

NHS BLOOD AND TRANSPLANT
PANCREAS ADVISORY GROUP AND ISLET STEERING GROUP
ISOLATION STATISTICS

SUMMARY

INTRODUCTION

- 1 This paper provides information on the outcome of pancreases retrieved with the intention to transplant as pancreas islets as reported to the UK Transplant Registry. The information includes outcomes by islet isolation facility overall and by category of donor quality.

DATA

- 2 Data on 161 donors between 1 April 2022 and 31 March 2025, 57 of which were in the latest financial year, whose pancreas was taken and accepted for islet transplantation were analysed from the UK Transplant Registry (UKTR). A quarterly report of missing data is issued to each isolation facility to ensure data reported are as complete as possible. These data should be reported comprehensively on page 5 of the Deceased Donor Pancreas Information (DDPI) form. Where a form had not been received, data were sourced from Hub Operations notes and islet transplant data to ensure data were as accurately reported as possible.
- 3 Information was available for 161 (100%) donors in the whole time period and 57 (100%) donors in 2024/2025.

RESULTS

- 4 In the latest financial year, of the 57 pancreas donors analysed, 57 were indicated to have been used for isolation and 51 (89%) had isolation completed. Of these 51 completed isolations, 30 met the release criteria and 19 (63%) of those resulted in transplantation. The overall conversion rate from isolation started to islets transplanted is 40%. At each isolation facility, for this time period, the overall conversion rates were 33% at Edinburgh, 50% at King's and 42% at Oxford.
- 5 Of the 161 isolations commenced in the whole time period, 88 (55%) met the release criteria and 62 (39%) were eventually transplanted. All isolation facilities' met release criteria rates and conversion to transplant rates were consistent with the national rate.
- 6 Of the 57 pancreas donors, 4 (7%) were categorised as Grade A donors and had isolation started and all (100%) were subsequently transplanted.
- 7 For pancreas donors who had the relevant information reported, the transplant conversion rates of those where isolation was started were 35%, 40% and 40% in 2022/2023, 2023/2024 and 2024/2025, respectively.

ACTION

- 8 Isolation facilities are asked to ensure that the islet page of the DDPI form is completed fully including the time part of any date field and returned immediately to ODT Hub Information Services (PancreasFormReturns@nhsbt.nhs.uk). Please note this is a new email address. Please include the donor ID and "islet page 5" in the subject of the email. A quarterly report is issued to capture missing data from forms returned and outstanding forms.

Jenni Banks
Statistics and Clinical Research

September 2025

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INTRODUCTION

- 9 This paper provides information on the outcome of pancreases retrieved with the intention to transplant as pancreas islets as reported to the UK Transplant Registry. The information includes outcomes by islet isolation facility overall and by category of donor quality.

DATA

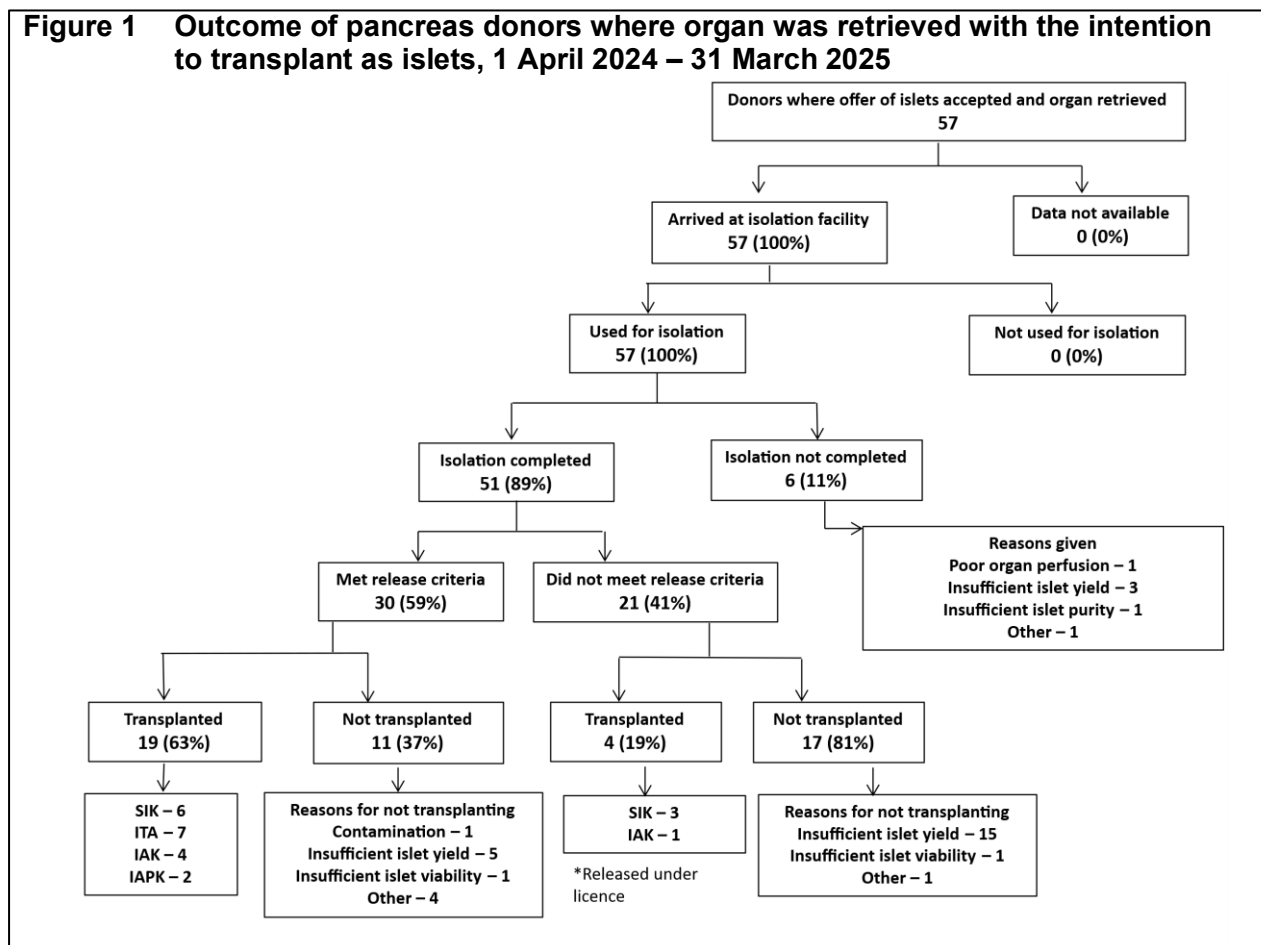
- 10 Data on 161 donors between 1 April 2022 and 31 March 2025, 57 of which were in the latest financial year, whose pancreas was taken and accepted for islet transplantation were analysed from the UK Transplant Registry (UKTR). Information from the islet isolation page of the Deceased Donor Pancreas Information (DDPI) form was used to identify those pancreases arriving at an isolation facility and whether the pancreas was isolated and subsequently transplanted. Where a form had not been received, information has been sourced from Hub Operations notes and islet transplant data to ensure data were as accurately reported as possible.
- 11 Information was available for 161 (100%) donors in the whole time period and for 57 (100%) in 2024/2025.
- 12 After isolation was completed the islets were deemed to be suitable for transplantation or 'met the release criteria' if islet yield $\geq 200,000$, viability $\geq 70\%$ and purity $\geq 50\%$. Viability and purity include 70% and 50%, respectively, because it is not possible to report to one decimal place and it was found that in some cases although exactly 70% viability or 50% purity had been reported, these could have been slightly over and therefore met the criteria. If the final product information was available for yield, viability and purity then this was used to determine the release criteria, otherwise post isolation outcomes were used.

RESULTS

- 13 **Figure 1** shows the outcome for the 57 donors between 1 April 2024 and 31 March 2025 where the pancreas was accepted and retrieved with the intention to transplant as islets. Overall, of the 57 indicated to have isolation started, 23 were transplanted giving a conversion rate of 40%. Of the 28 not transplanted, the main reason given was insufficient islet yield for the patient.
- 14 There were 41 isolations started from DBD donors, of which 16 (39%) were transplanted. This is slightly lower than the conversion rate from the 16 DCD donor isolations, 7 of which were transplanted (44%).
- 15 There were 4 transplants from isolations that did not meet the release criteria, 3 (75%) of which were due to low islet yield and 1 (25%) due to low islet purity. These were released under Edinburgh's license.

- 16 The 'other' reasons given for isolation not being completed in one case were: "purification failed" (1). The 'other' reasons given when the prep met release criteria but was not transplanted in four cases were: "recipient unwell" (3) and "cell clamping observed on receipt at transplanting centre" (1).

Figure 1 Outcome of pancreas donors where organ was retrieved with the intention to transplant as islets, 1 April 2024 – 31 March 2025



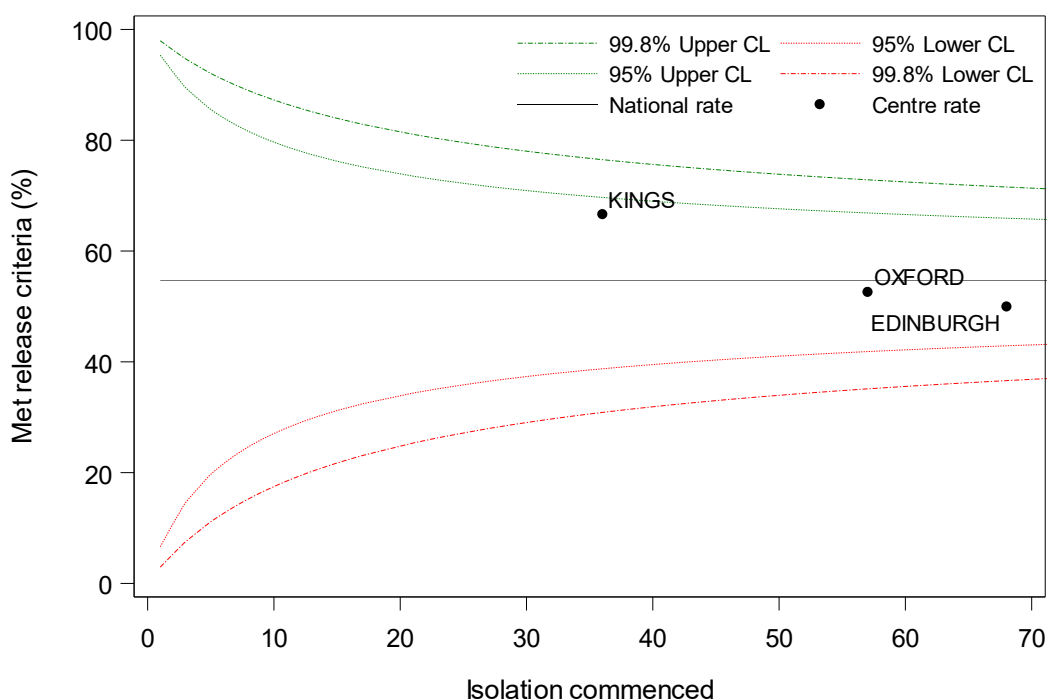
- 17 In Appendix I, the same information as **Figure 1** is shown separately for those donors who were first offered for islet patients (Figure I) and those first offered for whole pancreas patients (Figure II).
- 18 There were 161 donors whose pancreas was taken and accepted for islet transplantation in the last three financial years, 161 were indicated to have arrived at an isolation facility using information available. **Table 1** shows information on these 161, by financial year and isolation facility as reported on the islet page of the DDPI form. In 2022/23, the conversion rate from isolation started to transplanted ranged from 22% to 44% across the isolation facilities, and in the latest financial year it ranged from 33% to 50%.

Table 1 Isolation data by isolation facility, 1 April 2022 – 31 March 2025

Islet isolation facility	Arrived at facility		Isolation started		Isolation completed		Met release criteria (% of isolation started)		Met release criteria & transplanted		Transplanted overall (% of isolation started)	
	N		N	%	N	%	N	%	N	%	N	%
2022/23												
EDINBURGH	18		18	100	17	94	11	61	8	73	8	44
KINGS	18		18	100	15	83	12	67	7	58	7	39
OXFORD	18		18	100	16	89	10	56	4	40	4	22
TOTAL	54		54	100	48	89	33	61	19	58	19	35
2023/24												
EDINBURGH	26		26	100	26	100	14	54	8	57	13	50
KINGS	4		4	100	4	100	2	50	2	100	2	50
OXFORD	20		20	100	13	65	9	45	5	56	5	25
TOTAL	50		50	100	43	86	25	50	15	60	20	40
2024/25												
EDINBURGH	24		24	100	24	100	9	38	4	44	8	33
KINGS	14		14	100	13	93	10	71	7	70	7	50
OXFORD	19		19	100	14	74	11	58	8	73	8	42
TOTAL	57		57	100	51	90	30	53	19	63	23	40

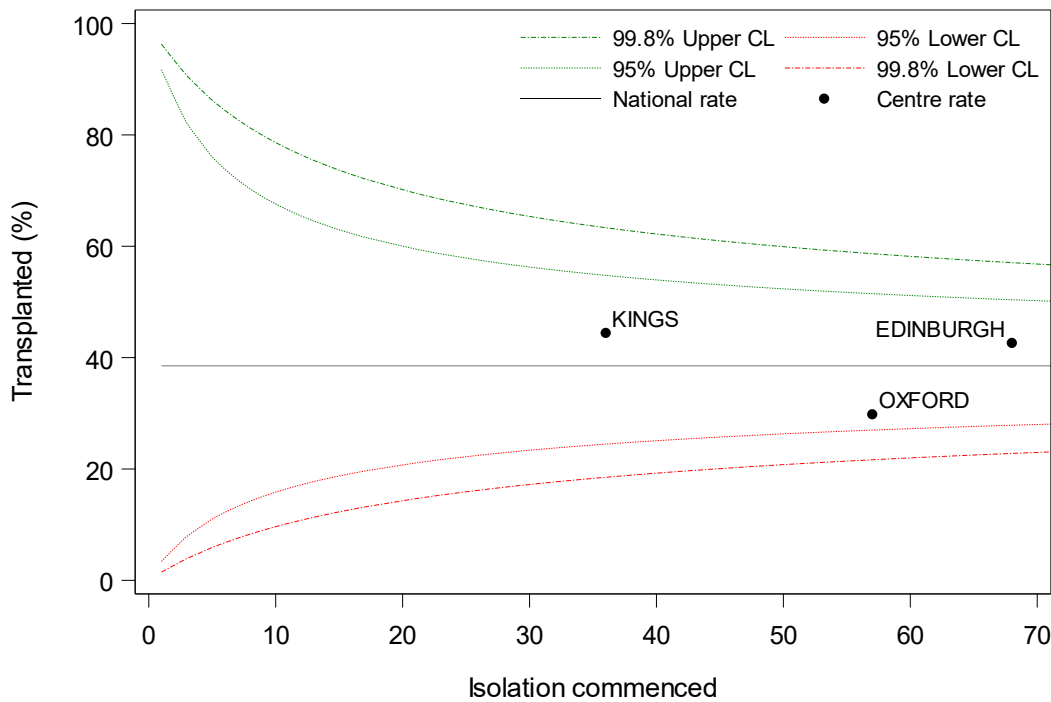
19 Of the 161 isolations commenced in the period, 88(55%) met the release criteria. **Figure 2** shows the rate of isolations commenced that met the release criteria, by isolation facility. All isolation facilities' rates were within the 95% confidence interval of the national rate and hence each have met release criteria rates that are consistent with the national rate.

Figure 2: Rates of commenced isolations that met release criteria, 1 April 2022 – 31 March 2025



20 Of the 161 isolations commenced in the period, 62 (39%) were eventually transplanted. **Figure 3** shows the rate of isolations commenced that were eventually transplanted, by isolation facility. All isolation facilities' rates were within the 95% confidence interval of the national rate and hence each have conversion rates that are consistent with the national rate.

Figure 3: Rates of commenced isolations that were eventually transplanted, 1 April 2022 – 31 March 2025



21 **Table 2** shows the information for 2024/25 split into Grade A donors and Non-Grade A donors. Definition of Grade A donors can be found in the Appendix II. If cold ischaemic time could not be calculated or other relevant information was missing, then donors are categorised as non-Grade A.

22 **Table 2** shows that there were 4 (7%) donors identified as Grade A compared to 53 (93%) non-Grade A donors. Two of the donors at Oxford were identified as Grade A and one at Kings and Edinburgh. Of those 4 Grade A donors where isolation started, all (100%) were transplanted.

Table 2 Isolation data by isolation facility by grade of donor, 1 April 2024 – 31 March 2025

Islet isolation facility	Arrived at facility		Isolation started		Isolation completed		Met release criteria (% of isolation started)		Met release criteria & transplanted		Transplanted overall (% of isolation started)	
	N		N	%	N	%	N	%	N	%	N	%
GRADE A												
EDINBURGH	1		1	100	1	100	0	-	0	-	1	100
KINGS	1		1	100	1	100	1	100	1	100	1	100
OXFORD	2		2	100	2	100	2	100	2	100	2	100
TOTAL	4		4	100	4	100	3	75	3	100	4	100
NON-GRADE A												
EDINBURGH	23		23	100	23	100	9	39	4	44	7	30
KINGS	13		13	100	12	92	9	69	6	67	6	46
OXFORD	17		17	100	12	71	9	53	6	67	6	35
TOTAL	53		53	100	47	89	27	51	16	59	19	36

- 23 Of those 57 donors in 2024/25 whose pancreas was used for isolation and information was available, 46 (81%) were aged 50 years or younger and 11 (19%) were aged over 50 years. Of the 11 donors aged over 50 years with isolation started, 9 (82%) had isolation completed and met the release criteria and 5 were transplanted. This gives an overall conversion rate of those where isolation commenced of 45% (5 out of 11). This is a similar conversion rate compared to donors aged 50 years or younger, 41% (18 of 44 donors).

ACTION

- 24 Isolation facilities are asked to ensure that the islet page of the DDPI form is completed fully, including the time part of any date field, and returned immediately to ODT Hub Information Services PancreasFormReturns@nhsbt.nhs.uk. Please note this is a new email address. Please include the donor id and "islet page 5" in the subject of the email. A quarterly report is issued to capture missing data from forms returned and outstanding forms.

Jenni Banks
Statistics and Clinical Research

September 2025

Appendix I

Figure I Outcome of pancreas donors where organ was retrieved with the intention to transplant as islets and donor was offered to an islet patient first, 1 April 2024 – 31 March 2025

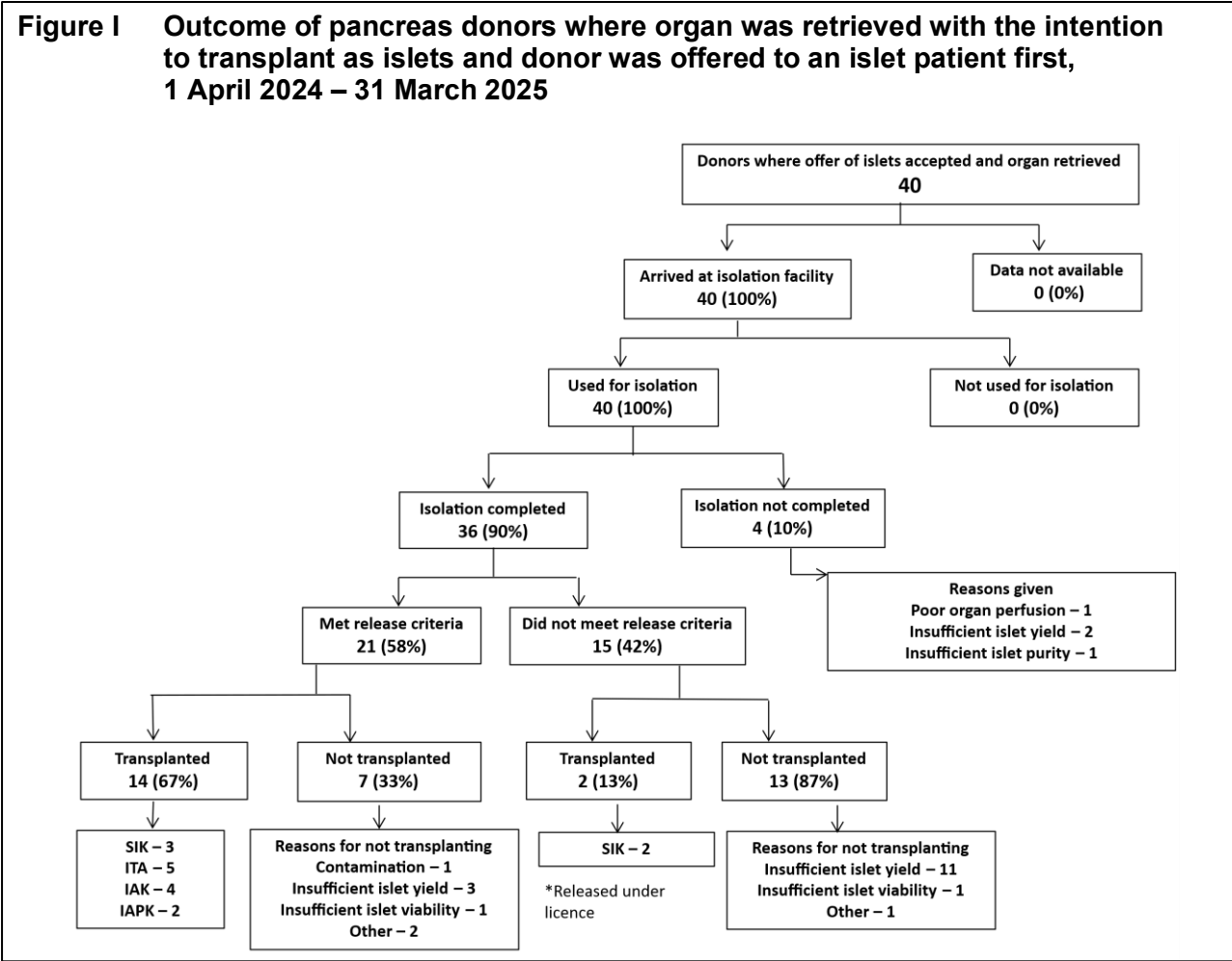
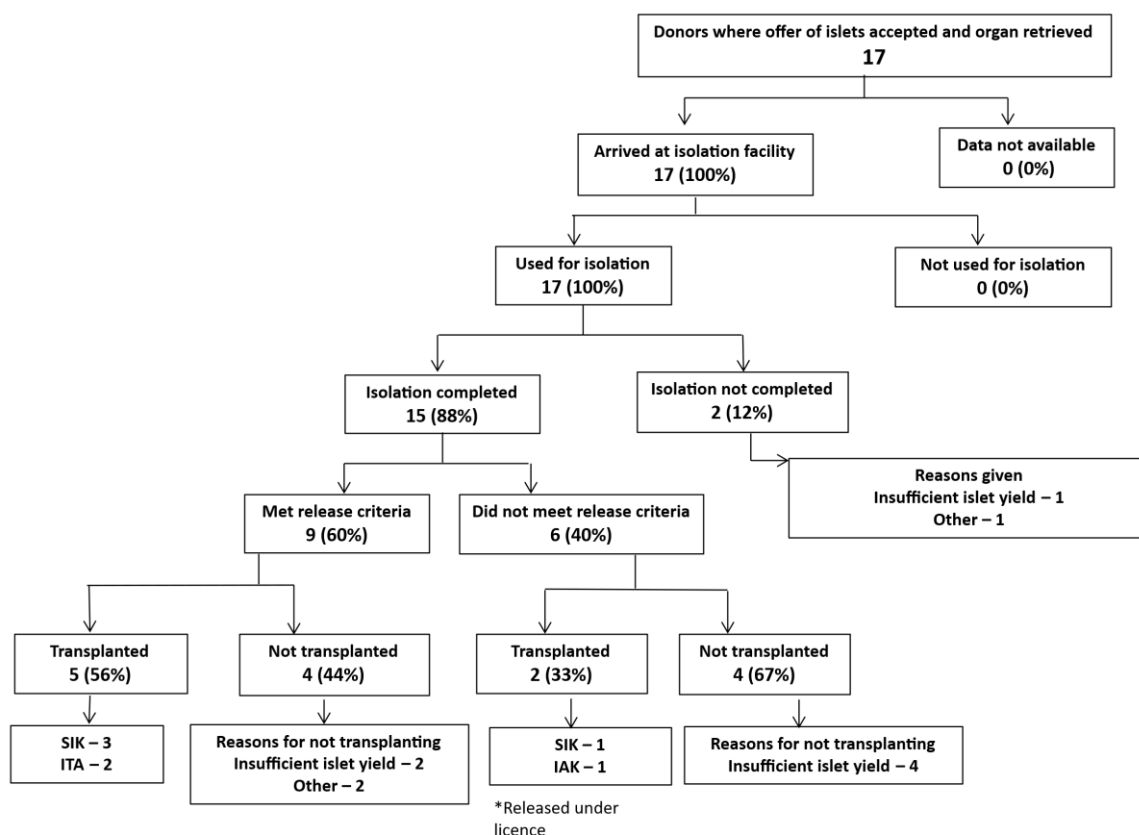


Figure II Outcome of pancreas donors where organ was retrieved with the intention to transplant as islets and donor was offered to a whole pancreas patient first, 1 April 2024 – 31 March 2025



Appendix II

Grade A donors are donors who met all the following criteria:

- DBD
- Aged 40 to 60 years inclusive
- BMI 26.0 to 35.4 inclusive
- CIT <8 hours (time from perfusion commenced to isolation start time)
- No bench perfusion
- No pancreatic inflammation
- No pancreatic odema
- No parenchymal damage
- No haematomas
- No capsule damage
- No out of hospital cardiac arrest