

Promoting Research with Organ Transplant Patients

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Table 1.
Samples of Unanswered Research Questions in Liver Transplantation

<i>Research domain</i>	<i>Study questions</i>
Patient selection	Which biomarkers and genomic factors predict long-term patient and graft survival? Should patients with acute alcoholic hepatitis be accepted as liver transplantation candidates? Does HCV treatment while patients are on the waitlist reduce the need for liver transplantation?
Patient education	Does early education improve patient understanding of the need for posttransplant follow-up and improve adherence? Do psychiatric interventions improve medication adherence? Does group discussion improve patient understanding of the need for research and increase rates of informed consent to studies?
Pretransplant	Do pretransplant biopsies of HCC detect biomolecular markers that predict HCC natural history and recurrence after liver transplantation? Does pre-treating HCV or HBV in extended-criteria donors (those who would be ineligible by standard donor criteria) improve graft outcomes? What is the long-term outcome for patients with HIV who undergo liver transplantation?
Surgical	Can novel strategies to prevent and treat ischemia reperfusion increase the donor pool? Does perioperative CMV prophylaxis improve graft outcomes? Which organ and recipient factors increase the likelihood of surgical risk and of graft failure after liver transplantation?
Posttransplant	Is there an immunosuppressant-weaning protocol that can reduce toxicity without compromising graft survival? Does treatment of fatty liver disease with caspase inhibitors, PPAR, FXR agonists, or antifibrotics prevent posttransplant fat deposition and improve post-liver transplantation outcomes? Does the microbiome play a role in liver transplantation rejection or success?

HCC = hepatocellular carcinoma, HCV = hepatitis C virus, HBV = hepatitis B virus, CMV = cytomegalovirus, PPAR = peroxisome proliferator-activated receptors, FXR = farnesoid X receptor