Appendix 4. Disease specific considerations in assessment

DISEASE	Referring centre	Transplant Centre
PSC	PSC patients should have had colonoscopy in the last 12 months. The right colon must be visualised as colorectal cancer is increased in this patient group. Recent cross-sectional imaging should be sent	Transplant indication includes recurrent cholangitis and sepsis. PSC patients with IBD must have IBD optimised as poorly controlled colitis pre-transplant negatively impacts on graft survival.
PBC/AIH	Include a full drug history including immunosuppression, drug intolerance and any reasons for withdrawal.	
Hepatitis B	Screen all candidates for HBV (HBsAg, HBeAg, HBcAb). All HBV sAg +ves, require viral load and HDV status. Include medication history	Consider vaccination for all sero-negatives. Previous contact with HBV requires testing for HBV DNA as detectable HBV DNA will require suppression, pre-transplant. Patients transplanted for HBV disease, will receive HBIg and nucleos(t)ide analogues peri- and post transplant, according to local protocols.
Hepatitis C	If PCR positive, genotype, viral load and treatment history should be provided. Whilst all patients with a failing liver should be discussed with a LTU, most will recommend eradication therapy prior to surgery for patients with MELD scores $\leq$20, and vice versa for MELD score >20	DAAs have reduced the number of patients requiring liver transplant and up to 25% listed with MELD <20 will improve and be-de-listed, after eradication of virus.
HCC	Recent imaging, notes from HPB MDT discussions, any previous loco-regional therapy (including dates) and information pertaining to response and tumour size/load prior to treatment, must be included Cancer staging and monitoring protocols vary from unit to unit.	In the UK, most LTUs use Milan criteria or adapted version called the “extended Milan criteria”. The Milan Criteria specify that optimal transplant outcome are achieved with either one HCC lesion <5cm or three lesions, each less than 3cm and no evidence of metastases. ‘Down-sizing’ with local therapies, is allowed but requires careful radiological evaluation and usually depends upon agreement across centres, on a case by case basis.
PLD/PLKD	MRI/MR Angiogram of brain to exclude berry aneurysms.	
Alcohol related Liver Disease	A six month period of abstinence is recommended *before* listing to optimise liver recovery, and to test the patient’s commitment to abstinence. However, NICE	1. All patients referred for liver transplantation receive a full psycho-social evaluation. 2. A further structured substance misuse evaluation with

	recommends referral after 3 months of abstinence to allow for the period of evaluation and waiting and minimise the chance of the patient deteriorating beyond transplantation.	additional psychiatric evaluation is usually carried out. 3. Also, patients will be requested to sign a contract in the presence of family to adhere to abstinence after transplant.
Budd-Chiari syndrome	The LTU will require all records of discussions with regional HPB unit, historical shunting procedures, surgery etc as well as details of procoagulant disorders tested for.	BCS management consists of trying to re-establish venous drainage of the liver and resorting to transplant only if stents and shunts have failed. The more severe and acute the presentation the more likely that transplantation will be necessary.
Wilson's disease	Wilson's disease may present as either acute liver failure as well as decompensated chronic liver disease in patients who did not respond to medical therapy.	Patients and family should know that liver transplantation cures the liver disease and underlying metabolic disturbance, but not the neuropsychological features
Encephalopathy	Provide relevant brain imaging (MRI preferably). If diagnostic doubt persists provide EEG reports and/or blood ammonia measurements. Detail any hospital admissions with hepatic encephalopathy.	
Ascites	Detail the number and frequency of ascitic drains and whether there has been evidence of SBP. Describe complications such as loculated ascites, hydrothorax and/or haemorrhage.	