A real life evaluation of criteria for listing for lung transplant: a single-centre, five year experience

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Purpose

Lung transplant (LuTx) is nowadays considered a valuable option for end-stage lung disease, and appropriate selection of candidates is essential to improve survival. Currently available listing criteria for LuTx are mainly based on experts opinions. The aim of this study is to evaluate physicians’ adherence to inclusion and exclusion criteria for LuTx.

Results

305 patients (59% males, median (IQR) age 52 (30-60) years) were enrolled: 54% belonged to Group A, 31% to Group B, and 15% to Group C. With regard to the entire cohort, the most significant contraindications associated with inclusion in WL were the absence of social support [OR 11.3 (95%CI: 1.4-89.9; P = 0.02)] and the presence of cardiopulmonary diseases [OR 21.6 (95%CI: 2.9-164.0; P = 0.003)].

For Group A, no specific criteria were significantly more frequent in listed patients. Conversely, criteria associated with an increased probability of being included in WL were: respiratory failure [OR 7.0 (95%CI: 1.4-34.3; P = 0.02)] for Group B and BODEI >7 [OR 12.0 (95%CI: 1.3-111.3; P = 0.03)] for Group C.

Ineligible individuals (no criteria and/or contraindications) and transplanted patients showed a better survival than those on WL but not yet transplanted, both for the whole cohort and for different groups.

Conclusions

Placement on active WL seems to be mainly based on multidisciplinary clinical decisions more than on the strict application of listing criteria with an improved survival both in patients not eligible for LuTx and for those transplanted. Currently available listing criteria for DPLD did not prove a suitable tool for candidate selection, owing to high clinical heterogeneity of these diseases.

References

POSTER SESSION 2: LUNG TRANSPLANTATION (ADULT)
Room: Hibiscus 2

Poster Discussants:
Mark Greer, MB Bch, Hanover Medical School, Hanover, Germany
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Monique Malouf, FRACP, St. Vincent's Hospital, Sydney, Australia
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(825) Do Long Term Outcomes Justify Third Time Redo Lung Transplantation?; W. Ragalie, P. Downey, D. Ross, E. Depasquale, A. Ardehali. UCLA, Los Angeles, CA

(826) Predicting Long Term Survival in Lung Transplant: Analysis of United Network for Organ Sharing (UNOS) Database; J. Sethi1, G. A. Garrido Rosa2, K. Patel3, N. Sharma2. 1Pulmonary and Critical Care Medicine, University of South Florida, Tampa, FL, 2Advanced Lung Diseases & Lung Transplantation, University of South Florida, Tampa, FL

(827) A Real-Life Evaluation of Criteria for Listing for Lung Transplant: A Single-Center, Five-Year Experience; L. Morlacchi1, S. Henchi1, V. Rossetti1, A. Palleschi2, D. Tosi2, S. Alberti1, G. Soggiu3, P. Tarsia1, L. Rosso2. 1Internal Medicine Department, Respiratory Unit and Cystic Fibrosis Adult Centre, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico di Milano; Università degli Studi di Milano, Milano, Italy, 2Thoracic Surgery and Lung Transplant Unit, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico di Milano; Università degli Studi di Milano, Milano, Italy, 3Clinical Epidemiology and Medical Statistics Unit; Department of Medical, Surgical and Experimental, Università degli Studi di Sannio, Sannio, Italy

(828) Frailty is Highly Prevalent in Lung Transplant Candidates and Varies by Frailty Tool; A. O'Boye, K. Leitner, M. Kelly, J. Wright, J. Lee, R. Tomic, S. Bhorade. Northwestern Memorial Hospital, Chicago, IL

(829) Surgical and Endoscopic Lung Volume Reduction (LVR) Prior to Lung Transplantation (LuTX); A. Slama1, C. Raber1, C. Hedderich1, V. Bessa, D. Valdivia1, K. Darwiche2, A. Koch1, M. Kamler1, C. Taube2, C. Aigner1. 1Department of Thoracic Surgery, University Medicine Essen - Ruhrlandklinik, Essen, Germany, 2Department of Pneumology, University Medicine Essen - Ruhrlandklinik, Essen, Germany, 3Department of Thoracic Transplantation, University Medicine Essen, Essen, Germany

(830) Lung Transplant Referral Consensus Guidelines for Individuals with Cystic Fibrosis: An Opportunity for Partnerships between CF and Lung Transplant Centers; K. J. Ramp1, P. J. Smith2, E. F. McKone3, J. M. Pilewski4, A. Lucas1, S. E. Hempstead5, E. Tallarico6, A. Faro7, D. B. Rosenbluth1, A. L. Gray8, J. M. Dunitz2, C. F. Lung Transplant Referral Guidelines Committee9. 1Medicine, University of Washington, Seattle, WA, 2Duke University, Durham, NC, 3Medicine, University College, Dublin, Ireland, 4Medicine, University of Pittsburgh, Pittsburgh, PA, 5, 6, 7, 8, 9, MD, 4Cystic Fibrosis Foundation, Bethesda, MD, 5Medicine, Washington University School of Medicine in St Louis, St Louis, MO, 6Division of Pulmonary Sciences and Critical Care Medicine, University of Colorado – Anschutz Medical Campus, Denver, CO, 7Medicine, University of Minnesota, Minneapolis, MN

(831) Predictors of Mortality Post Lung Transplantation: Systematic Review and Meta-Analysis; F. Foroutan1, K. Clark1, A. Malik1, T. A. Buchan1, A. Akhtar2, A. Rigobon1, M. Stein1, J. Yepes Nunez2, K. Quach1, D. C. Birriel1, A. Sidhu1, G. H. Guyatt1, M. O. Meade6. 1Cardiology, Toronto General Hospital, Toronto, ON, Canada, 2Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, ON, Canada, 3Toronto General Hospital, Toronto, ON, Canada, 4Lung Transplantation, Toronto General Hospital, Toronto, ON, Canada, 5Department of Health Research Methods, Evidence, and Impact, McMaster, Hamilton, ON, Canada, 6Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, ON, Canada

(832) Single-Center Study Evaluating the Impact of Sarcopenia on Outcomes after Lung Transplantation; P. S. Garcia1, T. Nisar2, A. K. Jami3, M. O. Eden2, V. L. Flores2, J. Felius2, G. Schwartz2, D. P. Mason1. 1Baylor University Medical Center, Dallas, TX, 2Baylor Scott & White Research Institute, Dallas, TX

(833) Is Combined Lung-Liver Transplantation Justified? 30-Year Review of UNOS Database; W. Ragalie, P. Downey, D. Ross, E. Depasquale, A. Ardehali. UCLA, Los Angeles, CA

(834) Outcomes and Long-Term Survival after Pulmonary Retransplantation-A Single Center Experience; A. Wallinder1, J. Magnusson1, C. Danielsson2, G. C. Riise3, G. Dellgren1. 1Dep. of Cardiothoracic Surgery, Sahlgrenska University Hospital, Gothenburg, Sweden, 2Transplant Institute, Sahlgrenska University Hospital, Gothenburg, Sweden
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