

Change in the Wheelhouse

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The care of liver transplant patients is one of the most rewarding albeit challenging efforts in all of clinical medicine. Access to liver transplantation has transformed the management of advanced chronic liver disease, acute liver failure, and unresectable primary hepatic malignancies. Availability of effective and nontoxic immunosuppression and remarkable surgical expertise has allowed liver transplantation to be undertaken in an increasingly decompensated cohort of patients of advanced liver disease with excellent patient and graft outcomes. Advances in other areas of medicine have also profoundly affected liver transplantation. At one time, hepatitis B infection of the graft appeared to be an almost insoluble problem despite the use of hepatitis B immunoglobulin. Now the introduction of effective antiviral agents has transformed this indication for liver transplant into one of the most successful. In a similar vein, all oral therapy for hepatitis C will dramatically improve transplant outcomes for this common indication for liver transplant. As has happened with hepatitis B, we can anticipate that fewer patients with hepatitis C will require transplantation for decompensated cirrhosis as an increasing number of infected patients are cured with oral regimens. However, the increasing prominence of nonalcoholic fatty liver disease as the etiology of decompensated cirrhosis and hepatocellular carcinoma suggests that the demand for liver transplant will not diminish for the foreseeable future. Lack of donor organs will continue to be the major factor limiting transplant

numbers, although we can anticipate that ongoing efforts in xenotransplantation and stem cell research may mitigate donor shortage in the future.

Liver Transplantation since its founding has been the trusted chronicler of the advances and challenges in our field. Its editorial teams have included many of the visionaries who have helped make liver transplant the definitive intervention for patients with liver disease who have no other prospect for survival. As the journal transitions from the able stewardship of Jack Lake and John Roberts, we will continue to publish on all aspects of liver transplant, reflecting its multidisciplinary nature. A number of innovations will be introduced in its pages, including a section highlighting the challenges of liver transplant across the globe. In addition, as the management of advanced chronic liver disease is integral to successful transplant outcomes, we also welcome manuscripts addressing issues in the care of decompensated cirrhosis. We ask your support and welcome your feedback as we continue to build on our strengths including a focus solely on liver transplantation, our international reach, and our long-standing presence in the field.



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