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TEN YEARS EXPERIENCE OF UNCONTROLLED DONATION AFTER CIRCULATORY DEATH (DCD) PROGRAM ON A MEDIUM-VOLUME LUNG TRANSPLANTATION CENTRE

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OBJECTIVES

Lung transplantation from uncontrolled donation after circulatory death (uDCD) donors made it possible to expand the pool of donors despite being more complex to manage because of timing, graft preservation, consent authorization and logistical organization.

METHODS

Data on uDCD donors and recipients undergoing lung transplantation (LT) at our Centre were collected. Our centre's protocol employs an in-situ open and ventilated normothermic lung preservation (i.e., protective ventilation and continuous positive airway pressure) without topical cooling, followed by an ex-situ graft evaluation (i.e., ex-vivo lung perfusion). After one year of preclinical phase in 2013, we started with the clinical program, interrupted in 2015 and 2016 for logistical reasons, but kept open during the COVID-19 pandemic.

RESULTS

We performed 13 bilateral lung transplantations from uDCD donors. In particular, we approached 55,56% of the referrals, obtaining consent to donation in 84% of the cases. After an initial on-site assessment, our equipe recovered 90,48% of the evaluated donors. 94,74% of the recovered lungs underwent EVLP. Eventually, the 72,22% of the lungs that underwent EVLP were considered suitable for transplantation. The most frequent reasons for donor refusal were: smoking habits, organ pathologies, logistic problems within our hospital. However, clinical outcomes of LT with uDCD donors are satisfactory despite extended ischemic times. We have had a constant increase in lung donors of this type. In particular, in the last year, both type 2 and 3 DCD donors have impacted approximately 30% of our activity (Fig. 1).

CONCLUSIONS

Despite the difficulties associated with lungs recovery in uDCD donations, excellent results can be achieved according to this protocol. Furthermore, uncontrolled DCD donations can increase the number of potential donors with satisfying outcome comparable with those from DBD transplantations. collaboration between centres is essential for rapid and effective recovery of the organ.

Disclosure: No significant relationships.

Keywords: Lung; Transplantation; Dcd; Ucd; Dcd2; Evlp.



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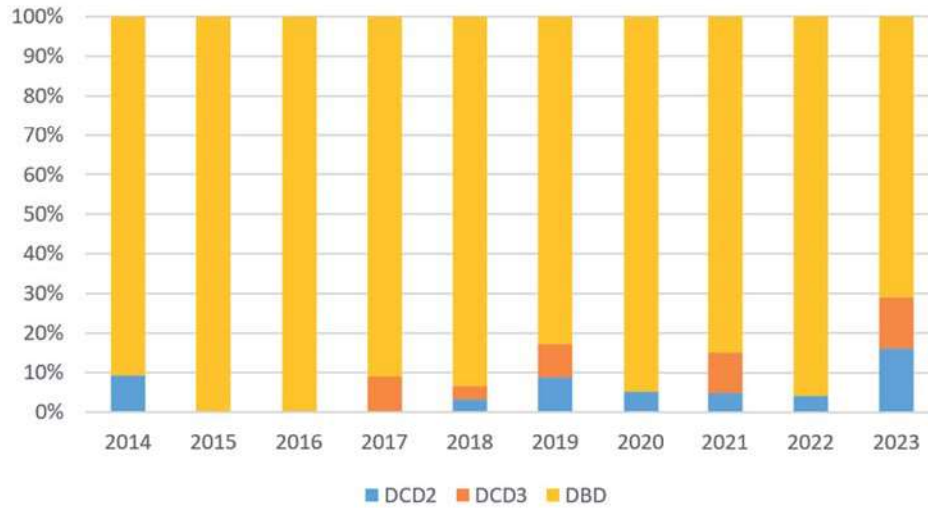
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ABSTRACTS

LUNG TRANSPLANTATIONS

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