FIRST NATIONAL REPORT AFTER THE IMPLEMENTATION OF THE MELD-BASED ALLOCATION SYSTEM FOR LIVER TRANSPLANTATION IN ARGENTINA

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Background: In July 2005, Argentina was the first country that followed US in adopting the MELD-based allocation system for patients requiring liver transplantation. So far, this policy is not internationally validated. The aim of this study is to analyze the impact of the adoption of MELD-based allocation system for elective patients on the liver waiting list.

Methods: Between July 2005 and April 2009, 1773 adult patients were included in the waiting list: 150 emergencies and 1623 electives. Elective patients were categorized under the MELD system. Using a prospective collected national database, we analyzed this cohort of patients regarding mortality and probability to be transplanted.

Results: The median waiting time increased inversely with the MELD score and the probability to receive a LT positively correlated with patient MELD score. With scores ≥18 the probability to receive a liver remained over 50%. However, the largest MELD category with <10 points (n: 433) had the lower probability to be transplanted (3%) among all categories. In contrast, patients with T2 hepatocellular carcinoma (22 points) are excessively benefited with the highest probability to be transplant (84.2%), a low dropout rate (7.2%) and the lowest mortality rate (5.4%). The waiting list mortality increased compared with the pre-MELD period, (14.8% vs. 10%, p<0.01). Patients with <18 points had higher risk of dying than to be transplanted (16.2% vs. 10%; p<0.01). The group with <10 MELD points had more than 4 fold probability to die on the waiting list than to be transplanted (14.3% vs. 3%; p<0.0001).

Conclusions: After MELD implementation, the waiting list mortality increased and most patients are dying with low MELD scores. Clearly, those candidates with early HCC are excessively benefited. A comprehensive revision of the MELD system must be performed including cultural and socio-economic variables affecting each country individually.

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