PAG(M)(24)01

NHS BLOOD AND TRANSPLANT
ORGAN AND TISSUE DONATION AND TRANSPLANTATION

THE MINUTES OF THE FORTY FIFTH MEETING OF THE PANCREAS ADVISORY GROUP AT 10:30AM ON 9th MAY 2024 Via Microsoft Teams

ATTENDEES:

Prof. Steve White	**PAG Chair**
Mr Arthi Anand	BSHI Representative
Mr Argiris Asderakis	Cardiff and Vale Representative
Mr Adam Barely	Specialist Nurse - Service Delivery OTDT, NHSBT
Mr Chris Callaghan	Guy's and St. Thomas' Representative
Mr John Casey	PAG Islet Steering Group Chair
Mr Yee Cheah	King's College Hospital Representative
Mrs Claire Counter	Statistics and Clinical Research, NHSBT
Mr Ian Currie	UK Clinical Lead for Retrieval, NSHBT
Ms Gail Defries	Addenbrookes Recipient Co-ordinator Representative
Mr Martin Drage	Guys Transplant Unit
Mr Doruk Elker	Statistics and Clinical Research, NHSBT
Mr Mohamed Elzawahry	Oxford University Hospitals
Mr James Hunter	Oxford University Hospitals
Mrs Lora Irvine	Isolation Laboratory Manager, Edinburgh
Prof. Derek Manas	Medical Director, OTDT, NHSBT
Dr Adam Mclean	WLRTC & Hammersmith Hospital
Mr Zia Moinuddin	Manchester Representative
Ms Cara Murdoch	SNOD Representative
Mr Anand Muthusamy	WLRTC & Hammersmith Hospital
Ms Victoria Prior	Edinburgh Recipient Co-ordinator Representative
Ms Sarah Jane Robinson	Patient Representative
Mr Neil Russell	Cambridge Representative
Mr Edward Sharples	Oxford Representative
Mr Lewis Simmonds	Statistics and Clinical Research, NHSBT
Mr Sanjay Sinha	Oxford Transplant Centre & Clinical Governance, NHSBT
Mr Andrew Sutherland	Edinburgh Transplant Centre representative
Mr David Van Dellen	Manchester representative
Ms Rhiannon Wallis	Statistics and Clinical Research, NHSBT
Mrs Julie Whitney	Head of Service Delivery, OTDT Hub, NHSBT
Mr Colin Wilson	Newcastle Transplant Centre & BTS Representative

IN ATTENDANCE:

Chloe Bainbridge	Clinical & Support Services, NHSBT

APOLOGIES: Alistair Lumb, Rommel Ravanan, Sarah Watson

PAG(M)(24)01

ITEM		ACTION
1	**Declarations of interest in relation to agenda** Welcome to C Bainbridge as the new Advisory Group Administration Officer for PAG. Welcome to x 2 PAG Recipient Co-ordinator representatives G Defries from Addenbrookes, and V Prior from Edinburgh Royal.	
2	**Minutes of the meeting held on 16th November 2023 - PAG(M)(23)03**	
2.1	**Accuracy** Page 2. Reference to Net Zero work, should refer to John O Callaghan as opposed to Chris Callaghan.	
2.2	**Action points - PAG(AP)(23)03** **AP2 Associate Medical Director's Report** D Manas confirmed the Donor Histopathology interim solution has received £80,000 from NHS England. Software used for digital scanners used as part of the PITHIA trial are being upgraded to support donor histopathology investigations for transplantation purposes. Commitment from pathologists to support this interim solution which involves BMS preparation of digital slides which pathologists will review remotely until the long-term solution Donor Histopathology is defined. NHSBT are collecting details of all missed opportunities to strengthen a long term solution to Donor Histopathology but this needs funding commitment.	
	AP 3 Incidents for review: PAG Clinical Governance Report See agenda item 4.	
	AP4 High quality organ offer declines See agenda item 4.6.	
	AP5 Contraindications to pancreas donation - POL 188 Partially complete, changes to POL 188 (contraindications) complete. Obvious contraindications of necrotising pancreatitis and portal vein thrombus have been incorporated in POL188 which is now live. Changes to lower weight limit requires further discussion and consideration. A weight criterion has been proposed, however this requires further discussion and consideration as it links closely with renal offering.	
	Action: Co-ordinate a meeting between S White and J Whitney to establish weight criteria to implement into POL188 to improve the consent and offering processes for donor pancreases.	**C Bainbridge**
	AP6 Use of HTK See agenda item 3.2.	
	AP7 SABTO guidance update S White reminded the group that Centres should familiarise themselves with new SaBTO guidance.	
	AP8 Recipient coordinator update	

ITEM		ACTION
	Ongoing item where the configurable waiting list has been showing kidney waiting time, not pancreas waiting time which is causing confusion in some centres. C Counter is awaiting feedback whether a specific centre report by Statistics would be useful.	
	Action: Provide feedback to C Counter need for specific centre report for configurable waiting list.	**E Sharples**
	AP9 Standard Listing Criteria S White reminded the group of the ongoing need for supplementary registration forms to be returned in a timely manner.	
	Action: Confirm whether there has been an improvement in return rates that were reported to range 51% to 100% from whole pancreas centres at PAG held on 16th November 2023.	**C Counter**
	AP10 Pancreas transplant listing exemption requests and outcome of previous applications to appeals panel Bristol funding for patient work up redirected to Oxford. Cannot speak on behalf of Royal Free for where their patient assessments are done. Oxford are seeing patients from London who have been specifically referred to P Johnson as they share the joint beta cell replacement clinic. There is more work to be done through NHS England SMT to define how centres are renumerated.	
	Action: Road map a resolution for centre renumeration of patients for work up at other centres at proposed Islet Summit.	**S White and D Manas**
	AP11 AOB Response to sending Deputy representatives from each centre to be present at PAG has been positive. TransplantPath login information should have been requested by all PAG members by now, no issues raised.	
2.3	**Matters arising, not separately identified** No matters arising.	
3	**Associate Medical Director's report** The Advisory Groups (AGs) are the official forum for decision making and 'sign off'. Discussions for example at Centre Director meetings and subgroup meetings need to be taken to AGs for final sign off. D Manas would like to be invited to future AG agenda setting meetings. New appointments: o Tracey Rees CSO H&I retried in November 2023. o David Briggs from NHSBT H&I is covering the role for 6 months as part of a pilot. o Lorna Marson Associate Medical Director for Research and Development has now been appointed as a Non-Executive Director – OTDT.	

ITEM **ACTION**

- The Research and Development Associate Medical Director roles is being covered by Rommel Ravanan in the interim.
- Programme Lead appointed to support NHSBT led OUG recommendations.

Net Zero Group recommendations are soon to be updated on the website. Accepting expressions of interest for lead of this group with the offer of 0.5PA renumeration for the role. Group has been led to date by John O'Callaghan and Matthew Wellberry Smith.

Funding 2024/ 2025 includes CLU funding and DCD Hearts. Long term plan to build into baseline funding.

Histopathology update as per Action Point 2.

NLOS review had commenced and likely to take 6 months to complete.

Several members of OTDT Clinical Team are members of ISOU.
Chris Callaghan co-chair of the Trust Engagement Steering Group.
Recommendation 5 of the OUG – Cardiothoracic review. Commenced with ICE review in April 2024. All CT units meet with ICE and participated and presented well.
Challenge appears to be Organ Utilisation and there is a willingness to pursue CT scanning of all donors.

ARCS, OBC from 2021 to be updated and Deloitte who previously supported this work may support this work. Vision is to include updated OBC in spending review submission.

Issue of consent is a current challenge currently achieving only 60%. Recent House of Lord Round table discussion, discussion predominantly focused on consent rates and requirement to devise a marketing campaign to increase understanding and decisions re opt out legislation.

Renal Transplant Collaboratives in place and DMM would like Pancreas to be included as part of Renal Transplant Collaboratives.

Over the past year the fragility of the Islet Labs has become apparent. Kings islet lab is to re-open in July 2024 or later. DMM plans to hold a Islet summit to discuss sustainability and the future service, finalised for 10th December 2024.

HHV8 testing in donors continues with 30 positive cases to date and 4 donor derived transmissions. Challenge with how HHV8 disease should be managed, NHSBT cannot give medical advice, discussions ongoing with the BTS on how best to provide advice.

ITEM		ACTION
	ERAS Kidney project is progressing well. SW has expressed interest in joining the group to understand opportunities for ERAS Pancreas project. Lisa Burnapp is leading this work. Discussion with regards to Renal and Pancreas Transplant Collaboratives. Members think that separate Pancreas and Islet Collaboratives maybe more effective. **Action: Steve White, John Casey, Derek Manas and Gareth Jones to meet to discuss the ask for separate Pancreas and Islet Collaboratives.**	**C Bainbridge**
3.1	**ODT Hub update** No further update. See AP10 and Agenda Item 3.4 for recent activity.	
3.2	**HTK/UW** 'Utilisation and post-transplant outcome of organs by perfusion fluid' by Rachel Hogg (NHSBT Stats), I Currie and D Manas was presented by I Currie. The data presented was based on a cohort of UK donors who proceeded to donate at least one organ of kidney, pancreas, and liver from 1st January to 30th September 2022 when UW was used and 1st January to 30th September 2023 when HTK was used. Organ utilisation in the data has been defined as the proportion of organs retrieved where perfusion fluid is used, rather than the proportion of organs offered in the time periods. D Manas thanked R Hogg for the hard work pulling this data and presentation together. 1930 donors were considered of which 994 were from the UW period and 936 HTK. For pancreases, 50% were transplanted with UW and 50% with HTK. For adult SPK transplants with survival information, there was no significant difference in 90 day graft survival after adjusting for known risk factors. There was no significant difference in rates of delayed graft function in SPK cohort. There was no significant difference in occurrence in graft pancreatitis between those that had UW or HTK. There was no significant difference in median days in ITU post-transplant or median days in hospital post-transplant. **Action: Review of data collection: Present kidney function in the SPK cohort as well as pancreas outcome post-transplant try to present at the next PAG meeting; Discuss eGFR value in data analysis.**	**I Currie**
	Action: Provide I Currie and R Hogg donor numbers where a different perfusion fluid had been used on the back bench versus actual fluid used at retrieval these need to be removed from the final analysis.	**N Russell**

ITEM		ACTION
3.3	**TransplantPath** Members gave positive feedback for TransplantPath though it was fed back that they are uncomfortable seeing 'donor names' on TransplantPath. S Sinha thought adding the donor date of birth to access Transplant Path using '/' was cumbersome. J Whitney will feedback to TransplantPath team and feedback rationale for TransplantPath users to see donor name despite not being a feature of EOS previously. Future iterations of TransplantPath will be able to accommodate changes to the user interface if required. **Action: Feed back to Transplant Path team to consider re-design of some aspects of the interface.**	**J Whitney**
3.4	**SCORE** Joint KAG and PAG meeting recently re SCORE. J Whitney has conveyed feedback following this meeting re: offering of Kidney and Pancreas timing windows and as a result additional modelling needs to be undertaken. Formal presentation and final decisions will be presented at next PAG meeting. SCORE in the Proposal phase, next steps will need to write business case. Implementation phase with be over a long period of time. **Action: Provide presentation on the modelling of future offering with SCORE.**	**J Whitney**
4	**Governance**	
4.1	**Incidents for review: PAG Clinical Governance Report - PAG(24)01** S Sinha (deputising for R Baker) reported no updates from the Clinical Governance team.	
4.2	**Summary of CUSUM monitoring following pancreas transplantation- PAG(24)02** A CUSUM trigger for Manchester which is now closed. D Manas queried whether CUSUM triggers can be reviewed. C Counter confirmed they are reviewed every couple of years but agreed to a review. There have not been many early graft failures within 30 days which is a trigger for CUSUMs to be raised, though this can be reviewed again.	
4.3	**Pancreas transplant comparisons - PAG(24)03** Agenda item was not discussed at meeting due to time constraints, to discuss at next PAG meeting.	
4.4	**Pancreas damage** S Sinha presented a proposal of a grading system to standardise the way damage is described between retrieval teams and transplant teams. This will also help from a governance point of view and make it easier to review trends and types of damage.	

ITEM		ACTION
	Action: The group are asked to review the draft grading system to feed back to the group any suggestions.	**ALL**
	Action: Co-ordinate a meeting to further discuss improvements to communication of grades of pancreas damage with S White, S Sinha, M Berman, I Currie and J Whitney.	**C Bainbridge**
	Action: Report at next meeting whether there has been an increase in pancreas damage cases at the next meeting.	**R Baker**
	Action: S White and C Counter to discuss how damage is recorded and scope to change this.	**C Counter**

I Currie asked the group to consider the difference between 'surgical damage' and 'organ damage' when completing HTA-B forms. There have been occasions where multi-trauma patients with organ damage have been coded as 'surgical damage'. This generates additional work for the Information Services and Governance team to review when it would otherwise not be required if coded correctly in the first instance.

4.4.1 Organ Damage and Quality - PAG(24)04
See Agenda item 4.4

4.5 Solid Organ Pancreas Clinical Leads in Utilisation
Funding is confirmed for local and lead CLUs for 2024/2025

Pancreas CLUs have been focusing on:

- Standardising turn down meetings which are valuable but should not be punitive. There has been exploration of the possibility of joint meetings and their potential benefits. This exploration into standardisation is ongoing.

- OUG Report Outcome 10 – focussing on the data that will be reported to hospital Chief Executives. Ensuring the reports are standardised across the organ groups. CLUs have been invited to review the work on this so far for their feedback for any improvement suggestions. 3 key metrics will be reported that are relevant and actionable for Chief Executives: outcomes after listing, total offer declines and time on waiting list. These outcomes will be graphically presented annually to view data as comparative groups to other centres (including similar Trusts and larger Trusts).

- A recent publication from within PAG published a paper regarding prolonging the
  wait for DCD organs even after 3 hours recognising the benefit of the extended time based on careful donor and recipient selection.

ITEM **ACTION**

- TransplantPath will hopefully reinvigorate previous work for graphic (visualisation and photographic) assessment of pancreas for fatty filtration and fibrosis. As more visualisation is performed online, the CLUs can retrospectively review TransplantPath repository and correlate images with donation and transplant outcomes.

- Hammersmith are keen to perform a pilot study on patients who have had a recent CT scan to see if appearance of pancreas correlates to CT scan imaging.

- Consensus around organ acceptance criteria. An NHSBT working group will be put together to consider factors such down time, damage, ligature, and alcohol consumption. Funding submission to review acceptance criteria has been unsuccessful. Plans are in place to rewrite application and resubmit.

4.6 High quality organ offer declines

'High Quality Donor' deceased donor criteria shared with the group:
No history of malignancy, no history of viral transmission (HBsAg, HCVAb, HIV, HTLV), Age (>15 and <50 years old), BMI <27 kg/m^2, no cardiac arrest > 60 minutes duration and ITU stay <10 days.

Work was initiated by C Callaghan and subsequently paused over COVID-19. Work recommenced in December 2021. Scheme is seen as a constructive case for challenge and potential change.

Themes of letter responses indicate common themes as barriers to transplantation included internal problems issues with capacity (critical care beds, logistics of theatre use) and unable to simultaneously transplant 2 patients.

Oxford have received a higher proportion of letters, though it is noted they have a much higher proportion of patients receiving offers relative to other centres. Patients at Oxford that have not been given access to transplantation due to ITU capacity in the first instance typically receive another offer of organ and ITU bed availability within 12 weeks. Despite long term and complex logistical challenges, transplant times and waiting times remain stable at Oxford.

Action: D Manas, C Callaghan, D VD and S White to sign a letter by D Manas to the Chief Executive at Oxford to highlight the ongoing logistical issues at Oxford centre using 'High Quality Organ Declines' data to illustrate the impact on transplantation. **D Manas**

J Casey is interested to know more with regards to high quality organ offer decline schemes with a view to potentially replicate in some form across islets. Islet groups need to agree on metrics to be used for future communication with Chief Executives relating to islet utilisation and declines.

ITEM		ACTION
	Action Point: Assemble a working group to formalise incorporating islet group with work already underway for whole organ utilisation and declines.	**D Van Dellen**

4.7 DCD working group

In the current offering scheme, transplant centres geographically closest to offering centres are allocated more points than other centres. Less points are allocated to the next two centres; this is in consideration of extended CIT for centres further away from the offering centre.

Equity of access is a concern within the group with an awareness that patients outside of central England were not given the same access to offers based on the current scheme.

However, C Callaghan has published data that indicates pancreas CIT was not a strong predictor of outcomes for DCD donations. Median CIT for DBD donors (particularly for SPK versus DCD) were similar across the UK which has raised further consideration of reviewing the current offering system to improve greater equity of access.

It was proposed that there could be a reduction in point allocation for the closest transplant centre. There are kidney outcomes that will need to be considered for SPK offering in this ongoing work. J Whitney raised that a change to offering scheme could impact on flight availability and SCORE will be influential in planning future offering scheme improvements.

	Action: Investigate the retrieval logistics for Belfast DCD donations and discuss with commissioning.	**J Whitney**
	Action: Arrange another DCD Working Group meeting to further discuss DCD allocations.	**A Sutherland**

5 HOPP Protocol approval - PAG(24)05

Hypothermic Oxygenated machine Perfusion in pancreas preservation for transplantation (HOPP) Protocol to trial its safety and feasibility for use in transplantation.

HOPP will deliver oxygen in cold temperatures which have been Proven beneficial in kidney and liver preservation. It is hoped it will Reduce ischaemia-reperfusion injury leading to pancreatitis.

30 donor pancreases as part of donor SPK will have 120 minutes of hypothermic oxygenation at recipient centre. This is a single centre study based in Oxford.

Primary endpoint will be 90 day graft survival. Back table assessment of pancreas and kidney will determine eligibility. If pancreas is not accepted for transplant at Oxford, it will not be enrolled in the trial and will be offered out nationally as standard. If pancreas is transplantable but hypothermic

ITEM		ACTION

perfusion is not feasible, it is transplanted as standard but not enrolled in trial.

If any 2 out of 6 consecutive grafts are lost within 30 post operative days, the trial will be paused for investigation for whether graft loss is related to HOPP intervention. It is hoped recruitment will begin July/August 2024 pending sponsorship and MHRA approval.

S White and the group agreed in giving support of the study and look forward to being presented with the data relating to transplant outcomes of HOPP pancreases.

6 Pancreas Transplant Activity

6.1 Fast Track Scheme - PAG(24)06

Standard review of the pancreas fast track scheme since the introduction of the 8 hour CIT looking at a time period between 1st April 2019 and 31st December 2023. Of 1618 pancreas donors, 39% were offered through this scheme in this period which was an overall reduction from 43% in 2018/2019.

The most common reasons for fast tracking organs that were eventually transplanted in DBD donors was 'Declined by 4 centres for either organ or donor reasons' (49%) and DCD donors 'Declined by 3 centres for organ or donor reasons' (59%).

Action: Expand upon data presented and further break down data for specific reasons why DBD and DCD donor pancreases are being declined by multiple centres beyond 'organ or donor reasons'. **L Simmonds**

Experience was shared where pancreases have been offered to centres beyond the 4 hour CIT limit. C Counter indicated that this was probably intended as an offer for an islet patient but the fast track offer was made to all centres instead of islet centres. Pancreases from high BMI donors are prioritised for islet patients on the matching run and may not result in any matches but are potentially not being offered out to centres for potential whole pancreas recipients.

Action: J Whitney and C Counter to investigate whether previous pancreas donors have been offered by Hub Ops where the pancreas has exceeded the cold ischaemic time (CIT) of 4 hours and confirm the offering sequence is clear for the Organ Allocation Specialists in Hub Operations. **J Whitney**

6.2 Transplant list and transplant activity - PAG(24)07

Since COVID-19, donor and transplant numbers have increased but have not yet returned to pre-COVID-19 levels yet. However, the list has increased and is at its highest point in the last 10 years at 326 patients (291 whole pancreas; 35 islet).

S White noted from the data that some centres show equal numbers for waiting lists between the two time periods, while some centre waiting lists are

ITEM **ACTION**

up whilst their centre transplant numbers are going down. D Manas agreed this required further exploration.

Action: S White to discuss with C Counter and L Simmonds how the data can show reasons for rising waiting list number versus transplantation numbers. **S White**

6.2.1 Group 2 patients report

Post meeting note: There were no Group 2 patients transplanted.

6.3 Transplant outcome - PAG(24)08

Outcomes following SPK transplant from DBD donors, showed one year pancreas graft survival was lower for transplants in 2021-2022 compared to 2019-2020 (87% vs 94%), but not statistically significant. One year kidney graft survival was 97% for the later period.

The picture was similar for SPK outcomes from DCD donors: one year graft survival was lower at 86% in the latest period compared to 95%, although not statistically significant.

7 Pancreas Islet Transplantation

7.1 Report from the PAG Islet Steering Group

Reports from the clinical group reflect a growing islet activity – units are seeing more referrals and listing of more patients.

There was no representation at the Islet Steering Group for Oxford or Royal Free. Patients from Royal Free are being referred to King's

King's laboratory downtime is anticipated to continue until July. There has been pressure on labs but they have maintained levels of activity leading to good outcomes, including 40% conversion rate to transplantation.

There are plans to have a summit regarding islet transplantation in the UK, largely focussing around the labs but there will be some clinical discussion as well. Hoping to have the summit in early December. Discussion will include organisational issues and there will be presence of funding and commissioning groups for England and Scotland.

7.2 Islet isolation outcomes - PAG(24)09

L Simmonds shared a report of pancreases taken and retrieved for islet transplant. There was data on 166 donors in the last three calendar years, 52 of those being the most recent calendar year of 2023.Of 51 which were indicated to have isolation started and 21 were transplanted giving an overall conversion rate of 41%.

7.3 Islet transplant activity and outcome - PAG(24)10

C Counter shared a report that in 2023 there were 21 islet transplants in 20 patients, 8 were SIK and 6 were DCD donors. In December 2023, there were

ITEM **ACTION**

35 patients on the waiting list, of which 18 were SIK patients. Islet graft survival and metabolic outcomes were also presented.

S White asked for an update from Y Cheah for King's activity which was attributed to low referral rate and improvement of accessible technology in managing type 1 diabetes, which will lead to a reduction in referrals as patients manage better with pumps and sensors. Their patients also receive education and psychological support in changing their behaviours that may otherwise contribute to hyperglycaemia risks. These options for patient management of their condition compete with the requirement for transplant referral. S White suggested that there is scope to reallocate funding if it is being underused at King's for transplantation as Y Cheah confirmed at time of PAG there were no patients waiting, however the situation with the King's islet laboratory has changed the way patients are being assessed for listing for islet transplant.

J Casey raised that there are some patient groups that will benefit from a referral for islet transplantation before taking a prolonged route of using technology and therapy. This will be taken to islet summit for discussion.

D Manas queried why SIKs have not been engaged with as a treatment at all centres compared to 2 centres who engage more often (Edinburgh and Manchester) and was concerned patients were not given the same treatment options between centres.

A Sutherland offered experience from Edinburgh that patients who did not want an SPK were offered an SIK automatically. S White stated that Newcastle patients are presented with all treatment options but are successful controlling their HbA1c with technology. N Russell agreed patients are informed of options but travel to transplant centres may not be appealing for patients. There is also variation in route patients are referred between centres (nephrology versus diabetology) which means some are already in established renal failure which can impact on the kind of referral made for transplant. C Callaghan highlighted that there is geographical disparity due to pancreas units not being co-located with an islet unit which reduces access.

S J Robinson provided an example of the North West's focus on managing type 2 diabetes with technology but different regions may not support funding for use of pumps and sensors for those patients which limits patient options.

Action: Contact President of Renal Association and investigate route for more education regarding islets and SIKs for Diabetologists who are not used to transplant referrals. **D Manas**

7.4 Age limit for NRP DCD pancreases

J Casey queried isolation from DCD donors who have undergone NRP and whether the age cut-off should be increased. The request to raise the age

ITEM		ACTION

limit for NRP DCD pancreases to 60, was brought to PAG following previous discussing with ISG.

J Whitney indicated POL188 will need updating to ensure offering was updated from a SNOD perspective for consent processes. It was also pointed out that it is difficult to know at the point of offering which donors will be NRP donors as this is known once the NORS team has been allocated after offering. Any change to age limits at offering would therefore apply to all DCD donors. J Casey suggested that donors will be accepted until it is known they are not for NRP, but the overall change to age limit will be a step forward in ensuring more pancreases for islets are offered.
D Manas approved of the change and extended to the group for any agreements or objections. S White and the group confirmed a majority agreement to the change of age limit.

Action: J Whitney to initiate changes to POL188 for consenting and offering processes for pancreases for islets. **J Whitney**

8 Standard Listing Criteria

8.1 Summary data - PAG(24)11

In last calendar year there were 220 registrations for pancreas listing and 34 for islets. Form return rates for whole organ registrations were between 41 and100% across centres, with a national return rate of 70%.Form return rates for islets was 63-100% across centres, with a national return rate of 79%.

L Simmonds reminded the group that if a patient has been listed outside of the criteria in error, these patients should be removed and not suspended as suspension accrues waiting time points in cases where they should not have been listed initially.

8.2 Pancreas transplant listing exemption requests and outcome of previous applications to appeals panel

S White confirmed no comments for the group for pancreas listing exemptions.

9 Recipient coordinator update

V Prior and G Defries confirmed no update.

10 Format of future PAG and ISG meetings

It was proposed that due to PAG members also attending ISG meetings, it would be beneficial to trial combining PAG and ISG in a face-to-face meeting with both groups attending.

Future online meetings on MS Teams for PAG and ISG will not be combined, they will remain separate.

The combined meeting for PAG and ISG is scheduled for 28th November 2024.

ITEM		ACTION
11	**Any Other Business** SJ Robinson attended a workshop with Diabetes UK in February 2024 which was hugely beneficial for making connections. She will appear in an article by Diabetes UK with her family later this year. **Action: Update group once the media material is available for dissemination to the group.**	**SJ Robinson**
12	FOR INFORMATION ONLY 12.1 Summary from Statistics & Clinical Research - **PAG(24)12** 12.2 Transplant activity report - **PAG(24)13** 12.3 Current and Proposed Clinical Research Items - **PAG(24)14** 12.4 QUOD - **PAG(24)15**	
13	**Future meeting dates:** Pancreas Forum - Manchester - Friday 24th May 2024 Joint PAG and ISG - The Wesley Hotel, Euston House, 81-103 Euston - Street, London, NW1 2EZ - Thursday 28th November 2024 Islet Transplant Summit – Tuesday 10th December 2024.	