Liver Transplant Candidate Criteria

Indications for Transplant

A selection committee composed of transplant surgeons, hepatologists, nurse coordinators, psychiatrists, social workers, dietitians and other interested individuals meets weekly to determine the suitability of potential liver transplant candidates and determine the timing and priority for transplantation. General indications for liver transplantation are as follows:

- Irreversible cirrhosis with at least two signs of liver insufficiency
- Fulminant hepatic failure: coma Grade 2
- Unresectable hepatic malignancy confined to the liver that is less than 5 cm. in diameter
- Metabolic liver disease that would benefit from liver replacement

Factors that are listed below are often the precipitating reason for proceeding with liver transplantation:

- Severe fatigue
- Unacceptable quality of life
- Recurrent variceal bleeding
- Intractable ascites
- Recurrent or severe hepatic encephalopathy
- Spontaneous bacterial peritonitis
- Hepatorenal syndrome
- Development of small hepatocellular carcinoma on hepatic imaging

Indications:
- Primary biliary cirrhosis
- Primary sclerosing cholangitis
- Biliary Atresia/Alagille's Syndrome
- Autoimmune hepatitis
- Fulminant and subfulminant hepatic failure
- Alcohol related cirrhosis as cleared by Addiction team and or completion of rehabilitation with contract
- Hepatitis B
- Hepatitis C
- Cryptogenic cirrhosis
- NASH
- Budd-Chiari
- Hepatic trauma
- Polycystic liver disease
- HCC, unresectable
- Sarcoidosis
- Other: ____________________________________________ (specify)
• Inborn errors of metabolism:
  Alpha 1 antitrypsin
  Glycogen storage disease
  Primary hyperoxalosis
  Wilson's disease
  Urea cycle deficiencies
  Tyrosinemia
  Erythropoietic - Hemachromatosis
  Protoporphyria
  Familial homozygous hypercholesterolemia
  Cystic fibrosis
• High Risk Candidates
• HIV positive
• Age > 70 yr., or estimated biological age
• ICU bound
• Severe deconditioning, immobile, malnutrition
• Obesity with BMI > 40 kg/m2
• No social support
• Extensive abdominal surgery or anatomical abnormalities hindering liver transplantation
• Hematologic disease:
  Paroxysmal nocturnal hemoglobinuria
  Protein C and S deficiencies
  Anti thrombin III deficiencies
  Other hypercoagulable and myeloproliferative states
• Advance cardiac or pulmonary disease
• Portal vein thrombosis, prior portosystemic shunts
• Renal failure
• Active variceal bleeding
• Hepatic hydrothorax
• Re-transplantation

Indications:
• Primary non function
• Hepatic Artery Thrombosis
• Delayed Graft Dysfunction/Failure
• Recurrent Disease *
• Chronic Rejection
• Ischemic Cholangiopathy or Secondary Biliary Cirrhosis
• Other: ________________________________________ (specify)

*Recurrent HCV is a relative contra-indication

Contraindications:
• Active systemic infections (sepsis, SBP, TB, other)
• Neuropsychiatric illness
  Active substance abuse (alcohol, narcotics)
  Inability to comply with IS regimen
  Irreversible brain damage
  Active psychiatric disease that affects IS regimen compliance
• Malignancy (except for localized HCC, skin cancers)
  Active extrahepatic malignancies. Must be documented and cleared by Hem/Onc.
  Rare exception: indolent malignancies cleared by oncology (ie epithelioid hemangioendothelioma metastatic neuroendocrine tumors)
  Hepatocellular carcinoma with gross vascular invasion.
  Cholangiocarcinoma with regional lymph node metastasis
  Hemangiosarcoma
• AIDS