

NHS BLOOD AND TRANSPLANT**PANCREAS ADVISORY GROUP ISLET STEERING GROUP****ISLET TRANSPLANT ACTIVITY AND OUTCOMES****LAY SUMMARY**

This paper provides a summary on the number of islet transplants performed and the outcomes following these transplants. We analysed data on the islet transplants performed in the UK between 2010 and 2025. The outcomes following a transplant were reported against the patient's first islet transplant, rather than any top-up transplants they may have received.

Key results

In 2025, 31 islet transplants were performed, of which 10 were simultaneous islet and kidney transplants. On the 31 December 2025, 52 patients were waiting for an islet transplant, with 12 patients waiting for a routine islet alone transplant, 7 for a top-up (priority) islet transplant, and 33 for a simultaneous islet and kidney transplant. Compared with 2024, there was an increase in the number of islet transplants, especially for patients receiving islet after kidney transplants and for transplants resulting from donations after circulatory death.

For patients who received their first islet transplant between 2018 and 2024, 82% still had functioning transplanted islets one year after the transplant, and 52% did after five years. These outcomes at five years were better for patients who went on to have a top-up islet transplant, compared to patients who only had one islet transplant. However, as there were only a small number of patients, these results should be interpreted carefully, especially where the results are presented by donation type.

The following outcomes relate to patients who received an islet alone transplant followed by top-up transplants. The median number of severe hypoglycaemic events each year improved from nine events before the transplant, to zero events up to five years after their transplant. Similarly, their HbA1c improved from 64 mmol/mol at the time of the transplant, to 56 mmol/mol three years later. Their median insulin dose also reduced from 0.51 units/kg at the time of their transplant, to 0.28 units/kg three years later.

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NHS BLOOD AND TRANSPLANT

PANCREAS ADVISORY GROUP ISLET STEERING GROUP

ISLET TRANSPLANT ACTIVITY AND OUTCOME

INTRODUCTION

- 1 Islet transplant data has been collected by NHSBT since the introduction of four transplant and follow-up forms in July 2010. This paper provides basic summaries of transplant activity and outcomes, including 28-day follow-up.

DATA

- 2 Recent data on islet transplant activity, including simultaneous islet and kidney (SIK) grafts, and end of year transplant list between 1 January 2023 and 31 December 2025 from the UK Transplant Registry (UKTR) are reported, by centre and calendar year.
- 3 The outcomes from routine islet transplants performed in the UK between 1 April 2010 and 31 December 2024 are also reported. Outcome data are reported for routine transplants only. Where outcome data are unavailable from the UKTR, data collected by the UKITC clinical research forms have been considered. These data have been provided by the Newcastle research group who collate and maintain the research database. One-year centre specific outcomes are presented in the Appendix.

RESULTS

- 4 The number of islet transplants performed by centre for the last three calendar years, 1 January 2023 to 31 December 2025, is shown by transplant type and islet status in **Tables 1** and **2**, respectively. **Table 3** shows the transplant list at the end of the last three calendar years by islet status. A breakdown of islet transplant activity by donor type is provided in **Appendix Tables I – IV**.
- 5 In 2025, there were 31 islet transplants overall with the most common transplant types being islet after kidney (n=15) and SIK (n=10). These transplants were performed for 25 recipients, with 19 routine transplants and 12 priority transplants performed. There has been an increase in the number of islet transplants in 2025 compared to previous years (17 in 2024 and 21 in 2023). There has also been an increase in the number of DCD transplants with 14 DCD transplants in 2025, compared to 2 in 2024 and 6 in 2023. As at the end of 2025, 52 recipients were waiting for an islet transplant, with the majority (n=33) waiting for an SIK transplant.

Table 1 UK islet transplant activity between 1 January 2023 and 31 December 2025, by transplant type and calendar year

Transplant Centre	2023							2024							2025						
	ITA	IAK	IAP	IAPK	SIK	Total		ITA	IAK	IAP	IAPK	SIK	Total		ITA	IAK	IAP	IAPK	SIK	Total	
						N	%													N	%
Edinburgh	3	2	0	0	3	8	38	3	1	0	1	1	6	35	1	10	0	1	6	18	58
King's	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Manchester	1	1	0	0	5	7	33	1	1	0	0	4	6	35	0	2	0	0	2	4	13
Newcastle	3	0	0	0	0	3	14	1	0	0	0	0	1	6	2	0	0	0	0	2	6
Oxford	1	1	0	1	0	3	14	0	0	0	1	3	4	24	2	3	0	0	2	7	23
TOTAL	8	4	0	1	8	21	100	5	2	0	2	8	17	100	5	15	0	1	10	31	100

ITA = Islet transplant alone IAK = Islet after kidney IAP = Islet after pancreas IAPK = Islet after simultaneous pancreas/ kidney
 SIK = Simultaneous islet/kidney

A breakdown of islet transplant activity by transplant type and donor type is presented in **Appendix Tables I and II**

Table 2 UK islet transplant activity between 1 January 2023 and 31 December 2025, by islet status, number of patients and financial year

Transplant Centre	2023							2024							2025						
	Routine Islet alone	SIK	Priority	Total		Number of patients		Routine Islet alone	SIK	Priority	Total		Number of patients		Routine Islet alone	SIK	Priority	Total		Number of patients	
				N	%	N	%				N	%	N	%				N	%	N	%
Edinburgh	4	3	1	8	38	8	40	2	1	3	6	35	6	38	3	6	9	18	58	13	52
King's	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Manchester	1	5	1	7	33	7	35	0	4	2	6	35	5	31	1	2	1	4	13	4	16
Newcastle	1	0	2	3	14	2	10	1	0	0	1	6	1	6	2	0	0	2	6	2	8
Oxford	3	0	0	3	14	3	15	0	3	1	4	24	4	25	3	2	2	7	23	6	24
TOTAL	9	8	4	21	100	20	100	3	8	6	17	100	16	100	9	10	12	31	100	25	100

ITA = Islet transplant alone IAK = Islet after kidney IAP = Islet after pancreas IAPK = Islet after simultaneous pancreas/ kidney SIK = Simultaneous islet/kidney

A breakdown of islet transplant activity by islet status and donor type is presented in **Appendix Tables III and IV**

Table 3 UK islet transplant list as at 31 December, 2023 to 2025, by islet status and calendar year

Transplant Centre	31 December 2023					31 December 2024					31 December 2025				
	Routine		Priority	Total		Routine		Priority	Total		Routine		Priority	Total	
	Islet alone	SIK		N	%	Islet alone	SIK		N	%	Islet alone	SIK		N	%
Edinburgh	4	5	4	13	37	5	11	4	20	44	3	9	3	15	29
King's	0	0	0	0	0	0	0	0	0	0	1	0	0	1	2
Manchester	1	6	1	8	23	4	10	1	15	33	2	14	1	17	33
Newcastle	5	0	0	5	14	4	0	0	4	9	3	1	2	6	12
Oxford	2	7	0	9	26	2	4	0	6	13	3	9	1	13	25
TOTAL	12	18	5	35	100	15	25	5	45	100	12	33	7	52	100

Table 4 One-year graft outcome following routine islet transplant, 1 April 2010 to 31 December 2024			
Number of grafts	No. of transplants	No. with known outcome at one year	No. with known graft failure at one year
Islet routine graft			
Routine only	79	68	19
Routine and one priority graft	105	104	6
Routine and two priority grafts	1	1	0
SIK routine graft			
Routine only	32	20	6
Routine and one priority graft	17	13	0
Routine and two priority grafts	2	0	0
Total	236	206	31

- 6 Between 1 April 2010 and 31 December 2024, there were a total of 363 islet transplants performed, 236 (65%) of which were routine (including 51 SIK transplants) and 127 were priority. One patient received only a priority transplant in this time period as their routine transplant was before 1 April 2010.
- 7 For those patients receiving a routine transplant between 1 April 2010 and 31 December 2024, the number of known graft failures at one-year post-transplant is reported in **Table 4**. Of the 236 routine transplants performed, 125 patients subsequently received a priority graft. The majority of these patients received their first priority graft within six months of their routine graft: 0-3 months for 36 (29%) patients; 3-6 months for 44 (35%) patients; 6-12 months for 40 (32%) patients and more than one year for five patients, two of whom were highly sensitised.
- 8 One-year graft outcome by total IEQ per kg (IEQx1000/kg) transplanted is presented in **Figures 1a** and **2a**, for the whole time period for islet alone routine only and routine and priority grafts, respectively. **Figures 1b** and **2b** show the data for transplants in the recent time period, 1 January 2018 to 31 December 2024. The median total IEQ per kg transplanted for 25 SIK routine only transplants was 4049 (IQR 2724 - 5000) and for 18 SIK routine and priority grafts was 7924 (IQR 6904 – 11085). This was lower than the median for islet alone transplants in both groups.

Figure 1a One-year graft function by total IEQ per kg recipient body weight for islet alone routine only grafts, 1 April 2010 to 31 December 2024

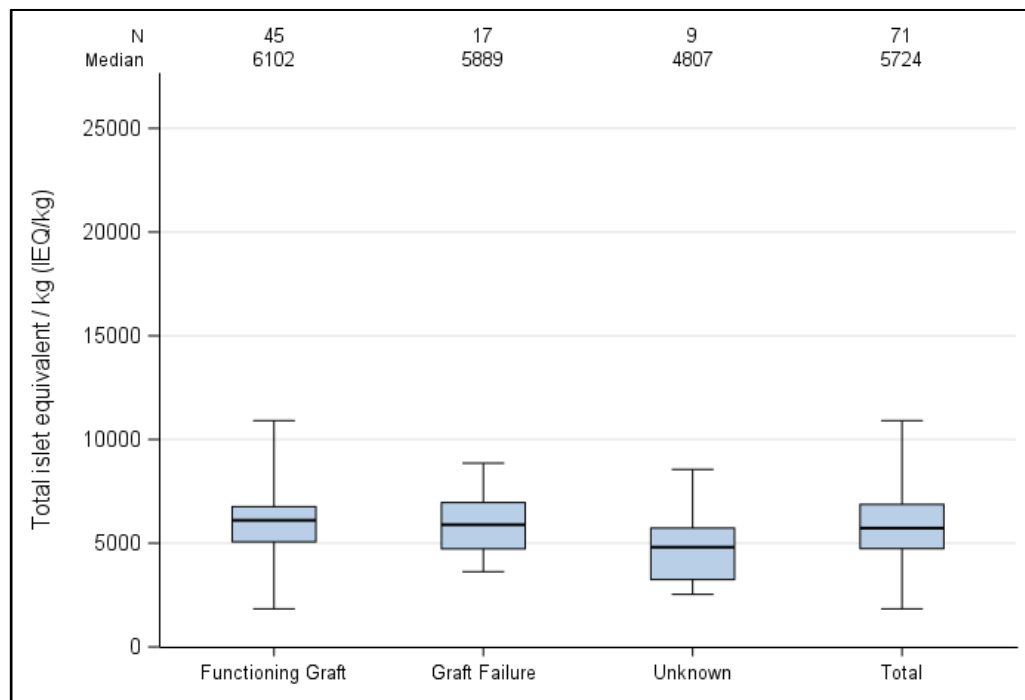


Figure 2a One-year graft function by total IEQ per kg recipient body weight for islet alone routine and priority grafts, 1 April 2010 to 31 December 2024

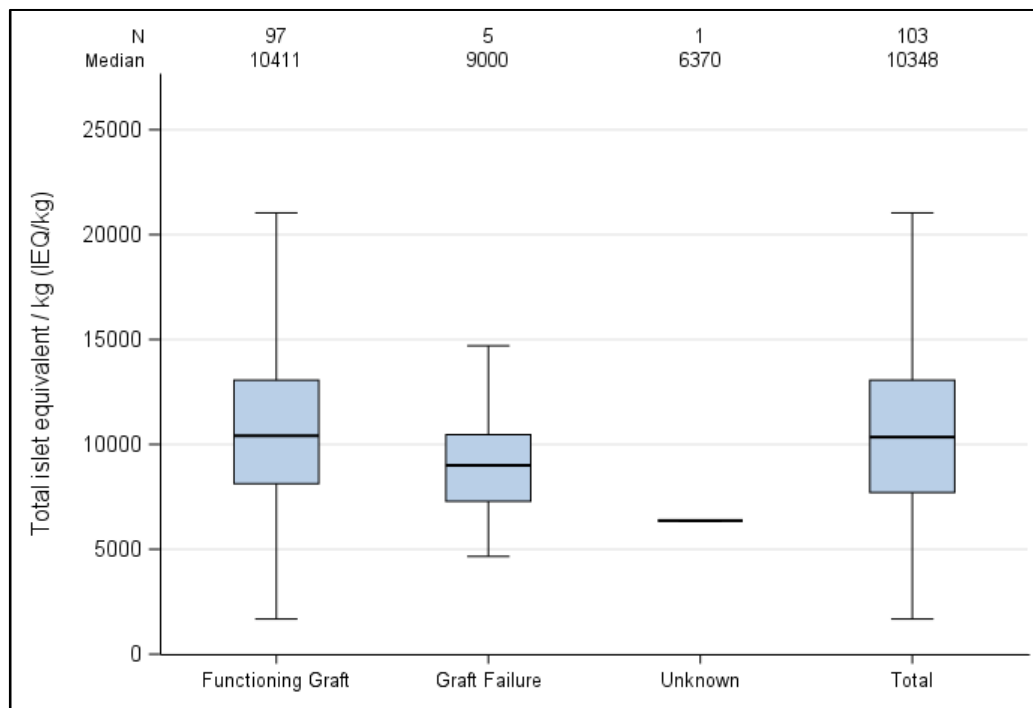


Figure 1b One-year graft function by total IEQ per kg recipient body weight for islet alone routine only grafts, 1 January 2018 to 31 December 2024

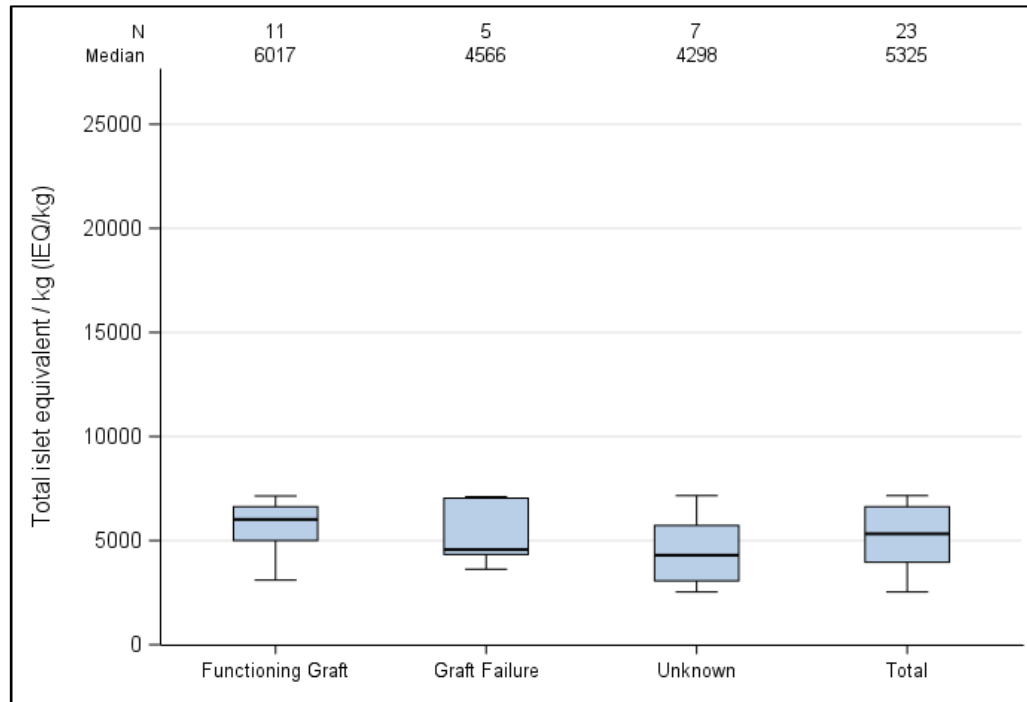
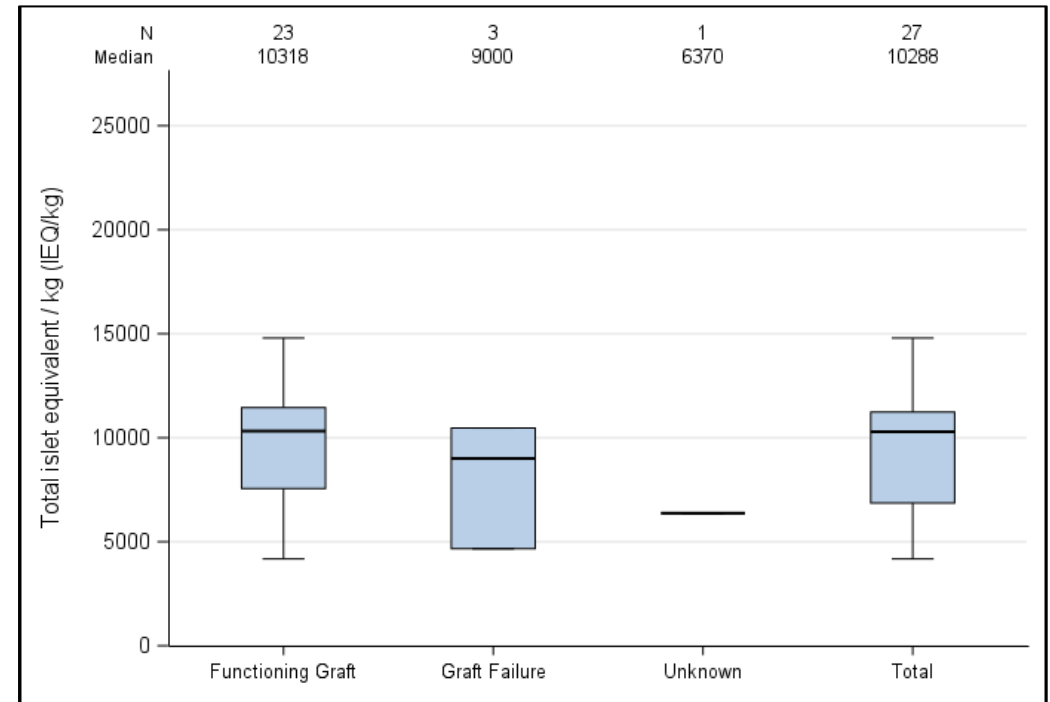


Figure 2b One-year graft function by total IEQ per kg recipient body weight for islet alone routine and priority grafts, 1 January 2018 to 31 December 2024



- 9 Kaplan-Meier survival plots showing one-year graft survival after first routine islet alone transplants, by when transplant was performed and donor type, are presented in **Figure 3** and **Figure 4**, respectively. One year graft survival was 89%, 95% CI (82-93%) for transplants performed between 1 April 2010 and 31 December 2017 and 82%, 95% CI (66-91%) for transplants performed between 1 January 2018 and 31 December 2024, and was not significantly different ($p=0.29$). There was no statistically significant difference in one-year graft survival between DBD (88%, 95% CI 81-92%) and DCD (81%, 95% CI 53-94%) transplants ($p=0.50$) using donor type of first graft.
- 10 **Figure 5** shows a Kaplan-Meier survival plot of one-year graft survival in recipients receiving a priority top-up graft, by donor types of grafts received. Estimated one-year graft survival for recipients receiving two DBD donor grafts is 96%, 95% CI (89-99%) and for recipients receiving at least one DCD donor graft is 89%, 95% CI (62-97%). This difference was not statistically significant, $p=0.19$.
- 11 Kaplan-Meier survival plots showing five-year graft survival after first routine islet alone transplants, by when transplant was performed and donor type, are presented in **Figure 6** and **Figure 7**, respectively. Five year graft survival is 56%, 95% CI (46-64%) for transplants performed between 1 April 2008 and 31 December 2017 and 52%, 95% CI (30-70%) for transplants performed between 1 January 2018 and 31 December 2024, and was not statistically significantly different ($p=0.83$). There was no statistically significant difference in five-year graft survival between DBD (56%, 95% CI 47-64%) and DCD (52%, 95% CI 27-73%) transplants ($p=0.83$) using donor type of first graft.
- 12 **Figure 8** shows a Kaplan-Meier survival plot of five-year graft survival in recipients receiving a priority top-up graft, by donor types of grafts received. Estimated five-year graft survival for recipients receiving two DBD donor grafts is 64%, 95% CI (53-74%) and for recipients receiving at least one DCD donor graft is 65%, 95% CI (40-81%). This difference was not statistically significant, $p=0.90$.

Figure 3 One-year graft survival following first routine islet alone transplantation performed in the UK between 1 April 2010 and 31 December 2024, by when transplant was performed

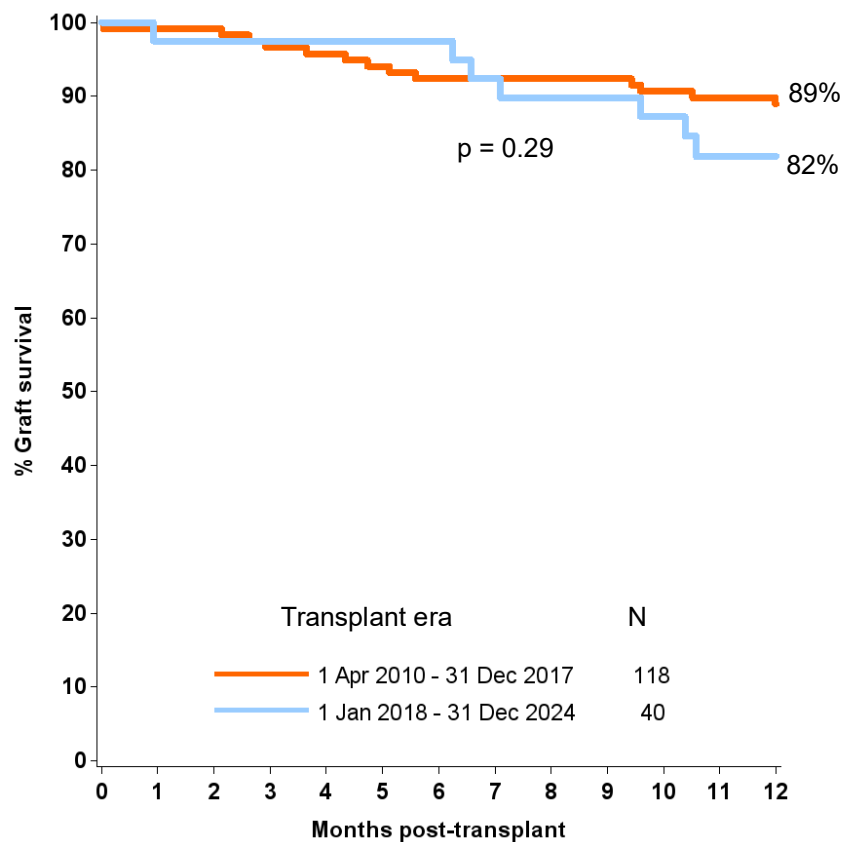


Figure 4 One-year graft survival following first routine islet alone transplantation performed in the UK between 1 April 2010 and 31 December 2024, by donor type of first graft

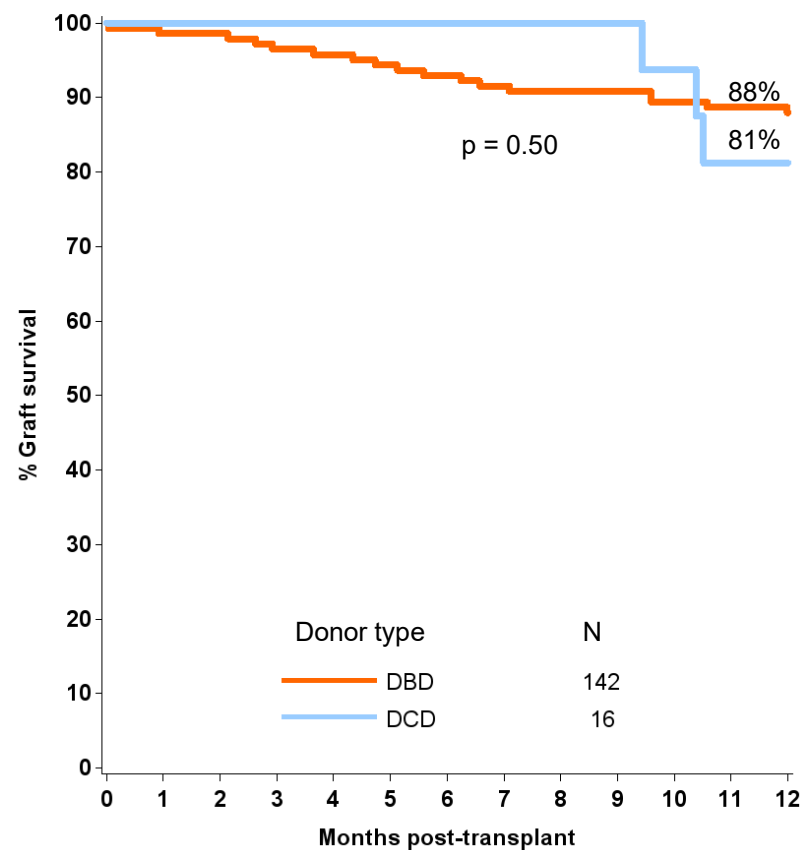


Figure 5 One-year graft survival following first routine islet alone transplant and received top-up graft performed in the UK between 1 April 2010 and 31 December 2024, by donor types of grafts received

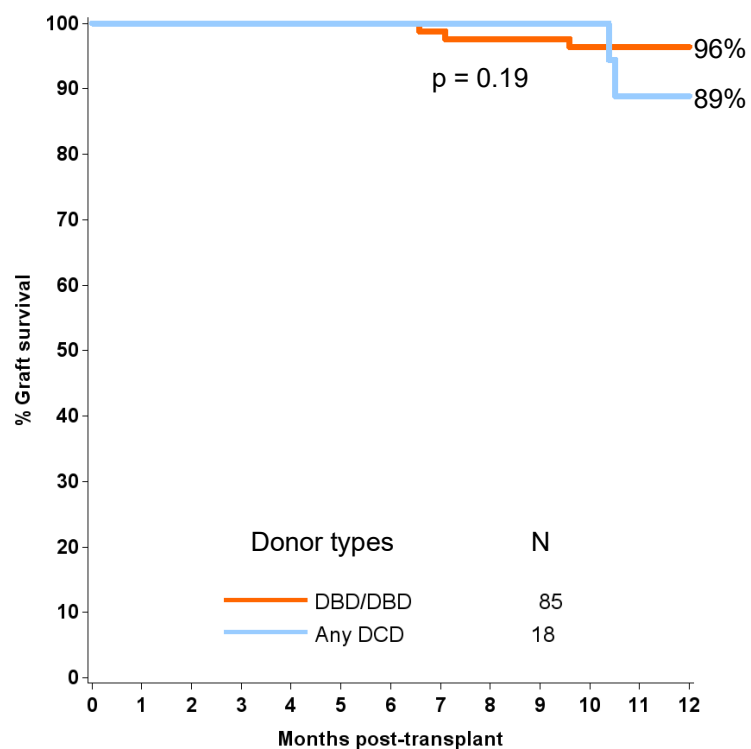


Figure 6 Five-year graft survival following first routine islet alone transplantation performed in the UK between 1 April 2008 and 31 December 2024, by when transplant was performed

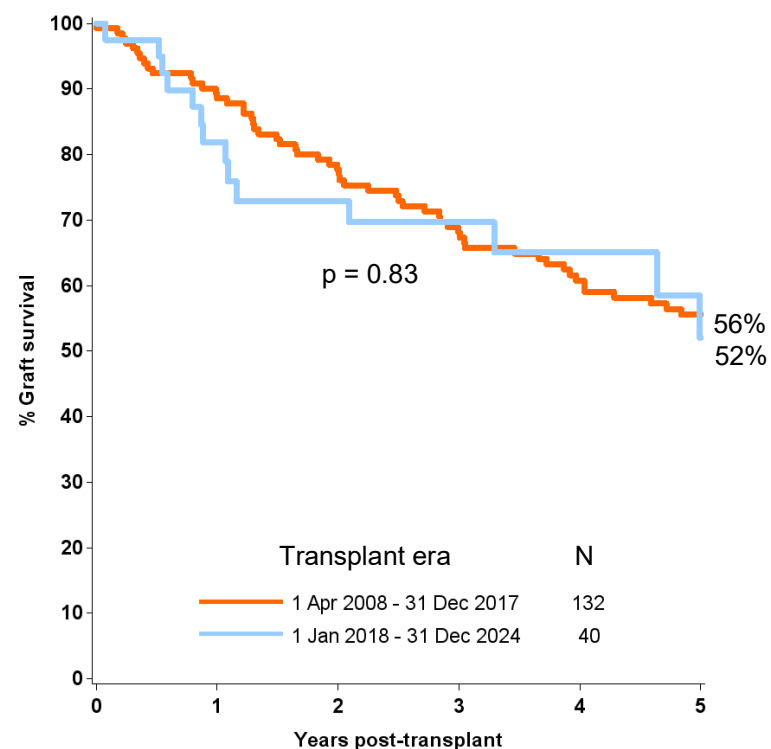


Figure 7 Five-year graft survival following first routine islet alone transplantation performed in the UK between 1 April 2008 and 31 December 2024, by donor type of first graft

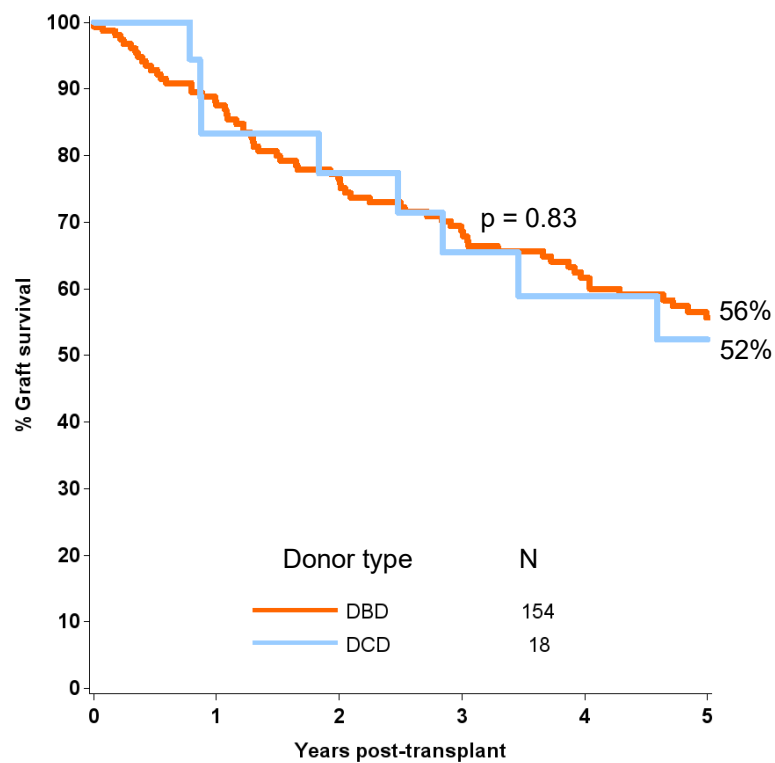
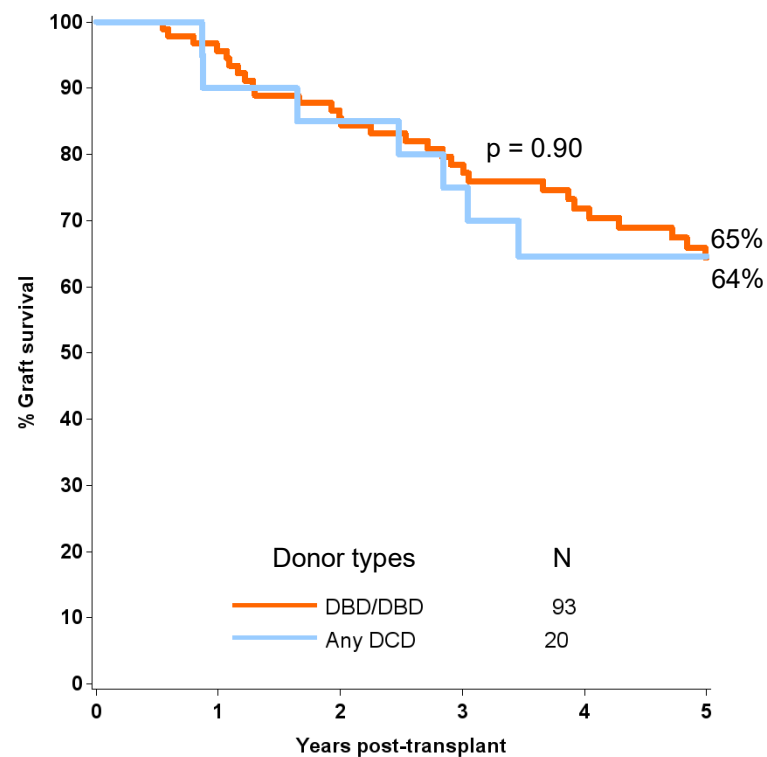
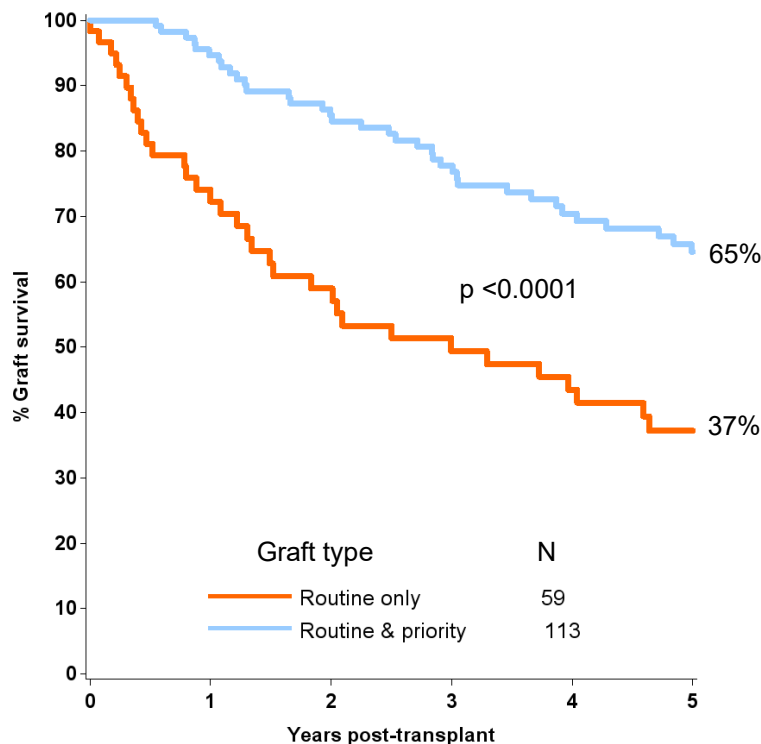


Figure 8 Five-year graft survival following first routine islet alone transplant and received top-up graft performed in the UK between 1 April 2008 and 31 December 2024, by donor types of grafts received



- 13 **Figure 9** shows a Kaplan-Meier survival plot of five-year graft survival by type of graft. Estimated five-year graft survival for first routine only grafts is 37%, 95% CI (24-50%) and for first routine grafts followed by a priority graft is 65%, 95% CI (54-73%). This difference was statistically significant, $p < 0.0001$.

Figure 9 Five-year graft survival following first routine islet alone transplantation performed in the UK between 1 April 2008 and 31 December 2024, by type of graft



- 14 **Figure 10** shows a Kaplan-Meier survival plot of five-year graft survival by type of graft, where the first routine graft was still functioning at one-year post-transplant. Estimated five-year graft survival for routine only grafts is 52%, 95% CI (34-66%) and for routine grafts followed by a priority graft is 68%, 95% CI (58-77%). This difference was borderline statistically significant, $p = 0.0534$.
- 15 **Figure 11** shows a Kaplan-Meier survival plot of five-year patient survival after first routine islet alone transplant. Five year patient survival is 93%, 95% CI (87-97%).
- 16 Of the 51 SIK islet transplants in the 1 April 2010 to 31 December 2024 time period, 49 were the first islet transplant for the patient. Of these 49, follow-up information was available for 42 and the estimated one-year graft survival rate is 84%, 95% CI (68-93%).

Figure 10 Five-year graft survival following first routine islet alone transplantation where the routine graft was functioning at one year in the UK between 1 April 2008 and 31 December 2024, by type of graft

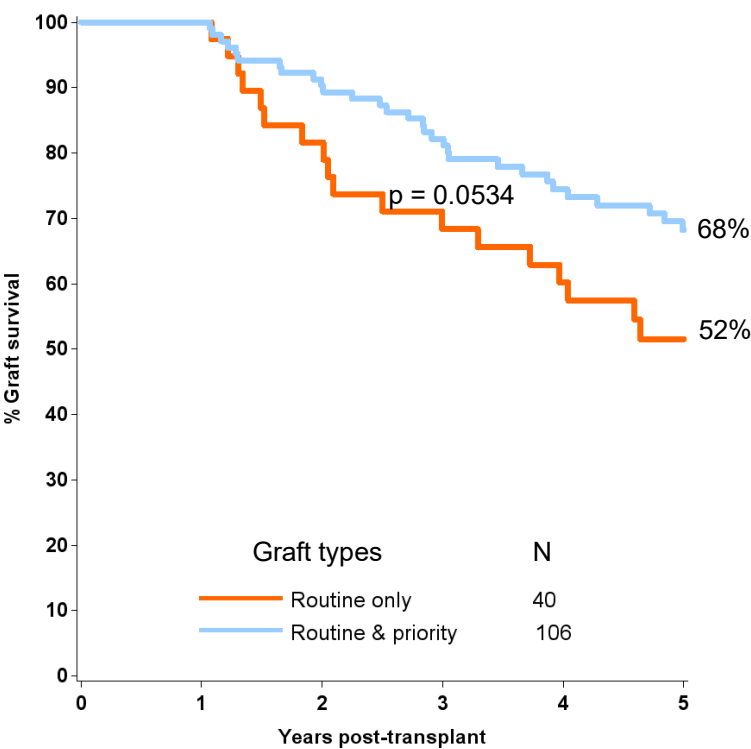
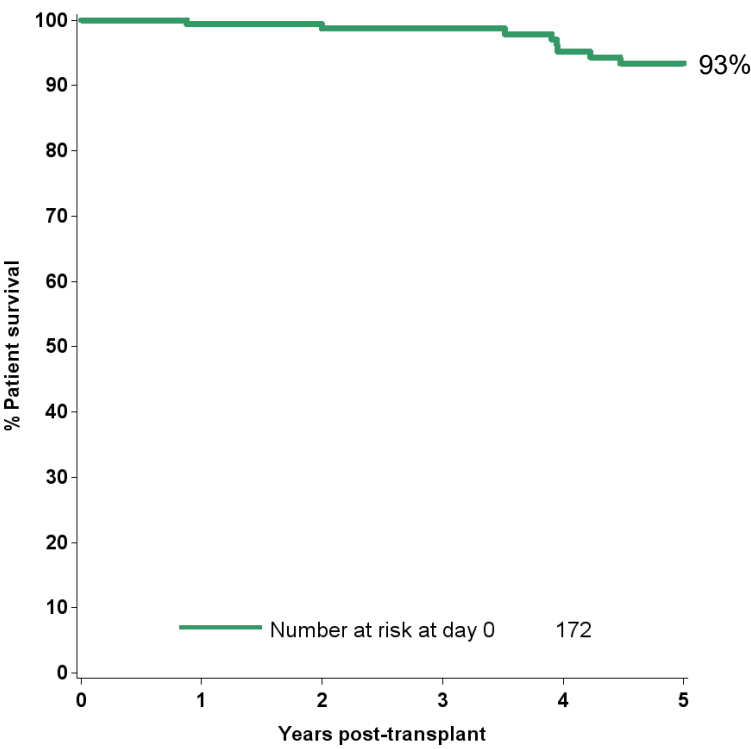


Figure 11 Five-year patient survival following first routine islet alone transplantation performed in the UK between 1 April 2008 and 31 December 2024



- 17 **Figures 12 and 13** show the median rate of severe hypoglycaemic events, excluding SIK transplants, for routine only grafts and for routine and priority grafts, respectively. Overall, at one-year post-transplant data were available in 129 cases, 107 (83%) patients experienced no severe hypoglycaemic events during the first year following their routine transplant, whilst 22 (17%) patients experienced between one and nine events. Of 122 cases where it could be calculated, 82 (67%) patients had a reduced number of events at one year post-transplant.
- 18 For the 41 SIK transplants where severe hypoglycaemic events were reported at transplant, the median rate was 0 (IQR 0-6) and for the 25 reported at one-year post-transplant, the median rate was 0 (IQR 0-0).
- 19 Median HbA1c is reported in **Figure 14** for routine only grafts and **Figure 15** for routine and priority grafts, excluding SIK transplants. Overall, data were available to calculate the reduction in HbA1c in 135 cases at one-year post-transplant and in 111 (82%) patients a reduction in HbA1c was reported. The proportion of patients with HbA1c of less than 53 mmol/mol was 17% of 172 at time of transplant, 55% of 146 patients at one-year post-transplant, 37% of 100 patients at three years and 35% of 58 patients at five years post-transplant.
- 20 For the 43 SIK transplants where HbA1c was reported at transplant, the median was 65 mmol/mol (IQR 56-76) and for the 24 reported at one-year post-transplant, the median was 55 mmol/mol (IQR 47-60).

Figure 12 Median annual rate of severe hypoglycaemic events post-transplant for routine only grafts, 1 April 2010 – 31 December 2024 (excluding SIK transplants)

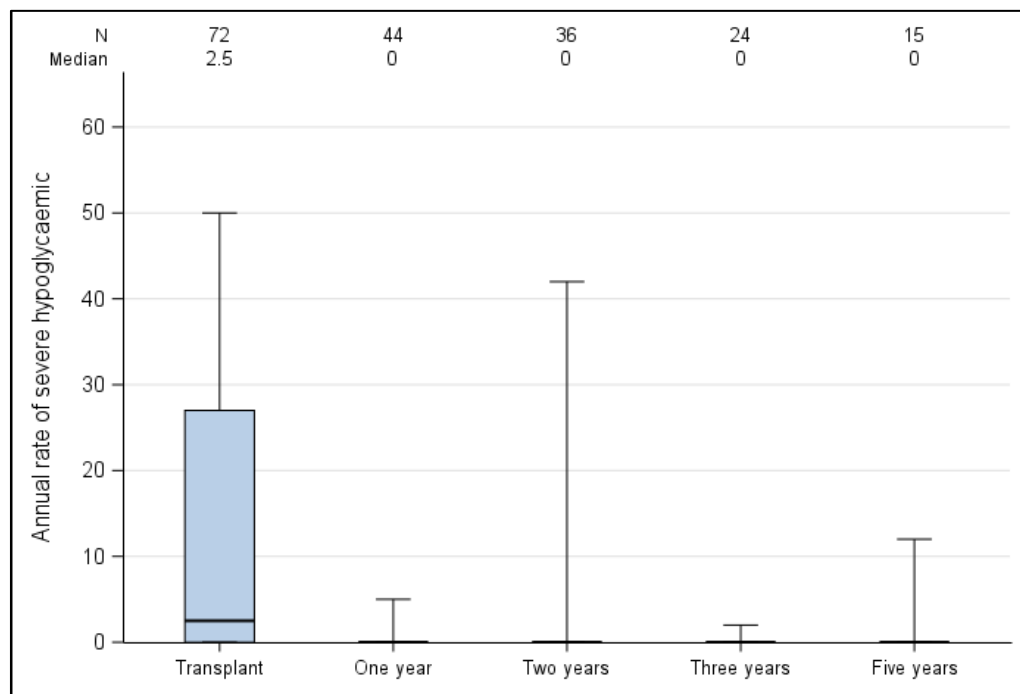


Figure 13 Median annual rate of severe hypoglycaemic events post-transplant for routine and priority grafts, 1 April 2010 – 31 December 2024 (excluding SIK transplants)

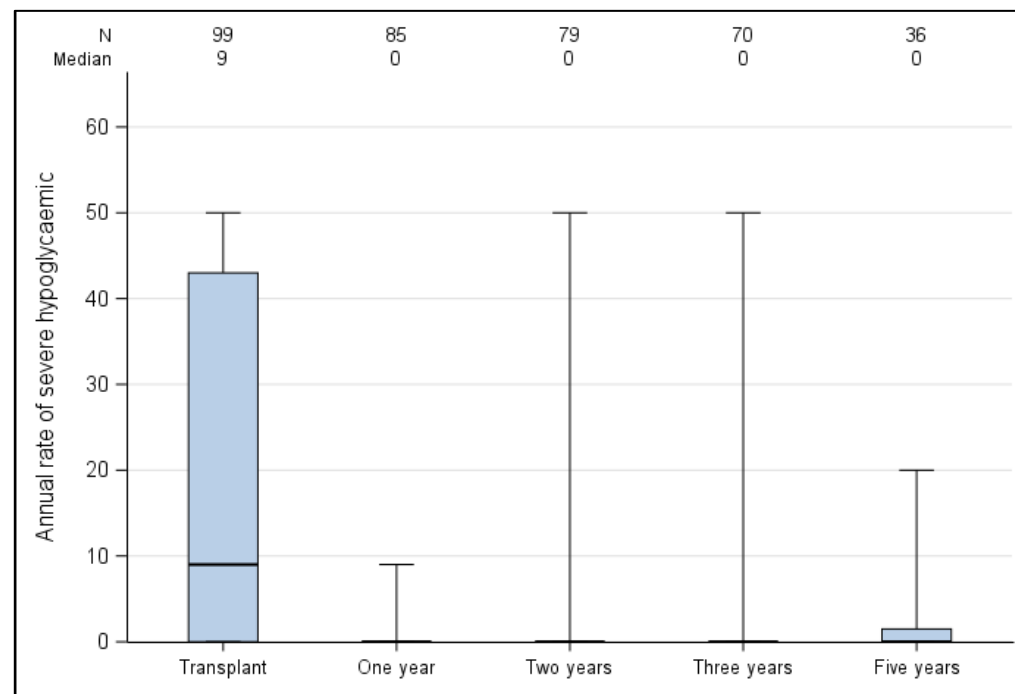


Figure 14 Median HbA1C post-transplant for routine only grafts, 1 April 2010 – 31 December 2024 (excluding SIK transplants)

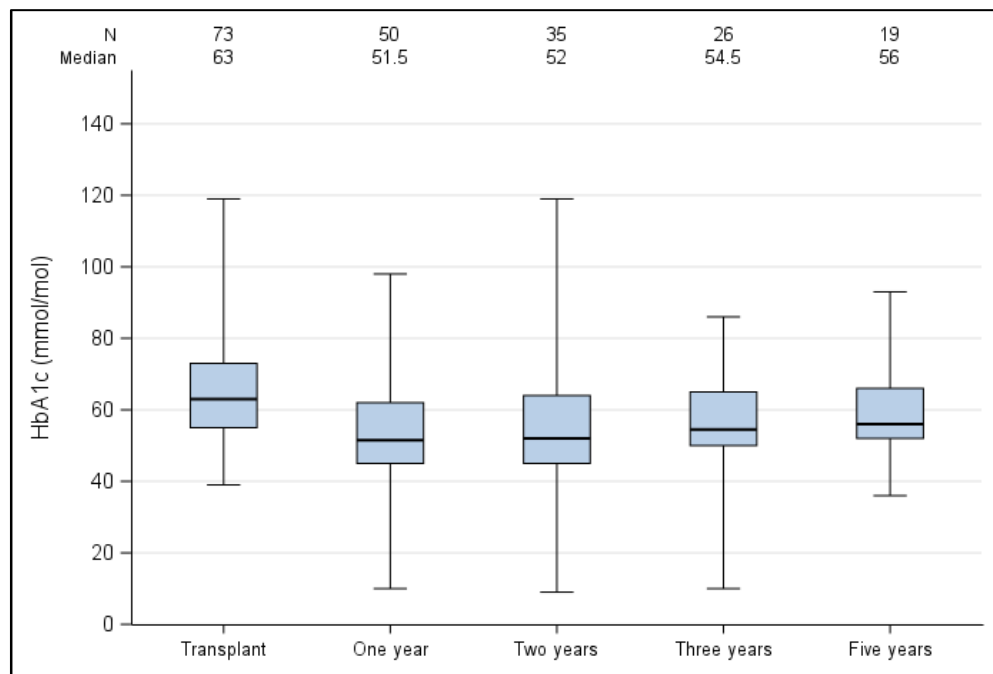


Figure 15 Median HbA1C post-transplant for routine and priority grafts, 1 April 2010 – 31 December 2024 (excluding SIK transplants)

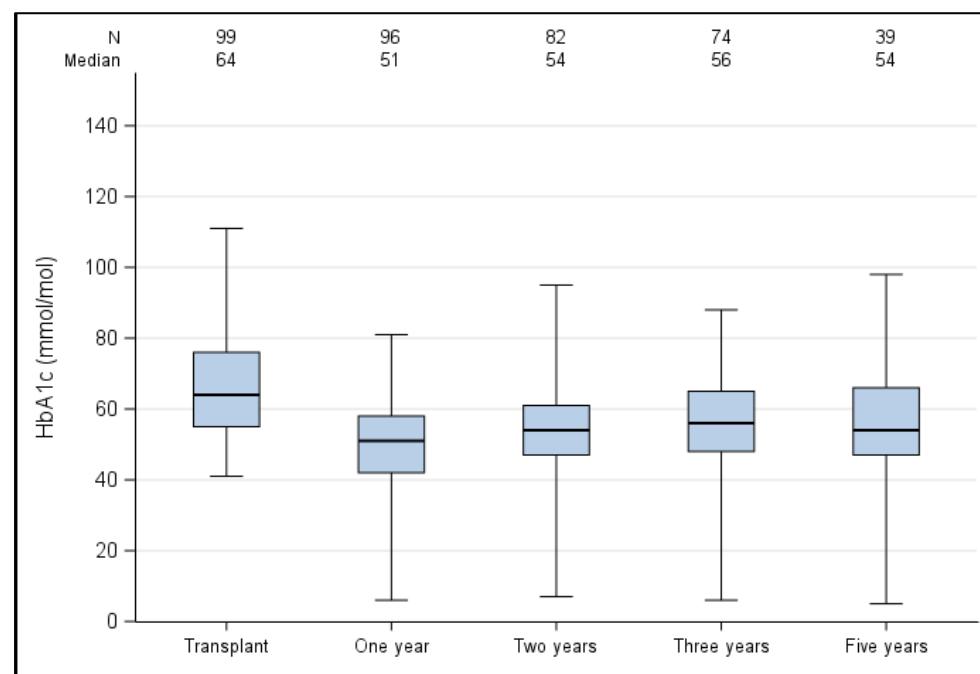


Figure 16 Median insulin dose post-transplant for routine only grafts, 1 April 2010 – 31 December 2024 (excluding SIK transplants)

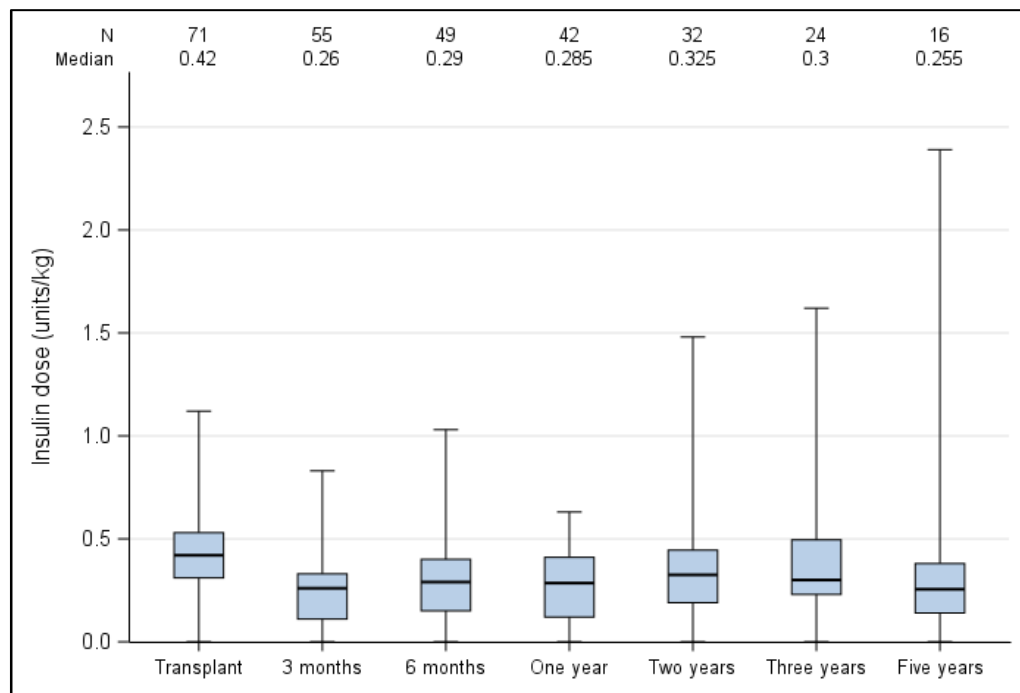
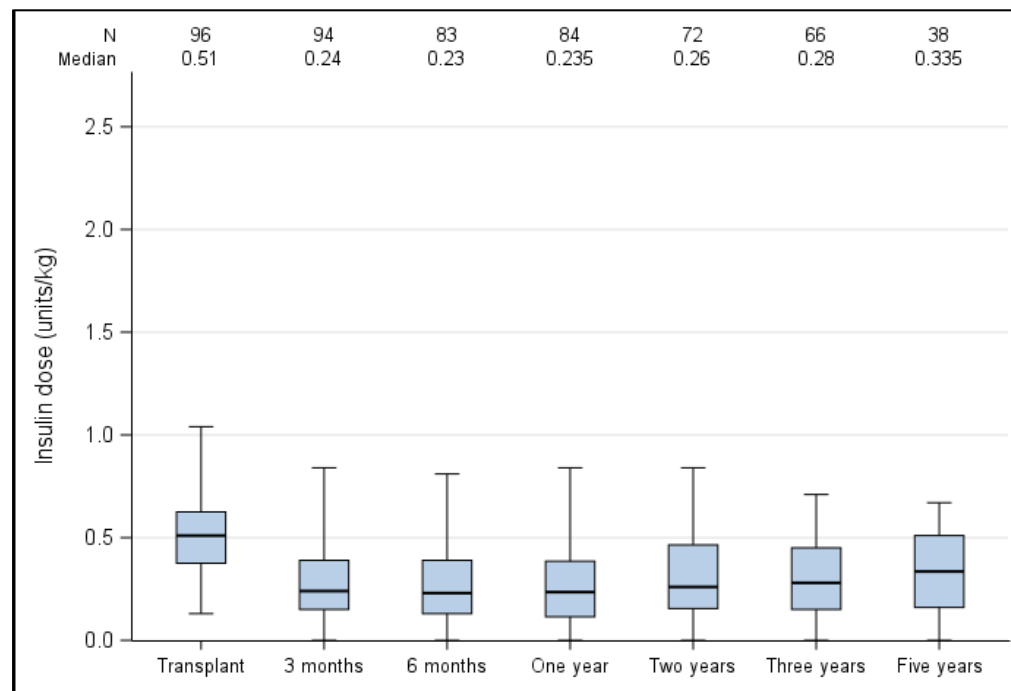


Figure 17 Median insulin dose post-transplant for routine and priority grafts, 1 April 2010 – 31 December 2024 (excluding SIK transplants)



- 21 **Figure 16** and **Figure 17** show the median insulin dose for routine only grafts and routine and priority grafts, respectively, excluding SIK transplants. Overall, in 121 patients where the difference in insulin dose between transplant and one-year post-transplant could be calculated, 106 (88%) reported a reduction. Of the 141 patients with insulin independence status reported for the first-year post-transplant, 46 (33%) achieved insulin independence at some point in the year.
- 22 For the 43 SIK transplants where insulin dose was reported at transplant, the median was 0.51 units/kg (IQR 0.35-0.70) and for the 25 reported at one-year post-transplant, the median was 0.35 units/kg (IQR 0.24-0.47).
- 23 The 28-day islet follow-up form was introduced on 1 January 2022. As at 27 February 2026, 86 follow-up forms had been received. There were 50 initial and 36 subsequent grafts reported. Where graft survival information was available, all grafts were functioning at 28-days post-transplant. Fasting C-peptide was reported for 67 grafts with a median of 283pmol/L (IQR 179 – 606) and 90 minute C-peptide was reported for 65 grafts with a median of 629pmol/L (IQR 375 – 1089).

SUMMARY

- 24 In 2025, the number of islet transplants increased to 31 transplants, and the number of patients on the waiting list at the end of the calendar year also increased since 2024.
- 25 One-year graft survival was 82% for transplants performed between 1 January 2018 and 31 December 2024 and 89% for the earlier cohort between 1 April 2010 and 31 December 2017. Five-year graft survival was 52% between 1 April 2018 and 31 December 2024. Those patients receiving a routine and a priority top-up graft had significantly better five-year graft survival than those receiving a routine only, 65% and 37%, respectively, $p < 0.0001$. There was little difference between DBD and DCD transplants, however, it is difficult to draw conclusions, as there were small numbers of DCD transplants.
- 26 The median annual rate of severe hypoglycaemic events, HbA1c and insulin dose at one-year, two, three and five years post routine transplant were lower than at pre-transplant.

APPENDIX

Table I UK DBD islet transplant activity between 1 January 2023 and 31 December 2025, by calendar year

Transplant Centre	2023							2024							2025						
	ITA	IAK	IAP	IAPK	SIK	Total		ITA	IAK	IAP	IAPK	SIK	Total		ITA	IAK	IAP	IAPK	SIK	Total	
						N	%						N	%						N	%
Edinburgh	2	2	0	0	0	4	27	3	1	0	1	1	6	40	1	6	0	1	2	10	59
King's	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Manchester	1	1	0	0	3	5	33	1	0	0	0	4	5	33	0	0	0	0	2	2	12
Newcastle	3	0	0	0	0	3	20	0	0	0	0	0	0	0	2	0	0	0	0	2	12
Oxford	1	1	0	1	0	3	20	0	0	0	1	3	4	27	1	0	0	0	2	3	18
TOTAL	7	4	0	1	3	15	100	4	1	0	2	8	15	100	4	6	0	1	6	17	100

Table II UK DCD islet transplant activity between 1 January 2023 and 31 December 2025, by calendar year

Transplant Centre	2023							2024							2025						
	ITA	IAK	IAP	IAPK	SIK	Total		ITA	IAK	IAP	IAPK	SIK	Total		ITA	IAK	IAP	IAPK	SIK	Total	
						N	%						N	%						N	%
Edinburgh	1	0	0	0	3	4	67	0	0	0	0	0	0	0	0	4	0	0	4	8	57
King's	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Manchester	0	0	0	0	2	2	33	0	1	0	0	0	1	50	0	2	0	0	0	2	14
Newcastle	0	0	0	0	0	0	0	1	0	0	0	0	1	50	0	0	0	0	0	0	0
Oxford	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	3	0	0	0	4	29
TOTAL	1	0	0	0	5	6	100	1	1	0	0	0	2	100	1	9	0	0	4	14	100

Table III UK DBD islet transplant activity between 1 January 2023 and 31 December 2025, by islet status, number of patients and calendar year

Transplant Centre	2023								2024								2025							
	Routine		Priority	Total		Number of patients		Routine		Priority	Total		Number of patients		Routine		Priority	Total		Number of patients				
	Islet alone	SIK		N	%	N	%	Islet alone	SIK		N	%	N	%	Islet alone	SIK		N	%	N	%			
Edinburgh	4	0	0	4	27	4	29	2	1	3	6	40	6	40	2	2	6	10	59	9	56			
King's	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Manchester	1	3	1	5	33	5	36	0	4	1	5	33	5	33	0	2	0	2	12	2	13			
Newcastle	1	0	2	3	20	2	14	0	0	0	0	0	0	0	2	0	0	2	12	2	13			
Oxford	3	0	0	3	20	3	21	0	3	1	4	27	4	27	0	2	1	3	18	3	19			
TOTAL	9	3	3	15	100	14	100	2	8	5	15	100	15	100	4	6	7	17	100	16	100			

Table IV UK DCD islet transplant activity between 1 January 2023 and 31 December 2025, by islet status, number of patients and calendar year

Transplant Centre	2023								2024								2025							
	Routine		Priority	Total		Number of patients		Routine		Priority	Total		Number of patients		Routine		Priority	Total		Number of patients				
	Islet alone	SIK		N	%	N	%	Islet alone	SIK		N	%	N	%	Islet alone	SIK		N	%	N	%			
Edinburgh	0	3	1	4	67	4	67	0	0	0	0	0	0	0	1	4	3	8	57	6	50			
King's	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Manchester	0	2	0	2	33	2	33	0	0	1	1	50	1	50	1	0	1	2	14	2	17			
Newcastle	0	0	0	0	0	0	0	1	0	0	1	50	1	50	0	0	0	0	0	0	0			
Oxford	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	1	4	29	4	33			
TOTAL	0	5	1	6	100	6	100	1	0	1	2	100	2	100	5	4	5	14	100	12	100			

Table V								Islet graft function at one year post transplant by transplant centre and transplant type, 1 April 2010 to 31 December 2024							
Transplant centre	Routine transplants performed	Priority transplants performed (% of routine)		Graft function at one year following routine transplant in the time period											
				No. with known outcome	Graft failure (% of known outcome)		Priority grafts with graft failure								
Islet alone															
Bristol	3	1	(33)	3	0	(0)	0								
Edinburgh	72	59	(82)	66	8	(12)	4								
King's College	11	7	(64)	10	2	(20)	0								
Manchester	10	18	(180)	10	1	(10)	0								
Newcastle	39	19	(49)	36	3	(8)	0								
Oxford	39	18	(46)	37	10	(27)	2								
Royal Free	11	5	(45)	11	1	(9)	0								
ITA total	185	127	(69)	173	25	(14)	6								
SIK															
Edinburgh	17	0	(0)	12	3	(25)	0								
Manchester	28	0	(0)	19	3	(16)	0								
Newcastle	1	0	(0)	1	0	(0)	0								
Oxford	5	0	(0)	1	0	(0)	0								
SIK total	51	0	(0)	33	6	(18)	0								
Total	236	127	(54)	206	31	(15)	6								

Table VI Reduction in annual rate of severe hypoglycaemic events at one-year post transplant, 1 April 2010 to 31 December 2024¹																
Transplant centre	Routine transplants (one-year data expected ²)		At registration			Annual rate of severe hypoglycaemic events									No. with reduced events	Reduction not calculated ⁴
	N	(N)	N	Median	(IQ range)	N	Median	(IQ range)	N	Median	(IQ range)	N	Median	(IQ range)	N	N (%)
Bristol	3	3	3	2	(2 - 3)	3	3	(2 - 50)	3	0	(0 - 0)	3	3	(2 - 50)	3	0 (0)
Edinburgh	72	67	62	25	(3 - 50)	70	27	(5 - 50)	52	0	(0 - 0)	50	25	(7 - 50)	42	17 (25)
King's College	11	9	9	4	(2 - 16)	11	3	(0 - 16)	5	0	(0 - 0)	5	0	(0 - 3)	2	4 (44)
Manchester	10	9	7	5	(1 - 8)	10	4	(1 - 10)	9	0	(0 - 0)	9	3	(1 - 10)	7	0 (0)
Newcastle	39	37	24	10	(2 - 25)	39	9	(2 - 29)	27	0	(0 - 1)	27	8	(1 - 28)	22	10 (27)
Oxford	39	36	7	3	(1 - 4)	28	0	(0 - 1)	24	0	(0 - 0)	19	0	(0 - 2)	5	17 (47)
Royal Free	11	10	3	4	(0 - 8)	10	0	(0 - 0)	9	0	(0 - 0)	9	0	(0 - 0)	1	1 (10)
Total	185	171	115	10	(2 - 50)	171	7	(0 - 33)	129	0	(0 - 0)	122	7	(0 - 33)	82	49 (29)

¹ Excluding SIK transplants
² Follow-up reported or graft not known to have failed
³ Between transplant and one-year
⁴ Information missing at either transplant or one-year out of those where expected

Table VII Reduction in HbA1c at one-year post transplant, 1 April 2010 to 31 December 2024¹

Transplant centre	Routine transplants (one-year data expected ²)		At transplant			HbA1c mmol/mol At one-year			Reduction ³			No. with lower HbA1c N	Reduction not calculated ⁴ N (%)
	N	(N)	N	Median	(IQ range)	N	Median	(IQ range)	N	Median	(IQ range)		
Bristol	3	3	3	68	(53 - 70)	3	56	(33 - 81)	3	0	(0 - 37)	1	0 (0)
Edinburgh	72	67	69	61	(53 - 71)	57	53	(47 - 62)	54	6	(1 - 13)	42	13 (19)
King's College	11	9	11	70	(55 - 86)	6	42	(10 - 45)	6	26	(9 - 87)	6	3 (33)
Manchester	10	9	10	62	(54 - 75)	9	46	(43 - 47)	9	14	(7 - 31)	8	0 (0)
Newcastle	39	37	39	73	(60 - 83)	31	51	(41 - 58)	31	17	(12 - 31)	27	6 (16)
Oxford	39	36	29	62	(55 - 69)	31	50	(41 - 58)	23	15	(8 - 25)	21	13 (36)
Royal Free	11	10	11	61	(56 - 86)	9	51	(43 - 57)	9	4	(0 - 20)	6	1 (10)
Total	185	171	172	64	(55 - 75)	146	51	(43 - 59)	135	12	(3 - 21)	111	36 (21)

¹ Excluding SIK transplants² Follow-up reported or graft not known to have failed³ Between transplant and one-year⁴ Information missing at either transplant or one-year out of those where expected

Table VIII Reduction in insulin dose per kg at one-year post transplant and insulin independent in first year post-transplant 1 April 2010 to 31 December 2024¹

Transplant centre	Routine transplants (one-year data expected ²)		At transplant			Insulin dose/kg At one-year			Reduction ³			No. insulin independent	Reduction not calculated ⁴
	N	(N)	N	Median	(IQ range)	N	Median	(IQ range)	N	Median	(IQ range)	N	N (%)
Bristol	3	3	3	0.42	(0.37 - 0.48)	3	0.20	(0.12 - 0.47)	3	0.22	(0.01 - 0.25)	1	0 (0)
Edinburgh	72	67	69	0.50	(0.38 - 0.61)	53	0.23	(0.11 - 0.38)	50	0.24	(0.14 - 0.36)	24	17 (25)
King's College	11	9	10	0.35	(0.22 - 0.42)	4	0.13	(0.07 - 0.21)	4	0.20	(0.15 - 0.27)	3	5 (56)
Manchester	10	9	10	0.52	(0.35 - 0.55)	9	0.30	(0.23 - 0.38)	9	0.27	(0.25 - 0.30)	4	0 (0)
Newcastle	39	37	38	0.44	(0.32 - 0.56)	27	0.31	(0.12 - 0.40)	26	0.19	(0.04 - 0.28)	6	11 (30)
Oxford	39	36	27	0.45	(0.32 - 0.62)	21	0.26	(0.14 - 0.38)	21	0.25	(0.06 - 0.43)	6	15 (42)
Royal Free	11	10	10	0.56	(0.40 - 0.80)	9	0.42	(0.24 - 0.50)	8	0.14	(0.01 - 0.35)	2	2 (20)
Total	185	171	167	0.47	(0.33 - 0.59)	126	0.25	(0.12 - 0.39)	121	0.23	(0.10 - 0.33)	46	50 (29)

¹ Excluding SIK transplants² Follow-up reported or graft not known to have failed³ Between transplant and one-year⁴ Information missing at either transplant or one-year out of those where expected