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Special Article

III Consensus Meeting of the Spanish Society of Liver Transplantation. Hepatitis C, Living-donor Liver Transplantation, Quality of Liver Grafts and of Liver Transplantation Programs☆,☆☆

Sociedad Española de Trasplante Hepático[a,b]

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ABSTRACT

The constant updating in the field of liver transplant led to the holding of the III Consensus Meeting of the Spanish Liver Transplant Association. Three current topics of great clinical interest were debated during this meeting; transplant in patients with liver cirrhosis due to hepatitis C, live donor liver transplant and the evaluation of the quality of liver grafts. A subject of great interest to Liver Transplant Units was also discussed: the assessment of their quality.

III Reunión de consenso de la Sociedad Española de Trasplante Hepático (SETH). Hepatitis C, trasplante hepático de donante vivo, calidad de los injertos hepáticos y calidad de los programas de trasplante hepático

RESUMEN

La constante actualización en el campo del trasplante hepático llevó a la celebración de la III Reunión de consenso de la Sociedad Española de Trasplante Hepático. En ella se debatió acerca de 3 temas actuales y de gran interés clínico: el trasplante en pacientes con cirrosis hepática por virus C, trasplante hepático de donante vivo y la evaluación de la calidad de los injertos hepáticos. También se abordó un tema de gran interés para las unidades de trasplante hepático: la evaluación de su calidad.

Introduction

This document is a summary of the III Consensus Meeting of the Spanish Society of Liver Transplantation (SETH) that took place in November 2010. In previous meetings, indications for and access to waiting lists, prioritisation, paediatric transplants, and quality indicators were discussed.[1–4] On this occasion, the meeting was structured into 4 working groups that focused on the following subjects: (a) transplant in

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[a] iherrero@unav.es

[b] Appendix A shows all the participants in the Consensus Meeting.

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Table 1 – Grading System Used for Assigning Class and Level of Evidence.

Class	Description
I	Conditions under which there is evidence and/or general agreement that a diagnostic evaluation, procedure, or treatment is beneficial, useful, and effective
II	Conditions under which there is conflictive evidence and/or divergent opinions regarding the usefulness/efficacy of a diagnostic evaluation, procedure, or treatment
IIa	Evidence/opinion in favour of usefulness/efficacy
IIb	Usefulness/efficacy not well established by evidence/opinion
III	Conditions under which there is evidence and/or general agreement that a diagnostic evaluation/procedure/treatment is not useful/effective and in some cases may be harmful
Level of Evidence	**Description**
A	Data derived from multiple randomised clinical studies or meta-analyses
B	Data derived from a simple randomised study or non-randomised studies
C	Only consensus opinions from experts, case studies, or standards of treatment

patients with liver cirrhosis due to hepatitis C virus (HCV); (b) living-donor liver transplant; (c) the quality of liver donors; and (d) the quality of liver transplant programmes.

Liver Transplant and Cirrhosis Due to Hepatitis C Virus[5–40]

This working group presented their recommendations according the evidence summarised in Table 1.

Factors Associated With Greater Severity and Lower Survival Rates From Infection With Hepatitis C Virus Post-liver Transplant

1. Indications for liver transplant in patients infected with hepatitis C virus and pre-transplant factors in potential recipients
   - Given the worse diagnosis in these patients, strict selection criteria should be followed for liver transplant recipients with hepatocarcinoma associated with HCV (Class I-Level B) (Table 1).
   - Age, diabetes, metabolic syndrome, and response to combined antiviral treatment should all be taken into account before indicating liver transplant in patient with HCV infections (Class I-Level B).
2. Donor/surgical and transplant factors
   2.1 Donor age (Tables 2 and 3)
   - Although there is sufficient scientific evidence to show that the age of the liver donor is the most important independent factor that negatively affects the severity of HCV recurrence, as well as the survival of the graft and the patient, we cannot identify a clear cut-off point for donor age after which they would not be suitable for HCV cirrhotic recipients.
   - The preferential assignment of young liver donors to patients infected with HCV could be a detriment to other patients without HCV infections, and taking into account that a large proportion of the donor population is aging, this could result in increased mortality rates for HCV patients on the waiting list.
   - The recommendation was made that transplant groups study the impact of the age of the donor on recipient survival in patients with and without HCV.

Table 2 – Survival of the First Graft Based on Donor Age in Adult Patients With HCV Cirrhosis (Excluding Hepatocarcinomas). Elective Transplants (1984–2009).

Survival of the 1st Graft (%)	1 Month	1 Year	3 Years	5 Years	10 Years	15 Years
Donor age						
16–19 years (266)	92.8	83.7	78.6	70.3	60.1	48
20–24 years (283)	87.9	75.4	69	65.2	56	43.5
25–29 years (201)	90	79	73.1	65.4	56	45.8
30–34 years (231)	93.9	82.5	77.2	70.1	58.4	52.1
35–39 years (235)	91.5	83.2	73.1	69.2	57.3	43.2
40–44 years (236)	92.3	76.5	63.2	58.8	44	29.9
45–49 years (336)	90.1	77.6	65.7	53.7	38.1	34.2
50–54 years (307)	93.1	76.7	65	58.2	41.2	27.3
55–59 years (315)	93.3	75.3	62.5	57	43.5	33.8
60–64 years (319)	90.6	75.2	61.7	50.5	27.4	–
65–69 years (261)	90.4	71.5	55	45.9	25.1	–
70–74 years (206)	87.3	70.7	57.3	43.7	33.4	–
75–79 years (126)	90.5	69.3	48	42.8	29.3	–
>.80 years (40)	75	58.7	34.3	34.3	25.7	–

Report by Gloria de la Rosa. Date: January 2011. Source: RETH.