

NHS BLOOD AND TRANSPLANT
PANCREAS ADVISORY GROUP
PANCREAS FAST TRACK SCHEME

BACKGROUND

1. The Pancreas Fast Track Offering Scheme (FTS) was first introduced on 1 December 2010 with the 2010 Pancreas Allocation Scheme and was initiated once the pancreas had been removed from the donor in order to place the donated organ as a matter of urgency. It was further agreed at the Advisory Group meeting in October 2015 that a revised fast track offering scheme would be introduced from 14 December 2015, which would be initiated either if the pancreas had been declined by 4 centres (3 centres for a donor after circulatory death) for donor or organ reasons or once the pancreas had been removed from the donor.
2. Following discussion of the large volume of fast track pancreas offers and low transplantation rate an in-depth analysis was presented at the Advisory Group meeting in November 2018. It was subsequently agreed not to fast track a pancreas if the cold ischaemic time (CIT) was greater than 8 hours at time of potential fast track. This rule took effect from 1 April 2019. No changes were made to the rules triggering fast track offers.
3. A further change was agreed at PAG in April 2020, to not fast track a pancreas to whole pancreas centres if the CIT was greater than 4 hours. This change was implemented on 1 October 2020.

INTRODUCTION

4. This paper audits activity in the 48 months between the introduction of the 8 hour CIT cut off rule on 1 April 2019, and 31 March 2023. Data were obtained from the UK Transplant Registry on both donors after brain death (DBD) and donors after circulatory death (DCD) pancreas donors aged less than 65 years. Data are presented for 2019/20, 2020/21, 2021/22 and 2022/23 and data for 2018/19 are given for comparison. Between April and September 2020, there was a change to the offering process so that pancreases were fast tracked after offering to Tier A patients due to the COVID-19 pandemic. Between October 2020 and March 2021, there were fewer donors than normal due to the second wave of the pandemic.

RESULTS

5. Of the 1343 pancreas donors, 40% were offered through the scheme in the 48-month period, overall a reduction compared with 43% in 2018/19. **Table 1** shows the number of pancreas donors whose organs were offered through the fast track scheme by financial year.
6. The proportion of donors fast tracked in the latest 12-month period was 38% of DBD, a reduction from 44% in 2018/19 but an increase on 35% in 2021/2, and 55% of DCD, an increase from 39% in 2018/19 and an increase from 40% in 2021/22.
7. Overall, of the 532 pancreas donors offered through the scheme, 200 (38%) were subsequently accepted for transplantation and 91 (17%) were transplanted. Of the 91 transplanted, 72 were transplanted as whole organs and 19 as islets.

8. **Table 2** shows, by donor type for the 48 month period April 2019 to March 2023, the trigger recorded by Hub Operations for fast tracking 532 donors. The main reason, for both donor types, was “Declined after knife to skin (KTS)” in 195 (37%) cases overall. In 26 (5%) cases the reason was due to the COVID-19 pandemic offering process deviation. The main reasons for fast tracking were consistent across the different years, except for the high number of donors with “Offering process deviation due to COVID-19” in 2020/21.
9. **Table 3** shows reasons for fast tracking for the 91 pancreases which were eventually transplanted. Of these 91, 60 (66%) were DBD donations and 31 (34%) were DCD donations. Of the 60 DBD donations, 29 (48%) were fast tracked after being “Declined by 4 centres for organ or donor reasons”. Of the 31 DCD donations, 17 (55%) were fast tracked after being “Declined by 3 centres for organ or donor reasons”. Overall, the main reason for fast tracking a pancreas that was eventually transplanted was “Declined by 4 (DBD) /3 (DCD) centres for organ or donor reasons” in 46 (51%) cases.
10. Of the 72 pancreases fast tracked in the 48-month period and transplanted, follow-up was available for 70 and the one year Kaplan-Meier graft survival was 87% (95% confidence interval 75-94%). Of the 19 islet transplants, 13 were routine and six were priority top-up grafts. Of the 13 routine transplants, 11 have follow-up, five of these grafts have failed, four before one year and one at two years post-transplant.

ACTION

11. The most recent change has been in place for over two years. In 2021/22, the proportion of pancreas donors fast-tracked was lower than the previous two years, but in 2022/23 there was an increase, mainly in the proportion of DCD donors fast tracked. The scheme will continue to be monitored.

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Table 1 Outcome of pancreases offered through the fast track scheme, 1 April 2019 to 31 March 2023, by financial year									
Year	Donor type	Number of pancreas donors	Number offered through FTS (% of donors)	Number accepted for transplantation through FTS			Number transplanted through FTS		
				Whole	Islet	Total	Whole	Islet	Total (% of offered)
2019/20	DBD	332	120 (36%)	22	14	36	10	6	16 (13%)
	DCD	115	56 (49%)	16	2	18	8	1	9 (16%)
	Total	447	176 (39%)	38	16	54	18	7	25 (14%)
2020/21	DBD	159	58 (36%)	23	8	31	11	1	12 (21%)
	DCD	51	26 (51%)	13	1	14	8	0	8 (31%)
	Total	210	84 (40%)	36	9	45	19	1	20 (24%)
2021/22	DBD	240	84 (35%)	21	10	31	13	6	19 (23%)
	DCD	91	36 (40%)	14	1	15	5	1	6 (17%)
	Total	331	120 (36%)	35	11	46	18	7	25 (21%)
2022/23	DBD	245	92 (38%)	18	14	32	9	4	13 (14%)
	DCD	110	60 (55%)	22	1	23	8	0	8 (13%)
	Total	355	152 (43%)	40	15	55	17	4	21 (14%)

Table 2 Reasons for fast tracking a pancreas, 1 April 2019 to 31 March 2023

Donor Type	Reason	N	(%)	(% of Type)
DBD	Declined after KTS/x-clamp/retrieval incs damaged/fatty	133	(25%)	(38%)
	Not accepted by KTS	72	(14%)	(20%)
	Declined by 4 (DBD) centres for organ or donor reasons	53	(10%)	(15%)
	Deemed unusable	37	(7%)	(10%)
	Declined post isolation	30	(6%)	(8%)
	Offering process deviation due to COVID-19	17	(3%)	(5%)
	No named recipients on matching run (BMI=>31 or low age, low BMI donor)	5	(1%)	(1%)
	RM authorisation/unstable donor	4	(1%)	(1%)
	Positive virology donor	3	(1%)	(1%)
		354		(100%)
DCD	Declined after KTS/x-clamp/retrieval incs damaged/fatty	62	(12%)	(35%)
	Not accepted by KTS	30	(6%)	(17%)
	Declined by 3 (DCD) centres for organ or donor reasons	45	(8%)	(25%)
	Deemed unusable	16	(3%)	(9%)
	Declined post isolation	9	(2%)	(5%)
	Offering process deviation due to COVID-19	9	(2%)	(5%)
	No named recipients on matching run (BMI=>31 or low age, low BMI donor)	3	(1%)	(2%)
	RM authorisation/unstable donor	4	(1%)	(2%)
		178		(100%)

Donor Type	Reason	N	(%)	(% of Type)
DBD	Declined by 4 (DBD) centres for organ or donor reasons	29	(32%)	(48%)
	Offering process deviation due to COVID-19	9	(10%)	(15%)
	Not accepted by KTS	9	(10%)	(15%)
	Declined post isolation	4	(4%)	(7%)
	Positive virology donor	3	(3%)	(5%)
	Declined after KTS/x-clamp/retrieval incs damaged/fatty	3	(3%)	(5%)
	RM authorisation/unstable donor	2	(2%)	(3%)
	No named recipients on matching run (BMI \geq 31 or low age, low BMI donor)	1	(1%)	(2%)
DCD	Declined by 3 (DCD) centres for organ or donor reasons	17	(19%)	(55%)
	Offering process deviation due to COVID-19	6	(7%)	(19%)
	Not accepted by KTS	4	(4%)	(13%)
	RM authorisation/unstable donor	2	(2%)	(6%)
	No named recipients on matching run (BMI \geq 31 or low age, low BMI donor)	1	(1%)	(3%)
	Declined after KTS/x-clamp/retrieval incs damaged/fatty	1	(1%)	(3%)