Thanks to Dr Tom Starzl, the pioneer surgeon in liver transplantation in the early 1960s, liver transplant has become one of the most effective therapies to treat patients with chronic liver diseases all over the world. Back in the earliest days of liver transplantation, the survival rates were dismal. But the discovery of cyclosporine and tacrolimus led to significant improvement in rejection rates. Better immunosuppression and better patient outcomes led to a proliferation of liver transplant centers across the United States so that this life-saving surgery is widely available. Since the initial days of transplant, many important changes have occurred that affect clinical practice in liver transplantation. Most notably was the adoption of the Model for End-Stage Liver Disease and the Pediatric Model for End-Stage Liver Disease to allocate organs and the subsequent modifications to the allocation system over time. All are in efforts to improve wait-list mortality and survival after transplantation. The impact of chronic hepatitis C cirrhosis on organ demand cannot be overstated, which now may be mitigated somewhat by highly effective therapies that report cure rates close to 100%. Now, we are even expanding the criteria for liver transplant by considering malignant conditions such as cholangiocarcinoma and hepatocellular carcinoma. With that come the challenges and limits of organ availability, which transplant programs have met by extending donor criteria and new allocation policies for deceased donor livers.

Since 1988, close to 150,000 liver transplants have been performed in the United States based on Organ Procurement and Transplantation Network data as of November 11, 2016. The number of transplants performed for the indications of nonalcoholic fatty liver disease and cryptogenic liver disease will soon surpass the current major indication of viral hepatitis C in the United States. Given the complexity of the patients awaiting liver transplant, this discipline has become a delicate one. One that needs very dedicated physicians to care for very sick patients. In this issue, an
internationally renowned group of authors (hepatologists and transplant surgeons) provide an update in important topics in liver transplantation in the twenty-first century.

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