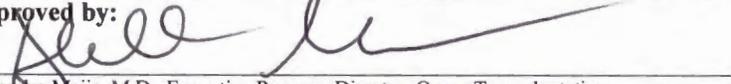
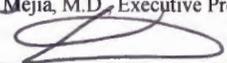
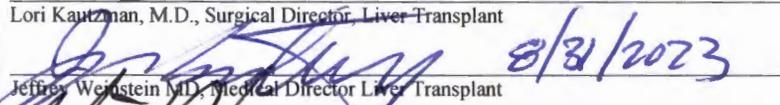


 The Transplant Institute METHODIST DALLAS Methodist Dallas Medical Center	Title: Liver Transplant for Alcohol-Related Liver Disease	Effective Date: 03/29/2022
	Section: Liver	
Approved by:  Alejandro Mejia, M.D., Executive Program Director, Organ Transplantation		Revision Date(s): 11/03/2022; 08/24/2023
 Lori Kautzman, M.D., Surgical Director, Liver Transplant		Next review Date: 08/2026
 8/31/2023 Jeffrey Weinstein MD, Medical Director Liver Transplant		
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Purpose: To outline candidate selection criteria and post-transplant follow up for patients with acute or chronic alcohol-related liver disease to ensure ethical organ allocation that addresses urgency of need and allows maximum utility of transplanted organ(s)

Policy:

Clinical Criteria for Alcohol-Related Liver Disease:

1. No previous history of harmful relapse with alcohol following any liver decompensated events due to alcohol. If so, patient is not eligible for transplant until the Liver Transplant Selection Committee requirements are fulfilled.
2. Patients who have a history of relapse with alcohol following a diagnosis of liver disease secondary to alcohol but no previous decompensatory liver-related events will be eligible to be considered for a transplant evaluation on a case by case basis.
3. Absence of severe or uncontrolled medical or psychiatric comorbidities
4. Non-response to or ineligible for medical therapy. Non-response will be defined as any of the following:
 - Lille score ≥ 0.45
 - Worsening of MELD score
 - Uncontrolled or poorly controlled liver-related complications
5. The patient must be coherent and able to participate in psychosocial assessment

Psychosocial Criteria for Alcohol-Related Liver Disease:

1. Assessment by psychosocial team including a social worker and mental health professional with transplantation and/or addiction experience
2. Patients who have a history of adverse psychosocial events (e.g. legal, work, relationship problems etc.) due to alcohol use will be discussed on a case by case basis
3. Presence of close, committed and supportive family members and/or caregivers
4. Lack of uncontrolled underlying or coexisting psychiatric disorders
5. History of medical compliance should be evaluated
6. Lack of active substance use (excluding cannabis products)
7. Acceptance of diagnosis with good insight
8. Commitment of patient to lifelong sobriety and support of caregivers to assist patient with abstinence goals
9. Patient will be required to sign a Substance Use Agreement
10. If recommended by Selection Committee, patient & caregivers will sign a contract committing to a mutually agreed upon care plan which includes participation in substance use treatment post-transplant

11. Patients determined to be at high risk will be required to participate in intensive substance use treatment which may include, but is not limited to, individual therapy, inpatient and/or outpatient treatment, recovery programs and support group(s).

Referral & Evaluation Process:

- Potential candidates who warrant an urgent inpatient transplant evaluation with psychosocial concerns will be referred to the psychosocial team for clearance in conjunction with any medical evaluation
- Standard evaluation for liver transplant candidates as outlined in the Evaluation Protocol
- Adequate family support, resources, and funding to participate in any required substance use treatment program

Follow-up during Evaluation and after Listing:

- Concurrent follow-up by psychosocial team
- The social worker will assist the patient and family in locating appropriate treatment resources as outlined in the Substance Use Agreement. The patient will sign a release of information document for the treatment program to communicate patient's progress to the transplant team
- All waitlisted candidates and those undergoing transplant evaluation are subject to random monitoring of alcohol use (e.g. with Phosphatidylethanol (PEth) or Urinary ethyl glucuronide- EtG). If positive:
 - Waitlisted patient will be immediately made inactive and discussed at the next Selection Committee meeting
 - The patient will be reminded of the abstinence requirements and if indicated, referred to a substance use treatment program if not enrolled

Post Transplant Follow-up Plan:

- Participate in a substance use treatment program when medically appropriate (treatment plan discussed and in place prior to discharge)
- Concurrent follow-up by psychosocial team to monitor for alcohol slips or relapse
- Routine monitoring of alcohol use at 1, 3, 6, 9 and 12 months post transplant and annually or as needed thereafter

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