Advanced Lung Disease and Lung Transplant Program Academic Productivity for 2015

Original Research Manuscripts


Reviews

5. Nathan SD, King CS. Organ Donors: Making the most of what is offered. Chest 2015; 148(2):303-305

Editorials


Book Chapters

2. Shlobin OA, Nathan SD. Rare ILD and PH. For Pulmonary Hypertension and Interstitial lung disease. Edited by Robert P. Baughman, Roberto G. Carbone and Steven D. Nathan.

Books


Abstracts/Poster Presentations

(IPF) and mild or more pronounced physiological impairment. Presented at ATS 2015.


Kardatzke D, King TE, Kirchgaessler K, Lancaster LH, Lederer DJ, Pereira CA, Swigris JJ, Valeyre D, Noble PW. Effect of Pirfenidone (PFD) on Treatment-emergent (TE) All-cause Mortality (ACM) in Patients with Idiopathic Pulmonary Fibrosis (IPF): Pooled Analysis of Data from ASCEND and CAPACITY. Presented at ERS 2015.


a clinically meaningful decline in percent predicted forced vital capacity in patients with idiopathic pulmonary fibrosis (IPF). Presented at British Thoracic Society meeting 2015.

Faculty Presentations

1. When to treat PH in association with IPF. International Society for Heart and Lung Transplantation, Nice, France. April 15th, 2015 (SN)
3. Pulmonary hypertension in Lung Disease. 10th annual Bayer Pulmonary Hypertension Symposium, Berlin, Germany April 25th, 2015 (SN)
6. Role of lung transplantation in connective tissue diseases. May 18th, 2015 ATS 2015, Denver, USA (OS)
7. Sarcoidosis-associated Pulmonary Hypertension. World Association for Sarcoidosis and other Granulomatous Diseases. Sao Paulo, Brazil June 6th, 2015 (SN)
8. Benefit of continued pirfenidone treatment following hospitalization within the first 6 months of treatment—ad hoc analysis from three Phase 3 trials in patients with idiopathic pulmonary fibrosis. Podium presentation at European Respiratory Society meeting, Amsterdam September 29th, 2015 (SN)
9. Effect of Pirfenidone (PFD) on Treatment-emergent (TE) All-cause Mortality (ACM) in Patients with Idiopathic Pulmonary Fibrosis (IPF): Pooled Analysis of Data from ASCEND and CAPACITY. Podium presentation at European Respiratory Society meeting, Amsterdam September 29th, 2015 (SN)

[SN=Steven Nathan; AWB=A. Whitney Brown, OS=Oksana Shlobin, CK=Christopher King]

The Inova Advanced Lung Disease (ALD) and Transplant Program provides care to patients with many forms of advanced lung diseases, including idiopathic pulmonary fibrosis (IPF), pulmonary hypertension (PH), cystic fibrosis, COPD and sarcoidosis. In addition to earning a designation of a accredited Comprehensive Care Center for Pulmonary Arterial Hypertension (PAH) in 2013, our program gained the added recognition of a Pulmonary Fibrosis Center of Excellence in 2015.
The goal of the research component of the program is to foster a greater understanding of the natural history of these diseases, investigate the role of co-morbidities, study novel diagnostic tools, help develop therapies to delay or avert the need for transplantation, and to maximize post-transplant outcomes. Several major areas of interest continue to be IPF, PAH, PH due to parenchymal lung diseases and lung transplantation.

Our research activities include traditional pharmaceutical studies, collaborative efforts with other renowned academic institutions, biotechnology companies, blood and tissue banking and NIH-sponsored research. All of this has kept our investigators and 7 clinical research coordinators and assistants very busy. The program has enjoyed a highly successful and productive research year. Our team members delivered 13 presentations at national and international conferences. The 2015 publication portfolio, including 12 original research manuscripts, 6 review articles, 1 editorial, 2 books, 3 book chapters and 31 abstracts, representing the highest productivity to date.

The research program owes its success to the dedication of our research coordinators, a close collaborative environment and most importantly the patients themselves, who enable the research by their ability and willingness to participate in the various clinical trials.