

| Туре | Canadian Transplant Registry | |
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| Program | Inter-provincial Sharing: Liver | |
| Policy Title | Recipient Eligibility | |

| Policy Number | CTR.20.001 | | | |
|---------------------------------|---|--|--|--|
| Version (Date) | v1.0 (FINAL – 2023-01-17) | | | |
| Policy Sponsor | Liver Transplant Advisory Committee (LTAC) | | | |
| Committee Review | LTAC (2017-11-30/2019-12-06), DTAAC (2017-11-30), ODTEAC (2017-11-30), CLTN (2017-09-26/2019-12-06) | | | |
| Committee Endorsement | LTAC (2019-12-06), DTAAC (2021-06-09), ODTEAC (ADD DATE), CLTN (2022-09-20) | | | |
| Provincial/Territorial Sign-Off | 2021-06-09 | | | |
| Effective Date | TBD | | | |

Purpose

The Canadian Transplant Registry (CTR) identifies transplant opportunities across Canada for liver transplant candidates who are designated as medically urgent. This policy describes the eligibility requirements for potential transplant recipients to participate in the *Inter-provincial Sharing: Liver* program.

Policy

1. General Requirements

- 1.1 To be eligible for the *Inter-provincial Sharing: Liver* program in the CTR, potential recipients must meet the following criteria:
 - 1.1.1 The recipient must be active on a local waitlist for a liver transplant in a Canadian Transplant Program.
 - 1.1.2 The recipient must be designated as medically urgent, defined as one of the following statuses:





| 4F | In intensive care requiring mechanical ventilation for fulminant liver failure, including primary nonfunction of a graft; without liver transplantation, death is considered imminent. |
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| | Primary nonfunction and fulminant (in adults) is defined using the criteria in the Organ Procurement and Transplantation Network (OPTN) policies. |
| | The pediatric definition of acute liver failure is uncorrectable INR >1.5 with signs of encephalopathy or uncorrectable INR >2 in children with no pre-existing known liver disease (based on the NIH funded PALF study). |
| | Primary non-function of a graft or Hepatic Artery Thrombosis (HAT), provided the thrombosis occurs within 7 days of transplantation. Beyond 7 days after transplantation, a patient is to be classified according to standard liver failure/urgency criteria. |
| 3F | In intensive or equivalent care facility for fulminant liver failure but not on mechanical support, who fulfills the King's College criteria for high risk of mortality without liver transplantation. |
| | Primary nonfunction and fulminant (in adults) is defined using the criteria in the Organ Procurement and Transplantation Network (OPTN) policies. |
| | The pediatric definition of acute liver failure is uncorrectable INR >1.5 with signs of encephalopathy or uncorrectable INR >2 in children with no pre-existing known liver disease (based on the NIH funded PALF study) |
| 3LS (New classification) | Paediatric patients requiring a combined liver / small bowel (terminology: multi-visceral) |
| | Patients with a status of 3F will be prioritized over patients in 3LS status unless their calculated CPALS or MELD-Na is >35. In these cases, a mandatory discussion between centers with 3F and 3LS patient will be required. |
| 3P (New classification) | Paediatric patients weighing less than or equal to 6kg. |



2. Citizenship and Residency Requirements

- 2.1 In addition to meeting the General Requirements in section 1, potential recipients must meet one of the following requirements:
 - 2.1.1 A Canadian citizen or permanent resident who is eligible under a provincial, territorial or federal health insurance program;
 - 2.1.2 A foreign citizen who is covered under a provincial, territorial, or federal health insurance program while residing in Canada (e.g. Temporary Foreign Workers, Refugees, Foreign Diplomats, International Students);
 - 2.1.3 A foreign citizen who is legally residing in Canada and has private insurance coverage (e.g. tourist in an emergency situation, International Students, Foreign Diplomats).
 - 2.1.3.1 Such cases would be at the discretion of the local program, and handled on a case-by-case basis

3. Review

This policy is reviewed annually at the discretion of the Liver Transplant Advisory Committee (LTAC), Donation and Transplantation Administrators Advisory Committee (DTAAC) and the Organ Donation and Transplantation Expert Advisory Committee (ODTEAC).





| | References |
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| None | |

| Version History | | | |
|--------------------------------|------------|------------------|--|
| Version Date Comments /Changes | | | |
| V1.0 | 2023-01-17 | Original version | |



Appendix A – Provincial/Territorial Approvals

| Version | Jurisdiction | Clinical Authority | | | Administrative Authority | | |
|---------|---|--------------------|-------|------|--------------------------|-------|------|
| | | Name | Title | Date | Name | Title | Date |
| vX.X | <province or<br="">Territory></province> | | | | | | |