

**Belgian Liver Intestine Advisory Committee  
(Be-LIAC)**

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**Position of the Belgian Liver and Intestine Committee (Be-LIAC / regrouping all Belgian liver transplant centers) on the selection criteria for transplantation in patients suffering from alcoholic liver disease (Version: 17 may 2016)**

Liver transplantation is a life-saving procedure for patients suffering from liver failure and/or certain malignancies. Liver transplantation in patients suffering from alcoholic liver disease/cirrhosis (associated or not to a liver cancer/hepatocellular carcinoma) represents in Belgium a substantial portion of the overall liver transplant activity. Given the shortage of liver grafts, patients suffering from alcoholic liver disease are selected with extreme scrutiny. Using the strict criteria described below the results of liver transplantation are in this patient group are excellent -compared to other indications- and the incidence of post-transplant graft loss to alcohol relapse is rare. The best treatment of alcoholic liver disease is abstinence which can reverse the course of the disease and avoid liver transplantation in some patients. When the disease -despite abstinence- has become irreversible or if a cancer has developed, the patient is a potential liver transplantation candidate.

These patients are evaluated by a multidisciplinary team including the hepatologist in charge of this particular patient, the team of hepatologists, the team of transplant surgeons, psychiatrists and psychologists specialized in the treatment of alcohol addiction, social workers, transplant coordinators, and transplant nurses specialists. Social factors, environmental support provided by the family and the entourage are important factors taken into account. The role of the mental health specialists is not limited to the evaluation of these patients. Equally important is the support and counseling provided to these patients to reach abstinence and their response to this treatment.

Abstinence can be controlled by certain objective tests (histological findings in liver biopsies, ethanol dosages, or hair analysis).

Those who have been and remain alcohol-dependent and in whom multiple attempts at withdrawal have not succeeded despite repeated counseling are not accepted for liver transplantation.

In the others, an abstinence period of 6 months is usually required before listing. This rule has been arbitrarily defined and is not based on clear evidence, but is accepted nationally and internationally as a general guideline.

In patients whose medical condition is stable, and who will not die within this time frame, the patient will usually be listed after this 6-month period of abstinence. However, we are regularly confronted with patients who have been abstinent for less than 6 months but whose medical condition (irreversible deterioration of liver function or fear of- or actual tumor progression) is such that i) the likelihood of surviving this 6 months period is dismal or ii) the risk to be delisted for oncologic reasons is high. Those patients are evaluated by the aforementioned multidisciplinary team with even more scrutiny and on a “case by case” basis.

In all cases final decision is taken by the aforementioned multidisciplinary team “*en âme et conscience*”, and in function of all aforementioned factors, and not by a single member of the evaluating team. Here again, evaluation and support provided by the mental health specialists (and the response to this treatment) is determinant. In most cases a consensus is reached. In rare cases when no consensus is reached, a voting procedure may take place and final decision is taken at the majority.

All patients transplanted for alcoholic liver disease must continue to be followed and supported posttransplant by mental health specialists. Rare patients with terminal liver disease due to active drinking posttransplant are not entitled to retransplant.

Finally, an extremely small percentage of patients with a first episode of life-threatening acute alcoholic liver failure and previously not aware of their liver disease, and who do not respond to standard medical therapy may be listed for liver transplantation, but only in the setting of controlled studies and after an extremely strict multidisciplinary evaluation.

***The Belgian Liver and Intestine Committee  
A Committee of the Belgian Transplantation Society***