

# Comment on “A Worldwide Survey of Live Liver Donor Selection Policies at 24 Centers With a Combined Experience of 19009 Adult Living Donor Liver Transplants”

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To the Editor:

We read the publication by Soin et al<sup>1</sup> on a survey of global live liver transplantation (LT) policies with great interest but wish to comment on a number of the issues raised.

The first successful living donor LT (LDLT) was performed by Strong et al<sup>2</sup> in 1989; however, Raia et al<sup>3</sup> performed 2 LDLTs in December 1988 and July 1989 in Brazil before this.

An important issue in any global survey is the selection criteria for the liver transplant centers included. To the best of our knowledge, no Liver Transplant Centers in Turkey were included in this survey. No survey questionnaire was received at our Liver Transplant Institute, which is a member of the European Liver Transplant Registry and a high-volume center where more than 2200 LDLTs and 500 deceased donor LTs have been performed up to May 2020. This center also undertakes the highest number of LDLTs performed in a single center annually in Europe and the Middle East countries.<sup>4</sup> >500 liver transplants have also been performed in several transplant centers in Turkey, and thus, exclusion of data from the country could distort the results of the global survey. Although we did not receive a survey questionnaire, we do not know if such a request had been sent to other Turkish centers. We believe that the authors should state the criteria used to include transplant centers in the survey request since that influences the objectivity of the study.

We note that the lower age limit for living liver donors determined by 2 of the centers was 16 years (Table 1<sup>1</sup>). The World Health Organization defines individuals between the ages of 10–19 as adolescents, and individuals under the

age of 18 are defined as pediatric in developed countries. We contend that the use of minors as living liver donors does not comply with universal criteria of human and child rights declarations. Minors are generally accepted, and enshrined in law in many countries, as lacking the capacity to fully understand and provide proper informed consent on major health issues. A noted exception to this rule, in some environments, has been the donation by a parent, who is himself a minor, to their child. Although in some legislations, all organ donation is forbidden from a minor.<sup>5</sup>

We also note that 5 centers reported in the present study stated that the upper limit of donor age was 65 years. It is standard practice for donor candidates over the age of 45 to be considered only if graft volumes and liver pathology are optimal (graft recipient weight ratio >1, remnant volume >35%, and no macrovesicular steatosis or fibrosis). In a recent study published by Macshut et al,<sup>6</sup> it was shown that donor age (>45 y) was an independent risk factor for small for size syndrome (odds ratio [OR]=4.46), early graft loss (OR=4.11), and 1-year mortality (OR=3.76).

We are concerned to ensure that these controversial points receive due discussion and careful consideration for the safety of both the donor and patient and protection of any physician who might rely upon such data for clinical decision making.

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