Disclosures

Allison Kwong Assistant Professor Stanford University, Stanford, CA, USA

I have no financial relationships to disclose within the past 12 months relevant to my presentation. The ACCME defines 'relevant' financial relationships as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

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SCIENTIFIC REGISTRY OF TRANSPLANT RECIPIENTS

Liver Transplant Rates Have Equalized between Males and Females with MELD 3.0

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Background

- Adults and adolescents with chronic liver disease awaiting liver transplant in the US are prioritized by the model for end-stage liver disease (**MELD**).
- On **July 13, 2023**, the MELD score was updated from MELD-Na to MELD 3.0, incorporating sex and albumin alongside bilirubin, international normalized ratio (INR), creatinine, and sodium and updating model coefficients.
 - Anticipated to address in part the systematic underestimation of mortality risk for females, who experienced unequal access to liver transplant compared to males with MELD-Na
- **Aim**: To evaluate the waitlist and transplant outcomes with the implementation of MELD 3.0.



Methods

- Liver transplant candidates aged 12 years or older in Scientific Registry of Transplant Recipients (SRTR) database
- Waitlist outcomes during 6-month periods before and after policy implementation
 - MELD-Na: 1/13/2023-7/12/2023
 - MELD 3.0: 7/13/2023-1/13/2024
- Compared transplant counts, deceased donor liver transplant rates, and waitlist mortality by sex and era
- Trend in deceased donor transplant rate visualized using a 90-day rolling window, stratified by sex





Results

10,198 liver transplants performed

Females (





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Results

Deceased donor transplant rate:



Results

Time trend analysis

- 90-day rolling window
- Transplant rates between males and females have equalized after implementation of MELD 3.0



https://srtr.org/tools/donation-and-transplant-system-explorer/



Deceased Donor Transplant Rate

Conclusion

- The goals of the liver allocation system are to increase equity in access to transplants and improve patient outcomes.
- Under MELD 3.0, transplant rates equalized between males and females without a negative impact on waitlist mortality, addressing a long-standing disparity between sexes.



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