

GETTING ON THE WAITING LIST AS THE FIRST HURDLE IN LIVER TRANSPLANTATION PROCESS: A SINGLE CENTRE INTENTION TO TREAT PERFORMANCE ANALYSIS

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Introduction

Many papers in literature analysed individually post-liver transplant (LT) survival and waiting list mortality as two steps of the same journey. Survival analyses from the time of the waiting list (WL) admission to post-liver transplant (LT) outcome considers these two LT frame time as part of a same process. An intention to treat analyses depicts both the overall LT pathway efficacy and the LT centre efficiency.

In this study we evaluate our data to define the intention-to-treat (ITT) waiting list satisfaction (LT/WL), the overall ITT survival (survival rate considering all WL admissions), and the LT-ITT survival (survival rate excluding non transplantable patients).

Methods

We retrospectively analysed our prospective database from 2011 to 2014. All patients that signed the informed consent for LT from January 2011 to December 2014 were enrolled in the study. Then they were follow-up until March 2014. WL patients characteristics (MELD, UNOS status, age, sex, weight, height, ABO group, presence of hepatocellular carcinoma -HCC- and primary liver disease), causes of death (DE) or drop-out (D-O) were recorded along with date of DE and D-O.

Results

WL admissions were 268, with a 18% of drop-out (DO) rate: 16 clinical improvements, 13 too sick for LT patients, and 19 deaths (mean listing time of 266 and 160 days, respectively in the last two groups). Among candidates de-listed after improvement 13 were alive, 1 died for other than liver disease, and 2 were lost at follow-up (f-u). Only three out of 13 candidates who dropped-out being too sick for LT were alive (1 after DO for HCC progression and 2 after confirmation of a non hepatocellular carcinoma), after a mean after-DO f-u of 237 days. The other 10 died in 6 cases for HCC progression, in 2 cases for primary liver disease progression and in 2 cases for other causes. WL still included 28 candidates after a mean f-u of 106 days. Patients who received LT were 192 after a mean WL time of 93 days, with a survival of 88% after a mean of 620 post-LT days. Our ITT WL satisfaction, overall ITT survival, and LT-ITT survival rates were 77,4%, 75,3%, and 80,6%, respectively.

Conclusions

Our ITT performance indexes showed homogeneous results in the whole LT process. These kinds of ITT evaluations should improve the knowledge of the overall outcome expected for patients enrolled in the promise of therapy by LT once listed.



Fig. 1 Diagram showing in and out flow of patients from our waiting list from Jan. 2011 to Dec. 2014. LT, liver transplant; DO, drop-out; WL, waiting list