

ZTCC (Mumbai) Liver Allocation Guide lines

Distribution of Liver:

The liver will be transplanted to a suitable patient from the hospital where the cadaver liver has been harvested.

The recipient selection will be from the waiting list according to local priority list of that hospital, (a copy of that list will always be with ZTCC).

In case local hospital LT team decides to select an out of turn recipient then it can only be done according to guidelines of ZTCC (Infra)

All such deviation will be reported to Liver committee of ZTCC (clinical & Lab parameters and reason for deviation) and will be scrutinized and discussed in next Liver committee meeting.

If there is no suitable recipient in local priority list of that hospital, then liver will be distributed by ZTCC according to the City waiting list.

In case of non availability of suitable recipient in the City, liver will be offered to another ZTCC with in the jurisdiction of MCFOT as per the State level waiting list.

If no recipient is there on the state waiting list within the state of Maharashtra, then liver can be offered to other states in India with whom there is reciprocal arrangement.

Recipient should be listed at least for 7 days before getting the liver except for status 1 patients.

Priority according to Nationality: Indian national will get first priority. (Foreign National will get liver if there is no Indian national or PIO on city waiting list).

General guidelines for preparation of recipient waiting list and Organ allocation:

Will be based on:

- a) Waiting time according to chronology of registration
- b) ABO blood group

However Patient in need of urgent Transplantation will be registered as Super Urgent (wide infra) and will get top priority. (Refer to Annex. For Currant modification)

City waiting list for Super Urgent patients will include following:

Super Urgent:

(i) **Fulminant hepatic failure** defined as the onset of hepatic encephalopathy Within 8 weeks of the first symptoms of liver disease.

The absence of pre-existing liver disease is critical to the diagnosis.

(Follow the King's College Criteria for Paracetamol & Non-Paracetamol group)

(ii) **Post Transplant primary non-function of a transplanted liver** within 7 days of Implantation; as defined by (a) or (b):

(a) $AST \geq 3,000$ and one or both of the following:

- an INR ≥ 2.5
 - Acidosis, defined as having an arterial pH ≤ 7.30 or venous pH of 7.25 and/or Lactate ≥ 4 mMol/L
- (b) Anhepatic candidate,

(iii) **Post Transplant hepatic artery thrombosis** within 14 days of LT, with evidence of severe liver injury as defined in (ii (a)) and (ii(b)) above; For (ii) and (iii), **(Refer to Annex. For Currant modification))**

(iv) **Acute decompensated Wilson's disease.**

Initial registration on the Super Urgent Liver Scheme must be made by telephone to the ZTCC Office.

The recipient centre must immediately complete a Super Urgent Registration Form and email it to ZTCC which will place the recipient on the Super Urgent Liver scheme and notify all liver transplant centers in the Mumbai and other ZTCC in MH by telephone and fax.

The recipient centre must immediately complete a Super Urgent Registration Form which must be counter-signed by the Clinician and sent to ZTCC by fax, (later by an urgent courier.) On receipt, ZTCC will facsimile an anonymised copy of the form to all designated liver transplant centers.

PEER REVIEW BY 3 MEMBER EXPERT LIVER COMMITTEE OF ZTCC

1. Centers wishing to seek clarification of the details of a recipient on the Super Urgent Liver Scheme must notify ZTCC by email / telephone.
2. In cases where clarification has been sought, ZTCC will seek Confirmation of the patient's status from the registering unit 24 hours after a registration.
3. Each day a follow up summary of recipients on the Super Urgent Liver Scheme should be sent by email and signed copy by fax to ZTCC.
4. ZTCC in turn will forward it by email to all designated centers. The summary will show the date and time of registration on the Super Urgent Liver Scheme.

Super Urgent patient's RANKING

The sequence of offers for recipients registered as Super Urgent will be strictly in relation to blood group and the time of registration; the blood group compatible patient having been registered the longest at any one time taking priority, and thereafter in reverse-chronological order by time of registration. For this purpose, ZTCC will maintain a list of Super Urgent registrants.

Updating of waiting list by ZTCC

Super Urgent patients: Information in prescribed proforma to be sent to ZTCC on daily basis by 12 noon by e-mail

ZTCC Coordinator will forward it to Liver Expert Committee for decisions

Remaining patients: Following information to be sent on monthly basis on 1st of every month signed by clinician in charge of the programme

Current clinical status:

Labs, etc

Following categories can be given priority in local Hospital waiting list, but will be scrutinized by the Liver expert committee before and after LT:

A) Acute Decompensation in Chronic Liver Disease: (nonresponsive to medical therapy)

A) Hepatic Encephalopathy Gr III /IV

B) Hepato-renal Syndrome

C) Hepato pulmonary syndrome

B) Decompensated Liver Disease: Child Score > 13

A Refractory Ascitis/ Hydrothorax

B) Repeated SBP

C) Porto pulmonary Syndrome

C) Patient with HCC within UCSF Criteria.

(Last CECT/MRI with in last 3months)

D) Pediatric Liver Transplant Candidates with Hepatoblastoma.

E) Combined Liver Kidney recipient

USE OF BLOOD GROUP 'O' LIVERS

Blood group O donor livers should be offered in the following priority order:

1) Super Urgent recipients on city waiting list take priority in all blood groups

2) Blood group O patients on hospital waiting list.

Annexure

Recipients listed in the Super-urgent category will be given priority in the
Following order

1. Live liver donor who has liver insufficiency after donation for LDLT within
the same admission

2. Acute liver failure as per existing guideline criteria –

(if there is a doubt of underlying chronic liver disease based on clinical,

Laboratory or abdominal imaging liver biopsy maybe performed by the centre;

If the recipient does get a deceased donor liver the original histopathology

Explant report has to be mandatorily submitted to the ZTCC within 15 days. If

There is evidence of cirrhosis on explant, the next liver that would normally be

Allotted to the Centre would be forfeited)

3. Primary Non Function after LT

4. Hepatic Artery Thrombosis within 14 days of implantation with a failed

- HAT: in HAT criteria for super urgent listing, 14 days to be changed to 21 days. The patient doesn't have to fulfil ALF criteria. All applications to be made as super-urgent rather than FHF for HAT and other reasons.
- Attempt at re-vascularisation (radiological or surgical) – may remain on super-

Urgent list until 1 month of date of transplant

Urgent (new category)

- Recipients with HAT will be moved from super-urgent to urgent list one

Month from date of transplant. They will be allotted a liver if there is no

Patient listed in the superurgent category above routine category patients