

Shift in lung allocation score alters transplant survival

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(HealthDay)—An acute increase in lung allocation score (LAS) before transplantation is associated with worse post-transplant survival, according to a study published in the May 7 issue of the *Annals of Internal Medicine*.

Wayne M. Tsuang, M.D., from the Duke University Medical Center in Durham, N.C., and colleagues retrospectively analyzed data from 5,749 adult lung transplant recipients listed for at least 30 days between May 4, 2005 (LAS implementation) and Dec. 31, 2010, in the United Network for Organ Sharing registry. An LAS change ($LAS\Delta$) of >5 units between the 30 days before and the time of transplantation was the definition for an acute increase in LAS.

The researchers found that 702 patients (12.2 percent) experienced an LASΔ of >5. After adjusting for LAS at transplantation (LAS-T) and other clinical covariates, these patients had significantly worse post-transplant survival (hazard ratio, 1.31). The findings regarding LASΔ of >5 were independent of the LAS-T, underlying [diagnosis](#), center volume, or donor characteristics.

"The LAS has proven to be a clinically useful means to allocate organs within the United States and has reduced wait-list deaths without adversely affecting post-transplant survival," the authors write. "Further analysis of the patterns of change in LAS and its effect on post-transplant survival could help refine estimations of net benefit of [lung transplantation](#) and improve organ allocation."

One author disclosed [financial ties](#) to ImmuneWorks.

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