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Reply to: "Canadian liver transplant allocation for hepatocellular carcinoma"

To the Editor:
We read with interest the letter by Congly *et al.* regarding our original article,[1] and thank the authors for providing further details on allocation of liver grafts in Canada, including the total number of adult transplants performed in 2017, as well as donation after cardiac death rates and living liver donations. Their comments fit well with the spirit of our worldwide initiative to stimulate a conversation with the aim of arriving at a consensus on the allocation of deceased liver grafts for malignant and non-malignant diseases. Their comments on additional listing parameters for hepatocellular carcinoma, based on total tumor volume, alpha-fetoprotein and Milan criteria, nicely illustrate the different policies of the listing criteria in the 7 transplant programs of the 5 provinces in Canada.

The data provided in our article originated from the CIHI (Canadian Institute for Health Information) as well as from the OPO (the office of the procurement ombudsman located in Toronto) and did not include living donor liver transplantation, as for all countries mentioned in our article. Of note, living donor liver transplantation in Canada accounts for around 8% of liver transplantations performed. We endorse the message of Congly *et al.* that even in the same country, heterogenic policies for liver transplantation for the same tumor entity should be solved through consensus mechanisms.

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