

SASLT NEWSLETTER

First Issue
March 2022

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Welcome

Note by



Dr. Faisal M. Sanai
Editor

In difficult times, with restricted means and limited interactions, the world as we know it has certainly changed. This forced us to rethink traditional practices and pushed us to harness new ideas. In this era, when innovation and progress drive national policy, SASLT has adopted a similar strategy. As part of this strategy, the Association has chosen to highlight the strides, developments and achievements of the hepatology and liver transplant community. Although SASLT remains true to its founding goals and mission, how we highlight these events and accomplishments has evolved. As such, SASLT will publish a quarterly newsletter featuring key regional events, evolving clinical knowledge, and new developments in national and international research. SASLT will also showcase the top performers among us to gain insight into their success. Through this effort, we hope to inspire the SASLT community to do its best. This newsletter aims to bring together clinicians from different fields of interest to share ideas, and to collaborate. Simply put, we intend to inspire. Welcome to the 1st edition of the SASLT newsletter!

SASLT releases its position statement on the hepatology workforce in Saudi Arabia



Dr. Bandar Al-Judaibi



Dr. Faisal Abaalkhail

Hepatology practice and liver transplantation in Saudi Arabia have evolved greatly over the last few decades. Hepatology practice previously dominated by viral hepatitis, is now being overhauled by nonalcoholic fatty liver disease (NAFLD). The Saudi Association for the Study of Liver diseases and Transplantation (SASLT) established a task force to discuss the current and future demands in the hepatology workforce in Saudi Arabia. The taskforce published its position statement in the Saudi Journal of Gastroenterology in February 2022 [DOI: 10.4103/sjg.sjg_576_21]. “The task force included transplant hepatologists mostly, and a transplant surgeon. A transplant hepatologist was selected from each liver transplant center in Saudi Arabia. Furthermore, a hepatologist from a non-transplant center was also selected to provide the committee with insight about the hepatology demands in community-based hospitals” said Dr. Al-Judaibi, the lead author and transplant hepatologist, University of Rochester, New York State, United States of America.

Several challenges were faced by the taskforce committee. Like other sub-specialties, it is not required to have the hepatology and transplant hepatology specialties registered to be practiced. “The ambiguity of accurate data reflecting the current hepatology workforce was a major challenge faced by the taskforce committee” said Dr. Al-Judaibi. The current number of SCHS registered hepatologists (20) and transplant hepatologists (5) is not

representing the actual number of practicing physicians. The SALST taskforce recognized that a significant deficiency exists in the number of hepatologists and transplant hepatologists in Saudi Arabia.

SASLT expressed concerns that the present hepatology workforce is not matching the demands due to rising incidence rates of NAFLD, hepatocellular carcinoma and the growing number of LT recipients in need of post transplant care. However, estimating the need for hepatologists is challenged by lack of national data. “Due to the absence of epidemiological studies on common liver diseases, it is difficult to estimate the current and future needs of hepatologists in our society” said Dr. Al-Judaibi. Non-alcoholic fatty liver disease represents a growing health issue in Saudi Arabia. The prevalence is projected to double by 2030, with 12 million individuals in the country being affected by 2030. Although the incidence of hepatitis B has significantly declined due to universal childhood vaccination, the taskforce acknowledged that the prevalence of HBV and its consequences have not been well characterized among the elderly population. With regards to HCV, and with introduction of highly effective oral therapy, treatment of affected individuals in early stages is expected to limit the burden of HCV-related complications.

The first liver transplant was performed in the Kingdom in 1991. Presently, there are 4 liver transplant centers with more than 2500 liver transplant having been

performed in the country. The demand for transplant

"Unless we work to increase the transplant workforce, the demand gap is expected to increase over time"

Dr. Faisal Abaalkhail

hepatologists and surgeons in all four centers remains high. "Despite the expansion in the number of liver

transplantation performed, the number of transplant physicians taking care of these patients pre and post transplantation has not increased" "the manpower that serves the liver transplant patients has always been below the demand" said Dr. Faisal Abaalkhail, a co-author and the president of SASLT. He added "Unless we work to increase the transplant workforce, this demand gap is expected to increase over time, given the high number of patients with end-stage liver disease in need of pre transplant assessment and the increasing number of liver transplant recipients accumulating over the years and in need for post-transplant care".

Gastroenterology trainees don't receive sufficient training in hepatology in their core training and may not get exposed to liver transplant recipients. Due to the increasing demand for transplant hepatologists, a local transplant fellowship has been created, and accredited recently by the SCHS. "We expect that the graduates of this newly developed local training program will help in meeting the growing demand, not only in the transplant centers but also in taking care of pre and post transplant patients across different regions of Saudi Arabia, limiting the economic burden of transportation and housing to reach appropriate care" said Dr. Abaalkhail.

The taskforce points out that the perceived low compensation of hepatologists and transplant hepatologists may impede trainees from considering this specialty. The taskforce suggests that payment models need revision to aid recruitment, and this must

must be aligned with the Ministry of Health's Vision 2030. Several financial compensation models were discussed in the paper. While no model is perfect, the taskforce concluded that there is a necessity to establish a robust model to compensate hepatologists and transplant centers based on the service and level of care provided to their patients.

"The challenges we faced in the taskforce have given healthcare policy makers the opportunity to perform a comprehensive workforce analysis to address the future estimated demands of our society. Moreover, robust epidemiological data is required to assess disease burden in the near future."

Dr. Al-Judaibi

Finally, the SASLT taskforce emphasized the importance of having advanced nurse practitioners to meet the growing demand for hepatology care. The utilization of a nurse practitioner has been associated not only with improvement in health outcomes but also reduced healthcare costs. The rules of the advanced nurse practitioners could include patient care, research activities and quality improvements. The SASLT taskforce suggests several factors to be considered when defining the need and role of a nurse practitioner, including the type and size of practice, inpatient versus outpatient care, medical versus surgical service, procedures, and the scope of practice allowed by the organization and SCFHS.

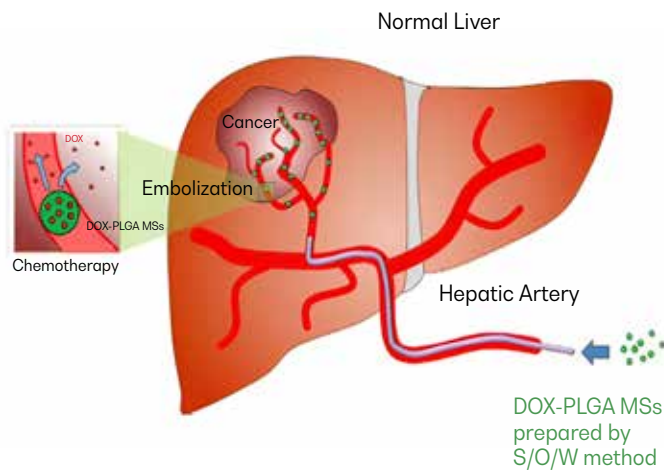


Scan QR to read full article:



Dr. Majid Alsahafi

Conventional-TACE versus DEB-TACE in the Management of Hepatocellular Carcinoma



In Dec 2021, Bzeizi and a group of investigators from Saudi Arabia performed a systematic review and meta-analysis comparing conventional transarterial chemoembolization (C-TACE) with drug-eluting beads (DEB-TACE) in patients with hepatocellular carcinoma. The study was published in the journal *Cancers (Basel)* [doi: 10.3390/cancers13246172]. This meta-analysis included 34 studies involving 4841 HCC patients with a median follow-up of 1.5 to 18 months. It assessed the efficacy of the two types of interventions, and their safety. The result of the meta-analysis showed no significant differences between DEB-TACE and C-TACE with regard to complete response, partial response and disease stability. However, disease control (OR, 1.42 [95% CI: 1.03, 1.96]) and objective response (OR, 1.33 [95% CI: 0.99, 1.79]) were significantly more with DEB-TACE treatment with fewer severe complications and all-cause mortality.

This systematic review comes on the heels of previous real-life experience of Prince Sultan Military

Medical City comparing DEB-TACE to C-TACE by Arabi et al. published in the *Saudi Journal of Gastroenterology* in 2015 [doi: 10.4103/1319-3767.157571], where they found no superiority of DEB-TACE over C-TACE, although DEB-TACE resulted in less liver-related toxicity.

When asked about the rationale and implications of this meta-analysis, Dr. Khalid Bzeizi, the lead author and transplant hepatologist, based at King Faisal Specialist Hospital & Research Center, Riyadh, Saudi Arabia stated that "TACE is a widely used loco-regional treatment for hepatocellular carcinoma and although DEB-TACE is the most commonly used modality these days, it remains important to have a good level of evidence about the presumed superior efficacy and safety of this treatment. Based on this meta-analysis and previous controlled studies it appears that both treatments are comparable and can be used in clinical practice based on their availability and the center experience." Nonetheless, Dr. Bzeizi also pointed out the limitations of the study, which included the short duration of follow-ups post intervention, as these may have decreased the statistical power of the included studies. He suggested that more studies of longer follow-up durations are warranted to validate these findings. In addition, the findings related to the safety profile need to be interpreted with caution as a relatively small number of studies reported safety outcomes, which might serve as a potential source of bias.

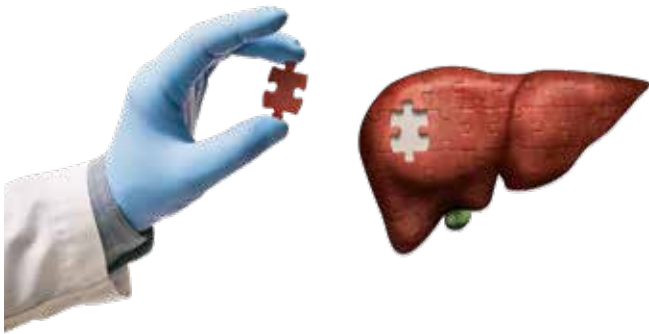


Scan QR to read full article:



Dr. Ali H. Albenmoussa

Outcomes of living liver donors are worse than those of matched healthy controls.



Choi JY, et al. *J Hepatol.* 2022;76(3):628-638. DOI: 10.1016/j.jhep.2021.10.031

Living donor liver transplants are becoming more necessary as the gap between the number of liver transplant candidates on the waiting list and available liver grafts widens. In a study by the Korean Network for Organ Sharing, 12,372 living liver donors (LLDs) were compared to 123,710 individuals from the Korean NHIS who were divided into three groups: healthy population (Group I); general population without comorbidities (Group II); and general population with comorbidities (Group III).

Among the LLD group, 89 donors (0.7%) died (68 males and 21 females). Compared to the general population without and with comorbidities (Control Group II and III), LLDs had lower mortality rates. However, a significant higher incidence of liver failure, depression, cancer, diabetes, hypertension, brain infarction, brain hemorrhage, and end-stage renal disease was found in the LLD group than in the Control Group I.

These data indicate that, the mortality rate of people

with LLDs was lower than the general population, regardless of comorbidities. However, the LLD group had worse outcomes than the matched healthy control group. LLDs should receive careful medical attention for an extended period after donation.



Scan QR to read full article:

Effect of sarcopenia on survival in patients with cirrhosis: A meta-analysis



Tantai X, et al. *J Hepatol.* 2022;76(3):588-599. DOI: 10.1016/j.jhep.2021.11.006

Patients with cirrhosis frequently suffer from malnutrition and sarcopenia, which is defined as an overall loss of muscle mass and function. The prognosis of patients with cirrhosis and sarcopenia remains unknown.

A systematic review of 22 studies involving 6,965 patients with cirrhosis found that 37.5% of the patients had sarcopenia. Sarcopenia affects men, up to 50% of patients with alcoholic liver disease or Child-Pugh class C cirrhosis, and doubled the risk of death.

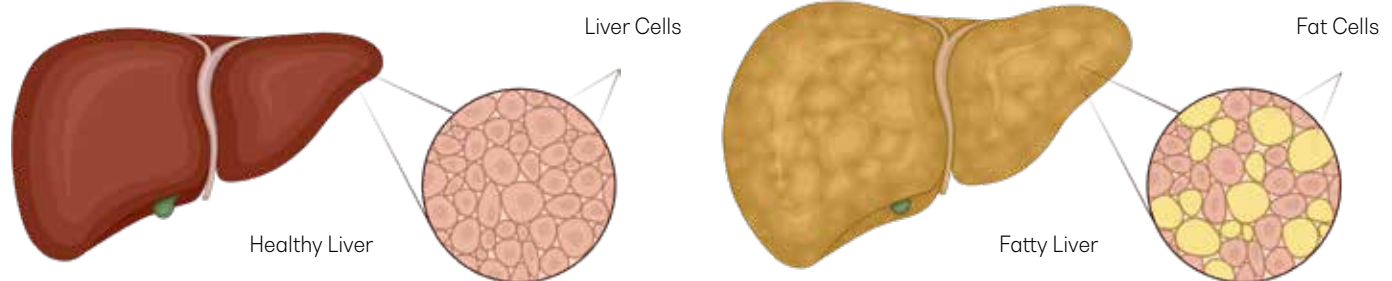
These data indicate that, sarcopenia was associated with an increased risk of death in patients with cirrhosis. Men, patients with alcoholic liver disease, and those with advanced cirrhosis were at a higher risk. Hence, in patients with liver cirrhosis, sarcopenia should be monitored regularly.



Scan QR to read full article:

Type 2 diabetes mellitus increases the risk of hepatic fibrosis in individuals with obesity and nonalcoholic fatty liver disease

Non-Alcoholic Fatty Liver Disease



Barb D, et al. *Obesity (Silver Spring)*. 2021;29:1950-1960. DOI: 10.1002/oby.23263

Obesity or diabetes mellitus (DM) are believed to be associated with increased risk for steatohepatitis with advanced liver fibrosis (nonalcoholic steatohepatitis fibrosis) and cirrhosis. However, this has not yet been demonstrated in the general population. This study assessed the impact of DM on nonalcoholic fatty liver disease (NAFLD) and nonalcoholic steatohepatitis (NASH) with advanced fibrosis prevalence in adults with overweight or obesity in the United States.

A total of 834 middle-aged patients with DM and without DM from the National Health and Nutrition Examination Survey [NHANES] 2015-2016 database were included. The authors used non-invasive tests of liver fibrosis by considering the confounding role and impact of obesity and DM. Overall, DM modestly impacted steatosis, which was primarily obesity driven. DM added a significant risk of fibrosis to individuals with overweight or obesity, suggesting that screening is imperative in adults with DM. This study highlights the additive impact of DM on the

development of steatosis and fibrosis for individuals with overweight or obesity, as well as the need for improved diagnostic approaches in the future.



Scan QR to read full article:



Dr. Mona H. Ismail

The Excellence Corner

Interview with Prof. Abdulrahman Aljumah

Editor: *Can you describe your journey in this field, from inception to the present time?*

My humble life started in the beautiful and quiet village of Al-Yamamah in Al-kharj. We lived in a modest house made of mud and straw, that had intermittent electricity for all of 2-3 hours a day. My education began in this house in the light of kerosene lanterns, and it was in this very early period of my life, when I was only 12 years old, that I developed a desire for studying medicine. This desire grew into a passion, and once I graduated from secondary school, my father being an insightful man, realized that I wanted to study medicine and nothing else. To help me achieve my dream, not only did he sacrifice his own needs and desires, but also moved men and mountains, and did not rest till he had set me on my path. In order to fund my medical education, he sold off the concrete house he was building for my family. From our village, I moved to Cairo University (Egypt), which was one of the oldest and largest Middle Eastern universities at that time (founded 1908 AD). I survived on a shoe-string monthly budget of 50 Egyptian pounds, which even for those days was vastly insufficient. The pain-staking difficulties I experienced at every step of my medical education are unthinkable and insurmountable for today's generation of medical graduates. The immense sacrifices that people around me made for my education - my parents, my sisters, my uncles, and lately, my wife and my children - I realize that I would never have reached this position had it not been for the will of Allah, and the devotedness of my extended family.

- Aljumah

Aljumah (2nd from left) with Hepatologists from different institutes



Editor: What are the challenges that you faced in reaching the pinnacle of your career?

I am a slow and meticulous person. These aspects of my personality, whilst helpful to my work in many ways, have also created many challenges for me. Among those, the most important challenge was time management. In our current health sector environment, practicing daily clinical work including on-calls, doing research, and teaching/mentoring students, residents, and fellows at the same time is extremely difficult. As a consequence, I've been working at home after regular hours, for 4-6 hours a day during the last ten years. Finally, to be successful in my field, I had to communicate and collaborate with clinicians from other specialties and adapting to a completely different mindset proved to be both challenging and exhausting.

- Aljumah



Aljumah (seated, 2nd from right) with classmates from Cairo University



Aljumah (2nd from right) with mentors, in an international conference

Editor: Can you list (what you believe are) your achievements in this field?

I can enumerate some as follows: Obtaining multiple higher qualifications in the field, reaching the position of consultant in a reputable tertiary care center, getting a degree of full professor in the field, and closing the loop by having a high academic and administrative position as the Dean, College of Medicine, in Dar Al Uloom University, Riyadh. Further, I was a founding member of the Saudi Association for the Study of Liver disease and Transplantation, (SASLT) where actually the establishment of the Association was announced and publicized from my humble house in a meeting of like-minded colleagues of the specialty. I have also participated as a speaker/moderator in about 70 local and international scientific events, and have around 80 publications in peer-reviewed journals and about 40 abstracts in scientific meetings proceedings. I also wrote 2 dissertations/theses and 1 book chapter in the field. I served as an associate editor or editorial board member in different journals. I was awarded the "National Security Award", a special honor from H.H.

Prince Sultan, the Second Deputy Prime Minister and Minister of Defense and Aviation, in 1991. I was also awarded the First Excellence award of SASLT in 2016, and finally the King Abdullah International Medical Research Center "Senior Researcher Award" of the Ministry of National Guard-Health Affairs in 2019. It is worth mentioning that I have participated in one way or another in training most of the young consultants in the field of gastroenterology and hepatology. I was proud to establish the first hepatology unit outside North America.

Finally, it is worth mentioning that I have been active in the media. I had the opportunity to have my own programs on Saudi Radio, and have participated in several TV programs and newspapers.

- Aljumah

Editor: Can you name a few things that you feel you have been unable to achieve (as your unfulfilled ambitions)?

I had hoped to build a strong and successful liver transplant center at King Abdulaziz Medical City (National Guard Hospital) in Riyadh, with harmony between transplant hepatologists and surgeons but, unfortunately, I believe that this dream was not realized to its potential. I also dreamt to have a fully equipped and well-staffed research unit in our department but was unable to see this through. On a personal level, I had hoped to have my own medical center and to establish a special center to treat rare and congenital diseases. If carried through, it would have been of immense benefit to our patients from this part of the world.

- Aljumah

Editor: What message would you like to pass on to your peers, colleagues, and the fresh graduates of hepatology?

I would recommend and remind my brothers and sisters that they fear Allah and be sincere in their work. I advise the fresh graduates to concentrate on research along with their daily clinical work. Research is the key indicator of development in science, and without it, we will remain left behind others no matter what else we do. Respect your patients, your peers and co-workers, and your senior colleagues. Be ethical and always remember, knowledge without good manners and great morals has no value.

- Aljumah



Dr. Faisal M. Sanai





SASLT
Saudi Association for the Study of Liver Diseases and Transplantation
الجمعية لدراسات أمراض الكبد وزراعة الكبد



الهيئة السعودية للمهنة الصحية
Saudi Commission for Health Specialties

Riyadh Liver Transplant Club

07:55 - 08:00 PM Opening remarks / Welcome Message
Dr. Hamad Albahili

08:00 - 08:30 PM The Saudi experience in Domino liver transplant; Challenges and needs
Dr. Mohammed Al Qahtani

08:30 - 09:00 PM Liver transplant review article
Dr. Ahmed Al Thahir

09:00 - 09:30 PM Pediatric interesting liver transplant case
Dr. Mohammed Alshagrani

09:30 PM Dinner

- Limited number for physical attendance
- Virtual attendance is also available

Venue: Riyadh Marriott Hotel

30 March 2022

08:00 PM




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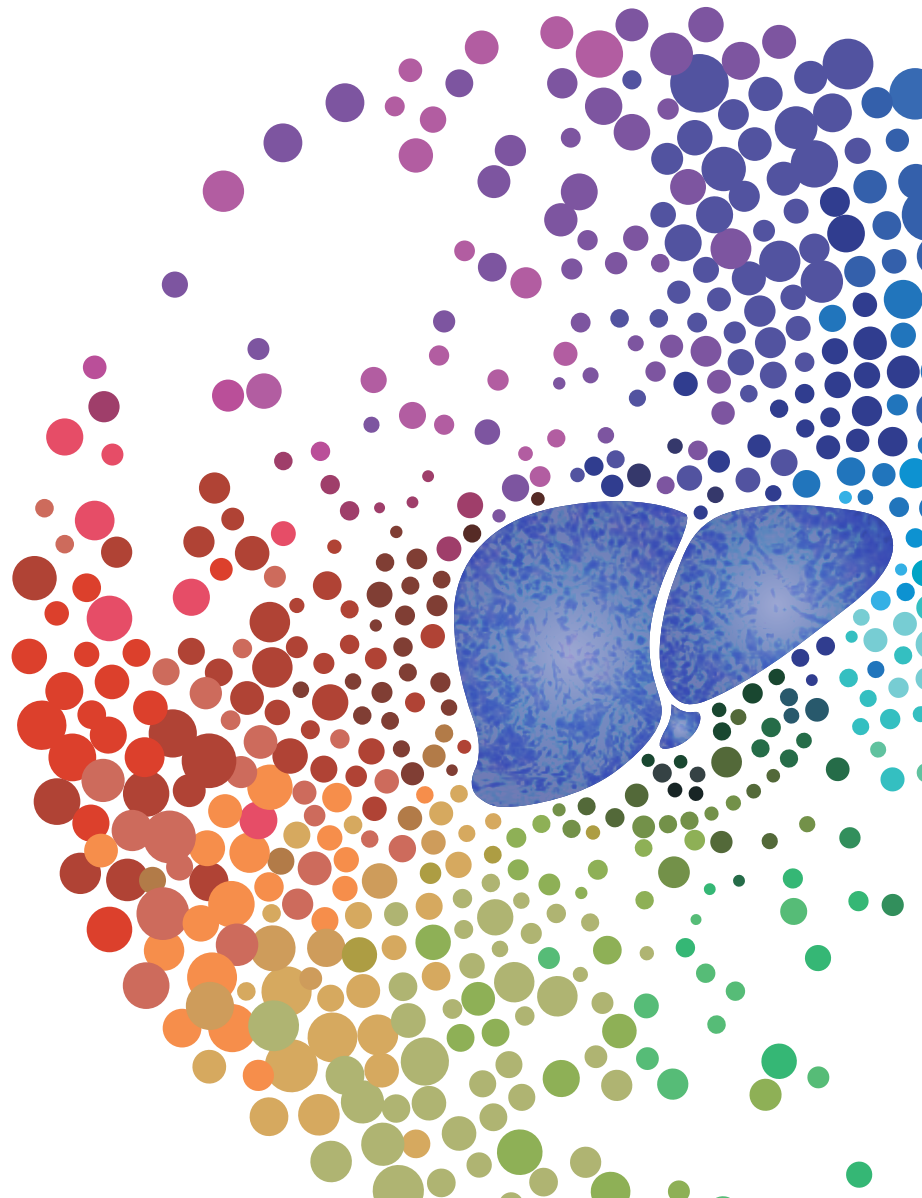
HCC Elite Discussion

Save the Date:

Friday 10 June 2022
02-00 PM - 07-00 PM



Add to Calendar



للوصول إلى مجتمع سعودي يتمتع بكبد سليم



To Have a Saudi Society With a Healthy Liver