

Patient Pathway for Liver Transplantation for NET LM

1. Referrer assesses [*nominated NET Specialist] eligibility according to the provided criteria.

1A. If primary and associated disease already resected:

Collate evidence confirming clearance of all macroscopically evident extra-hepatic disease.

Histology report from a NET CoE

Collate operation notes or letter from operating surgeon confirming clearance of all macroscopically evident extra-hepatic disease.

Collate pre-operative imaging/reports.

Collate up to date post-operative imaging/reports.

Collate evidence of disease stability or slow progression [letter, scan reports and imaging]

Essential:

- CT TAP, MRI liver, DOTA PET within 6 months of referral to National MDT
- Histology report from a NET CoE

1B. If primary and associated disease in-situ:

Collate evidence for good likelihood of clearance of primary and associated disease if surgery were to be attempted

Collate evidence of disease stability or slow progression [letter, scan reports and imaging]

CT TAP, MRI liver, DOTA PET within 6 months of referral to National MDT

Histology report from a NET CoE

2. Referred to National MDT with above evidence.

3. Discussion at MDT and agreement patient should proceed.

4A. Patient referred for liver transplant assessment to the appropriate LT Centre if extrahepatic disease already resected.

4B. Surgery for primary and associated disease first, then referral for LT assessment.

5. Liver transplant assessment.

6A. Placed on waiting list [National MDT informed].

6B. Turned down and the reason why [National MDT informed]

6C. Delisted without transplant and the reason why [National MDT informed]

7. Transplanted [National MDT informed and NHSB&T receives all data]

8. Follow-up by nominated NET specialist and nominated LT Specialist [according to a checklist that shall allow good audit later]

9. Major complication [National MDT informed]

10. Cancer recurrence [National MDT informed]