

The 2008 Annual Report of the OPTN and SRTR

Lung Transplantation in the United States, 1998-2007

Overview

- The most significant change in lung transplantation over the last decade was implementation of the Lung Allocation Score (LAS) allocation system in May 2005.
- Subsequently, the number of active wait-listed lung candidates declined 54% from pre-LAS (2004) levels to the end of 2007. There was also a reduction in median waiting time, from 792 days in 2004 to 141 days in 2007.
- The number of lung transplants performed yearly increased through the decade to a peak of 1,465 in 2007; the greatest single year increase occurred in 2005.
- Despite candidates with increasingly higher LAS scores being transplanted in the LAS era, recipient death rates have remained relatively stable since 2003, and better than in previous years.
- Idiopathic pulmonary fibrosis (IPF) became the most common diagnosis group to receive a lung transplant in 2007. Emphysema was the most common diagnosis in years prior.
- The number of re-transplants and transplants in those aged ≥ 65 performed yearly have increased significantly since 1998, up 295% and 643%, respectively.
- A decreasing percentage of lung transplant recipients are children (3.5% in 2007, n=51). With LAS refinement ongoing, monitoring of future impact is warranted.

Summary Figures

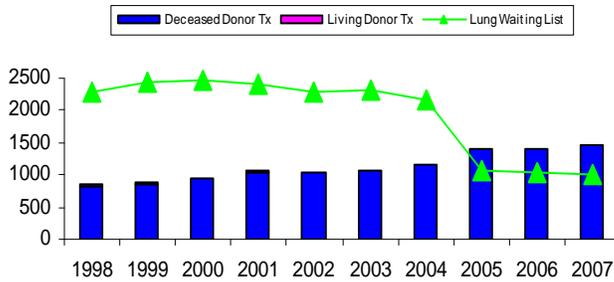
The figures on the following page are “dashboard” views of the state of lung transplantation. Details on the implications of these figures, and explanations of the methods used in creating them, are included in Chapter VI of this year’s report.

The 2008 OPTN/SRTR Annual Report

The data and analyses reported in the 2008 Annual Report of the U.S. Organ Procurement and Transplantation Network and the Scientific Registry of Transplant Recipients have been supplied by the United Network for Organ Sharing and the Arbor Research Collaborative for Health under contract with the Department of Health and Human Services. The authors alone are responsible for reporting and interpreting these data; the views expressed herein are those of the authors and not necessarily those of the U.S. Government.

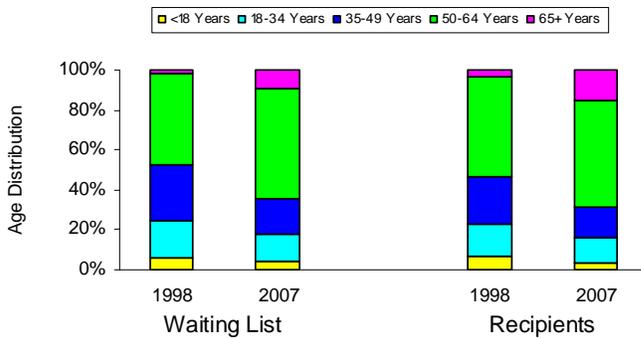
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Lung Transplantation at a Glance



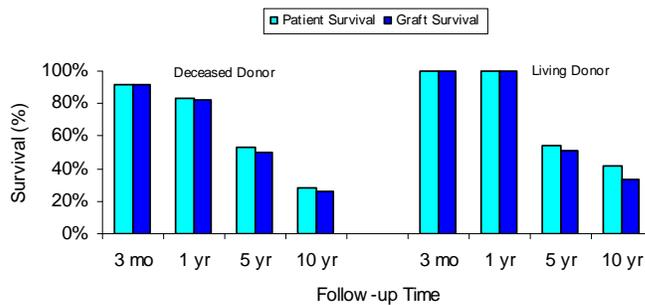
Number of Transplants and Size of Active Waiting List.

The number of lung transplants has increased in the last two years. The number of patients awaiting a transplant dropped steeply in 2005 after a stable pattern during the prior seven years. This sharp reduction is largely attributable to a major changes in allocation policy, which is now based on medical urgency and calculated transplant benefit rather than waiting time. Source: 2008 OPTN/SRTR Annual Report, Tables 1.7, 12.1a.



Age Distribution of Recipients and Active Waiting List.

The lung waiting list showed a mixed trend in age distribution, with increasing percentages of candidates older than 50 years and decreasing percentages younger than 18 years. Candidates 18-49 years old showed a corresponding reduction in the percentage of the waiting list. The pattern for transplant recipients showed a similarly strong increase for ages 50 years and above, but a decrease in percentages for younger ages, including children. Source: 2008 OPTN/SRTR Annual Report, Tables 12.1a, 12.4a, 12.4b.



Unadjusted Patient and Graft Survival.

Patient survival has been improving in recent years for recipients of deceased and (very small numbers of) living donor lung transplants. At one year following deceased donor and living donor lung transplantation, 84% and 100% of patients, respectively, were alive. Graft survival was very similar to patient survival because very few lung re-transplants are performed. Source: 2008 OPTN/SRTR Annual Report, Tables 12.10a, 12.10b, 12.14a, 12.14b.