

## ANNUAL REPORT • 2008

**Dear Colleagues:**

We are pleased to provide you with this 2008 Annual Report of the Lung Transplant Program at Vanderbilt University Medical Center. Enclosed you will find our latest program volumes and outcomes. In 2008, we performed a total of 11 transplants up from 8 transplants in 2007. Lung patients transplanted in calendar year 2008 have a 100% survival rate as of February 1, 2009. For years 2007 and 2008, actual patient survival is 84% to date.

**Highlights for 2008 include:**

- Research areas include: a prospective polyomavirus study in lung transplant recipients, primary graft failure in lung transplantation, a lung transplant tissue and serum bank, a new treatment for RSV in lung transplant recipients, a study comparing GI side effects of cellcept and myfortic, as well as quality of life post-transplant.
- New medical leadership for the Lung Transplant Program with Dr. Ivan Robbins serving as Medical Director.
- Dr. Eric Grogan and Dr. Jonathan Nesbitt have joined the lung transplant surgical team.
- Vanderbilt Medical Center offers a highly specialized center for medical patients with diseases that are primary indications of lung transplantation, and the Lung Transplant Program is a necessary complement to their treatment. Specialized centers include the Pulmonary Vascular Center, Idiopathic Pulmonary Fibrosis Center, Lung Volume Reduction Clinic, and Cystic Fibrosis Clinic. Medicine and surgery work together closely with lung transplant patients, rounding twice a day, as well as being on call around the clock.

We want to thank you again for your continued support and many referrals to the Vanderbilt Lung Transplant Program. Our experienced team of surgeons, physicians, nurses, and administrative staff are dedicated to combining the latest medical and technical advances in transplantation with timely, compassionate, and personalized care. As always, we welcome any suggestions or comments you may have so that we may continue to provide the best possible service to you and your patients.

Sincerely,



Eric S. Lambright, M.D.  
*Surgical Director*



Ivan Robbins, M.D.  
*Medical Director*



## Indications for Lung Transplant

### Absolute Contraindications

- Smoking - must be "nicotine free" for at least 1 year; IPF & IPAH must be nicotine free for 6 months
- Age >60 if double transplant required
- IPF with moderate pulmonary hypertension up to age 65 — case by case basis
- Age <14 years old
- History of Cancer (excluding skin cancer but including melanoma) within past 5 years
- Beliefs prohibiting blood transfusion
- Ventilator dependence defined as continuous CPAP or endotracheal intubation
- History of Burkholderia infection
- Uncontrolled infection – Tuberculosis, MAI, Hepatitis C, bacterial
- HIV infection
- Diabetes mellitus with end organ damage related (nephropathy, retinopathy)
- Seizures
- Impaired renal function: GFR<50
- Three vessel CAD – regardless of degree of stenosis, or 2 vessel CAD with >50% stenosis
- Previous CABG
- Impaired cardiac function
- BMI <17; BMI >30; weight <40kg
- Inadequate social support – 2 support people are required to care for pt after transplant
- Active substance abuse
- Previous lung transplant with chronic rejection
- Connective tissue disease

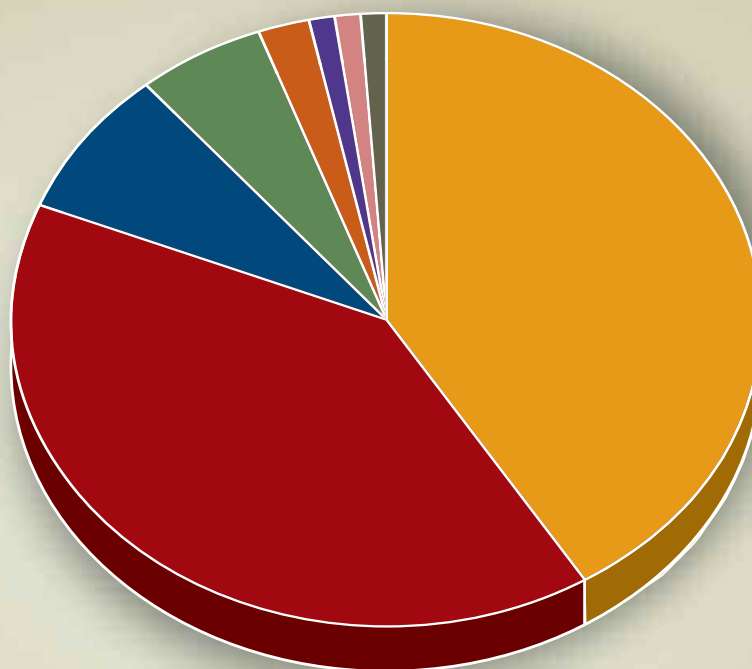
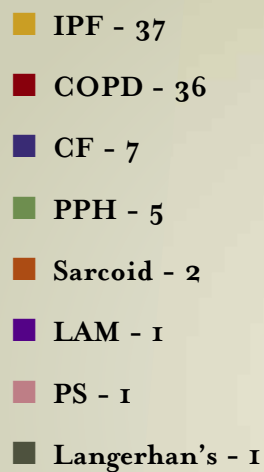
### Relative Contraindications

- Osteoporosis with symptomatic fractures
- Stented single CAD
- Previous chest wall surgery
- Panresistant organisms
- Hx of noncompliance/nonadherence
- Psychiatric disorder (further evaluation)
- Currently taking three or more prescribed medications for hypertension
- 6 minute walk <600 ft
- Chronic narcotic use

### Indications for Lung Transplant

- Chronic Obstructive Lung Disease (COPD)
- FEV1 <25% of predicted
- Evidence of hypercapnia on arterial blood gas analysis
- Primary pulmonary hypertension (PPH)
- Recurrent life threatening exacerbations
- Idiopathic Pulmonary Fibrosis (IPF)
- Total lung capacity <60%
- Resting hypoxia
- Secondary pulmonary hypertension
- Clinical decline despite medical treatment
- Cystic Fibrosis (CF)
- Resting hypercapnia

### Vanderbilt Lung Transplant Program Pre-Transplant Diagnosis 1/1/03 – 2/25/09



**Referrals/Appointments: (615) 936-0393**  
**Toll Free: (866) 748-1493**

**Lung Transplant Team Directors**

Eric S. Lambricht, MD  
*Surgical Director*

Ivan M. Robbins, MD  
*Medical Director*

**Transplant Surgeons**

Eric L. Grogan, MD  
Eric S. Lambricht, MD  
Jonathan C. Nesbitt, MD  
Joe B. Putnam, Jr., MD

**Transplant Pulmonologists**

James E. Loyd, MD  
Lisa H. Lancaster, MD  
Ivan M. Robbins, MD

**Transplant Infectious Disease**

Stephen Dummer, MD  
Geraldine Miller, MD  
Lora Thomas, MD

**Transplant Coordinators**

Jean Barnes, ACNP-BC  
Haley Hoy, ACNP, PhD  
Karen Moore, RN, BSN (Triage Nurse)  
Laura J. Roberts, ACNP-BC

**Organ Procurement Coordinators**

Angela McWilliams  
Shelley Scholl, RN

**Transplant Pharmacist**

Christie B. Truscott, PharmD

**Transplant Social Worker**

Anne Schmitt, LMSW

**Transplant Psychiatry**

Karen Starr, MSN, RN, PMHNP-BC

**Transplant Return-To-Work**

Joanne C. Ball, MST, CVE, ABVE

**Transplant Outcomes Research & Quality of Life**

Irene Feurer, PhD  
Panarut Wisawatapnimit, MSN  
Hua Ye

**Transplant Financial Counselors**

Lisa Conyer  
Beth Goodrich  
Linda Storey  
Julie Whitacre

**Transplant Data Manager**

Hua Ye

**Transplant Administrative Staff**

Vernice Dunlap  
Marie Phelan

**Vanderbilt Lung Transplant Program**  
**913 Oxford House, 1313 21st Avenue South**  
**Nashville, TN 37232-4760**  
**Referrals/Appointments: (615) 936-0393**  
**Toll Free: (866) 748-1493**  
**Fax: 615) 936-0396**  
**[www.vanderbiltransplantcenter.com](http://www.vanderbiltransplantcenter.com)**