|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Wk  1-4 | | Wk  5-8 | Wk  10 | Mon  3 | | Mon  4 | Mon  5 | | Mon  6 | Mon  7 | Mon  8 | | Mon  9 | Mon  12 | >12 months | |
| **Visits, Labs, and Reports** | | | | | | | | | | | | | | | | | |
| Weekly Visit w/ labs | Wk 1  Wk 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 qday  Any R+; D-/R-: pre-emptive therapy with weekly CMV PCR | | | | | | CMV PCR  every 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 |  | ▲ | | ▲ | ▲ | | ▲ | ▲ | ▲ | | ▲ | ▲ | \*See  BK Protocol | |
| **Cardiovascular Risk Reduction** | | | | | | | | | | | | | | | | | |
| Goals of care | BMI ≤25 kg/m2  BP ≤130/80 mmHg  Cholesterol <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 | | | | ▲ | |  |  | | ▲ |  |  | | ▲ | ▲ | Q3mon  annually | |
| **Vaccinations (starting 3 months post-transplant)** | | | | | | | | | | | | | | | | | |
| Influenza | Annual | | | | | | | | | | | | | | | | |
| Pneumococcal | Every 5 years | | | | | | | | | | | | | | | | |
| **Bone Disease Management** | | | | | | | | | | | | | | | | | |
| Bone density scan (DEXA) | As indicated | | | | | | | | | | | | | | | | |
| **Dental** | | | | | | | | | | | | | | | | | |
| Routine visits |  | |  |  |  | |  |  | | ▲ |  |  | |  |  | Q6mon  annually | |
| **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 years  Colorectal cancer screening: if negative, repeat colonoscopy 10 years after previous negative exam  PSC 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

|  |  |
| --- | --- |
| **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

Rev. 09.16.21