CITATION INFORMATION: Zell C., Caruso C., Kirby T., Piccirilli S., Ganesh S., Whyte J., Humar A. Understanding Attitudes And Perceptions About Liver Disease And Living-donor Liver Transplant- Results Of A National Survey *Am J Transplant*. 2020;20(suppl 3).
DISCLOSURE: C. Zell: None. **C. Caruso:** None. **T. Kirby:** None. **S. Piccirilli:** None. **S. Ganesh:** None. **J. Whyte:** None. **A. Humar:** None.

Abstract# D-122

Liver Live Donor Champion: Advocacy Training to Facilitate Identification of Live Liver Donors

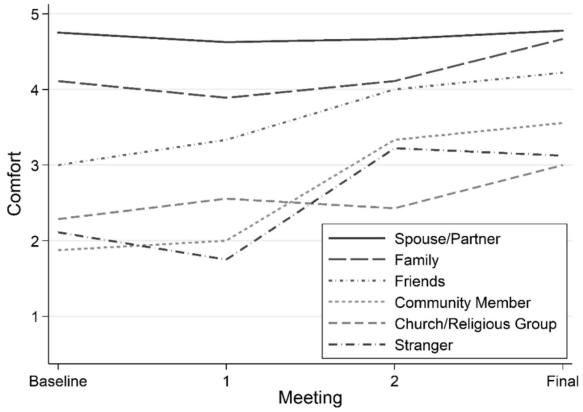
A. D. Love[1], L. R. Herbst[1], D. R. Helfer[1], L. Kurman[2], M. G. Bowring[1], S. R. Weeks[1], E. King[1], D. L. Segev[1], J. Garonzik Wang[1], *[1]Surgery, The Johns Hopkins School of Medicine, Baltimore, MD, [2]Surgery, The Johns Hopkins Hospital, Baltimore, MD*

Purpose: Although live donor liver transplantation (LDLT) may help address organ shortage, patients lack knowledge about living donation and are reluctant to speak to potential live donors (PLDs). The Live Donor Champion intervention (LDC) helped patients with ESRD overcome these barriers with the help of a champion (family, friend, or community member). Together, they were 5.5 times more likely to identify a PLD. As LDLT becomes more prevalent, we hypothesized that LDC modified with a liver transplantation curriculum would be similarly effective in facilitating the identification of PLDs.
Methods: We conducted a pilot study of a liver-adapted LDC with 14 actively listed, adult LT candidates. LDC was a three-month education and advocacy training program where patients and a champion learned to speak with others about LDLT. Participants completed baseline, per-meeting, and final surveys to assess intervention feedback and changes in comfort, knowledge, and attitudes about LDLT.
Results: Patients were, on average, 61 years old, 80% White/Caucasian, and had a median list time of 1.3 years. Champions were, on average, 57 years old, 79% White/Caucasian, and 55% the spouse/partner of the patient. 36 percent of patients appreciated interactions with clinicians. Comfort initiating conversations about LDLT increased across all relationship categories (Figure 1). Candidate and champion knowledge scores were higher after completing LDC (from 85% to 90%, p=0.058) (Figure 2). Among 14 candidates, 6 received at least 1 potential live donor inquiry during the study period.
Conclusions: LDC increased ESLD patients' knowledge about living donation and comfort discussing LDLT with PLDs. Patients and champions benefitted from additional interactions with transplant clinicians. While multiple PLDs came forward for LDC participants, further study is needed to determine the long-term effects on LDLT rates.

Table 1. Patient Outcomes

	Patient (N=14)
Deceased donor transplant	2 (14%)
Living donor transplant	2 (14%)
Died	1 (7%)
Number of donor inquiries	
0	7(50%)
1	2 (14%)
2	2 (14%)
3	1 (7%)

Figure 1. Comfort Initiating Conversations About Donation



CITATION INFORMATION: Love A., Herbst L., Helfer D., Kurman L., Bowring M., Weeks S., King E., Segev D., Garonzik Wang J. Liver Live Donor Champion: Advocacy Training To Facilitate Identification Of Live Liver Donors *Am J Transplant*. 2020;20(suppl 3).
DISCLOSURE: A.D. Love: None. **L.R. Herbst:** None. **D.R. Helfer:** None. **L. Kurman:** None. **M.G. Bowring:** None. **S.R. Weeks:** None. **E. King:** None. **D.L. Segev:** None. **J. Garonzik Wang:** None.

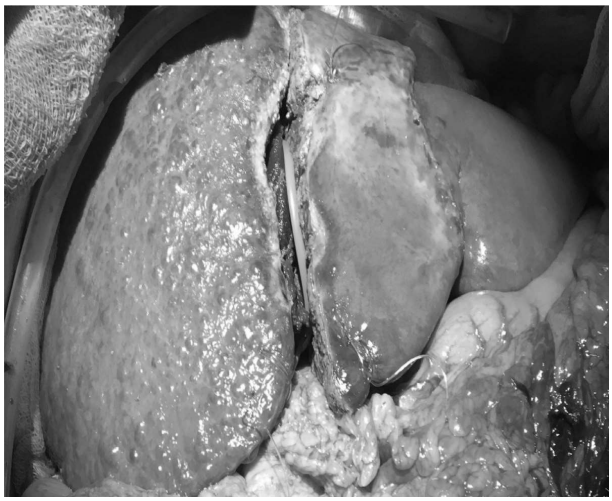
Abstract# D-123

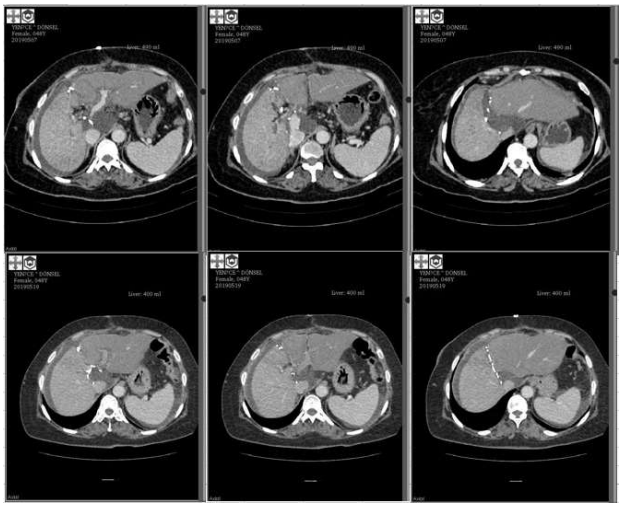
Left Lobe Living Donor Liver Transplantation Using Rapid Procedure in a Cirrhotic Patient with Hepatocellular Carcinoma with a GRWR of 0.35

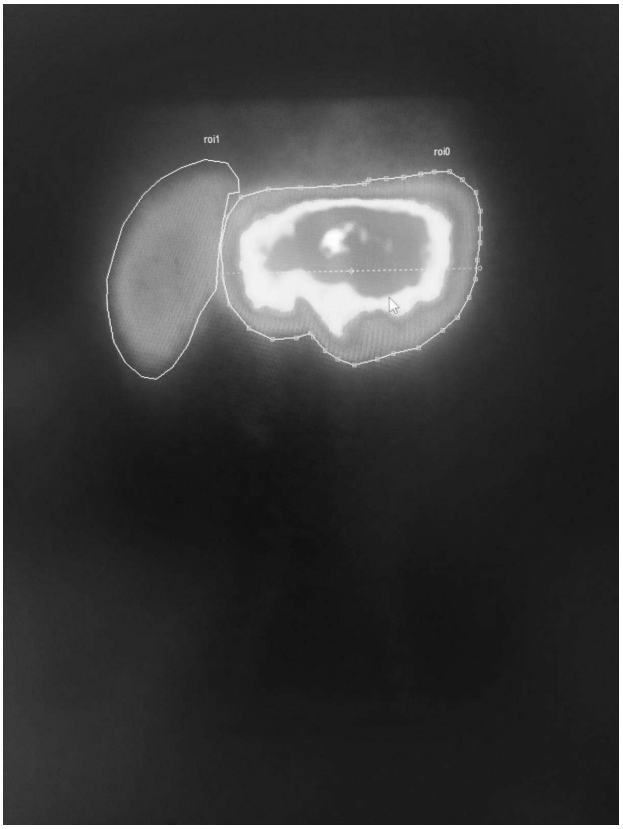
D. Balci[1], O. Kirimker[1], M. Kologlu[2], U. Goktug[1], E. Ustuner[3], S. Karadag[4], E. Er[5], G. Cinar[6], M. Bayar[4], A. Yilmaz[4], A. Azap[6], K. Karayalcin[1], *[1]General Surgery and Transplantation, Ankara University, Ankara, Turkey, [2]Pediatric Surgery and Transplantation, Ankara University, Ankara, Turkey, [3]Radiology, Ankara University, Ankara, Turkey, [4]Anesthesiology, Ankara University, Ankara, Turkey, [5]Gastroenterology, Ankara University, Ankara, Turkey, [6]Infectious Disease, Ankara University, Ankara, Turkey*

Purpose: Here, we describe a new approach using Rapid Procedure, a 2 stage hepatectomy technique, with living donor liver transplantation (LDLT) in the cirrhotic setting with hepatocellular carcinoma (HCC).
Methods: The patient was a 49 yo woman, cryptogenic liver cirrhosis with jaundice was found to have 3 cm mass consistent with HCC. She was 88 kilograms with a BMI of 35. A PET scan showed no extrahepatic disease. In the first stage; a left lateral sectionectomy and orthotopic left lobe LDLT (305ml, 314grams) (GRWR:0.35) was performed with a hemiportacaval shunt formation(figure1). There was a linear graft volume hypertrophy; 400 m in 7 days then 490 ml in day 22, a 60% increase from original volume (figure 2) and hepatoscintigraphy showed a functional shift of more than 60% to the graft (figure 3)After an interval of 34 days; remnant diseased liver was resected, portacaval shunt was closed following splenic artery ligation in the second stage
Results: The Patient was discharged 24 days after second operation. Currently, she is doing well 228 days after first stage with a functioning liver and no evidence of tumor recurrence.
Conclusions: This operation potentially provides a timely curative treatment for patients with cirrhosis who has limited graft and donor options and shifting the risk to the recipient rather than the donor by harvesting a smaller graft using inflow modification techniques.

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CITATION INFORMATION: Balci D., Kirimker O., Kologlu M., Goktug U., Ustuner E., Karadag S., Er E., Cinar G., Bayar M., Yilmaz A., Azap A., Karayalcin K. Left Lobe Living Donor Liver Transplantation Using Rapid Procedure In A Cirrhotic Patient With Hepatocellular Carcinoma With A GRWR Of 0.35 *Am J Transplant*. 2020;20(suppl 3).
DISCLOSURE: D. Balci: None. **O. Kirimker:** None. **M. Kologlu:** None. **U. Goktug:** None. **E. Ustuner:** None. **S. Karadag:** None. **E. Er:** None. **G. Cinar:** None. **M. Bayar:** None. **A. Yilmaz:** None. **A. Azap:** None. **K. Karayalcin:** None.

Abstract# D-124

Validation of the Graft Volume Formula Avoiding Small-for-Size Graft Dysfunction in Adult to Adult Living Donor Liver Transplantation

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Purpose: It is important to determine the optimal volume of liver graft in living donor liver transplantation(LDLT) for avoiding small-for-size graft syndrome(SFSS) A formula of the recommended graft volume,derived from MELD score and standard liver volume was previously reported (Liver Transpl 22 599-606 2016). The aim of this study was to validate the formula in adult LDLT in our new cohort in a different institute.
Methods: A total of 40 consecutive recipients of adult LDLT between 2003 to 2016 in our hospital were included in this study.According to recommended graft volume (High/Low) and graft type (Right/Left),patients were classified into 4 groups;(Left-Low(LL):n=6),Left-High(LH):n=4),Right-Low(RL):n=4),and Right-High(RH):n=26).Incidence of early graft dysfunction (EAD) and intractable ascites were compared in four groups.
Results: Median age of recipient was 52.5 and number of male was 18 patients(45%). Primary diseases consisted of liver cirrhosis with hepatocellular carcinoma(n=8), primary biliary cirrhosis(n=7), fulminant hepatitis(n=7),alcoholic cirrhosis(n=5), hepatitis C virus (HCV) liver cirrhosis (n=4),NASH(n=4),HBV liver cirrhosis (n=4), primary sclerosing cholangitis(n=2). Small for size associated graft loss was not observed in our cohort. EAD were occurred in 9 patients(LL(n=1,16.7%),LH(n=1,16.7%),RL(n=1,16.7%),RH(n=6,23.1%) and Intractable ascites were occurred in 10 patients (LL(n=3,50%),LH(n=1,16.7%),RL(n=1,16.7%),RH(n=5,19.2%). Postoperative intractable ascites tended to occur more frequently in LL, suggesting the probability that graft selection based on the recommended volume could avoid the risk of SFSS.
Conclusions: The graft volume formula avoiding SFSS was validated in a different cohort.

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