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Title: DONOR DIABETES AND PROLONGED COLD ISCHEMIA TIME INCREASE THE RISK OF GRAFT FAILURE AFTER LIVER TRANSPLANT: SHOULD WE NEED A REDEFINITION OF THE DONOR RISK INDEX?

Authors: Davide GHINOLFI, Quirino LAI, Paolo DE SIMONE

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DONOR DIABETES AND PROLONGED COLD ISCHEMIA TIME INCREASE THE RISK OF GRAFT FAILURE AFTER LIVER TRANSPLANT: SHOULD WE NEED A REDEFINITION OF THE DONOR RISK INDEX?

Davide GHINOLFI, MD, PhD, Quirino LAI, MD, PhD, Paolo DE SIMONE, MD, PhD

Hepatobiliary Surgery and Liver Transplantation, University of Pisa Medical School Hospital.

Corresponding author:

Davide Ghinolfi, MD, PhD

Hepatobiliary Surgery and Liver Transplantation, Building 6, Room 11,

University of Pisa Medical School Hospital,

Via Paradisa 2, 56124 Pisa, ITALY;

Phone: 050995421

Fax: 050995420

E-mail: d.ghinolfi@ao-pisa.toscana.it

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Abbreviations:

CIT: cold ischemia time

DM-2: diabetes mellitus type II

DRI: donor risk index

GF: graft failure

HR: hazard ratio

LT: liver transplantation

UNOS: United Network for Organ Sharing

Dear Editors,

Recently a paper by Brüggewirth et al. (1) confirmed the importance of cold ischemia time (CIT) and diabetes type II (DM-2) as predictors of graft failure (GF) after liver transplantation (LT). The study sample included 58,226 liver transplant recipients (2002-2015) from the United Network for Organ Sharing (UNOS) database. Donor DM-2 and $CIT \geq 8$ hours were each associated with increased risk of GF (hazard ratio [HR], 1.19; 95% confidence intervals [CI], 1.06-1.35 and HR, 1.42; 95% CI, 1.32-1.53, respectively) compared with transplanted grafts without either risk factor. However, the combination of DM and $CIT \geq 8$ hours was associated with a higher risk of GF than either factor alone (HR, 1.79; 95% CI, 1.55-2.06) and had a synergy index of 1.30. These results are consistent with those we have recently reported. (2) Our retrospective, single-center analysis was based on data from 1,354 adult, consecutive, whole-size, primary transplantations from brain-dead

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