UPMC’s Lung Transplantation Program is one of the most recognized and experienced centers in the world for lung and combined heart-lung transplantation. Since the program’s inception in 1982, UPMC surgeons have performed more than 1,700 lung and heart-lung transplantations. This significant volume places our program among an elite few in the world with such extensive experience.

In 2013, for the eighth year in a row, UPMC specialists performed 100 or more lung and combined heart-lung transplants. UPMC’s Lung Transplantation Program is one of the few programs in the nation that has achieved this consistent volume year after year, while maintaining outcomes that are on par with national averages. We have extensive experience in handling patients with a variety of prognoses and conditions. Our surgeons and specialists have used this high level of complex cases to develop treatment regimens that help advance patient care.
These regimens may also help to reduce drug side effects and rejection and improve long-term outcomes in lung patients.

oxygen to the perfusate. Replacement solution, known as perfusate, protects the organ.

Ex vivo perfusion before transplantation may increase the likelihood of improved lung recovery.

Extracorporeal membrane oxygenation
Our physicians are pioneers in the use of ECMO, or extracorporeal membrane oxygenation. ECMO replaces the heart and lung function by circulating the patient’s blood through an artificial lung; it immediately allows healing to begin by improving the patients’ clinical condition so that they can become candidates for transplantation. Because ECMO allows us to keep the patient stable during assessment and treatment, it is a valuable component of our response to patients in acute distress.

UPMC specialists have primarily used ECMO in cases of profound respiratory failure and acute respiratory distress, but ECMO is also useful in the treatment of progressive lung diseases. Our ongoing research on ECMO involves the combination of this technology with stem cell manipulation to improve lung recovery.

Ex vivo perfusion
Perfusing the organ outside of the body (ex vivo organ perfusion) before transplantation may increase the likelihood of a successful outcome. For three to four hours, the donor lung is kept functioning at normal body temperature on a closed loop circuit that simulates in vivo functioning. A blood replacement solution, known as perfusate, protects the organ and keeps it “alive” during evaluation; our experts check to ensure that the lung adequately expands and transfers oxygen to the perfusate.

Other Research
UPMC researchers have been at the forefront in efforts to develop novel immunosuppressive regimens, including induction lymphodepletion and the use of inhaled cyclosporine to minimize rejection and improve long-term outcomes in lung patients. These regimens may also help to reduce drug side effects.

Who is a candidate?
- Patients with life-threatening lung diseases, including pulmonary parenchymal or vascular disease that significantly limits life activities despite previous surgical and medical therapy.
- Patients with chronic obstructive pulmonary disease (COPD), pulmonary fibrosis, cystic fibrosis, alpha 1 antitrypsin deficiency, and others.
- Patients who may benefit from a minimally invasive approach to lung transplantation.

How to refer:
Members of our team are available for consultations 24 hours a day, seven days a week. The selection criteria shown above are simply a guideline — we encourage you to get in touch if you have questions about eligibility of your patient. It’s never too early to discuss us, and we can begin the intake process with very basic information. You may call, fax, mail or email us all related information and medical records. For a convenient online patient referral form, visit upmc.com/lungtransplant.

CASE STUDY
As a small child, the patient was diagnosed with cystic fibrosis, which was diminishing his ability to breathe. Since receiving a double lung transplant as an adult in August 2002, he has been able to engage in activities that he once enjoyed but found difficult or impossible due to his health. Now he jogs, plays hockey, and is able to lead a normal life. His care and recovery at UPMC Presbyterian inspired him to pursue a career in health care. A physician assistant since 2007 at the Thomas E. Starzl Transplantation Institute, he has the opportunity to work with patients who are anticipating or recovering from transplants.

Inception of UPMC’s Heart/Lung Transplant Program Cardiothoracic surgeons perform UPMC’s first single lung transplant Cardiothoracic surgeons perform UPMC’s first double lung transplant UPMC Cardiothoracic transplantation program surpasses 3,000 cardiothoracic transplants For the 8th year in a row, UPMC performs 100 lung transplants

UPMC Lung Transplantation Program

UPMC ﬁrst single lung transplant

1-800-544-2500

For more information, contact our outreach liaison at 412-647-5010 or cttransplant@upmc.edu.

UPMC LUNG TRANSPLANTATION PROGRAM

UPMC’s Heart/Lung Transplantation Program

UPMC Presbyterian, Suite C-900 200 Lothrop St. Pittsburgh, PA 15213

Attr: Lung Transplant Coordinators
Fax: 412-864-5145
Email: cttransplant@upmc.edu

Visit www.upmc.com/LungTransplant to fill out a patient referral form.

UPMC’s 24-hour physician referral service: 1-800-544-2500

Once we receive the completed forms and records, the patient will go through ﬁnancial clearance, interview, and scheduled for evaluation if the program director determines the patient is a lung transplant candidate. This process may take approximately two to four weeks.

For Your Patients
To learn more about lodging and other accommodations for your patients, visit www.upmc.com/lungtransplant.