PROGRAM

ILTS CONSENSUS CONFERENCE 2021

VALENCIA, SPAIN
JANUARY 29, 2021

www.ilts.org

2021 ILTS-SETH CONSENSUS CONFERENCE

Non-hepatic Cancer and Liver Transplantation: Shifting the Paradigm. Dropping the Cancer Stigma

INTRODUCTION

A significant and growing number of patients in need of liver transplantation (LT) have a history of cancer. Management of these patients is challenging as history of a pre-transplant malignancy (PTM) in remission has long been considered a relative contraindication due to the concern that immunosuppression required to prevent graft rejection would allow the growth of dormant malignant cells in these patients. Recommendations for listing transplant candidates with PTM were based primarily on the recurrence rates in kidney transplant recipients derived from the Israel Penn International Transplant Tumour Registry (IPITTR, previously known as the Cincinnati Transplant Tumour Registry), a voluntary database of transplant recipients with malignancies. Data from the IPITTR indicated that the recurrence rate of PTM was 21%, or a rate of 5.6 cancer recurrences per 100 person/year of follow-up, and that most recurrences (53%) occurred in those transplanted within 2 years of a cancer diagnosis or treatment. However, these studies were done decades ago and several more recent population-based cohort studies and systemic reviews with meta-analyses have reported markedly lower rates of recurrence in recipients with PTM.

Currently, guidelines for the selection of liver transplant candidates generally recommend minimum wait-times before transplantation for patients with PTM that range from no wait-time for some in situ malignancies to more than 5 years for melanoma, bladder, colorectal, and breast cancer, provided that the neoplasms have been eradicated and that the oncologic expected survival is superior to the survival expected after LT. Unfortunately, most of the guidelines are based on data from the kidney transplantation arena and do not take substantial recent improvements in cancer therapy (including immunotherapy) into consideration.

In addition, as older donors are increasingly utilized, the risk of non-liver cancer in some of these donors, either in the past medical history or found incidentally after donation has also increased, and it must be established how to manage recipients transplanted with these organs.

Finally, de novo cancer is one of the most frequent causes of death in liver transplant recipients with studies showing an association between cumulated immunosuppression and risk of cancer.

In essence, the increasing number of liver transplant candidates with a history of cancer, and that of recipients who develop cancer post-transplantation, together with the improvement in oncology therapy, calls for a more thorough evaluation of the risk of post-transplant cancer development as well as management in these patients.

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In this Consensus Conference, we will discuss:

- How to evaluate the presence of malignancies in liver transplant candidates;
- The risk and post-LT surveillance for those with a history of pre-transplant malignancy in remission;
- Who is safe to donate a liver with a history of cancer (deceased or live donor/cancer detected during donor work-up) and what could be done if the recipient develops a malignancy transmitted from a donor;
- Factors that increase the risk of post-transplant non-hepatic malignancies and how to manage inmmunosuppression and onco-specific therapies in these patients;
- Whether surveillance is cost-beneficial in high-risk individuals;
- Whether the data applies to pediatrics.

LEARNING OBJECTIVES

1. Understand the gap between current practice and future transplant related oncology.

2. Update selection criteria and prediction models in candidates with a history of prior malignancy in remission.

3. Identify who is safe to donate a liver with a history of cancer or with a cancer detected during transplant work-up.

4. Identify novel biologic, chemotherapeutic, radiologic, and immunotherapeutic approaches for patients with de novo cancer developing after liver transplantation.

EXPECTED EDUCATONAL OUTCOMES

The participants will be able to review and discuss the most updated research regarding non-hepatic malignancy in the candidate, the donor or the recipient, including selection criteria/indications, prognostic models, surveillance strategies, novel therapies and management. The participants will gain insight into innovations that lead to improvement in the field of liver transplantation in candidates or donors with a history of malignancy, and in recipients with de novo cancer, both in adult and pediatric population.

TARGET AUDIENCE

- Surgeons
- Hepatologists
- Pathologists
- Radiologists
- Oncologists
- Scientists
- Nurses

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08:20 – 12:30 Consensus Conference Lectures

08:20 – 08:30	**Introduction**
08:30 – 09:30	**General Concepts**
08:30 - 08:45	Liver transplantation outcomes and current candidates profile
08:45 - 09:00	Outlining the current approach to non-hepatic cancer in LT
09:00 - 09:15	Role of immunosuppression in cancer
09:15 - 09:30	New anti-cancer therapies: Beyond the conventional multidisciplinary cancer care
09:30 – 10:15	**Pre-transplant Considerations: Work-up for Recipient and Donor Candidates**
09:30 - 09:45	How to manage LT candidates with a history of cancer/newly diagnosed cancer during pre-transplant work-up?
09:45 - 10:00	How to proceed with deceased donors with a history of cancer/cancer-like lesions found at the time of procurement?
10:00 - 10:15	How to proceed with living donors with a history of cancer or precancerous lesions/early-stage cancer found at the time of evaluation?
10:15 - 10:45	Coffee Break
10:45 – 11:45	**Post-transplant Considerations: De Novo Malignancies in LT Recipients**
10:45 - 11:00	Incidence and risk factors
11:00 - 11:15	Screening strategies after liver transplantation
11:15 - 11:30	Treatment for solid tumors
11:30 - 11:45	Treatment for post-transplant lymphoproliferative disorders (PTLD)
11:45 – 12:15	Q&A
12:15 – 12:30	**Presidential address**
12:30 - 13:30	Lunch

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13:30 – 16:30 Afternoon Working Groups

13:30 – 13:45 **Introduction**

Working Group 1: Non-hepatic Cancer in LT Candidates

1.1. Evaluation of candidates. Timing to transplantation (tumor staging, treatments…)
1.2. Immunotherapy before the transplant: Specific measures at transplantation
1.3. Management after liver transplantation (immunosuppression, lifestyle and habits)
1.4. Specific considerations for each type of cancer

Working Group 2: De-novo Malignancies after LT

2.1. Epidemiology, risk factors and survival
2.2. Preventive strategies, surveillance of extrahepatic cancers
2.3. Management of immunosuppression in patients with de-novo cancer

Working Group 3: Prevention and Management of Donor-derived Malignancies after LT (Deceased and Living Donors)

3.1. Epidemiology and risk factors – surveillance
3.2. Diagnostic tests (histology, radiology, molecular biology…)
3.3. Management, including early retransplantation
3.4. Differences between live donor and deceased donor
3.5. Risk and management based on individual cancer type

Working Group 4: Non-hepatic Cancer in Pediatric Population

4.1. Extrahepatic solid tumors before pediatric LT
4.2. Leukemia, lymphoma and other hematologic disturbances before pediatric LT
4.3. Malignancies following pediatric LT, different approaches to post-transplant lymphoproliferative disorder

Working Group 5: Onco-specific Therapies after LT

5.1. Surgical management
5.2. Oncological medical therapy including immunotherapy post LT
5.3. Radiological therapies post LT

16:30 - 17:00 Coffee Break

17:00 – 19:00 Working Group Presentations

17:00 – 18:45 **Working Group Presentations with Summarizing Statements**

18:45 – 19:00 **Consensus Conclusion**

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International Liver Transplantation Society (ILTS) and Spanish Liver Transplant Society (SETH) jointly prepared this Consensus Conference:

Topic Coordinators:

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- Kymberly Watt, MD *Mayo Clinic, Rochester, USA (ILTS)*

Steering Committee Members:

- José Antonio Pons Miñano, MD, PhD *Hospital Universitario Virgen de la Arrixaca, Murcia, Spain (SETH)*
- Magdalena Salcedo Plaza, MD, PhD *Hospital Universitario Gregorio Marañón, Madrid, Spain (SETH)*
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- Prashant Bhangui, MD, MBBS *Institute of Liver Transplantation and Regenerative Medicine, Medanta, India (ILTS)*
- Eleonora de Martin, MD *Hospital Paul Brousse, Villejuif, France (ILTS)*
- Mina Komuta, MD *Cliniques Universitaires Saint Luc, Brussels, Belgium (ILTS)*

ILTS President 2019 – 2020:

- Claus Niemann, MD *UCSF, San Francisco, CA, USA*

ILTS President-Elect 2020 – 2021:

- Marina Berenguer, MD, PhD *Hospital University La Fe, Valencia, Spain*

ILTS President-Elect 2021 – 2022:

- Mohamed Rela, MS, FRCS, DSc *Dr. Rela Institute and Medical Center Chennai, India*

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