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Session Title : How to Start and Establish New LDLT Program in Asian Countries

Experiences from Vietnam

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Vietnam is in the endemic area of Hepatitis B and C, thus the prevalence of chronic hepatitis, cirrhosis, and liver cancer is very high. LTation (LT) is a radical treatment, sometimes the only life-saving solution for these patients. As a consequence, the demand for LT in Vietnam is very high. However, in order to perform a LT, it requires the relatively comprehensive development of society in terms of public awareness, economic conditions... and especially the good preparation of health sector about facilities, equipments, and professional qualifications of physicians in different specialties. Within recent years in Vietnam, the field of hepatobiliary pancreatic surgery has made much advancement in general, yet LT has just been in the first step of being routinely performed with some encouraging initial progress. In 2004, the first case of LT - Pediatric living donor liver transplantation (LDLT) – father to daughter, was performed at 103 Military Hospital with the professional guidance and support from Prof. Makuuchi, Japan. However, there is no subsequent routine continuation. In 2007, another hospital - Viet Duc Hospital, performed an adult LDLT with the professional guidance and support from professors from NTUH (National Taiwan University Hospital), Taiwan. In 2006, our government legislated the brain-dead organ donation law and established the National Organ Transplant Coordination Center. The first case of deceased donor liver transplantation (DDLTL) was performed in 2010 at Viet Duc Hospital. In the period from 2006 to 2016, there were 5 Organ Transplantation Centers nationwide, most of the transplants were from brain-dead donors (DDLTL). There were cases of organ transplantation coordination between areas up to 2,000 km apart. However, LDLT was not yet routinely performed, only 1-2 cases per year at each hospital. By 2017, there was the rise of organ transplantation in Vietnam with many organ transplantation projects implemented by different hospitals. Until now, there have been around 8 organ transplantation centers in the country, the number of LDLTs has been dramatically increased solving the problem of organ transplant scarcity from brain-dead donors. We are pleased to share the development of LT program at the University Medical Center Ho Chi Minh City (UMC), the largest teaching hospital in the southern region of Vietnam. Being in the endemic area of Hepatitis B and C, we are having many patients with chronic hepatitis, cirrhosis and liver cancer. Each year, our team manages about 2,000 new cases of HCC, performs multi-disciplinary tumor board meetings and hepatectomy for approximately 300-500 cases, including both open and

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laparoscopic surgery (30%-50%). These numbers expose a very high demand for LT. Realizing that LT is an utmost essential technique for definite treatment, we started to establish the LT project with stepwise preparation from facilities to personnel training, equipment procurement, SOPs creating...We submitted our LT Project to Vietnam Ministry of Health in 2018. We have sent many physicians and nurses to be trained abroad, conducted many scientific conferences to learn from other organ transplant experts in the region, and partnered with prestigious hospitals. With the support of ASAN Medical Center, we performed the first LDLT on June 16, 2018. During COVID pandemic, without support from foreign experts, we self-implemented a DDLT on May 18, 2020 and the first LDLT on June 15, 2020. In the field of pediatric LT, every year we have roughly 500 children in need of LT because of congenital biliary atresia, cirrhosis and most of these children died since LT could not be performed. With the urgent demand of pediatric LT, we established a cooperative program with Children's Hospitals, jointly developed the pediatric LT project. With the enthusiastic support from Japan experts from National Center for Child Health and Development (NCCHD), Tokyo, Japan, we have successfully implemented pediatric LT. With our solid background and experiences in minimally invasive HBP surgery, recently we have just applied minimally invasive donor hepatectomy with the guidance and support from ASAN experts resulting in less pain and early recovery after surgery for donors . Conclusion: LT is a complicated technique yet an effective and vital treatment method for patients with liver cancer, acute and chronic liver failure that cannot be cured by other methods. In order to perform a LT, it is essential to be well-prepared well in terms of facilities, equipments, personnel training in various specialties and having the patronage from an experienced transplantation center during the initial phase. LT projects should be established in centers with extensive experiences in HBP surgery with a large number of patients and high demand for LT.