

BASL ArLD SIG Meeting Minutes

Friday 24th June 2022 1600-1800

Chair: Ashwin Dhanda

Minutes: Ashwin Dhanda

Item	Discussion	Actions
1	<p>Welcome</p> <p>AD welcomed everyone to the meeting. The meeting was held as a hybrid event with approximately 25 in person attendees and 30 online.</p>	
2	<p>The carbon footprint of ArLD</p> <p>Bill Stableforth presented data on carbon emissions related to ArLD hospital admissions in England and Scotland.</p> <p>Further work is to be done to work out a more detailed carbon footprint to include procedures, medications etc.</p>	
3	<p>Faecal microbiota transplantation for alcoholic hepatitis</p> <p>Background information discussing the rationale and justification for FMT was presented by Debbie Shawcross. Discussion was chaired by Mark Thursz.</p> <p>An outline protocol was discussed. Key points:</p> <ol style="list-style-type: none"> 1. Dosing regimen: will need multiple dosing tbc. Additional dosing if patients receive antibiotics. No pre-dosing bowel prep/abx 2. Sample size around 350 (assuming 50% effect size) 3. Primary end point agreed as 90 day mortality 4. Steroids excluded 5. Include patients with viral hepatitis <p>Potential challenges:</p> <ul style="list-style-type: none"> • Sourcing FMT material. There are a growing number of trials using FMT so it will be important to plan availability for this trial well in advance. There is a commercial producer in Aberdeen who may be able to assist. • Competing trials. Currently funded large national trials will have closed to recruitment by the time the proposed study is completed. This would be a high priority trial for the UK hepatology community. • Confounding due to antibiotic/rifaximin use. Participants will have to be re-dosed after a course of antibiotics. If rifaximin is commenced, results could be stratified by its use. <p>Ewan Forrest commented that early fall of MELD/GAHS (not bilirubin) within first 3-4 days predicted good outcome at D90 (data presented</p>	<p>AD to invite members to a working/grant writing group</p> <p>AD to liaise with EF to validate Glasgow data</p>

	<p>earlier in week at BSG). Could reduce sample size by improving selection of patients at higher risk of death.</p> <p>MT suggested developing a writing group including representatives from diverse sites around the country.</p>	
4	<p>NCEPOD ArLD inpatient care survey</p> <p>Mike Allison presented preliminary analysis of findings from the NCEPOD survey. There are improvements in some metrics compared to the previous report (2011) but still areas for improvement. Alcohol history taking has improved, CIWA is now widely used and patients with decompensated cirrhosis are more often referred to specialists. However, there was little involvement of palliative care in patients who later died. Only 50% of sites had some form of alcohol care team.</p> <p>Further analysis and interpretation of the data is needed.</p>	<p>MA to write and circulate report and recommendations</p>
5	<p>ArLD during the pandemic</p> <p>AD presented data on the SIG service evaluation and collaboration with PHE documenting ArLD admissions and the application of the Liverpool algorithm. The manuscript is currently under revision. The SIG will be updated when it has been accepted.</p>	<p>AD to update SIG on manuscript acceptance</p>
6	<p>Improving care in ArLD</p> <p>Lynn Owens was not able to attend to update on this project. The last meeting of the working group took place in early 2021. A face-to-face meeting was then planned but has not yet been organised.</p> <p><i>Post meeting note: Lynn has not made further progress since the last update. She is happy to hand the project on to another SIG member to take forward. Richard Parker has volunteered to lead this to develop best practice guidance for patients with ArLD.</i></p>	<p>AD to forward latest documents and working group details to RP</p>
7	<p>Call for future projects</p> <p>AD called SIG members to consider future projects. Ideas include building on Bill Stableforth's climate work or developing a proposal for the NIHR Liver Disease Research Partnership call. There was some appetite for the latter idea.</p>	<p>AD to coordinate workshop for liver disease partnership</p> <p>All members to send project ideas to AD</p>
9	<p>Any other business</p>	
10	<p>Date of next meeting</p> <p>Tbc – autumn, possibly linked to BASL meeting</p>	