

European Respiratory Society Annual Congress 2012

Abstract Number: 7184

Publication Number: P1477

Abstract Group: 8.2. Transplantation

Keyword 1: Transplantation **Keyword 2:** No keyword **Keyword 3:** No keyword

Title: The impact of desensitization therapy prior to lung transplantation

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Body: Introduction: Limited data exists on the impact of allosensitization on waitlist time and waitlist mortality in lung transplantation. No published data exists on the impact of desensitization therapy in lung transplant patients. Aim: Determine the impact of desensitization therapy on wait time and waitlist mortality. Methods: We performed a retrospective cohort study based on chart review of all patients listed for lung transplant between 1/1/2007 and 12/31/2010 at The Methodist Hospital. Groups were compared by Chi square test. P-values of 0.05 were considered statistically significant. Results: Excluding retransplant listings, 299 patients were listed for lung transplant. 30(10%) had panel reactive antibody (PRA) $\geq 25\%$, while 269 (90%) had PRA $< 25\%$. Median wait time was significantly longer in those with PRA $\geq 25\%$ (181 days vs. 45 days, $p = < 0.0001$). Waitlist mortality was also significantly higher in those with PRA $\geq 25\%$ (26.7% vs. 8.6%, $p = < 0.001$). Of the patients with PRA $\geq 25\%$, 16 (53.3%) underwent desensitization with intravenous immunoglobulin and plasma exchange +/- rituximab. Of the patients undergoing desensitization therapy, 10 (62.5%) were transplanted, 4 died waiting (25%), and 2 (12.5%) are still waiting. Of the patients with PRA $\geq 25\%$ that did not receive desensitization therapy, 7 (50%) were transplanted, 4 (28.6%) died waiting, and 3 (21.4%) are still waiting. Conclusion: PRA $\geq 25\%$ was associated with a longer wait time and higher waitlist mortality. Desensitization therapy did not improve waitlist time or waitlist mortality when compared to allosensitized patients that did not undergo desensitization. Study is limited by being a retrospective, single center study with low numbers of patients.