Evidence table TRANSP: What length of abstinence is needed to establish non-recovery of liver damage, which thereby necessitates referral for consideration for assessment for liver transplant?								
Ref ID: 300								
Reference	**Study type/ Evidence level**	**Number of patients**	**Patient characteristics**	**Intervention**	**Comparison**	**Length of follow-up**	**Outcome measures**	**Source of funding**
Veldt BJ, Laine F, Guillygomarc'h A et al. Indication of liver transplantation in severe alcoholic liver cirrhosis: quantitative evaluation and optimal timing. *Journal of Hepatology.* 2002; 36(1):93-98.	Retrospective/ prospective case series 3 Liver division of an academic hospital in western France during 1997; tertiary care centre (inpatients + outpatients)	N= 74 N=19 at follow up (via questionnaire to patients' GPs)	**Inclusion criteria:** Patients that required admission to hospital for complications of a first episode of Child C cirrhosis of alcoholic origin (i.e. alcohol consumption >3 units a day for males or >2 units a day for females, for more than 5 years). Diagnosis of cirrhosis relied on classical clinical, biological and imaging criteria and on liver histology when available (n=11) **Exclusion criteria**: patients with all other cause of cirrhosis (including hepatitis and haemochromatosis), referral for pre-transplant evaluation from another team or a	Abstinence Patients were considered as abstinent when they declared to be so and evolution of biological markers was in accordance. Patients who decreased their consumption to a non-excessive level (< 3 units per day for a man, 2 units per day for a woman) with normalization of GGT and MCV were considered sober.	N/A	4 yrs Followed up in 2000 via hospital files and from a questionnaire to GPs in charge of each patient.	Survival and transplantation Prognostic factors Improvement of liver function (Child-Pugh score improvement from C to B or A)	SOCRATES grant from the European Union; grants from the Association pour la Recherche contre le Cancer and the Association Fer et Foie.

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			previous episode of Child C cirrhosis, before 1997. **Patient characteristics**: Sex: female 27, male 47; Age (years) 59 (37-82); Child Pugh score 11 (10-15); Ascites: none 12, mild 30, tense 28, refractory 2; Encephalopathy: none 45, asterixis 14, confusion or coma 12; Alcohol consumption during follow up (%): none 12 (21), sober 2 (5), relapse 19 (31), excessive 9 (21), unknown 13 (22).	Alcohol consumption during follow up was assessed by self-reported alcohol consumption, biological markers (alcohol blood level, evolution of GGT and MCV) and appreciation of the general practitioner in charge.				

Effect Size

Outcomes

Improvement of liver function:

- The rate of liver improvement in abstinent patients:
  - 1 month: 23 %
  - 2 months: 40 %
  - 3 months: 66 %
  - 6 months: 66 %
- Improvement in Child-Pugh score always began within 3 months if it occurred.
- In 15 relapsing patients, initial abstinence resulted in liver function improvement
- 1 liver transplant was performed for persisting liver failure despite abstinence (1.3%, 95% CI 0.0-3.9)

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- Most of the abstinent patients improved their liver function up to a Child-Pugh score of A, so that liver transplantation was no longer indicated. - Of the 74 included patients only one was ultimately suitable for transplantation. **Authors Conclusion**: - Liver transplant should be considered when improvement in liver function is lacking (Child-Pugh score remains at C) after 3 months of abstinence.								