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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Wk1-4 | Wk5-8 | Wk10 | Mon3 | Mon4 | Mon5 | Mon6 | Mon7 | Mon8 | Mon9 | Mon12 | >12 months |
| **Visits, Labs, and Reports** |
| Weekly Visit w/ labs | Wk 1Wk 2 | Wk 6 | Wk 10 | Hepatology | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | Annual |
| Labs only | Three weekly | Twice weekly | Weekly | Monthly |
| UNOS Report | Hospital DC |  |  |  |  |  | ▲ |  |  |  | ▲ | Annual |
| Alloantibody Screen |  |  |  | ▲ |  |  | ▲ |  |  |  | ▲ | Annual for SLK |
| **Infection Prophylaxis/Monitoring** |
| CMV prophylaxis | D+/R-: Valcyte 900 mg qdayAny R+; D-/R-: pre-emptive therapy with weekly CMV PCR | CMV PCRevery 2 weeks |  |  | ▲ | ▲ | Annual CMV PCR |
| Antifungal prophylaxis | Nystatin 500,000 units QID(if not on azole antifungal) |  |  |  |  |  |  |
| PCP prophylaxis | Bactrim SS daily (alternatives: atovaquone, dapsone, inhaled pentamidine) |  |  |  |  |  |
| BK virus(SLK only) | Wk 4 | Wk 8 |  | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | \*SeeBK Protocol |
| **Cardiovascular Risk Reduction** |
| Goals of care | BMI ≤25 kg/m2BP ≤130/80 mmHgCholesterol <200 mg/dL | Annual Screen |
| Lipid profile |  |  |  |  |  |  | ▲ |  |  |  |  | Annual |
| **Diabetes Management** |
| Hgb A1C (if only steroid)Ophthalmology | If blood glucose consistently >150 mg/dL, consult Endocrinology | ▲ |  |  | ▲ |  |  | ▲ | ▲ | Q3monannually |
| **Vaccinations (starting 3 months post-transplant)** |
| Influenza | Annual |
| Pneumococcal | Every 5 years |
| **Bone Disease Management** |
| Bone density scan (DEXA) | As indicated |
| **Dental** |
| Routine visits |  |  |  |  |  |  | ▲ |  |  |  |  | Q6monannually |
| **Cancer Screening and Prophylaxis** |
| General Exams | Exams by PCP; Breast (>40 yo); Cervical (>18 yo); Prostate (>40 yo) | Annual |
| Dermatology |  | Annual |
| Sigmoidoscopy or colonoscopy | Colorectal screening: colonoscopy prior to or at 1 year post-transplant; if negative, FOBT in 5 yearsColorectal cancer screening: if negative, repeat colonoscopy 10 years after previous negative examPSC and UC: annual colonoscopy with surveillance biopsies; maintain breast, cervical, and/or prostate exams | q5-10 yrs |
| **Patient Education Materials** |
| A Journey for Life and Pathway Documentation | Provide additional education materials at clinic visits as appropriate based on medical conditions |
| **Assessments** |
| Dietitian |  |  |  |  |  |  |  |  |  |  |  | Annual |
| Social Worker |  |  |  |  |  |  |  |  |  |  |  | Annual |
| **Prednisone Taper** | **0-1 month** | **1-2 months** | **2-3 months** | **>3 months** |
| AIH | 20 mg | 10 mg | 5 mg | 5 mg |
| Other indications | 20 mg | 10 mg | 5 mg | none |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Immunosuppressant** | **0-3 months** | **3-6 months** | **6-12 months** | **>1 year** |
| Tacrolimus (Prograf) | 8-12 ng/ml | 6-8 ng/ml | 6-8 ng/ml | 3-5 ng/ml |
| Cyclosporine (Gengraf) | 150-180 ng/ml | 100-150 ng/ml | 75-125 ng/ml | 50-100 ng/ml |
| Mycophenolate mofetil (Cellcept) | 1000 mg BID | 1000 mg BID | 1000 mg BID | 1000 mg BID\* |
| Sirolimus (Rapamune) | 8-12 ng/ml | 6-12 ng/ml | 4-10 ng/ml | 3-8 ng/ml |
| Everolimus (Zortress) | 8-12 ng/ml | 6-12 ng/ml | 4-10 ng/ml | 3-8 ng/ml |

 \*May consider decreasing or discontinuing mycophenolate after 1 year post-transplant on case-by-case basis

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| **Mycophenolate Dosage Adjustment** |
| **Indication for Dose Reduction/Dosing Interval Change** | **Approach to Reinstitution** |
| Diarrhea refractory to treatment | Upon resolution of symptoms |
| Dyspepsia refractory to treatment | Stepwise increase in 250 mg increments to 1000 mg BID |
| Pregnancy (discontinue) |  |
| WBC <3 (decrease by 50%)WBC <2 or ANC <500 (hold) |  |
| Viral/fungal infection |  |
| MD discretion |  |

Emory Liver Transplant Program

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