National Institute for Health and Care Excellence IP1794 Extracorporeal whole liver perfusion for acute liver failure

IPAC date: 14 January 2021

Com.	Consultee name	Sec.	Comments	Response
no.	and organisation	no.		Please respond to all comments
1	Consultee 1 NHS Professional	2.4	Recommendation 2.4 I would be concerned with the use of porcine livers. The potential of porcine retroviruses or other zoonoses cannot be discounted so are an unquantifiable risk with potentially devastating consequences . In addition there are physiological differences that make porcine livers undesirable, such as the amount of clotting proteins produced.	
				exact protocol followed, the type of liver used and long term immunological and microbiological surveillance. Outcomes should be reported in a way that allows the procedure to be compared with other current treatments.
2	Consultee 1 NHS Professional	1.2	Recommendation 1.2 Contrary to 1.2, all patients treated with this technique where human livers are used need to be registered with a national registry, and not just those going on to transplant. I think this may be a requirement of the Human Tissue Act, but if not it would be good practice.	Thank you for your comment. The committee has considered this comment but decided not to change the guidance. Section 1.2 specifically covers the need to comply with the Human Tissue Act.
3	Consultee 1 NHS Professional		All patients undergoing this procedure should be first listed with NHSBT on the super-urgent waiting list for a transplant	Thank you for your comment. The committee has made a new comment – section 3.7.
4	Consultee 2 NHS Professional		The consultation summarizes the literature regarding extracorporeal liver support over the last 50 years. The world experience is a series of experimental perfusion in patients with liver failure	Thank you for your comment.

using a variety of techniques with both human and animal livers. The outcomes from the reports are variable and it is difficult to draw any conclusions as to the efficacy or complications of the procedures.	
This remains an experimental procedure and should not be performed outside of a controlled clinical trial.	
Technology has moved on over the years and the current equipment and techniques used at present for resuscitation of liver prior to transplant will enable extracorporeal liver perfusion to be looked at again.	

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