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PURPOSE / OBJECTIVES

- Liver transplants (LT) for **alcohol-associated hepatitis (AH)** are increasing.
- Study goal: Identify factors linked to higher AH prevalence in LT listings for **alcohol-related liver disease (ALD)**.

MATERIAL & METHODS

- UNOS database (2002–2021):** 41,558 ALD listings, 1,325 (3.2%) for AH.
- Time trends:** AH prevalence ↑ in 2012–2021 (4.1%) vs. 2002–2011 (1.1%), *P* < 0.001.

RESULTS

Demographics:

- Younger age (≤35 years):** Highest AH prevalence (15.5%), **5.27× higher odds** vs. >50 years (*P* < 0.001).
- Sex:** Females had slightly higher AH prevalence (3.8% vs. 3.0%, *P* < 0.001), but no significant odds difference.
- Race:** Black patients had higher AH odds (OR 1.12, 95% CI: 1.01–1.25).

Group (N)	No AH (%)	AH (%)	P	OR (95% CI) AH vs. non-AH	OR (95% CI) for AH 2012-21 vs. 2002-11
Age <35 yrs. (2270)	84.5	15.5		0.44 (0.38-0.51)	5.27 (2.27-12.24)
Age 35-50 yrs. (13889)	95.6	4.4	<0.001	0.67 (0.63-0.70)	2.26 (1.64-3.11)
Age >50 yrs. (25399)	98.6	1.4		Ref.	1.54 (1.11-2.13)
Males (29753)	97	3		Ref.	2.14 (1.64-2.78)
Females (11805)	96.2	3.8	<0.001	1.03 (0.98-1.08)	1.98 (1.34-2.94)
Caucasians (30082)	96.8	3.2		Ref.	2.09 (1.62-2.69)
Blacks (1405)	97.2	2.8	<0.001	1.12 (1.01-1.25)	2.68 (0.61-11.70)
Hispanics (8860)	97	3		0.77 (0.73-0.82)	2.03 (1.25-3.31)
Others (1211)	94.3	5.7		1.20 (1.07-1.35)	1.89 (0.56-6.36)
Non-obese (27332)	97.1	2.9		Ref.	1.78 (1.38-2.30)
Obese (14226)	96.2	3.8	<0.001	0.97 (0.93-1.02)	2.99 (1.95-4.57)
No diabetes mellitus (34026)	96.4	3.6		Ref.	2.38 (1.86-3.04)
Diabetes mellitus (7532)	98.5	1.5	<0.001	1.33 (1.26-1.39)	1.10 (0.66-1.81)
KPSS 10-40% (8481)	98.6	1.4		Ref.	1.08 (0.7-1.67)
KPSS 50-70% (16992)	96.5	3.5	<0.001	0.97 (0.92-1.02)	1.33 (0.91-1.93)
KPSS 80-100% (11809)	92.5	7.5		1.24 (1.17-1.33)	4.08 (2.81-5.94)
Education below high school (1955)	99	1		Ref.	0.97 (0.32-2.90)
Education high school (15264)	97.5	2.5	<0.001	0.81 (0.74-0.88)	1.63 (1.13-2.35)
Education college or higher (24339)	96.2	3.8		0.74 (0.67-0.81)	2.50 (1.88-3.33)
Medicare insurance (6535)	98.8	1.2		Ref.	0.48 (0.27-0.83)
Medicaid insurance (9167)	96.3	3.7	<0.001	0.84 (0.78-0.89)	3.17 (1.82-5.51)
Pvt. Insurance (25381)	96.4	3.6		0.72 (0.68-0.76)	2.47 (1.88-2.73)
MELD score <25 (26253)	99.2	0.8		Ref.	0.88 (0.63-1.22)
MELD score 25-35 (10199)	95.9	4.1	<0.001	1.25 (1.18-1.32)	2.86 (1.82-4.48)
MELD score >35 (4909)	85.7	14.3		1.92 (1.76-2.09)	4.76 (3.01-7.53)

RESULTS

Clinical Factors:

- Obesity:** Higher AH prevalence (3.8% vs. 2.9%, *P* < 0.001).
- KPSS (80–100%):** 7.5% AH prevalence (OR 1.24, 95% CI: 1.17–1.33).
- MELD >35:** 14.3% AH prevalence (OR 1.92, 95% CI: 1.76–2.09).

Socioeconomic Factors:

- Higher education and Medicaid insurance** are linked to ↑ AH prevalence.

SUMMARY / CONCLUSION

- AH is driving the rise in LT for ALD.
- High-risk groups:** Younger patients, females, Black individuals, obese patients, higher MELD scores, and higher KPSS.
- Policy impact:** Identified factors can guide transplant eligibility discussions.



KPSS: Karnofsky's performance scale