

The Society of Thoracic Surgeons 633 N. St. Clair, Suite 2320 Chicago, IL 60611 www.sts.org



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## Non-Traditional Donor Lungs Appear Safe for Transplant Cause of donor death should not automatically exclude lungs from transplant consideration

Chicago – Patients receiving lungs from donors whose cause of death was asphyxiation or drowning have similar outcomes and long-term survival as patients receiving lungs from traditional donors, according to a study in the October 2014 issue of *The Annals of Thoracic Surgery*.

"For most patients with end-stage lung disease, transplant offers the only hope for survival, but there is a critical organ shortage, especially for patients on the lung transplant list. Increasing the potential donor pool would help reduce the number of patients who die while on the waiting list and help expand this lifesaving treatment to those who need it," said Bryan A. Whitson, MD, PhD, from The Ohio State University Wexner Medical Center in Columbus.

Dr. Whitson and colleagues searched the United Network for Organ Sharing (UNOS) Standard Transplant Analysis and Research registry for lung transplants from 1987 to 2010 and assessed the association between donor cause of death and

## **Key Points**

- Lungs from donors whose cause of death was asphyxiation or drowning can be safely transplanted into patients with end-stage lung disease.
- Patient survival rates were not affected when lungs from cases involving asphyxiation and drowning were used.
- The researchers note that if centers wanted to expand their individual criteria for donation, they could successfully expand their donor pool.

recipient survival, focusing on asphyxiation or drowning as the cause of death. Lungs from donors who died from asphyxiation or drowning are not routinely utilized because of potential damage sustained by the organs.

The researchers found 18,250 adult primary lung transplants, including 309 cases that involved asphyxiation or drowning. They also found that although the hospital stay was slightly longer (0.8 day) for recipients of lungs from asphyxiation or drowning deaths when compared with patients who received lungs from all other causes of donor death, survival rates were the same and there were no differences in treatment for rejection within the first year, post-transplant dialysis, or post-transplant stroke.

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"Our results show that the cause of death in an organ donor should not automatically be an exclusionary criterion for transplant consideration," said Dr. Whitson. "The conventional criteria for organ quality and function need to be met, of course, but this adds a potential increase in the donor pool. Individual transplant centers evaluate donors on a case-by-case basis and assess the risk and make the best match of donor and recipient. Based on our results, it appears that if centers wanted to expand their individual criteria for donation, they could successfully expand their donor pool. Questions around these types of donors or even marginal lungs will be assessed by ex-vivo perfusion [therapy applied to donor lungs outside of the body before transplant that improves organ quality and makes lungs safe for transplant], and we should see an increase in the number of transplants overall."

Additional co-authors on the study include Marshall I. Hertz, MD, Rosemary F. Kelly, MD, Robert S.D. Higgins, MD, MSHA, Ahmet Kilic, MD, Sara J. Shumway, MD, and Jonathan D'Cunha, MD, PhD.

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For a copy of the study contact Cassie McNulty at 312-202-5865 or cmcnulty@sts.org.

Founded in 1964, The Society of Thoracic Surgeons is a not-for-profit organization representing more than 6,900 cardiothoracic surgeons, researchers, and allied health care professionals worldwide who are dedicated to ensuring the best possible outcomes for surgeries of the heart, lung, and esophagus, as well as other surgical procedures within the chest. The Society's mission is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy.

The Annals of Thoracic Surgery is the official journal of STS and the Southern Thoracic Surgical Association.

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