

Lung Transplant Program

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Early referral for consideration of transplant allows an orderly process for assessment, management of areas of concern, and patient education before active listing.

All transplant candidates must be psychosocially stable and have either third-party coverage or financial resources capable of covering the cost of the transplantation procedure and related costs.

Factors in Patient Referral for Lung Transplantation



FLORIDA HOSPITAL
Transplant Center

The skill to heal. The spirit to care.®

Factors in Patient Referral for Lung Transplantation

Absolute contra-indications criteria

- 5-year disease-free interval is prudent for malignancy, except cutaneous-squamous and basal-cell tumors
- Untreatable advanced dysfunction of another major organ system (e.g., heart, liver or kidney). Coronary artery disease not amenable to intervention
- Chronic active viral hepatitis B, hepatitis C and human immunodeficiency virus
- Absence of a consistent or reliable social support system
- Substance addiction (e.g., alcohol, tobacco or narcotics) that is either active or within the last six months

Relative contra-indications criteria

- Age older than 65 years
- Critical or unstable clinical condition (e.g., shock, mechanical ventilation)
- Colonization with highly resistant or highly virulent bacteria, or mycobacteria
- Severe obesity defined as a body mass index (BMI) exceeding 30 kg/m²
- Severe or symptomatic osteoporosis

Chronic Obstructive Pulmonary Disease criteria (COPD)

- BODE index exceeding 5
- History of hospitalization for exacerbation associated with acute hypercapnia (PCO₂ exceeding 50 mm Hg)
- Pulmonary hypertension or cor pulmonale, or both, despite oxygen therapy
- FEV1 of less than 20 percent and either DLCO of less than 20 percent or homogenous distribution of emphysema

Cystic fibrosis and other causes of bronchiectasis criteria

- FEV1 below 30 percent predicted or a rapid decline in FEV1
- Exacerbation of pulmonary disease requiring ICU stay
- Increasing frequency of exacerbations requiring antibiotic therapy
- Refractory and/or recurrent pneumothorax
- Recurrent hemoptysis not controlled by embolization
- Oxygen-dependent respiratory failure, hypercarbia +/- cor pulmonale

Idiopathic pulmonary fibrosis and non-specific interstitial pneumonia criteria

- Histologic or radiographic evidence honeycombing on HRCT of UIP irrespective of vital capacity
- Histologic evidence of fibrotic NSIP
- A DLCO of less than 39 percent predicted
- A 10 percent or greater decrement in FVC during six months of follow-up
- A decrease in pulse oximetry below 88 percent during a 6-MWT

Pulmonary arterial hypertension criteria

- NYHA functional class III or IV, irrespective of ongoing therapy
- Rapidly progressive disease
- Low (<350 meter) declining 6-MWT
- Cardiac index of less than two liters/min/m²
- Right atrial pressure exceeding 15 mm Hg

Sarcoidosis, lymphangioleiomyomatosis and pulmonary langerhans cell histiocytosis criteria

- Impairment of exercise tolerance (NYHA functional class III or IV) and hypoxemia at rest or presence of cor pulmonale