
Changing Seasons, Continuing Progress: ILTS September Newsletter

International Liver Transplantation Society <staff@iltsociety.org>

Tue, Sep 30, 2025 at 8:41 AM

Reply-To: staff@iltsociety.org

To: Megan@riggsenterprisecorp.com

[International Liver Transplantation Society](#) | [Upcoming Events](#) | [ILTS SIGs](#)



Dear Megan,

I hope this message finds you well. ILTS thrives through the passion and commitment of its members, and I'm delighted to share a few important updates.

Our committees and Special Interest Groups (SIGs) continue to expand opportunities for education, collaboration, and innovation. We are now seeking new members for the Alcohol-related Liver Disease (ALD) and Living Donor Liver Transplantation (LDLT) SIGs—valuable opportunities to shape the society's work.

Preparations are advancing for the ILTS 2026 Congress in Geneva and the 2026 Consensus Conference. We have also opened the call for bids to host the ILTS 2028 Congress and look forward to receiving proposals.

I encourage you to stay engaged, whether by joining a SIG, mentoring, or contributing to our programs. Thank you for your ongoing commitment to advancing excellence in liver transplantation worldwide.

With Warm Regards,



Valeria R. Mas, MSc, PhD, FAST

President, International Liver Transplantation Society
University of Maryland School of Medicine
Baltimore, MD, USA

Upcoming ILTS Events



Please join us on October 10th, 2025 for the **2025 Perioperative Care in Liver Transplantation** meeting jointly organized by the International Liver Transplant Society (ILTS) and the Society for the Advancement of Transplant Anesthesia (SATA). For program information, [click here](#). To register, [click here](#).



Save the date for the **2026 ILTS Consensus Conference** in Washington DC, February 27-28, 2026. More information coming soon!



Join us at the world's premier Congress on liver transplantation! The **ILTS 2026 Annual Congress** is being held from May 6-9, 2026 in Geneva. [Click here](#) for more information. See you next year.

[View All Events](#)

ILTS Society News

ILTS Special Interest Group (SIG) News

Alcohol-related Liver Disease SIG

ILTS is pleased to announce the formation of its newest Special Interest Group (SIG): Alcohol-Related Liver Disease (ALD). ILTS extends its sincere appreciation to the newly appointed SIG leadership, Dr. Juan Pablo Arab and Dr. Alexandre Louvet, for their commitment and dedication in guiding this important initiative. Under their leadership, the ALD SIG will provide a dedicated forum for advancing knowledge, research, and best practices in the management of ALD within the context of liver transplantation, fostering collaboration among clinicians, researchers, and allied health professionals worldwide.



ALD SIG Mission

Advance equitable, evidence-based care for people with alcohol-related liver disease (ALD) across the liver transplantation continuum by catalyzing multidisciplinary collaboration in research, education, clinical practice, and advocacy. The SIG will develop and disseminate best practices for referral, evaluation, listing (including appropriate early transplantation for alcohol-associated hepatitis under rigorous protocols), perioperative management, and long-term follow-up. We will aim to integrate addiction medicine and mental health into routine practice; standardize assessment and monitoring of alcohol use with validated tools and biomarkers; and promote non-punitive, recovery-oriented relapse prevention using pharmacotherapy, psychotherapy, and community supports. The SIG will generate high-quality evidence through multicenter collaborations, harmonize definitions and outcomes, and build initiatives that enable open science and continuous quality improvement. We will deliver targeted education, mentorship, and consensus statements for clinicians, trainees, and allied professionals across diverse regions, with deliberate inclusion of low- and middle-income settings. We will advocate for equitable access to transplantation and comprehensive AUD treatment, reduce stigma through person-first language and patient partnership, and align practice with ethics, law, and public policy.

ALD SIG Vision

The ILTS ALD SIG will be the leading global forum that sets standards, accelerates discovery, and shapes ethical, patient-centered policy. We envision transparent, data-driven listing decisions; seamless pathways that couple transplantation with longitudinal addiction care; and learning health systems that rapidly translate evidence into practice. Our goals include reducing waitlist mortality and post-transplant complications, improving retention in addiction treatment, harmonizing metrics and definitions, and ensuring representation across geographies and populations. By connecting clinicians, scientists,

trainees, and patient advocates, and by fostering innovation in biomarkers, digital health, and precision immunosuppression, we will transform outcomes globally and eliminate preventable disparities.

Living Donor Liver Transplantation SIG

ILTS acknowledges the Living Donor Liver Transplantation (LDLT) Special Interest Group (SIG). We are pleased to announce an open call for LDLT SIG leadership and steering committee members to support and guide the work of the LDLT SIG.

LDLT SIG Mission

The LDLT SIG brings together surgeons, hepatologists, anesthesiologists, radiologists, scientists, ethicists, coordinators, and allied professionals to address the unique challenges of living donation. By integrating diverse expertise across disciplines and regions, the SIG serves as a leading platform for knowledge exchange, research collaboration, education, and guideline development in the field.

LDLT SIG Vision

To advance safe, effective, and ethical living donor liver transplantation worldwide by fostering collaboration, innovation, and evidence-based practices that improve outcomes for both donors and recipients.



Open Call for Applications for LDLT and ALD Special Interest Group Steering Committee Members

Why Join the Steering Committee?

As a member of the Steering Committee, you will:

- * Help shape the direction of the LDLT SIG's initiatives and activities
- * Contribute to advancing best practices and international collaboration in LDLT
- * Represent the global diversity of the ILTS community
- * Play an active role in fostering research, education, and innovation in living donor transplantation

Eligibility

- * Must be an ILTS member in good standing
- * International representation is highly encouraged
- * **Deadline to apply is October 15, 2025**

ALD SIG is seeking applications for steering committee members. [Apply here.](#)

LDLT SIG is seeking applications for topic-coordinators (leadership) and steering committee members. [Apply here.](#)

Call for Local Convenors: Bring ILTS 2028 Annual Congress to Your City

The International Liver Transplantation Society (ILTS) is pleased to announce the official Call for Proposals to host the ILTS 2028 Annual Congress. We invite academic and clinical liver transplant centers to consider serving as the Local Convenor and host institution for this impactful meeting. This is a unique opportunity to bring the ILTS community to your city, highlight your center's contributions to the field, and foster collaboration and knowledge exchange on a global stage. Proposals must be submitted by a current ILTS member willing to serve as Local Convenor. The RFP can be found [here](#), and it includes all guidelines, evaluation criteria, and submission requirements. The deadline for proposals is **October 31, 2025** (11:59 PM CET).

ILTS Committees Welcome New Members

We are delighted to introduce the newest members of our ILTS Committees. Each brings valuable expertise and dedication to advancing the society's mission.

Vanguard Committee



Yanik Bababekov

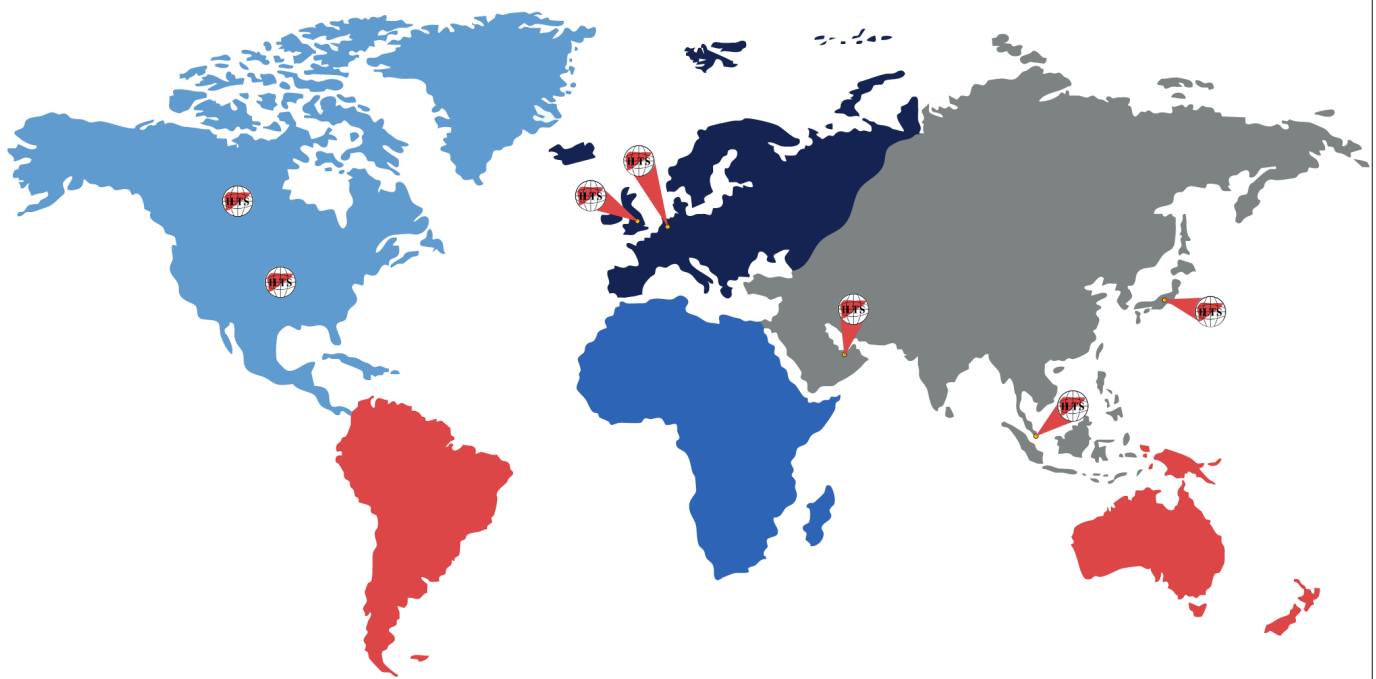


Shaojun Shi

ILTS Committee Spotlight: Allied Health Committee

The ILTS Allied Health Committee's mission is to ensure clinical excellence by promoting innovation in evidence-based practices, fostering collaborative multi-disciplinary networks,

and creating a culture that encourages life-long learning and professional development across the transplant system. The committee's vision is to lead the advancement of care, research, and education in liver transplantation through international support and collaboration within the allied healthcare professional community. The committee represents advanced practice providers, transplant coordinators, nurses, pharmacists, dietitians, social workers, physical and occupational therapists, psychologists, and other specialists who play a critical role in the multidisciplinary care of transplant patients. The committee is involved in all ILTS initiatives, including workshops, webinars, surveys, and collaboration with other ILTS committees and partner societies. Representing professionals from Netherlands, USA, Singapore, Japan, UAE, Canada and UK, the Allied Health Committee exemplifies the international and interdisciplinary spirit of ILTS. It is currently led by Lara Elshove (Chair), Julie Corkrean (Vice Chair), and Roberto Hernandez-Alejandro (Affiliated Council).



The Allied Health Committee has achieved significant milestones over the last year, hosting workshops at the 2024 (Houston) and 2025 (Singapore) ILTS Congresses and organizing a webinar on Frailty in Liver Transplantation with over 150 attendees, now available on demand [here](#) for ILTS members. The committee also strengthened collaborations within ILTS through work with the Education & Scholarship and Vanguard Committees, and expanded global partnerships with the American Society of Transplant APP Committee, ETAPH (ESOT), and the EASL Nurses and AHP Taskforce to amplify the role of allied health professionals in liver transplantation.



Through their work, the Allied Health Committee is advancing allied health practice and education in liver transplantation while building a strong global community dedicated to improving patient outcomes. Visit their webpage [here](#).

Last Call: ILTS Surveys

We invite you to participate in two important ILTS initiatives:

The Equity, Diversity, and Inclusion ([EDI](#)) [Committee Remuneration Survey](#) aims to gather insights on global compensation trends among liver transplant professionals. Your input will help shape future research, advocacy, and policies that promote a fairer and more inclusive work environment.

The [Global Allied Health Professional Survey](#) seeks to define the roles, education, training, and scope of practice for AHPs working in liver transplantation worldwide.

Your voice matters; thank you for contributing to these impactful efforts!

ILTS 2025 Congress Singapore Photos

Thank you to everyone who joined us at the ILTS 2025 Congress in Singapore and contributed to its success. We are pleased to share a photo album capturing highlights from the meeting. Relive the moments and [view the album](#).





DLE 2025

DLE invites you to join the International Transplant Congress of Donate Life Egypt (DLE 2025), which will be held from November 12-15, 2025 in Cairo, Egypt. [Click here](#) for more information.



LTSICON 2025

LTSI welcomes you to the Annual Conference of the Liver Transplantation Society of India - LTSICON 2025, scheduled to take place from November 20-23, 2025 at the Hotel Pullman, Aerocity, New Delhi, Indi. [Click here](#) for more information.



International Liver Transplant Oncology Symposium

BTS is delighted to announce the upcoming International Liver Transplant Oncology Symposium on December 12-13, 2025 at King's College Hospital in London, proudly co-badged by the British Transplantation Society (BTS) and the International Liver Transplantation Society (ILTS). [Click here](#) for more information.

What We're Reading

Selected articles by A Mi Mi Kyaw, Daniel Aliseda, Kenan Moral, Tommy Ivanics, Ryan Chadha, Abdul Rahman Hakeem, Ashwin Rammohan.

HEPATOLOGY

Journal of Hepatology

Value of non-invasive test dynamics in guiding HCC surveillance decisions after HCV cure in patients with cirrhosis

Background & Aims: Whether the dynamics of non-invasive tests (NITs) correlate with hepatocellular carcinoma (HCC) risk in patients with cirrhosis following sustained virological response (SVR) remains unknown. Thus, we aimed to describe NIT dynamics and assess their correlation with HCC risk.

Methods: The dynamics of NITs (fibrosis-4 index [FIB-4], aspartate aminotransferase-to-platelet ratio index [APRI] and liver stiffness measurement) were described in patients with cirrhosis after SVR included in two prospective French multicenter cohorts (ANRS CO22 Hepather and CO12 CirVir) between 2006 and 2015. To assess their relationship with the risk of HCC, a joint modeling approach was employed using both standard and flexible models adjusted for age and sex. The impacts of NIT current value and slope during follow up on HCC risk were assessed, considering competing risks of death. [Read more...](#)

Liver Transplantation

Steatotic liver disease is the dominant indication for liver transplantation in both Europe and the United States: Trends and outcomes in the past 2 decades

Abstract: Regional differences in liver transplantation (LT) may exist. We described liver transplant populations in the US and European transplant centers over 2 decades. Data from 2 large LT registries: the US Scientific Registry of Transplant Recipients (SRTR) and the European Liver Transplant Registry (ELTR), years 2000–2022, were compared. There were 109,048 recipients of transplant from ELTR (30 countries), 128,765 from SRTR, and a higher proportion of HCC in ELTR (29% vs. 20%). Chronic hepatitis B (9% vs. 3%) and alcohol associated liver disease (ALD) (30% vs. 23%) occurred more frequently among European recipients of transplant; chronic hepatitis C (18% vs. 27%) and NASH/metabolic dysfunction– associated steatohepatitis (MASH) (7% vs. 19%) for the United States (all $p < 0.0001$). The HCC proportion for both increased (SRTR peak 30% in 2015, ELTR 35% in 2016), then decreased. [Read more...](#)

Liver Transplantation

The Cirrhosis-Hospital Frailty Risk Score predicts mortality in patients with chronic liver disease: Analysis of a nationally representative database

Abstract: The prevalence of cirrhosis is increasing in the United States, coinciding with a demographic shift toward older and more medically complex patients. The Hospital Frailty Risk Score (HFRS) is widely used to measure comorbidity burden in administrative data. However, it is not specific to patients with cirrhosis. Our group developed the cirrhosis-HFRS (cHFRS), a simplified tool that predicts in-hospital mortality among patients with cirrhosis undergoing abdominal surgery. This study aims to externally validate the cHFRS in a broader cohort of hospitalized patients with chronic liver disease. Adult patients with cirrhosis were identified from the National Inpatient Sample, 2016–2018. The predictive performances of cHFRS and HFRS were compared by discrimination and calibration. Adjusted associations between cHFRS and in-hospital mortality were computed using logistic regression. Stratified analyses and formal tests for interaction assessed whether age, sex, and liver disease severity modified the association between cHFRS and mortality. Among 407,739 cirrhosis inpatients, cHFRS demonstrated superior predictive accuracy for in-hospital mortality (AUC=0.86 vs. 0.75 for HFRS, $p<0.001$). In adjusted models, a high cHFRS score (≥ 89 th percentile) was associated with an increased risk of in-hospital mortality (OR=30.24, $p<0.001$). [Read more...](#)

SURGERY

Annals of Surgery

A New Era of Decision-making in Liver Transplantation : A Prospective Validation and Cost-effectiveness Analysis of FMN-guided Liver Viability Assessment During Normothermic Machine Perfusion

Background: Normothermic machine perfusion (NMP) is the only ex situ perfusion technique currently approved for liver transplantation in the United States. Optimal graft viability assessment on this approach remains controversial.

Methods: All liver transplants at our center were included, divided into static-cold storage ($n=418$), NMP (OrganOx Metra) with traditional viability criteria (October 2022 to January 2024, $n=213$), and prospective viability assessment using FMN (NMP+FMN, January 2024 to August 2024, $n=143$). Perfusate fluorescence spectroscopy was performed to quantify FMN during NMP. Spectroscopy results were correlated with tissue analyses. Standard risk factors and clinically relevant core outcomes were collected for analysis.

Groups were propensity-matched, and posttransplant outcomes, including economics, were assessed using inverse probability of treatment weighting. Mixed-effects models assessed complications, graft loss, and FMN-guided liver utilization. A decision-analytic model was used to assess the cost-benefit of NMP and FMN testing. . [Read more...](#)

Journal of Hepatology

Simultaneous liver transplant and sleeve gastrectomy provides durable weight loss, improves metabolic syndrome and reduces allograft steatosis

Background and Aims: The prevalence of obesity and metabolic syndrome is rising among liver transplant (LT) candidates, many of whom have metabolic dysfunction-associated steatotic liver disease (MASLD). We aimed to determine the long-term impact of simultaneous LT and sleeve gastrectomy (LTSG) in patients with obesity transplanted for MASLD.

Methods: We analyzed patients undergoing LTSG using a single clinical protocol (n = 72), and patients with BMI >30 who underwent LT alone for MASLD (n = 185) in a multicenter retrospective cohort study. Follow-up duration was 4-153 (median 41) months for LTSG and 12-161 (median 75) months for LT. Outcomes included mortality, graft loss, BMI, metabolic syndrome components, allograft steatosis and fibrosis. [Read more...](#)

Liver Transplantation

Steatotic liver disease after pediatric liver transplantation

Abstract: Metabolic dysfunction–associated steatotic liver disease is becoming an increasingly frequent cause of chronic liver disease in children. It has been reported as a complication of liver transplantation in adults but remains poorly evaluated in liver transplanted children. The aim of this study was to assess the prevalence and characteristics of steatotic liver disease in a large cohort of liver-transplanted children and to identify factors associated with it. In this single-center study of patients with pediatric liver transplants (n=122) with a median follow-up time of 14.0 years, steatosis was found in 41 protocol biopsies (33.6%). The median time to the discovery of steatosis was 5.0 years posttransplantation, with a median age of 9.0 years at the time of diagnosis. Steatosis was predominantly mild to moderate and tended to resolve spontaneously on subsequent biopsies (48.8% of cases showed resolution). [Read more...](#)

ANESTHESIA AND CRITICAL CARE

Blood Transfusion

Predicting massive blood transfusions in liver transplantation: the McCluskey Risk Index revised 20 years later

Background: Liver transplantation (LT) is a life-saving procedure for end-stage liver disease (ESLD), yet massive perioperative transfusions (MT) remain a significant concern. The McCluskey Risk Index (McRI), a widely used tool for predicting MT, was developed nearly two decades ago and does not fully account for recent advancements in LT practices and patient demographics. This study aims to evaluate the validity of the McRI in a contemporary LT cohort and propose a revised McRI (revMcRI) incorporating additional predictors.

Materials and methods: A retrospective observational cohort study was conducted on 604 LT patients at a high-volume national center in Italy over five years. Patient demographic, clinical, and laboratory data were analyzed to assess MT risk, defined as transfusion of ≥ 6 packed red blood cell (PRBC) units within 24 hours of LT. Univariable and multivariable logistic regression analyses identified significant predictors, which were incorporated into the revMcRI. The discriminatory power of the revMcRI was evaluated using the area under the receiver operating characteristic curve (AUROC). [Read more...](#)

The American Journal of Cardiology

Detection of Coronary Artery Disease With Coronary Computed Tomography Angiography and Stress Testing in Candidates for Liver Transplant

Abstract: Cardiac complications are the leading cause of morbidity and mortality in recipients of liver transplant (LT). Previous guidelines recommended stress testing to exclude coronary artery disease (CAD), although recent guidelines recommend coronary computed tomography angiography (CCTA). We aimed to assess the prevalence and predictors of CAD on CCTA and compare CCTA with stress testing in consecutive adult candidates for LT who underwent CAD noninvasive assessment between 2020 and 2023. Patients who underwent a stress test between January and December 2020 formed the stress cohort, and patients who underwent CCTA between January 2021 and September 2023 formed the CCTA cohort. [Read more...](#)

World Journal of Surgery

Nationwide Analysis of Failure to Rescue After Liver Transplantation

Introduction: Failure to rescue (FTR) is mortality after a major complication. FTR may be

an effective quality metric in liver transplantation (LT). However, there is a paucity of nationwide data on the rates and effects of FTR on outcomes. Our study aims to determine the nationwide rate of FTR and its impact on outcomes after LT.

Methods: We analyzed the 2015–2017 Nationwide Readmissions Database, including all patients with LT. Patients were stratified into terciles of average center mortality of < 1% for low (L), 1%–5.76% for intermediate (I), and > 5.76% for high (H). Postoperative complications were identified. Primary outcomes were the rate of FTR and the predictors of FTR. Multivariable regression analysis was performed. [Read more...](#)

SOCIAL MEDIA

Annals of Surgery

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***Please help us bring the liver transplant community together.
Forward this to your colleagues!***



INTERNATIONAL LIVER TRANSPLANTATION SOCIETY

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