# Development of an open-access web platform to visualise IMPROVEMENT study results and provide a calculator for outcomes based on individual patient data.

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#### **Background**

The IMPROVEMENT study is a global project aimed at providing a snapshot of liver transplant (LT) risk factors and predicting outcomes using multivariable algorithms. A manuscript with the study results has been submitted to a journal for peer review and publication. To date, nor a web platform to describe the propensity to the risk and the implementation of mitigation strategies in LT patients nor a global algorithm with prognostic factors predictive of outcome have been developed.

### Methods

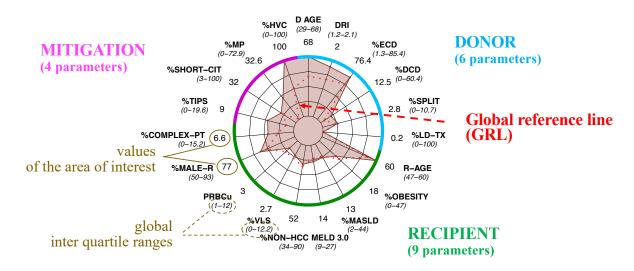
The IMPROVEMENT study enrolled 5218 patients from Europe, Asia, Oceania, North America, and South America. Patients were recruited in a retrospective cohort for LTs performed from 2017–2019 and in a

prospective cohort for those performed from July 2022 to December 2023. The median follow-up was 56 months (IQR 37-72).

The study focused on donor and recipient risk factors identified according to the literature (visualised with the radar graphs) and includes four prognostic algorithms developed according to stepwise logistic regression analysis: 1. mortality at 90-day, 2. mortality at 365-day, mortality at 730-day and 4. high complication rate according to Comprehensive Complication Index >=72.

A web-based platform, available also on smartphones, has been developed to divulge the results of the study, to allow easy comparison of donor-recipient profiles among macroregions, countries, and individual centres and to allow individual predictions according to the prognostic algorithms. The website is available online as a work-in-progress at *improvementstudy.pages.dev*.

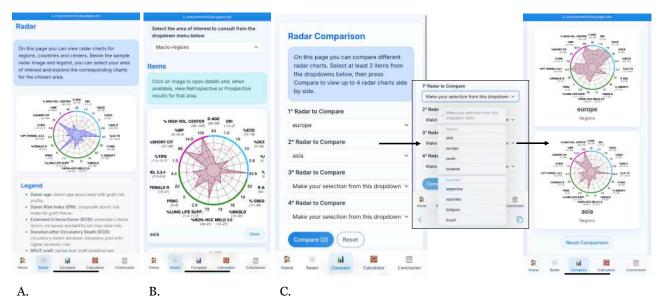
Figure 1 illustrates a radar graph example, while Figure 2 illustrates the website's content.



The parameters are grouped into three blocks (donor factors, light blue; recipient factors, green; mitigation strategies, pink). The values of the area of interest are shown on the outer arc. For each parameter, the global inter quartile range is reported in brackets. Values are compared with the values shown in red on the dotted line that constitute the global reference values.

The global reference line (GRL, red-dotted line) summarises the weighted medians. The GRL are 55 for Donor-AGE (D-AGE), 1.8 for Donor Risk Index (DRI), 64% for Extended Criteria Donors (ECD), 4% for Donors from Circulatory Death (DCD), 2.7% for SPLIT, 0.1% for Living Donor Liver Transplant (LD-LT), 58 for Recipient-AGE (R-AGE), 21% for OBESITY, 12% for Metabolic Dysfunction Associated Steatotic Liver Disease (MASLD), 13 for Model for End-stage Liver Disease score (MELD 3.0), 54% for % non-hepatocellular carcinoma (NON-HCC), 3.4% for Ventilatory Life-Support (VLS), 4 for PRBCu, 72% for MALE-Recipient (MALE-R), 4.1% for complex portal vein thrombosis (COMPLEX-PT), 2.7% for Transjugular Intrahepatic Portal Shunt (TIPS), 27% for short-Cold Ischemia Time (SHORT-CIT), 0% for machine perfusion (MP), 51% for High Volume Centre (HVC, ≥65 cases per year). The illustrative radar refers to the Italian prospective data collection (2022-2023).

Figure 1 – Radar graph example (Italy, prospective data collection) illustrating the different components and variable definitions.



**Figure 2** – **Screenshots from the website.** A. Example of a radar with the definition of each variable plotted. B. Selection example of a radar graph, selecting a macro-region or a country from the dropdown menu (e.g. Asia) C. Example of a comparison between two macro-regions via selection from the dropdown menu (e.g. Europe vs. Asia).

#### **Expected results**

After peer review and publication, the predictive algorithms will be available online and will allow risk estimation for the area of interest. Users will also be able to enter a few parameters for a single patient or for a group of patients (e.g., patients transplanted at a given center over x months), and the platform will instantly return their mortality and complication rates. The platform will allow comparison between the real case and cases registered on the IMPROVEMENT study in an area of interest. Finally, data concerning access to the website will provide information about the users' geographic location, to evaluate worldwide use.

## Discussion

The platform currently illustrates part of the results of the IMPROVEMENT study and allows visualisation of patterns of the geographical area of interest. The user can visualize radar graphs illustrating the demographics of patients transplanted in a certain area. Each graph summarise 6 parameters related to the donor risk, 9 parameters related of the recipient risk and 4 parameters related to the mitigation strategies.

Data can be visualized according to three levels: (1) the geographic macroregion (Europe, Asia, Oceania, North America, and South America), (2) the country level (Italy, France, Spain, Germany, UK, Netherlands, Sweden, Belgium, Poland, Turkey, Russia, China, India, Vietnam, Thailand, Japan, Australia, New Zealand, USA, Brazil, Colombia, Argentina), and (3) the 82 patient series belonging to 61 centers.

Comparison among different geographical regions allows visualization of the different approaches to donor and recipient risk factors and mitigations strategies.

The prognosis calculator, once validated, will allow the risk-forecast of single patients and allow the visualisation of various scenarios according to donor-recipient match.