Although the pioneering efforts of Dr Tom Starzl in liver transplant date back to the early 1960s, liver transplantation has become such a critical element in the management of patients with liver disease that it is sobering to reflect that its widespread use is still relatively recent after a NIH Consensus Conference in 1983 endorsed liver transplantation in patients with advanced liver disease. Similarly, the Model for End-stage Liver Disease (MELD) has become common parlance for assessing the severity of liver disease, although it was adopted by the United Network for Organ Sharing for organ allocation within the last 10 years. The role of liver transplantation for a number of controversial indications has become better defined during the same period of time including cholangiocarcinoma, hepatocellular carcinoma, and alcoholic liver disease. In this current issue of the *Clinics in Liver Disease*, with the aid of a distinguished group of authors, we provide an update on the current status of liver transplantation as it approaches the half century mark.

Drs Asrani and Kim provide a timely discussion on the profound impact of MELD in liver transplant. Dr Levi discusses the emergence of liver transplantation as a curative option for hepatocellular carcinoma and the importance of a multidisciplinary approach, while Drs Masuoka and Rosen address the role of transplant for cholangiocarcinoma. Drs Di Martini, Crone, and Dew discuss the challenging topic of alcohol and substance abuse in liver transplant candidates and provide excellent management recommendations. Dr Krowka has done extensive work on the impact and management of pulmonary complications of advanced liver disease and herein summarizes his thoughts and recommendations. As we contemplate transplantation in older and sicker patients, their preoperative management has become increasingly complex and time consuming, as described by Dr Tan, with the onset of renal dysfunction an ominous event in the progression of chronic liver disease, as addressed by Drs Lau and Bunnapradist. However, despite our best efforts, patients continue to succumb to their liver disease while listed for liver transplant. Drs Harring, O’Mahony,
and Goss provide a thorough discussion on strategies utilized to expand the donor pool with extended donors to decrease waitlist mortality.

Although liver transplant is curative for some transplant recipients, recurrent disease is a major threat to graft and patients. Drs Limaye and Firpi discuss the impact of HCV recurrence, its predictors, and the role of early versus late antiviral treatment. Conversely, prevention of recurrent hepatitis B has been one of the major triumphs in liver transplant, as described by Ms Buchanan and Dr Tran. It has also become apparent that autoimmune liver diseases can recur, potentially threatening the graft, as addressed by Drs Mendes and Couto. Finally, Drs Stravitz, Carl, and Biskobing provide a detailed discussion on the importance of paying meticulous attention to co-morbidities, which are common in liver transplant recipients to sustain continued excellent long-term survival for all recipients.

We would like to thank all our contributors for sharing their expertise with us to provide this update on liver transplant as it reaches its half century. We would also like to thank Kerry Holland for her efforts to bring this Clinics to press and Dr Norman Gitlin for entrusting this issue to us.

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