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Five years of EVLP: a monocentric experience

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Introduction : Ex Vivo Lung Perfusion (EVLP) is a valuable tool for the reassessment of marginal lungs before transplantation and could increase the pool of organs available; the aim of this study was to investigate the characteristics of the recipients of EVLP-assessed grafts and their outcomes in our hospital.

Methods : A retrospective study was conducted including all lung transplant (LuTx) recipients from January 2011 to December 2015. Two groups of patients were identified based on their graft: EVLP assessed (Group A) or not (Group B).

Results : From January 2011 to December 2015, a total of 101 LuTx were performed; of those, 15 grafts underwent EVLP reconditioning. Table 1 summarises our results.

Conclusion : EVLP grafts were given to more severe recipients at time of LuTx, possibly affecting early perioperative results. However the incidence of primary graft dysfunction (PGD) Grade 3 and other medium and long-term outcomes of EVLP were comparable to conventional transplantations. EVLP reconditioning may increase the number of available grafts, also for those patients whose conditions are too severe to wait for another donor.

Table 1 - Continuous data expressed as median (IQR) and categorical data as proportion.

	Population (101pts)	Group A (15 pts)	Group B (86 pts)	Sig. (p)
Age, years	45 (40; 50)	42 (32; 64)	46 (40; 51)	ns
ECMO bridge	18 (18)	4 (27)	14 (16)	ns
LAS at time of LuTx	41 (37; 45)	61 (39; 83)	39 (36; 42)	0.041
PGD3	41 (41)	6 (40)	35 (41)	ns
Mortality within 90 days from LuTx	6 (6)	3 (20)	3 (4)	0.042
ALAD	26 (24)	3 (19)	23 (25)	ns
CLAD	17 (16)	3 (19)	14 (15)	ns
Survival, months	43 (37; 47)	37 (22; 51)	44 (38; 49)	ns

Abbreviations: LAS, lung allocation score; ALAD and CLAD, acute and chronic lung allograft dysfunction

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