Purpose: To document the date and cause(s) of death of a patient, whether pretransplant, intraoperative or posttransplant.

Person(s) Responsible: LTD Clinical Coordinator. Subsequently, to obtain consistent and uniform criteria for determining the underlying cause of death for transplant recipients, all posttransplant deaths (excluding intraoperative deaths) were reviewed by Dr. Ascher. Information from hospital records, autopsy reports, and supporting documentation were sent to Dr. Ascher for this effort.

Source(s) of Information: Hospital records, autopsy results, physician(s) caring for the patient, patient's family.

General Instructions: Record the information provided in the autopsy reports and/or hospital records pertaining to the death of the patient. Determine the major cause of death and the conditions that were associated with or contributed to the cause of death.

I.1   DATE OF DEATH

The date of death should be the date listed on the death certificate.

Completing Form: Record the date of death as month, day, year. If any part of the date is unknown, record "unk" in that position (e.g. 01/unk/90).

I.2   TIME OF DEATH

The time of death should be the time listed on the death certificate.

Completing Form: Enter the actual time of death as hours and minutes using military time. If unable to obtain time, enter unknown.

II.   AUTOPSY

If death occurred at the patient's "home" hospital, this information can be obtained via telephone from the attending physician.

Completing Form: If an autopsy was done, check "yes" and specify the name of the hospital and the type of autopsy. If no autopsy was done, check "no". If the answer is unknown, check "unk".

III.   TRANSPLANT STATUS

III.1   Pretransplant - never had a liver transplant before.
III.2   Postoperative - after leaving the operating room.
III.3   Intraoperative - during the transplant operation.

Indicate the status of the patient in relation to his transplant surgery. Pretransplant means only the time prior to the 1st transplant. "Intraoperative" is only for those patients who went to the operating room, did or did not undergo transplantation, and died before leaving the operating room.

Completing Form:

If the patient died before any liver transplantation check "pretransplant". If death occurred after the operation, check "postoperative". If death occurred during the surgery, check "intraoperative". If this was the case, check whether the patient received a transplant at this time. If "no", specify the reason in the space provided. If the patient received a transplant, check "yes" and specify:

III.3.1.2   Status of graft - check the appropriate category to indicate the graft function at the time of death.
III.3.1.3   Check "yes" or "no" to indicate whether graft functioning contributed to death.
III.3.1.4   Check "yes" or "no" to indicate whether graft technical complications contributed to death.
III.3.1.5   Check the appropriate category to indicate the length of time the patient has been out of the hospital since the most recent transplant.

Several patients with posttransplant death forms were transplanted at centers other than the LTD centers.

IV.   TRANSPLANT NUMBER (if not pretransplant death)

The number of transplants this patient received, including current one.

<u>Completing Form</u>: Record the number of transplants this patient received, including the current one. If this was a pretransplant death, skip this question.

V.   CAUSE OF DEATH

This may be obtained from the autopsy report or the death certificate. All causes of death listed on the death certificate should be included.

<u>Completing Form</u>:

V.1   From the list that follows under V.2, find the major cause of death and enter the code (number). If cause of death is not listed, write it in at "specify if required"; also write in type of malignancy if applicable.

V.2   Place a check to indicate any conditions that were associated with or contributed to the cause of death. Do not check the major cause of death here.

The following causes of death were added to the data collection form on February 12, 1991. Data for these variables may be missing prior to this date.

 4.   Hepatic failure - primary non-function
16.   GI bleed   - unknown source
19.   CMV
28.   Cardiac arrest/intraoperative death
30.   Cerebral edema
31.   Central pontine myelinolysis
32.   Multi-system failure

The following causes of death were added as a result of Dr. Ascher's review:

38.   Recurrent hepatitis B
39.   Recurrent hepatitis C
40.   Graft vs. host disease

Pretransplant deaths may have missing data for these variables.

VI.   COMMENTS

May 30, 1990

 Use this space for any comments that are pertinent.

 Completing Form: Check whether there are any comments to be made. If "yes" write in any comments that are pertinent to the death of the patient.