

**NHS BLOOD & TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE
PANCREAS ADVISORY GROUP**

**DETAILED REVIEW OF THE 2019 NATIONAL PANCREAS OFFERING
SCHEME (NPOS)**

PLAIN LANGUAGE SUMMARY

What does this paper aim to do, and why does this matter?

In September 2019, the national pancreas offering scheme was revised alongside the kidney offering scheme. However, the following year, the coronavirus pandemic heavily impacted both the number of donors eligible to donate an organ in the UK, and the number of recipients able to receive a transplant due to centre closures. The number of pancreas transplants performed in recent years is still much lower than what was seen prior to the introduction of the 2019 scheme. This has impacted the length of time patients wait to receive a pancreas transplant. There has also been a change in the characteristics of pancreas donors, especially with more donations made after circulatory death. This might have affected the availability of organs suitable for pancreas transplants.

In this paper, we aim to understand what the impact of the change in the scheme has been. We do this by looking at whether the scheme has achieved the goals it set in 2019, as well as by looking at the different aspects of the donation to transplantation pathway. Finally, we look at whether any specific changes in the kidney offering scheme have impacted the pancreas offering scheme.

How has the analysis been carried out?

The majority of this paper compares donation and transplantation activity in the four years before the revision of the scheme in 2019, to the most recent four years of activity. However, due to the nature of the observational data used, it is difficult to establish whether it was the change to the scheme which impacted activity, or if this is mostly due to other factors.

What did we find?

The introduction of a priority tier in the offering scheme has brought the waiting times for patients who may have previously waited a long time for a compatible donor, closer to the waiting time of other (easier to match) patients. However, when considering all patients, the time it takes to receive a transplant has increased since the introduction of the 2019 scheme.

We found that many factors may have led to a decrease in the number of transplants performed in the recent four-year period. This includes the following: fewer organ donors available in the UK, fewer donors who meet the criteria to donate a pancreas, fewer offers being made (especially for simultaneous pancreas and kidney transplants) and lower proportions of offered organs being used for transplantation. There may also have been some impact due to the changes made to the kidney offering scheme in 2024.

To conclude, the decline in pancreas transplant numbers is due to a complex set of changes in areas relating to organ donation, the offering schemes and the use of offered organs.

INTRODUCTION

- 1 On 11th September 2019 the national pancreas offering scheme (NPOS) was revised to reflect some of the changes implemented in the national kidney offering scheme (NKOS) and to make improvements to the scheme. The two main areas for improvement were:
 1. Higher priority for difficult to match and highly sensitised patients
 2. Appropriate offering of donors to both whole pancreas and islet transplantation, especially with regards to donor age and BMI
- 2 This was addressed through the following changes in the scheme.
 1. The introduction of a new Tier A priority group, defined as recipients with a matchability score of 10, 100% cRF or with a pancreas or islet waiting time of 3 years or more. This waiting time starts at activation, not from dialysis start time. Any SPK or SIK patients with a matchability score of 10, 100% cRF or kidney waiting time (starting from dialysis start date, not necessarily activation) of 7 years or more would also enter Tier A of the NKOS, giving them the option of receiving a kidney-only transplant as well.
 2. Islet patients are excluded from the matching run if the donor is both aged less than 25 years and has a BMI under 25kg/m². Additionally, if a donor has a BMI ≥ 31 then offers would not initially be made to whole pancreas patients.
- 3 Since 2019, further updates to the scheme have been implemented and other events have occurred, which may have impacted activity. These are listed below.
 1. Changes to the maximum donor age criteria have changed over time to currently be less than 61 years old for DBD donors and less than 56 years old for DCD donors.
 2. For most of 2023, the University of Wisconsin (UW solution) perfusion fluid was not available in the UK, and this may have influenced pancreas transplant activity in those units that declined to use the HTK solution.
 3. The King's College Hospital isolation laboratory was closed from 25 August 2023 to 16 September 2024 due to the presence of a recurring fungal infection. This resulted in limited isolation laboratory availability during the weeks that King's would have been on the rota. This led to an increase in the number of islet offers being declined by centres due to no laboratory being available to isolate.
- 4 Soon after the 2019 changes were implemented, organ donation and transplantation were heavily impacted by the SARS coronavirus 2 (SARS-CoV-2) pandemic, with a decline in activity during this period due to donor restrictions and centre closures. Since 2020, the active pancreas and islet transplant waiting list has increased annually, but the number of transplants performed each year is still lower than seen in pre-pandemic years. Given that overall transplant activity remains well below pre-2020 levels, it is important to identify which factors are contributing to the ongoing reduction in pancreas transplants.
- 5 The aims of this paper are to examine both the changes to NPOS and the factors that may be influencing current pancreas transplant activity. The first section of this paper summarises recent activity using previously reported data from the NHSBT annual reports, followed by an exploration of the key areas outlined below.
 1. To determine whether the aims set for the 2019 scheme (see point 2) have been met.

2. To understand how organ donation activity has changed over time and whether this has impacted the number of named patient offers made and utilised within the NPOS.
3. To understand how Tier A of the NKOS has impacted the number of kidneys available via the NPOS.

DATA AND METHODS

- 6 Data on all pancreas and islet offers and transplants, and the waiting lists between 2015 and 2025 were extracted from the UK Transplant Registry. Data on kidney transplants, including multi-organ kidney transplants, were also extracted to understand the impact of the NKOS on pancreas and islet activity. Data on intestinal transplants were also reported on in this paper, as some intestinal transplants utilise the pancreas or lead to non-use of the pancreas.
- 7 For most sections of the paper, the data were split into two 4-year periods, 11th September 2015 – 10th September 2019 and 11th September 2021 – 10th September 2025, to compare activity from before the start of the new scheme to the latest four years of the new scheme and avoiding the pandemic period. Some sections of the paper used slightly different analysis periods, and these dates are provided in the relevant sections.
- 8 Descriptive analyses on donors, offers and transplants are presented, comparing activity and characteristics between the two periods. More details on the analyses are provided in the relevant sections of the paper.
- 9 Note that throughout the paper, it is difficult to draw robust conclusions regarding the impact of the 2019 changes to the NPOS on pancreas activity. This is because other differences might exist between the two periods (see point 3 above), which could reduce the validity of some comparisons. However, 2024-2025 data are not expected to be affected by factors in point 3.

KEY RESULTS

Evaluating priorities set for 2019 NPOS

- 10 Following the 2019 scheme changes, highly sensitised and difficult to match patients now have a similar chance of receiving a transplant at two years as those who are not highly sensitised or difficult to match. However, overall access to transplantation has declined. For patients registered between 2021 and 2025, the cumulative incidence of transplantation at 2 years was 45% (95% CI: 41%-49%), compared with 75% (95% CI: 71%-78%) for those registered between 2015 and 2019. This indicates that patients are now waiting significantly longer for a pancreas transplant.
- 11 There was also a change to the way offers were distributed between pancreas and islet recipients. This was due to changes made in the 2019 revision of the scheme. Donors with a higher BMI were more likely to be offered for islet recipients in the post-period, which contributed to a larger proportion of all offers being made to islet recipients. In the pre-period, 13% of first offers were made to islet recipients, and this increased to 24% in the post-period. However, there has been little difference seen in the distribution of donor age or BMI for pancreas and islet transplants.

Donors, offers and utilisation

- 12 When comparing the pre- and post-periods, there has been a decrease in the following metrics: the number of donors available in the UK, the proportion of donors eligible for pancreas donation, and the proportion of offers which resulted in a pancreas transplant (utilisation rate).
- 13 There were fewer offers made in the post-period compared to the pre-period, with significant differences identified in the last two years, however, some of this can be attributed to the reduction in eligible pancreas donors. When considering only SPK offers, there were significantly fewer offers made in recent years, even after taking the number of eligible donors into account.
- 14 All these metrics will have had some part to play in the overall pancreas transplantation activity, and so activity has likely been impacted by both factors related and unrelated to the offering schemes.

Kidneys available for NPOS

- 15 SPK and SIK recipients will only receive an offer if a kidney is available from the NKOS. When considering a subset of eligible pancreas and kidney donors, the proportion resulting in an SPK or SIK transplant reduced from 26% in the pre-period, to 22% in the post-period. This difference was greater for blood group O donors, with a decrease from 24% in the pre-period to 15% in the post-period. This is likely because blood group O donors are able to donate to NKOS Tier A recipients of any blood type.

ACTIONS

- 16 PAG members are asked to consider these data carefully and if further analyses are needed. PAG members are also asked to consider if changes might be needed to NPOS and other related schemes and systems.

TRENDS IN ACTIVITY

- 1 This section presents information from the NHSBT annual activity reports as context for the main sections of this paper. The majority of the data have been taken from the 2024-25 annual report, and some data have been collated from previous versions of this report. Deceased donor kidney activity has also been presented here for comparison. These reports are available on the ODT website, www.odt.nhs.uk/statistics-and-reports/annual-activity-report/.
- 2 **Figures 1.1 to 1.3** show the donation, transplantation and waiting list activity for the last ten years. When comparing activity from the most recent financial year (2024-2025) to ten years ago, the number of DBD donors decreased by 14%, whilst the number of DCD donors increased by 26%. In the same period, the number of donors where the pancreas was retrieved decreased from 464 to 309 (33% decrease), and the number of pancreas transplants decreased from 216 to 142 (34% decrease). However, the pancreas and islet waiting list increased by 63%, from 227 to 370 recipients. Additional information on post-registration outcomes and transplant activity is presented in **Appendix Figures 1 - 3**.
- 3 Kidney transplant activity has been used to provide some context of the wider activity in the UK. When comparing activity from 2024-2025 to 2015-2016, the number of kidney transplants increased slightly from 2,227 to 2,337 and the kidney-only waiting list increased by 31% from 5,307 to 6,939 recipients.
- 4 The median active waiting time to transplant are shown for whole pancreas (SPK and pancreas alone) and kidney alone patients in **Table 1.1**. The reporting periods used for the two transplant types differ, and so the most recent period is not available for kidney recipients. Pancreas recipients registered between 2019 and 2023 had a median waiting time of 478 days, compared to 352 days for registrations between 2014 and 2018. Whereas the median waiting time for a kidney transplant was most recently reported as 503 days, which was a decrease from 589 days for registrations in 2014 to 2018. The median waiting times for blood group O recipients is also shown here as it was raised as an area of concern in the Autumn PAG meeting.

Figure 1.1 Number of deceased and living donors in the UK, 1 April 2015 - 31 March 2025

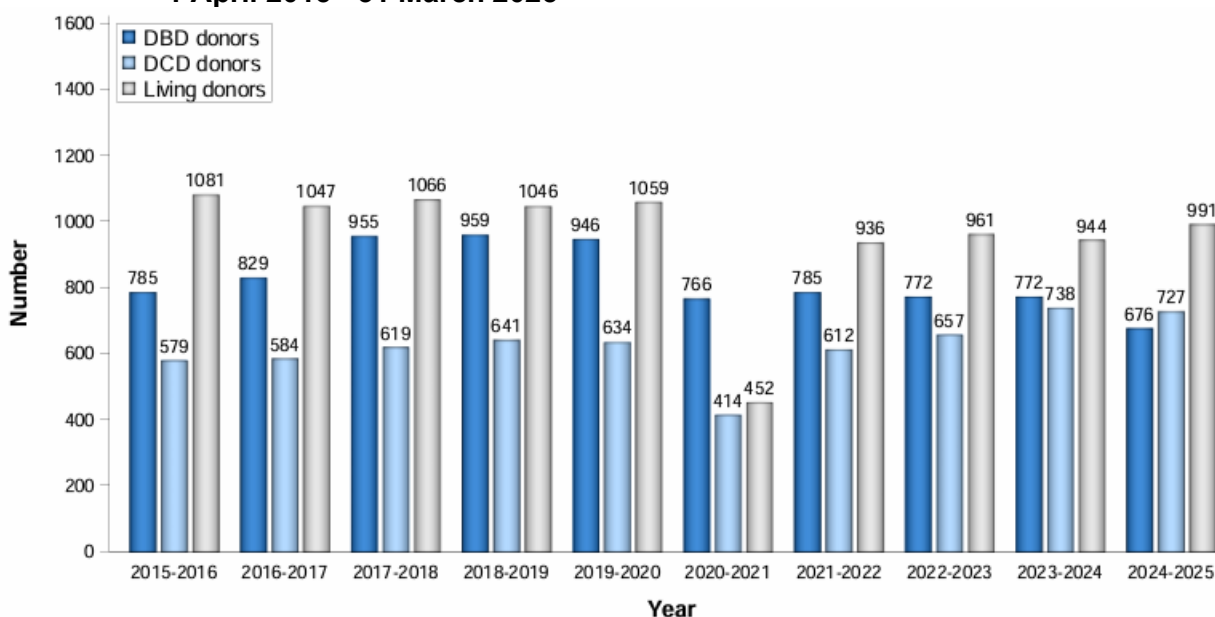


Figure 1.2 Number of pancreas (or islet) donors and transplants from 1 April 2015 - 31 March 2025, and patients on the active transplant list at 31 March

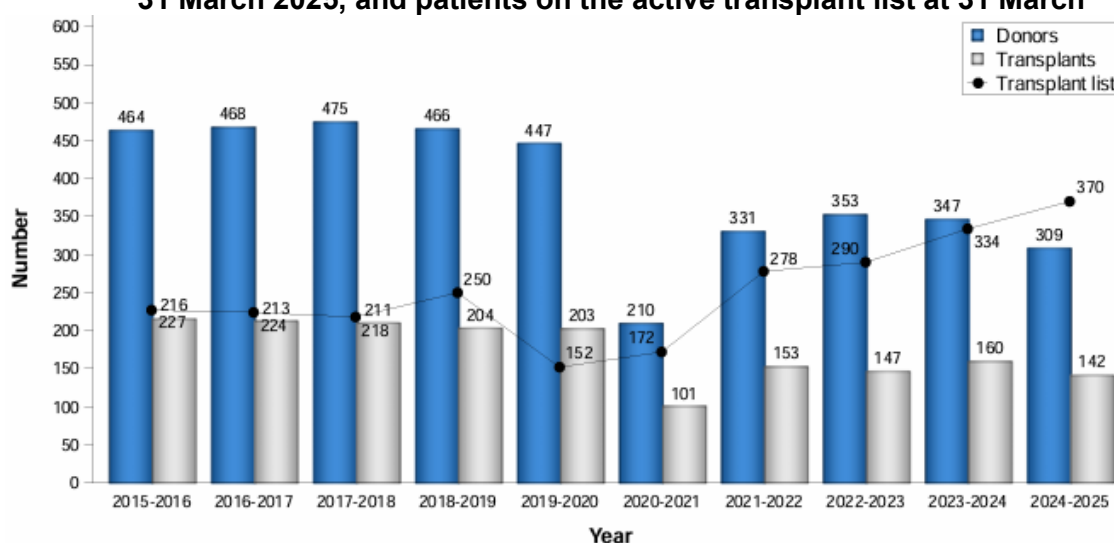


Figure 1.3 Number of deceased kidney donors and transplants from 1 April 2015 - 31 March 2025, and patients on the active transplant list at 31 March

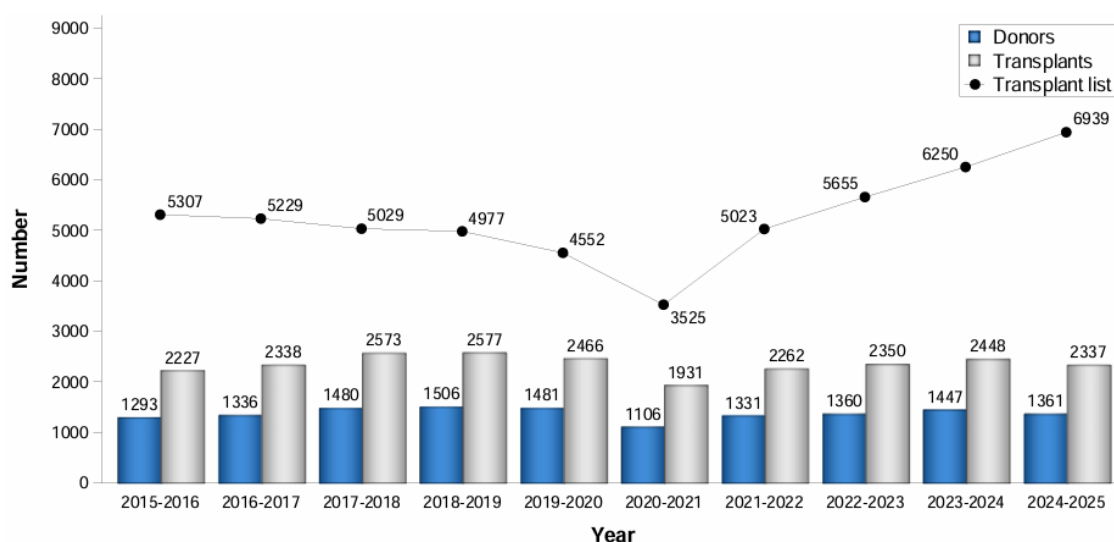


Table 1.1 Median active waiting time (days) to transplant, by transplant type and registration period

Transplant type	Registration year (Apr-Mar)		
	2014-2018 Median (95% CI)	2018-2022 Median (95% CI)	2019-2023 Median (95% CI)
Whole pancreas (incl. SPK)			
All	352 (329 - 375)	431 (405 - 457)	478 (445 - 511)
Blood group O	450 (424 - 476)	591 (521 - 661)	820 (705 - 935)
Kidney alone			
All	589 (575 - 603)	503 (487 - 519)	<i>Not reported yet</i>
Blood group O	762 (742 - 782)	741 (714 - 768)	<i>Not reported yet</i>

Note: These data have been taken from the relevant NHSBT Annual Activity report for each period.

2019 NPOS PRIORITIES

- 5 The two main aims of the revision to the scheme in 2019 were the following:
 1. Higher priority for difficult to match and highly sensitised patients
 2. Appropriate offering of donors to both whole pancreas and islet transplantation, especially with regards to donor age and BMI
- 6 Higher priority for difficult to match and highly sensitised patients was addressed by the newly defined Tier A group. Appropriate offering of organs for pancreas and islet patients was addressed using new criteria in the matching runs, listed below. These aims will be evaluated in this paper using offering and waiting time data.
 1. The introduction of a new Tier A priority group, defined as recipients with a matchability score of 10, 100% cRF or a pancreas or islet waiting time of 3 years or more. This waiting time starts at activation, not from dialysis start time. Any SPK or SIK patients with matchability score of 10, 100% cRF or kidney waiting time (starting from dialysis start date, not necessarily activation) of 7 years or more would also enter Tier A of the NKOS, giving them the option of receiving a kidney-only transplant as well.
 2. Islet patients are excluded from the matching run if the donor is both aged less than 25 years and has a BMI under 25kg/m². Additionally, if a donor has a BMI ≥31 then offers would not initially be made to whole pancreas patients.
- 7 To assess the prioritisation of highly sensitised and difficult to match patients, competing risks analyses were used to estimate the cumulative incidence of transplantation. This is presented in **Tables 2.1 and 2.2** for pancreas, islet, simultaneous pancreas and kidney (SPK) and simultaneous islet and kidney (SIK) recipients. The cumulative incidence is the probability of receiving a transplant at each time point, whilst accounting for the fact that some recipients may either die or be removed from the waiting list. This is shown for all recipients registered for their first transplant between 11 September 2015 and 10 September 2018, compared to 11 September 2021 and 10 September 2024. The analysis includes transplants up to 2 March 2026. The analysis periods differ to those used in the rest of the paper, as this table looks at recipients registered (rather than transplanted) in the period.

Table 2.1 Cumulative incidence of first pancreas or islet transplant for registrations between 11 September 2015 and 10 September 2024, by sensitisation

Calculated Reaction Frequency	Number of patients registered	Cumulative incidence % (95% CI)	
		At 1 year	At 2 years
11 September 2015 – 10 September 2018			
0-74%	648	48 (45-52)	78 (74-81)
75-100%	69	29 (19-40)	48 (36-60)
TOTAL	717	46 (43-50)	75 (71-78)
11 September 2021 – 10 September 2024			
0-74%	684	24 (20-27)	45 (41-50)
75-100%	36	14 (5-28)	33 (17-49)
TOTAL	720	23 (20-26)	45 (41-49)

- 8 **Table 2.1** shows that during the 2019 NPOS the chance of receiving a transplant at 2 years for recipients who were highly sensitised was 33% (95% CI: 17%-49%) compared to 45% (95% CI: 41%-50%) for those who were not highly sensitised. However, only 36 highly sensitised recipients were registered in this period, and so there is not enough evidence to determine whether there is a difference in the chance of a transplant at 2 years between the two groups (Gray's test p-value 0.3384). The table does show that the chance of receiving a transplant at two years is much lower for the whole cohort in the 2019 NPOS compared to the earlier period (45% vs 75% resp., Gray's test p-value < 0.0001).

Table 2.2 Cumulative incidence of first pancreas or islet transplant for registrations between 11 September 2015 and 10 September 2024, by matchability score			
Matchability score	Number of patients registered	Cumulative incidence % (95% CI)	
		At 1 year	At 2 years
11 September 2015 – 10 September 2018			
1-7	656	47 (43-51)	76 (73-79)
8-10	54	37 (24-50)	58 (43-70)
TOTAL	717	46 (43-50)	75 (71-78)
11 September 2021 – 10 September 2024			
1-7	655	24 (20-27)	45 (41-49)
8-10	60	21 (11-32)	50 (33-65)
TOTAL	720	23 (20-26)	45 (41-49)

Note: There were 12 recipients with missing matchability score, 7 in the pre-period and 5 in the post-period.

- 9 **Table 2.2** shows that during the 2019 NPOS the chance of receiving a transplant at 2 years for recipients who were difficult to match was 50% (95% CI: 33%-65%) compared to 45% (95% CI: 41%-49%) for those who were not difficult to match. There is no evidence to suggest that the two groups differ in their chance of transplant at 2 years (Gray's test p-value 0.9006). Therefore, although there was a lower chance of transplantation by 2 years after the introduction of the 2019 scheme, there is little evidence of a difference between the sensitisation or matchability groups.
- 10 **Table 2.3** presents the number of new registrations in both periods, by the type of organ required. This is to provide context for the following tables, specifically that around 84% of recipients were registered for a pancreas transplant, compared to 16% for an islet transplant. This was similar across both periods.
- 11 The offering of organs for pancreas and islet recipients was assessed using the distribution of donor age and BMI for offers made in the pre and post periods. **Table 2.4 and Figures 2.1 and 2.2** show the distribution of the donor age and BMI for donor pancreases offered for pancreas and islet transplants, through the NPOS. This only includes the first named-patient offers in the offering sequence, and excludes any other multi-organ offers. An equivalent table showing all offers made in the offering sequence can be found in **Appendix Table 1**. **Table 2.5** presents the same summary for transplant activity.

Table 2.3 Number of new registrations, by organ required at registration and period

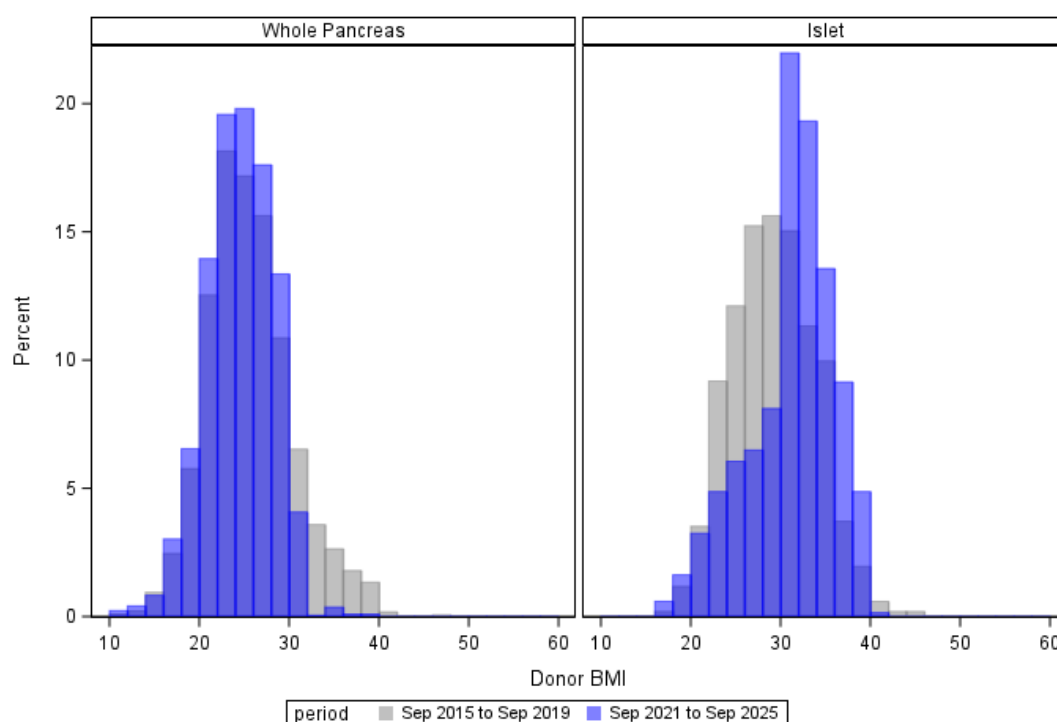
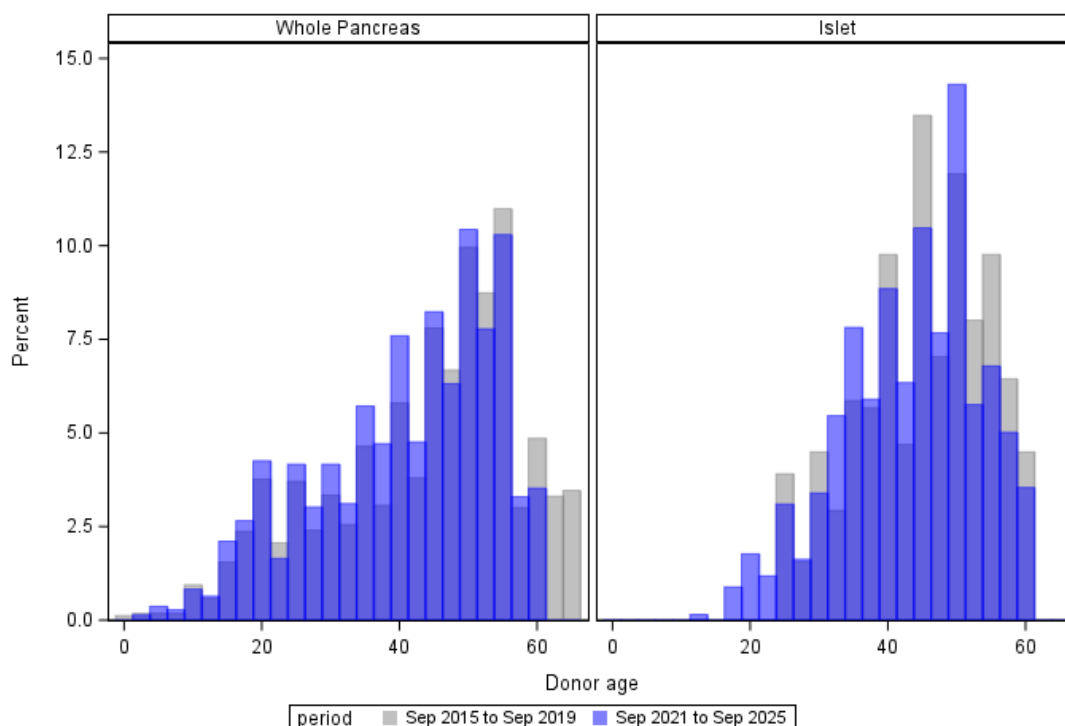
Organ required	11 September 2015 - 10 September 2019		11 September 2021 - 10 September 2025	
	N	%	N	%
Pancreas	919	(84)	899	(83)
Islets	181	(16)	180	(17)
Routine	124	(11)	134	(12)
Priority	57	(5)	46	(4)

Note: Recipients may appear multiple times, for each new registration or change in organ required for registration.

Table 2.4 Number of organs offered, by donor characteristics and the organ offered at first offer

	Organ offered at first offer									
	11 September 2015 - 10 September 2019					11 September 2021 - 10 September 2025				
	Vascularised pancreas		Pancreatic islet		TOTAL	Vascularised pancreas		Pancreatic islet		TOTAL
	N	(%)	N	(%)	N	N	(%)	N	(%)	N
Donor BMI (kg/m²)										
<23	1017	(96)	46	(4)	1063	766	(93)	54	(7)	820
23 to <26	872	(91)	88	(9)	960	641	(92)	57	(8)	698
26 to <29	720	(86)	122	(14)	842	537	(88)	70	(12)	607
29 to <31	282	(80)	71	(20)	353	224	(71)	93	(29)	317
31 or over	404	(69)	185	(31)	589	18	(4)	404	(96)	422
Donor age (years)										
<25	439	(100)	0	(0)	439	305	(90)	33	(10)	338
25 to <30	198	(85)	35	(15)	233	166	(84)	32	(16)	198
30 to <40	465	(82)	103	(18)	568	401	(70)	170	(30)	571
40 to <50	839	(82)	189	(18)	1028	612	(71)	244	(29)	856
50 or older	1354	(88)	185	(12)	1539	702	(78)	199	(22)	901
Donor age and BMI¹										
Age < 30 and BMI < 25	452	(98)	10	(2)	462	346	(98)	6	(2)	352
Age < 40 and BMI < 28	410	(88)	54	(12)	464	379	(88)	52	(12)	431
Age > 50 and BMI ≥ 28	437	(82)	99	(18)	536	152	(53)	133	(47)	285
All other donors	1996	(85)	349	(15)	2345	1309	(73)	487	(27)	1796
TOTAL	3295	(87)	512	(13)	3807	2186	(76)	678	(24)	2864

¹ The categories within this joint age and BMI variable are distinct, and each is defined after excluding the category above, e.g. the age<40 and BMI<28 group excludes those with age<30 and BMI<25.

Figure 2.1 Distribution of donor BMI for first offers, by period and organ type**Figure 2.2** Distribution of donor age for first offers, by period and organ type

- 12 **Table 2.4 and Figures 2.1 and 2.2** show that there was a change in how donors with a higher BMI were offered in the NPOS, as expected from the change made to the scheme. Only 4% (n=18) of donors with a BMI of 31 or more were first offered to whole pancreas patients in the recent period, compared to 69% in the previous period. These 18 donors would have been offered to whole pancreas patients as there were no suitable islet patients on the matching run. There was not as great a difference in offering by age, but the recent period has seen a decrease in the proportion of older donors being first offered for whole pancreas recipients. When considering BMI and age together, there had been no change in how offers were made for younger donors with a lower BMI (less than 40 years, and BMI less than 28). Overall, the proportion of offers first made for whole pancreas recipients decreased from 87% in the pre-period compared to 76% in the post-period.

Table 2.5 Number of transplants by donor characteristic and transplant type

	Transplant type									
	11 September 2015 - 10 September 2019					11 September 2021 - 10 September 2025				
	Vascularised pancreas		Pancreatic islet		TOTAL	Vascularised pancreas		Pancreatic islet		TOTAL
	N	(%)	N	(%)		N	(%)	N	(%)	
Donor BMI (kg/m²)										
<23	398	(99)	5	(1)	403	301	(99)	2	(1)	303
23 to <26	244	(96)	11	(4)	255	164	(95)	8	(5)	172
26 to <29	109	(77)	33	(23)	142	89	(80)	22	(20)	111
29 to <31	16	(46)	19	(54)	35	27	(63)	16	(37)	43
31 or over	13	(21)	50	(79)	63	8	(19)	35	(81)	43
Donor age (years)										
<25	266	(100)	1	(0)	267	186	(97)	5	(3)	191
25 to <30	79	(91)	8	(9)	87	83	(93)	6	(7)	89
30 to <40	139	(90)	16	(10)	155	126	(90)	14	(10)	140
40 to <50	169	(81)	39	(19)	208	124	(81)	30	(19)	154
50 or older	127	(70)	54	(30)	181	70	(71)	28	(29)	98
Donor age and BMI¹										
Age <30 and BMI <25	275	(100)	0	(0)	275	210	(100)	0	(0)	210
Age <40 and BMI <28	160	(98)	3	(2)	163	138	(95)	8	(5)	146
Age > 50 and BMI ≥ 28	7	(18)	31	(82)	38	8	(30)	19	(70)	27
All other donors	338	(80)	84	(20)	422	233	(81)	56	(19)	289
TOTAL	780	(87)	118	(13)	898	589	(88)	83	(12)	672

¹ The categories within this joint age and BMI variable are distinct, and each is defined after excluding the category above, e.g. the age<40 and BMI<28 group excludes those with age<30 and BMI<25.

- 13 **Table 2.5** shows that there was little difference in the distribution of age or BMI for the donors resulting in a transplant. Although there was a decrease in the overall proportion of first offers made to whole pancreas patients (see **Table 2.4**), this did not translate to a change in the proportion of transplants across the groups.

DONORS, OFFERS AND UTILISATION

- 14 **Table 3.1** shows the pathway for all solid organ donors, from the number who met the current eligibility criteria for pancreas donation, to the number of pancreas or islet transplants resulting from these donations. The data are presented for donations after brain death (DBD) and donations after circulatory death (DCD), and for the 4-year period prior to the 2019 change in scheme and the most recent 4-year period. **Figures 3.1 and 3.2** provides a visual summary of this data. Eligible donors are defined using a subset of the current contraindications for pancreas donation. This was defined as those aged 60 years or less for DBD and 55 years or less for DCD, and BMI of 40 or less, without a history of diabetes and weight of 15kg or more. These contraindications have changed over time (see **Appendix Table 2**), but this analysis uses the current criteria across all periods. This data includes any offers and transplants involving a pancreas, and the vast majority of these will be pancreas alone, SPK, islet alone, or SIK offers and transplants.

Table 3.1	Use of pancreases from solid organ donors, 11 September 2015 to 10 September 2019 and 11 September 2021 to 10 September 2025											
	Solid organ donors	Eligible pancreas donors ¹		Offered		Accepted		Pancreas and Islets Retrieved		Transplanted		Conversion % of offered
		N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	
Donations after brain death												
2015 - 2019	3585	2257	(63)	2125	(94)	1503	(71)	1317	(88)	675	(51)	(32)
2021 - 2025	2939	1811	(62)	1708	(94)	1160	(68)	881	(76)	468	(53)	(27)
Donations after circulatory death												
2015 - 2019	2481	1017	(41)	915	(90)	519	(57)	418	(81)	212	(51)	(23)
2021 - 2025	2831	1158	(41)	1073	(93)	621	(58)	438	(71)	204	(47)	(19)
Total												
2015 - 2019	6066	3274	(54)	3040	(93)	2022	(67)	1735	(86)	887	(51)	(29)
2021 - 2025	5770	2969	(51)	2781	(94)	1781	(64)	1319	(74)	672	(51)	(24)

¹ Eligible pancreas donors have been defined as those aged 60 years or less for DBD and 55 years or less for DCD, and BMI of 40 or less, without a history of diabetes and weigh 15kg or more.

- 15 There was a reduction in the number of solid organ donors in the latest period (2021 to 2025), with 5,770 donors compared to 6,066 donors in 2015 to 2019. There was also a slight decrease in the proportion of solid organ donors who met the criteria for pancreas donation, defined above. In 2021 to 2025, 51% of donors met the criteria for pancreas donation, compared to 54% in the previous period. **Appendix Table 3** presents the median donor age and BMI of all donors where an organ was retrieved in these two periods. 94% of these donors resulted in an offer being made for a pancreas or an islet transplant, this was similar in both periods. However, only 24% of these offers in the recent period resulted in a transplant, compared to 29% in the previous period. **Appendix Table 4a and 4b** shows this stratified by whole pancreas and pancreas islets.
- 16 There was a 18% decrease in the number of DBD donors and a 14% increase in the number of DCD donors available in the UK, resulting in similar numbers of donors in the two groups (2,939 and 2,831 resp.). However, the more restrictive age criteria and

lower acceptance rates for DCD donors resulted in 204 DCD transplants compared to 468 DBD transplants in the 2021-2025 period. The conversion rate from offering decreased over time for both donor types, by 5 and 4 percentage points for DBD and DCD respectively.

Figure 3.1 Pancreas donation and transplantation rates, by period, 11 September 2015 to 10 September 2019 and 11 September 2021 to 10 September 2025

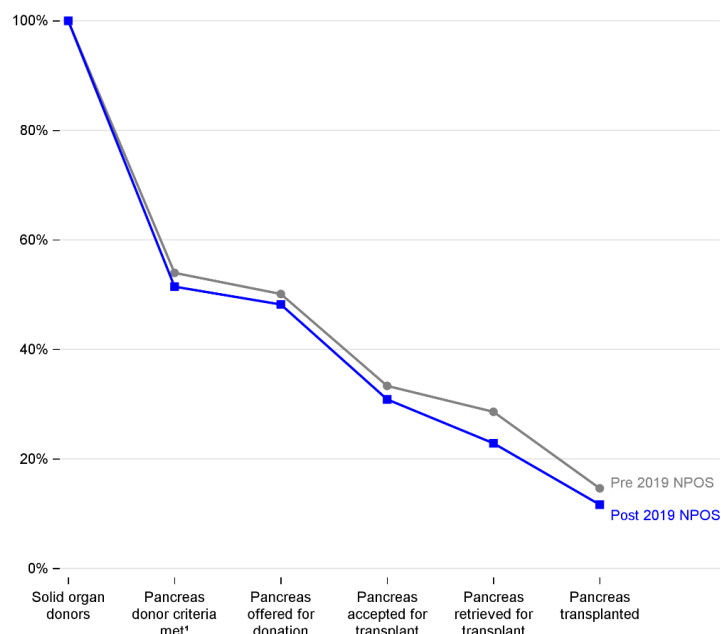
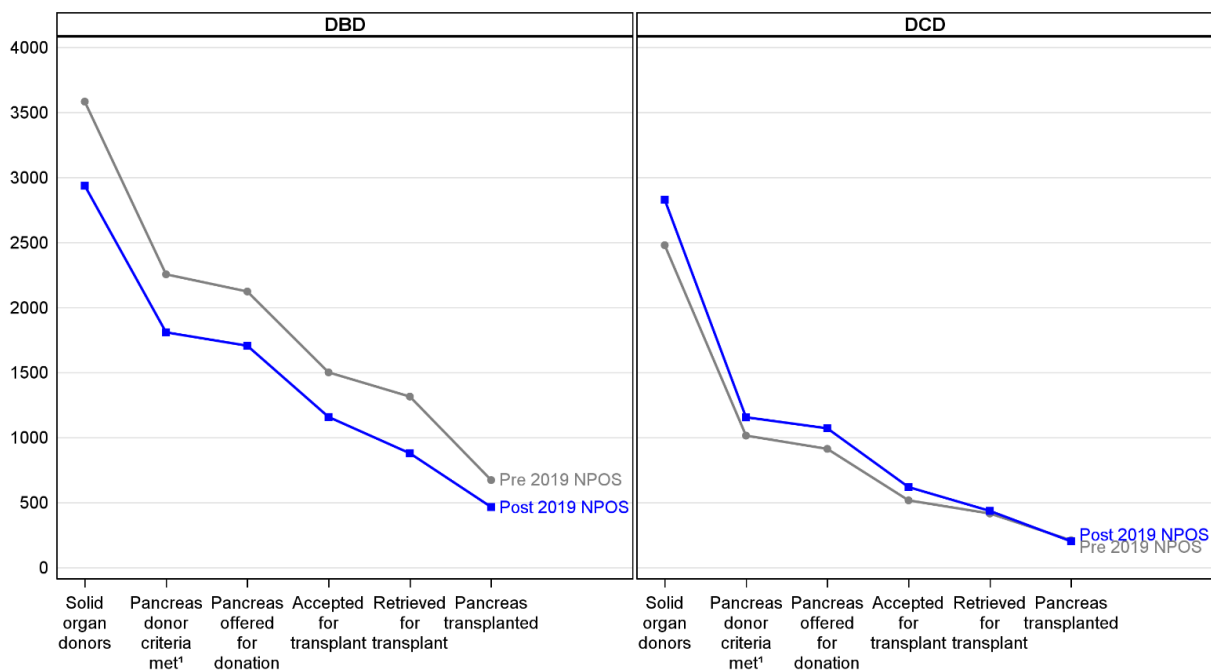


Figure 3.2 Pancreas donation and transplantation numbers, by donor type and period, 11 September 2015 to 10 September 2019 and 11 September 2021 to 10 September 2025



- 17 Table 3.2** shows the pathway for solid organ donors resulting in any type of organ transplant. Other than this additional criterion applied to the initial cohort of solid organ donors, this table is the same as Table 3.1. The pathway for this cohort of solid organ donors is relatively similar to that seen in the previous table.

Table 3.2 Use of pancreases from solid organ donors <u>resulting in a transplant of any organ type</u> , 11 September 2015 to 10 September 2019 and 11 September 2021 to 10 September 2025												
	Solid organ donors ¹	Eligible pancreas donors ²		Offered		Accepted		Pancreas and Islets Retrieved		Transplanted		Conversion
		N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	% of offered
Donations after brain death												
2015 - 2019	3491	2227	(64)	2100	(94)	1496	(71)	1313	(88)	675	(51)	(32)
2021 - 2025	2839	1777	(63)	1679	(94)	1150	(68)	878	(76)	468	(53)	(28)
Donations after circulatory death												
2015 - 2019	2254	976	(43)	882	(90)	507	(57)	411	(81)	212	(52)	(24)
2021 - 2025	2611	1128	(43)	1051	(93)	615	(59)	434	(71)	204	(47)	(19)
Total												
2015 - 2019	5745	3203	(56)	2982	(93)	2003	(67)	1724	(86)	887	(51)	(30)
2021 - 2025	5450	2905	(53)	2730	(94)	1765	(65)	1312	(74)	672	(51)	(25)

¹ Solid organ donors where the donation resulted in a transplant of any organ type.

² Eligible pancreas donors have been defined as those aged 60 years or less for DBD and 55 years or less for DCD, and BMI of 40 or less, without a history of diabetes and weigh 15kg or more.

- 18 Table 3.3** shows the pathway for solid organ donors who after the point of offering were only included if they met the definition of a higher quality pancreas donor (see footnote in the table for the definition). 33% of donors resulting in a pancreas offer were defined as higher quality donors (HQD), and this was similar across donor type and period. Although the conversion rate from HQDs was higher than the overall conversion rate seen in the previous tables, this rate also decreased in the more recent period, from 45% to 39%.

Table 3.3 Use of <u>higher quality</u> pancreases from solid organ donors, 11 September 2015 to 10 September 2019 and 11 September 2019 to 10 September 2025												
	Solid organ donors ¹	Offered		HQD ²		Accepted		Pancreas and Islets Retrieved		Transplanted		Conversion
		N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	% of HQD
Donations after brain death												
2015 - 2019	3491	2100	(60)	700	(33)	579	(83)	529	(91)	341	(64)	(49)
2021 - 2025	2839	1679	(59)	577	(34)	471	(82)	389	(83)	253	(65)	(44)
Donations after circulatory death												
2015 - 2019	2254	882	(39)	295	(33)	212	(72)	184	(87)	109	(59)	(37)
2021 - 2025	2611	1051	(40)	345	(33)	257	(74)	203	(79)	106	(52)	(31)
Total												
2015 - 2019	5745	2982	(52)	995	(33)	791	(79)	713	(90)	450	(63)	(45)
2021 - 2025	5450	2730	(50)	922	(34)	728	(79)	592	(81)	359	(61)	(39)

¹ Solid organ donors where the donation resulted in a transplant of any organ type.

² Higher quality pancreas donors have no history or evidence of malignancy, HBsAg, HCVAb, HIV, HTLV, are aged between 16 and 49, with BMI less than 27, ITU stay less than 10 days and no cardiac arrest of more than 60 minutes.

MONITORING PANCREAS OFFERS

- 19 This next section presents a series of statistical process control charts, which help to monitor the number of offers against a baseline period. The number of offers in each quarter are shown for the 2019 NPOS period, from 1 October 2019 to 31 December 2025. A baseline period prior to the change in scheme, from 1 July 2015 to 30 June 2019, was used to calculate a baseline quarterly average. The control chart limits are defined using 2- and 3-standard deviations above and below this baseline average. If current activity falls outside the lower limits this would suggest possible deviation from the baseline.
- 20 These charts include named-patient offers made through the pancreas offering scheme and may include multiple offers for each donor. Only offers resulting from donors who met the current pancreas eligibility criteria, as defined in **Table 3.1**, were included. Offers made for multi-organ transplants, other than SPK and SIK transplants, were not included. Offers were included in the analysis regardless of the outcome of the offered pancreas.
- 21 **Figures 3.5 and 3.6** present the total number of offers made and then the number of offers made per 100 eligible donors to patients waiting for a pancreas or islet transplant. Whereas **Figures 3.7 and 3.8** include only offers made to patients waiting for an SPK transplant, as this is the most common transplant type.
- 22 The number of offers per 100 eligible donors was used to monitor offering activity after accounting for changes in the donor pool. Eligible donors were defined as donors aged 60 years or less for DBD and 55 years or less for DCD donors, with a BMI of 40 or less, without a history of diabetes and with a weight of at least 15kg.
- 23 In the baseline period, there was an average of 674 offers each quarter. **Figure 3.5** show that the total number of offers per quarter has mostly fluctuated between this baseline average and 2-standard deviations below the average. However, during the pandemic and then again since January 2024, the number of offers deviated significantly from the baseline average. **Figure 3.6** then shows that after accounting for the number of eligible donors available in the UK, that offering activity only significantly deviated from the baseline average during the pandemic. Therefore, some of the reduction in offering since 2024 is due to a decline in the number of eligible donors available.
- 24 The activity for SPK offers fluctuated close to the baseline average between 2021 and 2023 but declined again in January 2024. Towards the end of 2025, the number of SPK offers differed from the baseline average by three standard deviations. After taking changes in the donor pool into account, the number of offers per 100 eligible donors in late 2025 was still slightly below the three standard deviations threshold.

Figure 3.5 – Number of named patient offers made to pancreas and islet patients, 1 October 2019 – 31 December 2025

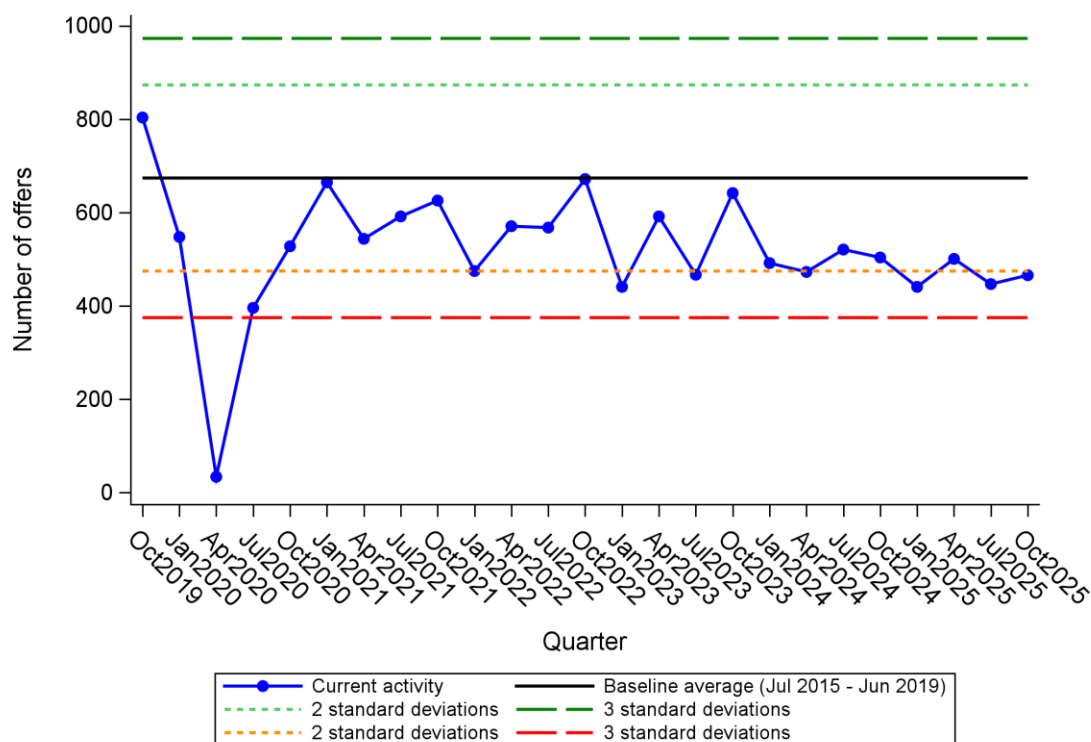


Figure 3.6 – Number of offers per 100 eligible pancreas donors to pancreas and islet patients, 1 October 2019 - 31 December 2025

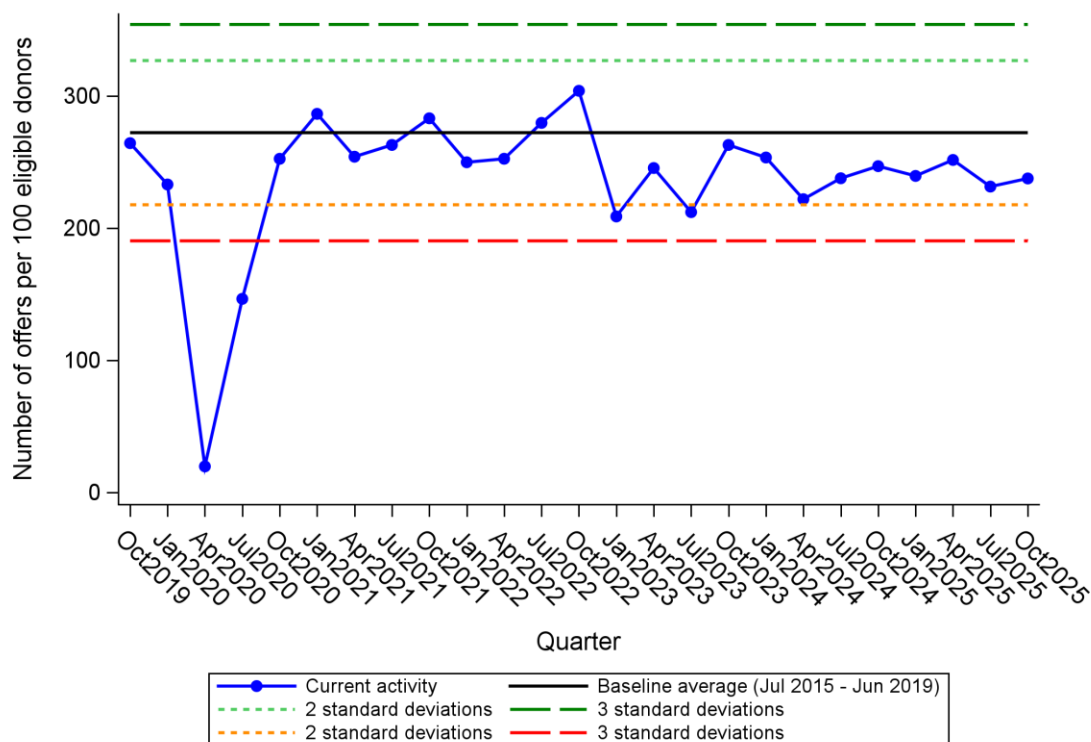


Figure 3.7 – Number of simultaneous pancreas and kidney offers, 1 October 2019 – 31 December 2025

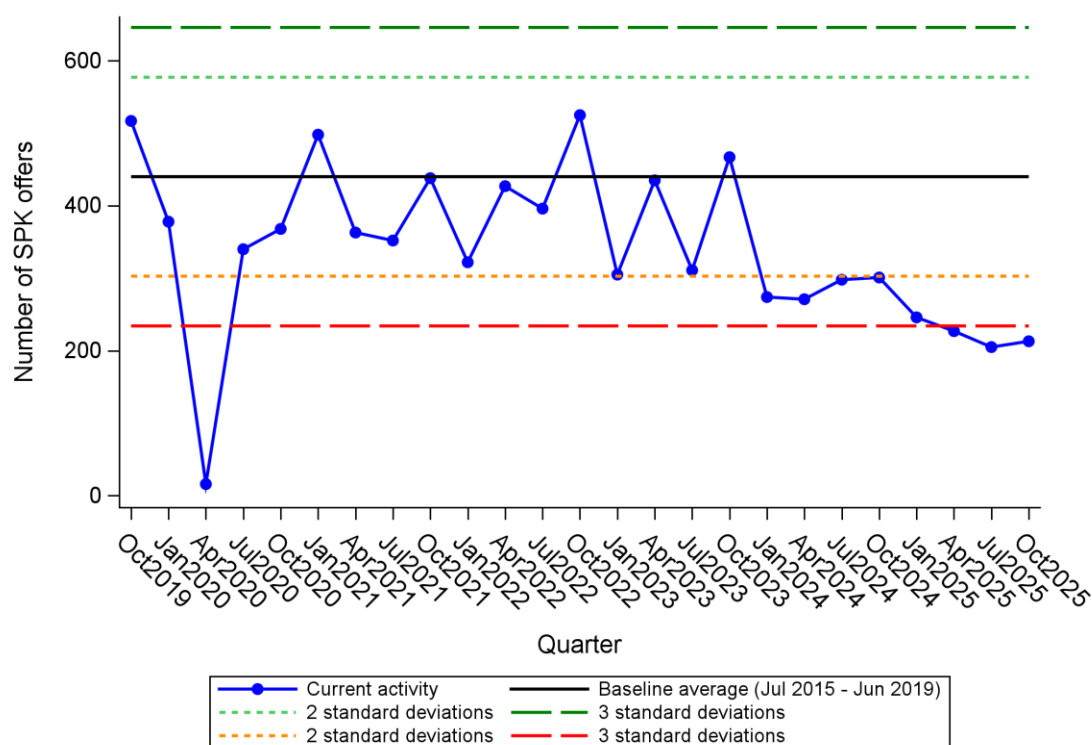
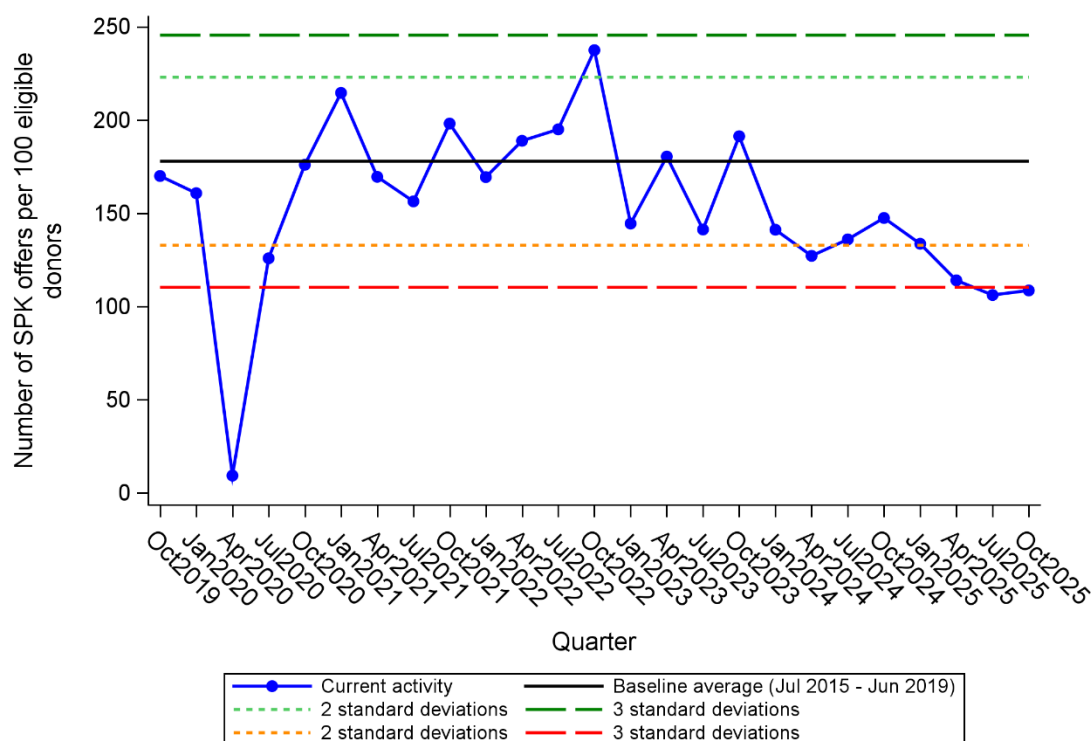


Figure 3.8 – Number of SPK offers per 100 eligible pancreas donors, 1 October 2019 – 31 December 2025



MONITORING PANCREAS TRANSPLANTS

- 25 This section presents statistical process control charts, to monitor the number of transplants against a baseline period. The number of transplants in each quarter are shown for the 2019 NPOS period, from 1 October 2019 to 31 December 2025. A baseline period prior to the change in scheme, from 1 July 2015 to 30 June 2019, was used to calculate a baseline quarterly average.
- 26 These charts show the number transplants performed overall and the number of transplants per 100 eligible pancreas donors; eligibility is defined above in **Table 3.1**. **Figure 3.9 and 3.10** presents the number of transplants and the number of transplants performed per 100 eligible donors, for pancreas and islet transplants. **Figures 3.11 and 3.12** present similar information for SPK transplants.
- 27 In the baseline period, there was an average of 53 transplants and 22 transplants per 100 eligible donors each quarter. **Figure 3.10** shows that since October 2019, the number of transplants per 100 eligible donors has fluctuated around the 2-standard deviation threshold rather than the baseline average. However, in the final reported year, transplant activity has remained relatively close to the baseline average. This trend is relatively similar when considering only SPK transplants.
- 28 The difference in the trends seen for offering and transplants in the last year may have been due to more recent improvements in utilisation. **Appendix Table 5** shows more granular information on utilisation.

Figure 3.9 – Number of pancreas and islet transplants, 1 October 2019 – 31 December 2025

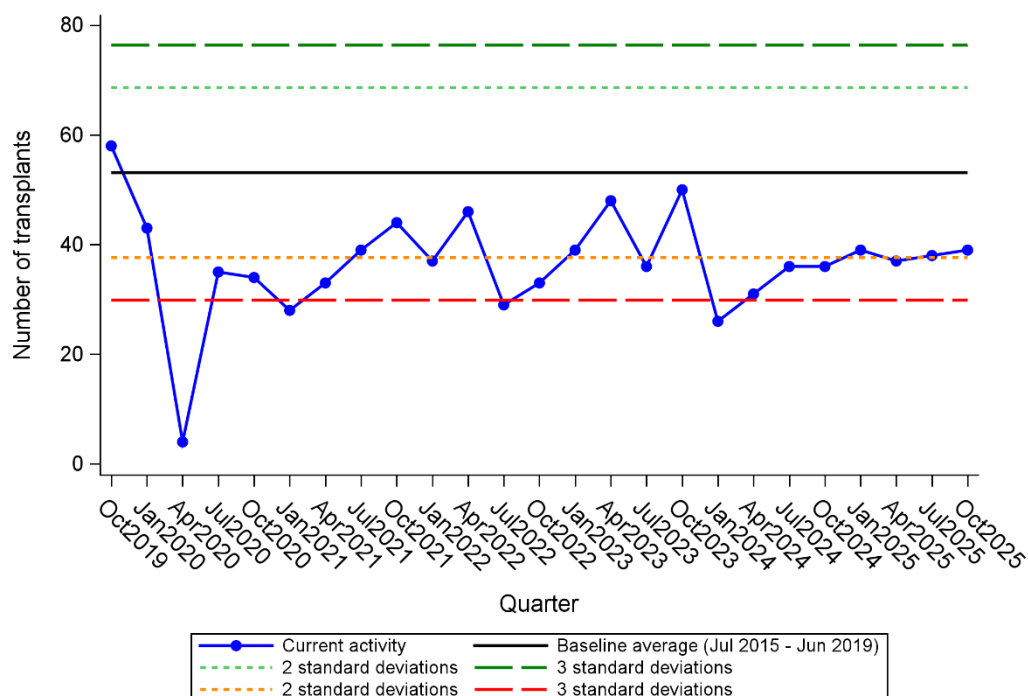


Figure 3.10 – Number of pancreas and islet transplants per 100 eligible pancreas donors, 1 October 2019 – 31 December 2025

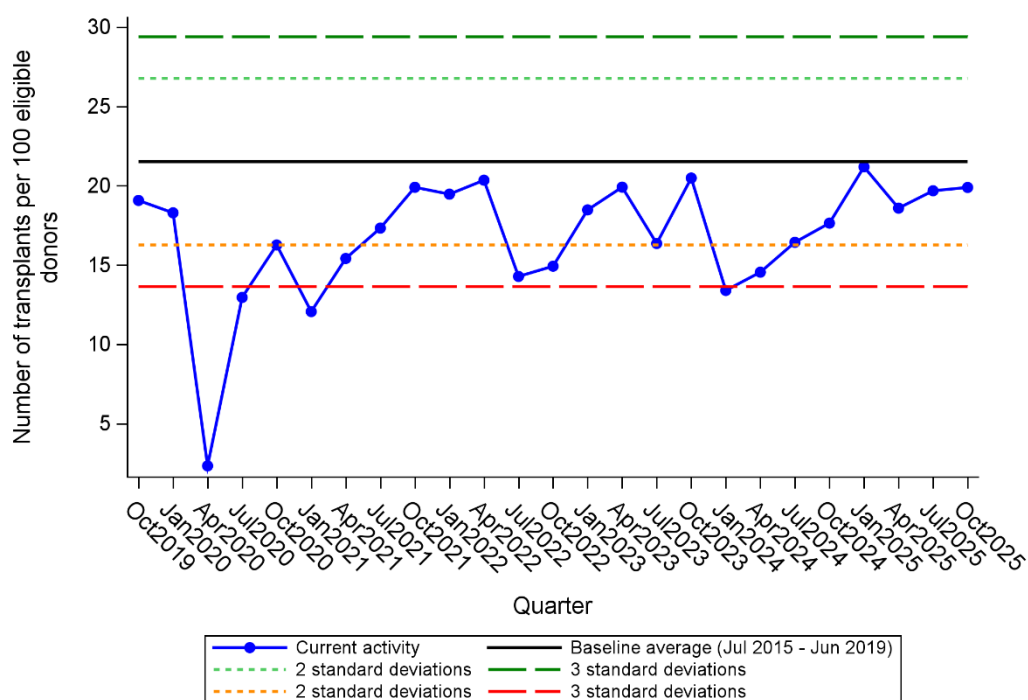


Figure 3.11 – Number of simultaneous pancreas and kidney transplants, 1 October 2019 – 31 December 2025

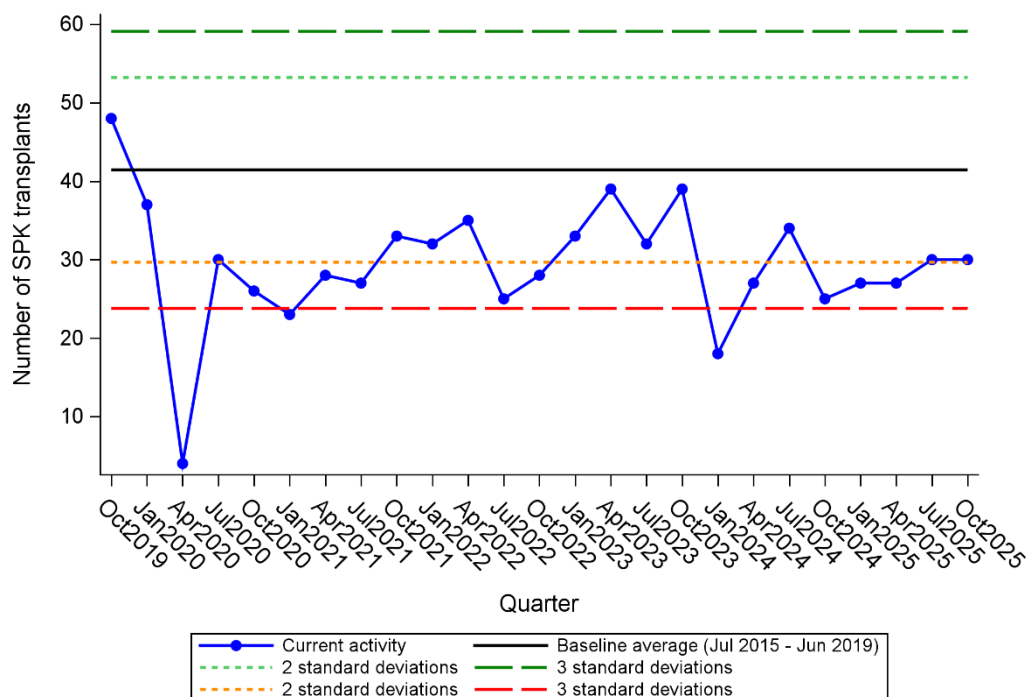
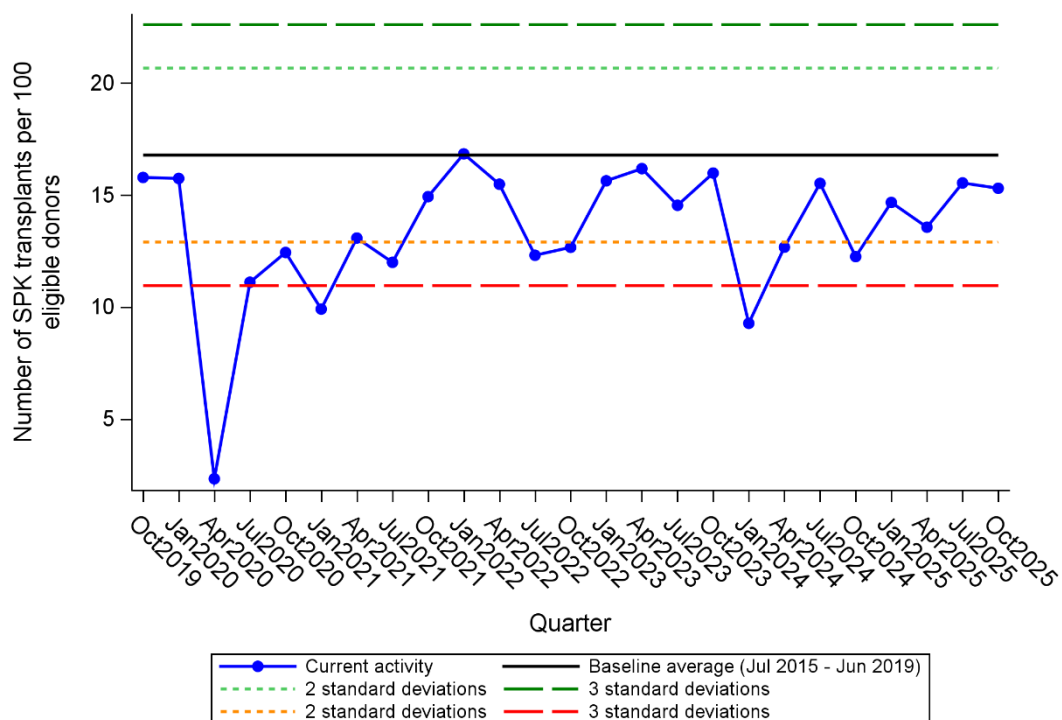


Figure 3.12 – Number of simultaneous pancreas and kidney transplants per 100 eligible pancreas donors, 1 October 2019 – 31 December 2025



KIDNEYS AVAILABLE FOR NPOS

- 29 Pancreas and islet patients waiting for an SPK or SIK transplant can only receive an offer if a kidney is available from the NKOS. If a donor was able to donate both kidneys, one kidney would remain within the NKOS, and the other kidney would be considered for multi-organ offering or for another NKOS Tier A recipient. Therefore, SPK and SIK recipients are only considered in the matching run if the second kidney was not accepted for a different multi-organ transplant or for a second Tier A kidney-only recipient. See the flowchart in the **Appendix Figure 4** for more details on how the second kidney is offered to multi-organ recipients.
- 30 This process in which recipients in Tier A of the NKOS could receive both the kidneys donated by a deceased donor was introduced in the 2019 NKOS and may have had some impact on the number of kidneys available for the NPOS. As the NKOS Tier A recipients can receive kidneys from non-identical blood group donors, i.e. blood group O donors can donate to any recipients in Tier A, this impact may be greater for blood group O recipients in the NPOS. Further changes in February 2024 to the matchability score bands, means that the recipients entering Tier A of the NKOS are now slightly easier to match. This may have had further implications for the SPK and SIK transplant activity.
- 31 **Table 4.1** presents outcomes from kidneys donated by donors eligible for pancreas or islet donation, now using a stricter definition of eligibility. Eligible donors are defined as donors aged 60 years or less for DBD and 55 years or less for DCD, with a BMI of 31 or less, without a history of diabetes, a weight of 15kg or more, and with both kidneys transplanted. The number of donors where both kidneys were transplanted in Tier A of the NKOS are presented here. As Tier A was introduced in the 2019 NKOS, this is only relevant for the later periods. The number and percentage of SPK or SIK offers and transplants resulting from this cohort of eligible donors, in both the pre- and post-2019 NPOS periods are presented. The post period is then split into a further two periods to show outcomes before and after the update in February 2024. This data is presented for all donors and then replicated for blood group O donors in **Table 4.2**.

Table 4.1 Outcomes from eligible¹ SPK or SIK donors, where both kidneys were transplanted, from September 2015 to September 2019, and September 2021 to September 2025

	Sep 2015 - Sep 2019	Period		
		Sep 2021 - Feb 2024	Mar 2024 - Sep 2025	Sep 2021 - Sep 2025
Kidneys transplanted in Tier A of NKOS				
One or less	-	1303 (93)	646 (81)	1949 (89)
Two	-	101 (7)	149 (19)	250 (11)
SPK or SIK offer made through NPOS				
Yes	1844 (74)	1072 (76)	472 (59)	1544 (70)
No	641 (26)	332 (24)	323 (41)	655 (30)
Outcome of the donor kidneys				
Both used for kidney only transplant	1782 (72)	1072 (76)	612 (77)	1684 (77)
One used for an SPK/SIK transplant	635 (26)	314 (22)	172 (22)	486 (22)
One used for multi-organ transplant ²	68 (3)	18 (1)	11 (1)	29 (1)
Total	2485 (100)	1404 (100)	795 (100)	2199 (100)

¹ Eligibility is defined using contraindications for pancreas donation, as well as BMI<32 and both kidneys transplanted.

² Multi-organ transplants mostly include kidney and liver transplants, multivisceral and modified multivisceral transplants.

- 32 **Table 4.1** shows that there was an increase in proportion of cases where both kidneys from a donor had been transplanted into Tier A of the NKOS. Between September 2021 and February 2024, 7% of this cohort of donors resulted two NKOS Tier A transplants, compared to 19% between March 2024 and September 2025. Prior to the 2019 scheme, 74% of donors in this cohort resulted in an SPK or SIK offer being made, this remained similar between 2021 and early 2024 but then decreased to 59% in the latest period. Prior to the 2019 scheme, 26% of donors in this cohort resulted in one donor kidney being used for an SPK or SIK transplant, this decreased to 22% in the latest two periods. Therefore, although it is now less likely that SPK or SIK offers were made from this cohort of donors, this didn't have as great an impact on the proportion of SPK and SIK transplants. This could be due to very recent improvements in the utilisation of these organs.

Table 4.2 Outcomes from eligible¹ SPK or SIK blood group O donors, where both kidneys were transplanted, from September 2015 to September 2019, and September 2021 to September 2025

	Period			
	Sep 2015 - Sep 2019 N (%)	Sep 2021 - Feb 2024 N (%)	Mar 2024 - Sep 2025 N (%)	Sep 2021 - Sep 2025 N (%)
Kidneys transplanted in Tier A of NKOS				
One or less	-	582 (88)	235 (65)	817 (79)
Two	-	83 (12)	129 (35)	212 (21)
SPK or SIK offer made through NPOS				
Yes	852 (71)	463 (70)	156 (43)	619 (60)
No	347 (29)	202 (30)	208 (57)	410 (40)
Outcome of the donor kidneys				
Both used for kidney only transplant	880 (73)	538 (81)	306 (84)	844 (82)
One used for an SPK/SIK transplant	284 (24)	121 (18)	54 (15)	175 (17)
One used for multi-organ transplant ²	35 (3)	6 (1)	4 (1)	10 (1)
Total	1199 (100)	665 (100)	364 (100)	1029 (100)

¹ Eligibility is defined using contraindications for pancreas donation, as well as BMI<32 and both kidneys transplanted.

² Multi-organ transplants mostly include kidney and liver transplants, multivisceral and modified multivisceral transplants.

- 33 **Table 4.2**, which only includes blood group O donors from the cohort defined above, shows that the differences between periods are greater for this subgroup. Prior to the 2019 scheme, 71% of donors in this cohort resulted in an SPK or SIK offer being made, this remained similar between 2021 and early 2024 but then decreased to 43% in the latest period. Some of this difference will be due to 35% of these pairs of donor kidneys both being transplanted in Tier A of the NKOS in the latest period.
- 34 **Table 4.3** shows the number and proportion of blood group O donors in each of the periods presented in the previous two tables. Donors were only included in this table if they met the criteria stated above. The proportion of blood group O donors decreased slightly from 48% to 46%.
- 35 The Kidney Advisory Group (KAG) have also discussed the impact of the changes made to the matchability score bands in February 2024. The KAG papers circulated for this PAG meeting provide extra information on this and on the number of multi-organ transplants including a kidney. See papers KAG(26)06 – Kidney Offering Scheme Tier A simulations and KAG(26)09 – Multi-organ transplants (also available on the ODT website, <https://www.odt.nhs.uk/transplantation/kidney/kidney-advisory-group>).

Table 4.3 Number and percentage of eligible¹ donors, by blood type
Period

	Sep 2015 – Sep 2019 N (%)	Sep 2021 – Feb 2024 N (%)	Mar 2024 – Sep 2025 N (%)	Sep 2021 – Sep 2025 N (%)
Blood type				
O	1199 (48)	665 (47)	364 (46)	1029 (47)
A	970 (39)	542 (39)	325 (41)	867 (39)
B	234 (9)	141 (10)	83 (10)	224 (10)
AB	82 (3)	50 (4)	21 (3)	71 (3)
Missing	0 (0)	6 (0)	2 (0)	8 (0)
Total	2485 (100)	1404 (100)	795 (100)	2199 (100)

¹ Eligibility is defined using contraindications for pancreas donation, as well as BMI<32 and both kidneys transplanted.

PANCREASES FOR OTHER TRANSPLANT TYPES

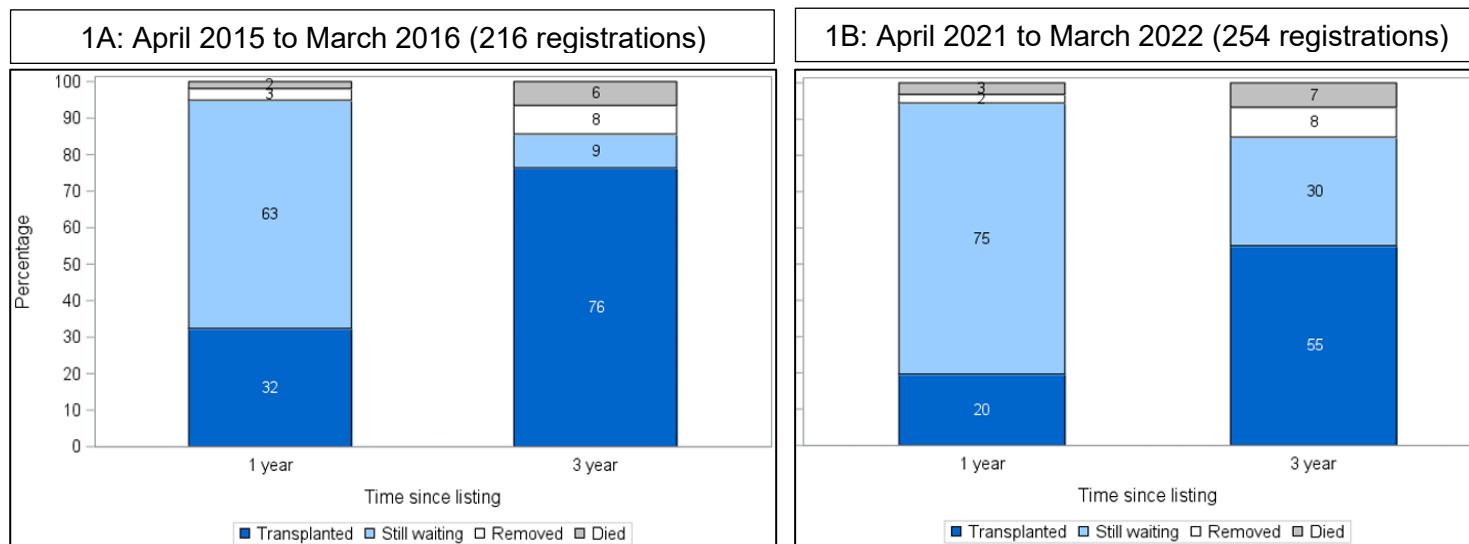
- 36 This section looks at other transplants that may impact the number of pancreas transplants performed through the NPOS. This includes bowel only transplants and multivisceral transplants. Multivisceral transplants always include the transplantation of the liver, bowel and pancreas, but may also involve transplanting the kidney, spleen, stomach, abdominal wall or colon. Modified multivisceral transplants are similar to multivisceral transplants but do not include the liver.
- 37 There were a similar number of intestinal transplants in both periods, with 76 in the earlier period and 84 transplants in the later period. There was a slight increase in the number of modified multivisceral transplants from 19 in the earlier period to 36 in the later period. Whereas there was a slight decrease in the number of bowel only transplants, which decreased from 21 to 16 transplants. However, the small numbers should be taken into consideration before interpreting these data.

Table 5.1 Number of intestinal transplants, by period and recipient age group						
Transplant type	Recipient age and period					
	Sep 2015 - Sep 2019			Sep 2021 - Sep 2025		
	<18 years	≥ 18 years	Total	<18 years	≥ 18 years	Total
Bowel only	4	17	21	4	12	16
Liver, bowel and pancreas	5	0	5	2	0	2
Multivisceral	9	22	31	9	21	30
Modified multivisceral	0	19	19	3	33	36
Total	18	58	76	18	66	84

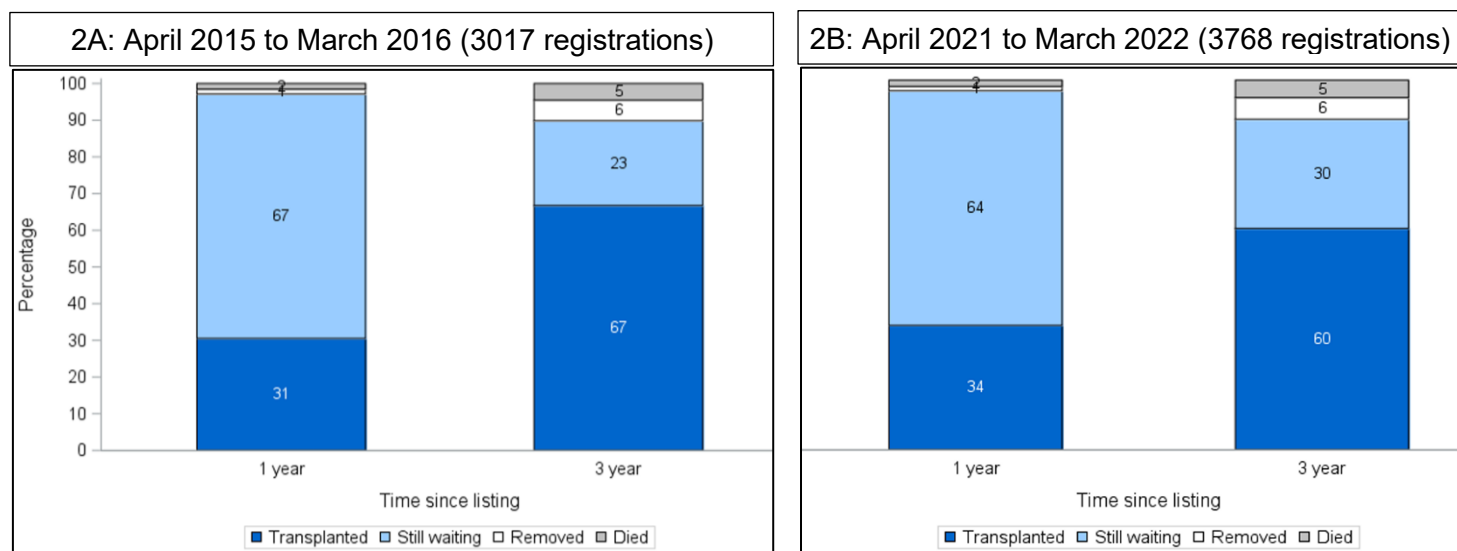
APPENDIX

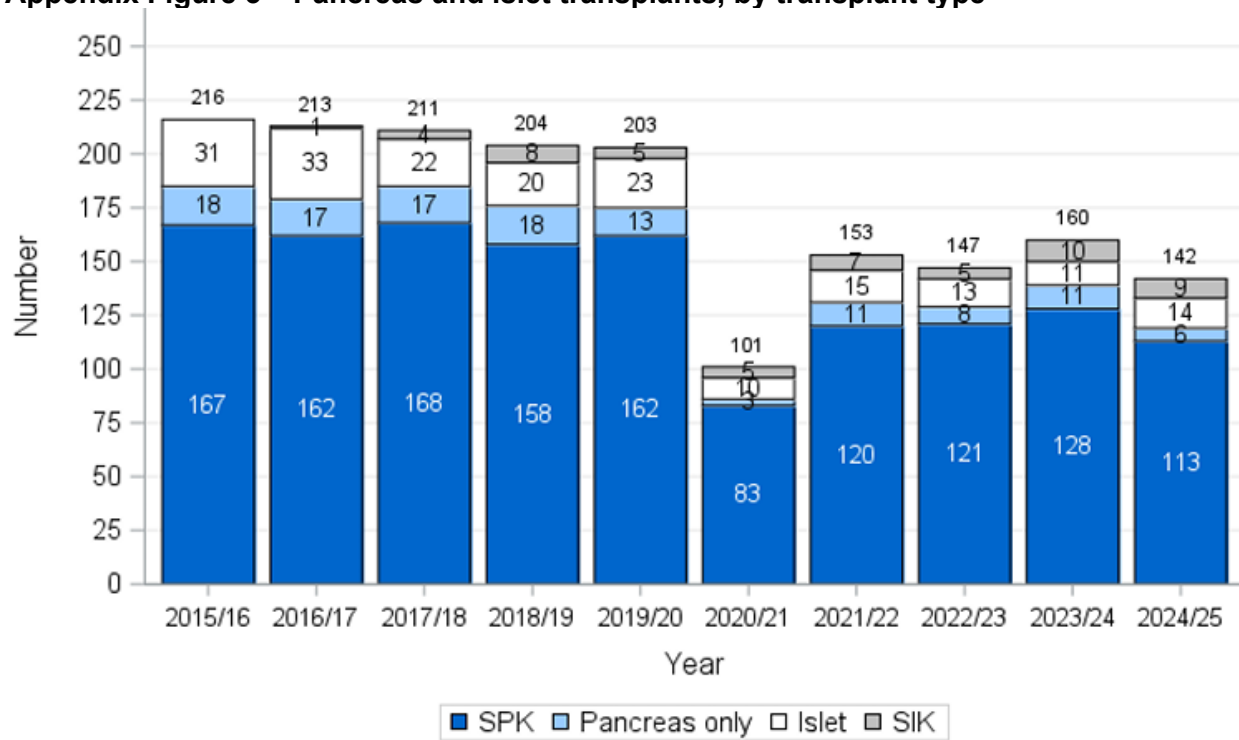
Appendix Figures 1 - 3 were taken from the Annual Report on Pancreas and Islet Transplantation, or the Annual Report on Kidney Transplantation reports from 2024-25 and 2018-19. reports can be accessed here, <https://www.odt.nhs.uk/statistics-and-reports/organ-specific-reports/>.

Appendix Figure 1 Outcomes following new pancreas or SPK registrations



Appendix Figure 2 Outcomes following new adult kidney only registrations



Appendix Figure 3 Pancreas and islet transplants, by transplant type

Appendix Table 1 Number of organs offered, by donor characteristics and organ type (including all named patient offers in the offering process)										
	Organ offered									
	11 September 2015 - 10 September 2019					11 September 2021 - 10 September 2025				
	Vascularised pancreas		Pancreatic islet		TOTAL	Vascularised pancreas		Pancreatic islet		TOTAL
	N	(%)	N	(%)	N	N	(%)	N	(%)	N
Donor BMI (kg/m²)										
<23	2557	(84)	482	(16)	3039	1905	(81)	441	(19)	2346
23 to <26	2257	(80)	575	(20)	2832	1753	(80)	449	(20)	2202
26 to <29	1962	(74)	684	(26)	2646	1582	(79)	420	(21)	2002
29 to <31	823	(69)	365	(31)	1188	664	(64)	372	(36)	1036
31 or over	1191	(60)	779	(40)	1970	26	(3)	1014	(98)	1040
Donor age (years)										
<25	940	(100)	0	(0)	940	628	(83)	129	(17)	757
25 to <30	431	(66)	223	(34)	654	376	(71)	151	(29)	527
30 to <40	1089	(66)	553	(34)	1642	951	(57)	703	(43)	1654
40 to <50	2039	(66)	1040	(34)	3079	1602	(63)	934	(37)	2536
50 or older	4291	(80)	1069	(20)	5360	2373	(75)	779	(25)	3152
Donor age and BMI¹										
Age < 30 and BMI < 25	912	(90)	101	(10)	1013	734	(90)	82	(10)	816
Age < 40 and BMI < 28	946	(74)	333	(26)	1279	874	(71)	351	(29)	1225
Age > 50 and BMI ≥ 28	1401	(74)	498	(26)	1899	531	(56)	417	(44)	948
All other donors	5531	(74)	1953	(26)	7484	3791	(67)	1846	(33)	5637
TOTAL	8790	(75)	2885	(25)	11675	5930	(69)	2696	(31)	8626

¹ The categories in this joint age and BMI variable are distinct, and each is defined after excluding the category above, e.g. the age<40 and BMI<28 group excludes those age<30 and BMI<25.

Appendix Table 2 – Donor age and BMI criteria set in the NPOS over time, by organ type and donor type

Organ type	Donor type	Period	Age (years)	BMI (kg/m ²)
Pancreas	DBD	2010-2017	≤65	-
	DBD	2017-2020	≤65	≤40
	DBD	2020-now	≤60	≤40
Pancreas	DCD	2017-now	≤55	≤40
Islets	DBD	2010-2015	18-65	-
	DBD	2015-2017	25-60	-
	DBD	2017-2019	25-60	≤40
	DBD	2019-now	≤60	≤40
Islets	DCD	2017-2019	25-50	≤40
	DCD	2019-2025	≤50	≤40
	DCD	2025-now	≤55	≤40

These criteria have been taken from the criteria applied to the matching runs, rather than the contraindications used by the SNODs.

Appendix Table 3 Number (%) and median (IQR) of solid organ donor age and BMI, by period and donor type

	DBD				DCD			
	2015 - 2019		2021 - 2025		2015 - 2019		2021 - 2025	
	N	%	N	%	N	%	N	%
Donor age (years)								
< 25	344	10	245	8	173	7	143	5
25 - 29	155	4	135	5	94	4	74	3
30 - 39	398	11	355	12	169	7	268	9
40 - 49	649	18	553	19	373	15	418	15
50 - 59	863	24	661	22	624	25	739	26
≥ 60	1176	33	990	34	1048	42	1189	42
Median (IQR)	53 (39-64)		52 (39-63)		57 (45-66)		57 (45-66)	
Donor BMI (kg/m²)								
< 23	863	24	735	25	569	23	591	21
23 - 25	882	25	671	23	572	23	563	20
26 - 28	813	23	594	20	531	21	588	21
29 - 30	358	10	320	11	260	10	328	12
≥ 31	669	19	619	21	548	22	761	27
Median (IQR)	26 (23-30)		26 (23-30)		26 (23-30)		27 (24-31)	
Total	3585	100	2939	100	2481	100	2831	100

**Appendix Table 4a Use of pancreases from solid organ donors for pancreas transplants,
11 September 2015 to 10 September 2019 and 11 September 2021 to 10 September 2025**

	Solid organ donors	Eligible pancreas donors ¹		Offered		Accepted		Whole pancreas Retrieved		Transplanted		Conversion
		N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	% of offered
Donations after brain death												
2015 - 2019	3585	2257	(63)	1821	(81)	1064	(58)	898	(84)	573	(64)	(31)
2021 - 2025	2939	1811	(62)	1542	(85)	932	(60)	702	(75)	407	(58)	(26)
Donations after circulatory death												
2015 - 2019	2481	1017	(41)	851	(84)	422	(50)	340	(81)	196	(58)	(23)
2021 - 2025	2831	1158	(41)	995	(86)	504	(51)	369	(73)	182	(49)	(18)
Total												
2015 - 2019	6066	3274	(54)	2672	(82)	1486	(56)	1238	(83)	769	(62)	(29)
2021 - 2025	5770	2969	(51)	2537	(85)	1436	(57)	1071	(75)	589	(55)	(23)

¹ Eligible pancreas donors have been defined as those aged 60 years or less for DBD and 55 years or less for DCD, and BMI of 40 or less, without a history of diabetes and weigh 15kg or more.

**Appendix Table 4b Use of pancreases from solid organ donors for islet transplants,
11 September 2015 to 10 September 2019 and 11 September 2021 to 10 September 2025**

	Solid organ donors	Eligible islet donors ¹		Offered		Accepted		Pancreas islets Retrieved		Transplanted		Conversion
		N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	% of offered
Donations after brain death												
2015 - 2019	3585	2257	(63)	1082	(48)	496	(46)	393	(79)	102	(26)	(9)
2021 - 2025	2939	1811	(62)	810	(45)	281	(35)	150	(53)	61	(41)	(8)
Donations after circulatory death												
2015 - 2019	2481	740	(30)	352	(48)	103	(29)	63	(61)	16	(25)	(5)
2021 - 2025	2831	860	(30)	464	(54)	136	(29)	58	(43)	21	(36)	(5)
Total												
2015 - 2019	6066	2997	(49)	1434	(48)	599	(42)	456	(76)	118	(26)	(8)
2021 - 2025	5770	2671	(46)	1274	(48)	417	(33)	208	(50)	82	(39)	(6)

¹ Eligible islet donors have been defined as those aged 60 years or less for DBD and **50 years or less for DCD**, and BMI of 40 or less, without a history of diabetes and weigh 15kg or more.

There were two transplants performed where the donor did not meet this eligibility criteria, and so the numbers do not match Table 3.1.

Appendix Table 5 **Use of pancreases from solid organ donors, 11 September 2021 to 10 September 2025**

	Solid organ donors	Eligible pancreas donors¹		Offered		Accepted		Pancreas Retrieved		Transplanted		Conversion
		N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	% of offered
Donations after brain death												
2021 - 2022	781	477	(61)	444	(93)	295	(66)	224	(76)	127	(57)	(29)
2022 - 2023	750	486	(65)	467	(96)	319	(68)	242	(76)	116	(48)	(25)
2023 - 2024	750	466	(62)	442	(95)	295	(67)	223	(76)	119	(53)	(27)
2024 - 2025	658	382	(58)	355	(93)	251	(71)	192	(76)	106	(55)	(30)
Donations after circulatory death												
2021 - 2022	632	256	(41)	236	(92)	133	(56)	107	(80)	50	(47)	(21)
2022 - 2023	705	281	(40)	259	(92)	148	(57)	110	(74)	59	(54)	(23)
2023 - 2024	714	305	(43)	283	(93)	148	(52)	93	(63)	40	(43)	(14)
2024 - 2025	780	316	(41)	295	(93)	192	(65)	128	(67)	55	(43)	(19)
Total												
2021 - 2022	1413	733	(52)	680	(93)	428	(63)	331	(77)	177	(53)	(26)
2022 - 2023	1455	767	(53)	726	(95)	467	(64)	352	(75)	175	(50)	(24)
2023 - 2024	1464	771	(53)	725	(94)	443	(61)	316	(71)	159	(50)	(22)
2024 - 2025	1438	698	(49)	650	(93)	443	(68)	320	(72)	161	(50)	(25)

¹ Eligible pancreas donors have been defined as those aged 60 years or less for DBD and 55 years or less for DCD, and BMI of 40 or less, without a history of diabetes and weigh 15kg or more.

Appendix Figure 4 **Flowchart showing how donor kidneys and pancreases are offered across the different offering schemes**