

**NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE**

**THE TWENTY FOURTH MEETING OF THE PAG-ISLET STEERING GROUP
THURSDAY 19 MARCH 2026
1030-1600 VIA Microsoft Teams**

MINUTES

Present:

John Casey	PAGISG Chair & Clinical Director, Edinburgh & Deputy Medical Dir NHSBT
Chris Callaghan	PAG Chair
Arash Akbarzad-Yousefi	BHSI Representative
Aileen Feeney	Lay Member Representative
Andrew Madden	Lay Member Representative
Becca Spiers	Oxford Isolation lab manager
Carla Rosser	OTDT H&I Lead
Gareth Walker	Edinburgh Isolation Lab
Jim Shaw	UK Islet Tx Consortium & Pancreas Islet Tx Centre Lead - Newcastle
Joanne Chalker	Head of Service Delivery - Hub
Julie Whitney	Updates SCORE, ARCS and Digital delivery transformation
Kimberley Gahagan	Patient Partner
Kirsty Duncan	Islet cell transplant co-ordinator, Edinburgh
Lora Irvine	Edinburgh Isolation Lab
Malcolm Greenwood-Morgan	Islet transplant co-ordinator
Paul Johnson	Pancreas Islet Lead Oxford
Rhiannon Wallis	Stats, NHSBT
Sandra Campbell	Transplant co-ordinator, Newcastle
Sanjay Sinha	Patient Safety, NHSBT
Shaminie Shanmugaranjan	Stats and Clinical Research, NHSBT
Sharon Zahra	Clinical Lead, SNBTS
Victoria Salem	Isolation lab, Kings
Yee Cheah	Islet Tx Centre, King's

In Attendance:

Lawna Pugh	NHSBT Advisory Group Administration Officer
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	Manchester There are 23 patients on the list with a majority for SIK. There are 14 SIK for islet top up with 3 priority and 2 IAK. Activity in this financial year - 3 SIK with 3 tops ups and SIK recipients who both received tier A kidney offers being reassessed and relisted. Long waiting times for IAK patients. Oxford Currently 25 patients on the waiting list with 13 suspended. In 2025 there were 8 transplants. Patients waiting for second graft is an issue and living kidney patients may come to islet after kidney transplant. Having the same issue with waiting for second grafts. Also seeing more living kidney patients and asked what the minimum islet numbers is to give benefit for SIKs. Kings No transplants in last year, currently have 1 active of the waiting list and another 3 to list. 8 patients are undergoing assessment of which 2 had failed whole pancreas transplants, and 8 auto islets patients. Speaking with nephrology sites about IAK and introduce the idea of SIK referrals. J Shaw asked how other centres manage T-cell depletion around SIK and IAK. Newcastle is using Etanercept routinely and want to minimise additional immunosuppression burden. • P Johnson shared that Oxford have joined up protocols for SIK and steroid free kidneys. IAK is treated like ITAs (Islet auto transplantation) and the centre use Campath steroid-free regime. • J Casey added that Edinburgh is similar to Oxford and use Alemtuzumab for SIKs but sometimes use Basiliximab. • M Greenwood-Morgan shared that Manchester is similar to Edinburgh and Oxford using Basiliximab (Simulect) for SIK and Campath in younger patients.	
3.2	SCORE – J Whitney provided an update: SCORE will not go live this year and is anticipated to start in next financial year, due to a change of offer, acceptance and decline digital platform, which is anticipated to be ready the end of 2026. Bedding in time before going live with PAW should be towards the end of Q1 2027. The digital decline platform first phase of release is the middle of April 2026 with the ability to take photos that can be directly uploaded into TransplantPath. Phase 3 modelling for SCORE shows similar times as before. A new readiness check list will be sent as we go along. J Chalker is now leading for HUB Ops and J Whitney will be sharing updates for SCORE, ARCs ((Organ) Assessment and Recovery Centre), Digital transformation work and scheme changes. <u>Further discussion took place with the following points noted:</u> S Sinha asked if SCORE would have organs arriving during the day. Islet lab staff availability is difficult and during the day would really help - there is no 24/7 cover and increased capacity is needed. J Casey explained that the best model is being looked through within the Islet Summit group. This includes increasing capacity and funding with the Commissioners to measure the impact.	

	Kings and Guy's SIK service – V Salem provided an update (paper circulated prior to the meeting): The SIK service for London has cross site agreement and sign off which ensures equity of access in Southeast England for patients. Existing pathway's will be maintained for follow ups with nephrologists working with diabetologists, to ensure those patients are followed up in identified clinical pathways.	
4.	Islet Isolation	
4.1	Isolation statistics - (paper circulated prior to the meeting) S Shanmugaranjan presented the paper with the following points noted: The data does not include granular data, such as stratifying by length of downtime, but the data for these are so small it would not be beneficial. Poorer outcomes of islet isolation in extreme cases should go into the workforce modelling. Downtime and BMI are subjective and never a complete cut off. Further discussion will be held within the islet lab group.	
4.2	Update from the UK Islet summit - J Casey provided an update: All the labs' meetings are completed and individual concerns noted - an update how these findings will be taken forward will be shared. V Salem shared that G Cai has now retired and M Zau has been isolating who is second in command. However, M Zau is also retiring the end of 2026. Between them they have provided 50 yrs of service and V Salem will reach out to all to help organise somehow to mark this appropriately. Request for help to recruit into these posts. J Casey added to give thanks to both M Zau and G Cai. P Johnson added another clinician at Oxford is retiring so helping to recruit into these posts will be difficult. ACTION: V Salem to reach out to all to organise and mark this recognition.	V Salem
4.3	Report of Islet Isolation Sub-Group Meeting – L Irvine provided an update: - As Nordmark enzyme is being discontinued, it was agreed that Edinburgh (who use 3 animal free enzyme types) exchanged these with other labs so they can work longer on PPDs and change controls. - Young donor's webinar will be shared with labs. - Issues with recorded chambers with the new batch for labs and as there are no other supplier. - COBE bag supply discontinued so sharing batches as there is not even distribution of expiry dates. - HTA (Human Tissue Authority) inspections – although not due the audit cycle currently needs to be reviewed. Missing within the contract is who takes responsibility for islet isolation in transit. As clinical teams arrange transport, they would be responsible when in transit, including responsible for checking temperature. Sharing information on NAT testing and SABTO recommendations with all labs. - An issue with the COBE replacement with no service available and finding a replacement –two options. - The first option being the PRISM (tender process in progress) so it can be purchased. It is CE marked and offers a way to standardise the process. - The second option is the EXTRA which is also not CE marked so labs are not reliant on one machine.	

	- Oxford are looking at the EXTRA after a robust study against COBE as there was concern the PRISIM is a closed system and will not reduce staff as hoped. It is also less expensive with a service deal. - Kings is also keeping the EXTRA as an option and interested in harmonising the counting process and will test the machine on that front. SNBTS had discussions with BioRep (PRISIM) and Molteni to compare machines. BioRep were outstanding in the performance and is a closed system and is currently in the clean room ready for simulations. CE marking is being investigated, and it is possible to go ahead if the documentation is in order – HTA have been regularly kept up to speed.	
5.	Islet Transplantation	
5.1	Islet transplant activity and outcome (paper circulated prior to the meeting) S Shanmugaranjan presented the paper with the following points noted: It would be useful to know how many DCDs had NRP. ACTION: S Shanmugaranjan - Look into the number of DCD NRP transplants - Collate kidney graft outcome data for SIK transplants If there are more SIK and islet outcomes for SIKs it would be useful to invite nephrologists. ACTION: J Casey to investigate who to invite.	S Shanmugaranjan J Casey
5.2	Pancreas/Islet Utilisation In S Knight absence C Callaghan provided an update under PAG update item 9.	
5.3	Auto transplant update/data collection In absence of S White, P Johnson provided an update sharing that this is going well with monthly transplants. Commissioning is being discussed to have separate paediatric commissioning or join the adult commissioning strand which is progressing.	
6.	Report from UK ITC and the UKITC Research Steering Group (including update of MRC-QUOD extension) UK ITC: J Shaw updated the group with the following points: - V Salem is leading on the UKITC Research Steering Group - New York charity set up 7 centres to manufacture cell therapy for diabetes (stem cell derived islets) - To expand NHSBT data collection to include stem cell derived islets - Milan leading in the EU moving toward stem cell transplants adopted therapies - Hoping all centres will contribute to bio markers - NIHR plan to have clinical sites for trials and support other centres MRC-QUOD extension: J Shaw provided an update: There is still a need for more applications to use those biopsies. The whole community is reliant on islet isolation and inviting non-transplanting biologists will be an advantage.	

	UKITC Research Steering Group: V Salem updated the group with the following points: • Suggestions are to refresh activity and include a wider range of colleagues • Audit based research data • Education elements for staff working in beta-cell field or transplant medicine • Regulatory work for advanced therapies in the UK • Same hubs for future plans for clinical trial networks for beta cell • Encourage cross institutional grant application • Included on the IHI European table having UK access to do trials with a GMP beta-cell line <u>Further discussion took place with the following points noted:</u> The group need to highlight that centres are set up to do this and how to link through NHSBT clinical and research groups. To collect data using existing structures. To encourage engagement from the wider transplant teams would be to include, specialist nurses, nephrologists, diabetologist especially those not in islet transplant centres and have this defined in the Terms of Reference (ToR).	
7.	Standard listing criteria	
7.1	Islet transplant listing exemptions request and outcome of previous applications to appeals panel. No exemptions have been added.	
7.2	Standard listing summary – (paper circulated prior to the meeting) R Wallis presented the paper with the following points noted: J Casey emphasised how important it is that all forms are to be returned as soon as possible, especially from a governance perspective.	
8.	Governance / Clinical Incidents No raised issue has been raised.	
8.1	Quality/damage - (paper circulated prior to the meeting) R Wallis presented the paper: No were comments noted.	
8.2	Organ offer summary – (paper circulated prior to the meeting) S Shanmugaranjan presented the paper with further discussion: Highlighting and sharing data with the issue of lab unavailability may help raise awareness and support. Granular data would be required to show these details. Further discussion resulted in agreement that each clinical centre collect data on a weekly basis and discuss results prior to sharing with other Advisory groups. ACTION: S Shanmugaranjan to share copy of MS form used in paediatric kidneys so that we can decide if we want a similar form. ACTION: J Casey, S Shanmugaranjan and K Duncan to start to create MS form. ACTION: J Casey and C Callaghan to discuss with S Knight.	S Shanmugaranjan J Casey/S Shanmugaranjan J Casey/C Callaghan

9.	Report from Pancreas Advisory Group meeting – C Callaghan provided an update which includes Pancreas/Islet Utilisation item 5.2: - Many thanks to S White for all the work as previous PAG Chair including redefining the criteria and research papers. - Many thanks to C Counter the previous statistician for PAG for over 9 years. - Lead CLU (Clinical Lead – Utilisation) is now S Knight, D Van Dellen has stepped down. The framework is to adapt whole pancreases and align process which include islet transplantation. - Welcome and thanks to the new PAG Patient Partner and Lay members for their contribution. - Updated Terms of Reference to be clarified at the April 2026 PAG meeting. - Expressions of interest for a deputy PAG chair. - A drop by 30% in whole pancreas transplants and islet waiting lists increasing. A Pancreas Summit will be organised to investigate these concerns: - Expand the criteria - Increase consent rates - Increase in DCD donors plus additional factors	
10.	Update on islet data applications There have been no new applications.	
	European Pancreas Islet Transplant Registry – J Casey provided an update: This is an exciting project to contribute to the biggest registry for Pancreas and Islet transplant data. This has taken some time to set up due to GDPR and contractual agreements. The registry is open and discussions internally are in progress on what the requirements are and how to link UK data to the registry – this will enable contribution for stem cell data to be included. Individual centres can add to the registry, so the next step is to socialise this. There was discussion around comparing parallel data around diabetes technology and solid organ pancreas transplantation. This has not been achieved in patients with Type 1 diabetes who have not had islet transplants. ACTION: J Casey to discuss with S Shanmugaranjan	J Casey
11.	Any other business: No comments noted.	
12.	For information only: Annual NPOS Report – paper circulated prior to the meeting.	
13.	Future Meeting Dates: Pancreas Forum – TBC NHSBT Pancreas Summit – 30 June 2026 London venue TBC Joint PAG/PAGISG - 30 September 2026 London venue TBC	