December 2025 • 2nd Edition

UK Living Donor Liver Transplantation (LDLT) Network Newsletter

INTRODUCTION

Dear All,

Welcome to our Winter Network Newsletter!

In this edition we reflect on our second annual LDLT Network Meeting, which was held in York on 16th September 2025, co-sponsored by Chiesi Pharmaceuticals. Once again, we were delighted with attendance and wide representation, which included all liver transplant centres, a patient organisation, NHS England and the Human Tissue Authority.

Feedback on the day and in the post-meeting evaluation showed that people appreciated the opportunity to meet face to face, to hear from national and international speakers about new developments in living donor transplantation and to learn from the experience of centres engaging with the Proctor Team initiative.

A date for your diaries- next year we are moving Southwards to the **Fetal Medicine Centre, King's College Hospital, London for our annual Network Meeting on Monday 21st September 2026**. More information to follow in the New Year. In the meantime, we hope that you enjoy reading the highlights from this year's meeting and we wish you all an enjoyable festive season and happy and healthy New Year!

UK LDLT Meeting 2025- The Highlights

Living Donor Liver Transplantation (LDLT) Project Update

Lisa Burnapp (NHSBT) updated on the **LDLT Project**. Launched in April 2022, the project focuses on expanding the adult-to-adult LDLT program, supporting paediatric programmes, and developing educational resources. A major milestone was the creation of a **standardised operational model** for adult LDLT, endorsed following a stakeholder event in early 2023. This model ensures consistent care pathways for donors and recipients. To support implementation, the **Multidisciplinary Proctor Team** was launched in June 2024. Comprising surgeons, hepatologists, radiologists, anaesthetists, and coordinators, the team mentors transplant centres under strict governance. Several centres have engaged, with referrals and procedures underway.

Progress includes sustainable funding for the Proctor team initiative, published resources, and standardised referral pathways. Future goals include revised UK guidelines, piloting donor-reported outcome measures, and establishing a national LDLT donor registry. The LDLT Project Board will oversee the initiative until March 2026, after which the Proctor Team will continue for its 3-year term under the governance of NHSBT to support adult-to-adult LDLT to become "business as usual" in UK liver transplantation.

Centre Feedback and Case Discussions

Feedback from transplant centres about their **engagement with the proctor teams** highlighted the importance of dedicated living donor coordinators and tailored information for donors and recipients. Improved team awareness and access to adult-to-adult LDLT were noted. Clear communication was essential to maintain recipient trust, especially when different units were involved.

A highlight of the meeting were the **real-life proctored MDT case discussions** which explored recipient suitability, imaging (vascular, biliary, volumetry), and the impact of obesity, metabolic risk factors, inherited thrombophilia, and relevance of recent cosmetic procedures.

International Perspectives

Expanding Adult-to-Adult LDLT: What the Data Tells Us

Samir Abu-Gazala, University of Pennsylvania, presented compelling evidence supporting the expansion of LDLT. Despite its proven benefits, LDLT remains underutilized, accounting for only ~6% of adult liver transplants in the US. He presented key findings from major studies showing that LDLT enables earlier transplantation at lower MELD scores, reduces waitlist mortality, and offers comparable long-term survival to deceased donor liver transplantation (DDLT). Additional benefits include shorter hospital stays, lower costs, and reduced dropout risk for hepatocellular carcinoma (HCC) patients. Donor safety has improved, with peri-operative mortality now extremely rare and long-term outcomes are generally excellent.

He advocates considering LDLT for all liver transplant candidates, especially in regions with limited deceased donor availability. He emphasizes the need for strong institutional infrastructure, public education, and ethical safeguards to support safe and effective LDLT expansion.

The Role of the Independent Living Donor Advocate (ILDA)

Abhinav Humar, University of Pittsburgh Medical Center described the vital role ILDA plays in protecting the rights and welfare of living organ donors. Established through a 2000 consensus statement, the ILDA ensure that donors are fully informed, free from coercion, and supported throughout the process. They hold veto power over donation approval if concerns arise.

A national survey of 120 ILDAs revealed that most are trained professionals in nursing, social work, or clergy (82.5% female, average age of 49). ILDAs assess donor motivations, relationships, understanding of risks, and financial pressures. Common reasons for declining donors include coercion, psychiatric concerns, and lack of support. Disagreements with transplant teams are typically resolved through consensus or ethics consultation.
Training varies widely, with many ILDAs seeking education through workshops, literature, and peer networks. Follow-up care post-surgery is also part of their remit, ensuring long-term donor wellbeing. Standardised guidelines and training are needed to support ILDAs in their critical role.

What's new and emerging?

Rethinking LDLT Indications?

Varuna Aluvihare, Chair of LAG, considered whether the **current criteria for LDLT in adults** should be expanded. Current LDLT criteria are the same as for DDLT, with listing based on UKELD/MELD scores, transplant benefit score (TBS), oncological criteria, and risk of death without transplant. However, MELD may underestimate disease burden in some conditions (e.g. PBC and PSC), excluding some who might benefit from LDLT.
LDLT does not impact the deceased donor pool, allowing for broader criteria without compromising allocation fairness. With respect to HCC, emerging data (notably from Asia) shows good outcomes with expanded criteria, especially when tumour biology is favourable. One suggestion is a phased approach, where we could first expand LDLT criteria for disadvantaged cohorts with demonstrable need. Subsequently, further expansion could consider broader inclusion for HCC patients, guided by tumour biology and survival benefit.
Tassos Grammatikopoulos, Chair of Paediatric LAG subgroup, considered the evolving landscape of **LDLT in paediatric patients**, highlighting the need to reassess current indications and contraindications in light of new data, genetic insights, and clinical outcomes.

Other developments

Carrie Scuffell, NHSBT, spoke about **Enhanced Recovery After Surgery (ERAS),** a multimodal, evidence-based approach to improve surgical outcomes. The 2022 International Liver Transplantation Society (ILTS) consensus conference produced 80 recommendations for ERAS in liver transplantation. NHSBT aims to facilitate the roll out ERAS across the UK for all transplant types by providing an on-line repository of resources that can be adapted for use in every transplant centre. The aim is to improve outcomes, empower patients, and optimize healthcare delivery. The ERAS package for the adult liver transplant recipient will be released this month, and a living liver donor module will be developed in the coming year.

Derek Manas, NHSBT updated us on the current situation with **Human Herpesvirus 8 (HHV-8)**, primarily known for causing Kaposi's Sarcoma (KS), which poses risk in transplantation due to its ability to reactivate under immunosuppression. It is also linked to Multicentric Castleman's Disease (MCD), Primary Effusion Lymphoma (PEL) and inflammatory syndromes. Transmission can occur through infected donor organs, with some donors at higher risk than others. This makes donor screening and risk assessment essential. In the UK, between June 2023 and July 2025, 249 (7.56%) of 3,269 deceased donors screened were sero-reactive. Of these, 208 proceeded to donation and 10 (4.8%) had detectable HHV-8 DNA via PCR. All 21 new infections in recipients were linked to these

PCR-positive donors, highlighting the importance of molecular testing. Among 9 liver recipients, transmission was seen in 100% and 5 have subsequently died. PCR testing is essential for accurate detection.

Jayne Dillon updated us on the progress with **LDLT registry, donor follow-up and monitoring**. To date, there is no national registry for live liver donors, with individual transplant centres managing follow-up based on BTS recommendations. Currently, LDLT donor follow-up involves a 4-week post-op check, 3- and 6-month reviews in primary care, with annual reviews for up to 2 years at the transplant centre.

Long-term follow-up is encouraged to monitor physical and psychological recovery, with the EU Organ Donation Directive (2012) mandating annual lifelong data collection. To improve data quality and consistency, updates to current data monitoring are proposed, including additional clinical data (e.g. INR, graft anatomy, anaesthetic summary) and futureproofing for laparoscopic/robotic procedures. New data collection time points will be introduced (7 days, 3 months and annual). Data will be collected by paper and entered onto the APEX database.

'Save the Dates'

BTS Congress, 3rd-6th March 2026, Llandudno, North Wales

ILTS Congress, 6th-9th May 2026, Geneva

UK LDLT Network Meeting, Monday 21st September 2026, Fetal Medicine Centre, King's College Hospital, London

BASL- BLTG Annual Meeting/ (6th-9th October 2026) Newport, Wales

Resources available from NHSBT:

Activity and centre specific reports: https://www.odt.nhs.uk/statistics-and-reports/

Living Donation:

Professional resources: https://www.odt.nhs.uk/living-donation/

LDLT Project and Proctor Team: https://www.odt.nhs.uk/living-donation/living-donor-liver-transplantation/

LDLT Network – Terms of Reference, Meetings and Newsletters https://www.odt.nhs.uk/living-donation/uk-living-donor-liver-transplantation-network/

Donor information: https://www.organdonation.nhs.uk/become-a-living-donor/

Recipient information: https://www.odt.nhs.uk/information-for-patients/

Promotional materials: https://www.nhsbt.nhs.uk/how-you-can-help/get-involved/living-organ-donation-materials/

Writing to living donors: www.nhsbt.nhs.uk/writing-to-your-living-donor

Enhanced Recovery After Surgery in Transplantation (ERAS in Tx) Adult Liver Transplant Recipient Pathway https://www.odt.nhs.uk/transplantation/enhanced-recovery-after-surgery/

Donor-recipient information/organisations:

The British Liver Trust (BLT): https://britishlivertrust.org.uk/

LIVErNORTH: http://www.livernorth.org.uk/

Professional Societies and other organisations:

British Transplantation Society (BTS): https://bts.org.uk/

British Association for Studies of the Liver -British Liver Transplantation Group (BASL-BLTG) https://www.basl.org.uk/index.cfm/content/page/cid/5

NHS England: https://www.england.nhs.uk/

Human Tissue Authority: https://www.hta.gov.uk/

HTA Transplant Team: transplant@hta.gov.uk

Please contact us if we can help or support you in any way:

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