## Cleveland Clinic Children's

# Survival Outcomes Scores (SOFT, BAR and Pedi-SOFT) are Accurate in Predicting Post-Liver Transplant Survival in Adolescents

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## Background

- MELD/ PELD scores are accurate predictors of 3-month mortality of candidates wait-listed for liver transplantation (LT).
- However, MELD/ PELD are shown to be poor predictors of mortality following transplantation.
- Scoring systems that predict survival outcome after LT can improve graft allocation and risk stratification among recipients.
- Scoring systems combining donor, recipient and graft factors were developed to overcome the disadvantage of MELD to predict survival after LT in adults.

Risk factor	Risk factor Points allotted Risk factor		Points allotted	
		P-SOFT score	Total from before	
Age > 60	4	Portal bleed 48 h	6	
BMI > 35	2	pretransplant		
One previous transplant	9	Donor age 10-20 years	-2	
Two previous transplants	14	Donor age > 60 years	3	
Previous abdominal surgery	2	Donor cause of death from cerebral vascular accident	2	
Albumin < 2 g/dL	2	Donor Creatinine >1.5 mg/dL	2	
Dialysis prior to transplantation	3	National allocation	2	
Intensive care unit pretransplant	6	Cold ischemia 0-6 h	-3	
Admitted to hospital 3		SOFT score risk groups		
pretransplant	-	Risk group	Point range	
MELD score > 30	4	Low	0-5	
Life support pretransplant	9	Low-moderate	6-15	
Encephalopathy	2	High-moderate	16-35	
Portal vein thrombosis	5	High	36-40	
Ascites pretransplant	3	Futile	>40	

Survival Outcomes Following Liver Transplant (SOFT) score (Age ≥ 18)



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Predictors	Category	Risk score
Recipient age (years)	≤ 40 > 40-60 > 60	0 1 3
MELD at transplantation	6-15 >15-25 >25-35 >35	0 5 10 14
Retransplantation	No Yes	0 4
Life support pretransplant	No Yes	0 3
Cold ischemia (hours)	0-6 > 6-12 > 12	0 1 2
Donor age (years)	≤ 40 > 40-60 > 60	0 1 1
		Dutk



# Pedi-SOFT score (Age ≤ 12)

Risk factor	Risk points
Cadaveric technical variant	4
Recipient weight under 6 kg	6
Dialysis or Creatinine clearance under 30	17
Life support	27
One previous transplant	15
Two previous transplants	49
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# Aim of the study

To evaluate the accuracy of SOFT, BAR and Pedi-SOFT scoring systems in predicting the 3-month postliver transplant survival in patients aged **13-17 years**.

#### **Materials and Methods**

- Retrospective analysis of patients aged 13-17 years from UNOS/OPTN database who received liver transplantation between 02/27/2002 (MELD implementation date) and 12/31/2012.
- Follow-up time was defined as time from liver transplantation to either death or end of follow-up.

#### Exclusion criteria:

- Recipients of combined organ transplants
- Donation after cardiac death
- Living donor graft
- > Patients with missing details for BAR and Pedi-SOFT scores
- Since many patients were missing details on the large number of variables needed to calculate SOFT score, they were not excluded from the study.

### **Statistical Analysis**

- Kaplan-Meier product-limit estimates were used to assess 3month post-liver transplant survival.
- Area under the ROC curve was used to assess the accuracy of BAR, PEDI-SOFT and SOFT scores in predicting 3-month liver transplant free survival.
- A p<0.05 was considered statistically significant.

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Adolescent LT recipients ‡ (2002-2012)	988
Exclusions	
Living donor	-52
Donation after cardiac death	-17
Combined transplant*	-94
Missing PEDI-SOFT	-43
Missing BAR	-71
otal Included	711



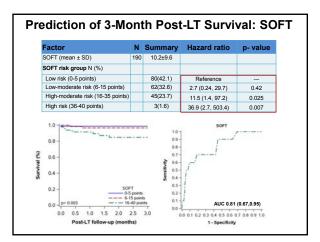
		Total (N=711)
Factor	Summary	Data available (n)
Age (mean ± SD)	15.2 ± 1.4	711
Male N (%)	325(45.7)	711
Race		711
White (%)	55.6	
Black/ Hispanic/ Other (%)	22 / 17/ 5.6	
Body Mass Index ( kg/m <sup>2</sup> ) (mean ± SD)	22.8±5.5	709
Dialysis N (%)	59(8.3)	711
Ascites N (%)	323(46.9)	689
Encephalopathy N (%)	270(39.1)	690
Life support N (%)	115(16.2)	711
Ventilator use N (%)	119(16.7)	711
Portal vein thrombosis N (%)	21(3.0)	694
Hepatocellular Carcinoma N (%)	6(0.84)	711
Portal hypertensive bleed N (%)	12(5.9)	205



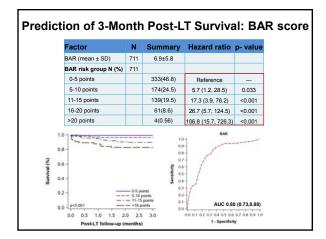
	Total (N=711
Factor	Summary
Days on waiting list (mean ± SD)	207.1 ± 439.6
MELD at LT (mean ± SD)	19.7+ 12.7
GFR (ml/min/1.73 m <sup>2</sup> ) (mean ± SD)	139.0 + 68.7
Albumin at LT (g/dl) (mean ± SD)	3.1 ± 0.77
Re-Transplantation (mean ± SD)	98 (13.8)
Num. previous transplants N (%)	, ,
0	613 (86.2)
1	81(11.4)
2	11(1.5)
>2	6(0.84)
Pre-LT Medical condition N (%)	
In ICU	230 (32.3)
Hospitalized, not in ICU	91(12.8)
Not hospitalized	390 (54.9)
Partial/Split transplant N (%)	53 (7.5)
Total cold ischemic time (hours) (mean ± SD)	7.3 ± 3.4
Donor Age (years) (mean ± SD)	23.7 ± 14.1
Donor Risk Index	1.6 ± 0.34

	Total (N=711)	
Factor	Summary	
Deceased	100(14.1)	
Deceased within 3 months	33(4.6)	
Patient survival time (months)	45.4±34.7	
Values presented as Mean ± SD or N (%).		

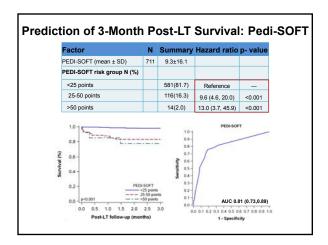














SOFT	32
BAR	20
Pedi-SOFT	53


Is there a need for a Post-LT Survival Scoring ?						
	VARIABLES	PATIENT 1	PATIENT 2			
	Age	17 years	17 years			
	MELD	30	30			
	3-month waitlist mortality	53 %	53 %			
	Re-transplantation	No	Yes (1 previous transplant)			
	Life support	No	Yes			
	Dialysis or Creatinine clearance under 30	No	Yes			
	Recipient age	< 40 years	< 40 years			
	Cold ischemia time	0-6 hours	7-12 hours			
	Cadaveric technical variant	No	Yes			
	Donor age	35 years	50 years			
	BAR score	10	19			
	3-month post LT survival	95 %	76 %			
	Pedi-SOFT score	0	63			
	3-month post LT survival	98 %	63 %			



# Limitations

- · Retrospective study.
- Scores could not be calculated for all the included patients because of missing details.
- Small sample size of the highest risk category and those who died within 3 months limited our ability to determine cutoff values that will be predictive of futile LT.

## Conclusions

- BAR, SOFT and Pedi-SOFT scores proved to be good posttransplant survival models in adolescent population.
- These scoring systems will help in recipient-donor matching, risk stratification in recipients, resource allocation and informing adolescent patients and their families about the survival outcome post-LT.