NHS Blood and Transplant

NHS BLOOD AND TRANSPLANT
ORGAN AND TISSUE DONATION AND TRANSPLANTATION

THE FORTY SECOND MEETING OF THE PANCREAS ADVISORY GROUP AT 10:30AM ON TUESDAY 22nd NOVEMBER 2022 AT 12 BLOOMSBURY SQUARE AND VIA MICROSOFT TEAMS

PRESENT:

Prof. Steven White	**Chair**
Dr Arthi Anand	BSHI Representative
Mr John Casey	PAG Islet Steering Group Chair
Mr Yee Cheah	King's College Hospital
Mrs Claire Counter	Statistics and Clinical Research, NHSBT
Mr Martin Drage	Guys Transplant Unit
Mrs Kirsty Duncan	Recipient Coordinator Representative
Mrs Susan Hannah	SNOD Representative
Prof. Paul Johnson	Clinical Islet Lead, Oxford
Prof. Derek Manas	Medical Director, OTDT, NHSBT
Mr Anand Muthusamy	WLRTC & Hammersmith Hospital Representative
Mr Simon Northover	Recipient Coordinator Representative
Mr Joseph Parsons	Statistics and Clinical Research, NHSBT
Ms Sarah-Jane Robinson	Patient representative
Mr Neil Russell	Cambridge Transplant Centre
Mr Lewis Simmonds	Statistics and Clinical Research, NHSBT
Mr Sanjay Sinha	Oxford Transplant Centre & Clinical Governance, NHSBT
Mr Andrew Sutherland	Edinburgh Transplant Centre
Mr David Van Dellen	Manchester Transplant Centre & National CLU Lead
Mrs Julie Whitney	Head of Service Delivery, OTDT Hub, NHSBT
Mr Colin Wilson	Newcastle Transplant Centre & BTS Representative

IN ATTENDANCE:

Ms Alicia Jakeman	Medical Director & Group support, NHSBT (minutes)
Miss Cherrelle Francis-Smith	Medical Director & Group support, NHSBT (minutes)

APOLOGIES:
Ayesha Ali, Frank Dor, Aileen Feeney, Susan Hannah, Sapna Marwaha, Rommel Ravanan, Tracey Rees, John Richardson, James Shaw, Sarah Watson, Doruk Elker/Argiris Asderakis

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 - PAG(M)(22)1

2.1 Accuracy
The minutes of the meeting held on 26 April 2022 were confirmed to be a true and accurate record.

ACTION

2.2 Action Points PAG(AP)(22)1

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

AP1 S White raised a question to D Van Dellen regarding the Duty of Candour letters, for organ offer declines due to logistical reasons, who advised that 80% of recipients didn't want to know.
S-J Robinson advised, as patient representative, that she would want to know and she is aware of some patients who have not found out why their transplant was cancelled. Some centres advised that they have not had to stop transplants for logistical reasons.
Action: Centre Leads will contact their waiting list patients to ask if they would want to know of an organ decline for logistical reasons. If they would, those patients will be contacted. — **All**

AP3 Islet isolation outcomes
C Counter informed the group that when recording data as to why an islet transplant has failed rather than just choose, insufficient islet yield, there is also a free text field on islet page 5 form which may help expand on why the yield was poor

AP5 Summary of CUSUM monitoring following islet transplantation
Islet transplant centres to provide number of referrals coming into islet units;
P Johnson advised that prospective data is being collected for one year since last meeting.

2.3 Matters arising, not separately identified

There were no matters arising.

3 Medical Director's report

D Manas provided an update to the group;
Alex Manara has retired. Dale Gardner has created two jobs to help with CLODs due to donations being at their lowest. He confirmed that this is multi-factorial, even with opt-out, also even deemed donors' families are refusing donation. The consent rate is down, last month it was 58%, this month 61%.
D Manas' new PA, Abby Horne, is now in post.
There are a number of transformation projects that are ongoing;
- NRP - this is not funded.
- OTDT - have flat-funding, meaning less funding than three years ago.
- OTAG - a vacancy for Chair is being advertised.
- OUG - looking at Organ Utilisation, their report is complete and has been sent to the Health Minister with 12 recommendations. There is a plan to have a launch meeting by the end of the month. There will be an oversight group that will sit with the DoH. Claire Williment now has a new role as Chief of Staff.
- CLUs - Lead CLU is funded for quarter four.
- Histopathology - NHSE originally agreed to pay the £1 million funding for the year but have now advised they can't fund this. There will be an interim plan, relying on rotas for seven pathologists for the seven organ areas with a digital cloud for sight of the organs.
- Review of NORS - Planned NORS review in January due to complex surgery

		ACTION
	being done overnight. All AGs stated best time to retrieve is 6pm to midnight, best time to implant is 8am to 6pm. The review will look at a different model to make it more efficient. - Reminder of flight usage – look at road time before booking flights. At Edinburgh, if retrieving overnight there is a higher chance of using scheduled flights. J Whitney advised to be cautious due to the element of risk due to the number of flights cancelled. M Drage advised that the organ goes back with the NORS team, some centres are being imaginative to utilise organs. The group agree that in summary, if there is an issue with transportation and flights, the organ can be potentially offered to a more local centre. The interim plan is for the NORS centre to recharge the centre that takes the organ. **Action: J Whitney to repeat flight costs work for Pancreas**	**J Whitney**
	J Whitney advised that she is planning on taking a paper looking at the Anatomy calls and the delays that this causes to Kidney departure. **Action: J Whitney is taking a paper to the January 2023 KAG meeting, PAG will support this as it can be detrimental to the pancreas**.	**J Whitney**
	- Looking at how to commission transplantation; NHSE are willing to look into options. D Manas has gone through the tariff model with NHSE, which has been turned down, he invited any ideas from the group. M Drage advised that Guys would like to move away from a block contract, some centres have an SLA between retrieving and transplanting centres. - There are no new Pancreas CUSUM triggers. - Xenotransplantation meeting yesterday to look at reactivating Xenotransplants.	
3.1	**OTDT Hub update** J Whitney updated the group on the dashboard that has been trialed with liver and CT for response rates and follow-up form return rates. She is missing 53 3-month follow-up forms as well as a significant number of 12 month forms. She asked if there is anything NHSBT can do to help support the centres to complete these forms. C Wilson advised that the amount of forms/paperwork to complete is appalling and these are coming to Clinicians as there is no data support from Trusts. M Drage advised members that he asked his Trust to fund a CNS to complete them. K Duncan advised the group that completes the forms, scans to ODT and finds she is then getting emails to say they've not been received.	
4.	**Governance** S Sinha provided a verbal update to the group as there is a trend that suggests the pancreas is not being utilised due to damage to the Y graft. I Currie and the NORS Team need to deliver this message that the Y grafts are more necessary for the pancreas. These have all been labelled as an SAE. When looking at the forms, it only states that the Y graft was included, S Sinha has asked that the free text field in the form is completed. I Currie confirmed the two levels of responsibility with local teams and NORS teams. The feeling is that a junior surgeon is the one removing vessels. A talk about pancreas retrieval will be included in the Masterclass in early January 2023. **Action: I Currie to write to all the NORS Leads to emphasize this spate of mishaps. He asked centres to submit documentation advising of an unusable graft.**	**I Currie/ All**

COVID update **ACTION**

No problems within Units to date.
NHSBT have updated the guidance online, updated POL304 and vaccination guidance will go live 5th December 2022.
Evershield is not being supported, Paxlovid is being supported.

4.1 Incidents for review: PAG Clinical Governance Report

The report will be circulated after the meeting.

4.2 Summary of CUSUM monitoring following pancreas transplantation

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 transplant was also included and there were no signals.

4.3 Report from the Retrieval Advisory Group (RAG) and pancreas damage

I Currie will communicate with Isabel again and disseminate graft outcomes at the Masterclass in January 2023, specifically discussing safe retrieval of Y grafts and vessels and will ensure regular communication to the NORS leads to disseminate amongst the retrieval groups.
I Currie updated the group on RAG discussions on blue lights, should the vehicle strike a pedestrian, this goes against the person's name who authorised the blue light. He thinks that there needs to be a Unit Policy to bring in-line with Hospital policies. It was suggested that NHSBT have a policy that individuals can use. D Manas advised that this decision is made by the centre and this is the Unit's responsibility. I Currie advised that there is a guidance document in use.
Action: I Currie will send the guidance document to S White. **I Currie**

I Currie presented the Pancreas damage report; for DBD pancreas retrieval there is a severe damage rate of i4% and moderate damage is at 2% resulting in loss of the organ. Therefore, the transplant rate is still around 95%. He advised that it's well documented in the NORS guidelines about what should happen when there is doubt the pancreas surgeon and the liver surgeon should speak to discuss the matter and then direct the retrieval surgeon. He confirmed that all retrieval centres are provided with their own data for performance monitoring and decision making purposes. A welcomed development is that there will be CUSUM monitoring in the next 12 to 18 months for retrieval outcomes
Action: Sacrifice of pancreas is documented in NORS guidelines. I Currie will write to LAG again and copy in PAG reinforcing this. **I Currie**

4.4 Solid Organ Pancreas Clinical Leads in Utilisation

D Van Dellen provided an update on the Clinical Leads in Utilisation (CLU) scheme, thanking the local CLUs who have carried this program on with no funding. He advised it has been difficult to have sufficient quorum for meetings with the smaller groups, compared with the kidney who group, with meetings being rescheduled as a result.
D Van Dellen and C Callaghan have held succession planning talks with a view to appointing Deputies, having asked for expressions of interest.
In terms of projects, the CLUs have been focusing on the agonal phase or time-to-arrest and DCD donation, with this being raised at local consultant meetings, discussing routinely about extending the agonal phase to potentially 3 hours and to see if this changes utilisation rates. Conversations should be had in local centres on non-warming ischaemia to gain a sense of peoples' thoughts.

ACTION

D Van Dellen, Callaghan, S White and J Casey met recently to look at the possibility of trying to look at the organs that are on equipoise. The pancreases that would be seen as marginal for solid organ and potentially not optimal are getting wasted so a meeting was held, to look at the logistics around trying to find ways of offering these more quickly. For example when the retrieval surgeons feels the organ is borderline for SPK (e.g. fatty) can a mechanism be developed to allow quick transfer to islet labs to reduce cold ischaemia, so that it is then not declined by an islet centre. Hopefully, this will be presented at the next meeting. There are no KPI's, only a yield rate. Current KPIs are viability, purity and islet yield. If the organ doesn't reach an islet lab, NHSBT statisticians have to go through Hub Ops to see which Lab turned it down for isolating. P Johnson advised that the Labs inspect the pancreas anyway after decline.
C Counter advised that if the whole organ is declined then it should be offered for islets, if the organ is then subsequently declined for islets and not isolated, the pancreas is recorded as a whole organ decline.

4.5 High quality organ offer declines

D Van Dellen reported on 101 offer reviews, with emerging themes. External scrutiny with a letter is a useful exercise when the pancreases had been used elsewhere.
Synchronous liver and pancreas transplants is the other big theme coming through. Centres have issues with ICU beds with regard to performing a liver and a pancreas transplant at the same time. This also creates theatre capacity and staffing issues.
S Sinha advised that by the time the letter has been received they found that the patient had already been transplanted, the delay had not been that long and there was no detriment to the patient.

5. HLA mismatch effect on outcome

S White discussed HLA mismatching because NHSBT have not formally analyzed our data on pancreas transplantation. Patients are allocated based on HLA matching in that they get exception points. If there are 0-4 mismatches patients are allocated 730 exception points, if there are 5-6 mismatches, it's zero points. He advised that this will be discussed at the next PAG meeting, with the data to be separated out for SPK transplants.
Action: C Counter to bring back to next PAG meeting. **C Counter**

6. Digital Infrastructure for Utilisation Project (EOS Replacement)

D Manas advised of a meeting in January 2023, with NHSD & NHS Diagnostics representation. There will be potentially two ways of accessing images.
Action: EOS replacement agenda item to be brought back to next PAG Meeting. This will capture images and video/motion. **A Jakeman**

7. Pancreas Transplant Activity

7.1 Fast Track Scheme - PAG(22)23

J Parsons presented data on the fast-track scheme for the last 3 full financial years and the first 6 months of this year. Of 1162 pancreas donors 39% were offered through the scheme in the 42-month period, a reduction from 43% in the 2018/2019 financial year. Of the 455 pancreases offered through the scheme, 171 (38%) were subsequently accepted for transplantation and 80 (18%) were transplanted. Of the 80 transplanted, 63 were transplanted as whole organs and 17 as islets. Follow up

was available for 53 of the whole organ transplants and the one year Kaplan-Meier pancreas graft survival was 96%. **ACTION**

Action: C Counter to look at reasons for fast track of transplanted organs. **C Counter**

7.2 Transplant list and transplant activity - PAG(22)24

C Counter presented data from the last financial year: 334 pancreas donors and 153 transplants, 112 from DCD donors, 85 of 153 were SPK transplants. There were 278 patients active on the waiting list as of 31 March 2022. 87% were SPK. D Van Dellen advised that his Waiting List has increased as at Manchester they have had a review of suspended patients and are streamlining their cardiac workups.

7.2.1 Group 2 patients report.

There were none.

7.3 Transplant outcome - PAG(22)25

C Counter reported on transplant outcomes following SPK and isolated pancreas transplants. S White commented that if the patient had pancreas after a living kidney transplant graft survival was worse, although this is based on small numbers.

Action: S White asked for more data on pancreas after LDKT compared with pancreas after DCD KT or DBD KT. **C Counter**

7.4 Transplant Risk Communication Tool

Transplant risk communication Tool, clinicians didn't have the necessary information about sensitisation, Slow progression, Colin Wilson & M Drage do not use it. D Manas advised that they can see who is using it. Edinburgh not using it universally.

Action: S White asked all centres to make an effort to use the tool. **All**

8. National Pancreas Offering Scheme 36 month review - PAG(22)26

C Counter reported on the revised scheme which has been impacted by COVID-19. There were 432 transplants over the three years, 11 September 2019 to 10 September 2022. 373 were whole pancreas transplants, 59 were islet transplants. 73% of those transplants came from DBD donors. Edinburgh have performed 53% of the transplants under the scheme compared with 38% in the year prior to the scheme. Manchester have performed 15% compared to 21% in the previous year to the scheme. In the last year, a higher proportion of patients waited over 24 months for a transplant.

Reviewing donor BMI by transplant type for the whole time period, pancreas patients are receiving low BMI donors and islet patients are receiving the majority of higher BMI donors. For the islet transplants where the donor BMI was less than 25, the donor age was greater than 25.

It is agreed that the BMI is more critical than age. Abdominal girth is a better measure of whether the organ will go as a solid organ or for islets.

Action: Table 1.6, S White asked for the donor ages of those 13 islet patients where donor BMI<26. **C Counter**

C Counter referred to the transplant listing section in the paper with the median waiting time on the list by demographics, highlighting the median waiting times were 228 days in 2019, increasing to 334 days in 2022.

Detailing the overall use of pancreases from solid organ donors after brain death in

		ACTION
	the latest year of the scheme, 51% of those retrieved were transplanted, compared with 43% prior to the scheme. For DCD donors the rate was similar to the year prior to the scheme. **Action: Table 3.1 state the year (2021-22) rather than NPOS Yr3.**	**C Counter**
9.	**Pancreas Islet Transplantation**	
9.1	**Report from the PAG Islet Steering Group: 6 October 2022** J Casey provided an update on the Islet Steering Group who met on 6 October 2022. L Irvine is managing the Islet Steering Group who are reviewing technical aspects and acceptance criteria and outcomes. CIT and DCD downtimes were discussed with an agreement across of the Labs about what will be accepted. Utilisation will be improved with discussions with the Hub. D Manas asked members to suggest ways that NHSBT may be able to help and support. J Casey advised that if there are clear discrepancies between Labs this may need looking at and supporting. P Johnson feels that the commissioning for isolation staff was grossly underestimated, with the majority of staff funded by non-NHS money by doing a lot of research isolation with academic staff. More personnel are needed and Edinburgh labs are not open at weekends with this impacting on DCDs in close proximity to Edinburgh. J Casey would like help from NHSBT to take funding conversations with Commissioners forward, fitting with sustainability of transplantation. **Action: to be discussed under AOB, with working group planning on how funding should be commissioned over the next 5 years.**	**S White**
	Action: PAGISG minutes to be distributed.	**A Jakeman**
	C Wilson raised the possibility of handling organs and organ preservation between potential ARCs and an isolation facility. J Casey confirmed staffing is the issue rather than techniques. P Johnson confirmed that Bristol has stopped isolation transplantation with the program moving to Oxford.	
9.2	**Islet isolation outcome - PAG(22)27** C Counter shared data on the last three financial years of pancreases accepted for islet isolation. In the latest year, 62 arrived at isolation facilities, 61 had isolation started and it was completed in 51 cases (84%). The overall conversion rate of isolation started to transplant was 34%, in the previous year it was 37% and 31% in 2019/20. There were 12 donors classified as a Grade A donor of 62 in 2021/22. This will be discussed further in PAGISG as comparison by laboratory is difficult as there are many factors involved. **Action: to be added to PAGISG Agenda**	**A Jakeman**
9.3	**Islet transplant activity and outcome - PAG(22)28** C Counter reported that in 2021/22, there were 22 islet transplants performed, seven were SIKs. There is a significant difference in graft survival between those receiving a routine and priority top-up graft, compared with those receiving routine only grafts; 61% at 5 years compared with 35%. The median insulin dose has fallen from 0.52 unis to 0.3 units at three years' post transplant. The Action point from the last meeting has been completed, with additional columns added to the appendix tables to show where you would expect one year outcome.	

ACTION

S White asked if outcome success data at three months, in terms of graft survival (routine only) could include where the islet was isolated. D Manas asked for weekend vs weekday data.
Action: C Counter to further analyse data to include graft survival by isolation laboratory and weekend vs weekday data. **C Counter**

10. Standard listing criteria

10.1 Summary data - PAG(22)29

C Counter advised that where a form has been received, all patients met the criteria, there was one exemption. Guys numbers are a little low.
Action: J Whitney will provide contact details of those emailed to M Drage. **J Whitney**

11. Working groups

11.1 Donors after Circulatory Death - PAG(22)31

A Sutherland advised that the working group have been looking at the outcomes with DCD donors. They have been looking at the offering criteria for DCDs; first it's the closest centre to the retrieval, getting 10,000 points, the next two is 5,000 points. This was explored although there is a system in place for CIT, with the time still around 10.5 hours for DBD & DCD. One option is to let centres decide, maybe with a different system for younger donors. More modelling is required to see how it would affect offering and equity of access. He asked what maximum age of DCD donor would each centre accept; Centres state 60, although not all centres were present. Edinburgh is 50, Oxford is 60 if local, Hammersmith is 55, Guys is 60, Cambridge is 60, Newcastle is 60.

11.2 UK Beta cell replacement strategy

S White advised that he wishes to generate a working group on how to envisage a beta cell replacement strategy over the next five years, to provide a document to NHSBT. All those present at the meeting offered to work on this group.

12. BTS H&I guidelines - PAG(22)32

A Anand provided an update from H&I that the BHSI/BTS Guidelines should be live early January 2023 for consultation. A McLean & S White have contributed. Antibody incompatible guidelines will be expanded starting next February.
She asked anyone with comments to contact her, her BHSI representation has been extended.
Action: Members to contact A Anand with comments **All**

13. Meeting dates

- EPITA meeting: Igls 22nd - 24th January 2023
- Pancreas Transplant Forum: 17th February 2023
- PAG ISG (virtual): 23rd February 2023
- BTS meeting: Edinburgh 1st - 3rd March 2023
- PAG Spring (virtual): TBC 16th March 2023
- Centre Leads meeting (virtual) 14th June 2023
- PAG Autumn (face to face) TBC 1st November 2023

Action: Pancreas Transplant Forum: Ideas to C Wilson, interesting cases from each unit. S Sinha suggested presenting the HLA antibody study. **All**

14. FOR INFORMATION ONLY

14.1 Summary from Statistics & Clinical Research - **PAG(22)33**

14.2 Transplant activity report - **PAG(22)34**
14.3 Current and Proposed Clinical Research Items - **PAG(22)35**
14.4 QUOD **- PAG(22)36**
14.5 KAG Minutes - **PAG(22)37**

Date of next meeting: **16th March 2023 via MS Teams**