

**NIDDK Liver Transplantation Database
MANUAL OF OPERATIONS (MOOP) DEFINITION**

FORM: RX (RETRANSPLANTATION FORM)

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Purpose: To document patient retransplantation after operational phase of LTD.

Person(s) Responsible: LTD Clinical Coordinator.

Source(s) of Information: Medical chart, physician(s) caring for the patient and laboratory test reports.

General Instructions: This form to be completed after clinical center is notified about patient's retransplantation.

- Completion Log:
- 1) Data Collector ID - Record the data collector ID in the space provided on the form cover sheet. Record the two-digit clinical center identification code number and the data collector's three initials (first letter of first, middle, and last names).
 - 2) Data Collection Date – Record the date (month/day/year) on which the form is considered to be accurate and complete.
 - 3) The remaining completion log entries are for data entry use only.

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LTD ID

This is the identification number assigned to the patient upon entry into the LTD.

Completing Form: Record the clinical center identification code number and record the assigned 7 digit patient identification number.

1 RETRANSPLANTATION DATE

The date of retransplantation should be the date listed in the medical chart.

Completing Form: Record the date of retransplantation (month/day/year) from the medical chart. If any part of the date is unknown, record UNK in that position (e.g., 01/unk/99).

2 LOCATION

Document the location of transplant center where retransplantation was performed.

Completing Form: Check "LTD Center" if retransplant was done at one of the LTD centers. Check "Other" if it was done at any other hospital.

3. BIOPSY SLIDE OF EXPLANT AVAILABLE

Document if biopsy of explant is available to be send to Coordinating Data Center.

Completing Form: Check "Yes" if biopsy of explant is available. Check "No" if not.

4. REASON FOR RETRANSPLANTATION (SELECT PRIMARY REASON)

Document primary reason for retransplantation. Chose one from the list:

REASONS FOR RETRANSPLANTATION

<u>CODE</u>	<u>REASON</u>
1.	Hepatic Failure
2.	Hepatocellular Failure-Ischemia (HAT/PVT)
3.	Hepatic Failure-Rejection (specify: Acute or Chronic)
4.	Chronic Cholangitis
5.	Biliary Strictures/Abscesses
6.	Central Venous Sclerosis
7.	Recurrent Disease. (Record code and specify if required)
8.	Other Reason (specify)
9.	Not Documented

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Completing Form: Check the appropriate primary reason for retransplantation.

If the reason for retransplantation is # 3 “Hepatic Failure-Rejection” then record whether it was acute or chronic.

If the reason for retransplantation is # 7 “Recurrent Disease” then record liver disease code referring to the code list on the back of the page and specify as required (code 5, 9, 12, 17, 19, 20, 27, 28, 32, and 35) in the spaces provided. Note: specification is limited to 30 characters.

LIVER DISEASE DIAGNOSES

1. Acute hepatitis A
2. Acute hepatitis B
3. Acute hepatitis B and D
4. Acute hepatitis C
5. Acute hepatitis other (specify: e.g., drug or toxin, presumed viral, CMV, EBV, etc.)
6. Acute hepatitis of unknown cause
7. Alcoholic liver disease (Laennec’s cirrhosis)
8. Alpha-1-antitrypsin deficiency
9. Benign tumor (specify: e.g., adenoma)
10. Biliary atresia
11. Budd-Chiari syndrome
12. Chronic cholestatic syndrome of childhood (specify: e.g., Bylers, Alagilles, nonsyndromatic paucity of bile duct, etc.)
13. Chronic autoimmune (lupoid) hepatitis/cirrhosis
14. Chronic hepatitis B/cirrhosis
15. Chronic hepatitis B and D/cirrhosis
16. Chronic hepatitis C/cirrhosis
17. Chronic hepatitis/cirrhosis other (specify: e.g., drug or toxin, presumed viral, etc.)
18. Chronic hepatitis/cirrhosis of unknown cause
19. Congenital biliary and fibrocystic disease (specify: e.g., congenital hepatic fibrosis, Caroli’s disease, etc.)
20. Glycogen storage disease (specify type)
21. Hemochromatosis
22. Homozygous hypercholesterolemia
23. Hyperalimentation-induced liver disease
24. Malignancy, cholangiocarcinoma
25. Malignancy, fibrolamellar hepatocellular carcinoma
26. Malignancy, hepatocellular carcinoma
27. Malignancy, other (specify: e.g., angiosarcoma, hemangioendothelioma, hepatoblastoma, etc.)
28. Metastatic malignancy (specify: e.g., carcinoma of breast, colon, lung, etc.)
29. Neonatal or pediatric post-hepatic cirrhosis
30. Primary biliary cirrhosis
31. Primary sclerosing cholangitis
32. Secondary biliary cirrhosis (specify cause: e.g., gall stones, stricture, etc.)
33. Tyrosinemia
34. Wilson’s disease
35. Other (specify: e.g., trauma, cystic fibrosis, etc.)

If the reason for retransplantation is # 8 “Other reason” then specify the reason in the space provided. Note: specification is limited to 30 characters.