NHS BLOOD AND TRANSPLANT

PANCREAS ADVISORY GROUP

PANCREAS FAST TRACK SCHEME

LAY SUMMARY
The Pancreas Fast Track Offering Scheme (FTS) was introduced on 1 December 2010, with multiple changes made to the scheme since it started. The purpose of the scheme is to use organs which have been retrieved from the donor but without an offer accepted for transplantation prior to fast tracking. The paper presents data to monitor the number of organs offered and transplanted through the fast track scheme, as well as reasons for the fast track offers being triggered.

In 2025, 140 pancreas donors led to an offer being made through the fast track scheme. Of these offered organs, 35 (25%) were used for a pancreas or islet transplant. This was slightly higher than in the previous year. The main reason that triggered fast track offers was a previous offer for the organ being declined after the retrieval of the organ had started.

BACKGROUND

1. The Pancreas Fast Track Offering Scheme (FTS) was first introduced on 1 December 2010 with the 2010 Pancreas Allocation Scheme and was initiated once the pancreas had been removed from the donor in order to place the donated organ as a matter of urgency. It was further agreed at the Advisory Group meeting in October 2015 that a revised fast track offering scheme would be introduced from 14 December 2015, which would be initiated either if the pancreas had been declined by 4 centres (3 centres for a donor after circulatory death) for donor or organ reasons or once the pancreas had been removed from the donor.

2. Following discussion of the large volume of fast track pancreas offers and low transplantation rate, an in-depth analysis was presented at the Advisory Group meeting in November 2018. It was subsequently agreed not to fast track a pancreas if the cold ischaemic time (CIT) was greater than 8 hours at time of potential fast track. This rule took effect from 1 April 2019. No changes were made to the rules triggering fast track offers.

3. A further change was agreed at PAG in April 2020, to not fast track a pancreas to whole pancreas centres if the CIT was greater than 4 hours. This change was implemented on 1 October 2020.

INTRODUCTION

4. This paper audits activity in the 5 calendar years between 1 January 2021 and 31 December 2025. Data were obtained from the UK Transplant Registry on both donation after brain death (DBD) and donation after circulatory death (DCD) pancreas donors aged 65 (DBD) or 55 (DCD) years or less up to 1 October 2020, and 60 (DBD) or 55 (DCD) years or less otherwise. Between April and September 2020, there was a change to the offering process so that pancreases were fast tracked after offering to Tier A patients due to the COVID-19 pandemic. Between October 2020 and March 2021, there were fewer donors than normal due to the second wave of the pandemic.

RESULTS

5. **Table 1** shows the number of pancreas donors whose organs were offered through the fast track scheme by calendar year. Of the 1,646 pancreas donors, 39% were offered through the scheme in the 5 year period, this percentage fluctuated over the years between 36% and 42%. The proportion of donors fast tracked in the latest calendar year was 35% of DBD donors, 50% of DCD donors, and 42% of all donors.

6. Overall, of the 649 pancreas donors offered through the scheme, 256 (39%) were subsequently accepted for transplantation and 119 (18%) were transplanted. Of the 119 transplanted, 93 were transplanted as whole organs and 26 as islets. There was a recent improvement to DCD donor pancreases transplanted through the scheme, at 24% in 2025 compared to 10% of offered organs in 2024.

7. **Table 2** shows the trigger recorded by Hub Operations for fast tracking 649 donors, between January 2021 to December 2025. The main reason was “Declined after knife to skin (KTS)” in 266 (41%) cases. The main reasons for fast tracking were consistent across the different years.

8. **Table 3** shows a breakdown of the reasons for decline for those organs that were fast tracked due to being declined by 4 (DBD) / 3 (DCD) centres for organ or donor reasons. The most common reasons for decline were donor past history (45%), size (13%), donor age (10%) and poor function (8%); these proportions were similar for DBD and DCD organs. The reasons for decline for offers from these donors was also similar in organs which were transplanted and organs which were not transplanted.

9. **Table 4** shows reasons for fast tracking for the 119 pancreases which were eventually transplanted. Of these 119, 79 (66%) were DBD donors and 40 (34%) were DCD donors. Of the 79 DBD donors, 41 (34%) were fast tracked after being “Declined by 4 centres for organ or donor reasons”. Of the 40 DCD donors, 27 (23%) were fast tracked after being “Declined by 3 centres for organ or donor reasons”. Overall, the main reason for fast tracking a pancreas that was eventually transplanted was “Declined by 4 (DBD) / 3 (DCD) centres for organ or donor reasons” in 68 (57%) cases.

10. Of the 93 whole pancreases fast tracked in the 5 year period and transplanted, follow-up was available for 84 and the one year Kaplan-Meier graft survival was 86% (95% confidence interval 75% - 93%). Of the 26 islet transplants, 17 were routine and 9 were priority top-up grafts. Of the 17 routine transplants, five of these grafts have failed, four before one year and one at one year post-transplant.

SUMMARY

11. The most recent change has been in place for over five years. The proportion of pancreas donors whose organs were offered through the fast track scheme has remained fairly steady in the last few years. There was a small improvement in the proportion transplanted through this scheme in the latest year. The scheme will continue to be monitored.

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Statistics and Clinical Research **April 2026**

Table 1 Outcome of pancreases offered through the fast track scheme, by year, 1 January 2021 – 31 December 2025

Year	Donor type	Number of pancreas donors	Number offered through FTS (% of donors)	Number accepted for transplantation through FTS			Number transplanted through FTS		
				Whole	Islet	Total	Whole	Islet	Total (% of offered)
2021	DBD	226	80 (35%)	19	10	**29**	13	5	**18 (23%)**
	DCD	83	34 (41%)	12	1	**13**	3	1	**4 (12%)**
	Total	**309**	**114 (37%)**	**31**	**11**	**42**	**16**	**6**	**22 (19%)**
2022	DBD	231	85 (37%)	15	13	**28**	7	4	**11 (13%)**
	DCD	111	58 (52%)	25	1	**26**	10	0	**10 (17%)**
	Total	**342**	**143 (42%)**	**40**	**14**	**54**	**17**	**4**	**21 (15%)**
2023	DBD	243	86 (35%)	24	10	**34**	10	4	**14 (16%)**
	DCD	122	46 (38%)	15	0	**15**	4	0	**4 (9%)**
	Total	**365**	**132 (36%)**	**39**	**10**	**49**	**14**	**4**	**18 (14%)**
2024	DBD	204	81 (40%)	25	7	**32**	16	3	**19 (23%)**
	DCD	91	39 (43%)	15	1	**16**	4	0	**4 (10%)**
	Total	**295**	**120 (41%)**	**40**	**8**	**48**	**20**	**3**	**23 (19%)**
2025	DBD	186	66 (35%)	24	6	**30**	13	4	**17 (26%)**
	DCD	149	74 (50%)	27	6	**33**	13	5	**18 (24%)**
	Total	**335**	**140 (42%)**	**51**	**12**	**63**	**26**	**9**	**35 (25%)**
TOTAL	DBD	1090	398 (37%)	107	46	**153**	59	20	**79 (20%)**
	DCD	556	251 (45%)	94	9	**103**	34	6	**40 (16%)**
	Total	**1646**	**649 (39%)**	**201**	**55**	**256**	**93**	**26**	**119 (18%)**

Table 2 Reasons for fast tracking, 1 January 2021 – 31 December 2025

Reason	N	(%)
Declined after KTS/x-clamp/retrieval includes damaged/fatty	266	(41%)
Declined by 4 (DBD) /3 (DCD) centres for organ or donor reasons	149	(23%)
Not accepted by KTS	106	(16%)
Declined post isolation	43	(7%)
Deemed unusable	37	(6%)
No (or no more) named recipients on matching run (BMI=>31 or low age, low BMI donor, transplant type)	29	(4%)
Positive virology donor	12	(2%)
RM authorisation/unstable donor	4	(1%)
No clear reason noted	3	(<1%)
Total	**649**	

Table 3 Reasons for decline for organs fast tracked due to 4 (DBD) / 3 (DCD) centre declines for organ or donor reasons, by donor type, 1 January 2021 – 31 December 2025

Reason	DBD	(%)	DCD	(%)	Total	(%)
Donor	**170**	**55**	**137**	**63**	**307**	**59**
Past history	137	44	97	45	234	45
Age	24	8	30	14	54	10
Other	5	2	7	3	12	2
Cause of death	4	1	3	1	7	1
Organ	**93**	**30**	**60**	**28**	**153**	**29**
Size	36	12	34	16	70	13
Poor function	30	10	11	5	41	8
Other	13	4	9	4	22	4
Better match required	5	2	0	0	5	1
Ischaemia time	5	2	0	0	5	1
Damage	4	1	3	1	7	1
Unsuitable for isolation	0	0	3	1	3	1
Other/Unknown/Not reported	45	15	19	9	64	12
Total	**308**		**216**		**524**	

Table 4 **Reasons for fast tracking organs that were transplanted, by donor type, 1 January 2021 – 31 December 2025**

Donor Type	Reason	N	(%)	(% of Type)
DBD	Declined by 4 centres for organ or donor reasons	41	(34%)	(52%)
	Declined after KTS/x-clamp/retrieval includes damaged/fatty	10	(8%)	(13%)
	Not accepted by KTS	10	(8%)	(13%)
	No (or no more) named recipients on matching run (BMI=>31 or low age, low BMI donor)	9	(8%)	(11%)
	Positive virology donor	5	(4%)	(6%)
	Declined post isolation	2	(2%)	(3%)
	Deemed unusable	1	(1%)	(1%)
	RM authorisation/unstable donor	1	(1%)	(1%)
DCD	Declined by 3 centres for organ or donor reasons	27	(23%)	(68%)
	No (or no more) named recipients on matching run (BMI=>31 or low age, low BMI donor)	5	(4%)	(13%)
	Not accepted by KTS	4	(3%)	(10%)
	Declined after KTS/x-clamp/retrieval includes damaged/fatty	2	(2%)	(5%)
	Declined post isolation	2	(2%)	(5%)