

# Updated Model Reduces Liver Transplant Disparities for Women

Transplant rates and waitlist deaths for women are now similar to those for men.

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Since the adoption of a new model for assessing the severity of liver disease, women are more likely to be added to the waitlist for a liver transplant, more likely to receive a transplant, and less likely to drop off the waitlist—closing the gap between men and women candidates, according to a study [presented] at [The Liver Meeting](#), held by the American Association for the Study of Liver Diseases.

In July 2023, the federal Organ Procurement and Transplant Network (OPTN) updated its Model for End-Stage Liver Disease to a new version, known as MELD 3.0, to better account for differences between genders that caused women to receive lower priority scores even when they had similar disease severity, researchers said.

“MELD 3.0 improved access to transplantation for women, and now waitlist mortality and transplant rates between men and women are the same,” said Allison Kwong, assistant professor at Stanford University and lead researcher on the study. Kwong was involved in developing MELD 3.0.

Using OPTN data, researchers studied records of 20,078 newly registered candidates for liver transplant and 18,706 transplant recipients in the 12 months before and the 12 months after MELD 3.0 took effect. After the policy change, 43.4% of new registrations were women compared to 40.1% before; 41.7% of transplants were in women compared to 37.0% before, and the 90-day waitlist dropout rate for women who died or became too sick to receive a transplant declined from 14.4% to 9.1%.

Recent improvements in technology increased the number of livers available, contributing to a decreased dropout rate for men as well, from 9.9% to 7.7%, but overall deceased donor transplant rates equalized for men and women after implementation of MELD 3.0, Kwong said.

While the total median MELD score at transplant for non-exception cases decreased from 29 to 27 after the policy change, women still had a higher median score of 29 at transplant compared to a median score of 26 for men.

“The sex disparity in access to liver transplant may not be fully solved by MELD 3.0,” Kwong said. “There are still body size differences that can affect one’s probability of transplant, and this would not be addressed by MELD 3.0.”

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