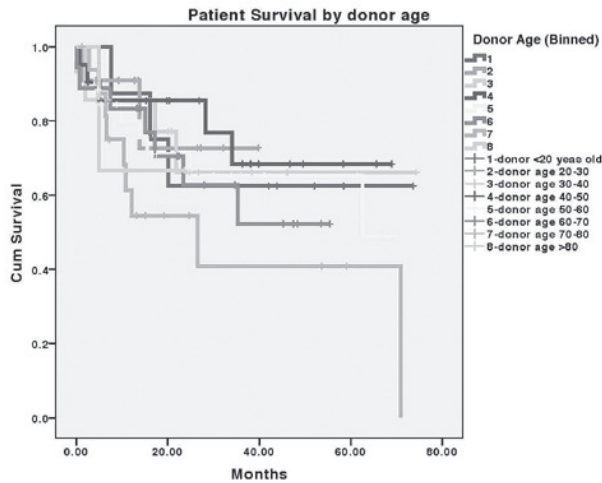
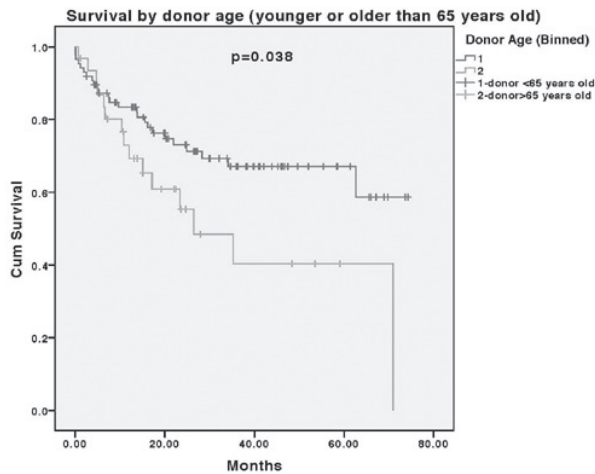


LIVER: MELD, ALLOCATION AND DONOR ISSUES (DCD/ECD)



A 5-year significant survival difference occurred between donor younger than 65 years old (66.3%) and older than 65 years old (40.4%) ($p=0.038$).



A 5-year tumor-free survival difference was also observed (63.4% vs 34.1%) ($p=0.030$).

CONCLUSIONS/DISCUSSIONS:

Donor age affects liver transplant outcome for Hepatitis C-related hepatocellular carcinoma. An acceptable donor age remains a matter of debate. To achieve more than 60% 5-year survival, it seems that the use of younger (<60 years old) donor might be required in this population.

Abstract# 1110 **Poster Board #-Session: P213-II**
Equivalent Outcomes in Patients over the Age of 65 Compared to Younger Recipients Following Orthotopic Liver Transplant (OLT).
 Alyson Melin, Seema Sonnad, Paige Porrett, Brian Conboy, Kim Marie Olthoff. *Department of Surgery, University of Pennsylvania, Philadelphia, PA.*

Introduction

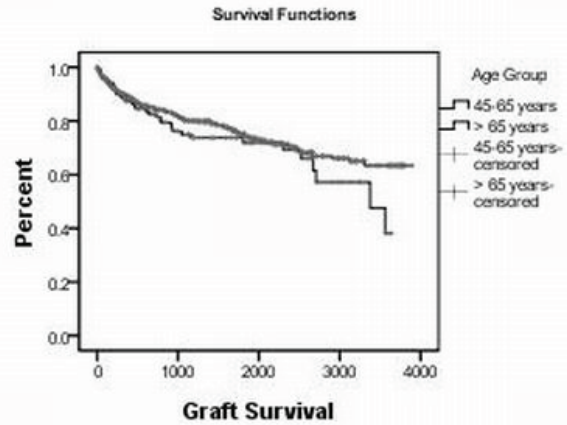
As life expectancy increases, older patients are being evaluated for and receiving OLT. There is concern that transplantation in older individuals provides less transplant benefit. There is limited detailed data regarding long term patient and graft survival in recipients over the age of 65 and clinical factors that contribute to post-transplant outcomes.

Methods

Data were collected retrospectively for an older cohort over 65 ($n = 123$) and a younger cohort age 45 - 60 ($n = 639$) who underwent OLT at a single center over a 10 year period (1-1-99 to 6-15-09). The primary outcome measure was graft and patient survival. Confounding factors of primary diagnosis, pre-transplant co-morbidities, body mass index, MELD score and donor age were analyzed using Cox Regression.

Results

There was no significant difference in MELD score or pre-transplant comorbidities between groups. Overall graft/patient survival was similar between the older and younger patient groups ($p = 0.21$).



Although the survival curves appear to separate in later years, there is no significant difference in survival beyond 5 ($p = 0.24$) or 7 years ($p = 0.2$). Primary diagnoses of HCV ($p = 0.07$), alcoholic cirrhosis ($p = 0.02$), and hepatocellular carcinoma ($p = 0.02$) correlated with earlier graft loss in both the older and younger groups. There were more patients with HCC in the older group (6.7% vs. 2%, $p = 0.01$), but death due to cardiovascular reasons and recurrent HCV were similar between groups.

Conclusion

Carefully evaluated patients over the age of 65 have graft survival equivalent to younger patients, even after 7 years, with similar risk factors for graft loss including HCV, alcoholic cirrhosis, and hepatocellular carcinoma. Co-morbidities including hypertension, renal disease, BMI, diabetes, MELD score, or donor age did not significantly affect graft survival. This study suggests that transplantation can provide acceptable post-transplant benefit for selected older recipients.

Abstract# 1111 **Poster Board #-Session: P214-II**
Single Center Outcomes for Donation after Cardiac Death Donors with HTK Preservation. Jason M. Vanatta, Amanda G. Dean, Satheesh Nair, Kian Modanlou, Nosratollah Nezakatgoo, Luis Campos, Olexandra Dryn, Saurabh Kumar, James D. Eason. *Transplantation, University of Tennessee, Methodist Transplant Institute, Memphis, TN.*

Purpose: Donation after cardiac death (DCD) donors increase the number of liver allografts needed to meet the demand for liver transplantation. Concern remains that warm ischemia time and the use of histamine-taurine-ketoglutarate (HTK) for preservation impair graft and patient survival. The aim of this study was to evaluate the outcomes of liver transplantation between DCD donors and donation after brain death (DBD) donors.

Methods: This is a retrospective review of 413 adult liver transplant recipients at our center between April 1, 2006 and October 31, 2009. Statistical analysis was used to compare complications, graft survival and patient survival between groups.

Results: 24 patients (5.8%) received grafts from DCD donors while 389 (94.2%) received DBD livers. Patient characteristics are summarized in Table 1.

Table 1: Patient Characteristics

Variable	DCD	DBD
Median Age	56	54
Percent Male	79.1	66.9
Percent HCV	54.1	46.2
Median MELD	16	18

HTK was used for preservation in 70.0% of all donors, 75.0% of DCD donors, and 68.8% of DBD donors. There was no difference in patient mortality ($p=0.952$) or graft survival ($p=0.691$). Patient survival at 1 and 3 years was 91.7% and 86.3% for DCD and 91.7% and 85.2% for DBD. Graft survival at 1 and 3 years was 91.7% and 85.2% for DCD and 90.7% and 81.9% for DBD. Additionally, there was no significant differences in rates of primary nonfunction ($p=0.461$), vascular complications ($p=0.454$), or biliary complications ($p=0.499$). With stratification for preservation solution, there was no difference in overall patient and graft survivals ($p=0.689$ and $p=0.920$, respectively), but DCD donors with UW solution ($n=6$) did show significantly lower patient and graft survivals (66.7% at 1 and 3 years, $p=0.009$; and 66.7% at 1 and 3 years, $p=0.037$, respectively).

Conclusions: Excellent patient and graft outcomes expected from DBD donors can also be achieved with DCD donors. Additionally, contrary to previously published reports, these results can be achieved with HTK preservation solution.