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Anonymous Nondirected Living Liver Donation in the United States

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Dear Professor Chapman,

We read with great interest this recent article from the University of Virginia group titled “Anonymous Living Liver Donation: Literature Review and Case Series Report.”¹ We congratulate the authors for discussing this very important topic and highlighting the experience of 3 centers.

As the first and one of the highest volume US centers to perform anonymous living liver donation, we published a review in March 2020 of global experience and perspectives on anonymous nondirected live liver donation (ANLLD).² This article included data from 105 ANLLDs in the Scientific Registry of Transplant Recipients between 1998 and 2020, along with our own single-center data on long-term health-related quality of life outcomes in 8 of these donors. Although there was a paucity of literature on the topic at the time, we observed excellent outcomes in our patients and concluded that US programs are increasingly willing to consider potential ANLLD.

The second publication was a result of collaboration between 3 US centers, University of Colorado, University of Alberta, and University of Southern California contributing a total of 30 ANLLD cases (nearly one-third of those reported in the Scientific Registry of Transplant Recipients at that time).³ Using standardized questionnaires and a survey for live liver donors developed by our center, we concluded that overall, these patients demonstrated acceptable

health-related quality of life and were appropriate candidates for partial liver donation.

The authors of this recent *Transplantation Direct* article cited publications from 3 institutions representing 53 ANLLD cases: University of Toronto, Washington University Medical Center, and Hôpital Saint-Luc in Brussels, Belgium.⁴⁻⁸ We are sending this letter to further corroborate that our earlier findings and other recent reports support the conclusions of this article.^{9,10} Partial liver donation from anonymous donors can be a safe procedure and, given the distinctiveness of this unique patient population, requires careful consideration of institutional policies.

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