Changes to this version include:

Tests and investigations updated and re-ordered in steps 2,3,5 and 7 to streamline progression of testing and interaction between Local LDLT and LDLT Proctor Teams
Clarification of instructions, including submission to ensure OTDT Medical Director sign-off (Step 11)

This document describes the roles and responsibilities that sit with the delivery of adult-to-adult living donor liver transplantation (LDLT) within the new UK programme based on a proctor model. All the practice recommendations here are aligned with existing guidance from the British Association for the Study of the Liver (BASL)/British Transplantation Society (BTS)/British Liver Transplant Group (BLTG) in BASL on adult liver transplantation (LT) and in particular LDLT.

Relevant groups referred to:

1. Local LT multi-disciplinary team (MDT)
2. Local LDLT MDT
3. Local Trust clinical governance
4. Local Executive
5. Proctor LDLT MDT
6. Local orthotopic liver transplant (OLT) MDT

STEP - 1: Approval within the Local centre		
	Approved local recipient protocol according to BTS/BASL UK LDLT Guidelines https://bts.org.uk/guidelines-standards/	Local LT MDT, Local LDLT MDT, Local Trust Clinical Governance
	Approval & Development of Local LDLT donor protocol according to BTS/BASL LT Guidance	Local LT MDT & Proctor LDLT MDT, Local Trust Clinical Governance
	Ensure local Medical Director governance approval secured for LDLT with proctor team via New Interventional Procedures process including sign off of: Disaster Plan & Communication strategy	Local LT & LDLT MDT & Local Trust Executive
STEP 0: Listing of potential recipient and identification of suitability for LDLT		
	Work up according to local assessment protocol & BTS/BASL LT Guidance	Local LT MDT
	Meets approved listing criteria for OLT	Local LT MDT

Approval of LT MDT at listing centre	Local LT MDT
Verification of suitability for LDLT	Local LDLT MDT & Proctor LDLT MDT
STEP 1: Potential LD Screening (as per BTS/BASL UK LDLT Guidelines)	
Living Liver Donor Transplant Coordinator Assessment	Local LDLT MDT
Health Check Questionnaire + GP check	Local LDLT MDT
Donor Consent for LD Assessment	Local LDLT MDT
STEP 2: Minimum Investigations Required in the Donor	
Blood Tests:	
Group & Save FBC, LFT, Coagulation profile, Renal profile TSH and T4, Lipid profile, HbA1c, Corrected calcium and bone profile Ferritin, Iron Studies, A1AT, Liver Auto Antibodies, ANA, Immunoglobulins, Serology for Hepatitis B including core antibody, C, E(RNA), HIV, HTLV, CMV, EBV, HSV, Toxoplasma,syphilis	Local LDLT MDT
Others:	
Urine dipstick analysis and protein:creatinine ratio	Local LDLT MDT
MRSA screening; CPE	Local LDLT MDT
Chest X-ray, ECG	Local LDLT MDT
Pregnancy test	Local LDLT MDT
Cervical smear (if not done) in line with national screening	Local LDLT MDT
Decision Point – Progress to Further LD Evaluation	**Local LDLT MDT**
STEP 3: Further LD evaluation as necessary	
Family history of clotting disorder-Thrombophilia screen & additional investigation guided by local haematologist.	Local LDLT MDT
Consider Fibroscan and CAP for screening of steatosis – if clinically indicated	Local LDLT MDT
ECHO, PFTs at the discretion of anaesthetist (and/or in Females aged over 55 and Males aged over 45)	Local LDLT MDT

	1° Hepatitis B vaccination (if applicable, as per centre policy)	Local LDLT MDT
	Decision Point: Terminate or proceed LD assessment	**Local LDLT MDT & Proctor LDLT MDT**
STEP 4a: Potential LD Psychosocial Screening		
	Donor and Recipient psychosocial assessment	Local LDLT MDT
	Social worker assessment	Local LDLT MDT
STEP 4b: Decision Point – Progress to Further LD Evaluation		**Joint MDT Meeting: Local OLT MDT & Proctor LDLT MDT**
	Notification to NHSBT	Proctor LDLT MDT
STEP 5: Potential LD Imaging		
	CT Liver with Contrast (Multiphase living donor protocol) (Liver US prior to CT optional) Description of vascular anatomy Liver volumetry- MeVis or local volumetry (if agreed with LDLT Proctor Team)	Local LDLT MDT
	MRCP **Description of bile duct anatomy**:	Local LDLT MDT
	Steatosis assessment MR assessment is gold standard (PDFF or spectroscopy) CT LAI if MR unavailable Estimated steatosis:	Local LDLT MDT
	2° Hepatitis B vaccination (if applicable, as per centre policy)	Local LDLT MDT
	Local review of imaging	Local LDLT MDT
	Joint MDT review of imaging and volumetry assessment	Local LDLT MDT & Proctor LDLT MDT
	Decision point: Outcome **1. Terminate LD assessment** **2. Proceed +/- recording decision on additional evaluation** **- Liver biopsy**	**Local LDLT MDT & Proctor LDLT MDT**

STEP 6: Potential LD Medical Consultations		
	Assessment by Donor Advocate Hepatologist	Local LDLT MDT
	Medical history, physical examination	
	Assessment by Donor Transplant Surgeon	Local LDLT MDT
	Assessment by Donor Consultant Anaesthetist	Local LDLT MDT
	Decision Point: Terminate or proceed LD assessment	**Local LDLT MDT & Proctor LDLT MDT**
STEP 7: Potential LD Enhanced assessment (if recommended following completion of steps 2,3,5 & 6)		
	Cardiopulmonary exercise testing (CPEX)	Local LDLT MDT
	High-resolution computed tomography (HRCT)	Local LDLT MDT
	Liver biopsy (if needed following hepatology consultation)	Local LDLT MDT
	Further specialist opinion, (e.g.;gynaecology)	Local LDLT MDT
	Further genetic assessment of the donor if indicated (e.g. by recipient's diagnosis; donor medical +/- family history)	Local LDLT MDT
	Human Leucocyte Antigen (HLA) testing if indicated	Local LDLT MDT
	Presented to the multidisciplinary team meeting	Local LDLT MDT & Proctor LDLT MDT
	Decision Point: Terminate or proceed LD assessment	**Local LDLT MDT & Proctor LDLT MDT**
STEP 8: Review and Approval by Donor Advocate Team		
	Donor Advocate Physician assessment	Local LDLT MDT
STEP 9: Local and Proctor Centre MDT Reviews		
	Presented to the local OLT MDT meeting: Final decision on graft selection	**Local LDLT MDT & Proctor LDLT MDT**
	Presented to the Proctor Centres MDT: Confirmation of decision on graft selection	**Local LDLT MDT & Proctor LDLT MDT**
Step 10: Independent assessor and HTA approval		
	Approval of Independent Assessor and Human Tissue Authority	Local LDLT MDT

Step 11: Final Steps	
Presented to the multidisciplinary team meeting for final approval	**Local LT & LDLT MDT & Proctor LDLT MDT**
Submission of completed checklist and supporting evidence to OTDT Medical Director (MD) for sign-off	Local LDLT MDT, Proctor LDLT MDT, OTDT MD & AMD
Operation Date Set	Local LDLT MDT & Proctor LDLT MDT
Notification to NHSBT of date of surgery	Proctor LDLT MDT
Donor and recipient consent for surgery to be obtained by Local Donor Transplant Surgeon	Local LDLT MDT
Step 13: Day of Surgery	
LDLT undertaken	Local LDLT MDT & Proctor LDLT MDT
Notification of NHSBT	Proctor LDLT MDT
Step 14: In patient stay	
Clinical reviews	Local LDLT MDT in liaison with Proctor LDLT MDT
Notification to NHSBT	Proctor LDLT MDT
Submission of paperwork to LDLT registry and HTA A and B forms	Local LDLT MDT

FINAL CHECKLIST FOR ADULT-TO-ADULT LDLT (A-A LDLT) TO BE SIGNED OFF BY MEDICAL DIRECTOR OTDT AND/OR DEPUTY

Requirement	Rationale	Provided By Whom
1. UK Professional Registration (GMC/NMC etc.) for all members of proctor team (PT)	To confirm credentials of each member of the proctor team (PT)	Proctor LDLT MDT
2. Proctor team sign off by OTDT- NHSBT Medical Director	Provide assurance that PT has the appropriate credentials	OTDT Medical Director
3. Evidence of Trust approval and local governance arrangements to support A-A LDLT in centre using a PT	Confirm local Trust approval and governance arrangements in place	Local hospital LDLT MDT
4. Evidence that an approved clinical protocol for donor assessment, surgery, management, recovery and follow-up has been followed, according to UK best practice guidelines (including Human Tissue Authority (HTA) approval to proceed)	Ensure standardisation and adherence to evidence-based best practice for donor management	Local LDLT MDT & Proctor LDLT MDT
5. Evidence that an approved clinical protocol for recipient assessment, surgery, management, recovery and follow-up has been followed, according to UK best practice guidelines (to include consideration of offers from deceased donors prior to scheduled transplant proceeding)	Ensure standardisation and adherence to evidence-based best practice for recipient management	Local LDLT MDT & Proctor LDLT MDT
6. Evidence that PT has signed off the clinical assessments for both donor and recipient and have approved donor and recipient procedures to 'go' (e.g., 'go/no go' MDT with PT and local team)	Meet agreed governance arrangements for UK A-A LDLT programme, provide assurance to wider clinical community and encourage confidence in operational model	Local LDLT MDT & Proctor LDLT MDT
7. Evidence of a 'disaster plan' in the event of a poor outcome for donor, recipient or transplant	Limit damage for individual donors and recipients and negative impact on further development of UK A-A LDLT programme	Local LDLT MDT & Proctor LDLT MDT
8. Approved communication plan between all parties involved i.e., donor, recipient, PT, local transplant centre and NHSBT, irrespective of outcome	Ensure that communications within the wider transplant community, in the media and on social media are accurate, effective and avoid unintended consequences	Local LDLT MDT & Proctor LDLT MDT
9. Contracts in place for proctor team to undertake clinical activity in the local hospital	To allow visiting clinicians from within the proctor team to work at the local hospital	Local LDLT MDT