## 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 5 calendar years between 1 January 2020 and 31 December 2024. Data were obtained from the UK Transplant Registry on both donors after brain death (DBD) and donors after circulatory death (DCD) pancreas donors aged 65 (DBD) or 55 (DCD) years or less prior to 1<sup>st</sup> October 2020, and 60 (DBD) or 55 (DCD) years or less otherwise. 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 1,557 pancreas donors, 39% were offered through the scheme in the 5 year 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 calendar year.
- 6. The proportion of donors fast tracked in the latest calendar year was 39% of DBD, a reduction from 44% in 2018/19, and 43% of DCD, an increase from 39% in 2018/19.
- 7. Overall, of the 601 pancreas donors offered through the scheme, 243 (40%) were subsequently accepted for transplantation and 106 (18%) were transplanted. Of the 106 transplanted, 87 were transplanted as whole organs and 19 as islets.
- 8. **Table 2** shows, for the 5 year period January 2020 to December 2024, the trigger recorded by Hub Operations for fast tracking 601 donors. The main reason was "Declined after knife

to skin (KTS)" in 233 (39%) cases. In 26 (4%) 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.

- 9. Table 3 shows a breakdown of the reasons for decline for those organs that were fast tracked due to being declined by 4 (DBD) / 3 (DCD) centres for organ or donor reasons. The most common reasons for decline were donor past history (44%), size (12%), donor age (12%), and poor function (7%); these proportions were similar for DBD and DCD organs. The reasons for decline for offers from these donors was also similar in organs which were transplanted and organs which were not transplanted.
- 10. Table 4 shows reasons for fast tracking for the 106 pancreases which were eventually transplanted. Of these 106, 75 (71%) were DBD donations and 31 (29%) were DCD donations. Of the 75 DBD donations, 35 (47%) 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 52 (49%) cases.
- 11. Of the 87 pancreases fast tracked in the 5 year period and transplanted, follow-up was available for 80 and the one year Kaplan-Meier graft survival was 87% (95% confidence interval 76-94%). Of the 19 islet transplants, 12 were routine and seven were priority top-up grafts. Of the 12 routine transplants, 10 have follow-up, five of these grafts have failed, four before one year and one at one year post-transplant.

#### ACTION

12. The most recent change has been in place for over five years. In 2023, the proportion of pancreas donors fast-tracked was lower than the previous three years, but in the latest year there has been an increase in the proportion of both DBD and DCD donors fast tracked; the number of donors fast tracked, however, was similar to previous years. The scheme will continue to be monitored.

Lewis Simmonds Statistics and Clinical Research

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Table 1	Outcome o 2024	of pancreases o	offered through the f	ast track sc	heme, by	calendar yea	r, 1 January	2020 – 31	l December
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)
2020	DBD	190	65 (34%)	27	8	35	11	2	13 (20%)
	DCD	57	28 (49%)	13	2	15	9	0	9 (32%)
	Total	247	93 (38%)	40	10	50	20	2	22 (24%)
2021	DBD	226	80 (35%)	19	10	29	13	5	18 (23%
	DCD	83	34 (41%)	12	1	13	3	1	4 (12%
	Total	309	114 (37%)	31	11	42	16	6	22 (19%
2022	DBD	231	85 (37%)	15	13	28	7	4	11 (13%
	DCD	111	58 (52%)	25	1	26	10	0	10 (17%
	Total	342	143 (42%)	40	14	54	17	4	21 (15%
2023	DBD	243	86 (35%)	24	10	34	10	4	14 (16%
	DCD	122	46 (38%)	15	0	15	4	0	4 (9%
	Total	365	132 (36%)	39	10	49	14	4	18 (14%
2024	DBD	203	80 (39%)	25	7	32	16	3	19 (24%
	DCD	91	39 (43%)	15	1	16	4	0	4 (10%
	Total	294	119 (40%)	40	8	48	20	3	23 (19%

Table 2	Reasons for fast tracking, by calendar year, 1 January 2024	2020 – 31 D	2020 – 31 December		
Reason		Ν	(%)		
	ter KTS/x-clamp/retrieval includes damaged/fatty	233	(39%)		
Not accepte	4 (DBD) / 3 (DCD) centres for organ or donor reasons	125 106	(21%) (18%)		
Declined po		42	(7%)		
Deemed unusable		37	(6%)		
Offering process deviation due to COVID-19		26	(4%)		
No (or no more) named recipients on matching run (BMI=>31 or low age, low BMI donor)		18	(3%)		
RM authoris	sation/unstable donor	8	(1%)		
Positive virc	ology donor	6	(1%)		
Total		601			

Table 3	Reasons for declir declines for organ December 2024						
Reason		DBD	(%)	DCD	(%)	Total	(%)
Donor	Donor		57	109	64	263	59
Past h	nistory	124	46	73	43	197	44
Age		22	8	29	17	51	12
Other		4	1	7	4	11	2
Cause	e of death	4	1	0	0	4	1
Organ	Organ		28	41	25	117	26
Size	-		11	20	12	51	12
Poor function Other		23	8	10	6	33	7
		8	3	8	5	16	4
Dama	ge	4	1	3	2	7	2
Better	match required	6	2	0	0	6	1
Ischae	emia time	4	1	0	0	4	1
Other/Unknown/Not reported		42	15	21	12	63	14
Total		272		171		443	

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Donor Type	Reason	Ν	(%)	(% of Type)
DBD	Declined by 4 centres for organ or donor reasons	35	(33%)	(47%)
	Declined after KTS/x-clamp/retrieval includes damaged/fatty	9	(8%)	(12%)
	Not accepted by KTS	9	(8%)	(12%)
	Offering process deviation due to COVID-19	9	(8%)	(12%)
	No (or no more) named recipients on matching run (BMI≥31 or low age, low BMI donor)	7	(7%)	(9%
	Positive virology donor	3	(3%)	(4%)
	RM authorisation/unstable donor	2	(2%)	(3%
	Declined post isolation	1	(1%)	(1%)
DCD	Declined by 3 centres for organ or donor reasons	17	(16%)	(55%)
	Offering process deviation due to COVID-19	6	(6%)	(19%)
	Not accepted by KTS	3	(3%)	(10%
	RM authorisation/unstable donor	2	(2%)	(6%
	No (or no more) named recipients on matching run (BMI≥31 or low age, low BMI donor)	2	(2%)	(6%
	Declined after KTS/x-clamp/retrieval includes damaged/fatty	1	(1%)	(3%