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Supplementary appendix

This appendix formed part of the original submission. We post it as supplied by the authors.

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LTx stage	Variables
Pre-LTx	Predominant aetiology of liver disease, access to LTx assessment
	(private healthcare or state sponsored), LTx assessment process
Procedural	Graft selection (DBD v DCD v LDLT, HCV and HBcAb positive grafts)
	and/or allocation, surgical approach and techniques
Post-Ltx	Immunosuppression regimens including target trough titres and
	preparations, co-morbidity management and screening (e.g.
	hypertension, diabetes and renal failure)

Table 1. Potential variables which may differ between LTx centres nationally and internationally^{1,2}. Abbreviations:- donation after brain death (DBD), donation after cardiac death (DCD), living donor liver transplantat (LDLT), hepatitis C (HCV), Hepatitis B core antibody (HBcAb)

REFERENCES

- 1. Carbone M, Nardi A, Marianelli T, *et al.* International comparison of liver transplant programmes: differences in indications, donor and recipient selection and outcome between Italy and the UK. Liver International. 2016;36:1481-1489
- 2. Trotter JF and Cardenas A. Liver transplantation around the world. Liver Transplantation. 2016;22:1059-1061