



Prof. Toshimi Kaido: explore the possibilities in liver transplantation

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Expert's introduction

Toshimi Kaido (*Figure 1*), MD, currently serves as the associate professor in Kyoto University in Japan. He is the head of division of Hepato-Biliary-Pancreatic and Transplant Surgery.

Professor Toshimi Kaido is Associate Professor in Division of Hepato-Biliary-Pancreatic and Transplant Surgery, Graduate School of Medicine, Kyoto University, Japan. Prof. Kaido graduated from Kyoto University in 1987 and received his PhD at Kyoto University in 1996. Prof. Kaido is interested in liver transplantation, Hepato-Biliary-Pancreatic Surgery, hepatocellular carcinoma, and surgical nutrition especially sarcopenia. He received many domestic and international awards including President Award of the 19th Meeting of the Japanese Society of Hepato-Biliary-Pancreatic Surgery in 2007, Chairman Award of the 20th Meeting of the Japanese Society of Hepato-Biliary-Pancreatic Surgery in 2008, Best Subject Award of the 45th Annual Meeting of the Japan Society of Hepatology in 2009, Fellowship Award of Japanese Society for Parenteral and Enteral Nutrition in 2012, The Best Paper of the 15th AJINOMOTO Award of the Japan Society of Hepatology in 2013, Best Oral Award of International Hepato-Pancreato-Biliary Association (IHPBA) in 2014, and Outstanding Contribution Award HBSN in 2018. He has published 230 English papers in international journals including *New Engl J Med*, *Hepatology*, and *Am J Transplant* as a first author. He is also interested in education for young doctors. He does many lectures on a theme of how to make an excellent presentation and write many articles as well as medical themes.

Interview

HBSN: *You have an excellent speech about the significance of preoperative sarcopenia in liver surgery in this meeting, could you please give a brief summary about your speech for the readers who could not be on site?*

Prof. Kaido: The effect of body composition disturbances

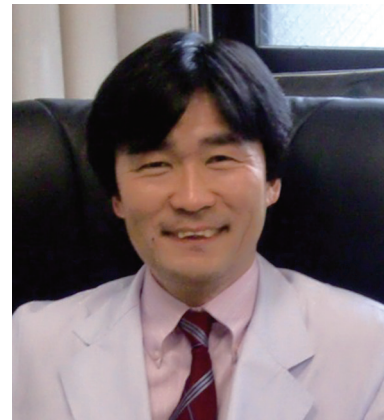


Figure 1 Prof. Toshimi Kaido.

has been recently in focus. Sarcopenia defined as low muscle mass and low muscle strength or physical activity, was reportedly predictive of high mortality in patients with cirrhosis. However, the impact of the sarcopenia on the outcomes after liver transplantation was unclear until several years ago. We evaluated 124 patients who underwent adult-to-adult living donor liver transplantation at our institution between February 2008 and April 2012 and underwent body composition analysis. Overall post-transplant survival was compared between patients who had sarcopenia and not.

HBSN: *What are the impacts of sarcopenia on the outcomes after living donor liver transplantation?*

Dr. Kaido: Patients with preoperative sarcopenia had worse survival compared with patients without sarcopenia. Interestingly, preoperative sarcopenia had no correlation with known risk scores for patients with liver cirrhosis such as Child-Pugh classification and MELD score.

HBSN: *What do you see as the crucial point in implementing the living donor liver transplantation for patients with end-stage liver diseases?*

Dr. Kaido: Actually, surgery is very important. But,

in liver transplantation, perioperative management is more important. Among the management, perioperative nutritional therapy and rehabilitation are keys to improve outcomes after liver transplantation.

HBSN: *Could you introduce some studies or project that you are doing now?*

Prof. Kaido: We are introducing the innovation of transplantation in our center. For example, based on the data that infection is the leading cause of in-hospital death after liver transplantation, we have implemented bundled strategy against infection since 2013. The strategy consists of four elements; perioperative nutrition and rehabilitation, new indication criteria for liver transplantation, real-time procalcitonin measurement, and hand hygiene. As a result, the incidences of bacteremia and in-hospital mortality, duration of antibiotics treatment and so on have significantly decreased. Moreover, we have applied new objective criteria for liver transplantation focusing on body composition. Currently, 1-year overall survival rate is 98%. We can say that liver transplantation is not high risk but low risk treatment in Kyoto University.

HBSN: *We all know that you make great achievements in hepatobiliary surgery and the pancreatic surgery, so how did you first become interested in these 2 fields?*

Prof. Kaido: Thirty years ago, surgery is a very important topic in Japan. So, without doubt, I choose the digestive

surgery which I was interested in.

HBSN: *I know from the conference agenda that you'll go to talk something about how to make a good presentation and write many articles, so can you reveal some contents to us ahead of time?*

Prof. Kaido: The key is "Less is more". You can use some images to guide your audience so they won't feel boring.

HBSN: *What do you want to develop in your field?*

Prof. Kaido: I'd like to do more surgeries including laparoscopic surgery in my field, because I want to continue to do many innovations for the benefit of patients.

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Footnote

Conflicts of Interest: The author has no conflicts of interest to declare.

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