


The UNC Center for Transplant Care Manual

	Policy Name	Lung Recipient Referral, Evaluation and Selection
	Policy Number	TXP 0204
	Date this Version Effective	May 2013
	Responsible for Content	Transplant Center

I. Description

This policy outlines the referral, evaluation and selection processes for the lung transplant program.

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II. Rationale

In adherence to CMS Conditions of Participation, this policy exists to ensure fair and non-discriminatory distribution of organs.

III. Policy/Procedure

A. Policy

Potential Transplant Candidates

All patient referrals will be reviewed using established program criteria. Patients may be referred through Pulmonary Clinic, the Lung Transplant Office, and/or through the inpatient consult service.

1. Criteria and/or Contraindications for Lung Transplantation include but are not limited to:

a. ABSOLUTE CONTRAINDICATIONS

- i. Irreversible chronic kidney dysfunction; Cr clearance <50
- ii. Significant hepatic dysfunction with evidence of portal hypertension
- iii. Severe Heart Disease (e.g. cardiomyopathy) and/or Severe Coronary Artery Disease (LVEF<35%)
- iv. HIV infection
- v. Active Hepatitis or chronic Hepatitis B or C infection
- vi. Active or recent cancer (within 5 years) except non melanoma skin cancer
- vii. Documented non-adherence to medical therapies and appointments.
- viii. Chronic, active use of narcotics or benzodiazepines.

- ix. Active substance abuse
- x. Actively smoking or use of any nicotine containing products (1 year abstinence required)
- xi. Untreated or uncontrolled Psychosis
- xii. Untreated infection
- xiii. Burkholderia Cenocepacia
- xiv. BMI less than 16
- xv. BMI greater than 34

b. RELATIVE CONTRAINDICATIONS

1. Greater than 65 years of age
2. BMI greater than 32
3. Inability to ambulate/rehabilitate
4. Inadequate social support system
5. Inability to meet the financial obligations projected for transplantation, immunosuppression, supportive therapies, and relocation.
6. Psychosocial instability
7. History of drug or alcohol dependency
8. Untreated significant mental illness
9. Coronary artery disease
10. Untreated atrial fibrillation or any unstable arrhythmia
11. Recent or unresolved pneumonia or pulmonary infection in patients without Cystic Fibrosis or Bronchiectasis
12. Previous Transplants
13. Ventilation
14. Systemic steroid therapy exceeding 15 mg per day
15. Other significant systemic disease
16. Severe esophageal dysmotility.
17. Allergy or intolerance to critical transplant medications
18. Previous sternotomy or thoracotomy with lobectomy/pneumonectomy for unrelated reasons
19. Elevated PRA or presence of multiple donor specific antibodies

Note: Re-transplantation is considered on a case by case basis.

B. Procedure

Potential Transplant Candidates

1. If the patient meets the criteria for transplantation and this modality of treatment is possible for the patient (either at the present or at a future date) the patient should be referred to the Transplant Program for an in depth evaluation and discussion of transplantation which includes but is not limited to consults with a surgeon, pulmonologist, transplant coordinator, social worker, financial coordinator and dietician (if indicated)
 - a. To make an appointment for transplant evaluation and discussion, call the Transplant Program Office.
 - b. Prior to the appointment, the patient's medical summary should be sent to the Transplant office.
 - a. The patient is presented at selection conference and all testing is reviewed. Acceptance or refusal of the transplant candidate will be made in this multi-disciplinary committee and the criteria used will be documented in the patient's medical record - document the specific criteria used such as medical diagnosis, contraindications (or lack of) and any exceptions to the criteria if applicable.

IV. Original Policy Date and Revisions

June 2007 (Original), October 2008, October 2009, July 2010, May 2011, April 2012