

# Early Liver Transplantation (LT) for Severe Alcohol-Associated Hepatitis (AH) and a History of Prior Liver Decompensation

## Cohort Stratification

LT for severe AH  
without mandated  
period of sobriety  
N = 241

Severe AH as first  
decompensation  
N = 210

Prior decompensation and  
continued alcohol use  
N = 31

Severe AH = MDF score  $\geq 32$   
Decompensation = ascites, HE, variceal  
bleed, or jaundice

## Post-Transplant Outcomes

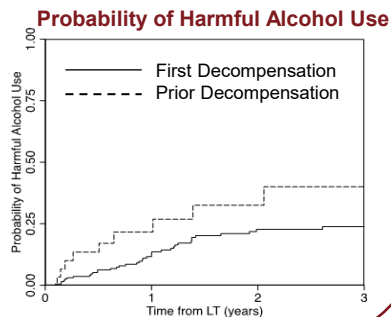
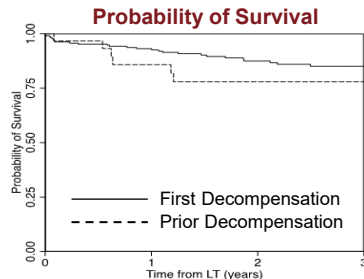
### Factors Associated with Mortality

	aHR (95% CI)	P value
Prior (vs. First) Decompensation	2.7 (1.6-4.6)	<0.001
Non-White (vs. White) Race/Ethnicity	2.5 (1.4-4.5)	0.002
Psychiatric Medication Prescription	2.7 (1.9-6.3)	0.02
Harmful Alcohol Use Post-LT	3.0 (1.2-7.5)	0.02

### Factors Associated with Harmful Alcohol Use

	aHR (95% CI)	P value
Prior (vs. First) Decompensation	1.8 (1.1-2.9)	0.03
Failed Rehab Attempts		
1	1.8 (1.1-2.9)	0.02
$\geq 2$	3.8 (2.3-6.4)	<0.001
> 10 Alcohol Units/Day	2.2 (1.4-3.3)	<0.001

Harmful alcohol use defined as  $\geq 5$  drinks in  
men or  $\geq 4$  drinks in women in one setting,  
and/or alcohol use  $\geq 4$  days per week



## Key Takeaways

- Prior versus first decompensation is associated with higher post-LT mortality and harmful alcohol use
- Patients with prior decompensation experience high three-year survival
- Prior decompensation is as a risk factor, but not an absolute contraindication to early LT