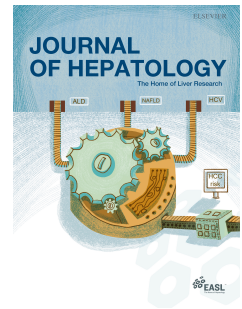


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Letter to the Editor

Impact of MELD 30-allocation policy on liver transplant outcomes in Italy: Considerations

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CTJM: data interpretation, wrote the manuscript. GB: data interpretation, critical revision. VB: data interpretation, critical revision.

Discussion

To the Editor,

It was with great interest that we read the prospective study by Ravaioli et al. [1] assessing model for end-stage liver disease (MELD) ≥ 30 as an allocation policy for liver transplantation (LT) in Italy.

Several questions arise when reading the manuscript and we would like to emphasize the following points:

Firstly, the abstracts highlights an odds ratio (OR) of 0.56 (95%CI=0.46-0.68) for ERA-2 with regard to graft survival rate without specifying what has been compared. Besides the abstract, this specific and central piece of information is neither presented (text or figures) nor discussed in the manuscript itself. Furthermore, the information given in the abstract with respect to graft survival rate (0.56 (95%CI=0.46-0.68)) is discordant to the data shown in Figure 5 where ERA-2 appears to overlap hazard ratio 1.0 and Table 2. Additionally, within the abstract the authors refer to a 'subgroup analysis' of 3,515 LT. This term is misleading to the reader, as 3,515 patients amounts to the total of numbers transplanted across both eras.

Secondly, Figure 2B in which MELD ≥ 30 was compared with MELD < 30 , did not demonstrate differences in the cumulative hazard of death. Comparable data has been previously published for different MELD cut off scores [2–6]. While Figure 2B displays patient survival within 365 days after LT, data on graft survival/loss and separately re-transplantation rate would be of great interest to the reader. The currently presented data reflects a composite endpoint of these results (rate of death possible including partial graft loss and/or re-transplantation)[7]. Medical decision-making of the clinically active physician using the here presented data becomes unfeasible with regard to the aforementioned relevant aspects in transplantation medicine and surgery.

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