

MELD/PELD Calculator: Information for Patients/ FAQs

Q: What do the MELD and PELD scores mean?

The MELD and PELD scores are based on the patient's risk of dying from liver disease within three months. By using MELD and PELD scores, patients will be ranked on the waiting list according to their need for a transplant. The MELD score is used for adults, while the PELD score is used for patients who are less than 18 years of age. The higher the MELD or PELD score, the greater the risk of dying from liver disease.

Q: How are the MELD and PELD score calculated?

The MELD score uses a mathematical formula based on serum creatinine, bilirubin, and INR. MELD scores can range from 6 to 40 (MELD scores greater than 40 are all grouped together and receive a score of 40). The PELD score formula includes bilirubin, and INR, albumin, growth failure, and the patient's age when placed on the waiting list. PELD scores can range from a negative value (for ex., -10) to very high numbers (for ex., 50). The exact formula for each of these can be found in the MELD/PELD calculator documentation.

Q: Who sends the MELD/PELD data to UNOS?

Using the MELD/PELD calculator does NOT automatically put you on the list or change your place on the list that is maintained by UNOS.

For patients already on the waiting list, each liver transplant program is responsible for updating the laboratory and clinical values needed to calculate their patients' MELD or PELD scores. These values must be entered on a regular basis, based on the patient's current MELD/PELD score. For example, centers must enter in new laboratory data at least once a week for patients on the list with very high MELD/PELD scores, but only once per year for patients on the list with very low MELD/PELD scores. Thus, patients will have their labs drawn based on this schedule in order to make sure their MELD/PELD scores are up-to-date. The center can also update a patient's MELD or PELD score if the patient gets sicker.

Q: What about ascites or encephalopathy?

Several medical conditions that had been considered in the prior liver allocation system, such as ascites and encephalopathy, are not included in the MELD system. This is because these factors have been tested in the MELD formula and did not add to the MELD score's ability to predict death on the waiting list. In addition, the way these conditions are measured can vary from center to center; therefore, leaving them out of the MELD formula helps to make sure that all patients are scored the same way.

Q: How high will my MELD or PELD score have to be before I can get a transplant?

Once listed, getting a liver transplant depends on several factors, such as:

- ♦ blood type;
- ♦ the number of other patients listed within the local area;
- ♦ the illness level of the other patients waiting in the local area; and
- ♦ the number of organs available in the local area or Region.

The important thing to know about the MELD/PELD system is that it will increase your chance of getting a liver as your need for a liver increases. A similar system tested in UNOS Region 1 was shown to decrease the number of deaths for patients waiting for a liver transplant.

Q: How do I get on the waiting list for a liver?

Only the patient's transplant center team can decide when (or if) it is appropriate for a patient to be placed on the waiting list. While the MELD or PELD score determines a patient's immediate need for a transplant, there are many other factors involved in the decision to list a patient for a liver transplant. The patient's center will still need to make the final decision about putting you on the list. **Please speak to your doctor about your specific medical circumstances and your MELD or PELD score.**

Q: Where can I find more information about MELD and PELD?

There are several documents describing the MELD/PELD system on the UNOS website (www.unos.org). You can also request a brochure about MELD/PELD by calling 1-888-894-6361.