

PROF. ASHWANI SINGAL (Orcid ID : 0000-0003-1207-3998)

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**What role should acute on chronic liver failure play in the liver transplant prioritization? A survey of the US based transplant providers**

**Ashwani K. Singal MD, MS<sup>1,2</sup> and Rajiv Jalan<sup>3</sup>**

*<sup>1</sup>Department of Medicine, University of South Dakota Sanford School of Medicine*

*Sioux Falls, SD; <sup>2</sup>Division of Transplant Hepatology, Avera Transplant Institute, Sioux Falls, SD; <sup>3</sup>Liver Failure Group, Institute for Liver and Digestive Health, UCL Medical School, London, UK.*

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**Address for correspondence**

Ashwani K. Singal; MD, MS, FACP, FAASLD

Associate Professor of Medicine and Director Hepatology Elective Course

University of South Dakota Sanford School of Medicine

Transplant Hepatologist Avera McKennan University Hospital and Transplant Institute

Chief Clinical Research Affairs Avera Transplant Institute

Sioux Falls, SD 57105

Phone 605-322-8535 (O) 605-322-7350 (Clinic) 605-322-5989 (Research) 605-322-8536 (Fax)

ashwanisingal.com@gmail.com

To the Editor,

We read with great interest the article published in the December 2020 issue of Liver Transplantation.<sup>1</sup> This is an important study with case based survey findings reflecting the opinion of hepatologists and transplant surgeons. There was uniform agreement that ACLF patients should undergo liver transplant (LT) work-up during hospitalization. However, respondents disagreed on allocation of MELD exception points and on using live donors.<sup>1</sup>

We agree with these observations made by Bajaj and Verna.<sup>1</sup> Our recent analysis of UNOS database on LT listed patients with ACLF and MELD score below 25 are disadvantaged with higher transplant wait list (WL) mortality compared to those with higher MELD scores and similar grade of ACLF.<sup>2</sup> This study derived and validated a risk score based on interaction of MELD score and ACLF grade in estimating WL mortality. Other variables in the risk score calculation were age at listing,

gender, race, and liver disease etiology.<sup>2</sup> In another study on patients with MELD score 35 or more, those with grade 3 ACLF compared to lesser grades of ACLF had higher risk of 90-days WL mortality, and increased with number of organ failures.<sup>3</sup>

We also agree on the limitations of current allocation and LT prioritization using MELD score, and proposal for improving liver organ allocation policy. For example, female gender, frailty, and liver disease etiology are known to be associated with higher WL mortality, variables not captured in calculating the MELD score.<sup>4,5</sup> While we all are working towards unified definition of ACLF, the field of MELD exception points for ACLF patients should move forwards as patients with ACLF have high short-term mortality irrespective of which ever criteria are used for defining ACLF.<sup>6</sup> We agree that more data and prospective larger multicenter studies are needed to validate these findings before adopting a policy on allocation of MELD exception points for patients who at the time of listing are in ACLF.

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