**Policy: Liver Pre-Transplant Evaluation Protocol**

**Statement:**

**Scope/Procedure:**

a. All patients referred for Liver Transplant evaluation will be reviewed by the nurse coordinator.

All patients will be scheduled for a Hepatology Consult.

If patient has known HCC or suspicious lesion on outside imaging, the nurse coordinator will order an MRI in addition to the Hepatology Consult.

b. Once the patient is assessed by the Hepatologist and a full evaluation is ordered, the nurse coordinator will write orders for the following tests/appointments to be ordered in Hepatologist’s name “per protocol”: (reference: *Referral to Listing Process* )

i. MRI Abdomen with contrast **OR**
CT Scan Abdomen (3 phase & Helical) with IV contrast if MRI is contraindicated
ii. DSE (Dobutamine Stress Echocardiogram)
iii. Bubble Study
iv. Pulmonary Function Tests with ABG’s
v. 12 Lead EKG
vi. Chest X ray
vii. 24 hour urine test
viii. Laboratory Testing per Laboratory Protocol
ix. Hepatitis A & Hepatitis B , and pneumovax vaccines if necessary
x. Transplant Surgery Consult
xi. Anesthesia Consult
xii. Liver Team Evaluation (consultations with the social worker, coordinator, dietician, and financial coordinator).
xiii. Cancer screening according to the current recommendations of the American Cancer Society: (The patient will be asked to bring required cancer screening test results with them to the evaluation. Please see attached letter. If required testing not done prior to evaluation, the screening tests will be ordered according to the guidelines listed below:

**Breast Cancer Screening**
Breast self-examination is recommended monthly for all women >20 years of age.
2. Mammograms will be performed for all women >35 years of age, yearly.
3. Patients having their mammogram done at Emory must bring in their films from previous exams done at home (for comparison purposes).

**Colon Cancer Screening**
1. A baseline colonoscopy will be ordered on all patients >50 years of age.
High risk individuals will be screened at age 40 (personal or significant family history of colon cancer or polyps on suggestion of a hepatologist).
3. Patients with ulcerative colitis will be screened with a colonoscopy with biopsy.
4. Patients with Primary Sclerosing Cholangitis will be screened with colonoscopy.

**Colonoscopy preparation: Trylite 4 liters. “Take as directed over 3 hours” (generic substitution permitted) will be called in to patient’s pharmacy per protocol.**

**Lung Cancer Screening**

Chest x-ray will be ordered as pre-screening evaluation on all patients prior to liver transplant.

**Prostate Cancer Screening**
Men will undergo a digital rectal exam and PSA annually beginning at age 50.

**Cervical, Uterine and Ovarian Cancer**
An initial biannual exam and pap smear are recommended for all patients who are sexually active or >or= 18 years of age.

**Additional testing or consultations as directed by the consulting hepatologist.**

a. After core testing is completed, the patient’s case is presented at the Liver Transplant Selection Committee meeting held weekly.
b. The committee decision will be one of four possible outcomes:

i. Approved – pending financial clearance

Once financial approval has been received, the patient will be placed on waiting list.

ii. Denied

Patient is referred back to referring MD for alternative treatment options or provided with other Centers.

iii. Early

Patient is referred back to referring MD for care & will reevaluate in 6 months. Will reevaluate sooner if patient condition deteriorates.

iv. Further work-up needed.

Additional consults/testing or treatment needed. The transplant center will schedule any tests &/or consults.
Patients requiring weight loss, A & D treatment or substance abuse rehabilitation will not be followed until all requirements are met.

c**.** Patient will be scheduled for “wrap-up session” with hepatologist after presentation at selection conference for discussion of committee decision and test review with the patient.
d. Patients and referring MD’s are notified of the committee decision by phone and letter.

Approved by: Liver Transplant Leadership Group

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Hepatologist Approval:

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