

New studies provide beneficial insights expanding the pool of liver grafts and transplants

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Berlin, Germany, 01 April 2011: Findings from two new studies presented today at the International Liver Congress™ confirm that there are options for clinicians to expand the pool of liver grafts for use in patients with liver disease.

A UK retrospective study analysed liver transplant donation after cardiac death (DCD) between May 2001 and October 2010.¹ 186 DCD allografts were used for transplantation and included 19 paediatric recipients. Overall the study found positive outcomes of transplant, with an overall patient survival of 89.9%, 85.6% and 83.6% at one, three and five years respectively.

The second Italian Liver Match cohort study, evaluated the survival of liver grafts from HBcAb+ve donors in patients (recipients) with hepatitis, by analysing data from 1477 adult liver transplantations from June 2007 to May 2009.² Of these, 1237 were HBcAb negative and 240 HBcAb positive donors, with unadjusted two-year graft survival of 80 and 69 percent respectively. The two-year study found HBcAb positive donor grafts survive better when allocated to HBsAg positive recipients but have worse outcomes when given to all categories of HBsAg negative recipients, regardless of their HBcAb/HBsAb status. In addition, as graft loss was unrelated to hepatitis HBV recurrence it is unlikely that this is due to insufficient HBV prophylaxis.

Currently, the optimal use of hepatitis B core antibody positive (HBcAb+ve) donor liver graft is mandatory in a number of European countries such as Italy, but current recommendations are not supported by strong evidence-based data. This study highlights that organ allocation needs to be considered on a like for like basis and the potential need for adjustment of current organ allocation policies in Mediterranean countries.

Daniele Prati, EASL's Scientific Committee Member and Press Committee Chairman commented: "Too many patients continue to die while waiting for a [liver transplantation](#). Finding organ donors is an ongoing challenge and any research that helps to expand the pool of available organs is welcome. As clinicians we always want the best possible outcomes for our patients and both studies provide encouraging results and additional viable options.

More information: 1 Angelico M et al., The Current Allocation Policy of Liver Grafts from HBCAB Postive Donors Needs to be Improved: Evidence from the Liver-Match Cohort Study. Presented at The International Liver Congress 2011.

www1.easl.eu/easl2011/program/Orals/223.htm

2 Jassem W et al., Liver Transplant After Cardiac Death Donation: Single-Centre Long-term Results. Presented at the International Liver CongressTM 2011. www1.easl.eu/easl2011/program/Orals/222.htm

Provided by European Association for the Study of the Liver

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