



Reply to: “TIPS and liver transplantation should always be discussed together”

To the Editor:

With great interest, we read the letter by Rudler *et al.* focusing on the Freiburg index of post-TIPS survival (FIPS) score in the setting of liver transplantation (LT).^{1,2} This example of a multidisciplinary TIPS/LT board is an important step towards personalized treatment of patients with advanced cirrhosis and may serve as a model for other centers. The authors also analyzed the application of the FIPS score in this approach and they were able to show that the FIPS score adequately selects patients who need LT.

Rudler *et al.* mention that only a minority of patients (1.5%) received LT in our cohort.² This might be explained by 2 facts: A) There is a lack of donor organs within the Eurotransplant region, leading to a much smaller number of patients allocated to LT in our cohort compared to the French cohort from Paris. B) The model for end-stage liver disease (MELD) score, used for LT allocation, does not sufficiently consider disease progression for patients with hepatocellular carcinoma, primary sclerosing cholangitis or other rare diseases. Therefore, these patients receive exceptional MELD (exMELD) points, increasing their chance of LT. In contrast, waiting list mortality is high in patients with advanced cirrhosis without exMELD.

Interestingly, the FIPS score sufficiently identifies patients who do not benefit from TIPS implantation but should be allocated to LT early. To date, it is unclear if the FIPS score may also predict mortality on the waiting list and therefore may be useful in this setting. Moreover, it has to be analyzed if an increase of the FIPS score on the waiting list is associated with earlier allocation to LT. These open questions are highly relevant to conclusively clarify the role of the FIPS score in the context of LT. Further studies will have to analyze the association between FIPS risk groups and waiting list mortality and compare their predictive discrimination to the MELD score.

In summary, as shown by several independent groups, the FIPS score is a reliable tool for identifying high risk patients with decompensated cirrhosis.^{3–5} Further, it will be important to analyze if the FIPS score could be useful in decision-making, not only in the TIPS setting, but also in patients allocated for LT.

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Conflict of interest

DB: Consultant: Bayer Healthcare, Boston Scientific, Shionogi. Lectures: Falk Foundation. MS: Consultant: Bayer Healthcare, L.W.Gore Lectures: Falk Foundation.

Please refer to the accompanying ICMJE disclosure forms for further details.

Authors' contributions

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Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.jhep.2021.07.001>.

References

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