Out with the old!
…in with the new!
Help us help you!

I think I am a great candidate!
Pretransplant evaluation: goals

✓ Determine suitability as candidate
✓ Nature of surgery
✓ Optimize pre-transplant status
✓ Anticipate post-operative problems
✓ Educate patient/family
Do I fall within the “window of opportunity” for a lung transplant?

“WINDOW OF OPPORTUNITY”

Other Rx
Too well
Motivation

QOL, life expectancy, donor availability

Too sick
The Transplant Scale

What is my quality of life without a transplant?  
What is my life expectancy without a transplant?

What is my quality of life with a transplant?  
What is my life expectancy with a transplant?
Steps to Transplantation

Initial contact and preliminary evaluation

Initial consultation

Comprehensive work-up

LTx selection committee

Listing

Waiting

Transplant

Those lungs are mine!
Patients should be aware that despite their wanting/needing a transplant, not all patients will ultimately prove to be good candidates.
Increasing commitment with each step, once listed you are committed!

Patients can change their minds about having a transplant at any point during the work-up, but once listed they need to be committed to the process.
Consults
(or fascinating people you will be meeting)

- Transplant Pulmonologist
- Transplant Coordinator
- Financial Coordinator
- Cardiologist
- Social Worker
- Psychiatrist
- Transplant Surgeon
- Pulmonary Rehab Specialist

I hope I don’t have to remember all their names!
What makes you an appropriate candidate?

- Age <65-70
- Failed usual treatments
- Limited life expectancy (<2-3 yrs.) or severely impaired lifestyle
- Cannot be too sick: “Be within the window of opportunity”
- No long-term ventilator dependency
Pretransplant Testing: Pulmonary

- CXR
- Full PFTs
- CAT scan of the chest/HRCT
- Quantitative V/Q scan
- 6-minute walk
Pretransplant Testing:
Cardiac

- EKG
- Echocardiogram
- Right and Left heart catheterization if > 40 years of age
- Dobutamine Thallium if <40 years of age or coronary artery disease known
Pretransplant Testing: Miscellaneous

- U/A, 24 hour creatinine clearance
- Annual PAP/Gyn exam&Mammogram
- Annual PSA and Testosterone
- Colonoscopy (age>50) or stool for occult blood
- Bone density scan
Pretransplant Testing: Blood Tests

- Chemistry and Hematology testing
- Thyroid function tests, Glucose, Cholestrol, Liver function panel
- Blood type twice and Panel Reactive Antibody (PRA)
- Yadda…yadda…yadda… (there might be other tests that become necessary as your evaluation unfolds)
Pretransplant Test: Infection Exposures

- HIV, Syphilis, Hepatitis B & C,
- CMV, EBV, Toxo (commonly +)
- Chicken Pox/Shingles, Herpes I/II
- Sputum culture for bacterial and fungal infections
- PPD skin test
Vaccines to Update: Pretransplantation

- Flu shot every year
- Pneumonia shot every 5-10 years
- Hepatitis B series of 3 shots,
- Tetanus shot every 8-10 years
- Varicella if never gotten chicken pox
Lung diseases that warrant transplant

- COPD
- Pulmonary Fibrosis
- Bronchiectasis
- Cystic Fibrosis
- Sarcoidosis
- Pulmonary Hypertension
- other (Alpha 1, LAM, Scleroderma)
What is a “contraindication”?

Reason why a person may not be a good candidate
Contraindications to Lung Transplantation

- Prolonged Prednisone > 20 mg/day
- Being over or under weight for ideal body requirements
- Substance addiction (big “no-no”)
- Significant psychosocial problems
- Lack of medical coverage or Financial Limitations
Contraindications to Lung Transplantation

- Cancer (Malignancy within 5yrs)
- Major organ dysfunction
  - kidney disease: creatinine clearance < 50
- liver disease: Hepatitis B or C
  - Hepatitis C may be relative contraindication if there is no active viral replication or liver damage.
- heart disease: severe or untreated
Contraindications to Lung Transplantation: Other

- Significant disease of other body systems
  - diabetes
  - autoimmune disease
  - uncontrolled reflux or poor GI motility
  - severe or symptomatic bone disease
  - significant pleural disease or prior chest surgeries

- Prolonged ventilator-dependency
Contraindications to Lung Transplantation May Emerge

- Patients and situations are dynamic and things can change.
- It is therefore possible that someone deemed an appropriate candidate, become listed, but during the waiting period develop a contraindication.
- This is one of the reasons frequent monitoring and repeat testing of listed patients is required.
- We reserve the right to delist or inactivate a patient from our list should a contraindication arise.
We can’t / don’t make any promises or guarantees!

Sometimes patients might be rejected based on information that was available early. However, often patients receive a full work up so that all the information is on hand and all consultants have been seen, to enable a fully informed decision by the team.
Substance addiction

- Smoking or other nicotine use
  - Need to be “smoke-free” for at least 6 months before evaluation
- Alcohol
- Recreational drugs
- May require clearance by substance addiction program
- May require contract signed by patient and transplant team
Transplantation: a two way decision! Patients have to want to have a transplant and the transplant team has to deem them an appropriate candidate....no-one will be forced to make this life-altering decision. All we can do is to provide the appropriate information about lung transplantation as well as the primary disease process, thus enabling patients to make the decision that is right for them.
Our obligations are...

♦ ...to you and your family
  ➔ Act in your best interests
  ➔ “First do no harm”

♦ ...to the donor and donor family
  ➔ To do the best possible job with their selfless gift

♦ ...to other patients on the list
Allocation of Lungs

.Listed by blood type and size
- A, B, O, AB
- size: for example a 5’5” person may be able to accept a lung from donors who are 5’2” to 5’8”

.Lung Allocation Score: Scores are calculated giving people who need transplant urgently a higher score, lower scores are thought to allow time to “get the most mileage out of their own lungs” before transplant is necessary.
UNOS patient services

Call 1-888-894-6361

♦ With questions regarding allocation practices and transplantation data
♦ or to discuss problems with transplant center or transplantation system in general.
We can’t / don’t make any promises or guarantees!

1) Transplant candidacy
   medical issues
   insurance issues

2) Whether we will get you a transplant once listed

3) Outcome once transplanted
Your responsibilities...

1. Follow-up on insurance recommendations
2. Get into Pulmonary Rehabilitation
3. Attending Support Group is expected
4. Certain tests may be your responsibility to arrange
   ➔ Especially if your insurance dictates such
5. Any questions … call!
6. Get your support system in place
...but we will do the best we can for you at every stage of the transplant process!
We have a lot of telephone traffic, so...

..please be patient!
- Your PCPs are still responsible for your medical care

- But, call us if there is a change in your medical condition

- Insurance change
More information at:
www.inova.org/lung
Further statistics: www.ustransplant.org