

# **PSC and liver transplant**

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# Questions about transplant

1) Will I need it?

2) When will I need it?

3) How will it happen?

4) What happens afterwards?

# **Will I need it?**

**About 1/2 of our patients are transplanted  
10 years after diagnosis.**

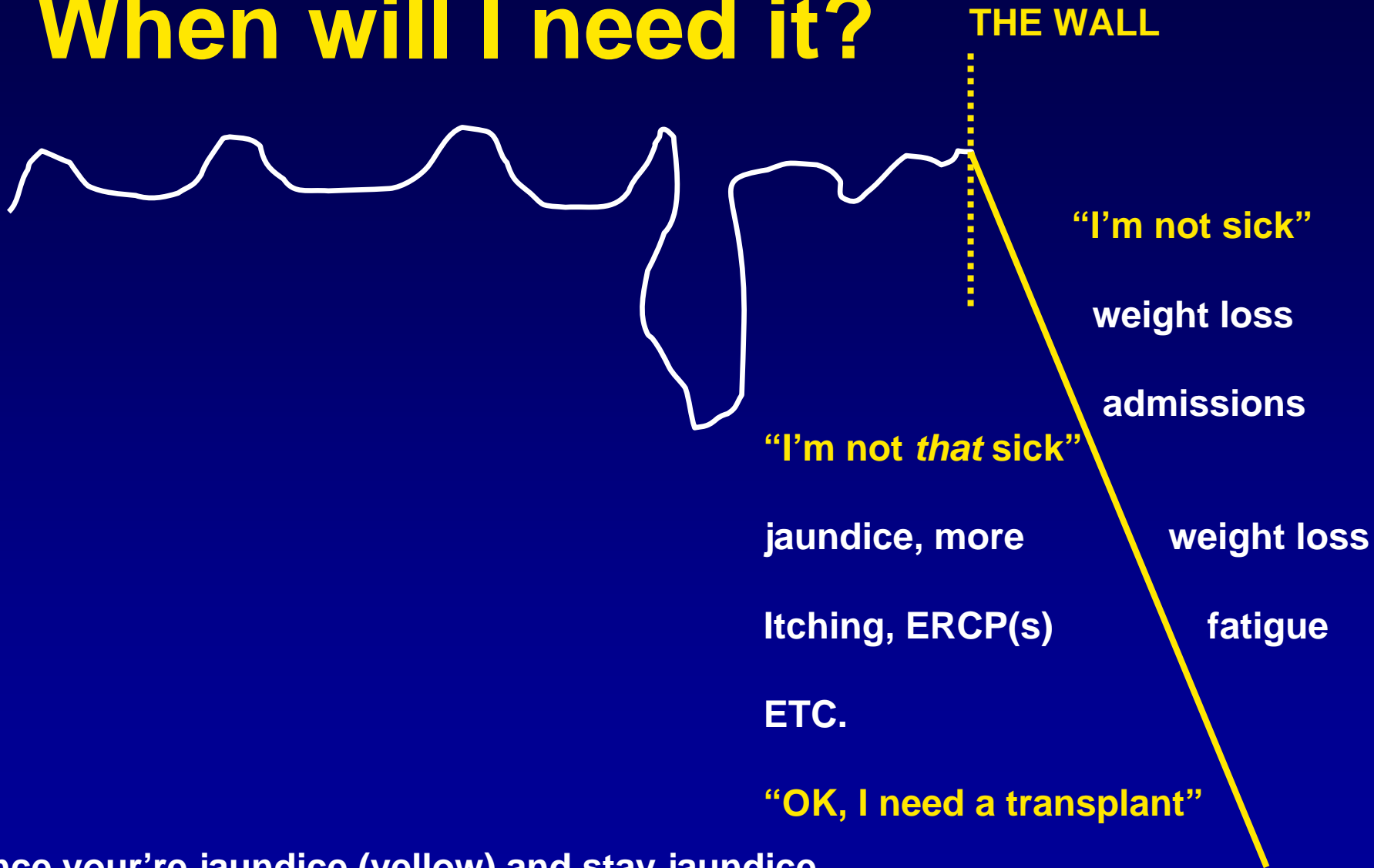
**- - that means 1/2 are not transplanted**

# When will I need it?

**Very difficult (impossible) to predict long-term outcomes for single patient.**

**Until . . . . .**

# When will I need it?



Once your're jaundice (yellow) and stay jaundice  
you need to move towards transplant.

# How will it happen?

1) deceased-donor transplant  
(full-size liver from a dead person)

2) living-donor transplant  
(1/2 liver from living donor)

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3) off-shore transplant (China)

# How will it happen?

	<u>deceased-donor</u>	<u>living donor</u>
organ size	+++	+
timing	+	+++

“Is it better to wait indefinitely on a whole liver  
or take ½ a liver with ideal timing?”

# How will it happen?

The preferred route is a whole liver for patients with life-threatening problems from PSC, if you can get one.



# What will happen afterwards?

## 130 patients transplanted with PSC in Denver

male	77 %
inflammatory bowel disease	71 %
median age (at transplant)	46 y (range 18 – 71)

# What will happen afterwards?

130 patients transplanted with PSC in Denver

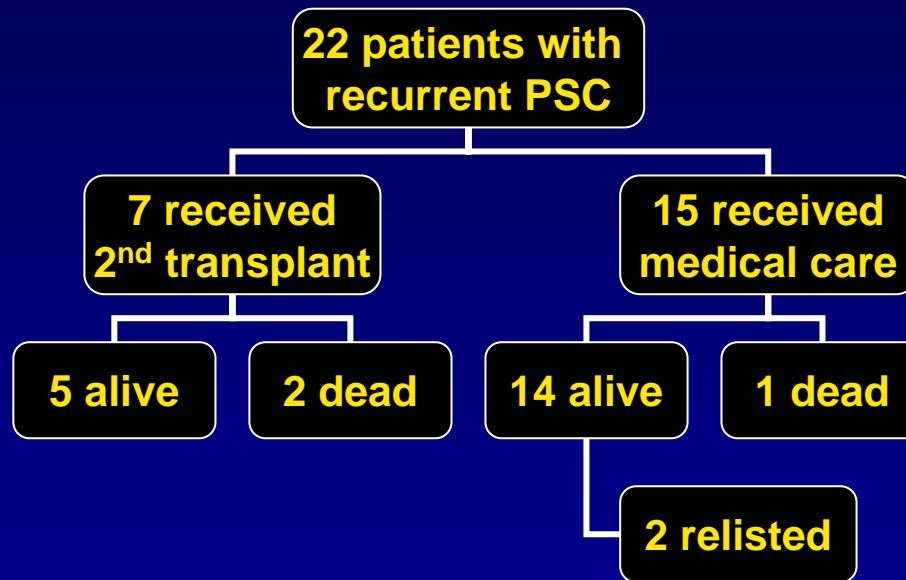
overall survival	82 %
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overall PSC recurrence-free survival	67 %
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live donor recipient	15 %
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cholangiocarcinoma	8 %
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# What will happen afterwards?

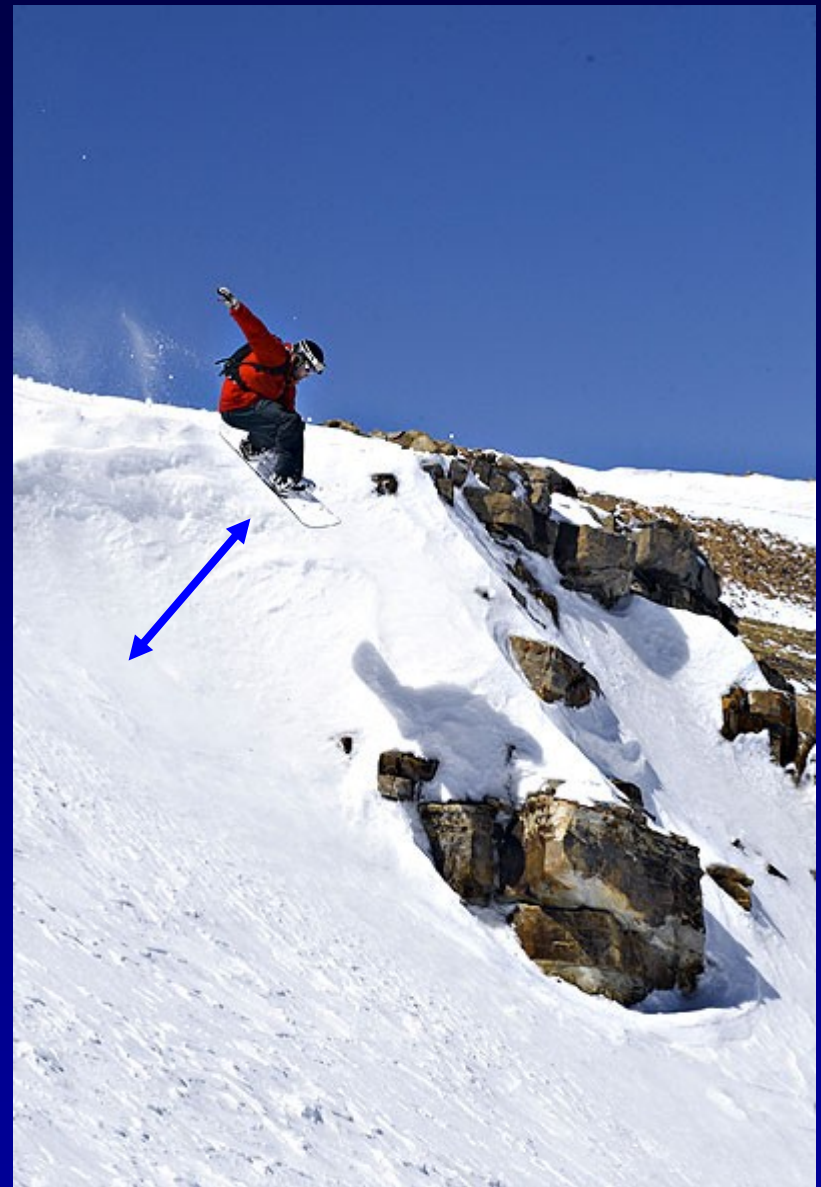


About 20 - 30 % get recurrent PSC after transplant,  
but most of these do well.

**Pt wife 3 months after successful transplant:**

**“I don’t think Buddy should do X, because it will hurt his liver.”**

**“How much can he do after transplant without hurting his liver?”**



This is “big air,” Dr. Everson

