

# **COPD, ILD patients may not benefit from bilateral lung transplant listing**

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(HealthDay)—While an unrestricted listing strategy does not seem to

impact overall survival among patients with chronic obstructive pulmonary disease (COPD) or interstitial lung disease (ILD) awaiting lung transplant, it may increase the number of transplants performed, according to a study published in the February issue of the *Annals of the American Thoracic Society*.

Michaela R. Anderson, M.D., from the Columbia University Medical Center in New York City, and colleagues assessed data from 12,155 adults with COPD or ILD listed for lung transplantation in the United States (May 4, 2005, to Dec. 31, 2014) to determine whether an unrestricted procedure preference was associated with improved overall outcomes.

The researchers found that an unrestricted procedure preference was associated with a 3 percent lower rate of the composite primary outcome (number of days between listing and death, removal from the list for clinical deterioration, or retransplantation) in COPD (adjusted hazard ratio [aHR], 0.97; 95 percent confidence interval, 0.89 to 1.07) and a 1 percent higher rate in ILD (aHR, 1.01; 95 percent CI, 0.94 to 1.08). These associations were similar regardless of age, disease severity, or the use of mechanical support. Among those with both ILD and severe pulmonary hypertension, an unrestricted preference was associated with a 17 percent increased rate of the primary outcome (aHR, 1.17; 95 percent CI, 0.99 to 1.39). There was a consistent association between an unrestricted preference and lower rates of death or removal from the list for clinical deterioration and with higher rates of transplantation.

"When considering outcomes both before and after transplantation, we found no evidence that patients with COPD or ILD benefit from listing for bilateral [lung transplantation](#) compared with listing for a more liberal procedure preference," the authors write.

One author disclosed financial ties to Hiregenics.

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