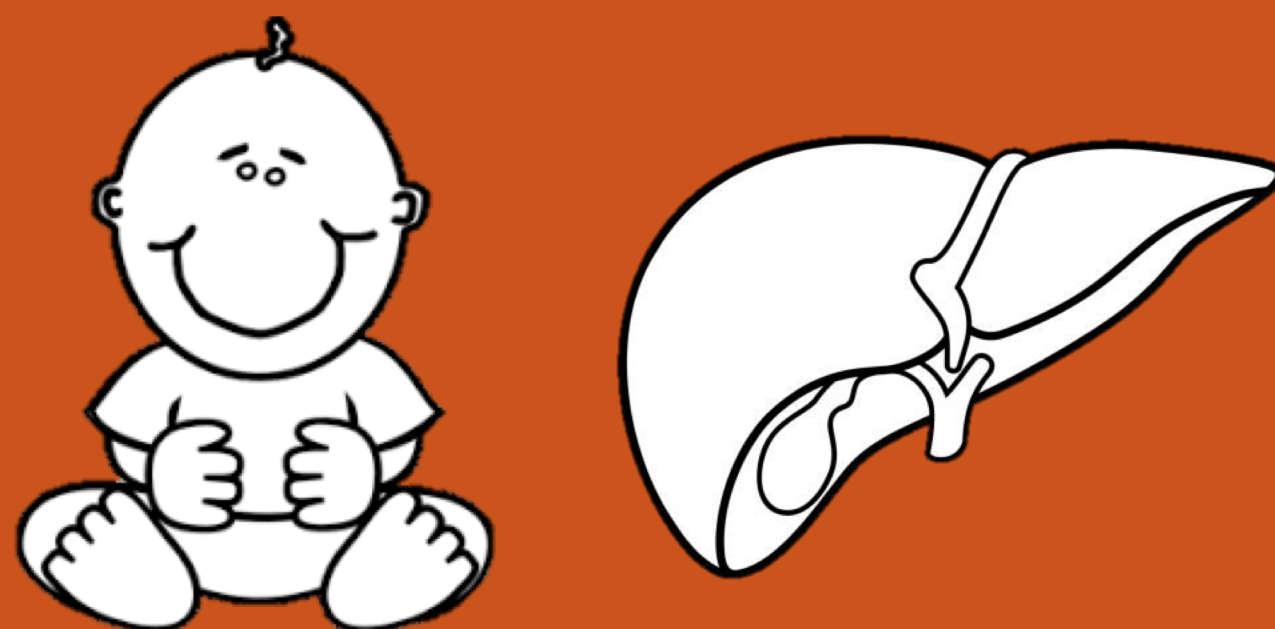
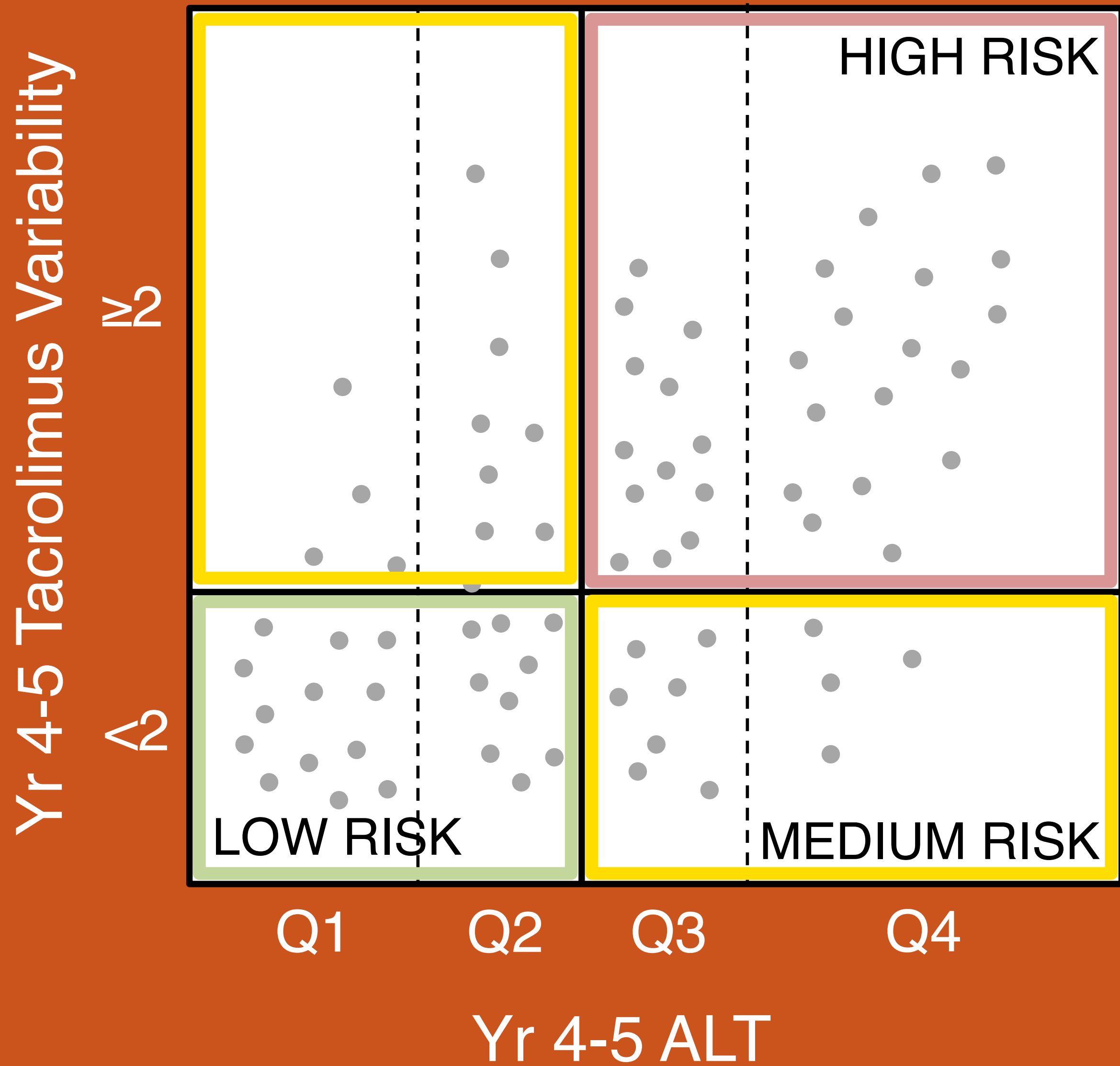


How can we personalize care for children after liver transplantation?

Biopsies are invasive. Individual labs are insufficient. Labs *over time* tell a better story.



Mapping children by ALT 4-5 years after liver transplant: Potential individual and population applications

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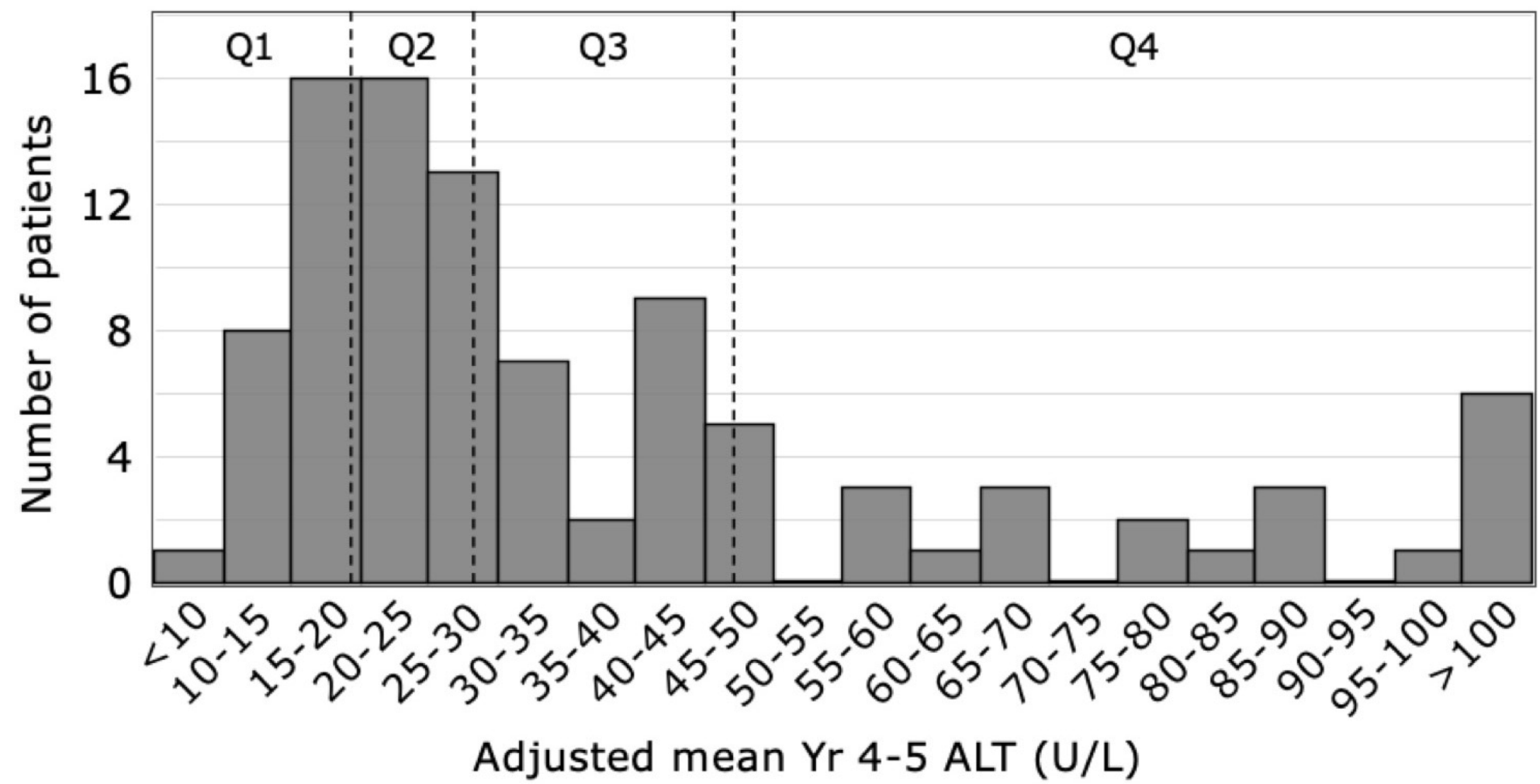
Methods

- Median ALT of each month used to calculate adjusted mean Yr 4-5 ALT

Eligibility criteria (n=97)	
Inclusion	
•	LT 1/1/05 to 12/31/16
•	≤18 years at time of LT
•	Alive ≥4 years post-LT
•	≥1 ALT in year 4-5 post-LT
Exclusion	
•	Multi-organ transplantation
•	2 nd LT >1month after 1 st LT

Results

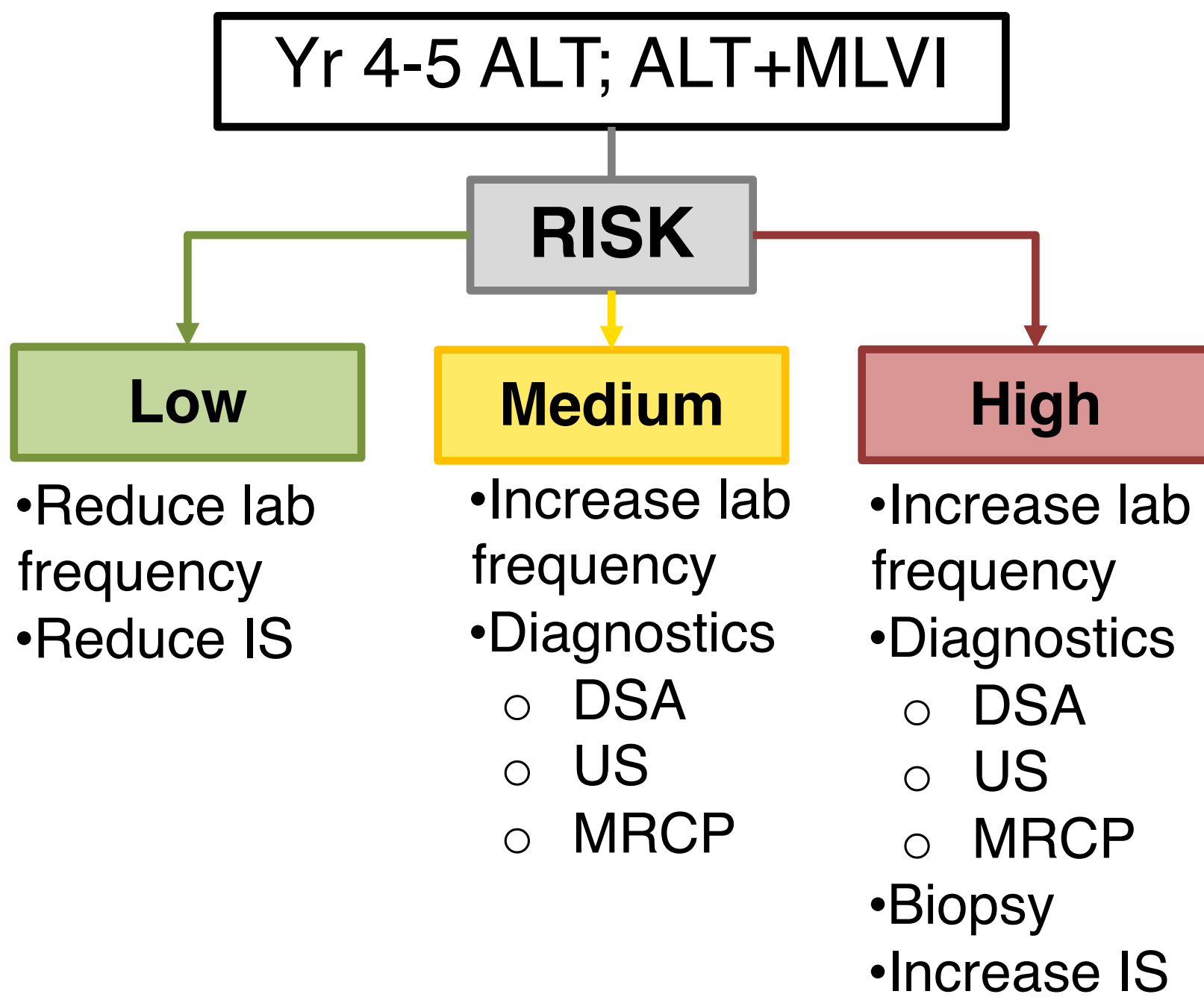
- Patients in 3rd/4th quartile of Yr 4-5 ALT had higher MLVI, and more acute rejection and liver biopsies.



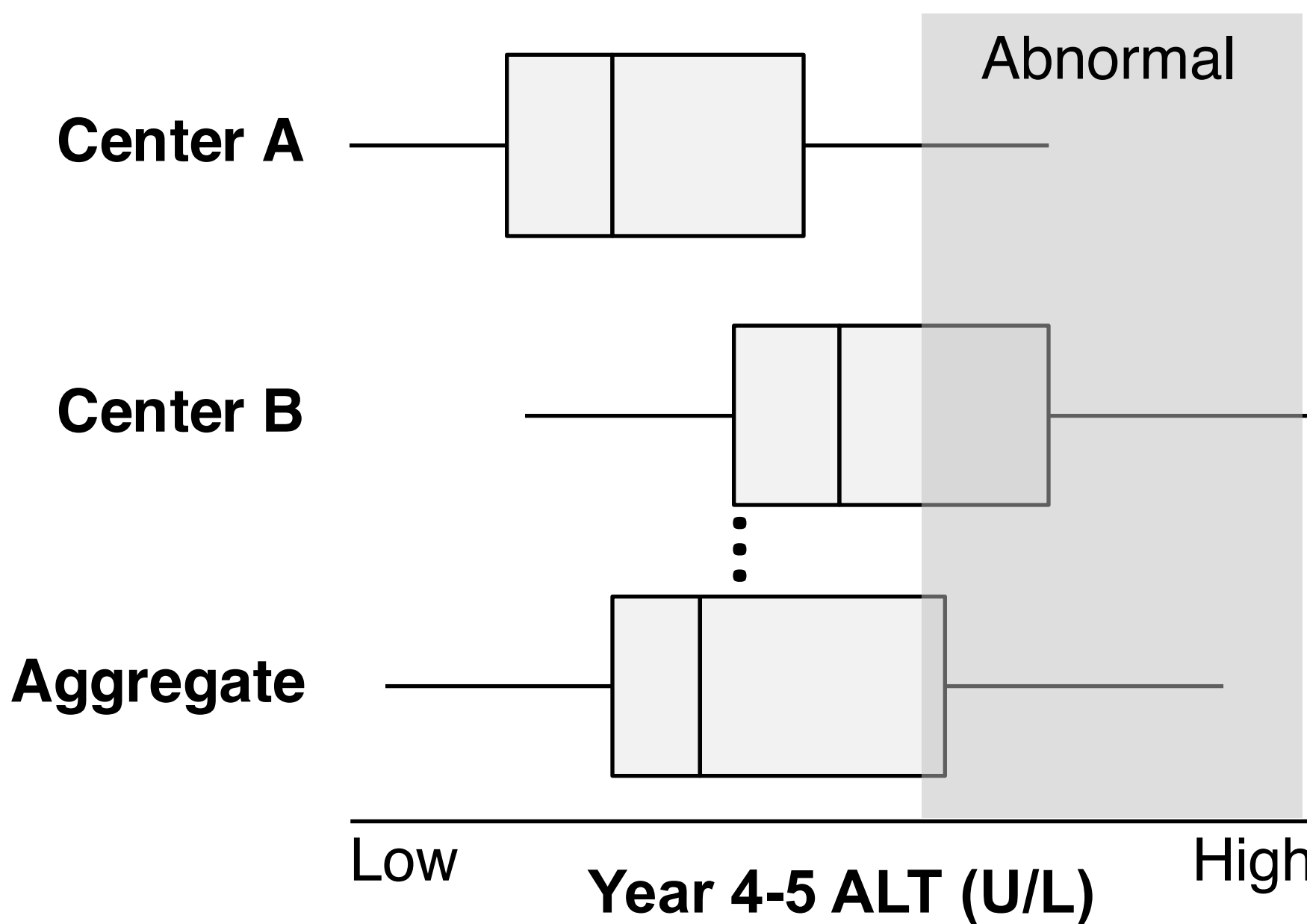
Adj mean Yr 4-5 ALT (U/L)	Mean tacrolimus MLVI (ng/mL)		% with tacrolimus MLVI ≥2
Q1+Q2 (<28)	1.1	REF	10%
Q3 (28-47)	1.7	p=0.047	29%
Q4 (>47)	2.0	p<0.001	52%

Discussion

- Yr 4-5 ALT may be applicable at the individual level...



- Or at the population level!



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Society of Pediatric
Liver Transplantation