

Lung Allocation Score Boosts Organ-Use Efficiency

BY MITCHEL L. ZOLER
Philadelphia Bureau

MADRID — Early results show that the recently introduced lung allocation score is making it easier to match donor lungs with transplant recipients.

Since its launch in May 2005, the lung allocation score has meant less time spent searching for the patient who'll receive an available lung, Dr. Stuart C. Sweet said at the annual meeting of the International So-

ciety for Heart and Lung Transplantation.

From May 4, 2005, through Feb. 21, 2006, a total of 1,189 patients in the United States received a lung transplant based on the lung allocation score. Five patients were screened on average before an available lung was matched with a recipient.

By comparison, from May 4, 2004, through Feb. 21, 2005, 995 lungs were transplanted, with an average of 11 patients screened for each match, said Dr. Sweet, medical director of the pediatric

lung transplant program at Washington University in St. Louis. The older allocation method ranked prospective lung recipients based entirely on the time that they had spent on the national waiting list.

"The allocation score is doing what it was designed to do. But we don't yet know if it will improve patient outcomes," commented Dr. Denis Hadjiliadis, associate medical director of the lung transplantation program at the University of Pennsylvania in Philadelphia. In the past,

physicians often turned a donor organ down if it wasn't an excellent match, which led to wasted organs. Now, with the organs offered first to the sickest patients, fewer lungs are wasted, Dr. Hadjiliadis said in an interview.

The lung allocation score was developed through the Organ Procurement and Transplantation Network, a part of the United Network for Organ Sharing. The idea was to boost the efficiency of lung transplants by ranking recipients accord-

Lung Allocation Biased Against PAH Patients

MADRID — The new system for allocating donor lungs to transplant recipients—the lung allocation score—has a built-in bias against patients with pulmonary arterial hypertension.

But the United Network for Organ Sharing, which began applying the lung allocation score to donor lungs in the United States in May 2005, is aware of the bias and plans to fix it, Dr. Stuart C. Sweet said at the annual meeting of the International Society for Heart and Lung Transplantation.

The problem arose because relatively few patients who seek lung transplants have pulmonary arterial hypertension (PAH), which meant that limited data were available to create an accurate formula for estimating a patient's likely benefit from a lung transplant, said Dr. Sweet, medical director of the pediatric lung transplant program at Washington University in St. Louis.

The lung allocation score ranks patients on the waiting list for donor lungs based on their estimated survival benefit from transplantation, which is calculated based on patients' expected survival while awaiting a transplant and their projected survival after transplantation occurs.

Another factor that has worked against PAH patients is their high mortality during the first 30 days following lung transplantation. "Among all of the diagnostic groups that get lung transplants, patients with PAH have low survival, mostly because of their high postoperative mortality," said Dr. Reda E. Girgis, of the division of pulmonary and critical care medicine at Johns Hopkins University in Baltimore.

Dr. Girgis is leading an effort by the International Society for Heart and Lung Transplantation, and he is also working with PAH-patient support groups to get the lung allocation score changed to better reflect the needs of patients with PAH.

A relatively small number of patients who are awaiting lung transplantation have PAH. From May 4, 2005 (when the new allocation scoring system began) through Dec. 31, 2005, 2% of all lung transplants in the United States were in patients with primary pulmonary hypertension, said Dr. Denis Hadjiliadis of the lung transplantation program at the University of Pennsylvania in Philadelphia.

—Mitchel L. Zoler

"★★★★★" — Doody's

Book Review Service

Includes
image bank
CD-ROM!

CECIL

Trust our knowledge to take you further.