Introduction

Liver transplantation has become one of the mainstay treatments for selected patients with liver tumors. Based on the conclusions of the Consensus Conference held in Zurich in 2010, the last practice guideline on this topic was published in Lancet Oncology in 2012. Given the substantial changes in the management of liver tumors, as well as the advancements that have been made in the field of Transplant Oncology since 2010, there is a need to:

1. Update the concepts discussed in the previous Consensus Conference.
2. Identify unmet needs that will push the scientific community to improve the outcomes of patients with liver cancers.

The Consensus Conference will be a shared effort between the International Liver Cancer Association and the International Liver Transplantation Society, both leading the management and guidelines in Transplant Oncology for primary liver cancer.

The appointed Working Groups comprised of experts in the field of liver transplantation will address the following main topics:

- How to select patients with HCC and iCCA for liver transplantation to optimize the outcomes.
- How to manage patients in the waiting list and which are the best neoadjuvant treatments.
- How to incorporate new therapies for both HCC and iCCA for patients undergoing liver transplantation.
- How to best manage post-transplant cancer recurrences after liver transplantation.

This will be a very exciting and multidisciplinary conference involving, among many other specialties, medical and radiation oncologists, surgeons, hepatologists, radiologists.
LEARNING OBJECTIVES

1. Understand how to select patients for liver transplantation with HCC and iCCA.
2. Determine how to manage patients with HCC and iCCA before liver transplantation.
3. Determine how to incorporate new systemic and locoregional therapies for patients awaiting liver transplantation for HCC and iCCA.
4. Understand the differences between DDLT and LDLT for patients with HCC and iCCA.

WORKING GROUPS

1. Assessment of Candidates with HCC for Liver Transplantation
2. Criteria for Listing Patients with HCC
3. Immunotherapy and LT
4. LDLT vs. DDLT
5. Post-transplant Management
6. The Role of LT for Intrahepatic Cholangiocarcinoma
7. The Patient’s Perspective on Liver Transplantation for Hepatocellular Carcinoma and Intrahepatic Cholangiocarcinoma

TARGET AUDIENCE

- Hepatologists
- Medical Oncologists
- Radiation Oncologists
- Radiologist
- Transplant Surgeons
- Surgical Oncologists
- Pathologists
- Patient advocates
- Interventional Radiologists
- Nurses
2024 ILTS-ILCA CONSENSUS CONFERENCE
Liver Transplantation for Hepatocellular Carcinoma and Intrahepatic Cholangiocarcinoma

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Methodist Hospital
Houston, USA

Consensus Conference 2024 Local Chair

Marina Berenguer
La Fe University Hospital
Valencia, Spain
2024 ILTS-ILCA CONSENSUS CONFERENCE
Liver Transplantation for Hepatocellular Carcinoma and Intrahepatic Cholangiocarcinoma

Thursday, February 1, 2024

08:00 – 08:30  Welcome from ILTS & ILCA
R. Mark Ghobrial, MD, PhD, FACS, FRCS Houston Methodist Hospital, Houston, USA
Tim Meyer, MD, PhD University College London, London, United Kingdom

08:10 – 08:25  Introductory Remarks
Mohamed Rela, MS, FRCS, DSc Dr Rela Institute and Medical Centre, Chennai, India
Gonzalo Sapisochin, MD, PhD, MSc University of Toronto, Toronto, ON, Canada

08:25 – 08:45  Special Lecture
Liver transplantation for HCC - what the future holds?
Vincenzo Mazzaferro, Fondazione IRCCS Istituto Nazionale dei Tumori, Milan, Italy
Moderators: Gonzalo Sapisochin, MD, PhD, MSc - Laura Kulik, MD

Presentations of Working Groups’ Recommendations

08:45 – 10:00  Working Group A - Assessment of candidates with HCC for liver transplantation
Working Group Leaders:
David Victor, Houston Methodist Hospital, Houston, USA
Monica Lewinska, University of Copenhagen, Copenhagen, Denmark

Working Group Members:
Amit Singal, UT Southwestern Medical Center, Dallas, USA
Jeong Min Lee, Seoul National University Hospital, Seoul, South Korea
Wojciech Polak, Erasmus MC, Rotterdam, Netherlands
Karim Halazun, Weill Cornell Medical College, New York, USA
Jordi Bruix, University of Barcelona, Barcelona, Spain
Jessica Zucman-Rossi, Centre de Recherche des Cordeliers, Paris, France
Eric Vibert, Hôpital Poul-Brousse – Hôpitaux universitaires Paris-Sud, Paris, France
Korosh Khalili, University of Toronto, Toronto, Canada

1. What is the optimal screening for patients with cirrhosis on the transplant list? Utility and role of tumor markers.
2. Is dynamic CT and or MRI enough to accurately diagnose the size and number of tumors?
3. What’s the role, if any, of additional modalities like PET and CEUS? Are any of these modalities able to predict aggressiveness?
4. Should there be an age limit in well compensated patients with cirrhosis and HCC for considering LT?
5. Is 5-year survival benefit the ‘tool’ to decide which patients to transplant?
6. When is it too early to offer transplant in the context of DDLT and LDLT?
7. Role of tumor biopsy in era of NGS. What is the role of circulating DNA in this setting?
8. NAFLD and Non-cirrhotic HBV with HCC: Criteria for resection vs. transplant? Salvage transplant – ab initio or at recurrence?
10:00 – 10:30 Coffee Break

10:30 – 11:45 Working Group B - Criteria for listing patients with HCC

Working Group Leaders:
Carmen Vinaixa, Hospital Universitario La Fe, Valencia, Spain
Nicole Rich, UT Southwestern Medical Center, USA

Working Group Members:
Vincenzo Mazzaferro, Fondazione IRCCS Istituto Nazionale dei Tumori, Milan, Italy
Vatche Agopian, Dumont - UCLA Liver Cancer Center, Los Angeles, USA
Augusto Villanueva, Icahn School of Medicine at Mount Sinai, New York, USA
Marina Berenguer, Hospital Universitario La Fe, Valencia, Spain
Robert Lewandowski, Northwestern University, USA
Neil Mehta, University Of California San Francisco Medical Center, San Francisco, USA
Tanios S. Bekaii-Saab, Mayo Clinic, Phoenix, USA

1. Should liver transplantation be restricted to HCC patients who have a predicted 5-year survival comparable to non-HCC patients? Should the OS be HCC specific (METROTICKET 2.0)?
2. Should size and number still be the main consideration for selecting patients for LT for HCC? Should AFP, AFP L3, and DCP be criteria for listing/maintaining on WL?
3. When is bridging needed and when it is not? What are the most adequate bridging therapies? What is the frequency of imaging while waiting, and what are the drop-out criteria?
4. Can expansion of criteria be done without downstaging?
5. Downstaging:
   - Best strategies?
   - Should there be an upper limit of DS or should all comers be included if appropriately DS?
   - What constitutes successful DS? MC, PR, mRECIST vs. RECIST,
   - What is the optimal time after DS to list for LT?
6. Should patients who received curative treatment (surgery, ablation) with no residual tumor but at high risk of recurrence be considered for transplantation?
7. Best biomarkers to monitor response – AFP, AFP-L3 + DCP, liquid biopsy, Radiomics, NLR, PLR
8. What are the best scoring systems to predict recurrence pre and post LT?
9. Should macrovascular invasion be considered as Contraindication for LT? Degree of PVT, mandatory time after response prior to LT, optimal neoadjuvant treatment?
10. Surgical considerations of LT based on the receipt of specific LRT - SBRT.
11. If a patient cannot be granted an HCC MELD upgrade, what measures to be implemented to obtain an organ?

11:45 – 12:15 Special Lecture

Beyond size and number - how do we incorporate biomarkers in the field of LT for HCC?

Augusto Villanueva, Icahn School of Medicine at Mount Sinai, New York, USA

Moderators: Vatche Agopian, MD - Kymberly Watt, MD
Liver Transplantation for Hepatocellular Carcinoma and Intrahepatic Cholangiocarcinoma

12:15 – 12:45 Special Lecture
How do we incorporate molecular alterations and targeted therapies in the field of transplant for iCCA?
Grainne O’Kane, St. James Hospital, Dublin, Ireland
Moderators: Rachna Shroff, MD - Milind Javle, MD

12:45 – 13:45 Lunch Break

13:45 – 15:00 Working Group C - Immunotherapy and LT
Working Group Leaders:
David Pinato, Imperial College London, London, United Kingdom
Marco Sanduzzi, Hospital Clinic of Barcelona, Barcelona, Spain
Working Group Members:
Grainne O’Kane, St. James Hospital, Dublin, Ireland
Parissa Tabrizian, Icahn School of Medicine at Mount Sinai, New York, USA
Francois Durand, University Pans VII, Paris, France
Tim Meyer, University College London, London, United Kingdom
Prashant Bhangui, Institute of Liver Transplantation and Regenerative Medicine, Medanta, India
Valeria Mas, University of Maryland, Baltimore, USA
Josep Maria Llovet, Mount Sinai School of Medicine, USA
Sherrie Bhoori, National Cancer Institute of Milan, Milan, Italy

1. Who is a good candidate for IO pre–transplant?
   a. Should it be considered for bridging or downstaging to LT?
   b. Should patients with macrovascular invasion be considered for transplant after response to IO?
   c. Should there be a waiting period after response to ensure no recurrence of IO therapy?
   d. Is there an immunotherapy regimen that is less risky and does this differ according to class of agent?
   e. What should be the washout period for IO pre–transplant?
   f. Should post LT IS be different in those who received IO prior to LT to avoid rejection?

2. What is the safety and rationale to combine Loco-regional therapies, IO and TKIs in the waiting list?

15:00 – 16:15 Working Group D - LDLT vs. DDLT
Working Group Leaders:
Ashwin Rammohan, Dr. Rela Institute and Medical Centre, Chennai, India
Madhukar Patel, UT Southwestern, Dallas, USA
Working Group Members:
Deniz Balci, Ankara University School of Medicine, Ankara, Turkey
Albert Chi Yan Chan, University of Hong Kong, Hong Kong, Hong Kong
Arvinder Singh Soin, Medanta Institute, Gurgaon, India
Taizo Hibi, Kumamoto University Graduate School of Medical Sciences, Kumamoto, Japan
James Pomposelli, University of Colorado School of Medicine, Denver, USA
Dong–Hwan Jung, Asan Medical Center, Seoul, Korea

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1. Should the indications for LDLT for liver tumors be different from those for DDLT?
   a. Outside Milan
   b. Downstaging
   c. Macrovascular invasion
   d. iCCA
2. If a patient is transplanted beyond DDLT criteria and LDLT grafts fails, is re-transplant an option? How? When?
3. Is LDLT inferior or superior to DDLT for HCC? Overall survival and recurrence rates. Should it be acceptable to be lower than for DDLT?
4. What are the risks and adverse events for live donors?

16:15 – 16:45 Coffee Break

16:45 – 18:00 Working Group E - Post-transplant Management
Working Group Leaders:
Eleonora de Martin, Hospital Paul Brousse, Villejuif, France
Ken Liu, Liver Centre Royal Prince Alfred Hospital, Sidney, Australia

Working Group Members:
Christian Toso, Université de Genève, Geneva, Switzerland
Stephen L Chan, Chinese University of Hong Kong, Hong Kong, Hong Kong
Lorenza Rimassa, Humanitas University, Milan, Italy
Bijan Eghtesad, Cleveland Clinic, Cleveland, USA
Pal Dag Line, University of Oslo, Oslo, Norway
Kymberly Watt, Mayo Clinic, Rochester, USA

1. What should be the optimal follow-up and modality for cancer recurrence surveillance?
2. What is the optimal immunosuppression for patients transplanted for liver cancer? What is the timing to modify immunosuppression in this population (low FK levels)?
3. What is the management of post-transplant cancer recurrence?
4. What is the role of adjuvant systemic treatment, and the role of systemic treatment at the time of recurrence?
5. What is the role of ischemia-reperfusion injury in the risk of recurrence? What is the role of machine perfusion in this setting?
6. Is there a difference in recurrence depending on the etiology of liver disease or the type of donor?
7. Surgical resection for isolated post-LT recurrence.

18:00 – 19:15 Working Group F - The Role of LT for Intrahepatic Cholangiocarcinoma
Working Group Leaders:
Abdul Rahman Hakeem, Leeds Teaching Hospitals NHS Trust, Leeds, United Kingdom
Antonio D’Alessio, Imperial College London, London, United Kingdom
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Working Group Members:
Rachna Shroff, University of Arizona, Tucson, USA
Milind Javle, University of Texas, Houston, USA
Anjana Pillai, University of Chicago, Chicago, USA
Alfred Kow Wei Chieh, University of Singapore, Singapore, Singapore
Valerie Paradis, Assistance Publique–Hôpitaux de Paris, Paris, France
Arndt Vogel, Hannover Medical School, Hannover, Germany

1. What is the role of transplant in cirrhotic patients with iCCA?
2. What is the role of transplant in non-cirrhotic patients with iCCA?
   a. Is there any limitation of size and number?
   b. How should tumor biology be assessed?

19:15 – 19:30 Closing remarks
Marina Berenguer, Hospital University La Fe, Valencia, Spain
Friday, February 2, 2024

08:30 – 09:00 Summary of Group recommendations
Sudha Kodali, Houston Methodist Hospital, Houston, USA

09:00 – 09:30 Special Lecture
How to design trials in liver transplantation for liver cancer?
Jordi Bruix University of Barcelona, Barcelona, Spain
Moderators: Amit Singal, MD - Nazia Selzner, MD, PhD

09:30 – 10:00 Special Lecture
Patient Journey
Melinda Bachini Cholangiocarcinoma Foundation
Moderator: R. Mark Ghobrial, MD, PhD, FACS, FRCS

10:00 – 10:30 Working Group G - The Patient’s Perspective on Liver Transplantation for Hepatocellular Carcinoma and Intrahepatic Cholangiocarcinoma
1. Bluefaery statement - Andrea Wilson Woods, Bluefaery
2. CCF statement - Stacie Lindsey, Cholangiocarcinoma Foundation

10:30 – 10:50 Coffee Break

10:50 – 13:20 Case-based Discussions on Practical Applicability of the Recommendations

13:20 – 13:30 Closing Remarks
Laura Kulik, Northwestern Medicine Organ Transplantation Center, Chicago, USA
ILTS Headquarters

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Conference Venue

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Registration

Please register here by January 29, 2024 23:59 CET (GMT+2)
Should you require further assistance please don’t hesitate to contact the ILTS Registration Department:
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Accommodation

at Conference Venue Hotel

More information will be available soon