

NHS BLOOD AND TRANSPLANT
PANCREAS ADVISORY GROUP AND ISLET STEERING GROUP

AUDIT OF STANDARD CRITERIA FOR LISTING

SUMMARY

INTRODUCTION

- 1 Selection criteria for patients onto the national pancreas transplant list were agreed to accompany the pancreas allocation scheme and ensure equitable access to pancreas transplantation in the UK. Adherence to the criteria has been audited via the Supplementary Pancreas/Islet Registration form since 1 May 2012. This paper reports form return rates and any patient listings that do not meet the agreed criteria.

FORM RETURN RATES

- 2 There were 236 registrations between 1 April 2024 – 31 March 2025 compared with 227 between 1 April 2023 - 31 March 2024. Nationally the return rates for the supplementary form have reached 98% for whole pancreas and 93% for islet registrations. This return rate ranged across centres from 95% to 100% for whole pancreas forms and from 91% to 100% for islet forms. The form return rate was higher than in recent previous years.

STANDARD LISTING CRITERIA

- 3 Of the 147 new supplementary forms received between 1 February 2025 - 31 August 2025, all patients met the standard listing criteria.

ACTIONS

- 4 Members are asked to return the completed Supplementary Pancreas/ Islet Registration form as soon as a patient is listed. The content of the form has recently been updated to include two additional questions and reword criteria for listing for islets as agreed at ISG. Please ensure the copy of the form being completed has an effective date of 23 September 2025.
- 5 Members are reminded that patients who no longer meet the requirement for a priority islet listing (e.g routine graft has failed or reactivation to priority list following period of suspension is more than 12 months after routine transplant) need to be removed from the priority transplant list and activated on the routine list. Centres must telephone ODT Information Services when doing this to have the patient's accrued waiting time, from priority registration date, transferred to the routine registration.
- 6 For any patient transfer, between centres or transplant lists, it is essential that ODT Information Services are contacted by telephone (0117 975 7523) to ensure accrued waiting time is transferred correctly to the new registration. Following the telephone notification, the centre must then confirm changes in writing by sending an email to ODTRegistrationTeamManagers@nhsbt.nhs.uk.
- 7 If a patient has been listed outside the criteria in error, members are reminded that these patients should be removed, as opposed to suspended, from the waiting list immediately unless an appeal is approved. This is to prevent these patients accruing waiting time on the list while suspended since they should not have been listed initially.

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INTRODUCTION

- 8 Selection criteria for patients onto the national pancreas transplant list were agreed to accompany the pancreas allocation scheme and ensure equitable access to pancreas transplantation in the UK. An audit of new registrations was proposed to ensure these criteria are being met and data collection commenced 1 May 2012. This paper reports form return rates between 1 April 2024 - 31 March 2025 and patient listings between 1 February 2025 - 31 August 2025 that do not meet the agreed criteria.

FORM RETURN RATES

- 9 **Table 1** shows the number of new registrations at each centre and the supplementary form return rates for the period 1 April 2024 – 31 March 2025. **Table 1** also shows the number of registrations that were within criteria or were approved by the Pancreas Advisory Group Exemptions Panel. Nationally, there were 236 new registrations for whole pancreas in the time period and the form return rate was 98% and ranged from 95% to 100% across the centres. For 40 new islet registrations in the time period the form return rate was 97.3% and ranged from 91% to 100% across centres.
- 10 Lists of registered patients with outstanding supplementary forms are sent out to centres each month.

Vascularised pancreas	Number of new registrations	Forms returned		No. within criteria/ approved	
		N	%	N	%
Cambridge	39	37	95	37	100
Cardiff	17	17	100	17	100
Edinburgh	16	16	100	16	100
Guy's	21	21	100	21	100
Manchester	65	64	98	64	100
Newcastle	14	14	100	14	100
Oxford	53	52	98	52	100
WLRTC	11	11	100	11	100
Total	236	232	98	232	100
Pancreatic islet					
Edinburgh	12	11	92	11	100
Manchester	16	15	94	15	100
Newcastle	1	1	100	1	100
Oxford	11	10	91	10	100
Total	40	37	93	37	100

STANDARD LISTING CRITERIA

- 11 **Table 2** shows the number of patients, by registration type, for whom we have received a registration form between 1 February 2025 - 31 August 2025 and who met the standard listing criteria.
- 12 Of the 147 new supplementary forms received in this time period, all patients met the standard listing criteria. Furthermore, there were no appeals which were approved by Pancreas Advisory Group appeals panel. The standard listing criteria, which have recently been updated, are shown in **Appendix 1**.

Registration type	Number of new forms received	Outside criteria		Approved appeals		Outside criteria and not approved	
		N	(% of forms)	N	(% of forms)	N	(% of forms)
IAPK	1	0	(0%)	0	-	0	-
SIK	13	0	(0%)	0	-	0	-
SPK	113	0	(0%)	0	-	0	-
PTA	5	0	(0%)	0	-	0	-
PAK	2	0	(0%)	0	-	0	-
ITA	4	0	(0%)	0	-	0	-
IAK	1	0	(0%)	0	-	0	-
Priority islet	8	0	(0%)	0	-	0	-
Total	147	0	(0%)	0	-	0	-

ACTION

- 13 Members are asked to return the completed Supplementary Pancreas/ Islet Registration form as soon as a patient is listed. The content of the form has recently been updated to include two additional questions and reword criteria for listing for islets as agreed at ISG. Please ensure the copy of the form being completed has an effective date of 23 September 2025.
- 14 Members are reminded that patients who no longer meet the requirement for a priority islet listing (e.g routine graft has failed or reactivation to priority list following period of suspension is more than 12 months after routine transplant) need to be removed from the priority transplant list and activated on the routine list. Centres must telephone ODT Information Services when removing the patient from the priority list and activating them on the routine transplant list to have the patient's accrued waiting time, from priority registration date, transferred to the routine registration.
- 15 For any patient transfer between centres or transplant lists it is essential that ODT Information Services are contacted by telephone (0117 975 7523) to ensure accrued waiting time is transferred correctly to the new registration. Following the telephone notification, the centre must then confirm changes in writing by sending an email to ODTRegistrationTeamManagers@nhsbt.nhs.uk.

- 16 If a patient has been listed outside the criteria in error, members are reminded that these patients should be removed, as opposed to suspended, from the waiting list immediately unless an appeal is approved. This is to prevent these patients accruing waiting time on the list while suspended since they should not have been listed initially.

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Appendix 1: Standard listing criteria by registration type

The standard listing criteria since 23 September 2025 are:

Simultaneous kidney/ pancreas (SPK) and simultaneous kidney/ islet (SIK)

- a. All patients listed should have insulin treated diabetes
- b. Patients listed with type 2 diabetes must have a BMI of $\leq 30 \text{ kg/m}^2$
- c. Patients listed must be receiving dialysis or have a GFR of $\leq 20 \text{ ml/min}$

Pancreas transplant alone (PTA)

- a. All patients listed should have insulin treated diabetes
- b. Patients listed with type 2 diabetes must have a BMI of $\leq 30 \text{ kg/m}^2$
- c. Patients must be assessed by a diabetologist to have disabling hypoglycaemia¹ or have HbA1c more than 58 mmol/mol despite optimised conventional therapy

Pancreas after kidney (PAK)

- a. All patients listed should have insulin treated diabetes
- b. Patients listed with type 2 diabetes must have a BMI of $\leq 30 \text{ kg/m}^2$
- c. Patients must be assessed by a diabetologist to have disabling hypoglycaemia¹ or have HbA1c more than 58 mmol/mol despite optimised conventional therapy

Islet transplant alone (ITA)

- a. All patients listed should have insulin treated diabetes
- b. Patients should have type 1 diabetes or diabetes secondary to pancreatectomy / pancreatitis. All should have confirmed C-peptide less than 200 pmol/l in presence of glucose $> 10 \text{ mmol/l}$
- c. Patients must be assessed by a diabetologist to have disabling hypoglycaemia¹ or have HbA1c more than 58 mmol/mol despite optimised conventional therapy

Islet after kidney (IAK)

- a. All patients listed should have insulin treated diabetes
- b. Patients should have type 1 diabetes or diabetes secondary to pancreatectomy / pancreatitis. All should have confirmed C-peptide less than 200 pmol/l in presence of glucose $> 10 \text{ mmol/l}$
- c. Patients must be assessed by a diabetologist to have disabling hypoglycaemia¹ or have HbA1c more than 58 mmol/mol despite optimised conventional therapy

Priority islet transplant (since 3 September 2014)

- a. All patients should be listed within 12 months of routine graft
- b. All patients should have a functioning routine graft (C-peptide $\geq 50 \text{ pmol/L}$) at the time of priority listing.

¹ As defined by National Institute for Health and Care Excellence (NICE):
NICE (insulin pump guidance) definition of disabling hypoglycaemia: "repeated and unpredictable occurrence of hypoglycaemia that results in persistent anxiety about recurrence and is associated with a significant adverse effect on quality of life. This can include American Diabetes Association (ADA) Level 2 hypoglycaemia ($> 1\%$ of time $< 3 \text{ mmol/L}$); impaired awareness of hypoglycaemia; fear of hypoglycaemia; hypoglycaemia impacting quality of life"