG(22)09

C Counter presented the transplant outcome paper showing the graft survival and

patient survival of transplants performed. There's been an improvement in one year pancreas graft survival following SPK transplants from both DBD and DCD donors, between the two time periods. For 2019-2020, one-year graft survival following transplant from a DBD donor was 94% and from a DCD donor it was 97%. **ACTION**

8. Pancreas Islet Transplantation

8.1 Report from the PAG Islet Steering Group: 7 April 2022 - PAG(22)10

J Casey provided an update on the Islet Steering Group who met on 7 April. He welcomed L Irvine, Lab manager in Edinburgh who has taken over from S Hughes as chair of the Isolation subgroup of ISG and thanked her for taking over the role. The sub-group will have a formal governance structure through ISG. He felt that that it would be very useful to have governance as an agenda item and for a formal presentation of any governance issues that are coming through NHSBT. He advised that there will be further discussion on suspending patients who have tested positive for COVID to be reduced from seven to four weeks.

J Casey highlighted the Islet lab data, in the last year there were 23 transplants from 50 isolations giving a conversion to transplant of 39.7% and that the labs should be congratulated on that excellent result. He advised that ISG has a prospective study on donor specific antibodies in post islet transplant patients showing that DSA in not associated with islet graft loss or high rejection in their cohort.

The group would like to invite leads from the auto transplant isolation centres onto the group and would also review isolation data from auto transplants at ISG. S White asked J Casey to advise the Lab Leads of the date of the next meeting. **JC**

The group discussed that patients may need three or four islet transplants to achieve insulin dependence, with islet preps being turned down due to insufficient yield. P Johnson suggested having a meeting like UKITC to work out the modelling of how many patients may require a 3rd transplant and then go to the Commissioners with numbers. S White asked J Casey to coordinate the meeting prior to the next PAGISG and PAG meetings. **JC**

8.2 Islet isolation outcomes - PAG(22)11

S White raised a question for C Counter on Figure 1 detailing the data where the reasons for not transplanting is documented as insufficient islet yield and whether for audit and governance purposes it could include any additional information as to why the yield was insufficient, as there are lots of reasons why that could happen. C Counter confirmed that she went back to the center that had declined those organs and the reasons that were given were because the yield was insufficient for the specific patient. This is due to the patients need rather than the release criteria for islet yield, the isolation was successful but the patient was not appropriate. S White asked L Irvine to provide what additional information should be utilised to better demonstrate the data, to bring back to PAGISG. **LI**

8.3 Islet transplant activity and outcome - PAG(22)12

S White queried the amount of missing data in the Appendix tables. C Counter advised that she would investigate data returns for the time period. **CC**

8.4 Referral patterns

C Counter shared preliminary data of referral patterns for islet transplantation. S White commented a lot of referrals are centered around islet isolation laboratories or centres and there are huge areas where patients are not being referred from

compared to whole pancreas transplantation where there are no real pockets of deficiency. S Harper advised that he will talk to everyone who's involved in the work up clinics and feedback. P Johnson advocated satellite clinics, to make sure there is equity of access across the country. P Johnson and J Casey confirmed that referral data is sent to Commissioners and they can provide that for their centres. C Counter confirmed that NHSBT don't have access to referral data. The first point that they hear about patients is when they're actually registered on the transplant list.

ACTION

SH

JC/PJ

8.5 Pancreases for islet transplantation - PAG(22)13

C Counter presented a paper that came out from an action from the November PAG. Since the revised scheme came in, in September 2019, donors that are aged both under 25 and have a BMI of under 25 are not initially offered for islet isolation. This means that donors aged under 25 with a BMI of 25 or over, and donors aged 25 or more with a BMI under 25, can be offered for islet isolation. This paper looks at the use of pancreases for islet isolation, where the pancreas would be considered suitable for whole organ transplant, showing that 39 pancreas donors that were aged under 25 with a BMI greater than 25, but less than 30.5, there were eight that were taken for islets, 20%. Four of those were transplanted, a conversion rate of 50%. Those eight pancreases taken for islets account for just 5% of the 160 donors that were aged under 25, with a BMI of less than 30.5.
A Sutherland queried whether abdominal girth would be a better measurement, J Casey, K Duncan and J Whitney confirmed that SNODs would always accurately measure and record girth.

9. Standard listing criteria

9.1 Summary data - PAG(22)14

No comments.

9.2 Pancreas transplant listing exemption requests and outcome of previous applications to appeals panel - PAG(22)15

No comment

10. Any Other Business

A Sutherland reiterated that some units have yet to register for the Pancreas Forum on 16-17 May 2022, each centre can send six attendees.
S White confirmed that the November PAG meeting will be held in London.

11. FOR INFORMATION ONLY

11.1 Summary from Statistics & Clinical Research - **PAG(22)16**
11.2 Transplant activity report - **PAG(22)17**
11.3 Current and Proposed Clinical Research Items - **PAG(22)18**
11.4 QUOD - **PAG(22)19**
11.5 SIGNET Trial update - **PAG(22)20**
11.6 Pancreas Forum draft Provisional Programme - **PAG(22)21**

12. Date of next meeting: 15 November 2022