

Women are more likely to die while on the waitlist for a liver transplant:

Discovery of a novel marker to adjust for sex-based differences in donor liver distribution



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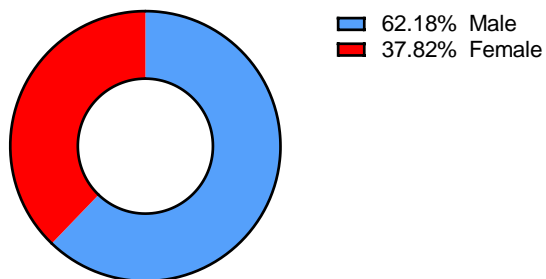
Key concepts

- **Cirrhosis** is a condition in which your liver is scarred and permanently damaged. Scar tissue replaces healthy liver tissue and prevents your liver from working normally.
- There are **2 clinical stages of cirrhosis: compensated** and **decompensated**
- **Compensated** cirrhosis is the asymptomatic stage
- **Decompensated** cirrhosis is the symptomatic stage
- **Liver transplant** is a surgery to remove your diseased or injured liver and replace it with a healthy liver from another person, called a donor.

Background

In 28 U.S. states, females had more than a 10% lower transplant rate than males.

Number of Transplants in Colorado

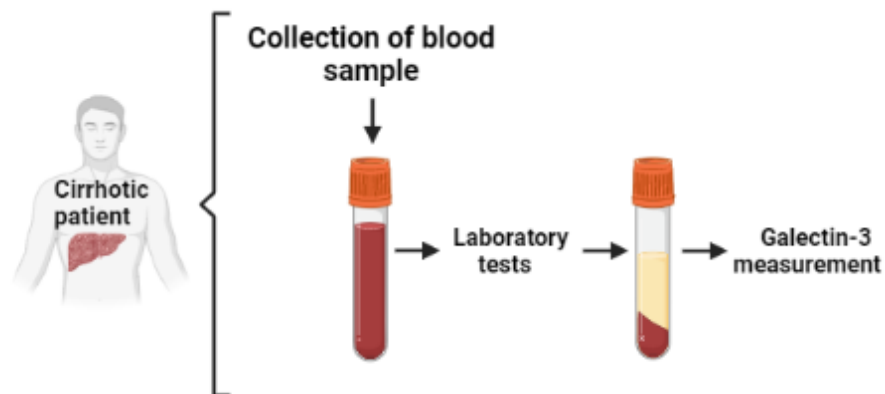


Total=3242

- Women with cirrhosis have higher waitlist mortality compared with men and sex-based disparities have increased over the last decade.
- **Non-invasive markers that adjust for sex-based differences are needed to equilibrate transplantation rates.**

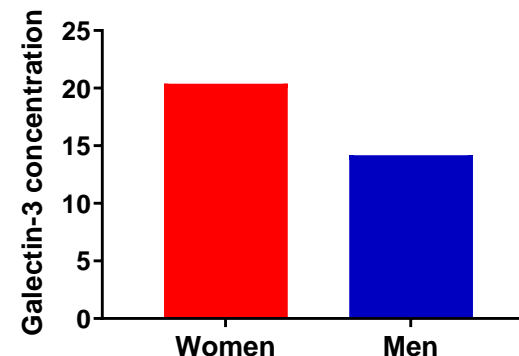
Our previous studies show a protein, **galectin-3**, has higher levels in cirrhotic patients. Here we propose to use **galectin-3** as a novel **marker to adjust for sex-based differences** in liver damaged patients.

How did we do it?

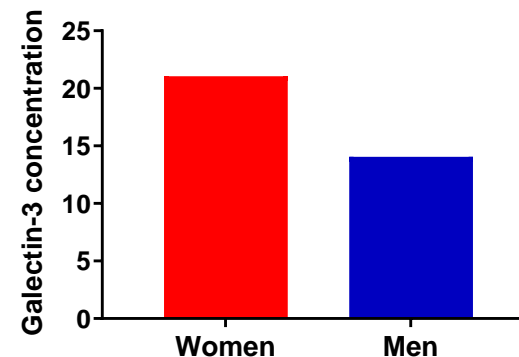


Results

- **Circulating levels of galectin-3 are higher in women** compared to men.



- **Galectin-3 is higher in women with a more advanced stage of cirrhosis**



Conclusion

Galectin-3 is different based on patient sex and could be used as a compensatory parameter for women on the liver transplant list.