

## Plenary Abstract Session II

topics related to discrimination, mentorship and gender. Answers were collected and analyzed anonymously. Female leadership around the world was also searched via the committee members' network.

**Results:** The survey was e-mailed to 1312 ILTS members, 199 responses were collected from 38 countries (15.2% response rate). Of these, 40.7% were female. Almost half were surgeon (45.7%), 27.6% hepatologist, 26.6% anesthesia/intensive care (26.6%) specialists. Only 22% of the division chiefs were female when all specialties were included. Sixty-eight (34.7%) reported some form of discrimination during training or at their current position. Presumed basis of discrimination was related to gender/sexual orientation (20.6%), race/country of origin (25.2%) and others (7.1%). Less than half (43.7%) received mentorship when any potential discrimination occurred. An association between female responses and discrimination, differences in compensation and job promotion was observed (all  $p < 0.05$ ). Among 856 LT programs around the world, there was only 8.2% female leadership.

**Conclusions:** This survey represents 38 countries from 7 continents around the world and reveals alarmingly high rate of experience with racial and gender discrimination, lack of mentorship, and very low rates of female leadership in the LT field and calls to action to equity and inclusion.

### LB-0-01

#### Long-term outcome of liver transplantation for unresectable liver metastases from neuroendocrine neoplasms: a Belgian retrospective multi-centre study

E. Bonaccorsi-Riani<sup>1</sup>, I. Pulido Cloquell<sup>1</sup>, O. Detry<sup>2</sup>, N. Meurisse<sup>2</sup>, D. Ysebaert<sup>3</sup>, J. Pirenne<sup>4</sup>, C. Verslype<sup>5</sup>, F. Berrevoet<sup>6</sup>, A. Vanlander<sup>6</sup>, V. Lucidi<sup>7</sup>, L. Coubeau<sup>1</sup>, G. Dahlqvist<sup>8</sup>, O. Ciccarelli<sup>1</sup>, I. Borbath<sup>8</sup>

<sup>1</sup>Cliniques Universitaires Saint-Luc, Université catholique de Louvain, Department of Surgery - Liver Transplant Unit, Brussels, Belgium.

<sup>2</sup>Centre Hospitalier Universitaire Liege, University of Liege, Department of Abdominal Surgery and Transplantation, Liege, Belgium. <sup>3</sup>Antwerp University Hospital, Antwerp University, Department of Surgery, Antwerp, Belgium.

<sup>4</sup>University Hospitals Leuven, Department of Surgery, Leuven, Belgium. <sup>5</sup>University Hospitals Leuven, Department of Gastroenterology/Digestive Oncology, Leuven, Belgium. <sup>6</sup>Ghent University Hospital, Department of General and Hepatobiliary Surgery and Transplantation, Ghent, Belgium.

<sup>7</sup>Erasmus Hospital, Université Libre de Bruxelles, Liver Transplant Unit, Department of Abdominal Surgery, Brussels, Belgium. <sup>8</sup>Cliniques Universitaires Saint-Luc, Université catholique de Louvain, Gastroenterology Service, Brussels, Belgium

**Background:** Liver transplantation (LT) is the only curative treatment for unresectable liver metastases from neuroendocrine neoplasms (NEN-Liver-Mets). While recurrence is frequent after LT, there is limited data available in the literature on the outcome of recurrent patients.

**Methods:** We retrospectively reviewed the medical records of all patients who underwent LT by NEN-Mets at the six LT centres in Belgium from 1986 to 2020. Patient and tumour characteristics, indication for transplantation, overall survival (OS), disease-free survival (DFS), and tumour recurrence and outcomes were analysed.

**Results:** Forty patients underwent a LT for NEN-Liver-Mets in Belgium. Twenty-nine patients were male (74.2%) with a mean age of 41.9 and 47.1 years at the time of NEN diagnosis and LT, respectively. WHO classification was available for 32 patients and changed over time (see table below). OS post-LT at 1-, 5-, and 10-years are: 84.3%, 65.0% and 54.6% respectively, while the overall DFS are: 76.3%, 44.5% and 38.2% in the same intervals. Patients transplanted after 2010 showed better OS at 5- and 10-years (74.8% and 74.8%) when compared with patients transplanted before (60.0% and 49.5%). Twenty patients (50%) presented a NEN recurrence, of this, 14 (70%) were transplanted before 2010 and only 6 (30%) were transplanted afterwards ( $p=0.03$ ). The median time for recurrence diagnosis was 12.3 months (range: 5.1 to 69.2). The most frequent recurrence treatments were surgical resection, somatostatin analogs, chemotherapy, and sunitinib therapy (8, 6, 6, and 4 patients, respectively). Survival rates were 89.5% and 56.1% at 1- and 5-years after recurrence diagnosis.

Table 1: Patients and tumour characteristics

	Patients	LT before 2010	LT after 2010	p
Population	40 (100%)	20 (50%)	20 (50%)	NS
Mean Age at NEN diagnosis (years)	41.9±	40.0±10.6	43.6±11.3	NS
Mean Age at LT (years)	47.1±	45.0±10.4	49.6±12.4	NS
Primary tumour site				
Pancreas	23 (57%)	11 (55%)	12 (60%)	NS
Small bowel	10 (25%)	5 (25%)	5 (25%)	NS
Duodenum	1 (2.5%)	1 (5%)	0	NS
Stomach	2 (5%)	0	2 (10%)	NS
Biliary tree	1 (2.5%)	0	1 (5%)	NS
Unknown	1 (2.5%)	1 (5%)	0	NS
Bronchial tree	2 (5%)	2 (10%)	0	NS
WHO classification				0.01
Grade 1	10 (25%)	5	5	
Grade 2	17 (42.5%)	6	11	
Grade 3	5 (12.5%)	2	3	
Not defined	8 (20%)	8	0	
Endocrine Syndrome	16 (40%)	7 (44%)	9 (56%)	NS
Primary tumour resection prior LT	34 (85%)	17 (50%)	17 (50%)	NS
Post-LT NEN recurrence	20 (50%)	14 (70%)	6 (30%)	0.03

**Conclusions:** Patients transplanted for unresectable NEN-Liver metastases had good long-term survival. Although the total recurrence rate is high, it decreased dramatically after 2010, probably due to better patient selection. Furthermore, recurrence treatment should be recommended as it may prolong patient survival.