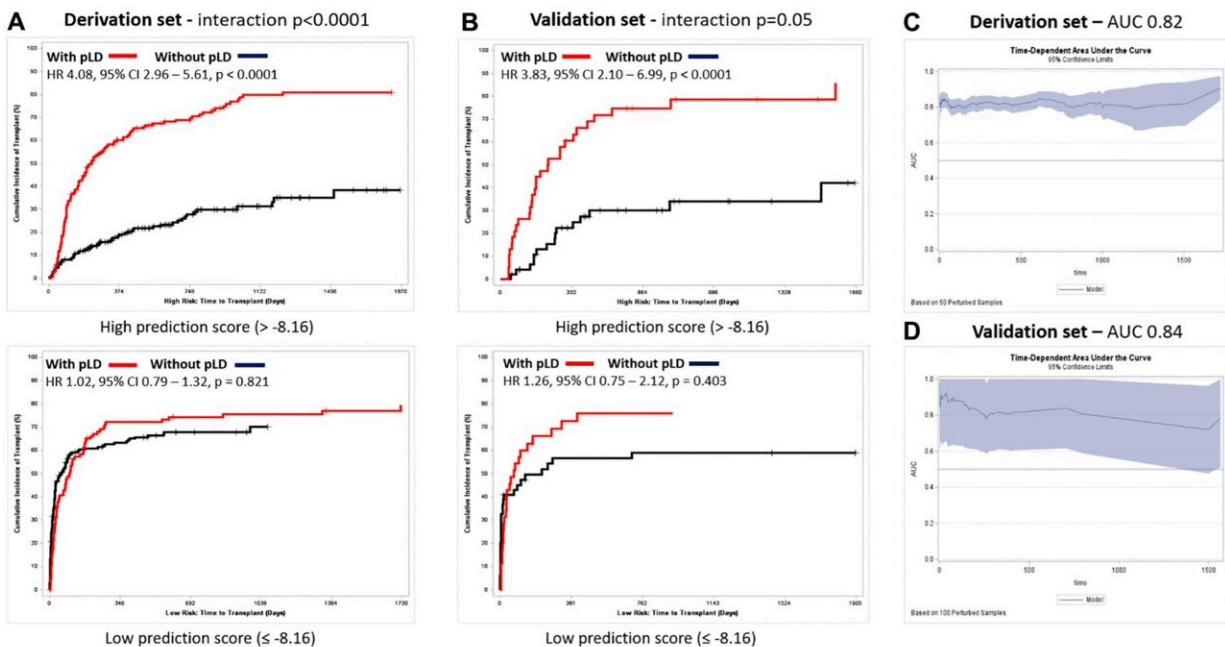


Living donor liver transplant access is optimal for high-risk waitlisted cirrhosis patients: Study

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Prediction model performance. Credit: *Aging* (2023). DOI: 10.18632/aging.204982

A new [research paper](#) titled "Availability of living donor optimizes timing of liver transplant in high-risk waitlisted cirrhosis patients" has been published in *Aging*.

Liver transplant (LT) candidates have become older and frailer. Growing [non-alcoholic steatohepatitis](#) (NASH) and comorbid disease burden in recent years is also predisposing them for poor waitlist outcomes. In this new study, researchers from the University Health Network, University of Toronto, Baylor University Medical Center, and Dow University of Health Sciences aimed to evaluate the impact of access to living donor liver transplantation (LDLT) in waitlisted patients at highest risk of dropout.

"We reviewed all [adult patients](#) with decompensated cirrhosis listed for LT from November 2012 to December 2018," the researchers state.

Patients with a potential living donor (pLD) available were identified. Survival analyses with Cox Proportional Hazards models and time to LT with Competing risk models were performed followed by prediction model development. Out of 860 patients who met inclusion criteria, 360 (41.8%) had a pLD identified and 496 (57.6%) underwent LT, out of which 170 (34.2%) were LDLT. The benefit of pLD was evident for all, but patients with moderate to severe frailty at listing (interaction $p = 0.03$), height

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